



**U.S. Delegate's Report, 7th Session of the Codex Alimentarius
Ad Hoc Intergovernmental Task Force on Antimicrobial Resistance (TFAMR)
December 9-13, 2019
Pyeongchang, Republic of Korea**

Introduction

The 7th Session of the Codex *ad hoc* Intergovernmental Task Force on Antimicrobial Resistance (TFAMR7), chaired by the Republic of Korea, was held in Pyeongchang, Republic of Korea, December 9-13, 2019. The session was attended by 49 member countries, one member organization (the European Union), and observers from 16 international organizations, including the Food and Agriculture Organization (FAO), the World Health Organization (WHO), and the World Organisation for Animal Health (OIE).

The United States was represented by Delegate Dr. Donald Prater, Office of Food Policy and Response, U.S. Food and Drug Administration, U.S. Department of Health and Human Services; Alternate Delegate Dr. Neena Anandaraman, Office of the Chief Scientist, U.S. Department of Agriculture; six governmental advisors; and eight non-governmental advisors. In preparation for the session, the United States continued in its leadership role as Chair of the electronic working group (EWG) and led a physical working group (PWG) responsible for drafting revisions to *the Code of Practice to Minimize and Contain Antimicrobial Resistance* (CAC/RCP 61-2005).

Highlights

The Task Force completed a productive session, advancing the Proposed Draft Revision of *the Code of Practice to Minimize and Contain Antimicrobial Resistance* (CAC/RCP 61-2005) to Step 5 (to be circulated for further comment). A lack of time prevented advancement of the Proposed Draft Guidelines on Integrated Monitoring and Surveillance of Foodborne Antimicrobial Resistance (GLIS), though progress on some overarching issues was made during a PWG directly preceding the TFAMR7 plenary.

The TFAMR also agreed to establish EWGs to continue work on both documents, noting that reports from two EWGs should be provided to the Codex Secretariat at least three months prior to the next session for circulation and comment.

Regarding the revised CAC/RCP 61-2005, TFAMR7 agreed on specific text throughout the document, including in the introduction, scope, definitions, general principles, and the roles and responsibilities of various actors across the food chain in minimizing foodborne AMR risk. In particular, TFAMR7 had extensive discussion on the following:

1. Including and defining the term, “medically important antimicrobials,” and whether the revised CAC/RCP 61-2005 should apply to all antimicrobials, or only those that are medically important and of public health significance;
2. Reference to the use of antimicrobial agents for growth promotion, and whether all antimicrobial agent use for growth promotion should be phased out or only those uses involving antimicrobial agents of public health significance;
3. Reference to the use of “medically important” and “critically important” antimicrobial agents for preventive uses; and
4. Inclusion of a definition for the term “therapeutic,” and an accompanying principle specifying that such uses include disease prevention.

While TFAMR7 came to consensus on the first three points, the fourth point was not resolved. The text remains bracketed. It will be addressed through an EWG and finalized during TFAMR8 (2020).

Though there was very little time left for discussion of the GLIS during plenary, the GLIS PWG immediately preceding TFAMR7 achieved consensus on several overarching proposals for further consideration by the TFAMR: replace “monitoring and surveillance system” with “monitoring and surveillance programme;” replace “throughout the food chain” with “along the food chain;” and replace “progressive approach” with the concept of “continuous improvement.”

Following is a summary of major issues discussed at the session. The full report of TFAMR7 along with associated working and conference room documents (CRD) can be found at:

<http://www.fao.org/fao-who-codexalimentarius/meetings/detail/en/?meeting=TFAMR&session=7> .

Meeting Summary

MATTERS REFERRED

Discussion Regarding Work of Other International Bodies

The FAO representative encouraged members, especially low- and middle-income countries, to submit data on the use of antimicrobial agents on crops to contribute to the follow-up of the FAO/WHO (in collaboration with OIE) Expert Meeting on Foodborne AMR: Role of Environment, Crops and Biocides (June 2018). The representative reminded the TFAMR that experts have done extensive work with international organizations over years to address monitoring and surveillance, and that the TFAMR should take care to not reinvent advice in deliberations occurring over a few days.

The WHO representative recalled that the World Health Assembly in May 2019 requested the Director-General to maintain and systematically update the WHO list of Critically Important Antimicrobials (CIA) for human medicine; indicated that WHO would continue updating the list regularly; and encouraged delegations to consider and enhance the utility of the WHO list of CIA for human medicine by referring to it in the *Code of Practice*. The representative also indicated that the WHO had proposed the inclusion of a new indicator on AMR—the proportion of bloodstream infection among patients due to methicillin-resistant *Staphylococcus aureus* (MRSA) and *Escherichia coli* resistant to third-generation cephalosporin (e.g., ESBL-*E. coli*)—in the Sustainable Development Goal (SDG) monitoring framework. The Inter-Agency Expert Group on SDG Indicators positively reviewed the proposal, now pending SDG commission final endorsement in March 2020. The representative encouraged delegations to consider this new development in the context of their discussions on the draft guidelines.

The OIE representative highlighted OIE’s increasing engagement in tripartite work on AMR and commitment to address it with a One Health Approach. The representative noted the importance of building strong tripartite leadership and support. The representative also referenced OIE AMR standards and the importance of developing coherent global standards to support country efforts to address AMR.

The Codex Secretariat drew TFAMR7 participants’ attention to relevant AMR information provided by the Organisation for Economic Cooperation and Development and the World Customs Organization.

PROPOSED DRAFT REVISION OF THE *CODE OF PRACTICE TO MINIMIZE AND CONTAIN ANTIMICROBIAL RESISTANCE (CAC/RCP 61-2005)*:

The United States, as Chair of the EWG and PWG on revising CAC/RCP 61-2005, explained the key elements, as well as conclusions and recommendations, that the EWG and PWG considered in each section. The EWG Chair outlined those areas where consensus could be more easily reached and those that would need further discussion.

Introduction. Chile introduced language regarding “levels of protection appropriate for circumstances” during discussion of the Introduction. The intervention was supported with slight modifications by Australia, Japan, the European Union (EU), United Kingdom, Canada, Kenya, and New Zealand. Norway asked to revisit text referencing the WHO list of critically important antimicrobials (CIA) for human medicine, but the TFAMR concluded that the text is appropriate. Chile asked for removal of reference to “regional” lists, which was agreed. In reference to the statement that progressive implementation should

not be used to create inappropriate trade barriers, the United States supported replacement of “inappropriate” with “unjustified.”

Scope. In this section, after an intervention by the International Feed Industry Federation, the TFAMR agreed to include reference to the “food chain” and delete reference to “food and feed,” as the accepted definition for “food chain” covers both. In addition, the United States reminded colleagues of the decision by TFAMR6 (2018) regarding biocides and suggested that biocides be excluded from the scope to harmonize with the GLIS, to which the TFAMR agreed. The TFAMR also agreed to include reference to all antimicrobials, as supported by scientific evidence, and not only antibacterials, in the scope of the document.

Definitions and related references. After the EWG/PWG Chair provided background on the Definitions section, the TFAMR agreed that only definitions relevant to the document needed to be included and that others could be found in references listed in the introductory paragraph.

- **Competent authority.** As “competent authority” has been defined by the Codex Committee on Food Hygiene (CCFH), it was deleted.
- **Control of disease** was modified to make it applicable to crops, as proposed by Japan with the support of the United States and Kenya. This is consistent with the change proposed by the PWG for “prevention of disease.”
- **Food chain.** Ghana requested that “feed” be deleted from the definition of “food chain.” Chile supported Ghana, as plants/crops include “feed.” The EU requested to retain feed as part of the definition, indicating that it is an important part of the food chain and includes elements other than crops. Norway, Switzerland, Canada, Australia, and Russia supported the EU. The TFAMR agreed to delete the reference to “feed” as it was implicit in the definition of “food chain.”
- **Food production environment.** The TFAMR deliberated extensively about the definition of “food production environment,” with Chile requesting reference to science and the EU requesting reference to “relevant information,” and delegations still undecided on whether reference should be made to “food” or the “food chain.” The United States stated that the “food production environment” is a location and that the qualifier, “immediate” vicinity, is useful to distinguish where risk management measures for responsible use of antimicrobials could be taken or where monitoring and surveillance activities could occur. The EU expressed concern that it would be difficult to have science prior to sampling, and that the definitions would need to match with the GLIS. Also discussed were qualifiers including “significant probability” and “reasonable probability” with respect to the potential to contribute to foodborne AMR. After further extensive discussion, the TFAMR agreed to keep the term “immediate” vicinity and refer to the terms “food chain” and “relevant evidence” in a consensus definition: “The immediate vicinity of the food chain where there is relevant evidence that it could contribute to foodborne AMR.” Chile, Nicaragua, Australia, Canada, Switzerland, Costa Rica, China, Brazil, Kenya, New Zealand, and Jamaica all voiced support.
- **Medically important antimicrobials.** Discussion of this phrase dominated much of the overall session’s time. The EU submitted a Conference Room Document (CRD) just prior to TFAMR7 (2019) that requested that the term “medically important antimicrobials” be removed throughout the document. During plenary, Norway made the initial intervention and requested that “medically important antimicrobials” be put in square brackets. The United States reminded the TFAMR that at TFAMR6, the definition was largely agreed to except for one delegation; that the EU had not disagreed with the definition through two rounds of comments in the EWG; and that it was important for the TFAMR to settle on a definition as it affects the rest of the document. Norway requested that the term be kept in square brackets, stating that the WHO already has a definition used when referring to human medicine, “important for human therapeutic use,” which is not reflected in the current draft document. Russia asked that “co- and cross-resistance” be added to the definition. The WHO described its own definition as consistent with the existing TFAMR text. The United States explained that co- and cross-resistance are considered in the *Guidelines for Risk Analysis of Foodborne Antimicrobial Resistance (CAC/GL 77-2011)*. Chile, Brazil, Uruguay, Ecuador, Australia, Costa Rica,

Nicaragua, Egypt, Australia, Kenya, Jamaica, Japan, Paraguay, New Zealand, Ecuador, China, Korea, Indonesia, Brazil, and Singapore all supported keeping the existing definition. The EU, Norway, and Kazakhstan again requested that the text be bracketed. With the majority of members from diverse regions in favor of keeping the text, the definition for “medically important antimicrobials” as agreed at TFAMR6 was retained.

- **One Health Approach.** After an intervention by Chile, TFAMR agreed that references to location were unnecessary for the definition of “One Health Approach” and removed “working at the local, regional, national and global level.” The Task Force agreed to the revised definition, along with definitions for “prevention of disease/prophylaxis” and “treatment of disease” after further modifying them for applicability to crops by adding “or application.”

General Principles. The TFAMR further refined the General Principles section of the document.

- **New Principle.** Japan asked for the addition of a new principle clarifying that while CAC/RCP 61-2005 focuses on foodborne AMR risks, reference should be made to OIE and the International Plant Protection Convention (IPPC) for animal and plant health, respectively. Brazil, Australia, Chile, the United States, and Norway supported the new principle, to which the TFAMR agreed.
- **Principle 12¹.** When discussion turned to Principle 12, the EU again proposed to delete the previously agreed to term “medically important antimicrobials.” The EU delegate expressed concern that the definition would not include antimicrobials used in veterinary medicine only, such as ceftiofur. Further, the delegate asked for “class” to be inserted to allay concerns that co- and cross-resistance were not covered. The EU was supported by Norway and Russia. Norway asked for clarification from the WHO representative, who affirmed that co- and cross-resistance are not specifically described in the WHO CIA guidelines. The United States pointed out that co- and cross-resistance are addressed through CAC/GL 77-2011, that one method of co-selection is more theoretical than the other, and that the issues are best addressed through the risk assessment process rather than being pulled into a risk management document. Further, the United States reminded the Task Force that it had already agreed to the definition of “medically important antimicrobials” the previous day.

Much debate centered around whether the principle should be inclusive of all antimicrobials or be focused only on “medically important antimicrobials.” Consumers International (CI) argued that referring only to “medically important antimicrobials” in Principle 12 in the revised *Code of Practice* would make it weaker than the 2005 *Code of Practice* and OIE language. Spain, the EU, Russia, Germany, Poland, and Norway supported the CI intervention and continued to argue that veterinary-only antimicrobials were not captured in the definition. Germany stated that the 28 Member States of the EU concurred; the United States reminded the TFAMR that the *Codex Procedural Manual* states that only the number of delegations present at the meeting from the EU are counted. (According to the division of competency filed for the TFAMR meeting, the EU had competency over the issue and the right to vote. The *Procedural Manual* states that while both members of the EU and the European Union representative have a right to speak, Codex procedures take only the intervention of the member with the right to vote into consideration when making decisions, which in this case was the EU representative.)

Chile, Japan, Australia, China, Nicaragua, Uruguay, and Costa Rica supported the U.S. intervention and opposed reopening the definition of medically important antimicrobials. Costa Rica expressed concern that as a resource-challenged, developing country, it recognized the importance of being able to prioritize risks for human health by focusing on medically important antimicrobials rather than having to address all antimicrobials. Brazil supported the definition, citing the need for clear priorities and asked for further clarification from the WHO representative, who explained that the list in the annex of the WHO CIA guidelines includes medically important antimicrobials used exclusively in veterinary medicine and that the phrase “are important for therapeutic use,” does not mean exclusively used in humans.

As this discussion had reopened the definition, the TFAMR again worked toward a compromise definition of “medically important antimicrobials,” and agreed to a new definition, which included

¹ Principle 12: Medically important antimicrobials should be prescribed, administered, or applied only by, or under the direction of, veterinarians, plant/crop health professionals, or other suitably trained persons authorized in accordance with national legislation.

reference to the WHO annex of critically important antimicrobials, without dissent. The United States, Australia, Chile, Nicaragua, Canada, EU, New Zealand, Egypt, Costa Rica, United Kingdom, Kenya, Switzerland, Nigeria, Jamaica, Brazil, Canada, Norway, and Japan vocally supported the new definition. However, once this consensus was achieved, the EU, Norway, and Russia proceeded to object to the term, “medically important” when delegations supported its inclusion throughout the text. The term was left bracketed as the TFAMR continued discussion of other parts of the document.

When the TFAMR reached Principle 5 regarding growth promotion, the EU asked for time to come back to the principle, to allow member countries to consult with their capitals, and also asked to delay discussion of Principle 6, regarding therapeutic use, proposing instead to address Principle 7, regarding use of medically important antimicrobials for prevention/prophylaxis of a specific disease risk.

- **Principle 7.** ²During discussion of Principle 7, CI again intervened, stating that the text was weaker than the existing CAC/RCP 61-2005. The United States explained that because the mandate to the TFAMR was to expand the guidance along the food chain, there are areas where text will not mirror previous versions of CAC/RCP 61-2005. Further, the United States considered the guidance in the draft revised *Code of Practice* to be stronger rather than weaker, since it addresses additional sectors and includes important concepts to minimize and contain AMR—such as lists of critically important antimicrobials, the One Health Approach, and guidelines for foodborne AMR risk analysis and other tools to assess and distinguish public health risk—that were not part of the original CAC/RCP 61-2005. In addition, the United States asked for removal of the term “exceptional,” and inclusion of the term “well-defined,” in reference to circumstances. Russia expressed concern about allowing antimicrobial use for prevention and asked for removal of the reference to medically important antimicrobials in Principle 7. Norway supported CI and Russia. Principle 7 was bracketed for further discussion.

On the final day of the TFAMR7 plenary session, Brazil made a strong intervention in reminding all members of the expectation of progress at this session, and that there is no time to waste in providing global guidance on the important issue of AMR. Brazil further stated that despite strong efforts on the revised CAC/RCP 61-2005, there was no time to work on GLIS during the plenary. Brazil also reminded the TFAMR that WHO, FAO, and other leaders expected an outcome, as laid out in their opening remarks, and that countries have limited financial and human resources. Specifically, Brazil stated: “time cannot be wasted, text has to come out of brackets with decisions made on the many parts where the majority of countries have agreed, keeping recommendations in Codex science-based and applicable on a global basis.” Brazil reminded the TFAMR of the need to come to consensus on the documents so that they could progress toward adoption. Chile, Ecuador, and the United States supported Brazil’s intervention.

The United States noted the three Codex texts on AMR (CAC/GL 77-2011, CAC/RCP 61-2005, and the draft GLIS) and explained that the revised CAC/RCP 61-2005 represents the first application of several important AMR risk management concepts, including measures for additional sectors and important tools to minimize and contain AMR, such as lists of critically important antimicrobials and guidelines for foodborne AMR risk analysis. The United States reminded the Task Force of the need to work hard to complete the text in order to advance the revised CAC/RCP 61-2005 to Step 5 (preliminary adoption by the CAC and circulation for further comment). The United States further reminded the TFAMR that the Task Force had spent much time developing consensus on a new definition for medically important antimicrobials, an important AMR concept, and that working to achieve a consensus on the definition is an example of the best of Codex. However, following that agreement, it was unfortunate that at every juncture where the definition was applied, it was rejected by some delegations. The United States explained that the TFAMR has an opportunity to advance many important concepts to address AMR, including the concept of medically important antimicrobials, and noted further that countries

² Principle 7: Medically important antimicrobials should only be administered or applied for prevention/prophylaxis where professional oversight has identified well-defined and exceptional circumstances, appropriate dose and duration, based on clinical and epidemiological knowledge, consistent with the label, and in line with national legislation. Countries could use additional risk management measures for medically important antimicrobials considered highest priority critically important as described in the WHO List of Critically Important Antimicrobials for Human Medicine, the OIE List of Antimicrobial Agents of Veterinary Importance, or national lists, where available, including restrictions proportionate to risk and supported by scientific evidence. [final approved text]

could file reservations and still allow the document to move forward. The United States explained that medically important antimicrobials are the precious antibacterials that need to be protected, and that the agreement on the definition helps prioritize the work of member countries, maintains commitments that were negotiated and agreed to in good faith, and allows texts to advance that have wide consensus. Costa Rica supported the U.S. statements and added that when one examines the standards critically, one has to consider many countries' needs so that all countries can address AMR. Costa Rica urged all present to recognize AMR as the enemy.

The EU recognized the United States' points, suggested moving forward, and confirmed that the EU could accept references to "medically important antimicrobials." Nicaragua reiterated the need to adopt documents that help all countries and all sectors, stating that environmental sectors, academia, and farmers are all interested in the guidance. The EU agreed to removal of the brackets around "medically important" in all remaining text. Norway and Russia filed reservations to inclusion of the term "medically important antimicrobials" in one paragraph, relating to off-label use for plants/crops. When discussion again returned to the bracketed Principle 7 later in the session. Australia, Brazil, Kenya, New Zealand, Costa Rica, China, Japan, the International Poultry Council, and Health for Animals supported the United States and Chile on keeping the existing text for Principle 7. Japan intervened to support the proposed text as a good global standard, and Chile supported Japan. The EU, Spain, and Switzerland supported Russia, who maintained they could not support the text and that it required serious rewording and redrafting. After extensive discussion and drafting additional proposed text, the TFAMR agreed to new text for Principle 7: "Medically important antimicrobials should only be administered or applied for prevention/prophylaxis where professional oversight has identified well-defined and exceptional circumstances, appropriate dose and duration, based on clinical and epidemiological knowledge, consistent with the label, and in line with national legislation. Countries could use additional risk management measures for medically important antimicrobials considered highest priority critically important, as described in the WHO list of critically important antimicrobials, the OIE list of antimicrobials of veterinary importance, or national lists, where available, including restrictions proportionate to risk and supported by scientific evidence."

Australia and Chile supported the text. The United States also supported the text, explaining that it contains critical elements of public health protection, e.g., professional oversight, dose, duration, and national legislation, which allowed countries to use additional risk management measures for critically important antimicrobials as identified through evaluation of risk. Nicaragua intervened that it is not possible to cover all countries' laws in a global document, but that the statement was a good attempt and that the TFAMR should support it. Uruguay, New Zealand, Brazil, Paraguay, Costa Rica, Kenya, Nigeria, Canada, and Jamaica all expressed support for the new text; Switzerland and Thailand also supported the text, indicating that the priority is to move forward. The EU, in the spirit of compromise, agreed not to block the definition, but asked that the report include a statement describing its concern regarding use of critically important antimicrobials for prevention. Russia and Norway filed reservations.

- **Principle 5.** ³The EWG Chair explained that many countries supported the bracketed Principle 5 through the last round of EWG comments. CI reiterated concerns about co- and cross-resistance, and the United States explained that those concerns were addressed through reference to CAC/GL 77-2011, which describes the risk analysis process. Russia reiterated comments from CI and Norway supported this concern. Chile, the United States, Australia, New Zealand, Uruguay, Jamaica, Paraguay, Japan, Costa Rica, Ghana, Nicaragua, Canada, Ecuador, Argentina, Nigeria, Kenya and Brazil supported adoption of Principle 5 as written. The EU said that it would not stand in the way of adoption yet requested that the following statement be recorded in the report: "The European Union and its Member States would welcome the continued discussion of Principle 5 over the coming years." Brazil reiterated that Principle 5 is a core issue and has been discussed for years now and should be agreed, with the understanding that countries have the right to lodge reservations. Norway agreed to remove the brackets and, similar to the EU, stated that it looked forward to discussions about phasing out the

³ Principle 5: Responsible and prudent use of antimicrobial agents does not include the use for growth promotion of antimicrobial agents that are considered medically important. Antimicrobial agents that are not considered medically important should not be used for growth promotion unless potential risks to human health have been evaluated through procedures consistent with the *Guidelines for Risk Analysis of Foodborne Antimicrobial Resistance*.

use of all antimicrobials for growth promotion. Russia, Thailand, Egypt, and India also filed reservations, and Principle 5 was approved as follows: “Responsible and prudent use of antimicrobial agents does not include the use for growth promotion of antimicrobial agents that are considered medically important. Antimicrobial agents that are not considered medically important should not be used for growth promotion unless potential risks to human health have been evaluated through procedures consistent with the *Guidelines for Risk Analysis of Foodborne Antimicrobial Resistance*.”

- **Principle 6.**⁴ Brazil proposed to delete Principle 6 regarding therapeutic use. Norway supported deletion and asked for the additional deletion of the definition for “therapeutic use,” in brackets, with support from Canada. The United States and Chile supported keeping therapeutic use and Principle 6 in square brackets as there were six other instances where the term appears, and removal would need to be carefully considered. Japan also supported retention. The EU preferred deletion but suggested leaving the definition and Principle 6 in square brackets as the last items for further discussion through an EWG.

The Task Force Chair acknowledged that substantial work had been done and recommended progressing the draft revised CAC/RCP 61-2005 to Step 5 and re-establishing an EWG to address the remaining bracketed text (definition of “therapeutic use” and Principle 6) for final discussion at TFAMR8. The United Kingdom supported advancement to Step 5. The United States agreed to chair the EWG on the revised CAC/RCP 61-2005, and Chile, China, Kenya, and the United Kingdom agreed to co-chair, to address the remaining bracketed text.

- **Distribution and advertising.** Regarding these sections, most paragraphs were agreed to, with some discussion on the section related to using the term “antimicrobial product. Spain requested that the term “antimicrobial product” be used. In the course of further discussion, the TFAMR explored incorporating a definition for “antimicrobial product” and using it in more sections of the document. The Chair of the EWG noted that it may be challenging to reference “antimicrobial product” throughout the text without more consideration, as it may encompass more compounds than “antimicrobial agent,” a term harmonized with existing Codex texts specific to AMR.

Health for Animals explained that stewardship materials are developed as a subset of promotional activities which are a subset of advertising. The United States expressed concern that in paragraph 42, the document discourages promotional activities, which encompass stewardship training materials, but paragraph 48 directs distributors to distribute stewardship materials, and also noted that such materials are often developed as a part of advertising campaigns. CI provided compromise text to which the TFAMR agreed.

In Section 5.4 on animal and crop health professionals, the Republic of Korea asked that a footnote describing “suitably trained person” be extended throughout the document, and Russia expressed concern that non-suitably trained personnel could be allowed to do work, and that the appropriate locations in the document should be considered instead of making the footnote applicable throughout the document. The EWG Chair explained that the text is consistent with OIE. OIE documents are suitable for animals and veterinarians, but as this document is intended to apply across sectors of the food chain, the EWG incorporated key concepts with suitable training according to national legislation, which allowed for flexibility. The Codex Secretariat advised the TFAMR to retain the footnote as originally proposed due to time constraints. It was also noted that the definition of veterinarians and other terms in the document should be examined closely as the text progresses, so as to maintain coherence and not introduce ambiguity between the Codex texts and the OIE Terrestrial and Aquatic Animal Health Codes.

PROPOSED DRAFT GUIDELINES ON INTEGRATED SURVEILLANCE OF ANTIMICROBIAL RESISTANCE

The Netherlands, as Chair of the EWG and PWG on the development of the GLIS, recalled the work of the two WGs, noting that the PWG had revised Sections 1 to 7 but were unable to review Sections 8-13 due to time constraints. She further noted that the PWG made some overarching proposals, specifically to replace “monitoring and surveillance system” with “monitoring and surveillance programme;” to replace “throughout the food chain” with “along the food chain;” and to replace “progressive approach” with the concept of “continuous improvement,” noting that each replacement would need to be considered on a

⁴ [Principle 6: Medically important antimicrobial agents should only be used for therapeutic purposes (treatment, control/metaphylaxis or prevention/prophylaxis of disease).]

case by case basis.

In view of the time constraints, the PWG Chair proposed that further work on the guidelines be based on the output of the PWG (CRD3) and that an EWG be established to continue their development. The Netherlands agreed to chair the EWG with Canada, Chile, New Zealand, and China as co-chairs. The TFAMR agreed to return the GLIS to Step 2/3 for re-drafting and requested that discussion of the guidelines be prioritized on the Agenda of TFAMR8 with the possibility of having a PWG in advance of/or in conjunction with TFAMR8.

NEXT SESSION OF TFAMR

The 8th Session of TFAMR is tentatively scheduled for December 2020, with a location in the Republic of Korea to be determined.