

## Swiss Round Table on Antibiotics

### December 2025 Newsletter

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**The Swiss Round Table on Antibiotics team wishes all readers and their families and friends a relaxing break over the turn of the year.  
We are looking forward to meeting and working with you in 2026!**



## Policies and RTA activities

### Next steps in the political process to adoption of push and pull incentives in Switzerland



On 17. November 2025 the Social Security and Health Commission of the Council of States (SGK-S) voted in favour of starting discussion of the revised Epidemics Act. The RTA, the FMH (Swiss Medical Association), H+ (Swiss hospital association), and pharmasuisse (Swiss pharmacy association) were invited to their hearing. Our president reminded the commission members of the eminent importance of the new “twin” articles 50a and 51a incentivising R&D of new antibiotics and, respectively, antibiotics access in Switzerland.

The SGK-S' detail review of the revised Epidemics Act is scheduled in January and February 2026. The RTA will stand by, ready to provide information and respond to any questions necessary to ensure that the two articles remain in the form approved by the Federal Council.

In parallel, the RTA remains at the Federal Office of Public Health's (FOPH) disposition for any support that might be requested during the detailed elaboration of the ordonnance for article 51a.

The great momentum in Switzerland has been noticed internationally: Switzerland and its pull activities are showcased on the Global AMR R&D Hub's dashboard ([Global AMR R&D Hub Dashboard](#)) - including a link to RTA's White Paper and information about its review identifying the most critical gaps in the Swiss arsenal of antibiotics due to, among other, the lack of national authorization of relevant antibiotics.

### Implementing a subscription incentive for eligible antibiotics in Switzerland



In view of putting article 51a into practice, and following similar efforts in the UK and Sweden, the RTA finalized a project identifying the most relevant unmet medical need in treating bacterial infections in Switzerland, and their causative resistant pathogens. To this end, the RTA sought expert input from renowned infectious diseases clinicians representing the three major language regions of the country, a cantonal doctor focusing on public health aspects, the head of the Swiss surveillance system ANRESIS, and a professor of biochemical microbiology.

The applied Delphi-type method and the outcome, a proposed Swiss Bacterial Priority Pathogens List (Swiss BPPL), may serve as blueprint for a national list established by the FOPH that should function as an eligibility criterion for antibiotics potentially qualifying for subscription payments under article 51a. The final project report will be published in early 2026.

## Spend on Antibacterials in Switzerland put in perspective

Advocates of measures aiming to revive the antimicrobials market never tire of emphasising the importance of effective antibiotics for the safety and effectiveness of modern healthcare systems.

### Infection is the second leading cause of death in cancer patients

(Shalini Jayasekar Zürn, UICC, at the 30<sup>th</sup> Annual Swiss Symposium of Pharmaceutical Medicine)

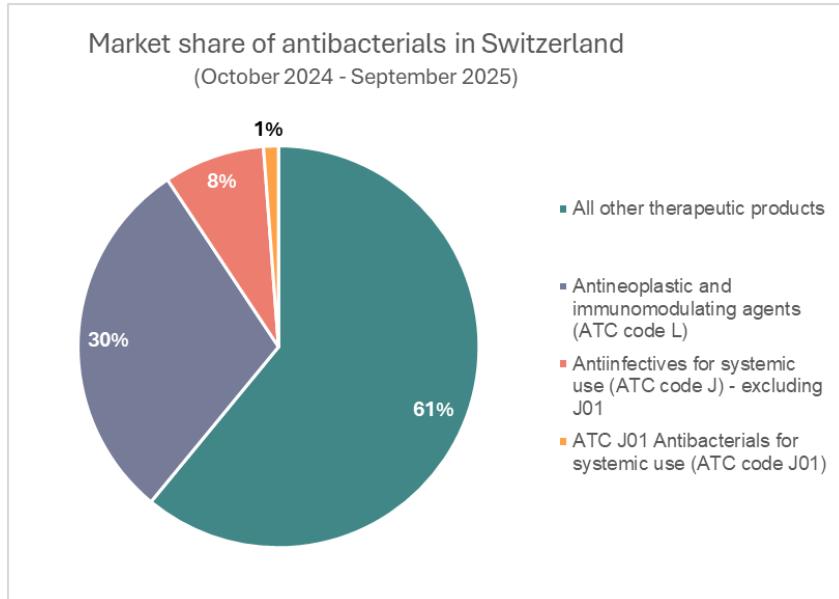
### Around 90 “traditional” and non-traditional antibiotics are currently in development

oncology: n >2000, cardiovascular: n >600

(Rolf Kaiser, Swissmedic, at the 30<sup>th</sup> Annual Swiss Symposium of Pharmaceutical Medicine)

### Annual spend on antibacterials for systemic use amounts to 1% of total Swiss drug market

(IQVIA data)



## Conferences and Events

### 30th Annual Swiss Symposium in Pharmaceutical Medicine: Racing Against Resistance: The Future of Antimicrobials



The Swiss Association of Pharmaceutical Medicine (sgpm), in collaboration with ECM (ecpm) and RTA, dedicated its 30th anniversary symposium to antimicrobial resistance (AMR). It offered the audience a unique selection of insightful presentations, moderated by Stephan Harbarth (HUG): from AMR impact on vulnerable patient groups – monitoring of antibiotic use – antimicrobial investor approaches – innovative antibiotic remuneration schemes - novel clinical development approaches and their regulatory challenges – to

basic research and the Swiss strategy on antibiotic resistance.

This article focuses on two presentations which shed light on the AMR impact on patients. Their experience highlights the relevance and need for all other activities presented at the symposium.

**Silvio Daniel Brugger (USZ/UZH)** walked the audience through three complex treatment journeys at the University Hospital Zürich. They illustrated the combined negative impact of AMR, co-infections exacerbating the challenges of treating the primary infection in highly complex patients such as foreign body associated infections and polytrauma, complications during the patients' stay on the ICU, unavailability of the indicated antibiotics due to shortage or missing authorization in Switzerland, and missing clinical trial data supporting the effectiveness of any single antibiotic agent.

The presentation also showed that having an antibiotic indicated for treatment of a specific syndrome does not necessarily do the job: A lot depends on its capability of coping with the particular resistance mechanism(s) of the causative bacterial pathogens. One of the journeys involved 11 different antibiotics, older and new ones, with and without marketing authorization in Switzerland.

**Shalini Jayasekar Zürn of the Union for International Cancer Control (UICC)** reported about the UICC's spearheading activities breaking down the silo walls that separate the worlds of oncology and infectious diseases. UICC's programme of work on AMR and cancer includes 3 policy asks - data collection and surveillance, advocating for access to treatment, and the integration of AMR strategies in National Cancer Control Plans. Mutual awareness of the detrimental impact AMR has on cancer patients, and coordinated action are badly needed, as the data suggests:

Infection is the second leading cause of death in cancer patients. Their susceptibility to infections is higher compared to persons without cancer. This is due to the underlying disease and a compromised immune system as a result of treatments for cancer like bone marrow transplants, radiotherapy and chemotherapy. For more information please see - <https://www.iccp-portal.org/guide/antimicrobial-resistance-and-nccps>