Why Antimicrobial Resistance Demands a Holistic Approach in EU Health Security

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Antimicrobial resistance (AMR) plays a crucial role when it comes to EU's health security, and with that also the world's health security.

Already in 2001, the first comprehensive and global strategy to fight AMR from the European Commission was presented, and since then numerous countries and organizations have developed different approaches to combat AMR, but those approaches have been lacking effective, coordinated cooperation, also between the member states of the EU. Although EU established the European Centre for Disease Prevention and Control (ECDC) in 2005 and the European Antibiotic Awareness Day was introduced 18 November 2008, the fight against AMR between the member states has been characterized by uneven success.

In 2014 the WHO stated that AMR is one of the most serious public health issues of our time. Meanwhile, antibiotic consumption was still high, which means that AMR was still a threat against the EU's health security, and this had not changed due to the fragmented cooperation through the years. One would expect this to make the member states prioritize implementing the guidelines regarding combating and preventing AMR but also strengthen EU's focus on the matter and heighten the support.

More than a decade later, the situation remains critical, and the EU's initiatives remain fragmented between the member states, with uneven results of success. AMR does not only possess a threat but also has a profound impact on the EU and is estimated to be responsible for more than 35,000 deaths in the EU/EEA every year. AMR is also an economic burden with an estimated cost of over €11 billion annually due to higher healthcare costs and lower productivity. These numbers are both high and critical, and if no real cooperative action is taken, they will only rise through the coming years with large consequences for the public health and the financial situation in healthcare.

When looking at the member states of the EU, there is some significant differences in tackling the combat and prevention of AMR, which is shown in human antibiotic consumption where the Southern and Eastern countries – especially Greece, Romania,

Bulgaria, Poland, Spain, and Italy – reportedly has the highest use compared to the other EU countries. Therefore, it is plausible that those countries might be experiencing a higher number of both deaths and costs due to AMR than other member states, which some findings also suggest about Greece and Italy. However, the fight against AMR should not be viewed as a national problem, because the consequence of AMR is a global problem since diseases crosses borders as we last witnessed on a big scale with COVID-19.

The EU has stated that public health is a priority and, therefore, also the combat and prevention of AMR, but there is also the financial motive, especially when AMR currently is expected to lead to over 569 million extra hospital days across the member states by 2050, which will have a profound burden on the resources in the healthcare system, including financially. So, it is understandable that the focus on AMR within the EU has increased the last years, but the EU targets for 2030 are not all successful when reviewed in 2024. The sales of antibiotics for farmed animals have declined, but the consumption of antibiotics in humans has increased since 2019, while bloodstream infections show uneven results and only MRSA has exceeded the interim goal.

Meanwhile, the general unevenness amongst the EU member states also becomes obvious when looking at the implementation of a One Health National Action Plan (NAP), where only 8 out of 28 surveyed countries had a comprehensive One Health NAP sufficiently in place in 2024. Together with only 10 out of 29 EU/EEA countries have met the target of ensuring that the main used group of antibiotics is lower-risk treatments to prevent AMR since 2019. This fragmentation in success amongst the EU countries again highlights the need for the EU to work together more closely in securing the public health across the countries.

Even though the experience with tackling COVID-19 is still there, it does not convey into cooperative action against the AMR problem, despite stating that AMR is a serious threat to the EU's health security. Meanwhile, the situation will become increasingly complex due to a still-aging population with chronic underlying diseases and increased risk of infections, a lack of new antibiotics, and increasing cross-border movement, including from outside of Europe, due to armed conflicts and global travel. Together with a misalignment of standards regarding medical education across the member states, which is crucial since effective Infection Prevention and Control (IPC), including rigorous hygiene protocols, can prevent up to 70% of healthcare-associated infections. Therefore, in the EU’s combat and prevention of AMR, the suboptimal IPC practices are crucial to address, which several organizations within the EU are currently focusing on.

Besides the EU’s targets for 2030 and the other initiatives, the most crucial thing for the member states is to come together and take common action in the fight against AMR and prevent the consequences, because EU’s health security requires for the member states to take a holistic approach and to show a common front, which the EU has shown in other complex situations. Many initiatives already exist, but what is currently lacking is a holistic common approach – and without it, EU health security will remain vulnerable.

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