

Patient organisations' role in addressing antimicrobial resistance

Patients are particularly vulnerable to healthcare-associated infections and resistant bacteria. By necessity they spend more time, more often, in healthcare environments. Many routine healthcare procedures, such as operations, require antibiotics to prevent infections. Resistance poses a grave risk if those procedures become impossible, in a worst-case scenario, due to antibiotics becoming ineffective. Finally, patients with multi-drug-resistant bacteria have very limited treatment options.

The development of **new antibiotics** is urgent – and so is development of **affordable rapid diagnostics** that can be used at the point of care to identify whether an infection is bacterial, and what kind of bacteria are responsible so that the right type of antibiotic is used.

But it is also critical to **rationalise the use of antibiotics** – that is, to reduce their use, use the right ones, only when really needed, and correctly.

Improving infection prevention is another piece of the puzzle. Even simple interventions, such as ensuring good hand hygiene in healthcare settings, can contribute effectively to fighting resistance.

AMR is complex, and **no-one can tackle all aspects** – that is why everyone needs to “do their bit”.

We as the patient community care, because we care about our own health and healthcare and that of our families, but also because we are citizens. As patient organisations, we are committed to doing our bit.

EPF, as the EU-level cross-disease umbrella patient organisation supports awareness of antimicrobial resistance in the patient communities by channelling information, communication and advocacy tools to our 73 member organisations working in specific disease-areas and at national level.

- We convey evidence-based, clear and understandable information for patients through our network of patient organisations, and help empower patients with the right information on how to use – and not to use – antibiotics and related issues around safe use of medicines.
- We advocate for embedding health literacy and shared decision-making everywhere in our healthcare systems.
 - It has been shown that as knowledge increases, antibiotic consumption decreases; every encounter between people and healthcare systems or organisations is an opportunity to enhance health literacy.
 - A systematic review just published shows that shared decision-making reduces the prescribing of antibiotics. SDM is still not embedded in healthcare practice everywhere, and that needs to change as it is every patient's right to make informed care decisions together with a medical professional.

- We organise capacity-building activities for our members, which in the last years have included a specific focus on AMR. We can do more, and we will reinforce these efforts – we particularly appreciate the kind support and collaboration of ECDC experts.
- We advocate for patients' involvement in patient safety in a broader sense, for example in infection prevention initiatives, in order to reduce the need for antibiotics in the first place.

As well as **the EAAD**, EPF supports **the EU HPP thematic network on AMR** and other related initiatives, such as **hand hygiene awareness, medicines safety and ADR reporting, and lay-friendly information on medicines**, working closely with the EMA on these latter issues.

Finally, we want to **engage the patient community in One Health advocacy**. We are patients, but we are also citizens. As civil society, we can demand action from politicians to tackle resistance, hold them to account and demand effective implementation of the EU One Health action plan on AMR. We can ask for concrete targets and measures to be put in place and for regular checks against targets to see if the actions are having their intended effects.