



European Public Health Alliance Response to the Consultation by the European Commission on the Roadmap for a One-Health Action Plan to support Member States in the fight against Antimicrobial Resistance (AMR)

November 2016

EPHA welcomes the Commission's intention to publish a One Health Action Plan on AMR, as proposed in the Council conclusions of June 2016 and called for by a broad coalition of stakeholders including international institutions, NGOs, health professionals and industry. However, the Roadmap understates the scale and urgency of the challenge, the necessity of a coordinated European response and the vital role of EU institutions and agencies (see attached Evaluation Briefing).

EU action is essential to tackle the spread of AMR and stop unnecessary and excessive use of antibiotics in the human health, veterinary, agriculture and environmental sectors. Full use must be made of [the EU's legal competences](#) in public health, environment, consumer protection, food safety, internal market and agriculture to effectively and comprehensively tackle AMR as a public health threat. The prospect of millions of deaths necessitates more substantial EU action including legislation and funding.

The fact that health services are involuntary recipients of irresponsible practices in other sectors, in Europe and beyond, requires full use of the EU mandate to protect human health. Legislative action is compatible with the subsidiarity principle; indeed, Member States demand more EU support.

AMR is not only a healthcare concern: the 'One Health' approach stipulates multi-sectoral action to strengthen Europe's health security safety net. The threat surpasses that of pandemic influenza, Ebola or Zika. Once introduced into health and community settings, resistant bacteria are hard to fend off even if guidelines are followed. Sustainability is at stake since investments in health infrastructure, staff, and IPC are low.

The Commission has understated the case for expanded EU action and funding. Both the evaluation and Roadmap use outdated figures regarding the AMR death toll and economic losses. References to ECDC data (EARS-NET and ESAC-NET) are absent; these show that the situation is largely stagnant and even getting worse in some countries, e.g. regarding multi-drug resistance and resistance to last-line antimicrobials.

AMR could dismantle decades of European research, clinical and technological progress to treat and mitigate the effects of infectious diseases, disease-specific conditions, and surgical procedures. The proposed 'supporting, coordinating, supplementing actions' might thus be but a drop in the ocean. AMR is a test case for protecting people's security.

EPHA is pleased that 'shaping the global agenda' is a priority: international alignment is important to meet the SDGs which AMR also threatens. But leadership begins at home. Europe's own AMR landscape displays great disparities between countries - health inequalities, infrastructures, technology, and education - calling for closely coordinated action. Measurable European and



national targets and indicators, goals and ambitions, need to be defined and enforced. The EU and TATFAR work on indicators should be accelerated to inform the new Action Plan.

The Roadmap's three pillars are indispensable to implement a One Health approach. In particular the environmental dimension requires an international regulatory response as EPHA and partners have underlined. EU funding must be made available for rapid diagnostic tests and vaccines. Research into alternatives to antibiotics should not just apply to developing new agents but to exploring the potential of existing alternatives in fields external to conventional pharmaceutical research. We need a stronger focus on disease prevention and health promotion.

Governance aspects, e.g. the precise role and powers of the One Health AMR Network, need to be clarified. Clear responsibilities and accountability mechanisms are key so that decisions are executed by countries, industry and other actors. The experience in public health, from tobacco, food and alcohol to infectious diseases has shown that self-regulation is dramatically less effective (or even counterproductive) compared to regulatory action and binding measures. All actors must be obliged to work towards the same goals.

AMR must not be treated as a Better Regulation exercise where concerns over administrative burden stifle policy action. Action must be intensified at all levels, international, European, national and regional. The European level is indispensable: UN/international action will realistically take decades, and national, regional and sectoral actors rely on European coordination so that weak links cannot undermine progress.

Designing effective policies requires more human resources and dedicated EU funding. Success depends on a mix of policy tools, subject to checks and evaluations. An impact assessment is urgently needed, not least into what would happen if the EU opts for a 'do nothing' approach; the AMR Review & ECDC outline the toll of inaction. EPHA also calls for an evaluation of the results of EU funding spent on R&D projects.

The first Action Plan created a voluntary infrastructure, but we regret that its evaluation has not been used to make a stronger case for EU action. The ECDC's work is praiseworthy - the limited resources of the ARHAI programme should be significantly increased so that enhanced surveillance and country visits give tailored guidance. An overview of EU funds to support implementation of national action plans would also help them.

We are pleased that the Commission intends to engage stakeholders, but a more intensive consultation is needed. Civil society representatives should be invited to the AMR Network.

EPHA is concerned that the Roadmap describes largely a continuation of the existing approach but lacks ambition to reverse the situation. This will be insufficient and, faced with clear evidence, immoral. We urge you to explore all options to develop a game-changing Action Plan to avert a foreseeable public health disaster.

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