

Swiss Round Table on Antibiotics

March 2026 Newsletter

Contents

Conferences and Events

- | | |
|--|---|
| 10th anniversary edition of the AMR Conference in Basel – A decade in review | 2 |
| Dame Sally Davies' visit of the Swiss Round Table on Antibiotics | 3 |

Policy update

- | | |
|--|---|
| Switzerland – Laying the constitutional grounds for more effective action | 4 |
| European Union - Evaluating pharmaceutical manufacturing potentials in the Western Balkans and Ukraine | 4 |

Conferences and Events

10th anniversary edition of the AMR Conference in Basel – A decade in review



This year's 10th anniversary edition of the AMR conference in Basel started with a walk through the impressive journey from the **first public talk about AMR in 2009** at a conference in Uppsala/Sweden up to the provisional agreement of the **EU pharma package in December 2025** laying the ground for a Transferable Exclusivity Extension Voucher for priority antimicrobials. **In 2011** the innovative health initiative (IHI), a public private partnership co-funded by the EU and

the European life-science industry, launched the research programs New Drugs for Bad Bugs, including **DRIVE-AB**, and the **“push”** and **“pull”** terms were born.

In **2012** the US put in place the **GAIN Act** (Generating Antibiotic Incentives Now) whose clinical trial guidance encouraged companies to (re-)start trials having previously been put on hold.

2016 was a memorable year, seeing the setup of the **Davos Declaration** and the **AMR Industry Alliance**, the publication of the Review of Antimicrobial Resistance chaired by **Lord O’Neill** identifying AMR countermeasures in ten action areas, the foundation of the **BEAM-Alliance** and **CARB-X**. Furthermore, in 2016, the **UK started building a subscription model**, championing the de-linkage of revenue from product volume.

In **2024**, the UK subscription model went live!

While the panelists¹ acknowledged the great progress made on the way to reviving the antibiotics market, they kept reminding European governments of the need to root their financing decisions in the harsh reality of pharmaceutical development and post-market costs.

Their plea was illustrated by two companies claiming that they cannot afford the costs implied by regulatory requirements to get EMA approval and marketing their antibiotics in the fragmented European market: The development of Paratek Pharma’s Omadacycline took 22 years from the synthesis of the compound to a first FDA-approval. During this period USD 1.4 bn in capital were raised. The drug is licensed and profitably marketed in the US and China. Both Paratek Pharma and CIPLA which acquired Plazomicin from Achaogen after its post-FDA-approval bankruptcy, withdrew their marketing authorisation applications with EMA.

¹ Panelists: Hala Audi, Quantoom Biosciences; Evan Loh, Paratek Pharma; Kevin Outtersson, CARB-X; John Rex, AMR.Solutions; Moderator: Florence Séjourné, AUROBAC Therapeutics & BEAM Alliance

Dame Sally Davies' visit of the Swiss Round Table on Antibiotics



The 10th AMR conference closed with an **outlook to the future: Shaping the next decade**. In this panel discussion **Dame Sally Davies, the UK Special Envoy on AMR**, shared both an encouraging observation of an “amazing entrepreneurial energy” and the diagnose of a still insufficient level of (political) ambition to solve the AMR crisis.

Thanking Italy, the European Union, Canada, and Australia for turning the current momentum into action, she showed confidence that other countries in the G7 and beyond will follow with piloting and implementing innovative financing mechanisms to foster innovation. She applauded Switzerland for the ambitious work on their pull incentive.

Dame Sally Davies' subsequent visit of the Swiss Round Table on Antibiotics in Bern therefore meant a huge honour to our association, and particularly the attending members from a broad spectrum of expertise ranging from microbiology, clinical practice, and AMR monitoring and surveillance to industry, investment, and economics. Her main focus of interest was the roadmap to implementation of the Swiss subscription model and its planned design. She warmly commended the RTA for the role it has played in informing and shaping the debate in Switzerland for nearly a decade.

Dame Sally Davies walked the attending RTA members through the long and intensive journey undertaken by NHS England and NICE to design, pilot, and now fully implement the pioneering subscription model to foster innovative antimicrobials within a centralised tax-financed healthcare system.

The RTA-team expressed its deep gratitude for the UK's courageous pathfinder role which will benefit all other countries joining the Pull initiative. It emphasised the importance – and privilege – of being able to use the UK's learnings in the forthcoming design and implementation of a subscription model in the context of the Swiss federally organised multi-payer healthcare system. Follow-up opportunities have been identified, including further technical exchange with the UK National Institute for Health and Care Excellence (NICE) and NHS England as Switzerland progresses its pull-incentive/subscription-model implementation pathway.

At the end of this memorable meeting, to boost the motivation of all contributors embarking on the implementation of a subscription model in Switzerland, Dame Sally Davies advocated the **Lifeline musical**, presented in London from 28 March to 5 May, which “stars real-life health workers and scientists alongside a professional cast, celebrating the people who make the extraordinary happen.”

Tickets may be bought here: <https://www.lifelinemusical.com/>

Policy update

The following articles feature measures taken in Switzerland and the European Union to strengthen security of medicinal product supply to meet basic unmet public health needs.

Switzerland – Laying the constitutional grounds for more effective action

On 20 March 2026, the Federal Council issued the counter-proposal to the popular initiative promoting security of supply in medical care and launched the public consultation process.

The counter-proposal focuses on setting up a new constitutional article granting federal powers to act where the cantons, currently assigned the full responsibility for security of supply to the healthcare system, are unable to address the often national or global causes and effects of supply problems.

The new article empowers the Confederation Measures to actively monitor the supply of medicines and medical supplies in Switzerland and to take targeted measures to prevent or minimise supply disruptions. This may involve economic incentives to support the availability in Switzerland of certain critical medicines, their purchase or contract manufacture. Furthermore, the Confederation should work to ensure the supply of such goods as part of its foreign policy relations.

European Union – Evaluating pharmaceutical manufacturing potentials the Western Balkans and Ukraine

In its March newsletter, HERA, the Health Emergency Preparedness and Response Authority, highlighted its study examining the pharmaceutical manufacturing potential of six Western Balkan countries (Albania, Bosnia-Herzegovina, Kosovo, Montenegro, Northern Macedonia, Serbia) and Ukraine and its relevance for Europe's preparedness in times of shortages and health crises.

The study's objective was to provide a detailed analysis of possible pharmaceutical manufacturers, production facilities, supply chains and resources for the manufacture of medicines, vaccines, diagnostics, personal protective equipment and Active Pharmaceutical Ingredients for human use, particularly those on the Union List of Critical Medicines (ULCM). The study procedure included desk research and on-site visits.

Key findings indicate that the region's potential to alleviate EU supply shortages is largely restricted to basic medicines (primarily generics and biosimilars) covering approx. 1/3 of ULCM products. While all visited companies expressed great interest in entering the EU market, economically viable conditions were emphasised as prerequisite. Among other challenges, regulatory obstacles such as lack of EU GMP certification and knowledge gaps about EU regulatory requirements are hurdles to EU market access of local manufacturers. In this regard, lack of targeted support for manufacturers was frequently cited. (While EU-funded programmes support regulatory alignment, companies often lack access to technical guidance or financial incentives to pursue EU authorization.)

To overcome these barriers and encourage local manufacturers to supply medicines and other medical products into the EU, the report identified recommendations in two areas: (i) scalability and diversification of production of critical medicines, APIs, diagnostics, and PPEs; and (ii) access to the EU market.

Overall, the study illustrates that strengthening security of supply is imminent but implies significant efforts and will come at costs to be covered by all involved parties.