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QUESTIONNAIRE FOR ADMINISTRATIONS, ASSOCIATIONS AND OTHER ORGANISATIONS

Public Consultation on possible activities under a 'Commission Communication on a One Health Action Plan to support Member States in the fight against Antimicrobial Resistance (AMR)'

Fields marked with * are mandatory.

INTRODUCTION

QUESTIONNAIRE FOR ADMINISTRATIONS[1], ASSOCIATIONS AND OTHER ORGANISATIONS [2]

GENERAL CONTEXT

This questionnaire is a working document prepared by the European Commission. This consultation aims to collect the views of administrations, associations and other organisations for the 'Commission communication on a One Health action plan to support Member States in the fight against antimicrobial resistance (AMR)'. The outcome of this public consultation will provide input to the currently ongoing process on proposals for the Commission communication. It is without prejudice to the final position of the European Commission.

The consultation builds on several already completed activities including:

- The <u>public consultation on a roadmap for a 'Commission communication on a One Health action plan to support Member States in the fight against antimicrobial resistance (AMR)', published on October 2016</u>
- The <u>evaluation of the European Commission's 2011-2016 action plan against the rising threats</u> from antimicrobial resistance, published on October 2016
- The Council conclusions on the next steps under a One Health approach to combat antimicrobial resistance (10278/16) of 17 June 2016
- The Commission communication to the European Parliament and the Council on the action plan against the rising threats from antimicrobial resistance (AMR) (COM (2011) 748), published on November 2011

A SHORT INTRODUCTION ON ANTIMICROBIAL RESISTANCE

Antimicrobial resistance (AMR) describes a situation where microbes become resistant to antimicrobial medicines, making these medicines ineffective. AMR is a growing global threat and a significant societal and economic challenge. High political importance has been attached to the issue within the EU, the groups of 7 (G7) and 20 (G20) industrialised nations, the United Nations (UN) and international organisations such as the World Health Organization (WHO), the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO). The Council conclusions of 17 June 2016 on AMR called for a reinforced EU strategy against AMR and a new and comprehensive EU action plan on AMR based on a One Health approach [3].

The European Commission's 2011-2016 action plan has been independently evaluated. The <u>evaluation</u> concluded that the EU can bring added value in the fight against AMR, by: 1) supporting Member States and making the EU a best practice region on AMR; 2) boosting research, development and innovation against AMR; and 3) shaping the global agenda on AMR.

REPLIES TO THE QUESTIONNAIRE

We invite administrations, associations and other organisations to take part in this consultation. A separate consultation has been launched for citizens.

This consultation includes questions on human health, animal health and the environment, following a One Health approach.

We invite administrations at national or subnational (e.g. regional) level to coordinate their replies with all appropriate services dealing with human health, animal health and the environment in order to submit one single reply.

In the case of organisations and other associations, some of the questions might be out of your policy scope. As answers to the entire questionnaire are mandatory, we have reserved the option 'I do not know / Not applicable (NA)' for such cases.

The questionnaire should take about 30 minutes to complete and there are opportunities to make written recommendations.

- [1] For the purpose of this survey, administrations refer to both public administrations and private administrations with public service obligations.
- [2] For the purpose of this survey, associations and other organisations refer to trade associations, professional associations, academia and scientific societies and organisations representing the interests of specific stakeholders.
- [3] The One Health concept recognises that the health of people is connected to the health of animals and the environment.

1. INFORMATION ABOUT THE RESPONDENT

Please provide the following data on your organisation/association/administration:

* 1.1. Please indicate the name of your organisation/association/administration:

EurEau European Federation of National Associations of Water Services

* 1.2. Please enter the country where your organisation/association/administration is based:

Belgium

- * 1.3. Please indicate whether your organisation/association/administration is listed in the Transparency Register*:
 - Yes
 - O No
 - * In the interest of transparency, organisations and associations have been invited to provide the public with relevant information about themselves by registering in Transparency Register and subscribing to its Code of Conduct. If the organisation or association is not registered, the submission will be published separately from the registered organisations/associations.
- * 1.4. Please enter your e-mail address (this data will not be made public):

carla.chiaretti@eureau.org

* 1.5. Please indicate the name of a contact person (please note that the name will not be made public and is meant for follow-up clarification only):

Carla Chiaretti

- * 1.6. Do you consent to the Commission publishing your replies?
 - a) Yes (On behalf of my organisation/association/administration I consent to the publication of our replies and any other information provided, and declare that none of it is subject to copyright restrictions that prevent publication)
 - b) Yes, only anonymously (The replies of my organisation/association/administration can be published, but not any information identifying it as respondent)
 - © c) No (The replies provided by my of my organisation/association/administration will not be published but may be used internally within the Commission. Note that even if this option is chosen, your contribution may still be subject to 'access to documents' requests)*
 - * As set out in Regulation (EC) No 1049/2001, any EU citizen, natural, or legal person has a right of access to documents of the EU institutions, including those which they receive, subject to the principles, conditions and limits defined in this Regulation.

2. IDENTIFICATION OF RESPONDENT

- *2.1. Main sector of the responding organisation/association/administration (one answer possible):
 - Public adminitration or private administration with public service obligations (other than pavers)
 - Payer (irrespective of status, i.e. public or private)
 - Human healthcare provider
 - Veterinary healthcare provider
 - Patients and consumers
 - Farmers and animal keepers
 - Pharmaceutical industry
 - Food industry
 - Academia or scientific society
 - NGO
 - Other (please specify)

Other (please specify):

Text of 1 to 500 characters will be accepted

Water and Waste water services

| mentio | oned in question 2.1.? <i>(one a</i> | answer possii | ble): | | | | | | |
|-----------------------|--|-----------------|-------------------|-----------------|------------------------|--------------------------|--|--|--|
| • | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| *22 F | Please specify the geographic | coverage of | · vour organis | ation/associa | tion/administration | on <i>(one</i> | | | |
| | er possible): | o ooverage or | your organio | ation/a0000ia | alon, dariii iloti dik | 511 (6776 | | | |
| 0 | International | | | | | | | | |
| • | European | | | | | | | | |
| 0 | National | | | | | | | | |
| | Sub-national/local | | | | | | | | |
| A BE 3.1. In activit | 3. PILLAR I: SUPPORTING MEMBER STATES AND MAKING THE EU A BEST PRACTICE REGION ON AMR 3.1. In order to ensure greater coherence and help Member States' efforts to fight AMR, a number of activities are listed in the table below. Please rate the helpfulness of the following EU facilitated activities: | | | | | | | | |
| | | Very helpful | Helpful | Less helpful | Not helpful | I do not know / NA | | | |
| h | a) Member States should old regular discussions on MR within a dedicated etwork on AMR (One | | (0) | | | | | | |

Health network), gathering experts from the public health, animal health and environmental sectors

* 2.1.1 Are you an umbrella organisation/association representing the interests of the stakeholders

| *b) Member States should conduct voluntary peer-to- peer reviews of their respective national action plans against AMR and discuss the results within the One Health network | © | • | • | • | © |
|---|---|---|---|---|---|
| *c) Member States should define measurable goals to reduce infections in humans and animals, the use of antimicrobials in the human and veterinary sector and antimicrobial resistance in all domains | © | • | © | © | © |
| *d) The European Commission should coordinate and facilitate the sharing of best practices and exchange of information on national action plans of Member States on AMR | © | • | © | © | © |
| *e) EU funds should be used to complement and help Member States in developing and implementing their national action plans against AMR | © | • | • | © | • |
| *f) The European Commission should complement awareness raising activities of Member States on AMR | • | • | • | • | • |

| *g) The European Commission should implement training programmes on AMR for Member States' competent authorities | © | • | • | © | © |
|---|---|---|---|---|---|
| *h) The European Commission should propose new EU initiatives in order to reduce antimicrobial use in people and the spread of AMR in humans | © | • | • | © | © |
| *i) The European Commission should propose new EU initiatives to reduce antimicrobial use in animals and agriculture and spread of AMR in/from these sources | © | • | • | © | © |
| *j) The European Commission should propose new EU initiatives to monitor antimicrobials and resistant microorganisms in the environment | © | • | © | © | © |
| *k) The European Commission should ensure stricter implementation by Member States' competent authorities of existing EU rules and measures that are designed to reduce the development and spread of AMR | © | • | © | © | © |

3.1.1. Please specify other concrete actions that could be helpful in ensuring greater coherence and fight against AMR.

Please limit your answer to 1500 characters:

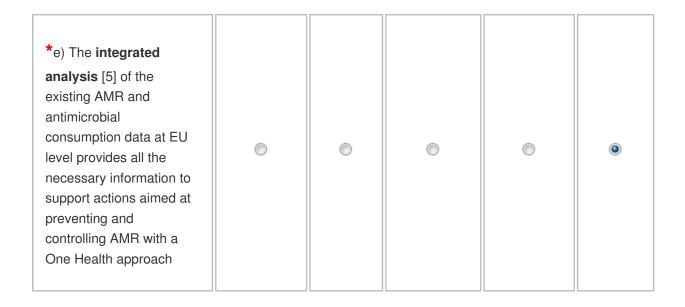
Text of 100 to 1500 characters will be accepted

EurEau expects the AMR to be tackled in a strategic way. Water services think that it would be appropriate to consider this issue also in the context of the elaboration of the Strategic approach to Pharmaceuticals in the Environment by the Commission, according to the Directive on Priority Substances. The strategic approach, which is long-overdue, must include actions to be taken along the whole life cycle of a pharmaceutical product (design, authorisation, marketing and post marketing) to restrict the release of pharmaceutical substances in the environment so that potential environmental damage is rectified at the source, according to the TFEU. This means that measures will necessarily be taken, as a priority, by the pharmaceutical industry, by the regulators, by doctors and health practitioners, by patients and, as a means of last resort, at the end of the pipe by water operators. Technologies currently used in waste water treatment plants are not entirely capable of removing pharmaceuticals. Advanced treatment processes exist but they are expensive, energy intensive and often substance-specific: they rarely come out well in cost effectiveness and environmental performances analysis. Innovative technologies and solutions are being developed and may provide a useful treatment solution for tackling specific micropollutants in the long term. The most sustainable and preferred solution however is to prevent micropollutants from entering the water cycle in the first place.

3.2. Please indicate your opinion on the following statements regarding EU surveillance systems:

| | Strongly agree | Agree | Disagree | Strongly disagree | I do not know / NA |
|--|-------------------|-------|----------|----------------------|--------------------------|
| *a) EU surveillance systems on AMR in human medicine [1] provide sufficient information to support actions aimed at preventing and controlling AMR in humans | © | © | • | © | • |

| *b) EU surveillance systems on antimicrobial consumption in human medicine [2] provide sufficient information to support actions aimed at preventing and controlling AMR in humans | © | • | • | • | • |
|---|---|---|---|---|---|
| *c) EU surveillance systems on AMR in animals [3] provide sufficient information to support actions aimed at preventing and controlling AMR in animal husbandry | © | • | • | • | • |
| *d) EU surveillance systems on antimicrobial consumption in animals [4] provide sufficient information to support actions aimed at preventing and controlling AMR in animal husbandry | | | • | | |



- [1] European Antimicrobial Resistance Surveillance Network (EARS-Net)
- [2] European Surveillance of Antimicrobial Consumption Network (ESAC-Net)
- [3] Surveillance on zoonotic bacteria in animals and food by the European Food Safety Authority
- [4] European Surveillance of Veterinary Antimicrobial Consumption (ESVAC)
- [5] JIACRA report
- 3.2.1. Please provide concrete examples of further data not currently collected within the EU and which collection could be helpful in the fight against AMR. Please justify your rationale for collecting this data and limit your answer to 1500 characters:

Text of 100 to 1500 characters will be accepted

3.3. The 2011-2016 action plan against the rising threats from antimicrobial resistance focused mainly on actions in human medicine and veterinary medicine. There may be a need to propose further EU actions to tackle AMR in the environment.

Several possible actions are listed in the table below. For each of these please provide your opinion on their usefulness by ticking the appropriate box:

| | Very useful | Useful | Less useful | Not useful | I do not know / NA |
|---|----------------|--------|----------------|------------|-----------------------------|
| *a) Limitation of antimicrobial discharges to the environment from the pharmaceutical manufacturing process | • | | • | | • |
| *b) Limitation of antimicrobial and resistant microorganisms discharges to the environment from other possible hotspots (e.g. urban wastewater treatment plants, hospitals, manure and slurry stores) | | | | | • |
| *c) Limitation of the use of sewage sludge and animal manure/slurry as soil amendments unless subject to composting or similar measures | © | © | • | • | • |
| *d) Monitoring of antimicrobials and resistant microorganisms in the environment | © | © | • | © | © |
| e) Other (please specify) | • | 0 | 0 | 0 | 0 |

Other (please specify):

It is inappropriate to indicate under point B Waste Water Treatment Plants as hotspots at the same level of manure and slurry stores. Other useful actions: exact and registered prescriptions of quantities of pharmaceuticals by doctors and veterinary physicians, correct disposal of drugs, physicians trainings and follow-up on the fate of the drugs in the environment.

* 3.4. Vaccination against infectious disease represents one way to reduce the need to use antimicrobials. Different actors could play a useful role in promoting vaccination in humans and animals.

Please choose whether you want to reply to this question for the human health sector, the animal health sector, both or it is not applicable to your association/organisation:

| Human | hea | lth |
|--------------|-----|-----|
| Hulliali | Hea | ILI |

- Animal health
- Not applicable
- * 3.5. The use of rapid diagnostics should help ensure that only antimicrobials which are effective are used to treat infectious disease. Different actors could play a useful role in promoting the uptake / use of rapid diagnostics in humans and animals.

Please choose whether you want to reply to this question for the human health sector, the animal health sector, both or it is not applicable to your association/organisation:

- Human health
- Animal health
- Not applicable

4. PILLAR II: BOOSTING RESEARCH, DEVELOPMENT AND INNOVATION

4.1. The table below lists actions which could help to reduce barriers to the development of new antimicrobial medicines, vaccines, diagnostic tests and alternative therapies.

For each option, please indicate your opinion on the potential benefits of the actions by ticking the appropriate box:

| | High benefits | Medium benefits | Low benefits | I do not consider this a potential benefit | I do not know / NA |
|--|------------------|--------------------|-----------------|--|-----------------------------|
| *a) Promote dialogue between stakeholders [1] to discuss human and animal antimicrobial development challenges | • | • | • | • | • |
| *b) Promote dialogue between stakeholders [1] to accelerate vaccine development for pathogenic bacteria which are resistant to a wide range of antimicrobial drugs | • | • | • | • | • |
| *c) Promote dialogue between stakeholders [1] to discuss on the regulatory framework for alternatives to the use of antimicrobial drugs | • | • | • | • | • |
| *d) Promote research on new economic models for the development of antimicrobial products | • | © | • | • | • |
| f) Other (please specify) | • | 0 | 0 | 0 | • |

[1] E.g. regulators, health technology assessment (HTA) bodies, pharmaceutical industry, healthcare payers, etc.

4.2. In your opinion, what are the main obstacles to bringing new antimicrobials to patients in Europe? Please rate the importance of the listed obstacles:

| | Very important | Important | Less important | Not important | I do not know / NA |
|--|-------------------|-----------|-------------------|------------------|-----------------------------|
| *a) Lack of funding in AMR R&D | • | 0 | 0 | © | • |
| *b) Lack of cooperation between publicly and privately funded research | • | • | • | • | • |
| *c) Lack of economic models incentivising R&D on AMR | • | • | 0 | © | • |
| *d) Challenging regulatory environment | • | • | 0 | © | • |
| *e) Lack of dialogue between R&D players, regulators, HTA bodies and payers | © | © | © | © | • |
| *f) Lack of coordination between Member States and the EU | • | • | © | © | • |
| g) Other <i>(please</i> specify) | • | 0 | 0 | © | • |

4.3. In your view, which funding instruments could be important to stimulate R&D in AMR? Please rate the importance of the listed funding instruments.

| | Very important | Important | Less important | Not important | I do not know / NA |
|--|-------------------|-----------|-------------------|------------------|-----------------------------|
| *a) Funding via <u>EU</u> <u>Framework</u> <u>Programme Horizon</u> <u>2020</u> grant schemes | • | • | • | • | • |
| *b) The <u>SME</u> <u>instrument</u> under Horizon 2020 | • | • | • | • | • |
| *c) Loan-based funding instruments like InnovFin Infectious Diseases provided jointly by the EC and the European Investment Bank (EIB) | • | • | • | © | • |
| *d) <u>Inducement Prizes</u> | 0 | 0 | 0 | 0 | • |
| *e) Public Procurement of Innovative Solutions | • | • | • | • | • |
| *f) R&D funding provided by EC's public-public partnership <u>JPIAMR</u> | • | • | • | • | • |

| *g) R&D funding provided by EC's public-private partnership <u>IMI</u> | • | • | • | • | • |
|---|---|---|---|---|---|
| *h) R&D funding provided by the European & Developing Countries Clinical Trials Partnership (EDCTP) | | | • | | • |

^{* 4.4.} In your view, should the EU develop a list of R&D priorities for resistant pathogens (as done on a global level by WHO)? *(one answer possible)*:

- Yes
- O No
- No opinion

5. PILLAR 3: SHAPING THE GLOBAL AGENDA ON AMR

5.1. The table below lists international actions / activities through which the European Commission could help to tackle AMR internationally.

Please rate the usefulness of these actions / activities:

| | Very useful | Useful | Less useful | Not useful | I do not know / NA |
|---|-------------|--------|----------------|---------------|--------------------------|
| *a) Reinforced cooperation and advocacy of EU AMR policies with normative international organisations (WHO, OIE, FAO/Codex Alimentarius) and international fora (e.g. G7, G20, UN) | • | • | • | • | • |
| *b) Foster bilateral partnerships with key EU trading partners and major regional/ global players (e.g. USA, Canada, Brazil, China, India, South-Africa) | • | © | • | • | • |
| *c) Contribute towards AMR capacity building in developing countries (e.g. on surveillance and monitoring of AMR) | © | © | © | • | • |
| *d) Contribute towards AMR capacity building in candidate, potential candidate and neighbouring countries (e.g. on surveillance and monitoring of AMR) | • | © | © | • | • |
| e) Other (please specify) | 0 | 0 | 0 | 0 | • |

5.2. The table below lists a number of mechanisms which the European Commission could use to tackle AMR internationally.

Please rate the usefulness of each of these actions / activities:

| | Very useful | Useful | Less useful | Not useful | I do not know / NA |
|--|-------------|--------|----------------|---------------|--------------------------|
| *a) Non-binding cooperation | • | 0 | 0 | 0 | • |
| *b) Trade agreements or partnership agreements | © | 0 | 0 | 0 | • |
| *c) Capacity building | 0 | • | 0 | 0 | • |
| d) Other (please specify) | 0 | 0 | 0 | 0 | • |

5.3. The European Commission and the EU Member States have an opportunity to help tackle the development of AMR at a global level.

In the table below a number of regions are listed. Based on your opinion and knowledge, in which of these do you think the EU would have the greatest influence and should focus its efforts? Please rank your choice from 1 to 9, with 1 being the MOST preferred and 9 being the LEAST preferred:

| | (1) Most preferred | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) Least preferred |
|--------------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|---------------------|
| *a) North African region | • | 0 | 0 | 0 | • | • | 0 | 0 | • |

| *b) Sub Saharan African region | © | 0 | 0 | 0 | 0 | • | 0 | 0 | • |
|--|---|---|---|---|---|---|---|---|---|
| *c) North American region | © | 0 | 0 | 0 | 0 | 0 | 0 | • | • |
| *d) Central & South American region | © | 0 | 0 | 0 | 0 | 0 | • | 0 | • |
| *e) North Asian region | © | 0 | • | 0 | 0 | 0 | 0 | 0 | • |
| *f) Central Asian Region | • | 0 | 0 | • | 0 | 0 | 0 | 0 | 0 |
| *g) South Asian Region | 0 | • | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| *h) Pacific Region | © | 0 | 0 | 0 | 0 | 0 | 0 | 0 | • |
| *i) European Region (non-EU) | • | 0 | 0 | 0 | 0 | 0 | 0 | 0 | • |

| Please limit your answer to 1500 characters: |
|---|
| Text of 100 to 1500 characters will be accepted |
| |

5.3.1. For the choice where you attributed the ranking (1) please give further details and elaborate on

Contact

SANTE-AMR-TASKFORCE@ec.europa.eu

your key criteria for this decision.