

Citizens responsibility to prevent AMR, the next step.
By Jo Maes, chairman of EPECS

Summary

Although very difficult, while it will take time, to put the theme of yours and my behaviour in the centre, also with regard to AMR, organising interaction with citizens, connecting to citizens all over the place is, from the point of view of EPECS a necessary next step.

- A) We live on a tiny planet
- B) We **all** will survive if the SDG's are realized
- C) Health for all implies the combat of AMR
- D) We have to think global and act local
- E) We have to engage citizens
- F) We have to combat in an intelligent way AMR
- G) Therefore all companies have to implement CSR to improve their behaviour and policies and investments, especially also with regard to AMR.
- H) New tools should be developed, to combat AMR, including the use of story telling, TCI, Positive Health and clever simple language to explain complicated problems like AMR. communication.
- I) Emphasising the richness and opportunities of border regions to combat AMR in Europe is important.

Introduction

In this article, EPECS, a foundation according to Dutch law, expressing the citizens perspective in health and social welfare, cross border and in Europe, wants to point out the catch 22 in which citizens are caught. The aim of EPECS is to give power to the citizens, to put citizens in place.

Citizenship is a role, performed by all human beings. It is a role among a lot of other roles a citizen fulfils, being e.g. a family member, father, consumer, worker, informal caregiver, shareholder, etc.

Involvement of human beings in their role of citizens to fight AMR is a necessary next step.

It will be argued that citizens do not change their behaviour by command. So raising awareness goes further as only to wash hands in hospitals. Raising cattle, especially pigs and unnecessary using huge quantities of antibiotics, so raising money each year which is more

difficult in a consumer market, driven by human beings in their role of consumer that want the best meat for the cheapest price on the one side and patients wanting to have the best care, free of AMR on the other side, is a terrible catch 22, as human beings do not realise in their different roles how they themselves through their own behaviour accelerate the risks of uncontrollable AMR developments. On top of that availability of antibiotics in shops in a lot of countries of Europe for free to buy by consumers increases the risks.

Antibiotics and cattle raising do not go together.
Antibiotics and self-education do not go together.

How serious is AMR? No one better than George Griffin, chairman of FEAM, has summarised this in his speech on the 4th of February 2019, on an event organised by ACN, a European Citizens Organisation based in Rome with an office in Brussels: the reason why we cite him here:

Infections and Antimicrobial resistance and their impact in public health (by G. Griffin)

- *FEAM provides independent (commercial, political, ideological) and evidence-based science policy advice, with a European dimension, on human and animal medicine, biomedical research, education and health priorities. The objective of FEAM is to use medicines for the benefits of people in Europe.*
- *An infection is a clinical syndrome that occurs when humans or animals encounter a pathogen (bacteria, viruses, fungus, or parasites); consequently, antibiotics and antimicrobials come into use.*
- *HAIs represented the second leading cause of death in the world in 2004.*
- *Anti-microbial drug resistance is defined as the acquired ability of a microorganism to resist at the effects of a chemotherapeutic agent to which it is normally sensitive. Anti-microbial resistance happens when microorganisms (bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs. Indeed, bacteria and molds have the capacity to reproduce very quickly as well as to mutate, acquiring resistance to antimicrobial agents and becoming resistant to antibiotics.*
- *AMR is a growing public health issue. In recent times, the emergence and dissemination of drug-resistant pathogens has accelerated, proving to be global, extremely dangerous.*
- *By 2050, almost 400.000 death will be attributed to AMR.*
- *AMR has a multifactorial origin, but the main one remains the use of antibiotics. Indeed, the growth of AMR is mostly caused by the improper use, overuse, or misuse of antimicrobials in humans and animals.*

- *Reducing the use of antibiotics will stop the driving of resistance. It won't reduce the already resistant ones, but it will reduce the development of others.*
 - *AMR is responsible for an estimated 33,000 deaths per year in the EU. It is also estimated that AMR costs the EU EUR 1.5 billion per year in healthcare costs and productivity losses.*
 - *Numerous antibiotics already have a resistant clone, making infections increasingly difficult to cure.*
 - *Since 2004, EU Commissioners have been highly aware of this issue and have been trying to figure out how to reverse such trend. Yet, it is too difficult to discover new antibiotics and to develop a new safe drug costs about a million dollars. Moreover, antibiotics (except for tuberculosis) are normally given for just a few days/weeks, so drug companies don't make a great profit from their usage.*
 - *It is certain that the inappropriate therapeutic use and the non-therapeutic use of antimicrobials is considered to be one of the drivers for the development of resistance in human.*
 - *We need to be aware of AMR and how this phenomenon is constantly changing – bacteria reproduce approximately every 90 minutes.*
 - *We need new national strategies both in animal and human medicine.*
 - *It is extremely important to wash hands in hospitals. Only about 20% of hospital workers wash their hands regularly.*
 - *The greatest challenge is that of fighting citizens' own 'rapid diagnosis' and their abuse of antibiotics. Often people expect to cure everything with antibiotics/penicillin, but antibiotics don't work against viruses. Doctors need to reduce antibiotics prescriptions.*
 - *Anti-microbial resistance has been recognised as a global health problem and considered by major health organizations as the top health challenge in the 21st century.*
- George Griffin, February 2019, Brussels*

The UN has adopted the SDG, the sustainable development goals. This frame work is also adopted by the WHO. In a recent conference of the RHN WHO, celebrating its 25th anniversary, in the Euregion Maas Rijn in June 2019, Epecs was involved.

In February 2019 on beforehand of the conference 2 citizens summits were held on 3 issues, indicated by the WHO, to feed the big conference. The citizens summits in February were a try out to find out how to engage 120 citizens in this way in three different countries with 3 different languages and 5 different political systems. EPECS made a report, which is available on request.

Provincial governments in the region invited citizens to come to these Summits in February.

EPECS knew on beforehand that the group would be biased.

Nevertheless the input and feedback of citizens participating in the two citizens summits in Eupen and Aachen was encouraging.

The tryout implied roundtables and theme centered interaction (TCI) with a maximum of 10 citizens per table and well prepared panel leaders both on content and process.

TCI is a very helpful tool as a simple concept, always including the context, a theme, the I's and the we. Also it emphasises the importance of every participant, every participant matters!

Citizens appreciated being involved, EPECS did sent them the report also and they will be informed about the outcomes of the RHN WHO conference in June 2019 in the coming months.

One of the issues was the Participatory Approach. This implies the involvement of citizens in health care policies and personal health.

- 1) The citizen summits made clear, that up to now, citizens in general were not at all engaged in health care policies. Even those citizens visiting the summits scarcely were engaged. Hardly any citizen is up to now really engaged in responsibility for personal health. A lot of work has to be done and universities should be involved to develop tools to engage citizens, so called citizens science. University based Citizen science is developing from citizens being involved in academic research to citizen science improving the power of citizens. This is important to enhance.
- 2) Participation should be included in the rule of law, new and existing laws.
- 3) Storytelling, knowing and understanding citizens lives, is fundamental to the participatory approach.
- 4) The participatory approach should be built in into every organization on every level.

EPECS wants to point out some general remarks, based on the principles of the Foundation and our experience in the last 12 years. They are of immanent importance to combat AMR.

i) Who is a citizen?

To put it clear, the citizen is not someone else, the other, the citizen is you and I. So you and I can understand and express how to engage us as a citizen in health and welfare policies and how to improve our responsibility for our own health, also on the issue of AMR.

Therefore the theme is:

Getting (organised) citizens at the centre of health and sustainable policies, including AMR policies, what you and I can do to enhance it, from a citizens perspective.

As a reader of this article you are invited to actively reflect on this theme too. EPECS is very much interested in your ideas and we invite you to share them with us.

ii) How to interact with citizens?

We as citizens are fundamentally cooperative

we appreciate equivalence and respect, if engaged

we are willing to take up responsibilities, but not on command

As citizens we should be engaged structurally, interactive and our creativity appreciated.

Do not use us, do not abuse us, do not use us as scapegoats.

iii) Our tiny Planet, SDG's and CSR.

We live in this universe on a very small tiny planet, with ten kilometers of fresh air around it, the only save place in that huge universe.

This implies for all citizens, think global, act local.

Therefore the UN SDG's are fundamental and out of the question!

From a citizens point of view this logically implies that all companies, big and small, implement Corporate Social Responsibility (CSR) into their policies and business in the next 10 years.

iv) Positive Health

There is a new definition of Health, Positive Health. Positive Health was first published in the British Medical Journal in 2011. "**Health** as the

ability to adapt and self-manage, in light of the physical, emotional and social challenges of life”

Epecs thinks that using this dynamic new definition is essential to improve health and health behaviour of citizens, including awareness raising on the issue of AMR.

v) The spread of resistant bacteria does not at all stop at borders!

Cross border regions in Europe are the places to be and to built on a better Europe, combating MRSA and HAI. For example the Euregion Maas Rijn has a long history, starting with Charlemagne in the 8th century. This region has 4 mio inhabitants, excellent universities and industries and a huge healthcare industry. Cross border regions enhance and improve the EU and Europe, also on the issue of AMR, as the challenges of communication and languages, rules and judicial systems are tackled on a daily basis. Dr. Feldhof, chairman of the EUPrevent Foundation in the Euregion Maas Rhine, might be interviewed somewhere else in this paper, telling his story how to set up cross border hospital quality system to combat HAI in hospitals in the Euregion Maas Rijn, as the incidence differences in the three countries are huge; Germany and Belgium between 10 and 20%, the Netherlands less than 2 %.

EPECS point of view with regard to AMR is clear. To combat AMR the unconditional overall adoption by all companies all over the world, big and small of corporate social responsibility, CSR is absolutely necessary. Without CSR, companies, small and big will only be focussed on making money, destroying the planet and human life, not by intent, but because of an unwanted ratrace to make money.

And here again comes in our behaviour as human beings. Being shareholders, running companies making money, being doctors, making money, unnecessary eg prescribing antibiotics for viruses, we do not realise that we at the same time on the other hand ourselves destroy our planet and our health.

Especially AMR is a very good case example. Pharma companies do not make enough money on antibiotics and R&D for new antibiotics, as Griffin shows. Doctors prescribe antibiotics for the wrong illnesses, farmers use antibiotics for raising cattle that is not ill. Farmers go into hospitals and unintentionally spread resistant bacteria. Cases are well known of surgeons checking farmers in outpatient care and unwillingly later on infecting other patients during surgery. (In some hospitals in the Netherlands farmers have to warn in advance staff!)

We really have to face our own behaviour in our different roles. According to EPECS without CSR, we as human beings will focus companies on making profits for us regardless the impact on the planet and human beings and their health. At the same time we want to get the best healthcare and be protected from AMR. So what do we want really and how do we address our own behaviour?

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Jo Maes, Chairman of EPECS, 16th October 2020.