Resolution on EU action to combat antimicrobial resistance

2023/2703(RSP) - 01/06/2023 - Text adopted by Parliament, single reading

The European Parliament adopted by 525 votes to 2, with 33 abstentions, a resolution on EU action to combat antimicrobial resistance.

The text adopted in plenary was tabled by the EPP, S&D, Renew, Greens/EFA, ECR and the Left groups.

Context

In 2022, the Commission, together with the Member States, identified antimicrobial resistance (AMR) as one of the top three priority health threats in the EU. It is estimated that more than 35 000 people in the EU /EEA and more than 1.2 million people globally die each year as a direct consequence of an infection due to bacteria resistant to antibiotics. The health impact of AMR is comparable to that of influenza, tuberculosis and HIV/AIDS combined and the trends in the latest data show a significant increase in the number of infections and attributable deaths for almost all bacterium-antibiotic resistance combinations, especially in healthcare settings, where around 70 % of cases of infections with antibiotic-resistant bacteria were healthcare-associated infections.

If no further action is taken, the global AMR death toll by 2050 could reach more than 10 million annually, higher than the expected number of deaths from cancer and diabetes combined and could cause economic damage as catastrophic as the 2008-2009 global financial crisis.

Although AMR affects the Member States differently, action at EU level to address AMR can deliver clear added value, since no single Member State alone can provide an adequate solution to this cross-border and global issue.

Recommendations

Parliament is convinced that AMR requires a multi-faceted strategy in the EU, based on the One Health approach. It welcomed the Commission’s proposal for a Council recommendation on stepping up EU measures to combat antimicrobial resistance based on the One Health approach and called on the Council to adopt a recommendation taking this resolution into account as a way to step up action in areas complementing legislation under the proposed pharmaceuticals package. The resolution recalled however that powers to adopt binding Union acts in the field of health remain subject to the ordinary legislative procedure. Therefore, Parliament takes the view that should measures achieved under a recommendation be insufficient, further legislative action at EU level will be needed.

The resolution stressed that addressing AMR successfully requires a three-pronged approach combining prudent use of antibiotics for humans and animals, implementing good infection prevention and control measures, especially in healthcare settings and promoting research and development into novel antimicrobials and alternatives to antimicrobials.

National action plans against AMR

Parliament called on Member States to put in place, publicise and implement a national action plan against AMR (NAP), based on the One Health approach and in line with the objectives of the World Health Organization Global Action Plan and the 2016 Declaration of the United Nations high-level meeting of

the General Assembly on AMR by 1 March 2024, and regularly update such the National Action Plans. Member States should ensure that appropriate and sufficient human and financial resources should be allocated for the effective implementation of the NAP.

Surveillance and monitoring of AMR and antimicrobial consumption (AMC)

Member States should close existing surveillance and monitoring gaps and ensure the completeness of the data, including real-time data where appropriate, by 2030, both on AMR and AMC at all levels (such as in the community, hospitals and long-term care facilities) to support the prudent use of antimicrobials in human health.

Infection prevention and control, and water, sanitation and hygiene

Parliament called on the Member States to ensure that infection prevention and control measures in human health are implemented and continuously monitored to contribute to limiting the spread of antimicrobial resistant pathogens in particular by strengthening infection prevention and control and improving WASH, environmental cleaning and waste management in healthcare settings and long-term care facilities and upgrading existing hospital infrastructure and human resources.

Moreover, measures should be taken to improve the health and welfare of food-producing animals to decrease the occurrence and spread of infectious diseases in farming. In this regard, the Commission is called on to put forward a proposal for the revision of EU legislation on farm animal welfare.

Parliament insisted that EU infection prevention and control guidelines in human health, notably for hospitals and long-term care facilities need to be put in place by 1 June 2026.

Antimicrobial stewardship and prudent use of antimicrobials

Parliament called on the Member States to ensure that human-health measures are implemented to support the prudent use of antimicrobial agents, inter alia by: (i) implementing EU guidelines for the treatment of common infections and for perioperative prophylaxis and adapting these guidelines to national circumstances, where necessary, in order to adhere to best practices and optimise the prudent use of antimicrobials; (ii) where possible, restricting antibiotic prescription to face-to-face consultations.

Member States are called on to put in place programmes for the collection and safe disposal of unused, expired and leftover antimicrobials from the community, hospitals and long-term care facilities, farms, veterinary medicine providers, and production facilities, and ensure that the public can make use of these disposal facilities via a local healthcare facility.

The Commission should work towards the development of EU guidelines for the treatment of major common infections in humans and for perioperative prophylaxis in humans.

Recommended targets for antimicrobial consumption and antimicrobial resistance

Member States are called on to take national measures to ensure that by 2030:

- the total consumption of antibiotics by humans (in terms of the defined daily dose (DDD) per 1 000 inhabitants), in the community and hospital sectors combined, including in long-term care facilities, is **reduced by 20 % in the EU** compared with the baseline year 2019 with a highest DDD of 15 in any Member State;

- at least 70 % of the total human consumption of antibiotics belongs to the Access group of antibiotics, as defined in the WHO's AWaRe classification;

- the total incidence of bloodstream infections with methicillin-resistant Staphylococcus aureus (MRSA) (per 100 000 population) is reduced by 15 % in the EU, compared to the baseline year 2019;

- the total incidence of bloodstream infections with third generation cephalosporin-resistant Escherichia coli (per 100 000 population) is reduced by 10 % in the EU, compared to the baseline year 2019;

- the total incidence of bloodstream infections with carbapenem-resistant Klebsiella pneumoniae (per 100 000 population) is reduced by 5 % in the EU, compared to the baseline year 2019.

Research and development

Parliament called on the Member States and the Commission to:

- support research data sharing and technological innovation for the detection, prevention and treatment of infections in humans caused by antimicrobial resistant pathogens, including the establishment of, and significant investment in, a European partnership to allow coordination, alignment and funding of cross-sector research and innovation on ‘One Health AMR’;

- pool resources, run collaborative initiatives, financially contribute to the implementation of the pull incentive scheme, and undertake to participate in the network referred to under the EU4Health work programme 2023;

- incentivise the development and placing on the market of alternatives to antimicrobials, as well as innovative diagnostic tests and vaccines for animal health and alternatives to antimicrobials, such as local anaesthetics or psychopharmacological drugs, including a design for degradable antibiotics.

Reporting

The Commission should report to the European Parliament and the Council four years after adoption of this resolution on the progress in its implementation.