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Brussels

Meeting organised by EPHA for national members of the Antimicrobial Resistance (AMR) Stakeholder Network of the EU Health Policy Platform and EPHA members and partners

The meeting brought together EPHA members and experts working at national and regional level to discuss the current state of play concerning AMR policies and their implementation in European Union (EU) Member States (MS), in the run-up to the Romanian Presidency of the Council of the EU (January – June 2019).

PREVIEW OF EPHA'S NEW STUDY ON THE DEVELOPMENT AND IMPLEMENTATION OF NATIONAL ACTION PLANS (NAPS)

EPHA's AMR policy lead presented a preview of the upcoming report mapping the implementation of National Action Plans (NAPs) on AMR in EU and European Free Trade Association (EFTA) MS.

Across the 31 European countries analyzed in the paper, good practice examples co-exist alongside poor practices and inaction. Most countries have a NAP or similar initiative in place or have initiated the process for its development. However, the findings show a very mixed picture in terms of the stages of NAP development, with Southern and Eastern European countries generally trailing behind the rest of Europe. In view of the many underfunded healthcare systems, health workforce brain drain and insufficient laboratory and surveillance capacities, this may not be surprising.

There are also considerable variations regarding the comprehensiveness and the One Health approach reflected in NAPs already in place. In fact, only around 50% of the countries analysed could be considered as having NAPs or national programmes following a One Health approach, in which the human, veterinary and environmental dimensions are evenly addressed.

It was also noted that the study showcases some examples of NAPs according to four thematic areas:

- encompassing a One Health approach;
- including financing estimates and identification of funding sources;
- integrating implementation and evaluation mechanisms;
- identifying clear measurable goals.

Whilst acknowledging the One Health concept, some NAPs do not appear to follow a truly One Health approach and still address AMR in different fields separately. Some countries have sectoral strategies in place covering only one dimension of AMR, while others have rather fragmented plans comprising of a main strategy accompanied by other secondary documentation or separate strategies targeting one sector in particular. Therefore, there remains considerable scope to streamline the multiple strategies on AMR present in some countries and to incorporate them into a single, coordinated One Health NAP. This may require better coordination and communication among different government Ministries and agencies, ensuring that all relevant actors understand the importance of adopting a multisectoral approach.

The study shows that the identification of measurable targets covering both the human and the veterinary sector, the integration of monitoring and evaluation mechanisms, as well as the inclusion of estimates of required financial resources or a delineation of dedicated funds available for NAP implementation, is not a common occurrence in the plans and strategies of most of the countries analysed, which may hamper effective implementation of proposed actions. The lack of dedicated AMR budgets and financial resources continues to be a challenge, although the World Health Organization's Global Action Plan and the 2016 Dutch Presidency Council Conclusions cited this as vital in order to implement NAPs. Moreover, with some exceptions, the environmental aspects of AMR do not feature in the vast majority of NAPs. Norway stands

out as the only European country of the 31 countries studied in this paper, to have a compliance monitoring system in place, regulating environmental contamination of antimicrobials. This includes policies limiting the discharge of antimicrobial residues into the environment, covering municipal and pharmaceutical industry waste and wastewater development.

Therefore, for the EU to truly become a best practice region (one of the pillars of the EU One Health Action Plan), it is crucial to reduce the wide, and still pronounced disparities among and within countries, and consider providing targeted support to those countries which need it most. This will allow the EU to move from achieving isolated success and best practices in a few countries to good standard practices in all countries, with antibiotic stewardship evenly distributed across the EU.

AMR: A PRIORITY FOR THE ROMANIAN PRESIDENCY OF THE COUNCIL OF THE EU

A Romanian Health Ministry official stated that at the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council of 7 December 2018, the incoming Romanian Presidency presented its work programme in the area of health, including AMR as one of its health priorities (alongside vaccination, access to medicines, eHealth and patient mobility). A high-level Ministerial Conference entitled “Next steps towards making EU best practice region in combating AMR” is scheduled to be held on 1 March 2019, followed by the subsequent proposal of Council Conclusions on AMR from the perspective of infection prevention and control (IPC) and antimicrobial stewardship.

It was noted that the recent European Centre for Disease Prevention and Control (ECDC)’s Point Prevalence Surveys of healthcare-associated infections and antimicrobial use and the Organisation for Economic Co-operation and Development (OECD)’s estimates of the economic burden of AMR and cost-benefit analysis of national measures to reduce AMR, could serve as a good basis on which to continue discussions on the future of AMR prevalence and the further action which needs to be taken.

On a final note, the attendees welcomed Romania’s plans to establish a National Committee for Limiting Resistance to Antimicrobials (CNLRA), involving 8 Ministries, which will ensure collaboration among the human, veterinary, and animal husbandry sectors and be responsible for developing a holistic NAP to combat AMR.

DISCUSSION POINTS

Against this background, the following key issues were raised during discussion:

- The effective implementation of NAP actions in the spirit of a One Health approach may be cumbersome, particularly if the national structures in place, such as coordination committees, do not ensure true representation and engagement of stakeholders from all sectors. It was noted that the key stakeholders who produce NAPs are likely to influence their contents. For example, in Denmark, the original composition of the National Antibiotics Council did not reflect all intersectoral AMR priorities but with its expansion and an inclusion of public health nurses, veterinarians and other professions, AMR can now be addressed from a more One Health perspective.
- The importance of earmarking budgets, mobilising resources and integrating sustainable financing mechanisms into NAPs can be particularly challenging in countries such as Spain which has 17 regions, each with a separate funding structure. Therefore, although a NAP has been developed by different

Ministries, mechanisms to pool and access adequate funding for implementation of actions can be lacking. Having adequate dedicated resources and funding is also vital in monitoring progress and evaluating NAP impact.

- In some MS, the introduction of AMR policies including inter-Ministerial collaboration may require certain legal preparations to be made in advance.
- A harmonised definition of 'One Health' seems to be lacking as well as clear and common criteria that national governments should follow in NAP development
- Investments in prevention in primary care settings and education of IPC specialists and nurses as well as in new rapid diagnostic tools could be strengthened. The latter is particularly important as in some cases, preventive antibiotics are administered while waiting for diagnostic test results.
- The role of vaccinations in AMR prevention
- The ways in which AMR and HAIs seem to be treated separately from IPC, disregarding that they go hand-in-hand
- Data collection and monitoring, noting that whilst physicians hold sufficient information on antibiotic prescriptions, there are several AMR surveillance challenges, particularly in certain sectors.
- Prioritisation of funding depending on current national needs and context – therefore, targeting investments to areas which require the most attention.
- Limiting antibiotic consumption by setting strict prescription rules across the EU, thus, tackling the problem of antibiotic overuse and misuse at source. Moreover, in countries with lenient antibiotic prescribing, mandatory training for physicians might be conceivably more effective than focusing primarily on educating the general public.
- The importance of integrating AMR into the basic curriculum of aspiring health professionals, which could take the form of a One Health module with an equivalent number of ECTS credits across the EU.
- Supporting a multi-professional perspective and better AMR and IPC training for specialists including veterinarians, whilst acknowledging health workforce shortages and the limited capacity and time available to practising professionals to undertake additional training on AMR and IPC.
- The importance of raising public awareness of the AMR challenge, and the need to look beyond hospitals and 'traditional' settings; for example, empowering communities and schoolchildren through simple and cost-effective national hand hygiene programmes. For example, Denmark has invested in antibiotic awareness campaigns directed at the general public and a catalogue of inspirational cases, gathering examples from around the country on better hygiene and IPC as a way to tackle AMR is being produced.
- The lack of sufficient evidence regarding the environmental angle of AMR which is necessary to stimulate further action in that area. MS should consider pooling resources and sharing best practices, for example, while Scandinavian countries are investing in certain areas of research, Southern European countries could explore other angles of environmental pollution and AMR. This also requires stronger leadership and coordination by the European Commission, which should step up its efforts to release the long-awaited strategy on Pharmaceuticals in the Environment.
- Antimicrobial stewardship and the valuable presence of stewardship teams in hospitals
- The United Kingdom, Germany and France could focus even more strongly on research, e.g. vaccines, diagnostics, alternatives to antibiotics. The UK Longitude Prize and Global R&D AMR hub, based in Berlin, are steps in the right direction but very few countries include vaccination as a preventive measure in their NAPs.
- In order for the public to take more ownership to combat AMR through hygiene practices, the language around IPC should be less clinical as it may give the impression that it only applies to hospital settings.

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