

A large, light orange graphic of a stylized human figure with arms raised, enclosed within a circular border, set against a darker orange background.

# INVEST AND PROTECT

*Sustainable Financing  
to tackle AMR*

# Invest and Protect

## Sustainable Financing to tackle AMR

*Organised by the European Public Health Alliance, in partnership with the European Economic and Social Committee, under the patronage of the Romanian Presidency of the Council of the European Union*

### BACKGROUND

The establishment of National Action Plans (NAPs) to tackle Antimicrobial Resistance (AMR) in several countries across the globe is a positive step forward. However, although many of these plans appear promising on paper, they lack the crucial element of dedicated funding to enable the implementation of actions and activities identified across various sectors. In its [study on the development and implementation of NAPs in Europe](#), the European Public Health Alliance (EPHA) called for effective governance and stewardship, allocation and mobilisation of specific funding for NAP implementation using existing or new funding streams, and the identification of clear measurable targets in order to measure progress in the race to tackle AMR.

Similarly, the UN Ad-hoc Interagency Coordinating Group (IACG) on Antimicrobial Resistance, in its [report to the UN Secretary General](#), has very

recently recommended that countries prioritise and accelerate the development of their NAPs, within the context of the Sustainable Development Goals (SDGs), stressing that financing and capacity constraints faced by many Member States need to be urgently addressed and scaled-up in order to boost NAP implementation. Moreover, a recent [WHO report](#) notes that if AMR action is to be sustained and properly resourced, AMR activities must be embedded in government planning and budgeting processes at all levels.

AMR is a global health threat and a development issue with wide disparities in its scale and management worldwide. The link between AMR and the achievement of the SDGs is undeniable. AMR may not appear as well anchored in the SDG framework as one would expect but it spans across several SDGs capturing such issues as universal health coverage, clear water and sanitation, sustainable farming systems, and responsible consumption and production. Therefore, the availability

and equal access to effective antimicrobial medicines is one of the prerequisites for attaining most of the SDGs.

## AIM OF THE ROUNDTABLE

‘Invest and Protect’, the roundtable debate on sustainable financing to tackle AMR, was organised by the European Public Health Alliance (EPHA) in partnership with the European Economic and Social Committee (EESC) and under the patronage of the Romanian Presidency of the Council of the EU.

The event brought together national and regional representatives, civil society and representatives from various European Commission services, to discuss how countries, especially those struggling to implement policies and National Action Plans (NAPs) on AMR could access EU funding and assistance to support their actions in addressing AMR nationally, regionally and locally, thereby reducing the current gaps in the rates of drug resistance and AMR responses present between and within European countries.

The issue of making better use of EU structural funds to aid Member States’ efforts in implementing AMR policies was not only raised at the high-level Ministerial conference organized by the Romanian Presidency on 1 March 2019 but is also presented as one of the key conference outcomes, highlighting the potential of EU structural funding in tackling antibiotic

resistance. EU Member States seem to require further information on what types of EU funding are available and how they could be accessed and utilized effectively. Therefore, this event was considered as a complementary follow-up to the discussions in Bucharest, hoping to shed further light on potential funding opportunities which national and regional authorities could access to strengthen their AMR responses. Tailored national responses to address AMR and leverage gains across the SDGs is crucial and this requires translating political commitments into sustainable, well-resourced actions with available and adequate dedicated funding.

- *Can we deliver on the SDGs without tackling AMR? What barriers and challenges do countries and regions face in implementing AMR policies?*
- *What funding opportunities and support can the EU offer MS to fight AMR nationally, regionally, locally? How can the use of EU financial instruments and technical assistance reduce inequalities present between and within EU countries and strengthen the implementation of One Health national AMR policies and actions?*

## INTRODUCTION

**Stefan Staicu**, Health Attaché,  
Permanent Representation of  
Romania to the EU

**Stefan Staicu** opened the roundtable by stressing the urgency of tackling the public health threat of AMR which accounts for 33,000 deaths annually in the EU/EEA alone. Recent forecasts demonstrate that if the trends continue, AMR will cause more deaths than cancer by 2050, hence the best possible course of action should be taken promptly now in order to reverse these trends.

The Romanian Presidency of the Council of the EU placed AMR as one of its main health priorities and held a Ministerial conference in Bucharest on 1 March 2019, entitled “Next steps towards making the EU a best practice region in combating AMR”. Based on [the conference outcomes](#), Stefan Staicu noted that the Presidency has drawn up Council Conclusions primarily focusing on the human health dimension of AMR but under the wider ‘One Health’ umbrella. An agreement is expected to be reached by the end of May on the draft Conclusions, which are currently being

negotiated in one of the Council Preparatory Bodies, with their envisaged adoption at the EPSCO Council of 14 June 2019.

In light of the discussions at the Bucharest conference, the Presidency identified several key recommendations that could be addressed at EU and Member State level, including the following:

- Ensure that all MS have multi-sectoral NAPs in place, including coordinating and monitoring mechanisms, fulfilling their commitments under the Global Action Plan on AMR.
- Ensure strengthened implementation of One Health NAPs which requires strong political commitment and the willingness of governments to ensure that implementation of actions identified is performed across all relevant sectors;
- Allocate sufficient human and

**“AMR is “a threat that cannot be tackled by one Member State alone and needs a very thorough cooperation between Member States and with different stakeholders”.**

*Stefan Staicu, Health Attaché,  
Permanent Representation of Romania to the EU*



financial resources for the development and implementation of actions on AMR, infection prevention and control (IPC) and antimicrobial stewardship;

- Provide information and facilitate the use of European structural and investment funds (ESIF) for national, regional and local investments in actions related to AMR and IPC, thereby reducing the gaps in capacity and implementation of comprehensive One Health strategies between and within Member States;

- Improve the quality of infection control measures and optimize antimicrobial use across human, animal health and environmental

sectors;

- Encourage solidarity between countries by working together to combat AMR (a particularly important point for the Romanian Presidency);

- Call upon the EU to complement measures taken at national level – notably, making the fight against AMR one of the next EU legislative initiatives in the area of health.

## **A GLOBAL DEVELOPMENT CHALLENGE**

**Danilo Lo Fo Wong**, Programme Manager (AMR), WHO Regional Office for Europe

**Merel Langelaar**, Coordination

*Specialist Senior Inspector, Dutch Health and Youth Care Inspectorate/ EU-JAMRAI Project Partner (Work Package 5)*

**Andreas Sandgren**, Deputy Head of ReAct Europe

**DaniloLoFoWong** reminded participants that the World Health Organization (WHO) has been trying to get AMR onto the global health agenda since the 1970s. Despite these efforts, AMR remains a rather difficult concept to communicate to the public, bearing similarities with climate change as both slow-moving multi-faceted threats, whose effects are not imminently visible.

In addition to the 2001 WHO Global Strategy for the containment of AMR and the more recent [Global Action Plan against AMR](#), in 2011 the WHO European Region Member States adopted the [European Strategic Action Plan on AMR](#). The World Health Day the same year was devoted to the theme of AMR with the

slogan: “No action today, no cure tomorrow”, - the first time that a sense of urgency to combat AMR was instilled.

Implementation of AMR policies on the ground requires political will and as the levers to tackle AMR reach far beyond health, other sectors also must be on board. In addition to developing several tools aiming to assist Member States in implementation, WHO is also adjusting its approach from supporting action plans to supporting action on tackling AMR.

The issue of AMR has been largely neglected in the non-EU countries of the WHO European Region. However, considerable progress has been made in the implementation of the WHO European Regional action plan on AMR. In addition, WHO Europe has been supporting AMR actions in a number of non-EU countries, including Georgia, which did not have a routine sampling system of patients in place. Thus, WHO



## TRIPARTITE ORGANISATIONS

The **Tripartite organisations** (WHO,FAO,OIE) have developed a [global database](#) mapping country progress with regard to the implementation of the Global Action Plan on AMR and NAP implementation across all sectors.

# “Some Member States feel that once they have a NAP the work is done but actually it is the end of the beginning”

*Danilo Lo Fo Wong, Programme Manager (AMR), WHO Regional Office for Europe*

initiated the setting up of a surveillance network, building on the work done at EU level. In Georgia, it provided training to staff and laboratories, resulting in marked progress in the area of surveillance, a crucial first step in understanding the scale of the AMR problem and adjusting treatment guidelines accordingly.

**Merel Langelaar** drew attention to the fact that the establishment of the Dutch One Health AMR NAP involved a collaborative multi-sectoral engagement of human and animal health policymakers and experts and professionals working in the field. Several working groups were

created focusing on different AMR aspects including: the setting up of stewardship programmes advocating for prudent antibiotic use; infection prevention and control measures to contain the spread of resistant bacteria; and surveillance in order to assess the situation and tailor actions according to need.

In the Netherlands, importance is also given to quality assurance which includes the setting of measurable goals and evaluating progress to assess whether they are being met. The Dutch Health and Youth Care Inspectorate acts as a



## EU-JAMRAI

The [European Joint Action on Antimicrobial Resistance and Healthcare-associated Infections](#) (EU-JAMRAI) aims to foster synergies among EU Member States and support their activities and policy developments. EU-JAMRAI, co-funded by the EU Health Programme, was launched in September 2017 and one of its objectives is to support Member States in the development and implementation of One Health NAPs.

supervisory body and carries out enforcement in national healthcare settings.

The Dutch Ministry of Health, Welfare and Sport, the National Institute for Public Health and the Environment and the Dutch Health and Youth Care Inspectorate lead the EU-JAMRAI Work Package 5 on the implementation of AMR NAPs and strategies from a One Health approach.

Under Work Package 5, a NAP mapping exercise involving 18 European countries has been undertaken whereby 25% of the countries mapped claim to have a One Health action plan. A self-assessment tool was also created to monitor country progress and identify gaps and shortcomings in NAP implementation. In the development and execution of national strategies and action plans on AMR, countries often face challenges such as the difficulty to get and maintain AMR on the policy

agenda and in putting the broad concept of One Health into practice following concrete examples.

More recently, country-to-country peer visits have taken place providing countries with the opportunity to learn from each other and share experiences in addressing AMR. The visits involve both agricultural and healthcare settings and require engagement with policymakers as well as professionals working in the field. The first three visits have been positively evaluated by both the visiting and receiving countries. Such visits are not auditing in nature and differ from other country visits undertaken jointly by the European Center for Disease Control and Prevention (ECDC) and the European Commission.

According to **Andreas Sandgren**, AMR is not only a health issue and actions are not limited to SDG 3 on good health and well-being. AMR spans across various SDGs and failing to address it threatens



## REACT

ReAct is a global independent network dedicated to working on the issue of AMR. Over the years, it has made the case that AMR should be viewed as a development challenge, linked to overarching structural and systemic problems. ReAct has recently published a [report](#) on AMR and its profound effects on society and the SDGs.

# “AMR is a threat to global development”

*Merel Langelaar, Coordination Specialist Senior Inspector, Dutch Health and Youth Care Inspectorate/EU-JAMRAI Project Partner (Work Package 5)*

the achievement of most SDGs. In fact, although AMR is not mentioned or monitored within the SDG framework, it is acknowledged that it can affect the achievement of SDG 3, as well as all the other goals. At the same time, working towards achieving SDGs in various sectors in turn also facilitates managing the issue of AMR.

Effective antibiotics are indispensable components of health and agriculture systems and failing to manage the limited resource of antibiotics threatens to reverse advancements in health systems, global health gains in child and maternal mortality and economic growth, increase poverty and inequalities, and threaten the sustainability of food production, leading to greater food insecurity.

Linked, therefore, to the achievement of

several SDGs - namely those on reducing hunger, poverty, inequality and gender - failure to tackle AMR risks increasing current inequalities in infectious disease treatment, in particular, in low- and middle-income countries. The vicious circle between poverty and infectious diseases is well-known; whereby resistance can breed poverty and poverty feeds the problem of AMR. Therefore, poverty alleviation strategies and system strengthening can also contribute to addressing AMR.

Lack of effective antibiotics would seriously compromise the achievement of several targets for both communicable and non-communicable diseases and modern medical treatments which often rely heavily on antibiotic treatments. In fact, there is growing concern of the link between surgical interventions and



The [World Bank estimates](#) that between 1.1-3.8% of global GDP could be lost due to AMR if left unchecked. This is similar to the forecasted economic impact of climate change.

AMR, with a recent illustrative example of a British man who underwent leg amputation after contracting a drug-resistant infection following what should have been a routine knee replacement operation.

Although several countries have expressed a growing interest in working with the SDG framework, it can be overwhelmingly broad and difficult to break down into concrete actions in order to assess its impact on the ground. Implementing targeted measures with the aim of reaching the over-arching SDGs also requires resources and investment at national level and thus countries which have set up national coordinating bodies working on Agenda 2030 seem to have an advantage.

As pointed out by other speakers, AMR should also be recognised as a patient safety issue whereby patients are at risk of contracting healthcare-associated infections especially in the absence of adequate infection prevention and control measures. In this regard, AMR could also be considered “as an indicator of what is wrong with your health system”.

Healthcare Without Harm (HCWH) raised the importance of including the environmental aspect of AMR within the context of a One Health approach, which is often overlooked and not commonly featured in AMR NAPs. In response, attention was drawn to the WHO, OIE, FAO Tripartite [Memorandum of Understanding](#) aimed to step up joint

action to combat health threats associated with interactions between humans, animals and the environment and the ever-increasing collaboration with the United Nations Environment Programme (UNEP) in a Tripartite Plus format, strengthening the aspect of the environment in current efforts to tackle AMR.

## **SUSTAINABLE ACTIONS, INVESTMENTS AND FUNDING FOR NATIONAL AND REGIONAL AMR POLICY IMPLEMENTATION**

**Charles Price**, *Policy Officer, DG SANTE, European Commission*  
**Federico Paoli**, *Policy Officer, Structural Reform Support Service, European Commission*

**Michael Feith**, *Policy Officer, DG ECFIN, European Commission*  
**Nicole Lakowa**, *Project Leader / Thomas Grünewald*, *Lead physician, Antibiotic Network in North West Saxony (ABNW)*

**Rosa Castro**, *Project Manager, ESI Funds for Health, Milieu Ltd.*

**Charles Price** presented a striking statistic that 100 people will die today from an infection resistant to antibiotics and then posed the question to the audience on how much would they, as European and national taxpayers, be prepared to pay to halve this death toll. Such questions are fundamental when deciding on health spending and how it could help achieve priorities. Lives can

# “The key to accessing structural funds and spending it on AMR is action taken at national level”

*Charles Price, Policy Officer, DG SANTE, European Commission  
Federico Paoli, Policy Officer, Structural Reform Support Service,  
European Commission*

be saved even if 1€ cent is invested to tackle AMR per person per day.

Reference was made to recent [OECD estimates](#) that three out of four AMR-related deaths could be averted if about 1.70€ is spent per person per year on simple measures such as improved hand hygiene in hospital settings, antimicrobial stewardship, awareness raising and more prudent antibiotic prescribing, which would lead to greater efficiencies in hospitals and an expected return on investment after one year.

It must be recognized that human health and action on AMR is a key component for the EU to achieve other social and economic priorities and the SDGs. Although tackling AMR requires a One Health approach, Europe’s health services, which fall under the direct responsibility of Member States, are essential in addressing the AMR challenge. Public expenditure on health varies considerably across Member States. In addition, the current EU Health

Programme provides some funding opportunities, but with an amount of 10 € cent per EU inhabitant per year, there are limitations as to what the EU could do in terms of improving health systems and AMR actions. Nonetheless, the Health Programme has helped to inform, catalyse and assist Member States in their AMR actions and provided funding for the EU-JAMRAI and research such as the aforementioned OECD study.

By looking at examples of how the European Structural and Investment Funds (ESIF) have been used for health investments in the past, it is evident that national officials working in several health fields have liaised with national focal points in order to identify priority actions areas whereby several projects and programmes could be funded by the ESIF. To date, AMR is featured in a small fraction of these projects and thus, it is important to ensure that the AMR community at national level is mobilized to put forward project proposals and get AMR included as one of the ESIF

investment priorities for the upcoming period.

Therefore, national and regional authorities were urged to engage in the upcoming major round of negotiations between the Commission and Member States on the ESIF spending priorities for the next seven years.

**Katarzyna Kielar**, DG SANTE, reiterated the importance of mobilising national and regional focal points to promote health investments and noted that priorities for investments using structural funds are now outlined in a new Annex D of the 2019 European Semester country reports, which could thus be used as a basis for negotiations of the 2021-2027 Cohesion Policy. The policy objectives and corresponding priority investment areas identified by the Commission for each Member State are derived from the broader context of investment bottlenecks, investment needs and assessed regional disparities.

In this regard, the initiative of EPHA and the Romanian Presidency to explore and

highlight the potential opportunities of using ESIF for AMR actions was welcomed.

**Federico Paoli** introduced the [Structural Reform Support Service \(SRSS\)](#), hosted within the European Commission's Secretariat General but working closely with Member States on the ground, with offices in Cyprus and Greece and upcoming new offices in Croatia and Romania.

The Service supports EU Member States in the design and implementation of reforms covering all policy areas depending on a country's priorities and needs. It differs from other traditional funding schemes as it does not offer funding opportunities to Member States but rather provides tailor-made support on the ground and technical assistance. Technical support is demand-driven, based on request from Member States. For example, if a country or a region requests specific expertise to design or implement a policy, action plan or strategy, the Service will seek to provide



## ESIF

European Structural and Investment Funds (ESIF) are managed jointly by the EU and Member States through partnership agreements which set out how the funds will be used during a funding period.

direct in-house assistance or more commonly, identify potential providers of technical assistance in consultation with the country, such as the WHO, OECD, a national agency or service in another Member State, a private consultancy or University experts.

There are several technical support projects on health which are ongoing or under preparation including the reorganization of the hospital sector and services or the design of integrated primary healthcare in Flanders (BE), Austria and Latvia. A project on the implementation of a NAP on AMR is also commencing in a Baltic State.

The SRSS is a financial instrument of the Structural Reform Support Programme (2017-2020), with a budget of €142, 8 million. However, the budget is set to increase five-fold in the next multiannual financial framework (MFF). On average, assistance projects cost between € 300,000 and 500,000.

In addition to the technical assistance provided by the ECDC and the Commission in terms of country visits and opportunities for Member States to exchange good practices on AMR through EU-JAMRAI, the added value of the SRSS is that of ensuring follow-up



and continuity as opposed to ad-hoc visits or projects which are limited in time. The Service could ensure that visit outcomes are achieved and assistance is provided on a more long-term basis (until deemed necessary by the Member State), for example until a NAP is fully implemented across sectors.

**Michael Feith** introduced the [European Fund for Strategic Investments \(EFSI\)](#), which is a loan-based EU financial instrument set up in 2015, providing a guarantee on lending granted by the European Investment Bank (EIB) and the European Investment Fund (EIF), with the aim of delivering the Investment Plan for Europe. With EFSI support, the EIB group provides funding for economically viable projects, particularly those with a higher risk profile and which have had difficulty in attracting private investors.

The EFSI covers all policy areas and to date, billions of Euros in investment have already been mobilized. A number of health-related projects have been

granted EFSI support. There are currently 15 health infrastructure projects supporting hospitals or primary care centres, 20 projects in the area of medical and pharmaceutical research (R&D), and about 66,000 SMEs working in the social and health sector which are receiving support.

Investment is market-driven and thus, interested countries, regions or SMEs have to bring forward a project and present it directly to the EIB. Hospitals, primary care centers, health service providers and research companies could be project beneficiaries. There are no geographic or sector quotas in place and EFSI could be used in combination with other EU funds. For instance, investments could be blended with grants arising from regional funds.

Local technical support and assistance is provided through the European Investment Advisory Hub (EIAH) which gives free advice to public administrations and bodies. In the health sector, EIAH is



## INVESTEU

The InvestEU Programme will bring together a multitude of current EU financial instruments to support investment in the EU. It will run between 2021 and 2027, providing EU budget guarantees to support investment and with the aim of mobilising €650 billion in investment.

providing advisory services on investment needs of infrastructure projects such as modernizing hospitals, restructuring of primary healthcare services, and assists in building local capacity to design and implement such projects. EIAH also provides advisory support on the implementation of new service delivery models.

It was noted that although the Juncker Investment Plan for Europe is flexible and can be adapted to changing policy priorities and market changes, the Commission has proposed a successor programme called InvestEU.

InvestEU will include an element of political steering with four policy windows identified on sustainable infrastructure, research and innovation, SMEs and social investment. For the latter window, €50 billion in investment could be mobilized, which is a substantial increase to the current programme. Additionally, in order to have a broader outreach, the EIB will no longer be the only implementing partner but will work

in conjunction with other banks including, national banks or international banks such as the Council of Europe bank. The new programme is also expected to retain a strong advisory component and DG's will have more steering in the prioritization of proposed investment projects. The InvestEU legal basis has been agreed upon by the European Parliament which has requested that more funds than those foreseen by the Commission are included in the guarantees, in particular for the social window.

The roundtable was enriched by the contribution of Nicole Lakowa and Thomas Grünewald who presented an example of an ongoing AMR-related EU-funded project in the North West of Saxony. The Antibiotic Network Saxonia (ABNW) project was set up in 2017 and has received funds under the e-health category of the European Regional Development Fund (ERDF) 2014-2020, with an EU co-funding of 80% (€1.24 million) and 20% funding from the beneficiary hospital 'Klinikum St. Georg'.



#### EUROPEAN REGIONAL AND DEVELOPMENT FUND (ERDF)

The European Regional and Development Fund (ERDF) aims to strengthen economic and social cohesion in the EU by correcting imbalances between regions.

This telemedicine project is based on several pillars: analysing antibiotic prescription practices; collating pathogen epidemiology data; patient profiling; and assessing AMR in treatment settings, on which generated evidence is used to develop local guidelines and recommendations for physicians concerning antibiotic treatments, supported by a reliable database.

The project has established an extensive antibiotic network connecting hospitals, rehabilitation centres/nursing homes, general practitioners and dentists, lab microbiologists, federal state and public health agencies and health insurers. Following the collection of data on infections, antibiotic treatments and prescriptions, a database has been generated on antibiotic use and resistance. A central diagnostic, consulting and antibiotic registry office for patients with infectious diseases has been set up at the St. Georg Hospital and to date, prescription data of more than 75% of all insured inhabitants of the

Federal State of Saxony, 25% of all microbiological lab data in Saxony, and diagnosis and reimbursement data covering at least 20% of all hospitals in the region, has been collected.

Additionally, the project has also set up a web-based telemedicine tool for e-consultations providing antimicrobial therapy expert advice for physicians. Thus, projects such as the ABNW seek to reduce antibiotic consumption, monitor AMR trends and hence, reduce the development of AMR in the region.

Regarding financing and the sustainability of such EU-funded projects, it was noted that accessing funds is less cumbersome than modifying the project proposal which is often appropriate as the project evolves and new knowledge is gained. Moreover, the project life-cycle is limited in time (2.5 years), which does not allow for certain evaluations to take place which could assess and review the actions and approach being undertaken.

**“Member States and regions would not be able to spend funds on certain health-related thematic areas unless they are included in the current and programming period”.**

*Rosa Castro, Project Manager, ESI Funds for Health, Milieu Ltd.*

**Rosa Castro** remarked that in an attempt to better understand and analyse how ESIF are being used for health-related investments, Milieu Consulting, as part of a larger consortium, managed a project mapping the use of ESIF in health entitled 'Effective use of European Structural and Investment Funds for health investments in the programming period 2014 – 2020'. The project, funded by the EU Health Programme, created an inventory of ERDF and ESF-funded projects categorized into 6 broad thematic areas, namely: healthcare access, health systems' reform, ehealth, research and innovation, health promotion, and health workforce. In addition to the thematic and geographical mapping of health projects, the project provided Member States with the possibility to share their experiences, good practices and challenges in project implementation.

Although more than 7000 projects related to health were identified mid-way in the current programming period and around 60 projects were studied in-depth, only a tiny fraction of these health projects were found to be related to AMR. In addition to the telemedicine ABNW project, two other ERDF-funded projects addressing AMR and the development of new antibiotics, were identified under the research and innovation theme. These projects are cross-border in nature and involve the Interreg A, Netherlands, Belgium and Germany. One of the projects (i-4-1Health) is considered to be quite a large project, with a ERDF

co-funding of 40% amounting to over €8 million.

On the one hand, the advantages of being a ESIF beneficiary is the possibility to draw good practices from other projects which could be replicated in other Member States and regions. Workshops were organized for Member State representatives to share their experiences in the implementation of projects and provide peer support. On the other hand, the main obstacles for ESIF-funded projects remain the time horizon of projects and the sustainability of funding, which will ultimately depend on policy priorities and national/regional political to ensure continuity upon the end of a project. This is particularly the case for projects which receive almost 100% of EU funding.

The study found that there are gaps in the uptake of such funds across the EU and there is room for improvement as regards the institutional capacity in Member States to design and plan project proposals, secure funding and subsequently implement the projects.

Despite the limitations in drawing conclusions from such data, there is a general indication that among various competing health priorities, very few Member States have put forward project proposals focusing on AMR and utilized the ESIF in this regard. Achieving cross-sectoral collaboration is essential and requires Ministries of Health to liaise with

other relevant Ministries in order to ensure that AMR is identified as one of the programming priorities. It is only then that relevant funds will be allocated and absorbed.

These remarks were welcomed by DG SANTE representatives who reiterated that administrative capacity-building in order to maximize the uptake of ESIF is crucial and although the Commission provides support to national public administrations to build capacity, challenges remain.

**ReAct** reiterated that barriers to implementing AMR activities in countries with a general lack of resources include, the lack of centrally-positioned government official who has a designated role in moving the AMR work forward emphasizing cross-sectoral collaboration and the lack of a 'go-to-place' for funding which is essential in the implementation of National Action Plans. It was noted that the early stages of NAP development do not require large amounts of funding and although catalytic funding might still be required from external sources, over time, once capacity is developed among those involved in implementation and progress is made, more funding is channeled from in-country sources.

**Colm Friel**, Principal Manager at the European Court of Auditors (ECA), informed that the Court is currently conducting an audit, analysing the actions and management of key activities

of the Commission and relevant agencies in the area of AMR, resources provided to support Member States on AMR as well as EU research aimed at fighting AMR. The [special report](#) was published in November 2019.

## THE ROAD AHEAD - CONCLUSIONS

*Ann Marie Borg, AMR Policy Coordinator, EPHA*

**Ann Marie Borg** reminded participants that the idea of organizing such a roundtable stemmed from the results of an [EPHA study on National Action Plans](#), which revealed wide differences between and within MS and identified lack of funding and stretched national resources as one of barriers to implementation. Furthermore, exploring how existing EU funding streams, such as the ESIF, could support MS' efforts in AMR policy implementation was also one of the key outcomes of the Ministerial conference organized by the Romanian Presidency in March 2019 on AMR.

National, regional and local authorities must be informed of the existing diverse and novel EU financing opportunities, ranging from ESIF including ERDF and ESF+ and EIB financing to the Reform Support Programme (technical support) and the InvestEU Programme (advisory services), and consider financing blending, tapping into funds from various sources.

Despite a call for strengthening EU support for MS' implementation of NAPs on AMR, the ball is also in the court of Member States. Very few countries have used ESIF funding and while funding applications may constitute an administrative burden especially for small administrations, it would be

unfortunate if funding opportunities are not seized. A number of actions identified in NAPs could potentially be supported by different EU instruments, in relation to modernizing healthcare infrastructures, boosting IPC practice in hospitals and ensuring effective training of health professionals.

**“In light of the new European Parliament and Commission mandates and the current global political momentum on AMR, 2019 promises to be a crucial year, which could provide a heightened opportunity to step up efforts in addressing one of the greatest challenges of our time.”**

*Ann Marie Borg, AMR Policy Coordinator, EPHA*

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