



AMR One Health Network meeting of 25 March 2021

MINUTES

1. INTRODUCTION AND WELCOME

1.1. Opening remarks by Commissioner Kyriakides

In a [video message](#), Commissioner Kyriakides welcomed that the AMR One Health Network is resuming its work after a year of interruption linked to the Covid-19 pandemic. The pandemic demonstrated the dimension that a health crisis can inflict on our societies and economies, and highlighted the importance of decisive, coordinated actions. The global AMR threat is expected to grow in coming years and, in the long term, its impact will likely be worse than the current crisis. Commissioner Kyriakides highlighted the need to take concrete coordinated actions in a holistic manner.

1.2. Introduction by the Portuguese Presidency, Minister do Céu Antunes

In a [video message](#), Minister of Agriculture Maria do Céu Antunes introduced the meeting from the point of view of the Portuguese Presidency. She stressed that only joint action articulating human, animal, plant and environmental health can address the threat of AMR – as expressed by the “One Health” concept. She confirmed the commitment of the Portuguese Presidency to contribute to the fight against AMR, including by organising coordinated EU positions in international discussions on AMR, for example in the Codex Alimentarius.

1.3. Introduction by MEP Wiener, chair of the MEP interest group on AMR

MEP Wiener presented the MEP interested group on AMR, a coalition of MEPs dedicated to the fight against AMR. She welcomed the fact that several recent tools and legislation can contribute to the fight against AMR – the European Health Union, the Veterinary Medicinal Products (VMP) Regulation, the EU4Health Programme, the pharma strategy, HERA. She stressed that it is now time to translate these into concrete actions/binding legislation. For the MEP, we should reduce our dependence on antibiotics and set EU-wide consumption reduction targets both for animals and humans. We should also ensure that those targets are met. Ms Wiener welcomed the AMR target of the Farm to Fork strategy. She also stressed the importance of the environmental dimension, and called for adding Active Pharmaceutical Ingredients to the list of priority substances under the Water Framework Directive.

2. SESSION 1: THE FUTURE APPROACH AND TOOLS TO FIGHT AMR

2.1. The European Health Union package and HERA

The Commission [presented](#) its proposals under the European Health Union package and plans to develop a Health Emergency Preparedness and Response Authority (HERA), and how these can contribute to the fight against AMR. The Health Union Package was developed as part of the Commission response to the Covid-19 pandemic and is composed of [a Communication](#), a [proposal for revised legal framework for Cross-Border Health Threat \(CBHT\)](#) and [proposed revisions of the mandates of EMA](#) and [ECDC](#). The proposal on CBHT and ECDC notably contains action to strengthen crisis and preparedness plans (including for AMR), reference to a new EU network of reference laboratories, as well as stronger tools for response at EU level. These proposals are currently being discussed in the Council and in the EP. The Communication announces the Commission's intention to propose a new authority, HERA, whose objective will be to deploy advanced medical and other counter measures in the event of a health emergency. The authority should look at the whole value chain, including horizon scanning, development, production, deployment and use. A preparatory action on AMR is being considered. The [Inception Impact Assessment](#) has been published and a public consultation will soon be launched.

2.2. The pharmaceutical strategy for Europe

The Commission [presented](#) the "[Pharmaceutical Strategy](#)" Communication adopted in November 2020 and its relevance for the fight against AMR. The Strategy announces a number of flagship initiatives, including a comprehensive review of the EU pharmaceutical legislation, in order to address a number of challenges such as accessibility and affordability of medicines, reducing shortages, supporting innovations and building a crisis resistant system. More specifically on AMR, the Strategy announces:

- Pilot innovative approaches to EU R&D and public procurement for antimicrobials and their alternatives aiming to provide pull incentives for novel antimicrobials;
- A commitment to promote investment and coordinate research, development, manufacturing, deployment and use for novel antibiotics as part of the new EU Health Emergency Response Authority;
- An intention to consider in the review of the pharmaceutical legislation to introduce measures to restrict and optimise the use of antimicrobial medicines and to explore new types of incentives for innovative antimicrobials;
- An intention to propose non-legislative measures and optimise the use of existing regulatory tools to combat antimicrobial resistance, including harmonisation of product information, draft evidence-based guidance on existing and new diagnostics; promote the prudent use of antibiotics and communication to healthcare professionals and patients.

The [Inception Impact Assessment](#) for the revision of the pharmaceutical legislation has been published and the intention is for the Commission to adopt its proposal of revised legislation by end 2022. Participants asked several questions, including whether the Commission foresees a pictogramme on packages to identify antimicrobials more easily and facilitate awareness raising.

2.3. Pharmaceuticals in the environment

The Commission [presented](#) the state of play on the implementation of the “[EU Strategic Approach to Pharmaceuticals in the Environment](#)” adopted in March 2019. Together with the One Health Action Plan, it is the basis of the sustainable dimension of the recently adopted Pharmaceutical Strategy. The EU Strategic Approach is looking at the whole lifecycle from manufacturing to disposal. It focuses on 6 areas: promoting prudent use, green manufacturing, improving environmental risk assessment, reducing wastage and improving waste management, expanding environmental monitoring and filling other knowledge gaps. All actions announced in the strategy have started. Current work from DG ENV focuses on revising the list of priority substances under the Water Framework Directive and revising several other Directives. Some actions need to be implemented together with the Member States in the area of medicines that are discussed in the Working Group on pharmaceuticals in the environment set up under the Pharmaceutical Committee. A [progress report](#) on the implementation of the pharmaceuticals in the environment has recently been published in the Pharmaceutical Strategy that has a sustainable dimension. In the Q&A, one Member State welcomed the review of the list of priority substances and supported the inclusion of critically important antimicrobials in the list. Another MS encourage considering the appropriate size of the package to promote prudent use of antimicrobial. Another participant encouraged to involve young people.

2.4. Veterinary Medicinal Products (VMP) and medicated feed Regulations in support of the Farm to Fork Strategy

The Commission [presented](#) the role of the new VMP and medicated feed Regulations in the fight against AMR. The Farm to Fork Strategy includes an AMR target: to reduce overall EU sales of antimicrobials by 50% for farmed animals and in aquaculture by 2030. The new EU Regulations on veterinary medicines and medicated feed, applicable as of January 2022, provide for a wide range of concrete measures that promote prudent and responsible use and support the achievement of the AMR target. In addition, given that AMR has no borders, certain provisions will also apply to animals or products of animal origin intended to be imported into the EU. Several Delegated and Implementing acts are being developed in order to have the necessary legal framework in place by the date of application. In the Q&A, several participants raised the issue of coccidiostats and the fact that the distinction between veterinary medicinal products and feed additives is not always done in third countries.

3. SESSION 2: INTERNATIONAL WORK ON AMR

3.1. G7 work on AMR

Dame Sally Davies, UK special envoy on AMR, presented the agenda of the UK G7 Presidency as regards AMR. AMR is on the UK G7 Presidency agenda under health track, but also under finance and climate & environment track. There is no agriculture track this year. Under the health track, the G7 discusses security of antibiotic supply-chains, antibiotic manufacturing standards and principles for valuing antibiotics differently. One of the objectives is to agree that antibiotics should be valued and reimbursed differently from other pharmaceuticals, and that reimbursement should be de-linked from volume. Any incentive to over-market antibiotics should be removed. The need for more transparency on supply chains is also discussed. G7 stressed the compatibility of this agenda with the EU pharmaceutical

strategy agenda. AMR is the slow pandemic making previously treatable infections untreatable. We are now in a suitable time to stop this pandemic. In the Q&A, UK clarified that they were also in contact with the Presidency of the G20 in particular on the issue of manufacturing discharge limits. On veterinary medicines, UK noted that this is not covered by ongoing G7 discussions as veterinary medicines follow a different model in terms of procurement and reimbursement.

3.2. Tripartite Plus (WHO, FAO, OIE, UNEP) latest developments

The Secretariat of the Tripartite Plus AMR alliance (WHO, FAO, OIE + UNEP) presented its work at the interface of the 3 + 1 organisations. The secretariat was established 18 months ago and accelerated its work. A Global leaders' group on AMR has started working. This will be complemented by establishment of an independent panel on evidence for action and a partnership platform, which will bring together governments, academia and civil society from around the world to strengthen action on AMR. Sustainable Development Goals now include an indicator on AMR. Cooperation at regional level is also being enhanced and there will soon be a European Tripartite alliance. On the 2015 Global Action Plan (GAP) on AMR, progress is being monitored through TrACCSS. An AMR Multi-Partner Trust Fund has recently been set up. As regards environmental aspect, there is increasing evidence of role of the environment in development and transmission of AMR. A review of the GAP in the coming years is envisaged, which would this time be a tripartite GAP. A UN high level dialogue on AMR is planned on 29 April 2021 and strong engagement of EU Member States is encouraged.

4. SESSION 3: SESSION BETWEEN MEMBERS OF THE AMR ONE HEALTH NETWORK

4.1. Future perspective on the global AMR strategy

The Commission proposed to Member States to support a revised and more comprehensive Global Action Plan on AMR including an environmental and plant health dimension. Most Member States needed time to reflect and would come back with written comments. A Member State noted that, in the veterinary area, discussion in international fora currently led to backward steps compared to the current situation (c.f. in the Codex Alimentarius) – we should therefore carefully examine the pros and cons of reopening existing texts. In conclusion, Member States were invited to send their written input to the questions detailed in the one-pager by 22 April 2021 at the latest.

4.2. Member States' AMR One Health National Action Plans (NAPs)

The Commission noted that there is currently no comprehensive and accurate picture of the situation at EU level. Nevertheless, there is evidence that some Member States have an uneven approach to their One Health National Action Plans. The Commission therefore proposed to launch a review of Member States NAPs. The aim is, in particular, to identify elements needing further developments, the extent of the one-health collaboration, and whether specific AMR policies (such as the AMR Farm to Fork target) have been taken into account. This will require updating the network of AMR contact points, examining Member States' NAPs, building on available knowledge (e.g. outcome of JAMRAI) as well as bilateral and multilateral dialogue. In the Q&A, some Member States indicated their readiness to participate, highlighting the need to avoid duplication with other exercises (e.g. JAMRAI). COM clarified that the exercise will provide a snapshot picture, building on existing work, and will not be continuously updated.

A Member State asked to share contact details of different persons working on AMR in the COM. Another Member State encouraged the Commission to take the lead in developing indicators and targets, and to consider mandating EU agencies to develop core elements of antimicrobial stewardship and infection prevention and control in all settings.

4.1. In conclusion, Member States were invited to send their written input (including indicating the national contact point(s)) to the questions detailed in the one-pager, by 22 April 2021 at the latest. EU Joint Action on AMR – JAMRAI

The Dutch coordinator of the [Joint Action on AMR and healthcare-associated infections](#) presented the Joint Action. The work to strengthen national AMR response focused on mapping and self-assessments of NAP/strategies, country-to-country assessments and strengthening supervision. Review of the NAPs showed that, in some cases, there is room for improvement in human and financial resources and in political prioritisation. It also showed that supervision can be a driving force for NAP implementation. For this reason, participant Member States were in favour of setting up a network of supervisory bodies to share experience and best practices to further improve efforts to fight AMR especially in healthcare settings. This could possibly be a subgroup of the AMR One Health network. Participants also expressed an interest in having a second JAMRAI. In the Q&A, other MS expressed support for a network of supervisory bodies and for a second EU-JAMRAI.

4.2. Example of the Irish One Health AMR Action Plan

Ireland presented its experience with its national One Health NAP. The development of the NAP started in 2015. It is coordinated by a national interdepartmental AMR consultative committee, chaired jointly by the Chief Veterinary Officer and the Chief Medical Officer and supported by a secretariat. The NAP is based on a collaborative response, bringing stakeholders together. The process is underpinned by evidence-based priority setting and guidelines. It also comprises an outreach to educational institutions, and an important awareness raising effort. Huge effort has been done in the pig sector to collect data on sales and develop codes of practice for antimicrobial stewardship. It is important to apply behavioural science techniques to help farmers make changes. An important focus is also put on the environment: all sources of antimicrobials in the environment (waste, land runoff) are looked at, data is being collected on the extent of contamination to assess the relative contribution of various sources.

4.3. Reflection on the future of the One Health Network

The Commission proposed to revamp the AMR One Health Network, drawing on the experience from two models (Animal welfare platform and SGPP). The network could be formalised, partially open to stakeholders, and subgroups as well as voluntary groups could be set-up to work on specific issues between two plenary sessions. The Commission proposed to set up as soon as possible a subgroup on One Health NAPs. In the Q&A, a MS encouraged for more involvement of Member States in setting the agenda of the network. The Commission noted that this was one question asked in the one-pager and written input was welcome. A Member State suggested to expand the plenary session to a 2-day meeting to allow also networking. In conclusion, Member States were invited to send their written input to the questions detailed in the one-pager by 22 April 2021 at the latest.

The next plenary meeting of the One Health Network is planned to take in December 2021. In the meantime exchanges will take place via the Teams application and by email, as well as in the subgroup(s).