

ROADMAP FOR ACTION ON ANTIMICROBIAL RESISTANCE (AMR)

5 KEY STRATEGIES AND TARGETS TO TACKLE
THIS GLOBAL HEALTH THREAT

13 January 2020 14:30 – 16:00hrs

Webinar hosted by DG SANTE (EU Health Policy Platform)

**AMR
STAKEHOLDER
NETWORK**

TACKLING AMR TOGETHER



ABOUT THE AMR STAKEHOLDER NETWORK



The AMR Stakeholder Network brings together around **80 leading organisations** and **individuals** committed to tackling AMR. The network operates at European, national and regional level, covering all dimensions of the 'One Health' approach.

TO FIND OUT MORE ABOUT THE NETWORK'S
OBJECTIVES, MEMBERS AND HOW TO JOIN, VISIT

epha.org/amr-stakeholder-network/



WE MUST ACT NOW TO TACKLE AMR

AMR is estimated to cause
700,000 deaths per year
globally.

In the EU/EEA alone, AMR is
annually responsible for at
least **33,000 deaths** and more
than **€1.5bn in healthcare
costs** and productivity losses.

IF NO
IMMEDIATE
ACTION IS
TAKEN,
AMR COULD:



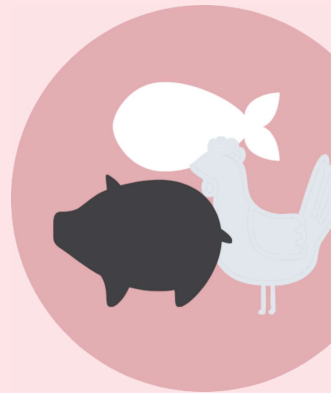
CAUSE **10 MILLION DEATHS**
PER YEAR WORLDWIDE BY
2050



COST THE HEALTH SYSTEMS
OF LOW- AND MIDDLE-
INCOME COUNTRIES A TOTAL OF
60 BILLION BETWEEN 2017 AND 2030



PUSH **24 MILLION PEOPLE**
INTO EXTREME **POVERTY**
GLOBALLY BY 2030



CAUSE **LIVESTOCK PRODUCTION**
DECLINE, PARTICULARLY IN
LOW- AND MIDDLE-INCOME COUNTRIES, BY
11% LOSS

A 'ONE HEALTH' APPROACH

European policy-makers must adopt a true **'One Health' approach** in their actions to tackle AMR.

This requires better coordination among Member State Ministries, Commission Directorates, EU agencies and European Parliament Committees.



1. SET TARGETS AND PERFORMANCE INDICATORS

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- Setting quantitative and measurable targets is an effective way to achieve goals related to the prevention and reduction of AMR within a specified time frame
- Evidence-based target-setting coupled with monitoring and setting performance indicators allows for prioritisation and evaluation of proposed actions on AMR and measures progress
- ***Is the EU setting an example? Is the EU measuring progress, evaluating the performance of its actions and impact of its outputs?***
- The Global Action Plan on AMR (2015): Development of incremental targets for implementation should be reflected in National Action Plans (NAPs) on AMR.
- AMR Council Conclusions (2016): setting measurable goals and incorporating a mechanism for NAP implementation and monitoring of progress should be integrated into NAPs.
- European Court of Auditors special report on AMR (2019): recommended that the Commission uses outcome indicators to assist MS in measuring progress in fighting AMR
- *Benchmarking and evaluation targets are needed to ensure tangible progress is made in the effective implementation of the EU Action Plan and NAPs to tackle AMR*

1. SET TARGETS AND PERFORMANCE INDICATORS

- Monitoring and surveillance is an important factor in target-setting
- **Success stories of target-setting in reducing antimicrobial use and implementing robust systems at national level in the animal health field → without compromising animal health.**
- **European Surveillance of Veterinary Antibiotic Consumption – ESVAC (2019)** on average, sales in the EU of veterinary antimicrobials for food-producing species in 31 European countries decreased by 32.5% between 2011 and 2017.
- Establishment of a National Action Plan in several countries, e.g. IT, DE, FR, NL, etc. has led to reduction of sales of veterinary antimicrobials.
- ✓ **New EU Regulation on veterinary medicinal products – positive step forward:** obligatory data collection requirements for all animal species

TARGETS

EUROPEAN COMMISSION

By **2020**, introduce evaluation indicators and criteria to monitor the achievement and impact of actions outlined in the EU Action Plan against AMR

By **2021**, implement EU-wide indicators based on the proposed *ECDC/EFSA/EMA harmonised outcome indicators* to monitor and measure progress in the reduction of antimicrobials use and AMR in humans and animals.

By **2022**, set measurable EU targets aimed at an overall reduction in antibiotic prescribing and consumption, healthcare-associated infections and antibiotic-resistant infections.

EU MEMBER STATES

By **2021**, set national/regional reduction targets tailored to their national context and needs, ensuring that national outcomes contribute to achieving overarching European targets.

1. SET TARGETS AND PERFORMANCE INDICATORS



2. HELP COUNTRIES MOBILISE RESOURCES FOR BETTER IMPLEMENTATION OF NATIONAL AMR POLICIES

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Improving the EU's response to AMR through better support to MS and the implementation of AMR National Action Plan (NAPs)

- Nearly 5 years have passed since all EU Member States committed to adopting a NAP on AMR by mid-2017.
- [Only half of these countries had fully adopted and implemented such plans](#) by the end of 2018.
- A number of NAPs are currently under development but **lack political endorsement or funding**. Others **do not reflect a true One Health approach** to tackle AMR and address AMR in different fields separately. Most plans fail to identify actions to tackle AMR from an environmental angle.
- European Parliament Resolution (2018): dedicated EU funding should be made available to support Member States in developing and implementing comprehensive national One Health AMR strategies

TARGETS

EU MEMBER STATES

By **2020**, develop and implement a NAP to address AMR from a One Health approach with allocated funding to put actions into practice.

EUROPEAN UNION

By **2021**, establish a dedicated funding mechanism to support Member States to implement their AMR NAPs (in addition to funding opportunities through the European Structural and Investment funds and technical assistance through the European Structural Reform Support Programme).

2. HELP COUNTRIES MOBILISE RESOURCES FOR BETTER IMPLEMENTATION OF NATIONAL AMR POLICIES



3. CLOSE THE EXISTING COLLABORATION GAP BETWEEN CIVIL SOCIETY AND EU POLICY-MAKERS

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- Broad **cross-sectoral collaboration** is the **cornerstone of implementing a One Health approach**.
- There is no formal structure that allows for multi-stakeholder engagement in EU AMR and One Health policy-making
It is therefore essential that:
 - The European Commission establishes a civil society engagement strategy to **ensure that civil society is involved and allowed to contribute to the fulfillment of the European One Health Action Plan against AMR**
 - Member States establish One Health bodies to **implement their AMR National Action Plans with the active participation of civil society and stakeholders at national and regional level**
 - We call upon the European Commission to **facilitate the participation of civil society in the current EU AMR One Health Network** as well as setting up a formal and open channel of communication to maintain continuous dialogue.

TARGET

EUROPEAN COMMISSION

By **2020**, establish and provide funding for a formal EU AMR 'One Health' multi-stakeholder body to act as a platform for discussing and continuing actions to tackle AMR, with the support of civil society and interested countries.

3. CLOSE THE EXISTING COLLABORATION GAP BETWEEN CIVIL SOCIETY AND EU POLICY-MAKERS



4. PUT PREVENTION AT THE HEART OF AMR POLICY-MAKING

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- In Europe, approximately [75% of drug-resistant infections](#) are associated with healthcare.
- **3 out of 4 deaths from antimicrobial resistant infections could be averted by spending just 1.5 EUR per person a year** on simple public health measures such as hand hygiene and prudent antimicrobial prescribing (OECD, 2018)
- In addition to the prudent use of both old and new antimicrobial agents, infection prevention and control (IPC) is key to preventing and controlling AMR.
- Surveillance is a key component of any IPC strategy for healthcare-associated infections (HAIs) and AMR.

Moving forward:

- Implement European and national mandatory **surveillance systems**
- Facilitate the creation and adequate funding of **antimicrobial stewardship teams** and programmes
- Encourage the uptake of screening programmes for drug -resistant bacteria through **diagnostic technologies** to prevent the transmission of infections in healthcare
- Adopt a wider societal and **community approach** to prevention, incorporating appropriate training/education and awareness-raising

4. PUT PREVENTION AT THE HEART OF AMR POLICY-MAKING

- Prevention minimises disease → **minimises the need for antimicrobial treatments → reduces AMR development in animals and humans.**
- Implementation of best practices with emphasis on prevention in food-producing animals, through:
 - ✓ Enforcement of good animal health and welfare standards
 - ✓ Increased biosecurity
 - ✓ Disease prevention and control - e.g. vaccination and other alternatives

Prevention remains a crucial element that should be included in all One Health National Action Plans.

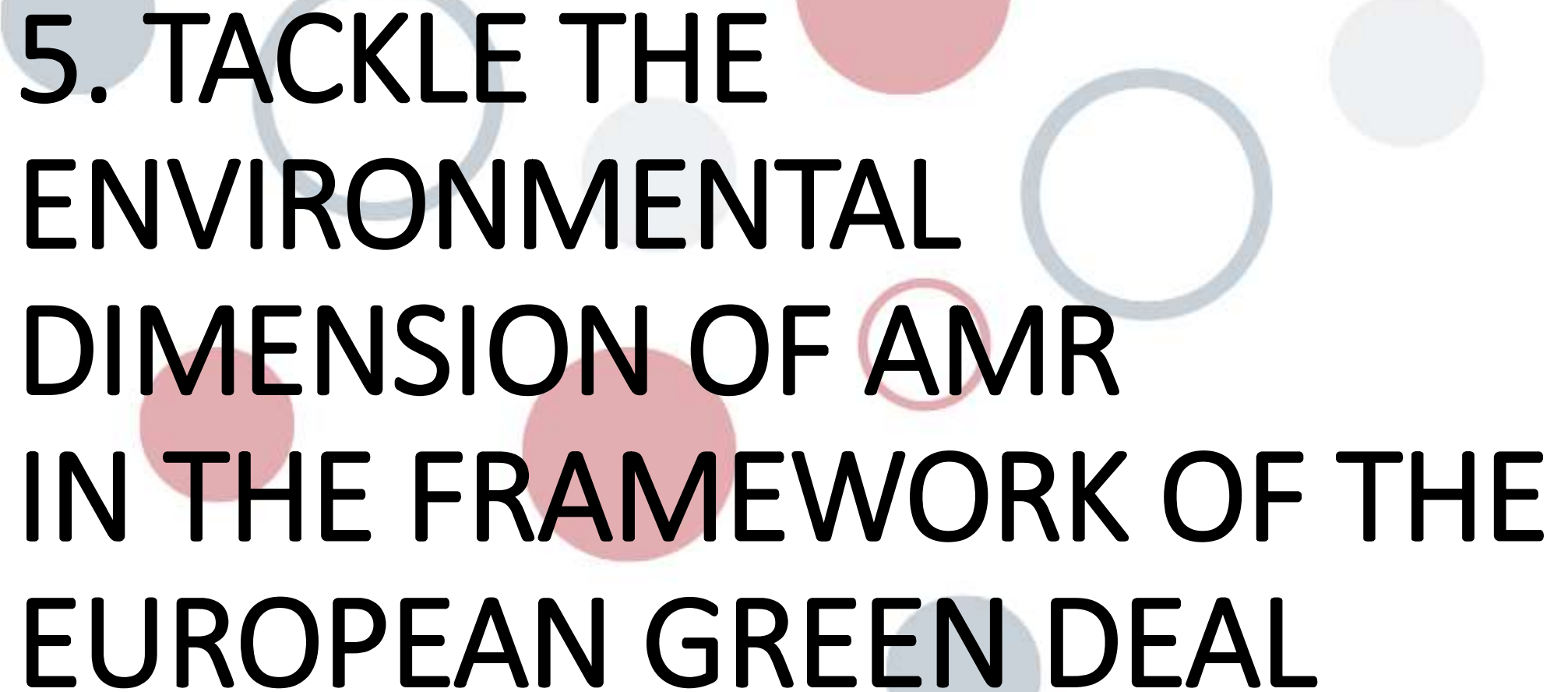
TARGETS

EU MEMBER STATES

By **2021**, within the actions identified in their One Health NAPs, implement:

- multidisciplinary antimicrobial stewardship programmes
- measures to improve health literacy and the public understanding of the challenge of tackling AMR; the principles of prudent use of antimicrobials in humans and animals, and the rationale behind the use of diagnostics, vaccination and infection prevention actions, including better sanitation and hygiene
- a set of practical infection prevention measures at national, regional and local level in human and veterinary practice and in wider care and community settings, aimed at reducing healthcare-associated infections (HAIs) and AMR; with the support of the EU and in line with the OECD evidence, EU Guidelines for the prudent use of antimicrobials in human health and the Guidelines for the prudent use of antimicrobials in veterinary medicine.

4. PUT PREVENTION AT THE HEART OF AMR POLICY-MAKING



5. TACKLE THE ENVIRONMENTAL DIMENSION OF AMR IN THE FRAMEWORK OF THE EUROPEAN GREEN DEAL

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- Pharmaceuticals can enter the environment at all stages of their life cycle
- 770+ pharmaceuticals residues have been detected in the environment worldwide. In Europe, recent studies have detected concentrations in freshwater at levels above environmental thresholds
- Even low amounts of pharmaceutical pollution in the environment have far-reaching effects on ecosystems.
- **Antimicrobial compounds in the environment can be a driver for the development of AMR through gene transfer mechanisms.**
- March 2019: EC **Strategic Approach to Pharmaceuticals in the Environment** BUT no environmental quality standards and concentration limits for pharmaceuticals, which remain excluded from EU environmental regulations.
- January 2020: **EP draft motion for a resolution on the Strategic Approach to Pharmaceuticals in the Environment**
- June 2019: Council Conclusions: “consider further legislative measures, as appropriate, to address [the] presence [of antimicrobial residues and resistant microorganisms] in the environment”
- December 2019: EC **European Green Deal** -> *zero pollution* action plan in 2021 & measures to address particularly harmful sources of pollution, incl. pharmaceuticals

5. TACKLE THE ENVIRONMENTAL DIMENSION OF AMR IN THE FRAMEWORK OF THE EUROPEAN GREEN DEAL

- The AMR Stakeholder Network calls on the EC to:
- recognise the role of various stakeholders in tackling pharmaceutical pollution
- identify and implement concrete actions across the life cycle of pharmaceuticals
- better align the work and vision of the EU AMR One Health Network, ensuring that the environmental dimension of AMR is not overlooked.

TARGETS

EUROPEAN UNION

By **2022**, adopt binding measures to mitigate the impact of pharmaceuticals in the environment further to the EU Strategic Approach to Pharmaceuticals in the Environment:

- introduce continuous monitoring of AMR in the environment in current environmental monitoring frameworks
- set environmental quality standards and concentration limits for pharmaceuticals in water
- address the risk of AMR in the Environmental Risk Assessment for all medicinal products.

THE ROADMAP HAS BEEN ENDORSED BY 32 ORGANISATIONS:



Q&A SESSION

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13 January 2020 • 2.30pm – 4.00pm

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