1. At its meeting on 20 May 2008, the Committee of Permanent Representatives examined the above-mentioned text proposed by the Presidency and agreed to transmit the draft conclusions as set out in the Annex to the Council.

2. The Council is invited to adopt the proposed draft conclusions.
Draft Council Conclusions on Antimicrobial Resistance (AMR)

The Council of the European Union

1. **RECALLS** that Article 152 of the Treaty establishing the European Community states that Community action in the field of public health is to complement national policies and be directed to ensure a high level of human health protection. This Community action shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care.

2. **RECALLS** the Council Recommendation (2002/77/EC) on the prudent use of antimicrobial agents in human medicine\(^1\).

3. **NOTES** that the first Report\(^2\) from the Commission on the basis of Member States reports on the implementation of the Council Recommendation showed that most Member States had taken a variety of actions, as requested by the recommendation, however there remained numerous areas where only limited action had been undertaken.

4. **NOTES** the Commission's intention to present a Commission Communication on Patient safety and a proposal for a Council Recommendation on patient safety and the prevention and control of healthcare associated infections.


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\(^{1}\) doc. 14751/01

\(^{2}\) doc. 5427/06 Report from the Commission to the Council on the basis of Member States' reports on the implementation of the Council recommendation (2002/77/EC) on the prudent use of antimicrobial agents in human medicine { sec(2005) 1745}
6. **STRESSES** that antimicrobial resistance (AMR) is still a growing European and global health problem which increases morbidity and mortality due to communicable diseases and leads to a diminution in the quality of life and also to additional health and medicinal costs.

7. **WELCOMES** the important scientific contribution, assistance to Member States, particularly through country visits, and surveillance activities of ECDC.

8. **STRESSES** the importance of effective surveillance systems from both human health and veterinary sectors for collecting comparable data on AMR and antibiotic use.

9. **RECOGNISES** the importance of the activities funded through the Programme of Community Action in the Field of Health and the Framework Programmes of the European Community for Research in coping with AMR at Community level.

10. **ACKNOWLEDGES** that there are significant differences in antibiotic use between Member States and in the types of antibiotics that are used and that there is a confirmed relationship between the use of antibiotics and AMR in Member States.

11. **STRESSES** that the prevalence of antimicrobial-resistant bacteria, e.g. meticillin-resistant Staphylococcus aureus (MRSA), responsible for infections in hospitalised patients and outpatients is mostly due to the combination of inappropriate use of antimicrobial agents throughout the health care system and the absence of proper practices to prevent patient-to-patient transmission of these bacteria.

12. **RECOGNISES** that countries which have taken large and sustained actions to address MRSA problem in human health have been successful in decreasing the proportion of resistant strains.
13. **RECOGNISES** that there is evidence for a relationship between antimicrobial usage in animals raised for food and occurrence of AMR in bacteria responsible for food-borne infections and other types of infections, as well as occurrence of specific emerging strains of antimicrobial-resistant bacteria and **WELCOMES** the ongoing European research activities in this issue.

14. **RECOGNISES** that the use of antimicrobials agents in companion animals could create a risk to human health.

15. **STRESSES** the importance of promotion of prudent use of antibiotics in all animals, including those raised for food, among veterinarians and food producers and in companion animals.

16. **RECOGNISES** that emergence of strains of Mycobacterium tuberculosis resistant to the most effective anti-tuberculosis agents (MDR-TB), as well as strains resistant to second-line agents (XDR-TB) poses a serious challenge to the control of tuberculosis in several Member States and is a serious health threat to the European Union (EU).

17. **STRESSES** the importance of improving susceptibility testing of tuberculosis (TB) against anti-TB medicines in the context of strengthening TB laboratory services and optimizing surveillance of multidrug-resistant (MDR) and extensively resistant (XDR) TB.

18. **STRESSES** the need of research in the area of AMR, e.g. to increase the understanding of the mechanisms and underlying risk factors that advance the development of AMR and to increase the knowledge of the effectiveness of current and future control measures.

19. **STRESSES** the need to create a sound environment for the research into and the development of new effective antibiotic medicinal products.
20. **RECOGNISES** the importance of international cooperation, in particular with the World Health Organisation (WHO), the CODEX alimentarius and the World Organisation for Animal Health (OIE) to tackle the problem of AMR successfully in particular in geographical areas where the problem is the most challenging.

21. **CALLS UPON THE MEMBER STATES** to ensure that structures and resources for the implementation of the Council recommendation on the prudent use of antimicrobial agents in human medicine are in place and to continue with the implementation of specific strategies targeted towards the containment of the antimicrobial resistance and, and in particular to:

   – develop and implement strategy and its translation into an action plan composed of concrete cross-sectoral and other relevant actions;

   – establish inter-sectoral mechanism with an appropriate mandate to coordinate and monitor the implementation of the strategy and action plan;

   – strengthen surveillance systems and improve data quality on AMR and use of antimicrobial agents from both human health and veterinary sector, and healthcare-associated infections;

   – further promote prudent use of antibiotics in both the human and veterinary sector; in the human sector through awareness campaigns with credible, scientifically- and evidence-based messages and actions including the information, among others on the risk of inappropriate use and self medication, aimed at the general public, practitioners and health professionals and in the veterinary sector through awareness campaigns aimed at professionals in the field of the veterinary sector, including veterinary surgeons;

   – promote development and use of guidelines for best practises concerning drug resistant infections that have major impact on public health;
– improve management of patients infected with MDR- or XDR-TB, including infection control, isolation precautions, contact tracing, prophylaxis practices and use of anti-TB medicines according to international guidelines, such as WHO Stop TB Strategy;

– control the prevalence of pathogens that cause food-borne (potentially) resistant infections in animals and food by the application of both pre- and post-harvest risk management strategies in food production and other preventive measures, including, where appropriate according to national circumstances, vaccination, in order to reduce the burden of infection.

22. **CALLS UPON THE COMMISSION TO:**

– follow-up on the implementation of Council Recommendation on the prudent use of antimicrobial agents in human medicine;

– make full use of the Decision 2119/98/EC of the European Parliament and of the Council\(^3\) in order to improve surveillance and control of antimicrobial resistance;

– in accordance with "health in all policies" approach further promote mutual cooperation between all Directorates General and concerned Agencies and facilitate cooperation between Member States' on all aspects of AMR, for instance to examine the issue of antimicrobial use in animals raised for food and agriculture, especially for antimicrobials that are also used to treat infections in human medicine and veterinary medicine, and consider further control options when appropriate; examine the issue of antimicrobial residues in the environment and asses the contribution of the use of biocides to the occurrence of antibiotic resistant micro-organisms both in humans and in the environment;

\(^3\) OJ L 268, 3.10.1998, p. 1
through the Seventh Framework Programme of the European Community for Research and Technological Development support, as appropriate, research on new antimicrobial agents, rapid diagnostic and susceptibility tests, AMR epidemiology and mechanisms, and evidence-based interventions for AMR control, including their cost effectiveness;

- support research on the potential impact of antimicrobial usage in food animals and crop production, on emergence and prevalence of AMR in the most common microorganisms responsible for infections in humans;

- pay special attention to candidate and potential candidate countries by helping them to put in place the appropriate structures for the surveillance, prevention and control of antimicrobial-resistant micro-organisms;

- facilitate the exchange of information, best practices and experiences on reducing AMR and healthcare-associated infections, including on policy initiatives and research projects, as well as, where appropriate, facilitate training on prudent use of antimicrobials.

23. CALLS UPON THE COMMISSION AND MEMBER STATES TO:

- maintain and improve co-ordinated and coherent surveillance for antimicrobial resistance, consumption of antimicrobial agents and healthcare-associated infections at the European level, including sharing of information through appropriate channels under the current EU legislation of EU relevant events linked to AMR;

- co-ordinate an annual European initiative to increase awareness of the general public and veterinary and healthcare professionals about the AMR, the prudent use of antibiotics on humans and animals and infection control practices.

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