

# Untreatable Infections:

## Meeting the threat to safeguard the future of healthcare in Europe

Report of event hosted by MEP Stine Bosse and MEP Eszter Lakos in Brussels, April 2025

On 8 April 2025, MEP Stine Bosse and MEP Eszter Lakos, in collaboration with the AMR Action Fund, the BEAM Alliance, the Novo Nordisk Foundation, and the Danish AMR Alliance hosted an event focused on the urgent issue of antimicrobial resistance (AMR). The event was held at the European Parliament in Brussels.

Key stakeholders from EU institutions, industry, NATO, civil society, and NGOs gathered to discuss strategies for addressing AMR, combining economic incentives, public awareness, and international cooperation to effectively combat this issue. The discussion highlighted the profound human and financial costs associated with ineffective antibiotics, stressing the necessity for new market and policy mechanisms to meet this challenge. What follows is a distillation of the key themes and takeaways of the conversation.

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### How big is the economic burden of AMR?

Participants underlined the substantial economic burden of AMR and how insufficient actions increase healthcare costs. Every year, AMR costs almost €12 billion in EU/EEA countries, divided almost equally between health costs and productivity losses. AMR often results in medical complications and longer hospital stays, with possible long-term consequences and even death. EU/EEA countries pay €25 per capita due to the consequences of AMR, while effective interventions would only require €1-2 per capita annually for most EU countries, offering returns as high as €5.8 for each euro invested. Altogether, that represents savings close to €4.8 billion a year in the EU/EEA area. Effective interventions include strengthened antibiotic stewardship and surveillance and infection prevention and control, and incentives for investment into novel preventive, diagnostic and therapeutic interventions.

### AMR exacerbates the harmful effects of other complex challenges

#### *AMR threatens Europe's ambitions on cancer control*

Despite great strides in innovation, prevention, and public awareness, cancer is still a main cause of mortality and morbidity in Europe. Concerningly, cancer patients are especially vulnerable to AMR, as infection is the most common complication they face. Given their weakened immune systems, cancer patients are twice as likely to contract a serious infection and three-times as likely to die from it. Antimicrobials are instrumental across the continuum of cancer care, and treatments against acute leukaemia or multiple myeloma are simply not possible without effective antibiotics.

AMR also diminishes the quality of life of cancer patients by generating fear of infection and, in turn, impacting socialisation. As the threat of AMR continues to grow, cancer care (including treatments and diagnostic procedures with biorisks) will become increasingly difficult, despite increased availability of new oncology treatments. AMR should no longer be the concern only of infectious disease specialists, but rather a challenge taken up by all health care professionals, given the economic impact and the importance of valuing advancements in healthcare.

#### *AMR is a threat multiplier in conflict*

In addition to the interplay of non-communicable disease and AMR, Europe also faces the continued crisis of the war in Ukraine, threatening health security. The acute, chaotic, and uncontrolled circumstances of battle in this theatre have resulted in a significant number of resistant infections among combatants. Importantly, more than 4000 personnel have been evacuated from Ukraine to member states, spreading this threat of resistance into civilian health systems.

Logistical and supply challenges associated with war mean that appropriate therapeutics and diagnostics are not always available. It is imperative that defence forces and health systems providing care have adequate access to all tools needed, including antibiotics. As Europe considers what is needed to enhance its defence and security, pharmaceutical technologies to protect the health of military personnel and civilians remain a top priority for investment.

## Innovation is possible, but hampered

The innovation landscape was discussed, emphasizing advances in prevention (e.g., vaccines), diagnostics (e.g. rapid tests) and traditional and alternative therapies (e.g., phage therapy). Approximately 80% of the global pipeline for new antimicrobials is managed by SMEs. But this pipeline remains very thin, compared to other areas and to the medical needs the world is, and will be, facing. Because of the need to steward new antimicrobials and use them sparingly, the high-volume-market model fails to adequately support research and development, rendering investments in research and innovation unattractive. For the past decade, investors have taken financial risks to support companies

who eventually brought new antimicrobials to the market, only to see these companies fail.

Market trends make clear that the financial value of antimicrobials is not reflective of the enormous benefits these drugs bring to health care delivery. Researchers, scientists, investors, and companies are exiting the field, with significant barrier to re-entry, without action to change the market dynamics. Innovators are now struggling to attract financial and human capital and develop the next generation of drugs and products that will be needed as multiple crises lead to an increase in AMR burden and risk.



From left to right: Joséphine Mosset, Boriša Falatar, Aleksandra Opalska, Marianne Holm, Ann-Sofie Rönnlund, Remko van Leeuwen, Stine Bosse, Eszter Lakos, Henry Skinner, Gerald Rots, and Thomas Richter

## Effective policy supports the fight against AMR

Participants also described supportive policies to catalyse activities to contain the threat of AMR. Engagement at the highest political levels can in turn foster greater public engagement and understanding of AMR, across all One Health sectors, including increased awareness of the dangers of inappropriate antibiotic use. Patient voices across populations and advocacy groups, should be centered in communication around AMR. The recognition of AMR as a threat to health security is embedded in the approach to preparedness, such as through the Medical Countermeasures Strategy, which explores potential tools to accelerate the adequate provision of appropriate tools and technologies, including rapid diagnostics and antibiotics.

Policy can also create an enabling environment for innovation. For example, the upcoming Start-up and Scale-up Strategy aims to better facilitate access to funding and streamline processes. Non-legislative vehicles, such as the Innovation and Emergency Task Forces at EMA and various push funding mechanisms, can also be supportive policy instruments.

European policy makers are also developing long-term policy solutions to create a viable, sustainable market to re-attract investors and innovators to antimicrobial R&D.

The transferable exclusivity extension voucher, proposed within the General Pharmaceutical Legislation, was described as a valid option to stimulate the discovery of game-changing antibacterials. Other complementary models, such as subscription models, as implemented in the UK, are being considered. The revenue guarantee model proposed by DG HERA was also discussed as a pan-EU option for access, taking into account the need for evaluation and pricing and reimbursement competencies to remain at national level. But whatever the mechanics, the size and predictability will be key features to drive the success of the chosen solution.

Finally, the role of international alliances and organisations was emphasised, with collaborative efforts necessary to drive innovation and ensure the availability of effective treatments.

Overall, the event highlighted: the need for a clear understanding of AMR and its interdependence with other crises; the policy solutions, and their factors of success, to fight AMR; the urgency to act with an innovative mindset and develop the right financing framework for antimicrobial tools; and the recognition of AMR as a whole-of-society problem requiring a whole-of-society response.