

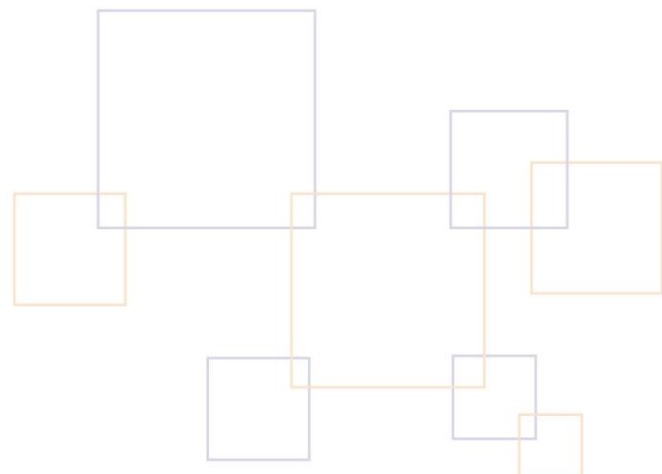
Position Paper
on
Antimicrobial Resistance (AMR)

European Social Insurance Platform (ESIP)

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ESIP aisbl

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About the European Social Insurance Platform (ESIP)

The *European Social Insurance Platform (ESIP)* represents over **50 national statutory social insurance organisations** in **17 EU Member States, the United Kingdom and Switzerland**, active in the field of health insurance, pensions, occupational disease and accident insurance, disability and rehabilitation, family benefits and unemployment insurance. The aims of ESIP and its members are to preserve high profile social security for Europe, to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European debate and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

Statement regarding positions submitted by ESIP: ESIP members support this position in so far as the subject matter lies within their field of competence.

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Position Paper Antimicrobial Resistances (AMR)

Antimicrobial resistance (AMR) is “the ability of a microorganism (like bacteria, viruses, and some parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it. As a result, standard treatments become ineffective, infections persist and may spread to others”¹. According to the WHO, “it occurs naturally over time but is accelerated by:

- the inappropriate use of antimicrobial medicines in the health, animal, food, agriculture and aquaculture sectors
- lack of access to health services, including to diagnostics and laboratory capacity
- antimicrobial residues in soil, crops and water”²

It poses a serious cross-border threat to global/public health, patient safety, development and food security:

- 30 000 patients die annually in the EU alone as a result of infections caused by resistant bacteria, especially dangerous for people with weak or not yet fully developed immune systems (new-borns, ageing population, people undergoing surgery or cancer treatment); globally this number could be as high as 700 000
- Overall, 10 Million deaths per year are projected between now and 2050 if current infection and resistance trends are not reversed. Only 0.7 million of these additional deaths would occur in North America or Europe, with the largest numbers of deaths in Africa and Asia
- Additional costs of approximately € 1,5 billion each year are generated through extra healthcare costs and productivity losses due to multi-drug-resistant bacteria in the EU – these costs will increase dramatically if no action is taken
- Antibiotic consumption in the EU Member States is still high (it almost doubled between 2010-14)³

It is therefore imperative to reduce the emergence and spread of AMR as well as to increase the development and availability of new effective antimicrobials inside and outside the EU.

AMR also jeopardises the attainment of the United Nations (UN) Sustainable Development Goals (SDG), namely “to ensure healthy lives and promote well-being for all at all ages” (SDG 3) and reinforces inequalities globally. However, in most of the European Member States, AMR is still not high on the political agenda. Therefore, action on EU level is crucial.

¹ https://ec.europa.eu/health/amr/antimicrobial-resistance_en

² http://www.euro.who.int/_data/assets/pdf_file/0005/348224/Fact-sheet-SDG-AMR-FINAL-07-09-2017.pdf

³ https://ec.europa.eu/health/amr/sites/health/files/antimicrobial_resistance/docs/amr_2017_summary_action-plan.pdf; http://www.euro.who.int/_data/assets/pdf_file/0005/348224/Fact-sheet-SDG-AMR-FINAL-07-09-2017.pdf?ua=1

Support and strengthen prevention

According to SDG 3.3 the UN wants to end the epidemics of AIDS, tuberculosis, malaria and neglected diseases and combat hepatitis, water-borne diseases and other communicable diseases. ESIP therefore stresses that it is of utmost importance to not only focus on new antimicrobials – *"new treatments alone will not be sufficient to combat the threat of antimicrobial resistance"*⁴. The overarching goal should be to improve infection prevention and control as well as to foster appropriate use of existing and future antibiotics.

ESIP therefore calls for:

- Support of implementation and further development of National Action Plans fighting AMR in the EU Member States
- Strengthened awareness raising campaigns and activities concerning AMR, taking into account that in 2018 57% of European citizens were unaware of AMR. This includes fostering prudent prescription (respecting national guidelines and specificities) among doctors (perhaps through dedicated programmes), prudent, exact dispensing in the pharmacy to avoid, especially, over-the-counter dispensing of antimicrobials, and rational use by patients as well as adequate surveillance measures
- Continued support for the development and the application of rapid diagnostic tools – also through EU research funds, such as Horizon Europe
- Fostering research and increasing data collection to better understand AMR, the related risks, as well as transmission pathways between humans, animals and environment
- Promotion of effective use of vaccines among doctors, patients and the public
- Promotion and strengthening of the exchange of Best Practices as well as information among Member States, such as spreading guidelines as well as antibiotic stewardship programmes, establishing adequate surveillance systems and collecting data on resistances – many policies are highly cost-effective taking into account the increasing pressure of treatment costs on health systems
- Ensuring availability of old but still effective (first line) antibiotics

Promote real innovative antimicrobials through (alternative) push and pull incentives

Since the 1980s no new class of antibiotics was put on the market.⁵ According to the WHO, there are not enough new antibiotics in the pharmaceutical development pipeline and only a few big companies are active in this field. Currently, approximately 60 products are being developed (50 antibiotics and 10 biologics). However, these products will have only limited added value over existing treatments and very few of them are targeting the most critical

⁴ <https://www.who.int/news-room/detail/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed>

⁵ <https://www.bbc.com/news/health-47719269>

resistant bacteria (only two products are targeting gram-negative bacteria).⁶ ESIP therefore recognises the urgent need for the development of new antimicrobials, especially against multi-resistant organisms. We acknowledge that the current business model, namely payment per package sold, does not provide the right incentive for new and effective antimicrobials with a substantial added therapeutic value over existing products, when their use will be limited to last resort/line treatment. Alternatives and/or additions to the current model are needed as well as the political will to grant sufficient room for manoeuvre to the respective pricing and reimbursement (P&R) bodies at national level.

With view to SDG 3.8 – “achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” –, the overall aim of any action on EU level should be to ensure availability of and equitable access to established antimicrobials and at the same time support transparent research and development (R&D) of new antimicrobials. ESIP therefore agrees with the Commissioner for Health, Stella Kyriakides, stating during her hearing in front of the European Parliament on 1 October 2019 that “we need to help industry, through innovation, to come up with new antimicrobials”⁷.

However, we recognise with great concern the political intention of the European Commission to use Regulation (EC) No 141/2000 (hereafter referred to as the Orphan Regulation) as a blueprint for a new legislative framework to create new incentives for the development of antimicrobials, as stated amongst others in the progress report of the 2017 AMR One Health Action Plan published on 12 February 2020.⁸

ESIP warns, that while the Orphan Regulation has led to more products for rare diseases entering the market, it has failed to address the situation for very rare diseases. Moreover, these new products have often come with a price tag which is unaffordable for many patients and unsustainable for many health systems. Volume is still an important aspect of the incentives in the Orphan Regulation. New antimicrobials should be compared with ultra-rare diseases and these need quite different incentives. As emphasised also in the Dutch Council Conclusions of 2016: “incentives [...] need to be proportionate to the goal of encouraging innovation, improving patients’ access to innovative medicines with therapeutic added value and budgetary impact, and it should be avoided that circumstances are created that might encourage inappropriate market behaviour [...] and in this way potentially limit patients’ access to new medicines for unmet medical needs and that can affect the sustainability of health systems.”⁹

In its position paper on the occasion of the review of the Orphan Regulation¹⁰, ESIP criticises above all the incorrect application of the legislation and the increasing number of market failures where patients’ access to effective and affordable essential medicines as well as the

⁶ <https://www.who.int/news-room/detail/17-01-2020-lack-of-new-antibiotics-threatens-global-efforts-to-contain-drug-resistant-infections>

⁷ <https://www.europarl.europa.eu/news/en/headlines/eu-affairs/20190910STO60734/stella-kyriakides-cyprus>

⁸ https://ec.europa.eu/health/amr/sites/health/files/antimicrobial_resistance/docs/amr_2017_action-plan_progress_2020-q1.pdf, p. 16.

⁹ [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XG0723\(03\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XG0723(03)&from=EN), 14.

¹⁰ <https://esip.eu/publications-intranet?id=222>

sustainability of healthcare systems was endangered by extremely high and unsustainable prices.

Therefore, ESIP calls for a separate new EU legislation for antimicrobials that takes into account the following:

- New and alternative incentive mechanisms all along the development chain, other than those provided in the Orphan Regulation, should be evaluated and promoted. These could include:
 - milestone prizes granted through EU funds, such as research funding programmes, when specific (pre-)clinical stages in development are reached
 - buying patents from manufacturers in order to enable the production by smaller and/or public entities
 - market entry rewards paid by governments for new products, such as lump-sum payments to developers of new antimicrobials that meet a pre-defined unmet medical need¹¹, once the product is readily available for patients to improve health ('payment for success')¹²; this shall however not anticipate the assessment of patient relevant outcomes in the context of national HTA procedures
 - introduction of an antibiotic investment charge on companies coupled with the possibility to avoid it if it is demonstrated that the equivalent amount is invested into R&D relevant to AMR ('pay or play funding scheme')¹³
 - possible links to production in Europe in order to strengthen Europe's global independence
- Some already existing incentives, such as early dialogue with the regulator and exemption from fees for marketing authorisation could be included, but market exclusivity should be excluded as this would again be based on volume of sales (during a longer period) and prevents useful competition within the market
- In the case of a designation of 'highly innovative' and therefore reserve antibiotic, this designation should be reviewed on a regular basis with the possibility of withdrawing the status and the related incentives
- Public funding allocated to R&D in this field should be linked to/aligned with the WHO priority pathogens list¹⁴ for new antibiotics to ensure that R&D is focused on areas of real unmet medical need
- Regular evaluation and review of the WHO priority pathogens list in terms of relevance, correctness, completeness, and adjustment if needed
- Research on vaccines should be fostered in order to prevent bacterial infections in the first instance

¹¹ A common clear definition of „unmet medical need“ ist crucial.

¹² https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf, 66.

¹³ https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf, 67.

¹⁴ <https://www.who.int/news-room/detail/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed>

- Public return on public investment in research through funding or financial incentives has to be ensured through complete transparency regarding R&D costs as well as open access and open data requirements; see also [ESIP statement on the Innovative Health Initiative](#)

Eventually, it is crucial to find and enable new ways to decouple revenue from volumes sold for innovative, effective products intended as last resort treatments or for restrictive use. New innovative payment models, such as the so-called “Netflix subscription model” currently being tested in the UK¹⁵ that bypasses market mechanisms linked to higher sales volumes, should be assessed and evaluated jointly by the Member States. Where relevant, the EU should look into possible ways of facilitating and supporting these innovative models whilst fully respecting Member States’ competences as laid down in Art. 168 TFEU. Therefore, cooperation between Member States should be enhanced and facilitated with the necessary infrastructure in order to exchange Best Practices, information and experiences with new P&R models, with the aim of exploring and identifying possible solutions.

¹⁵ <https://www.biopharmadive.com/news/uk-testing-netflix-style-payments-to-boost-antibiotics-development/558369/>