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# A Resolution for Antimicrobial Resistance – Perspective from the European Parliament



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## Opinion

As Jim O'Neill writes accurately in his report on tackling drugresistant infections, more people could die from antimicrobial resistance (AMR) in 2050 than from cancer. Roughly speaking we are talking about 10 million people globally. A very disturbing figure if we don't act upon it now. The political paradox in the fight against AMR is that worldwide recognize the actual problem, but sufficient measures are still lacking [1]. That is why we want to bring the debate at a European level. Although it is insufficient, it is a first step. We will work towards establishing a comprehensive approach that is to be reflected in our report and opinion. The focus will rely on finding the right economic model to stimulate research and innovation, to determine the correct diagnostics and focus on data collection and -of courseprevention.

# It's the Economy, Stupid!

As said, in the battle against AMR there is the paradox for finding the right solution. This is not only supported, but also maintained by the economic model of pharma industries. The cost of producing new drugs is very high, so the pharma industry is in desperate need for revenues coming from the market. It is not an accusation, but a fact. To fight resistance, it is highly necessary that antibiotics are used as little as possible. They have to be a last resort, but easy accessible when in need. There are two approaches to tackle the problem and I believe that a combination would be most effective. We need various push and pull incentives to create new medicines and medical devices. These incentives can only be meaningful when they are sustainable over the long term, stimulate investment across the entire product development and life cycle, target key public health priorities and support appropriate medicinal use. In that way, the Transferrable Market Exclusivity is only one of the tools to stimulate research into new molecular entities. Market entry reward in order to accelerate existing development programmes and drive investment into further development of off-patent compounds are other possibilities [2].

## Prevention is the Best Cure

Nowadays, extensive quantities of antibiotics, the most prominent antimicrobial, are wasted globally on patients who do not need them. Another paradox in the fight against AMR is that there are patients who need antibiotics but do not have access to it. Rapid diagnostics and the use of the correct tools to determine whether or not a patient needs antibiotics is a fundamental change we have to make in the European Union, but worldwide if we effectively want to solve the problem [3]. The other fundamental change we need to make is the misuse of antibiotics in the veterinary sector and containing the antimicrobial exposure in our daily environment.

#### **Knowledge Sharing is Caring**

This global collaboration is essential elements in the global solution to tackle AMR. We have to focus on harmonisation of the collection of data, and the accessibility of that data. The European Surveillance of Veterinary Antimicrobial Consumption is a good initiative but should be extended to the human sector. The key is collaboration across borders, sectors and disciplines; such as the human and veterinary scientists [4]. In 2015, the European Parliament had already developed a new legislative framework to encourage the development of new antibiotic drugs. I make a reference to the orphan diseases, rare diseases and paediatric medicines. Due to the new legal framework the drug development has increased from 8 in 2000 to more than 130 in 2016. This same was proposed for antibiotics for animal use [5].

Besides the investments already made in research and innovation in AMR through the Innovative Medicines Initiative, I believe it is necessary to allocate more funding to the research in epidemiology and immunology in healthcare associated infections (HAI). Lastly, as prevention is the best cure, we need to promote vaccination programs; not only with children or elderly people. Anyone of us can be host of viruses without showcasing any symptoms. Monitoring and surveillance will become easier once the way of data collection is harmonised [6].

We need a change in mindset on a European level and on a global level. I want to call on real Science diplomacy as AMR does not stop at the border of a country. With a changing political environment, Europe has to become a best practice region, the region where research, development and innovation are supported and which is the cradle for solutions to global problems. The Union that shapes the global agenda on the One Health Action Plan.

### References

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