

EU-JAMRAI 2 – MS 1.1

EU-JAMRAI 2 - First Annual Meeting



**BUILDING A
ONEHEALTH
WORLD** 

to reduce Antimicrobial Resistance (AMR)

WPI | MS 1.1

Leader acronym | Inserm

Author(s) | Geoffrey COURAUD, Luis LUCENA, Richard VAUX, Uramaru TEINAURI, Yohann LACOTTE

Reviewer(s) | Christophe DAGOT, Elodie COUVE-DEACON, Marie-Cécile PLOY, Sandra DARE, Sylvain MEYER +

WP leaders

Dissemination level | Public

Delivery date | 14-04-2025

This document originates from the European Joint Action on Antimicrobial Resistance and Healthcare Associated Infections 2 project (EU-JAMRAI 2).

I MEETING REPORT



On 12th and 13th March 2025, the European Commission, policymakers and organizations from 30 countries convened in Bilbao for the first Annual Meeting of the Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections (EU-JAMRAI 2). This event gathered around 200 people physically (Bilbao, Basque Country, Spain) and around 200 people online.

Day I – 12th March 2025

Welcome address

Marie-Cécile Ploy (EU-JAMRAI 2 coordinator, Inserm – France) and Val Fraser (moderator) thanked partners for their contributions in the first year of EU-JAMRAI2 and underscored the collective mission to protect "every life, in every nation".



Keynote addresses



Iñaki Gutiérrez (Director of Health Research, Innovation, and Evaluation of the Basque Country_Spain) welcomed attendees to Bilbao and stressed the need to move beyond siloed approaches to tackle AMR.



Velina Pendolovska & Julia Langer (European Commission, DG Sante - Health Security Unit) reaffirmed AMR as a priority for the European Commission with substantial financial investment dedicated to the issue. They emphasized that, given this level of funding, the Commission has high expectations for the EU-JAMRAI 2 project. They highlighted EU initiatives, including recent Council recommendations on stepping up EU actions to tackle AMR in a One Health approach, as well as recent international developments such as the United Nations

General Assembly (UNGA) political declaration, setting clear targets for countries. They also addressed the rising challenge of carbapenem-resistant Enterobacterales, particularly *Klebsiella pneumoniae*.

Javier Yugueros-Marcos (World Organisation for Animal Health, WOAH) spoke on behalf of the Quadripartite, outlining AMR's global burden and the UNGA political declaration targets as well as recent changes worldwide, putting Global Health agendas at risk. He highlighted the importance of innovation, civil society as well as access to antimicrobials/vaccines but also to safe water sanitation and hygiene. He noted ongoing updates to the Quadripartite's Global Action Plan on AMR, emphasizing environmental priorities. He also mentioned upcoming key guidance documents from the AMR Multi-Stakeholder Platform and the Independent Panel on Evidence for Action. Finally, he acknowledged the already existing collaboration between EU-JAMRAI 2 and Quadripartite organisations and extended his best wishes for the project's success.



Session I – Toward a One Health surveillance of AMR in Europe.



Lucie Collineau (EU-JAMRAI 2 - ANSES, France) started presenting the main surveillance objectives of EU-JAMRAI 2. She then followed up presenting EU-JAMRAI efforts on animal health surveillance for the full-scale implementation of the European AMR Surveillance network in veterinary medicine (EARS-Vet). This includes on-going work to extend the scope of EARS-Vet to new species, to improve data collection (EARS-Vet database and WHONET module) and to improve harmonization (EARS-Vet manual and MIC plates). A first call for data was initiated in

February 2025. EARS-Vet is also exploring using Whole Genome Sequencing (WGS) on isolates of interest.

Heike Schmitt (EU-JAMRAI 2 - RIVM, Netherlands) continued by explaining the role of the environment in the One Health transmission of AMR and activities made so far towards establishing a harmonised environmental AMR integrated surveillance across countries, called EARS-Env. This notably includes the development of two extensive surveys on existing surveillance programmes in the environment and expectations for future surveillance programmes in the field. Heike also mentioned ongoing collaborations with other initiatives such as [EU-WISH](#) and [EIONET](#).



Lucie Collineau then introduced the speakers of the first panel discussion: **Ernesto Liebana** (European Food Safety Authority, EFSA), **Caroline Whalley** (European Environment Agency, EEA), and **Peter Hoejskov** (World Health Organisation Regional Office for Europe, WHO-Europe). The objectives of the panel discussion were to collect the panellists' expectations of EARS-Vet and EARS-Env networks.

In animal health, the discussions focused on

- the knowledge gap on AMR in veterinary pathogens apart from the currently existing zoonotic and indicator microorganisms
- the need for harmonised integrated surveillance across countries and sectors, with real-time reporting and easy dashboards to identify early emerging trends
- the added value of EARS-Vet to fill a surveillance data gap to support AMS and complement food safety data.

In the environment, panellists highlighted the knowledge gap on AMR. However, existing water surveillance structures (for other pollutants) enable collaboration with environmental colleagues,



especially between chemists and microbiologists. The pilot study within the European network [EIONet pilot](#) could serve as a starting point for EARS-Env. Clearly identifying the purpose of surveillance is crucial to shaping its objectives. Environmental monitoring should use Whole Genome Sequencing (WGS) to detect resistant bacteria and genes, identify hotspots, transmission pathways and assess AMR in relation to antimicrobial use.

Sofia Ny (EU-JAMRAI 2 - FoHM, Sweden) presented actions initiated on human surveillance. This includes a survey distributed in 30 countries to gather information on national AMR surveillance systems in human health whose data will be used to create a comprehensive dashboard for surveillance experts, EU agencies and institutions as well as policy officers.

Moirra Kelly (EU-JAMRAI 2 - Sciensano, Belgium) continued presenting efforts to support countries in producing national One Health surveillance reports. She presented the mapping exercise and the SWOT analysis and outlined future steps. Countries are now working on the One Health EpiCap evaluation; an evaluation allowing the identification of strengths and weaknesses in terms of One Health coordination and cooperation.



Sofia Ny then introduced the speakers of the second panel session: **Ariane Vander Stappen** (European Commission, DG Santé - AMR/Human nutrition Unit), **Velina Pendolovska** (European Commission, DG Sante - Health Security Unit), **Dominique Monnet** (European Centre for Disease Prevention and Control, ECDC), **Ernesto Liebana** (EFSA), **Caroline Whalley** (EEA) and **Peter Hoejskov** (WHO-Europe).

Discussions focused on

- expanding human surveillance to additional types of clinical samples and pathogens
- developing electronic surveillance
- expanding genomic surveillance
- reviewing the different terminology of resistant bacteria (MDRO, CPE, CRE etc), which brings confusion to decision makers.

Discussions also highlighted the role of the new EU reference laboratory in enhancing rapid threat detection. **Ariane Vander Stappen** finally mentioned that a study launched by the Commission currently explores the feasibility of a One Health integrated surveillance across Europe. The Commission is aware that resource limitations may hinder implementation in some countries.

Regarding One Health surveillance, the discussions highlighted *Escherichia coli* as a key surveillance indicator across sectors. Furthermore, successful One Health surveillance initiatives such as [JIACRA](#) and SARS-CoV-2 wastewater surveillance, have demonstrated public health benefits. In the food sector, risk assessments are made across EU agencies and sectors, which, although expensive, is a cost-effective approach as it helps building multidisciplinary teams.

The Q&A session highlighted the importance of data sharing and protection for One Health surveillance and the need to support countries at the EU level. The World Health Organisation (WHO) stated that it helped Ukraine implement the [WHO tricycle protocol](#) for One-Health surveillance.

Session 2 – Improving implementation in antimicrobial stewardship (AMS) and infection prevention and control (IPC) in a One health perspective



Asja Kunøe (EU-JAMRAI 2 - SSI, Denmark) set the scene with an introductory video showing the importance of AMS and IPC and their connection.

She then introduced a first panel discussion on the importance of AMS & IPC strategies: **Iwona Decewicz** (European Commission, DG Santé - Health Promotion Unit), **Diamantis Plachouras** (ECDC), **Gabriel Birgand** (European Committee on Infection Control EUCIC), **Jeroen Schouten** (Drive-AMS) and **Bruno González Zorn** (University of Madrid).



The discussions focused on AMS/IPC being two faces of the same coin (citing examples like surgical prophylaxis to avoid surgical site infections) with a need for professionals to collaborate (e.g., Swedish nurses visiting veterinarians for training on IPC). Panelists stressed the importance of surveillance, joint training, capacity building, integrated governance, and data-driven decision-making. They mentioned behavioural/implementation approaches used in EU-JAMRAI 2 as opportunities to develop tailored solutions fitting different

contexts and countries. Opportunities also lie with existing networks and initiatives (ESGAP, EUCIC, Drive-AMS...). Some challenges still remain including the fragmentation of care, with the potential for the microbiologists to be the linking pin. Efforts should also be made in the community and long-term care facilities settings, where most antibiotics are used.



Michael Borg (Mater Dei Hospital, Malta) and **José Ramón Paño** (Hospital Clínico Universitario. Zaragoza, Spain) then presented how EU-JAMRAI 2 intends to support the implementation of IPC and AMS with behavioural frameworks based on the COM-B model, assessment tools and artificial intelligence.

The Q&A session focused on training, data-driven science and EU guidelines. It was suggested that behavioural science training be included in the curriculum of doctors, nurses, and veterinarians. Epidemiology is crucial for helping people understand why they need to change and is an excellent support for behavioural science. Regarding potential EU guidelines, Michael and Jose recognized their importance, mentioning the need to be flexible. Indeed, adaptable guidelines are essential for effective implementation across different contexts.



Session 2 resumed after lunch with presentations from EU-JAMRAI work on AMS and IPC in different sectors:



José Luis Trillo Contreras (EU-JAMRAI 2 - SAS, Spain) and **Fortunato "Paolo" D'Ancona** (EU-JAMRAI 2 - ISS, Italy) presented the works in human health. Efforts on human AMS have focused on different surveys (2/3 completed) and workshops (1/3 completed) to gather information in different settings. On the IPC side, several surveys were also launched to collect information and inform future steps. A workshop was also organised in Barcelona in December 2024. New developments include ongoing work on a self-assessment tool and a literature review for optimal blood culture practices. EU-JAMRAI 2 also actively discussed with stakeholders from the field (ESCMID, DRIVE_AMS, WHO, ECDC...) to avoid overlaps and bring added value. The Q&A session focused on leveraging existing literature on AMS/IPC core competencies while expanding frameworks to other prescribers.



Anne Becker (EU-JAMRAI 2 - DGZ, Belgium) and **Isaura Wayop** (EU-JAMRAI 2 - UU, Netherlands) presented AMS & IPC efforts in animal health.

This includes:

- a joint survey on AMS & IPC programmes, guidelines and tools to support efforts in building a repository of guidelines, tools and implementation methods for AMS & IPC
- a literature review to define core elements at EU level for AMS and IPC
- a workshop to identify essential barriers and enablers for a successful and sustainable implementation of AMS & IPC programmes.

They concluded their presentation by asking the audience for priorities for implementing AMS and IPC practices sustainably in animal health.



Ane Laburu (EU-JAMRAI 2 - AEMPS, Spain) and **Roosmarijn Luiken** (EU-JAMRAI 2 - RIVM, Netherlands) presented the efforts on the environmental dimension of AMR. They started by defining what is AMS & IPC in the environment before developing their activities. On AMS, efforts have focused on reviewing existing training materials for professionals to identify gaps and opportunities. This work will serve as evidence to develop innovative learning methodologies. On IPC, a survey is under development to map best practices to prevent environmental contamination. In the Q&A session, the carbon footprint of antibiotic production and IPC

practices, the biodegradability of antimicrobials in stewardship practices, and the role of the environment in the transmission of AMR were mentioned.

The second panel discussion on the interlinked impact of AMS and IPC One Health activities involved **Ana Paula Coutinho** (WHO-Europe), **Ana Mateus** (WOAH), **Francesca Latronico** (Food and Agriculture Organization of the United Nations, FAO) and **Caroline Whalley** (EEA).

Discussion focused on the link between IPC and AMS (i.e. vaccination), the need for different professionals and organisation to work together (quadripartite agencies meeting every week, AMR working group mixing different expertise...). Training (i.e. [farmer field school platform](#)), behavioural science, research, inclusion and collaboration were also mentioned as important facilitators for implementing good AMS/IPC practices. Challenges remain, including an often anthropocentric One Health approach and the lack of sustainable financing, especially in the environment. Research gaps also remain, especially on the contribution of the environment to AMR emergence and spread. The European One Health AMR partnership will contribute to addressing these gaps.



Brian Kristensen (EU-JAMRAI 2 - SSI, Denmark) concluded by emphasizing EU-JAMRAI 2 commitment to strengthening AMS/IPC implementation, with a focus on capacity building and training.

Session 3 – Improving access to ensure optimal treatment options for humans and animals in Europe



A short introductive video explained how EU-JAMRAI 2 contributes to enhancing access to optimal treatments. Then **Sofia Linnros** (EU-JAMRAI 2 – FOHM, Sweden) introduced the session by detailing how EU-JAMRAI-2 is working on concretely strengthened access and what has been done so far. A map highlighting focus products chosen by countries is already available on the EU-JAMRAI website. Countries are now focusing on their barrier analysis.

Cristina Muñoz Madero (EU-JAMRAI 2 – AEMPS, Spain) presented why sustainable access to Benzylpenicillin for veterinary use is a critical challenge.

Christine Årdal (EU-JAMRAI 2 – NIPH, Norway) then moderated a first panel discussion on the case of access to benzylpenicillin for veterinary use with contributions from **Tita-Maria Muhonen** (Finnish Medicines Agency), **Cristina Muñoz Madero** (Spanish Medicines and Medical Devices Agency), **Ana Azaceta** (European Medicines Agency) and **Pascal Beyens** (Access VetMet)



The discussion focused on the effects of the recent Veterinary Medicinal Products Regulation (VMPR) revision and the subsequent EMA (European Medicines Agency) referral on benzylpenicillin. Among VMPR benefits, permitting to limit the use of broader spectrum antibiotics when targeting specific pathogens. Harmonisation provides clarity for farmers and veterinarians and consistency for the market in accompanying these users from mass

consumption to focus on individual treatment. However, the strict interpretation of the article 106.I forces medical products to be used in accordance with their market authorization (including dosage). This is an issue for old molecules (including benzylpenicillin) for which resistance has increased and dosages are outdated. Requirements to update the dossier (i.e new residue depletion studies) could risk products withdrawing. Having in mind that all penicillin ingredients are bought in Asia, shortages of this product force the use of broader spectrum antibiotics. Some panellists called for flexibility and a pragmatic approach in the application of article 106.I to avoid extra studies and help maintain the products in the market, offering choices to the end-users. Instead of requesting pharmaceutical companies to provide new studies, a non-experimental approach through modelling is followed.



Sofia Linnros introduced the 2nd part of the session on WHO “access” antibiotics. EU-JAMRAI-2 is focusing on human health with respect to the 2023 EU Council recommendations.

Christine Årdal then moderated a second panel discussion on pediatric penicillins as a case for improving the availability of “access” antibiotics with contributions from **Emma Keuleyan** (Bulgaria), **Michael Borg** (Malta), **Alban Dhanani** (France), **Emilija Matelytė** (EMA) and **Soufi Boumediene** (Medicines for Europe).

The discussions focused on the benefit of using pediatric penicillins given the general sensitivity of primary pathogens and because other alternatives drive resistance. Shortages often occur when the seasonal rise of prescriptions is above the producing companies’ capacities. Supply security is key,

but antibiotics have low fixed prices while manufacturing costs increase because of different factors leading to fewer suppliers. Interventions are needed, including economic incentives for access/innovation or mechanisms to reduce the dependency on non-European suppliers for active pharmaceutical ingredients. Europe needs to be better prepared and proactive and must anticipate market disruption. The European pilot shortage prevention and mitigation plans are to help the companies identifying the supply chain risks and the risk management measures. On the demand side, stewardship and behaviour science are key to ensuring the usage of narrow spectrum “access” molecules.

Christine Årdal concluded by emphasizing EU-JAMRAI 2’s commitment to identify access barriers to human and veterinary valuable products and to implement and test interventions in an European, national and regional way.



Day I Conclusion



Benjamin Davido (French Ministry of Health) concluded the first day of the event by thanking participants for their commitment to tackling AMR. He highlighted that today’s event testified to Europe’s efforts to address AMR in a One Health approach. He reminded that EU-JAMRAI 2 is a unique opportunity to transform ambitions into impactful policies and to foster collaboration and mutual sharing across countries.

Day 2 – 13th March 2025

Keynote addresses



Michele Cecchini (Organisation for Economic Co-operation and Development, OECD) opened the second day with a lecture on the importance of investing in a One Health approach to combat AMR. He emphasized that even modest investments in a comprehensive intervention package can yield significant long-term savings.

Elena Moya (European Patient Forum, EPF) followed with a presentation on the crucial role of patient advocacy in raising awareness and driving action against AMR. She also highlighted the European Patient Forum's efforts in this field.



Session 4 – Raising global awareness on AMR in Europe



Laura Alonso Irujo (EU-JAMRAI 2 - AEMPS, Spain) and **Richard Vaux** (EU-JAMRAI 2 - Inserm, France) introduced the session with a short video and presentation showing the work carried out to promote and give visibility to EU-JAMRAI 2 work and results.

Ana María Navarro Tamayo (EU-JAMRAI 2 - AEMPS, Spain) presented the challenges of communicating about AMR with a video/presentation highlighting the importance of clear messaging tailored to each audience. She also highlighted the growing global recognition of the [AMR symbol](#).



Laura Alonso Irujo then introduced a first panel discussion on the renewal of AMR communication with contributions from **Javier Yugueros-Marcos** (WOAH), **Pablo Sagredo** (United Nations Environment Programme - UNEP), **Vanessa Carter** (The AMR Narrative) and **Sarah Earnshaw Blomquist** (ECDC).



The discussion focused on the importance of developing communication strategies in each sector. **Javier Yugueros-Marcos** shared his experience from the animal and veterinary perspectives, presented the challenge of finding a unifying message for all sectors and highlighted the importance of moving from awareness to engagement. **Pablo Sagredo** talked about the crucial role of communication in the environmental sector, mentioning the recent UNEP report on the subject. **Vanessa Carter** shared her personal experiences and stressed the importance of including patient associations in decision-making and advocacy. **Sarah Earnshaw Blomquist** added that it is essential to have a dialogue with the medical profession, between patients and clinicians. Targeted messages for the general public has a great impact in everyday life. Social sciences' input into communication and behaviour is also needed. Understanding the individual context, communities and societies operating is the key.

The Q&A session focused on the similarities communicating about climate change crisis and AMR: need to make people understand the subject, with a unified message that responds to all perspectives. Communication strategies must bring communities together, help governments prioritize actions relating to AMR and drive innovation.

Víctor Aníbal López Fernández (EU-JAMRAI 2 - AEMPS, Spain) continued presenting the GLOCAL (think GLOBal, act loCAL) approach used in EU-JAMRAI 2 and several action implemented including the creation of an EU-JAMRAI AMR Communicators network and the 2024 [#AMRArt&Memes digital campaign](#).



The second panel discussion involved **Rebekka Aldís Kristinsdóttir Valberg** (EU-JAMRAI 2 COM Network Members - Iceland), **Giovanni Mancarella** (European Food Safety Authority - EFSA), **Selma Bošnjak** (EU-JAMRAI 2 COM Network Members - Croatia) and **Edward Demicoli** (European Commission, DG Santé - Communication Unit).

The discussions focused on the importance of building and maintaining a network. **Rebekka Aldís Kristinsdóttir Valberg** talked about the success of the #AMRArt&Memes campaign in Iceland, made possible by the humorous tone and viral nature of the messages. **Giovanni Mancarella** shared EFSA's experience in network building, emphasizing the importance of collaboration and adaptation to local needs. He also shared the creation of a network of Member States communication coordinators (MSCCs) that now operates under a grant scheme, moving from a voluntary to a more transactional way of managing networks to ensure sustainability. **Selma Bošnjak** advocated the need for interactive activities, sharing information simply with

communities, as experienced in the [activities deployed in Croatia](#). **Edward Demicoli** mentioned the need to integrate a glocal philosophy into the campaigns: adapting to the countries, the audiences (teenagers, local players, influencers, doctors, pharmacists, patients), combating misinformation, talking about science using understandable language. The [Beat the Bug](#) campaign is a good example to raise awareness of AMR.

Laura Alonso Irujo (EU-JAMRAI 2 - AEMPS, Spain) concluded the session by highlighting the next expected results: the “Sketching AMR” campaign, the distribution of the AMR Symbol in hospitals and healthcare facilities, the studies to identify barriers and facilitators to raise awareness on AMR in schools and the review of AMR key messages and campaigns in Europe.

Session 5 – Building a bridge from actions to One Health policies with a sustainable impact



Corine Van Lingen (EU-JAMRAI 2 - VWS, Netherlands) introduced the session using the bridge as the image for connecting two shores. The goal is to create a lasting link between the concrete actions taken and their integration into One Health policies. She emphasized the importance of integrating EU-JAMRAI's progress into national action plans (NAPs) to ensure their sustainability.

Benjamin Davido and **Masha Kharkhordine** (EU-JAMRAI 2, French Ministry of Health) outlined the urgent need for strong countries' engagement to mitigate the AMR burden and stressed the importance of NAPs, despite the challenges of their implementation and funding. EU-JAMRAI 2 plays a key role in bridging existing gaps and ensuring sustained and coordinated action after 2027.



Giel van de Laar (EU-JAMRAI 2- VWS, Netherlands) presented the essential steps for integrating technical actions into One Health NAPs. One crucial need is to strengthen national/international collaborations and sharing of best practices.



Corinne Van Lingen introduced the first panel discussion on the experiences of NAPs implementation approaches and challenges, with participation of Liaison officers **Thomas Janssen** (Belgium), **Anna Margret Halldorsdottir** (Iceland), **Marta Gutiérrez** (Spain) and **Maja Subelj** (Slovenia). Assessments and revision of the NAP governance in Belgium permitted to improve coordination and involve more stakeholders. Iceland's first NAP includes 6 main

actions, 24 objectives and 75 activities, with annual monitoring to evaluate progress. Project prioritization depends on local constraints, feasibility and available resources. Complexity of the Spanish NAP context (with 10 ministries involved and several autonomous regions involved) underlined the essential coordination role in ensuring coherence between different stakeholders. Slovenia emphasized the importance of networking and action prioritization, and the adaptation of international recommendations.

Common challenges identified include managing human and financial resources, maintaining a One Health approach in sectoral systems, and coordinating across sectors in decentralized contexts. Proposed solutions focus on enhancing dialogue among stakeholders, more structured governance, and rigorous progress monitoring. The Liaison Officers' network serves as a platform for resource sharing and best practice exchange.

Corinne Van Lingen and **Nerea González Hernández** (EU-JAMRAI 2 - BS, Spain) then presented the tools developed within EU-JAMRAI 2 to ensure lasting impact. The tailored support programme currently under development includes a mentoring system between countries, tailored training, and assistance with writing policy briefs. National priorities have to be translated into concrete actions through specific roadmaps. An evaluation framework is also available to measure the impact of the actions and ensure their sustainability after the project ends.



Ariane Vander Stappen (European Commission, DG Santé – AMR/Human nutrition Unit) then presented the initiatives implemented at the European level, notably through the One Health AMR network. She stressed the importance of enhanced governance and effective member-state coordination to ensure sustainable progress.

Nerea González Hernández then introduced the second panel discussion on exploring possible synergies between EU-JAMRAI 2 and major European and international organizations, with participation of **Dominique Monnet** (ECDC), **Ernesto Liebana** (EFSA), **Danilo Lo Fo Wong** (WHO-Europe) and **Ariane Vander Stappen**.

It is crucial to promote a coordinated approach between EU and international institutions to maximize the impact of actions taken within the framework of EU-JAMRAI 2. Efforts are ongoing to improve surveillance and data sharing between member states. Structuring and centralizing data to facilitate analysis and guide political decisions is crucial. Further efforts are needed to coordinate various initiatives, such as the WHO AMR roadmap and actions to support countries in developing and monitoring their NAPs. Evaluation should be conducted to avoid duplication and ensure complementarity of initiatives, with a centralized tool, listing available resources for each action, and the establishment of a platform for exchange to structure and harmonize efforts.



Nerea González Hernández and **Masha Kharkhordine** concluded by emphasizing the importance of maintaining countries' commitment to translating actions into sustainable national policies. They stressed the need for an integrated One Health approach, ensuring stewardship, prevention, surveillance, access and awareness on AMR beyond 2027.

Annual meeting conclusion

Didier Samuel (CEO of Inserm – France) concluded the event by reaffirming the urgency of tackling antimicrobial resistance (AMR) through a united One Health approach, recognizing the interconnectedness of human, animal, and environmental health. As the conference concludes, participants are urged to continue their collective efforts, driven by determination and collaboration, to safeguard antimicrobial efficacy for future generations.



2 MEETING AGENDA

| Day I – 12 th March 2025 | |
|-------------------------------------|---|
| 08:30 - 09:00 | Welcoming participants |
| 09:00 - 09:10 | Introduction Day I – Marie-Cécile Ploy, EU-JAMRAI 2 coordinator |
| 09:10 - 09:40 | Keynotes Day I <ul style="list-style-type: none"> • Iñaki Gutiérrez, Director of Health Research, Innovation and Evaluation of the Basque Country. • Velina Pendolovska & Julia Langer, European Commission, DG Sante, Health Security Unit • Javier Yugueros-Marcos, WOA, on behalf of the Quadripartite, |
| 09:40 - 11:15 | <u>Session I: Toward a One Health surveillance of AMR in Europe</u> <p><u>1- Introduction</u></p> <p><u>2- Animal & environmental surveillance</u></p> <ul style="list-style-type: none"> - Progress update from EU-JAMRAI 2 <ul style="list-style-type: none"> o Animal surveillance (EARS-Vet) – Lucie Collineau, EU-JAMRAI 2 (ANSES, France) o Environmental surveillance (EARS-Env) – Heike Schmitt, EU-JAMRAI 2 (RIVM, Netherlands) - Panel discussion: Expectations and added value of EARS-Vet and EARS-Env networks? Moderators: Lucie Collineau, EU-JAMRAI 2 (ANSES, France) & Heike Schmitt, EU-JAMRAI 2 (RIVM, Netherlands) Panellists: <ul style="list-style-type: none"> • Ernesto Liebana, EFSA • Caroline Whalley, EEA • Peter Hoejskov, WHO-Europe <p><u>3- Human surveillance & efforts to move forward a One Health surveillance</u></p> <ul style="list-style-type: none"> - Progress update from EU-JAMRAI 2 <ul style="list-style-type: none"> o Human surveillance – Sofia Ny, EU-JAMRAI 2 (FoHM, Sweden) o Moving forward a One Health surveillance – Moira Kelly, EU-JAMRAI 2 (Sciensano, Belgium) - Panel discussion: How do we direct the JAMRAI 2 surveillance work to have added value to the current surveillance landscape in Europe? |

| | |
|---------------|--|
| | <p>Moderators: Sofia Ny, EU-JAMRAI 2 (FoHM, Sweden) & Moira Kelly, EU-JAMRAI 2 (Sciensano, Belgium)</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Ariane Vander Stappen, European Commission, Unit A1 • Velina Pendolovska, European Commission, Unit B2 • Dominique Monnet, ECDC • Ernesto Liebana, EFSA • Caroline Whalley, EEA • Peter Hoejskov, WHO-Europe <p>4- <u>Mentimeter - Q&A</u></p> <p>5- <u>Wrap up</u></p> |
| 11:15 - 11:45 | Coffee break |
| 11:45 - 12:40 | <p><u>Session 2 (Part 1): Improving implementation in AMS and IPC in a One health perspective</u></p> <p>1- <u>Why linking AMS and IPC – EU-JAMRAI 2 common goals, shared objectives and targets</u> – Asja Kunøe, EU-JAMRAI 2 (SSI, Denmark)</p> <p>2- <u>Panel discussion: The importance of AMS & IPC strategies</u></p> <p>Moderator: Val Fraser</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Iwona Decewicz, European Commission Unit F5 • Diamantis Plachouras, ECDC • Gabriel Birgand, EUCIC • Jeroen Schouten, Drive-AMS • Bruno Gonzales Zorn, Complutense University of Madrid <p>3- <u>Behaviour changes as a transversal approach to address IPC and AMS in EU-JAMRAI 2</u> – Michael Borg, EU-JAMRAI 2 (Mater Dei Hospital, Malta) & José Ramón Paño, EU-JAMRAI 2 (Hospital Clínico Universitario, Zaragoza, Spain)</p> |
| 12:40 - 12:50 | Photoshoot |
| 12:50 - 14:00 | Lunch Break |
| 14:00 - 15:40 | <u>Session 2 (Part 2): Improving implementation in AMS and IPC in a One health perspective</u> |

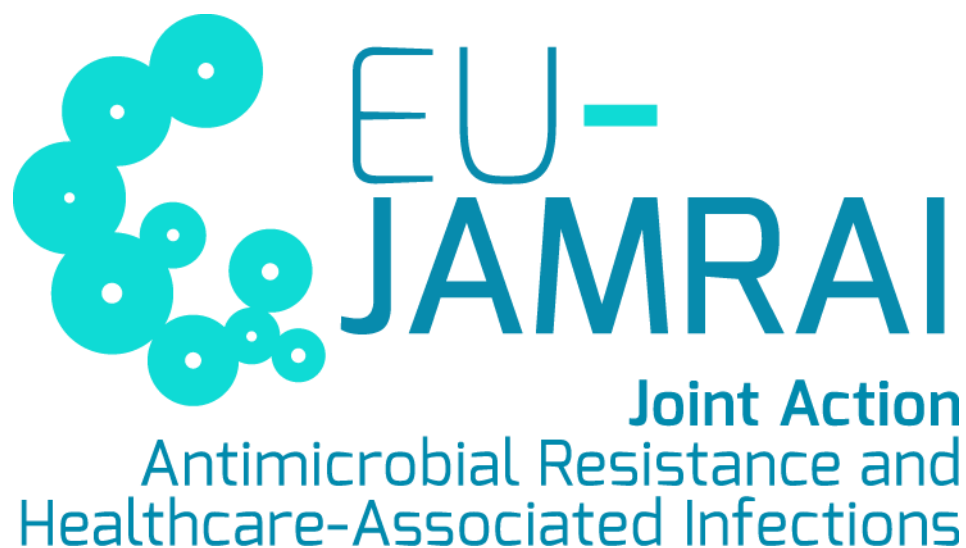
| | |
|---------------|--|
| | <p>4- <u>Work from EU-JAMRAI 2 on AMS & IPC</u> (presentations + Q&A)</p> <ul style="list-style-type: none"> - Efforts in human Health – José Luis Trillo Contreras, EU-JAMRAI 2 (SAS, Spain) & Fortunato "Paolo" D'Ancona, EU-JAMRAI 2 (ISS, Italy) - Efforts in animal health – Anne A.M.J. Becker, EU-JAMRAI 2 (DGZ, Belgium) & Isaura Wayop, EU-JAMRAI 2 (UU, Netherlands) - Efforts in environmental health – Ane Laburu, EU-JAMRAI 2 (AEMPS, Spain) & Roosmarijn Luiken, EU-JAMRAI 2 (RIVM, Netherlands) <p>5- <u>Panel discussion: The interlinked impact of our One Health activities (AMS and IPC) – a joint perspective</u></p> <p>Moderator: Val Fraser</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Ana Paula Coutinho, WHO • Ana Mateus, WOAHA • Francesca Latronico, FAO • Caroline Whalley, EEA <p>6- <u>Wrap-up & meeting the targets</u> – Brian Kristensen, EU-JAMRAI 2 (SSI, Denmark)</p> |
| 15:40 – 16:00 | Coffee break |
| 16:00 – 17:20 | <p><u>Session 3: Improving access to ensure optimal treatment options for humans and animals in Europe</u></p> <p>1- <u>Introduction – Why is EU-JAMRAI-2 focusing on access and what have been done?</u> – Sofia Linnros, EU-JAMRAI 2 (FoHM, Sweden)</p> <p>2- <u>Focus on veterinary products: the case of access to benzylpenicillin for veterinary use</u></p> <ul style="list-style-type: none"> - Why is sustainable access to benzylpenicillin for veterinary use an issue? – Cristina Muñoz Madero, EU-JAMRAI 2 (AEMPS, Spain) - Panel discussion: <p>Moderator: Christine Ardal, EU-JAMRAI 2 (FHI, Norway)</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Tita-Maria Muhonen, Finland • Cristina Muñoz Madero, Spain • Pascal Beyens, Access Vet Med • Ana Maria Azaceta Avila, EMA <p>3- <u>Focus on human products: Improving the availability of “access” antibiotics for human use</u></p> <ul style="list-style-type: none"> - Which WHO “access” antibiotics for human use are EU-JAMRAI-2 focusing on? – Sofia Linnros, EU-JAMRAI 2 (FoHM, Sweden) |

| | |
|---------------|--|
| | <p>- Panel discussion: Improving the availability of “access” antibiotics – the case of pediatric penicillins</p> <p>Moderator: Christine Ardal, EU-JAMRAI 2 (FHI, Norway)</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Emma Keuleyan, Bulgaria • Michael Borg, Malta • Alban Dhanani, France • Emilija Matelytė, EMA • Boumediene Soufi, Medicines for Europe <p>4- <u>Wrap up: Looking ahead to next year and general questions</u></p> |
| 17:20 - 17:30 | Conclusion Day I – Benjamin Davido, French Ministry of Health |
| 17:45 - 19:00 | Visit of the Guggenheim Museum |
| 19:00 - 20:30 | Free time |
| 20:30 - 22:00 | Social event – Cocktail at Guggenheim Museum |

| Day 2 – 13 st March 2025 | |
|-------------------------------------|---|
| 8:30 - 09:00 | Welcoming participants |
| 09:00 - 09:10 | Introduction Day 2 – Marie-Cécile Ploy, EU-JAMRAI 2 coordinator |
| 09:10 - 09:30 | <p>Keynotes Day 2</p> <ul style="list-style-type: none"> • Michele Cecchini, OECD • Elena Moya, European Patients’ Forum |
| 09:30 - 10:50 | <p><u>Session 4: Raising global awareness on AMR in Europe</u></p> <p>1- <u>Ice breaker</u> – Val Fraser</p> <p>2- <u>Efforts to make EU-JAMRAI 2 visible</u> – Laura Alonso Irujo, EU-JAMRAI 2 (AEMPS, Spain) & Richard Vaux EU-JAMRAI 2 (Inserm, France)</p> |

| | |
|---------------|---|
| | <p>3- <u>Renewing AMR Communication</u></p> <ul style="list-style-type: none"> - Video + presentation – Ana Tamayo, EU-JAMRAI 2 (AEMPS, Spain) - Panel discussion: Renewing AMR Communication Moderator: Laura Alonso Irujo, EU-JAMRAI 2 (AEMPS, Spain) <p>Panellists:</p> <ul style="list-style-type: none"> • Javier Yugueros-Marcos, WOAHA • Pablo Sagredo, UNEP • Sarah Earnshaw Blomquist, ECDC • Vanessa Carter, The AMR Narrative <p>4- <u>Raising awareness on AMR with a GLOCAL approach</u></p> <ul style="list-style-type: none"> - Video + presentation – Víctor Aníbal López, EU-JAMRAI 2 (AEMPS, Spain) - Panel discussion: Raising awareness on AMR with a GLOCAL approach Moderator: Laura Alonso Irujo, EU-JAMRAI 2 (AEMPS, Spain) <p>Panellists:</p> <ul style="list-style-type: none"> • Edward Demicoli, European Commission, Unit A3 • Giovanni Mancarella, EFSA • Selma Bošnjak, EU-JAMRAI 2 COM Network Members - Croatia • Rebekka Aldís Kristinsdóttir Valberg, EU-JAMRAI 2 COM Network Members - Iceland <p>5- <u>Wrap up – Goals for next year</u> – Laura Alonso Irujo, EU-JAMRAI 2 (AEMPS, Spain)</p> |
| 10:50 - 11:20 | Coffee Break |
| 11:20 - 12:40 | <p><u>Session 5: Building a bridge from actions to One Health policies with a sustainable impact</u></p> <ol style="list-style-type: none"> <u>1. Introduction</u> – Corine Van Lingen, EU-JAMRAI 2 (VWS, Netherlands) <u>2. Why are we building this bridge?</u> – Benjamin Davido & Masha Kharkhordine, EU-JAMRAI 2 (MoH-Fr, France) <u>3. How can we build this bridge... from actions to one health policies?</u> <ul style="list-style-type: none"> - Presentation – Giel van de Laar, EU-JAMRAI 2 (VWS, Netherlands) - Panel discussion with Liaison Officers: <p>Moderator: Corine Van Lingen, EU-JAMRAI 2 (VWS, Netherlands)</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Thomas Janssen (Belgium) • Anna Margret Halldorsdottir (Iceland) • Maja Subelj (Slovenia) • Marta Gutiérrez (Spain) |

| | |
|---------------|---|
| | <p>4. <u>What do we do and offer to build this bridge?</u></p> <ul style="list-style-type: none"> - EU-JAMRAI 2 presentation – Corine Van Lingen, EU-JAMRAI 2 (VWS, Netherlands) & Nerea González Hernández, EU-JAMRAI 2 (BS, Spain) - Keynote from European Commission, Unit AI, Ariane Vander Stappen - Panel discussion: <ul style="list-style-type: none"> Moderator: Corine Van Lingen, EU-JAMRAI 2 (VWS, Netherlands) & Nerea González Hernández, EU-JAMRAI 2 (BS, Spain) Panellists: <ul style="list-style-type: none"> • Dominique Monnet, ECDC • Ernesto Liebana, EFSA • Danilo Lo Fo Wong, WHO-Europe <p>5. <u>Q&A +Wrap up</u></p> |
| 12:40 - 12:50 | Conclusion Day 2 – Didier Samuel, Chairman and Chief Executive Officer of Inserm |
| 12:50 - 12:55 | Mentimeter – Evaluating the EU-JAMRAI 2 annual meeting |
| 12:55 - 14:00 | Cocktail for participants |



EU-JAMRAI Partners involved in the elaboration of this document:



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.