



# Stop AMR Global Media Monitor

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## Action on AMR: Industry vs Public Sector

At the 2018 WEF meeting in Davos, a conference was held to present the Antimicrobial Resistance Benchmark report that analysed the efforts of pharmaceutical companies to tackle AMR. It noted that there was still an urgent need for action by the industry to develop new drugs, but admitted that companies had done better than the experts expected. To this, Mr Paul Stoffels, J&J's chief medical officer, responded "*it is doable for a pharmaceutical company to make new medicines for AMR and bring them to market responsibly*".<sup>[1]</sup>

Fast forward to 2020. In a recent opinion piece in the Financial Times, GSK CEO Emma Walmsley acknowledged the rising challenge of AMR and the huge potential loss of life and irreparable damage to the economy. At odds with the pharmaceutical industry's aforementioned statements, she admitted "*the current pipeline of new antibiotics is insufficient to treat future resistant infections*", but reiterated GSK's commitment to increased investment in antibiotic R&D through the recently launched AMR Action Fund, to which her company will contribute towards the total \$1 billion pledged. She also claimed that in addition to the industry's commitment, there is a need for public sector incentives, of which there has been "*little progress*". In her opinion, this is due to political factors, as "*few votes are won by prioritising investment against future health risks*", and calls for states to lead in addressing this critical issue.<sup>[2]</sup> Whilst it is indeed a positive development that the industry is now acting on this issue, at the end of the day their objective is to make a profit. To effectively manage AMR or any public health crises, the leadership of the public sector is crucial.

In this regard, it provides context to look at the response to the 2001 Council Recommendation (2002/77/EC) on the prudent use of antimicrobial agents in human

medicine, the first directive expressing the need for EU action on AMR.<sup>[3]</sup> Since then, Member States have developed national AMR action plans and devised surveillance systems, and at the EU level we have seen the creation of the EMA, ECDC, EFSA<sup>[4]</sup> and the establishment of the AMR One Health Network, uniting government officials and experts to share progress reports and discuss policy options.<sup>[5]</sup> Although this shows there is will to act, it leaves a lot to be desired. After all, it was not until 2006 that the EU finally banned the use of all antibiotics as growth promoters in animal feed<sup>[6]</sup>, and a 2019 report by the European Court of Auditors found that the relevant agencies were often underfunded and that "*the EU One Health approach to AMR has not yet delivered demonstrable results in reducing the rising 'superbugs' health threat*"<sup>[7]</sup>.

It is clear that a lot more work is needed if we are to stop AMR from taking millions of lives. The COVID-19 pandemic has shown how devastating public health crises can be from both a human and economic perspective, and how preparation is key to preventing them. This gargantuan task must be led by public authorities in their position as representatives of the people. Efforts such as the EU Parliament's new MEP Interest Group on AMR which push the EU for more cooperative action<sup>[8]</sup> are welcomed, but they also need to include scientific experts, patient organizations, and all relevant industries that want to help in the fight against AMR. There is a long road ahead but the consequences of avoiding this issue are far too detrimental not to face them.

## Pharma companies ignore request to appear before European Parliament

The European Parliament's Environment, Public Health and Food Safety (ENVI) and Industry, Research and Energy (ITRE) Committees invited the CEOs/VPs of pharmaceutical companies developing COVID-19 vaccines to a hearing by video call. AstraZeneca, GSK,



Sanofi and CureVac were supposed to explain how they would distribute any possible vaccines and at what price, but only the latter company agreed to send their CEO. AstraZeneca appears to have ignored the invitation, and GSK and Sanofi were only offered to send a VP who is not part of the executive committee. The hearing will now likely be postponed until September.

MEP Pascal Canfin, Chair of ENVI, said of the matter "You can't on the one side get public support but not send your CEOs to be accountable in front of the elected people at European level"

Source: [POLITICO](#), 10 July 2020

#### Bird droppings carry risk of antibiotic resistance

A study by Rice University environmental engineers found high levels of genes that encode antibiotic resistance harbored by opportunistic pathogens in the droppings of common urban ducks, crows and gulls.

Previous studies determined bird-carried antibiotic resistant genes (ARGs) and bacteria (ARBs) can be transferred to humans through swimming, contact with faeces or impacted soil or inhalation of aerosolized fecal particles. Studies have also analyzed bird faeces found near ARG hotspots like wastewater treatment plants and drainage from poultry farms. But the Rice study digs deeper to quantify the abundance, diversity and seasonal persistence of ARGs. "Our study raises awareness to avoid direct contact with bird droppings in urban public areas, especially for vulnerable or sensitive populations," said Pingfeng Yu (a lab member). "Meanwhile, regular cleaning should also help to mitigate associated health risks."

From [Science Daily](#), 13 July 2020

From Science Direct: [Environmental Pollution](#)

#### Canadian report shows worrisome rise in drug-resistant infections

A new report from the Public Health Agency of Canada (PHAC) indicates AMR is worsening in the country, highlighted by dramatic increases in drug-resistant bloodstream infections (BSIs).

The 2020 Canadian Antimicrobial Resistance Surveillance System Report, released late last week,

shows that from 2014 through 2018, the rate of healthcare-associated vancomycin-resistant Enterococcus (VRE) BSI more than doubled, while the rate of community-associated methicillin-resistant Staphylococcus aureus (MRSA) BSI rose by 140%. Approximately 30% of VRE-BSI and 20% of MRSA-BSI patients died within 30 days of diagnosis.

"No one country, level of government or single sector can slow the growing problem of AMR on its own," the report said. "Preserving the effectiveness of existing antimicrobial drugs will be achieved through collaboration among governments and partners in healthcare, animal health, agri-food, industry, academia, professional associations and the public."

Source: [CIDRAP](#), 9 July 2020

From: [CARSS](#)

#### The EU Parliament is keen to play a key role in boosting actions to tackle AMR.

An article in the 'Parliament Magazine' by the co-chair of the MEP Interest Group on AMR Tiemo Wölken, stated that as a result of the pandemic, and the threat posed to both health and economy, there is an urgent need to be prepared for the next. He recognises the insufficient efforts that have been made to tackle the issue of AMR and that similar to COVID-19, AMR represents a serious cross-border health threat.

Mr Wölken states: "The European Parliament can, and wants, to play a key role in boosting actions to tackle AMR at EU level. That is why we recently launched an Interest Group to address this urgent issue, and I am happy to be the vice-chair of this group."

He acknowledges that a fast, coordinated response is required that recognises the commercial dilemma of investment in the pharmaceutical industry that a change is necessary to the current system. Profit generated for pharmaceutical companies is not returned as new health technology for treatment. The AMR interest group in Parliament aims to push this topic during this mandate and put pressure on the Commission to come up with a proposal that not only gives guidelines but puts forward mandatory action.

Source: [The Parliament Magazine](#), 14 July 2020