

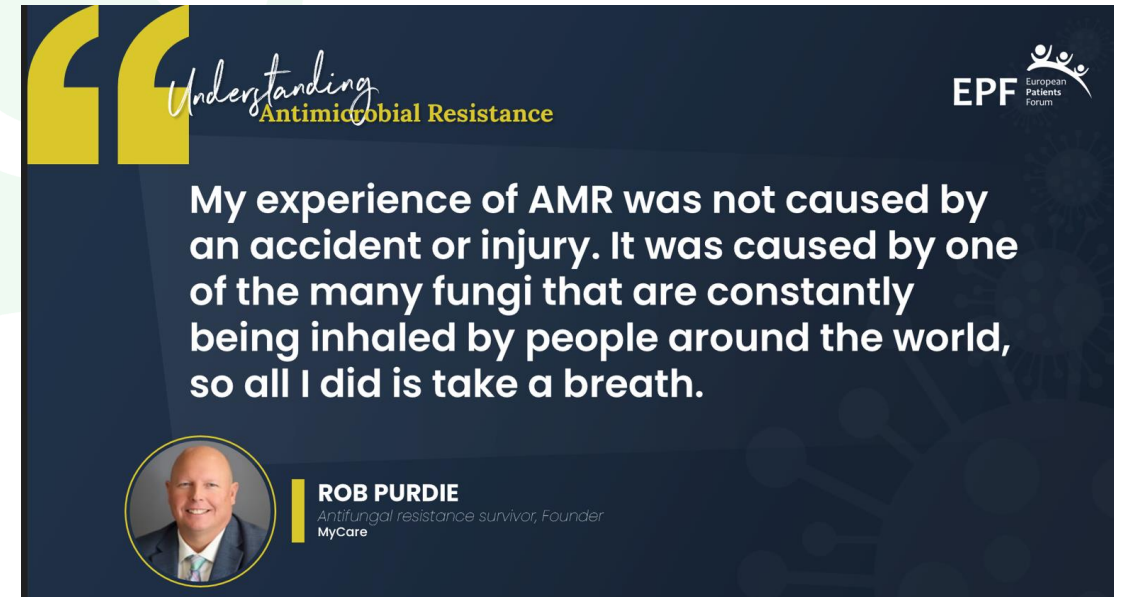
The patient perspective on AMR

Patients are particularly vulnerable to AMR

- They spend more time in healthcare settings
- They may need antibiotics as part of healthcare procedures to prevent or treat infections

AMR can have detrimental impacts


- More invasive and lengthy treatments
- Long-term health impacts and increased mortality
- Impacts on mental health
- Increased costs and societal impacts



Understanding
Antimicrobial Resistance

EPF European Patients Forum

My experience of AMR was not caused by an accident or injury. It was caused by one of the many fungi that are constantly being inhaled by people around the world, so all I did is take a breath.

 **ROB PURDIE**
Antifungal resistance survivor, Founder MyCare

Patient organisations' role on AMR

- **Raising awareness** of AMR, including by developing and adapting communications campaigns
- **Collaborating** with healthcare professionals and others to implement best practices in HC settings
- **Improving patients' health literacy** to achieve antibiotic use reduction targets and improve prevention
- **Advocating** for enhanced policy action and equitable access to life-saving products

→ AMR requires a **multi-stakeholder and inclusive approach**



What can be done in partnership with local authorities

- In common: *proximity to communities* and *co-creation approaches*
- 1. **AMR awareness raising campaigns**
- 2. **Capacity building programmes on AMR for patient organisations**
- 3. **Identify best-practices and relevant protocols in hospitals**
- 4. **Common advocacy for a strong and stable EU4Health programme**

EU4health Civil Society Alliance

The EU4Health Civil Society Alliance's Statement For a Strong and Stable EU4Health Programme

The [EU4Health Civil Society Alliance](#) reiterates its concerns over the midterm review of the EU Multiannual Financial Framework (MFF) which saw the EU4Health Programme affected by a one billion cut of its total budget.

The EU4Health programme, with an increased budget and specific objectives such as access to medical products and devices, stockpiling of essential products in the event of a crisis, establishing a reserve of healthcare workers, improving disease prevention and digitalising healthcare, aims to support the strengthening of healthcare systems to prepare for future health threats. It provided a much-needed answer to calls to "build back better" and increase Europe's health resilience. Four years since the start of the COVID-19 pandemic, while some progress has been made, the Programme has not yet delivered on these objectives and budget cuts further threaten its ability to do so. It is time to recall the COVID lessons learned and implement clear commitments to address them.

To address these concerns and ensure a fit-for-purpose EU4Health Programme, we call on the EU institutions to:

Learn from the COVID-19 lessons and keep health as a key EU priority for the next multiannual financial framework (2028-2035). As discussions will begin on the next MFF, we call on the European institutions to maintain a solid budget for the EU4Health programme. Health is an investment, not a cost. It has been proven that every euro invested in health generates, on average, an economic return of 14 euros¹. Urgently addressing current challenges, including non-communicable diseases, antimicrobial resistance, environmental health and mental health should remain a top priority for the next financial cycle. Improving our healthcare systems, enabling their resilience, and ensuring their ability to respond to future crises require continuous and sustained action. The EU4Health Civil Society Alliance is ready to work proactively and constructively to ensure that the next MFF delivers for European citizens.

Engage as soon as possible in a meaningful dialogue with civil society organisations on the implications of the EU4Health budget cuts for 2025-2027. The budget cuts will most probably change the priorities and strategic programming of health financing left for the remaining years of the Framework. In this respect, it is important that the effects of the cuts are as minimal as possible. Programme allocations to the different intervention areas as a proportion of the EU4H budget (e.g. 20% for prevention) should be maintained, to ensure that the different parts of the programme are not disproportionately affected by the reduction. Civil society organisations should be informed of the exact implications of these cuts for the remaining years of the current MFF based on a thorough, transparent assessment by DG SANTE.

Consider civil society organisations as strategic partners in the operation of the EU4Health programme. Civil society organisations have been integral to the implementation of the EU4Health programme and have adapted in record time to supporting the execution of a budget that had grown more than ten-fold. However, we find it difficult to access clear, detailed information on EU4Health spending.

¹ Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health*, 71(8), 827-834