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ANTIMICROBIAL RESISTANCE (AMR) ONE HEALTH NETWORK SUB-GROUP MEETING ON NATIONAL ACTION PLANS

Minutes from the Meeting held on 31 May and 1 June 2022

WELCOME AND INTRODUCTION

The Director of DG SANTE, Directorate F welcomed all those who could attend virtually and thanked Member States for their participation in the review of One Health National Action Plans (NAPs). A One Health dimension in combating AMR continues to be very high on the agenda of the Commission. This meeting was aimed at presenting the preliminary conclusions of the review, which gives a snapshot of the situation in Member States. This meeting also provided an opportunity for Member States to exchange experiences, to hear about Commission initiatives and updates from other international organisations.

1. NAP REVIEW

Introduction

The Commission presented a summary of the methodology and process used for the NAP review and informed the attendees that an Overview report would be published later in the year. The challenges of this work were highlighted, such as the fact that this was a documentary review only of NAPs, which did not look at implementation, and that Member States are at different levels of development of their work on AMR and NAPs may not necessarily reflect all the AMR work planned and already carried out. Member States were thanked for their engagement in the process, for providing initial information (the national action plans and national contact points) for commenting on the preliminary review and for providing clarifications on outstanding queries.

Main Elements

The Commission presented the preliminary findings of the review in relation to the main elements or building blocks of a NAP. In September 2021, most Member States had One Health NAPs in place, although some had lapsed and a few had still to develop or approve such plans. Approval of plans reflected the priority given to the file and had implications in terms of resources available. The One Health dimension was incomplete (the “environment” sector for example was often missing) but overall, moving in the right direction. All NAPs were of a strategic nature but not all included operational arrangements or elements of monitoring and evaluation of the implementation of the plans. Inter-sectoral coordination

mechanisms varied significantly, from NAPs with well described structures and good stakeholder representativeness, to those that would benefit from better descriptions.

Alignment with GAP objectives

The Commission presented the preliminary findings of the review, in relation to NAPs' alignment with the five objectives of the Global Action Plan (GAP). Although One Health NAPs are closely aligned with these objectives, the level of detail varies significantly. All NAPs include actions in relation to awareness and training, strengthening knowledge through surveillance, infection prevention and control, optimisation of use of antimicrobials but less so, as regards research, collaborative work and innovation. The emphasis was more on actions in the human and animal health sectors with limited references to environmental aspects, which often were not included. Examples of actions were given, such as expanding coverage (surveillance data, IPC programmes) and One Health data integration, but there is still much room for improvement. There was limited information often on measures, targets and timelines for actions proposed in the NAPs, especially those that do not include operational arrangements.

What next?

The review was a snapshot, and the situation is continually evolving leading to the question: what next? Some considerations were presented, in particular the effect of the COVID-19 pandemic on the implementation of NAPs and or the development of new plans. While several NAPs have lapsed since September 2021, some Member States referred to ongoing work and, in some cases, to the approval of new NAPs since September 2021. The lessons learned during the pandemic and other sources of information constitute a good opportunity for the development of more robust One Health plans.

2. MS PRESENTATIONS

Denmark – Working with One Health AMR

Denmark presented the approach to One health AMR work over the years, including the timeline and main milestones. Denmark has a long and strong tradition of working on One Health which, since 1995, includes AMR. This work is based on core principles: multilateral approach, empowerment and ownership, transparency and trust, as well as diagnostics and data.

The main elements of the Danish One Health strategy against AMR 2017 were presented, including an update on the adjoined action plan on antibiotics in human healthcare with three main goals on antimicrobial use in the human health area. The NAPs for antibiotic resistance in production animals and food 2017-2020 and 2021-2023 were also presented. The first plan became a framework containing the initiatives already in place (e.g. reduction targets on use have been in place since 2010), those in the pipeline and also further actions to address gaps.

Lessons learned include the importance of governance, collaboration and coordination, accountability and a stepwise approach. Future perspectives include for both sectors a continued focus on antimicrobial use, new initiatives aiming at prevention, and for the human sector on reducing and managing the spread of AMR in hospitals and across the health care sector.

Germany - Antimicrobial Resistance Strategy “DART 2020” – Interim Reports

Germany presented their interim reports, describing goals, activities and what has been achieved in a descriptive manner. Interim reports on implementation of the plan are of key importance, are produced yearly and due to their importance are published. They contain an outlook on future work and provide links to access additional information including open databases, yearly reports produced by other stakeholders and projects. The main advantage of interim reports is to help internal and external communication, but they also show that the topic is still on the agenda of the government, strengthen cooperation and help in tracking activities. Producing these reports is time-consuming along with the challenges of what to include or exclude; nonetheless these are considered minor in comparison to the benefits of reporting. The work on the development of DART 2030 was also presented.

Latvia’s experience on AMR policy development

Latvia presented their experience on AMR policy development in the human health sector. The identification of challenges is a starting point. The use of the Structural Reform Support Programme in the development of the One Health action plan against AMR was presented. This work, along with the participation of Swedish experts and stakeholders from different sectors, contributed to the new One Health AMR NAP 2023-2027. The main benefits of this collaboration were emphasised, and the main objectives of the new NAP presented.

The Swedish Inter-sectoral Coordinating Mechanism (ICM) and its NAP

Sweden presented their ICM focussing on key success factors and some challenges. The main factor is the long-standing and broad national consensus (between stakeholders in the relevant sectors) on the need to preserve treatment options. This leads to a true ICM, as well as strong political and legislative support. It is considered that the three most important components of the ICM are this explicit political support, well-defined work structures and the knowledge that it is time consuming to work together but well worth it. The Swedish One Health NAP only includes actions by two or more actors and does not reflect well established regular activities. Organisations participating in the ICM may have their own plan to address AMR.

Sweden - Working Group on Pharmaceuticals in the Environment

Sweden presented the work of the [European Pharmaceutical Committee](#)’s ad-hoc working group on the EU strategic approach on Pharmaceuticals in the Environment. The working group’s outputs will propose recommendations, guidelines and measures and/or further actions by March 2024. Following the adoption of the pharmaceutical Strategy for Europe, that also sets flagship actions to address the environmental challenges, the group was also tasked with drafting a concept paper on the environmental challenges regarding the revision of the EU pharmaceutical legislation.

France - Subgroup to formulate suggestions for AMR actions

France presented the work done by the AMR One Health network (Subgroup to formulate suggestions for AMR actions) in order to submit, to the Commission Services, proposals for objectives and activities to strengthen the EU-level action against AMR. The group met on 13 June 2022 and present the report of this work at the next meeting of the EU AMR One Health network meeting.

Presentations were complemented by Slido polls. Participants were asked what would make the NAPs relevant and implementable. Responses included high level commitment, budget, involvement of political leadership as well as clear targets, monitoring, and reporting on implementation (progress reporting). Measurable targets and indicators were also considered very important in this regard. In relation to the One Health dimension, representatives from the environmental sector referred to the good collaboration and involvement of environment in the NAP (Ireland and France) and Finland informed that the environment sector is being involved in their new NAP.

3. WORLD HEALTH ORGANISATION - IMPLEMENTATION HANDBOOK FOR NAPs ON AMR (HUMAN HEALTH SECTOR)

WHO presented the [implementation handbook for NAPs on AMR](#), developed at the request of many Ministries of Health who felt the need for practical support on implementation. Some issues that can hamper implementation were identified such as plans that have not been prioritised or costed, plans with no resources or monitoring in place, and plans which are multisectoral in nature but are not supported by corresponding multisectoral structures. The handbook identifies six key steps to strengthen NAP implementation and provides practical guidance to: *i*) strengthen governance, *ii*) prioritise activities, *iii*) cost the operational plan, *iv*) mobilise resources, *v*) implement prioritised activities and *vi*) monitor and evaluate. The guidance is available in English, French, Spanish and Russian, and has been well received. E-learning modules have also been developed ⁽¹⁾. Although the guidance was prepared for the human health sector it is equally helpful to other sectors.

4. COMMISSION

JRC - AMR, individual behavioural and societal implications: a behavioural perspective

The Joint Research Centre (JRC) presented the importance of applying behavioural sciences to policy making. Behavioural insights need to be considered when designing new policies as the success of these depends on how target groups react to them. A policy intervention that makes sense on paper may not be successful if people react to it in an unforeseen way (e.g. neglecting complex information provision). An AMR [specific case-study](#) on tackling over-prescribers and the role of behavioural elements was presented, making the case that awareness campaigns are not always impactful.

Participants commented that several examples of similar successful interventions (i.e. targeting GPs instead of the general population) exist in a few Member States but that this personalised approach is not possible for many Member States where prescription data is not yet available.

⁽¹⁾ 6 steps for sustainable implementation of national action plans on antimicrobial resistance:

<https://openwho.org/courses/AMR-NAP-6steps-for-implementation>

WHO costing and budgeting tool for national action plans on antimicrobial resistance:

<https://openwho.org/courses/AMR-NAP-costing-tool>

Update on DG HERA's initiatives on AMR medical countermeasures

The Commission presented an update of DG HERA's initiatives on AMR medical countermeasures that include medicinal products and medical devices. HERA has included AMR in the preliminary list of threats that need to be addressed due to the burden of this global threat. HERA is promoting the development and availability of preventative, diagnostic and therapeutic countermeasures relevant to combat AMR. In this context it is running two studies on *bringing AMR countermeasures on the market* and on *stockpiling options for antimicrobials*. Some information on HERA's next steps was also presented.

DG SANTE

- *EU Initiatives in the area of AMR*

The Commission presented an update on the policy developments on AMR such as the new Council Recommendation and two studies: on *future proofing* and *barriers to implementation of AMR policies*. Results from these studies are expected by December 2022 and 2023, respectively. The presentation focused on the new AMR Joint Action, with a budget of EUR 50 million, the biggest funded action on AMR under the EU4Health to-date. While it is mainly targeting human health, there is a scope for One health activities. The new joint action is set to include activities on inter alia antimicrobial stewardship, infection prevention and control, awareness raising and health literacy on AMR, capacity building, as well as actions on the animal and environment side such as the launch of the EARS-VET network. The timeline for the work to further develop the joint action was presented.

- *AMR in CAP plans*

The Commission presented AMR in the National Strategic Plans under the Common Agriculture Policy (CAP). To address AMR, the CAP must reward practices that help reduce antimicrobial use and contribute to the Farm to Fork Strategy target of reducing by 50% the sales of antimicrobials for farmed animals and in aquaculture in the EU by 2030. The CAP provides a number of possible interventions and Member States can adapt to national circumstances; this must be reflected in the National Strategic Plans, which also detail the financial support to farmers. A [Study on CAP Measures and Instruments Promoting Animal Welfare and Reduction of Antimicrobials Use](#) demonstrates the impact of such measures.

Points for information

The Commission presented a live demo of the [EU Platform on Antimicrobial Resistance](#) which was created to stimulate new ways to communicate between all members of the network.

The Commission also gave an oral summary of the work being developed on the **Operationalisation of One Health** and the **Pandemic Treaty**.

A list of surveys ongoing at the time of the meeting was forwarded to participants who were asked to review them and forward necessary information to the relevant mailboxes by the deadlines stated.