

***EU Council conclusions on the Next  
steps towards making the EU a best  
practice region in combatting  
antimicrobial resistance***

(ST – 10366/17.06.2019)

**AMR One Health Network meeting**

**Brussels,**

**15 October 2019**

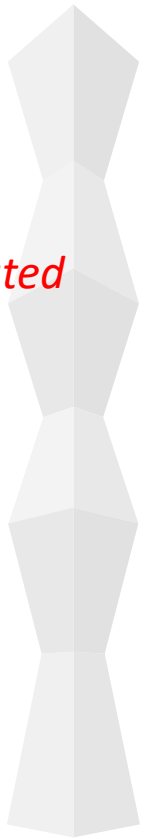
# Sectoral priorities of the Ministry of Health

## Priorities for EPSCO in the area of Health were:

Priority Axis : Ensuring access to health for all European citizens:

- *Antimicrobial resistance (AMR) and associated infections;*
- Vaccination;
- Patient access to medicines;
- Patient mobility;
- Digital Health (eHealth).

SECTORAL  
PRIORITIES



# High-level Conference “Next Steps towards Making the EU a Best Practice Region in Combatting Antimicrobial Resistance through a One Health Approach” (Bucharest, 1.03.2019)

## **Objectives** of the Conference

- 1. To improve the quality of infection prevention and control measures and optimize antimicrobial use across sectors*
- 2. To strengthen the implementation of ‘One Health’ national action plans*
- 3. To encourage solidarity between countries by working together to combat AMR*

# Conference Outcomes - Key words



- Next steps against antimicrobial resistance (AMR) and strengthening infection prevention and control (IPC) should reinforce the **implementation** of current policies and existing commitments at EU and international level based on a One Health approach.
- The spread of drug-resistant infections is recognised as a cross-border threat to health and requires a **coordinated**, inter-sectoral and strengthened response.
- **Barriers** to the development and implementation of National Action Plans (NAPs) on AMR and IPC measures should be investigated and analysed at policy and clinical levels in order to identify effective solutions.
- The implementation of policies and existing guidelines to address AMR should be improved and adapted to the **specific** context and needs of countries.
- **Additional** good practice **guidance** in the areas of AMR and IPC should be developed to assist national and local level action on AMR.
- **EU regulation on the use and sales of antimicrobials**, particularly internet and over-the-counter sales should be considered.
- Setting **measurable targets**, at EU and/or national level, and the use of appropriate indicators should be encouraged to improve effective implementation of measures and monitor progress of NAPs.
- EU and national efforts should focus on **reducing inequalities** in capacity and action on AMR and healthcare-associated infections (HAIs) between and within Member States, respectively.
- **Bilateral** (twinning projects) and **multilateral collaboration** between Member States should be enhanced to facilitate sharing of best practices and expertise and support countries in the implementation of their NAPs, IPC and antimicrobial stewardship programmes. At an EU level, the existing structure of the AMR One Health Network could be expanded and better utilised to facilitate inter-country cooperation.
- Investing in antimicrobial stewardship and IPC should be prioritised, considering the cost-effectiveness and long-term economic benefits of these targeted public health interventions.
- The **use of EU** structural and agriculture **funds** for national, regional and local investment in action on AMR and IPC should be facilitated to reduce gaps in implementation between Member States.
- Adequate **training** of professionals across sectors and allocating sufficient human and financial resources in the development and implementation of action on AMR and IPC, at policy and clinical level in Member States, should be prioritised.
- **Coordinated communication strategies** should be developed and effectively implemented at EU and national level in case of resistant infection outbreaks.
- **Strengthened surveillance** of AMR and antimicrobial consumption in both the human and animal health sectors is needed to monitor the emergence of AMR and to monitor the effectiveness of measures taken.
- Further work is needed to improve the **availability** and access to **existing effective antibiotics** while at the same time, developing the **research** agenda to identify and develop alternatives to antimicrobials, new antimicrobials, vaccines and improved diagnostics, guided by the principles of accessibility, efficiency and affordability.
- Improved information and research on effective policies to support human **behaviour change** to combat AMR is also needed in addition to further research on improved economic analyses and management, governance and other techniques, in order to ensure effective AMR policy implementation at EU, national and local level.

# Council Conclusions

## *Latest data and developments*

Paragraph 2) - **33 000 deaths** due to infections resistant to antibiotics in the European Union/EEA.

Paragraph 4) - Up to **EUR 1.1 billion** are expected to be spent **yearly** between 2015 and 2050 due to AMR across EU and EEA countries.

Paragraph 7) - Recent international initiatives aimed, including:

- the **UN political declaration** of the High-Level meeting of its General Assembly on AMR of 21 September 2016;
- the work of the **UN Interagency Coordination Group on AMR (IACG)**, which has resulted in a set of recommendations set out in the report 'No time to wait: Securing the future from drug-resistant infections' to the UN Secretary-General;
- the **report issued on 10 May 2019 by the UN Secretary-General** on the implementation of the political declaration on AMR of 21 September 2016 and on recommendations emanating from the IACG; (..)
- the **WHO AMR Resolution**, adopted by the World Health Assembly on **24 May 2019**;
- the **International Centre for Antimicrobial Resistance Solutions (ICARS)**.

# Council Conclusions

## *Latest data and developments (continued)*

Paragraph 10) - The **OECD 'Stemming the Superbug Tide' report** of 2018 indicating that investment in public health interventions could substantially reduce the burden on society caused by AMR.

Paragraph 15) - The **European Parliament Resolution of 13 September 2018** on a European One Health Action Plan against Antimicrobial Resistance.

Paragraph 16) - The **Communication from the Commission on 11 March 2019** on the **European Union Strategic Approach to Pharmaceuticals in the Environment**.

Paragraph 17) - **The recently adopted Regulation (EU) 2019/6 on veterinary medicinal products and Regulation (EU) 2019/4 on medicated feed (..)**

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Paragraph 12) -The **Council conclusions of 17 June 2016** on the next steps under a One Health approach to combat antimicrobial resistance (..) and the **Council conclusions of 1 December 2014** on patient safety and quality of care, including the prevention and control of healthcare-associated infections and antimicrobial resistance.

Paragraph 18) -The **EU AMR One Health Network established in 2017**.

Paragraph 21) - The **market failure in antibiotic development (..)**



# Key words in the Council Conclusions (1)

## Implementation

Para.26) Allocate sufficient human and financial resources for the development and implementation of actions (..)

Para.27) Reinforce the implementation of legislation and current policies and existing commitments (..)

Para.35) (..) provide support to each other for the implementation of the NAPs as well as of IPC and antimicrobial stewardship programmes (..)

Para.36) Support the full implementation of available guidelines, (..)

## Coordination

Para.25) Ensure that all Member States have in place multi-sectoral NAPs and coordination and monitoring mechanisms (..)

Para.29) Strengthen and coordinate their response, using an inter-sectoral approach, to counteract the cross-border spread of resistant infections

## Barriers

Para.59) Support Member States with identifying the barriers to the development and implementation of NAPs on AMR, and of IPC and antimicrobial stewardship measures (..) so as to contribute to identifying effective measures to overcome such barriers.

## Additional guidance

Para.36) (..) where appropriate, develop additional guidance in the areas of AMR, IPC and antimicrobial stewardship, inter alia as regards improved use of diagnostics and vaccines

# Key words in the Council Conclusions (2)

## Regulation

Para.30) Enforce existing legislation on the use and sales of antimicrobials, in particular to restrict over-the-counter sales and, where appropriate, consider further regulation;

Para.53) Explore possibilities, including, as appropriate, regulation, to prevent non-prudent use of antimicrobials obtained through cross-border purchases for personal use, cross-border prescriptions and sales via the Internet;

## Measurable targets

Para.33) Establish national measurable targets, inter alia, on reduction of overall use of antimicrobials and monitor progress towards reducing the spread of AMR (..)

## Bi- and multi-lateral collaboration

Para.35) Strengthen cooperation and solidarity on combating AMR by engaging as appropriate, bilaterally, in twinning projects, and multilaterally on sharing of best practices and expertise and to provide support to each other

## EU funds/ Reducing gaps

Para.52) Provide enhanced information and facilitate use of the ESIF funds for national, regional and local investment in action related to AMR, antimicrobial stewardship and IPC, thus reducing gaps in capacity and implementation of comprehensive One Health strategies between and within Member States

## Trainings

Para.31) Prioritise training of the health workforce across relevant sectors on AMR, IPC and antimicrobial stewardship (..)



# Key words in the Council Conclusions (3)

## Coodinated communication strategies

Para.40) Develop and effectively implement, at EU and national level, coordinated communication strategies for the purposes of both prevention of outbreaks of antimicrobial-resistant infections and use in the event of such outbreaks

## Strengthened surveillance

Para.42) Strengthen and widen the scope of surveillance of AMR and HAI rates and consumption of antimicrobials (..)

## Availability

Para.43) Identify and support appropriate mechanisms to guarantee availability throughout the Union, of existing effective antimicrobials, in particular first line narrow spectrum antimicrobials (..)

## Research

Para.46) Implement and expand research agendas in line with the One Health approach, with the aim to develop new antimicrobials, vaccines, alternatives to antimicrobials, improved rapid diagnostics and renewed and better use of old antibiotics, guided by the principles of accessibility, efficiency and affordability

## Behaviour change

Para.48) Improve information and research on effective policies to support human behaviour change in order to combat AMR

# Other notable conclusions

Develop **information activities** on infection prevention and control and antimicrobial stewardship in human and animal healthcare settings, for health workers, patients and their relatives, veterinarians, farmers, and the general public, including children (para.32);

Develop **voluntary common guidelines** on infection prevention and control and antimicrobial stewardship in healthcare settings, including for staffing levels and education, based on best practices (para.37);

Identify and support **research** on and implementation of **appropriate economic models** for the development of new antimicrobials that incorporate global antibiotic stewardship for prudent use, efficiency and affordability (para.47);

Monitor **antimicrobial residues** from use and production and **resistant microorganisms in soil, ground and surface water** in accordance with EU and national legislation in force and consider further legislative measures, as appropriate, to address their presence in the environment (para.54).

Thank you!