

EU HEALTH POLICY PLATFORM

CALL TO ACTION ON ANTIMICROBIAL RESISTANCE (AMR)

February 2018

The signatories welcome the new EU One Health Action Plan on AMR as an acknowledgement of the gravity of the AMR crisis at European and global level and as a commitment for continued action. While the new Action Plan improves and reinforces its predecessor by underlining joined-up action at all levels, it presents a number of structural shortfalls that threaten its vital success. In order to close these implementation gaps and enable the best possible outcomes, we call on – and offer our support to - the European Commission and its Executive Agencies to address the following 11-point list of actions:

1. Involve civil society in AMR-One Health policymaking.

Civil society stakeholders and their networks are crucial to the implementation and success of the AMR Action Plan, yet their involvement in relevant EU discussions is currently ad hoc rather than formal. A dedicated stakeholder group on AMR should be created and funded by the European Commission so that the work of the Thematic Network can be continued and feed into ongoing AMR policy discussions and processes.

2. Support the development and implementation of National Action Plans and allocate adequate European funds to actions against AMR.

Action against AMR often requires significant investment in healthcare infrastructure, surveillance and monitoring systems, laboratory equipment, awareness-raising and professional training by countries with limited resources. A dedicated European AMR fund should be established to support Member States' efforts, and AMR funding should be regularly and robustly assessed in relation to national targets.

3. Address all aspects of the One Health approach.

The new Action Plan includes fewer actions on animal health than human health, and available evidence on the environmental dimension (e.g. the extent of pollution from antibiotic-producing factories) has been ignored. This risks undermining the One Health vision and delays action. The threat emanating from AMR demands that it should be reframed as an urgent public health crisis that will impact all countries and sectors. To be a global leader, Europe must demonstrate ambition and policy coherence between all AMR-relevant areas.

4. Improve and regularly update the data on AMR burden in Europe.

The new Action Plan contains outdated statistics related to the extent of the AMR problem. The fact that official data are not keeping pace with a dynamic cross-border threat is worrying and raises questions about the ability of European health systems to monitor and manage the crisis. A system will need to be created that is able to capture improved and continuously updated data compiled in all One Health domains so that appropriate action can be taken.

5. Analyse and benchmark collected data.

Target setting has been a crucial feature of successful AMR strategies in several European countries. The omission of ambitious, country-level targets and benchmarking in the new European Action Plan risks perpetuating the problem in the following years through inaction or complacency, at a point where timely collective action is crucial.

6. Make full use of EU legislative powers in AMR relevant sectors.

The lack of an EU legislative agenda on AMR is likely to hamper coordination among Member States. The EU should use its legislative powers in relevant fields (e.g., food safety, consumer protection, agriculture and environmental protection). In healthcare policy, where EU competencies are limited, the gravity of AMR as a cross-border threat also requires increased inter-sectoral efforts.

7. Nurture and actively involve healthcare professionals, including students.

Doctors, pharmacists, nurses, veterinarians, dentists, students and other professions must benefit from modern, high-quality educational curricula and properly funded continuous professional training that appropriately support them in their daily practice. A coherent human resources strategy at European level is needed to address the chronic lack of specialised staff in some EU Member States. Moreover, the implementation of multidisciplinary antibiotic stewardship teams must be encouraged.

8. Put into practice existing evidence and continue scientific research to obtain a better understanding.

Although additional AMR research will always be needed as challenges evolve and shift, it should however be seen as a complement, not a postponement, for action. Existing knowledge has already been translated into best practices that are important components of successful AMR strategies by some EU Member States. More research in the fields of social science and behavioural psychology would support wider, tailored implementation in other countries.

9. Adopt a “prevention is better than cure” approach.

Reducing HAIs needs to be encouraged through additional actions such as the adoption of guidelines on active surveillance systems for key resistant bacteria to screen high risk patients, and the use of innovative technologies to avoid cross-contamination. To improve prevention, alternative practices that can diminish the reliance on antibiotics, contribute to maintaining health, and thus stem the development of resistance should be explored. Moreover, investments in the prevention of non-communicable diseases (including dental caries) are vital, not least because vulnerable populations are particularly affected.

10. Support and promote the use of rapid diagnostic tests (RDTs).

The new action plan does not sufficiently address the issues of uptake and patient access to RDTs. Among others, there is a need for a European monitoring programme, a boost for the development of clinical evidence, new financial/reimbursement models at country level that cover RDTs, and the establishment of a rapid diagnostic market stimulus in Europe to encourage uptake.

11. Empower patients and raise public awareness.

Knowledge about antibiotics and consumption patterns are strongly linked to socio-economic status and education, with poorer, less educated people consuming higher amounts. Awareness-raising and patient empowerment, including investments in health literacy and providing easy-to-understand information, are essential for bringing about behavioural change and encouraging responsible use.

Signing Organisations

Association for Natural Medicine in Europe
BEUC : The European Consumer Organisation
Biomérieux
Center for Clinical Epidemiology and Outcomes Research (CLEO)
Changing Markets Foundation
Clinica Occulista, Policlinico San Martino
CNRS
Comité Permanent des Médecins Européens
Council of European Dentists
Department of Public Health, University of Medicine, Tirana Albania
EU Eye
European Academy of Paediatrics
European Association of Hospital Pharmacists
Eurocam
European Community of Consumer Cooperatives
European Federation for Complementary and Alternative Medicine
European Hospital and Healthcare Federation
European Patients Forum
European Pharmaceutical Students Association
European Public Health Alliance
European Respiratory Society
European Society of Intensive Care Medicine ESICM
European Specialist Nurses Organisation
Federation of European Academies of Medicine
Federation of Veterinarians of Europe
Fundación para la Formación e Investigación de los Profesionales de la Salud de Extremadura, Junta de Extremadura
Health Action International
Health First Europe
IDIVAL – Biomedical Research Institute, Spain
Imea Foundation Léon MBA
International Federation of Antroposophic Medical Associations
International Federation of Medical Students' Associations
Malta Health Network
Medtech Europe
Pharmaceutical Group of the European Union
Platform for Better Oral Health in Europe
Romanian Health Observatory
Royal College of Nursing
Royal College of Physicians
Vienna Vaccine Safety Initiative
World Federation of Public Health Associations

Amandine Garde
Karin Kadenbach MEP
Dr Hina Shan





Royal College
of Physicians



Royal College
of Nursing

