

# **PRESENTATION OF THE EUROPEAN PARLIAMENT REPORT „A EUROPEAN ONE HEALTH ACTION PLAN AGAINST ANTIMICROBIAL RESISTANCE“**

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***“4. Recommends that the newly-created One Health Network and the EU Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections (EU-JAMRAI) should also involve other key relevant stakeholders in addition to Member States;”***

- History of work of the European Parliament concerning antimicrobial resistance
- What made the Parliament decide for a new antimicrobial resistance (AMR) report?
- Procedures in the EP



## ONE HEALTH CONCEPT

*“1. Believes that in order to take sufficient steps to tackle AMR, the One Health principle must play a central role, reflecting the fact that the health of people and animals and the environment are interconnected and that diseases are transmitted from people to animals and vice versa; stresses, therefore, that diseases have to be tackled in both people and animals, while also taking into special consideration the food chain and the environment, which can be another source of resistant microorganisms; underlines the important role of the Commission in coordinating and monitoring national action plans implemented by Member States and the importance of cooperation;”*



*cross-administrative*



## NEED FOR STANDARDISED DATA

*“6. Stresses that joint EU action to tackle the increasing threat to human and animal health and the environment posed by antibiotic-resistant bacteria can only succeed if it is based on standardised data; calls on the Commission, therefore, to develop and propose appropriate procedures and indicators to measure and compare progress in the fight against AMR and to ensure the submission and evaluation of standardised data;“*



## COLLABORATION BETWEEN AGENCIES

*“12. Calls for the expansion of the role and human and financial resources of all the relevant EU agencies in the fight against AMR and healthcare associated infections (HAI), believes that close collaboration between EU agencies and EU funded projects is paramount;”*



*“26. Calls on the Commission and the Member States to develop public health messages to raise public awareness and in doing so promote a change in behaviour towards the responsible use and handling of antibiotics, particularly prophylactic use, underlines the importance of promoting ‘health literacy’, since it is crucial that patients understand healthcare information and are able to follow treatment instructions accurately; stresses that preventive measures, including hygiene, should be scaled up to reduce the human demand for antibiotics; stresses that awareness on the perils of “self-medication” and over-prescription should be a core component of a preventive strategy;”*



*“29. Urges the Commission to propose guidelines, following the One Health approach, setting out best practice for the development of harmonised quality standards to be implemented in EU-wide curricula in order to foster interdisciplinary education, infection prevention and training programmes for healthcare professionals and the public as well as to ensure the proper conduct of health professionals and veterinary practitioners in relation to prescribing, dosage, use and disposal of antimicrobials and AMR contaminated materials and to ensure the establishment and deployment of multidisciplinary antibiotic stewardship teams in hospitals settings; reference to be made to the relevant article on “qualified person” as defined in the proposal for a Regulation of the European Parliament and of the Council on veterinary medicinal products;”*



## RAPID DIAGNOSTIC TOOLS (RDT)

*“33. Is aware that the cost of rapid diagnostic tools (RDT) may exceed the price of antibiotics; calls on the Commission and the Member States to propose incentives for the industry to develop effective, inexpensive and efficient testing methods and to develop the use of rapid diagnostic tools; stresses that rapid diagnostic tools are only available nationwide in 40% of OECD countries; calls on health insurance carriers to cover the extra cost arising from the use of RDT, given the long-term benefits of preventing the unnecessary use of antimicrobials;“*





*“34. Calls on the Commission and the Member States to restrict the sale of antibiotics by those human and animal health professionals who also prescribe them and to remove any incentives- financial or otherwise- for the prescription of antibiotics, whilst still ensuring sufficiently rapid access to emergency veterinary medicine; stresses that many antimicrobials are used in both humans and animals and some of those antimicrobials are highly critical for preventing or treating life-threatening infections in humans and their use on animals should be banned; in order to preserve as long as possible the efficacy of those antimicrobials in the treatment of infections in humans, it is necessary to reserve those antimicrobials for humans only; Member States should be allowed to implement or maintain stricter measures regarding the restriction of sales of antibiotics;“*



*“36. Highlights the value of vaccines and diagnostic tools in combating AMR and healthcare related infections (HAIs); recommends integration of targets for life-long vaccination and infection control targets in the population, particularly in high-risk groups, as a key element of national action plans on AMR; stresses further the importance of accessible information and awareness raising in the general public to raise the vaccination rate in human and veterinary healthcare and thus tackle diseases and antibiotic resistance cost- effectively;”*



*“40. Highlights that the pollution of the environment by human and animal antibiotic residues, particularly by livestock farming, hospitals and households, is an emerging problem that requires coherent policy measures to avoid the spread of AMR between ecosystems, animals and people; encourages further research into transmission dynamics and the relative impact of this pollution on AMR; calls therefore for synergies to be built between the ‘One Health’ approach and existing environmental monitoring data, in particular watch lists for monitoring under the Water Framework directive, in order to improve knowledge of the occurrence and spread of antimicrobials in the environment;”*



## RELEASE OF PHARMACEUTICALS

*“42. Calls on the Commission to take appropriate steps to address the release of pharmaceuticals, including antimicrobials, into the environment through wastewater and wastewater treatment plants, as a major factor in the emergence of AMR;”*



*“43. Calls for a review of the environmental risk assessments as part of the marketing authorisation process for antimicrobials, as well as for older products already on the market; and calls for the strict adherence to EU Good Manufacturing Practices (GMP) and green procurement rules regarding the production and distribution of pharmaceuticals and release of antibiotics into the environment.”*



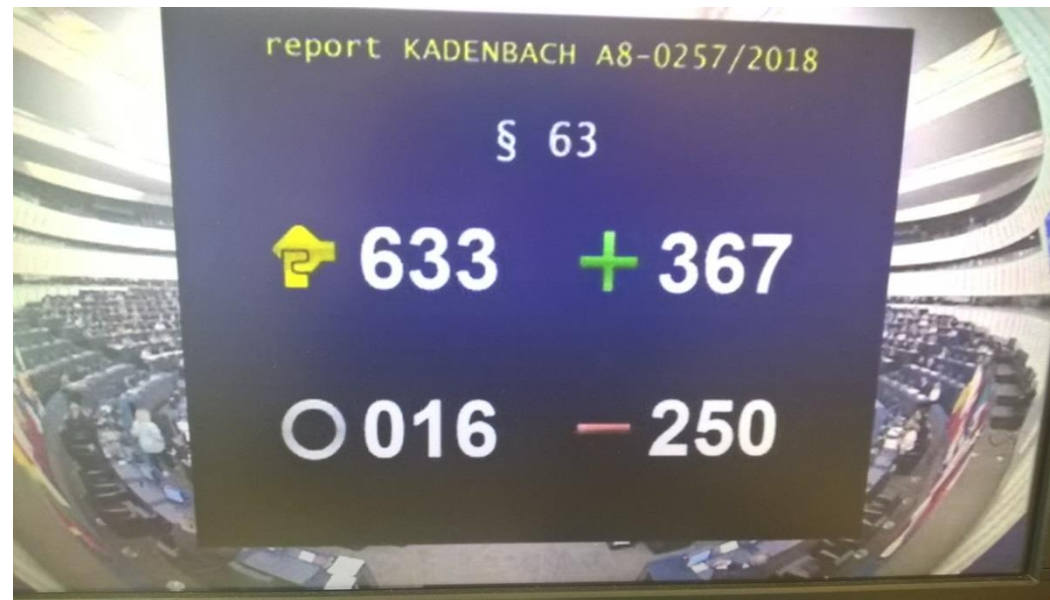
*“57. Calls for the phasing out of the routine prophylactic and metaphylactic use of antimicrobials in groups of farm animals and calls for the use of last-resort antibiotics to be banned altogether in food-producing animals; emphasises that good animal husbandry, hygiene practices, farm management and investments in these areas contribute to the prevention of infections and thereby to the reduction of the use of antibiotics; urges the Commission to present a new EU strategy on animal welfare as advocated by the European Parliament, with the long-term aim of creating an animal welfare law; urges the Commission to implement the points outstanding from the EU Strategy for the Protection and Welfare of Animals 2012-2015 without delay;”*



*“59. Believes that adequate funding for on-farm investments, such as in quality housing, ventilation, cleaning, disinfection, vaccination and bio-security must be encouraged and should not be undermined in the future CAP; recognises, in that respect, the importance of awareness among members of the farming community of animal welfare, animal health and food safety; notes the importance of promoting and applying good practices at all stages of the production and processing of food products and the importance of safe and nutritionally balanced feed, specific feeding strategies, feed composition, feed formulations and feed processing;”*



*“63. Believes that requirements to ensure that labelling makes reference to antibiotic use would improve consumer knowledge and help enable consumers to make a more informed choice; calls on the Commission to create a harmonised system for labelling based on animal welfare standards and good animal husbandry practices as already envisaged in 2009;”*





*“90. Calls on the Commission to increase funding for early cross-sectoral and interdisciplinary research and innovation (R&I) in epidemiology and immunology of AMR pathogens and as well as the screening of healthcare associated infections (HAI), in particular the pathways of transmission between animals and humans and the environment;”*



*“109. Calls on the Commission and Member States in cooperation with researchers and industry to develop new incentive models that delink payment from prescribing volume, and stimulate investment across the entire product development and production period; highlights that guaranteeing affordability and access to quality antibiotics must be the final aim of R&D incentives;”*



*“114. Recalls that owing to the complexity of the problem, its cross-border dimension, the severe consequences for environment, human and animal health and the high economic burden, AMR requires urgent and coordinated European and global and intersectoral action; therefore, asks for a clear commitment, on the part of the EU and member states, to build European and international partnerships and to launch a crosscutting global strategy to combat AMR, covering policy areas such as international trade, development, agriculture;”*



## POVERTY-RELATED AND NEGLECTED DISEASES

*“121. Notes that AMR is of serious concern in many poverty-related and neglected diseases (PRNDs), including HIV/AIDS, malaria and tuberculosis (TB) and diseases connected with epidemics and pandemics; highlights that about 29 % of deaths caused by AMR are due to drug-resistant TB, and calls on the Commission and the Member States, as a matter of urgency, to increase their support to research into and application of health tools to address PRNDs affected by AMR; and to create partnerships such as PRIMA or EDCTP for international R&D projects on health, comprising different geographical regions and the most pertinent health topics such as AMR, vaccines, cancer and access to medicines;”*



*“125. Calls on the Commission to advocate EU standards and measures for tackling AMR in trade agreements, for the appropriate use of antibiotics and work through the WTO to raise the issue of AMR; notes that the use of antibiotics as growth promoters in food-producing animals has already been banned in the European Union since 2006 but that in countries outside Europe antibiotics can be used in animal feed as growth promoters; calls on the Commission to include a condition in all Free Trade Agreements that food imported from third countries must not have used antibiotics used as growth promoters with a view to ensuring a level playing field for European livestock farming and aquaculture and in order to mitigate antimicrobial resistance; calls on the Commission also to ban all food imports from third countries where these products come from animals treated with antibiotics or antibiotic groups that are reserved for the treatment of certain human infections in the European Union”*



*“127. Notes the impact of the universality, affordability and broad access to existing antibiotics; believes that targeted treatment, using specific antibiotics, should be available to all in order to avoid the misuse of unsuitable antibiotics and the overuse of broad-spectrum antibiotics; calls on the Commission and Member States to take stronger measures against the sale of large consignments of antimicrobials at dumping prices, in particular critical human antibiotics;”*



*“129. Calls on the Commission to work towards continued high-level political attention and commitment to AMR action, including in UN forums, the G7 and the G20; highlights the opportunity for the European scientific bodies, such as ECDC, to take global stewardship roles; calls on the Commission to advocate collaboration between the EU and international organisations including WHO, FAO and OIE; welcomes the Davos Declaration on Combating Antimicrobial Resistance launched at the World Economic Forum in Davos on January 2016, where pharmaceutical, biotechnology and diagnostics industries call for collective action to create a sustainable and predictable market for diagnostics that enhances existing treatments;”*



## Committee vote



## Plenary vote

**589 +**

**12 -**

ALDE: (1) EFDD: (2) ENF: (4) GUE/NGL: (2) NI: (3)

**36 0**

ECR: (15) EFDD: (17) ENF: (1) GUE/NGL: (1) NI: (2)





**Thank you!**

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