



HEALTH FIRST
EUROPE

Health First Europe



Who is Health First Europe?

Health First Europe is a not-for-profit organisation that aims to transform health care through innovative solutions.

01

Umbrella association bringing together patient organisations, academia, healthcare professionals and the medical technology industry

02

17 years of strong track record of *engagement* with EU policy makers

03

Extensive cooperation with EU agencies and international organisations

26 Member Associations

Healthcare professional associations



Patient associations



EFCCA
European Federation of Crohn's & Ulcerative Colitis Associations



International Diabetes Federation Europe



Industry



And many more...

The European Patient Group on Antimicrobial Resistance



Our 29 members

1. Patients for Patient Safety – Ireland
2. France Sepsis Association
3. European Patients Forum
4. European Forum for Primary Care – EPFC (EU)
5. AMR Patient Alliance
6. IAPO P4PSO
7. Associazione Respiriamo Insieme (Italy)
8. AVEC (Association Vie Et Cœur) (France)
9. Bulgarian Association for Patients' Defense (Bulgaria)
10. Fondazione The Bridge (Italy)
11. GILS - Gruppo Italiano per la lotta alla Sclerodermia (Italy)
12. International Alliance for Patients' Organizations – IAPO (EU)
13. KARKINAKI for childhood and adolescent cancer (Greece)
14. Malta Health Network (Malta)
15. National Association for Patient Participation (UK)
16. National Rheumatoid Arthritis Society
17. Pelvic Pain Support Network (EU)
18. RePE (Rete Pazienti Esperti) (Italy)
19. Save Liver Association of Patients – SLAP (North Macedonia)
20. Spanish Patient Forum (FEP)
21. The Patients Association (UK)
22. UNIAMO Federazione Italiana Malattie Rare (Italy)
23. Kosovo Society for Patient Rights
24. Czech National Association of Patient Organizations
25. European Lung Foundation
26. Norwegian gastrointestinal association - Mage-tarmforbundet
27. ANTRUK - Antibiotic Research UK
28. Miracle Premature Association.
29. Active Citizenship network.



The AMR Challenge in Europe

- ❑ One of the top 3 health threats identified by the Commission's Health Emergency Preparedness and Response Authority (HERA)
- ❑ **35,000 people die each year** in the EU due to infections caused by resistant bacteria
- ❑ **€1.5 billion:** estimated annual costs of AMR per year in healthcare costs and revenue losses
- ❑ **Only 1 in 2 Europeans know that antibiotics are not effective against viruses**
- ❑ Only 3 in 10 Europeans knew that the unnecessary use of antibiotics makes them become ineffective
- ❑ Around 8% of antibiotics were taken **without a prescription**
- ❑ A very large proportion of Europeans have taken antibiotics without justification (i.e. for viral infections or symptoms only)
- ❑ Over half of respondents (53%) say that they **did not have a test** to find out the cause of their illness, before or at the same time as starting the antibiotics.

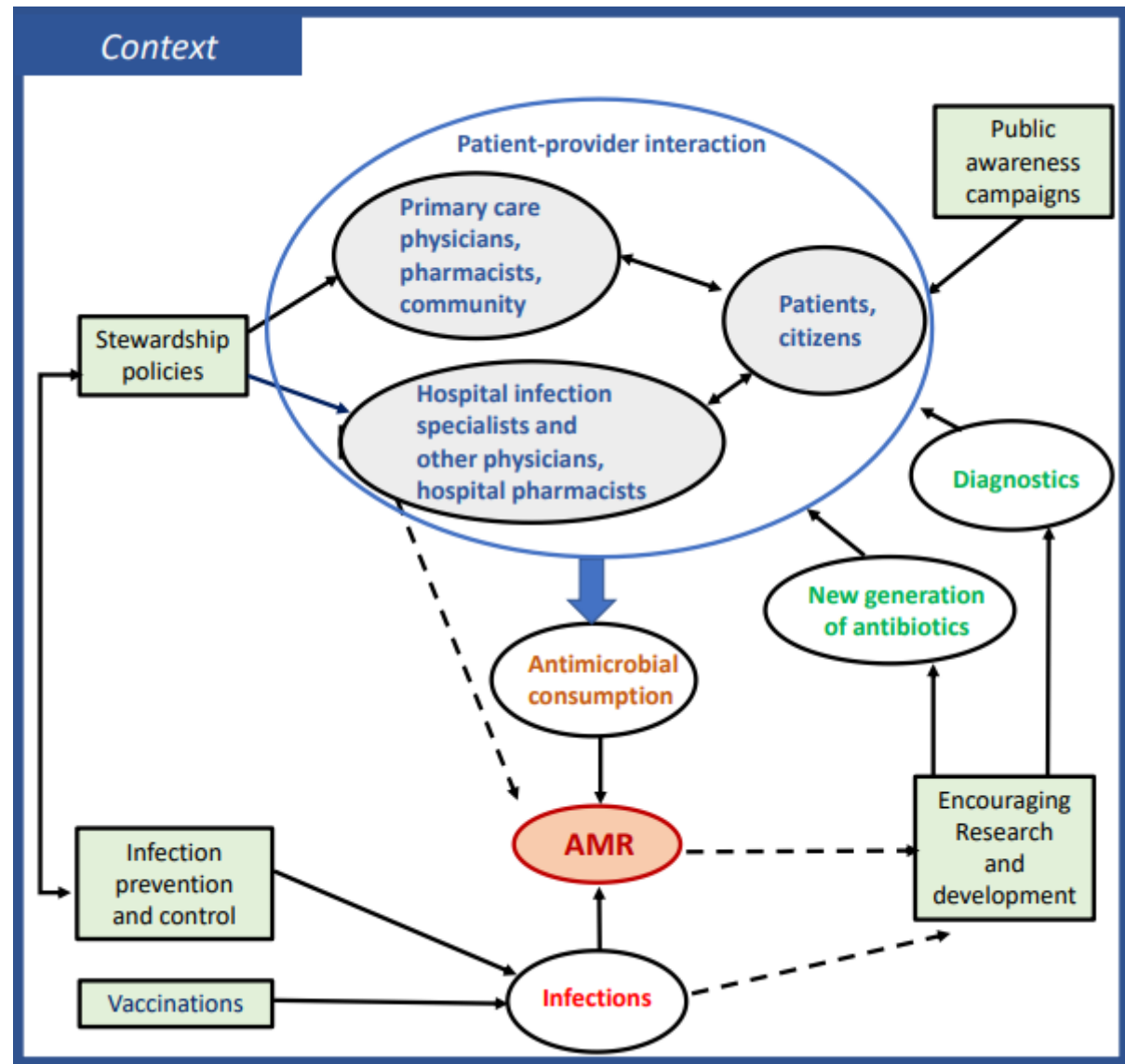
The next big health crisis

“We see concerning **increases in the number of deaths** attributable to infections with antibiotic-resistant bacteria, especially those that are **resistant to last-line antibiotics**. Each day, nearly **100 people die from these infections** in the EU/EEA.

Further efforts are needed to continue to reduce unnecessary antibiotic use, improve **infection prevention and control practices**, design and implement **antimicrobial stewardship programmes**, and ensure adequate microbiological capacity at national level”.

Andrea Ammon, Director of the European Centre for Disease Prevention and Control (ECDC)

Infections and AMR can be reduced through prevention and control, and through vaccination and through the use of medical technologies (e.g., diagnostic tests or digital health solutions).



Source: Opinion of Expert Panel on effective ways of investing in health

THANK YOU

 @HealthFirstEU

 @PatientAMR

 healthfirsteurope.eu

 Laura Cigolot
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THE ECONOMICS OF AMR: JUST A FEW DOLLARS MORE TO STEM THE SUPERBUG TIDE

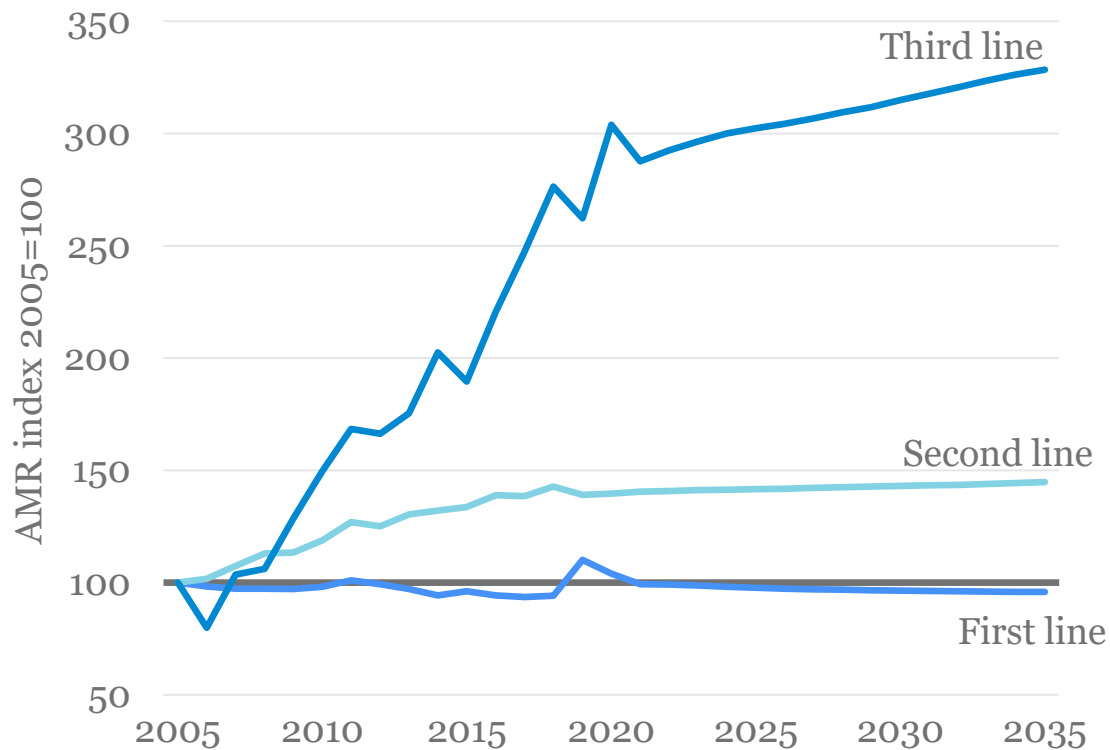
Michele Cecchini
Head of Public Health
OECD





AMR Will Keep Growing With Resistance to 2nd and 3rd line Treatments Growing the Most

AMR by line of antibiotic in EU/EEA countries

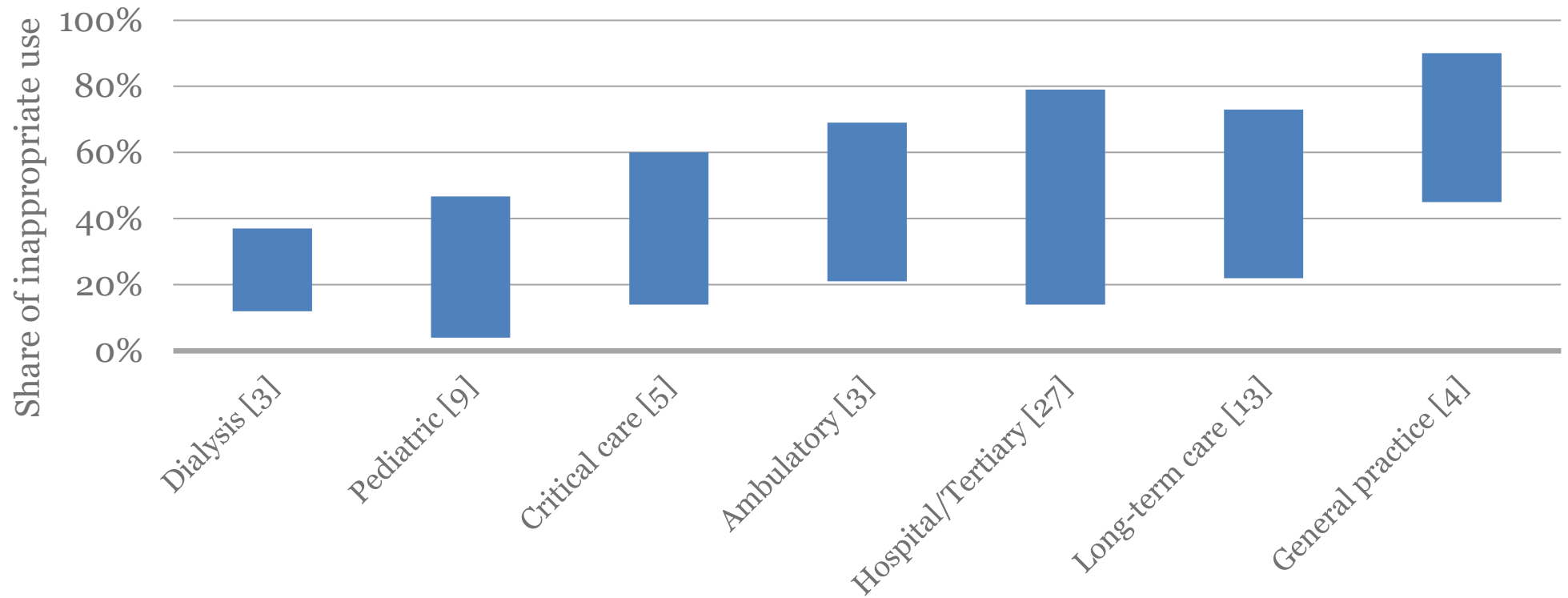


- 2nd and 3rd line antibiotics are our back-up option should 1st line antibiotics stop being effective
- Resistance to these antibiotics is forecast to grow by 45% (2nd line) and 228% (3rd line) by 2030, compared to 2005
- Resistance in EU/EEA is forecast to grow more than in OECD and G20 countries



Too Often, Antibiotics Are Not Used According to Guidelines, Particularly in Primary Care And Long-term Care

Range of inappropriate use by type of healthcare service

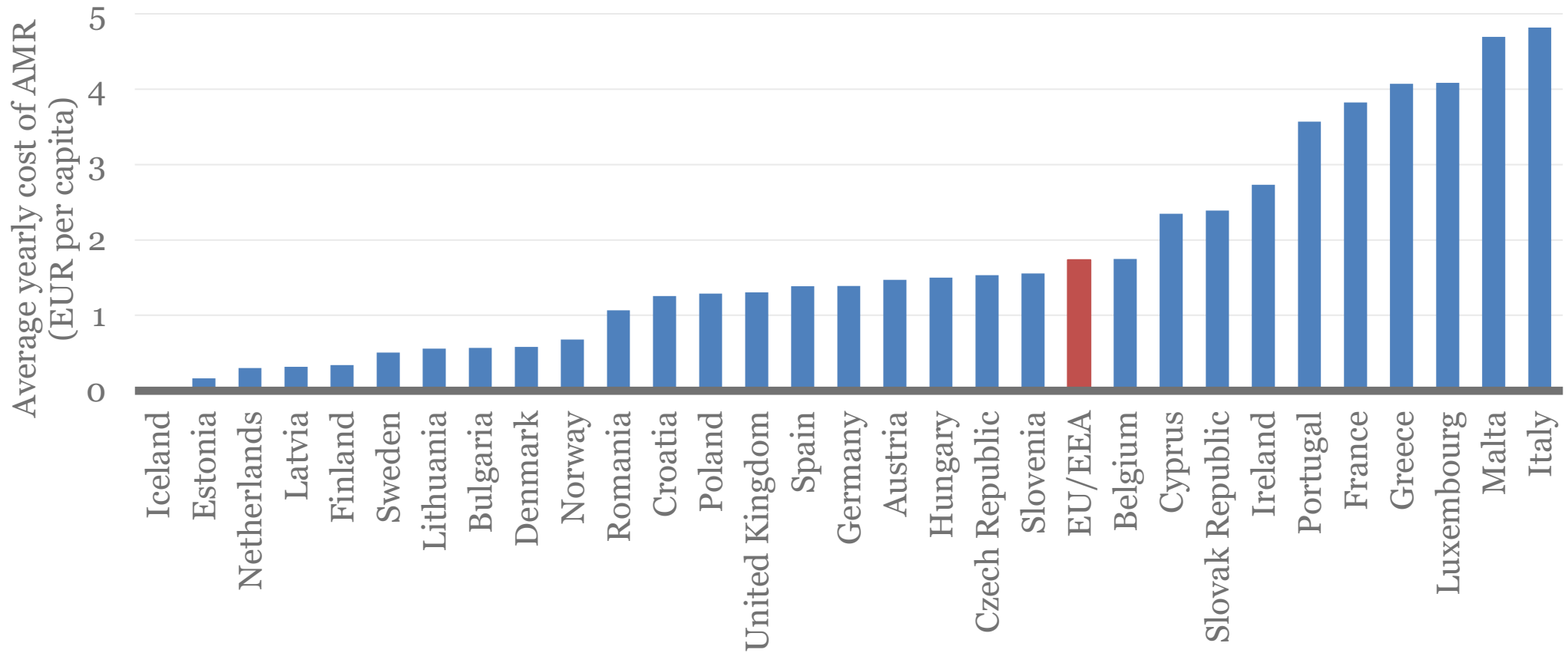


Note: [#] number of studies

Source: Cecchini & Lee. "Low-value care with high stakes: promoting rational use of antimicrobials". OECD Publishing, 2017



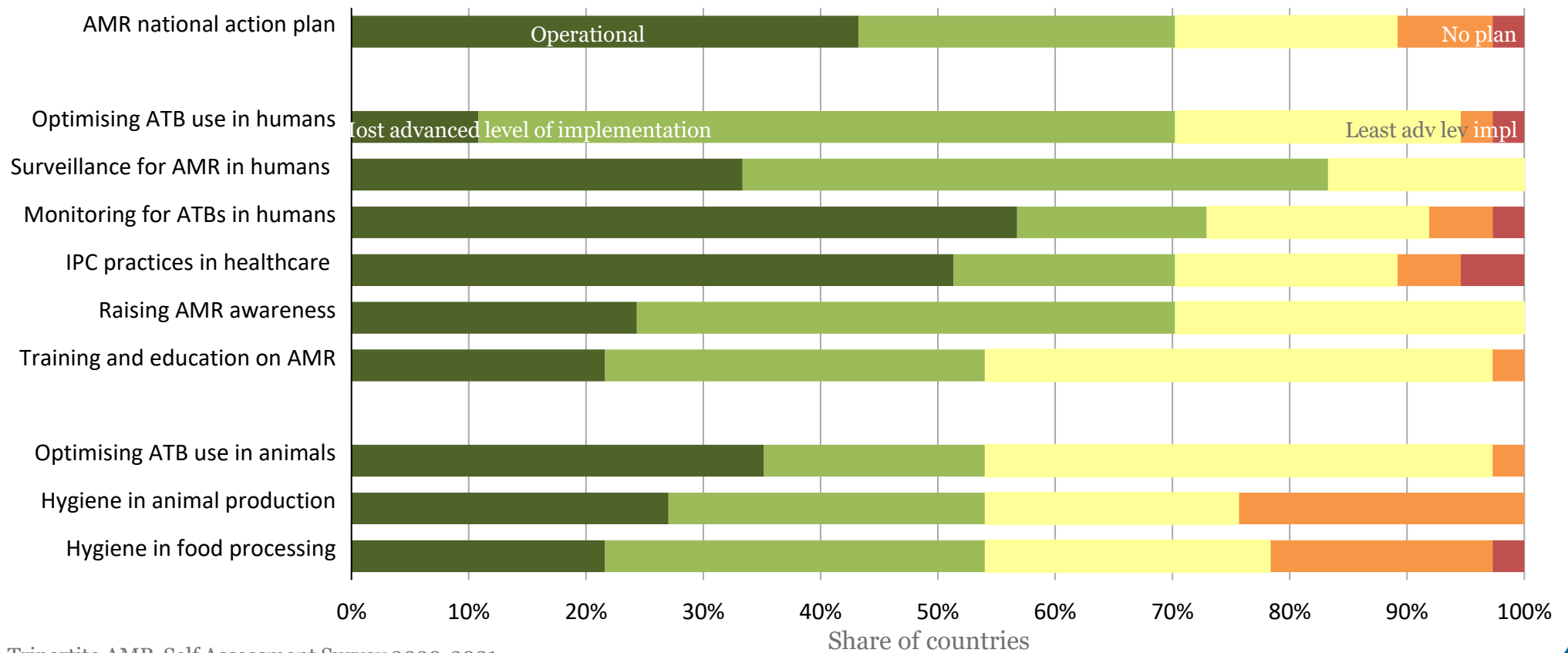
AMR Costs 1.1 Billion Euros per Year to the Healthcare Systems of EU/EEA Countries





There Are Significant Gaps In The Implementation of Policies to Tackle AMR Across OECD Countries

Level of implementation of AMR action plans and selected policies in OECD countries



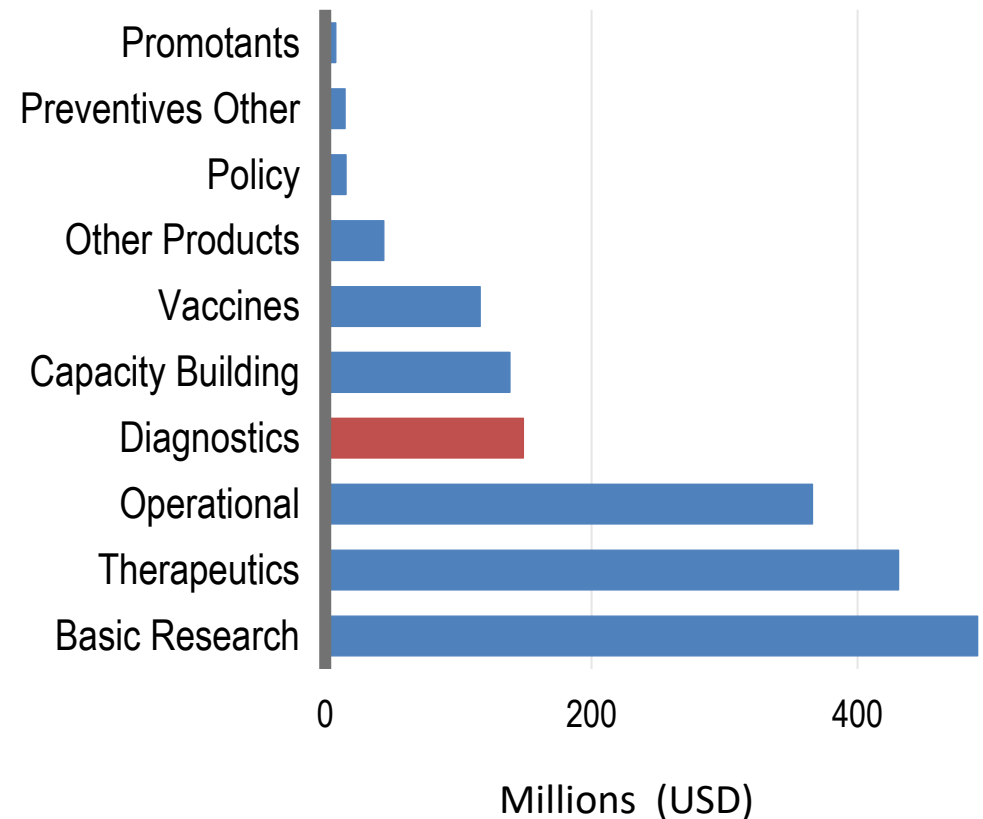
Source: Tripartite AMR-Self Assessment Survey 2020-2021



The Funding Allocated To Vaccines And Diagnostics Is Lower Compared To Other R&D Activities for AMR

- Globally, nearly **USD150 million** were allocated in 2020 to supporting research activities for diagnostics;
- This represents about **8%** of global AMR-relevant R&D funding in 2020;
- Between 2017 and 2020, the share of AMR-relevant R&D funding allocated to research on diagnostics remained relatively stable

Global AMR-relevant R&D funding by research area, 2020





Policy Approaches to Tackle Irrational Use of Antimicrobials in The Forthcoming Publication

Promoting prudent use of antibiotics in humans



Strengthen antimicrobial stewardship



Delayed antimicrobial prescription



Financial incentives to encourage prudent use of antibiotics

Preventing the spread of resistant infections



Enhance hand-hygiene practices



Enhance environmental hygiene practices



Scale up use of rapid diagnostic tests



Improve vaccination coverage

Promoting AMR awareness and understanding



Scale up mass media campaigns



Enhance health workers training on communication skills

One-health policies



Enhance farm hygiene

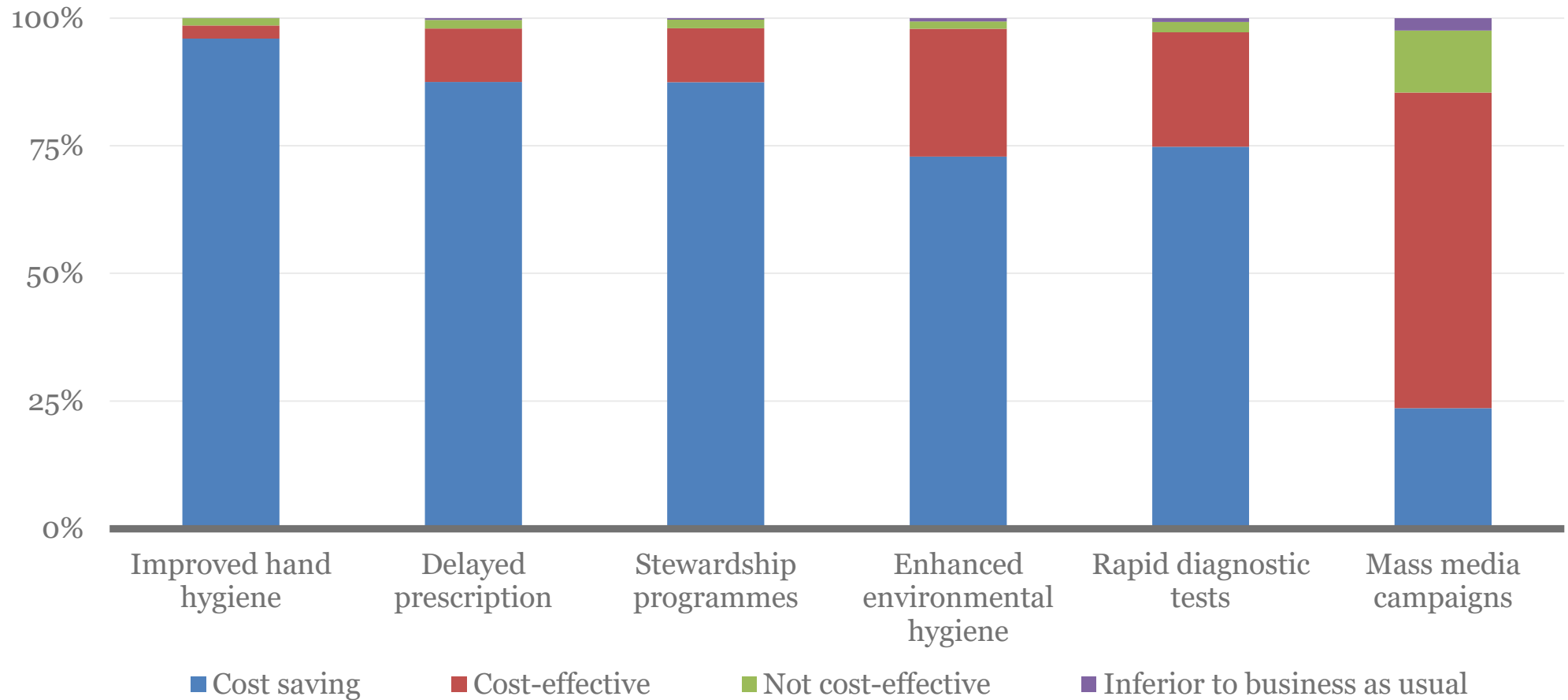


Enhance food-handling practices

Policies in blue will be included in the new round of analyses



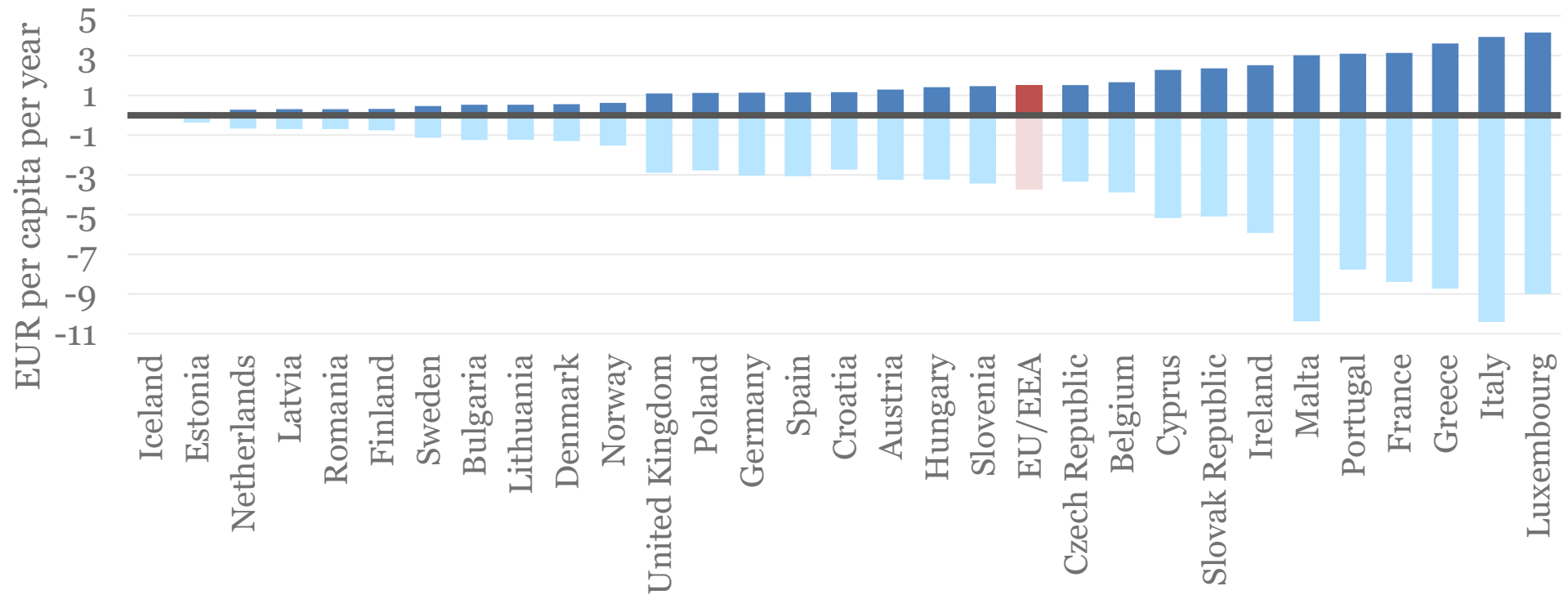
All The Interventions Are Good Investments To Tackle AMR and Promote Population Health





Tackling AMR Could Save 1.4 Billion* Euros/year to the Healthcare Systems of EU/EEA Countries

Economic assessment of an intervention package including enhanced hygiene, information campaigns, higher use of RDTs and stewardship programmes: just a few dollars more produce substantial savings in healthcare expenditure



■ Implementation cost ■ Impact on healthcare expenditure

Note: * Including effect on susceptible infections

Source: OECD. Stemming the Superbug Tide: just a few dollars more. 2018. [oe.cd/amr-2018](https://www.oecd.org/amr-2018)



Policy Implications

- AMR will keep increasing, particularly worryingly levels are forecast for 2nd and 3rd line antibiotics;
- Inappropriate use of antibiotics, particularly at the primary care level, is a major driver behind AMR;
- EU and OECD countries generally have well developed action plans but policy implementation needs to be upscaled, particularly with regards to optimize use of antibiotics in humans;
- Public health interventions to tackle AMR are a cost-effective (and very often cost-saving) investment;
- Combining interventions in a comprehensive public health package provides best results.



Stay Tuned: The New 'Stemming the Superbug Tide is Coming'!

Some of the **new analyses** you will find in the forthcoming publication:

- **Full economic analysis**, including impact on workforce productivity and the economy (GDP);
- **More countries**;
- Special focus on **AMR in long-term care** (supported by France);
- Special focus on **AMR and COVID-19**;
- **Country notes** for each country.

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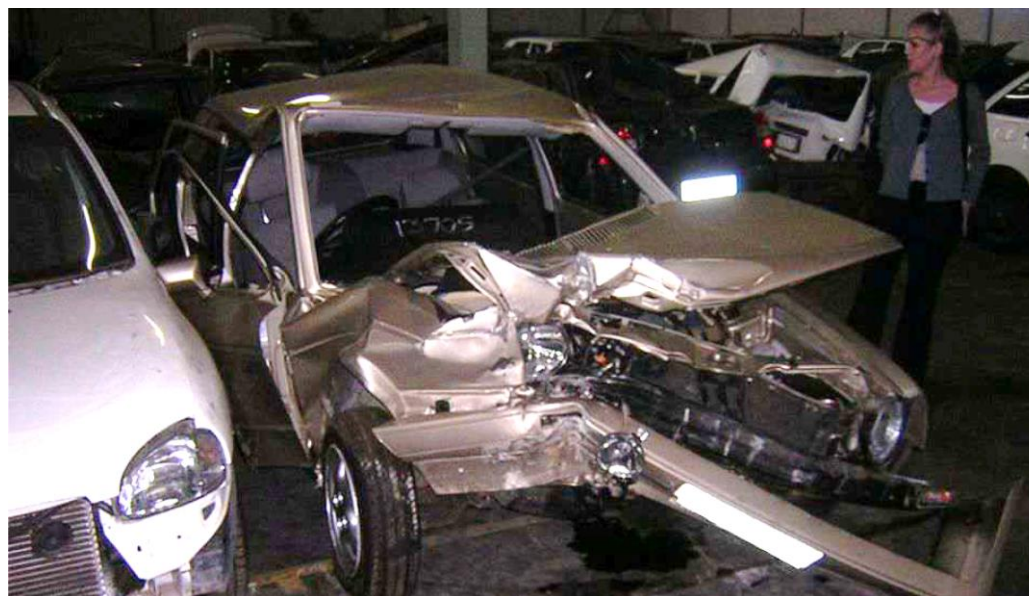


More info at: oe.cd/amr



www.vanessacarter.co.za

My **last** photo age 25-yrs



Woke up in Charlotte Maxeke
Johannesburg Academic Hospital, High
Care.



1. Head Injury and facial fractures

Broken nose, broken jaw, smashed right maxillary sinus, orbital blowout, lost the right eye, severe facial lacerations.

2. Major Abdominal Injury

3. Fractured Pelvis

4. Neck Injury

5. Back Injury



A few weeks later after the implant and an ectropion surgery by a plastic surgeon an infection appeared

Fragmented Care



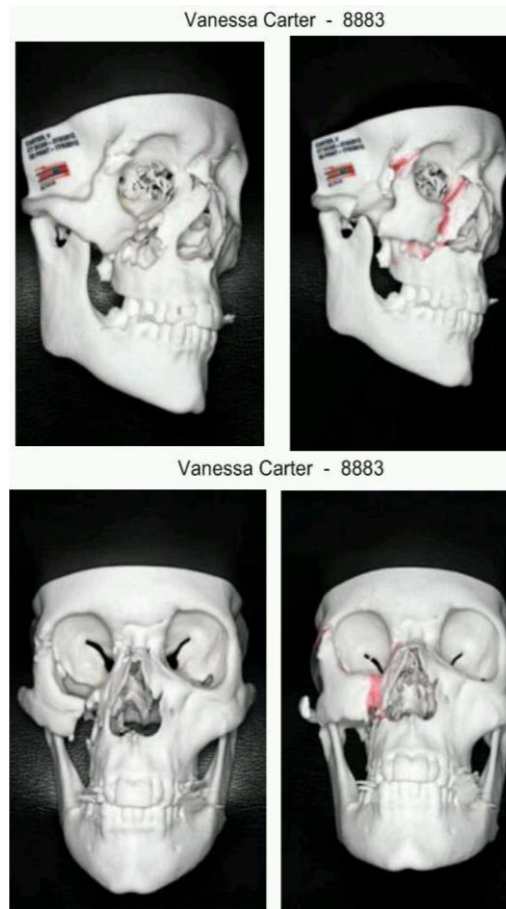
Doctors giving different opinions, referring between them and prescribing antibiotics



ORDERED:	Nose: Tissue MCS
COMMENTS:	No collection time on the request form
SPECIMEN:	Nose
PROCEDURE	DESCRIPTION: Not specific
> MICROSCOPY	RESULT
Pus cells	Moderate
Bacteria	Absent
> AEROBIC CULTURE	
Staphylococcus aureus (MRSA)	
	MRSA
BETA-LACTAMS	
PENICILLINS	
Penicillin	R
Amoxicillin + Clavulanate	R
Cloxacillin / Methicillin	R
Piperacillin + Tazobactam	R
CEPHALOSPORINS	
Cephalothin	R
Cefuroxime	R
Ceftriaxone	R
Cefepime	R
CARBAPENEMS	
Imipenem	R
Meropenem	R
Ertapenem	R
MLS GROUP	
Clindamycin	S
Erythromycin	S
OTHER	
Cotrimoxazole	R
Fucidic acid	S
Tetracycline	R
Teicoplanin	S
Vancomycin	S

MRSA

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS
 ALSO CALLED "ANTIBIOTIC RESISTANT FLESH-EATING BACTERIA"



VIDEO CONSULTATION IN THE USA LEAD TO BETTER UNDERSTANDING OF HOW TO REDUCE SURGICAL INTERVENTIONS TO REPAIR THE DAMAGE FROM MRSA

THIS WAS IMPORTANT FOR ME TO NAVIGATE THE SYSTEM IN A COUNTRY WHICH HAD A SHORTAGE OF CRANIOFACIAL SURGEONS



Infection re-appeared potentially in the bone as well as allergy from the antibiotic ointment which I used on the surgical site (Chloramex and Bactroban)

Rotated antibiotics and stopped the antibacterial ointment.



www.vanessacarter.co.za

My **first** photo age 34-yrs

ANTIBIOTIC STEWARDSHIP

Communicate with patients about what their role is in avoiding or managing antibiotic resistance

Patient awareness of AMR might help them make more informed decisions / put less pressure on their doctors and **diagnostics** could be a means to improve that

Work as a team

1

- **Set your alarm for 5am so you don't miss a dose of antibiotics**
Take your antibiotic at equal intervals, plus finish the course. Don't give the bacteria an opportunity to mutate. **Report into me if it looks worse.**

2

- **We need to work together to beat this infection**
How do antibiotics work and why do your lifestyle changes matter to managing this infection? **You need to play a big part after you leave my office.**

3

- **If any other doctor prescribes you an antibiotic, tell them you are now under my care**
I was not only under the care of one doctor, but I was also under the care of many who were prescribing antibiotics. **We needed to contain that.**

PRACTICAL EXAMPLES OF STORYTELLING, ADVOCACY AND PATIENT INCLUSION TO TACKLE AMR



Patient-included events (Ethical participation)



Working in policymaking (WHO, SA Ministerial Advisory Committee, APRHAI)



Storytelling in the media to reach the public



Stewardship team training

Online Courses / Healthcare & Medicine



Tackling Antimicrobial Resistance: A Social Science Approach

★★★★★ 4.7 (6 reviews)

Are you a health professional new to social science research? Find out how you can fight antimicrobial resistance on this course.

Join now

2,391 enrolled on this course

Medical education



Exploring the lived experience for co-creation



Co-authoring research including designing surveys



The AMR Narrative

Voices together for Antimicrobial Resistance

Currently establishing an AMR advocacy charity

Website: www.vanessacarter.co.za Twitter: @ FaceSA

Published articles at orcid.org/0000-0002-8156-7417

29 November 2022

**Antibiotic Stewardship Conference:
From Expert Consensus to Europe-wide action at the point of care**



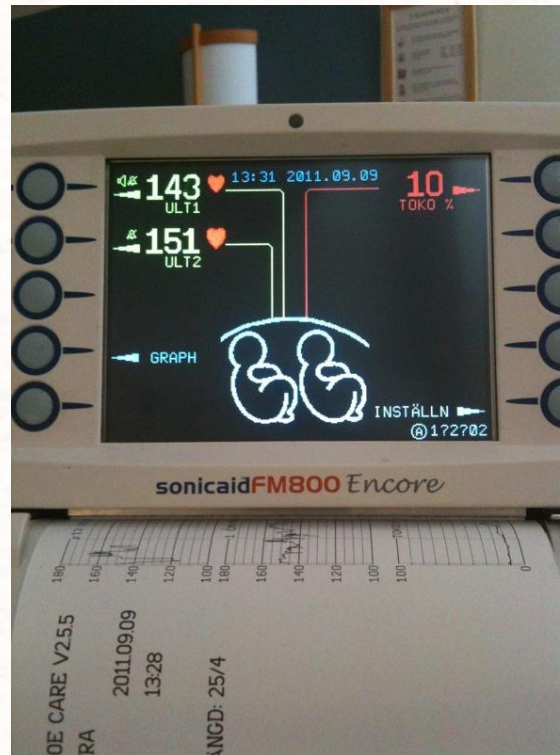
Prematurföreningen
Mirakel

My experience with antimicrobial resistance (AMR)

Pernilla Rönnholm 2022-11-29

Something
wasn't feeling
alright

- Very early on labour pains
- Visited the special delivery ward
- Water broke at week 25



The fight continues

- The twins Freya and Kirsty were born at week 28 + 8 in Sept 2011
- All changed at day four
- Taking tests



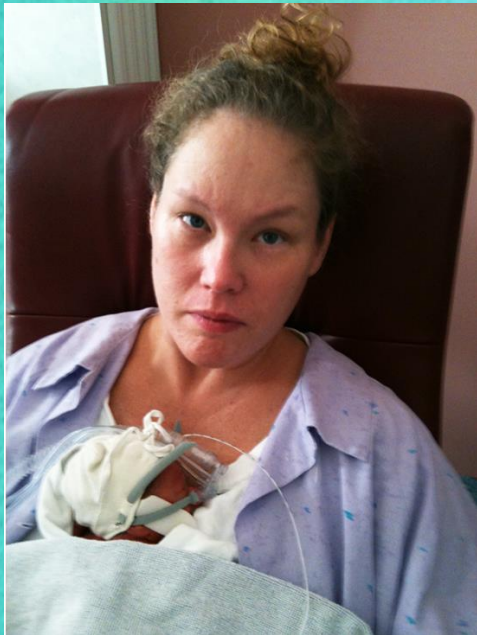
The face of AMR

- Christening at day 7
- Kirsty died eight days old



Planning a funeral in NICU

- ESBL klebsiella pneumoniae
- Sepsis
- Different treatments



New life

- Coming home just before Christmas
- Taking care of survivor Freya 24/7
- PTSD



Turning trauma into positive changes



- Prematurföreningen Mirakel 2013
- Debating in media:
 - Single rooms and more staff in NICU
 - Informing about AMR
 - Article asking politicians to put AMR higher up on their agenda
 - Articles about the importance of being a blood donor
- Tactile massage to pregnant women admitted in hospital
- Midwives writing their essay about the tactile massage, with very positive results.
- National network: angel gowns to children that dies in hospitals
- Support to parents with loss of twin(s) or triplet(s)
- TV-, radio-, magazine and podd performances

2023 – The fight against the silent pandemic continues



- **Prevention**
 - Target the general public and make them more aware of AMR and how to be part of the solution and not the problem.
 - Avoid sending preemies to other hospitals
 - Test preemies for infections before their journey to a hospital
 - Recognise that environment – food habits – AMR go hand in hand.
 - Test all pregnant women being admitted to hospitals, to avoid spreading infections in the delivery ward.
- **Make pharmacy companies label antibiotics** so it's shown that the antibiotics is produced safely (and not spreading AMR).
- **Brand food** that has been using antibiotics in the process, to make people more aware and to choose actively.
- Medical companies working on **new antibiotics**.
- A wider and more efficient use of **medical technologies** to detect infections early, particularly at the point of care.
- **Politicians putting AMR higher up** on their agenda.
- **Collaborations** with nonprofit organisations, politicians, stakeholders and medical companies.



Prematurföreningen
Mirakel