Committee Secretary
Joint Committee on Treaties
Parliament House
Canberra ACT 2600

Regional Comprehensive Economic Partnership Agreement (RCEP)

This Submission addresses a health security FTA trade issue which is relevant to the growing threat from antimicrobial resistance (AMR). The Committee will be aware the transmission of AMR is undermining the efficacy of antibiotics, antifungals, antivirals etc. so the trade aspects of AMR should be taken into account and inform your Committee's decision making. Specifically:

- The capacity of AMR to be transmitted through the food-supply chain;
- Australia currently does not have regulation/guidelines in place to test food imports for the presence of antimicrobial resistance (AMR) in imported food.
  To note: Only antibiotic residues are regulated;
- The health and reputational consequences from AMR transmission via food/feed imports is significant - on consumers, animals, aquaculture, products used in agriculture and Australia's reputation for producing clean safe food.
- Most importantly, the necessity to retain unimpeded national governance capacity to adapt Australia's regulatory environment to protect against the spread of AMR through the international food chain.

Firstly, your Committee should be aware of the Aust/China FTA JSCOT Report which specifically requested that all future FTAs take account of this bipartisan recommendation.

> *"The Committee has been alerted to the dangers presented to the health security of Australians by antimicrobial resistance. The Committee recognises the link between microbial resistance and Australia's current regulatory framework which enables Australia to control antibiotic use. The Committee is aware that this regulatory framework* ***must not be threatened by Australia's commitments under FTAs and will be monitoring this area during its examination of future agreements.****"* (JSCOT Report 154 Para 6.29)

To date this has not been followed through but the Aust/EU FTA does address the consequences of AMR in the food chain.

Current International Negotiations on AMR:
Committee Members, politicians and the public are generally unaware of the various international negotiations being undertaken to minimising the transmission of AMR. At the political level, the global health security threat from AMR spreading is recognised, including strategies being put in place by the UN General Assembly and the World Bank, WHO etc.

More specifically on *trade in food*, a special taskforce to reveal the extent of antimicrobial resistance (AMR) spreading through the international food-supply chain was reconvened in 2017 by the international food standards body - Codex Alimentarius Commission. This

Taskforce is currently addressing *'antimicrobial resistance being transferred through the international food chain'*. This is a significant and sensitive trade issue not yet finalised.

Why is this relevant to the RCEP?
The health security threat from the spread of AMR through the food chain demands greater technical capacity to ensure that food imports are tested for the presence of AMR organisms. This requires ongoing research, monitoring and surveillance of AMR. Particularly relevant is the need to comprehensively test for the presence of both pathogenic and non-pathogenic AMR which can colonise the gut.

Unfortunately, the testing of food imports for AMR is highly politically sensitive, not currently performed in Australia and not yet resolved in the international Codex negotiations. And very few countries have implemented AMR testing of imports.

FTAs can impose both real and perceived political and regulatory constraints to altering or imposing national measures to protect against AMR entering the food chain.

FTAs promote ever more complex rules and obscure the origin of goods as well as promoting *'equivalence'* of food safety standards between FTA Partners. This may be fine for cars, clothes or widgets but not appropriate for food. Agreements underpinning Sanitary and Phytosanitary (SPS) and Technical Barriers to Trade (TBT) can also be limiting and become problematic in protecting against AMR transmission.

Instead of obscuring 'product origin' much more transparency and accountability of food imports (human and animal/agriculture) is needed. Including more transparency and the capacity to implement measures to protect the Australian consumers and Australia's health system.

For example, certain food production methods may need to be recalibrated to contain the development and transmission of AMR; enhanced and informed border control practice and regulation to test food systematic along the food supply chain to eliminate the presence of AMR in raw and processed food imports; specific and transparent information of antibiotic use including whether antibiotics critical for humans have being used in food production; advanced capacity to trace the origin of food, and most importantly, to prevent AMR being imported and spread through the domestic food chain and/or impacting on Australia's exports.

Health Security Consequences of AMR Spreading through Trade:
The economic, social and financial consequences of the antibiotics losing their effectiveness are still being assessed. As are the many and complex transmission routes of these resistant organisms spreading globally. See graph below.

National Public Health Priorities:
Ensuring that trade agreements do not present a barrier to taking the necessary domestic action to protect Australia against the spread of AMR into the community and to protect food producing export markets should be a priority for all Governments.

AMR raises an entirely different level of concerns around food safety well beyond the normal food contamination provisions generally accounted for in WTO/FTA SPS and TBT provisions. AMR also poses challenges to the capacity of health systems to cope when antibiotics fail. The current FTA provisions protecting 'public health' will not be sufficient to deal with the complexity of AMR transmission into our food supply chain.

Increased numbers of citizens are contacting resistant infections resulting in longer hospital stays and deaths from AMR complications linked to sepsis, urinary tract infections that are now not responding to antibiotics, particularly in aged care facilities. The Committee should also note that deaths associated with AMR are generally not yet attributed to the antibiotics failing or AMR colonising the human gut. But this lack of accurate reporting is set to change as much more research is now underway. Also, Australia's FTA negotiations with the UK and EU who have stronger regulatory and legislative systems to protect their populations against AMR in the food chain is exposing gaps in policy and priorities.

These resistant antimicrobial organisms are in an entirely different criteria to ordinary food contamination. E-coli or salmonella containing AMR strains can have effects similar to food poisoning but are made more serious if already resistant to antibiotic treatment. This can require longer periods in hospitals or much more serious complications especially if an individual is immune compromised.

AMR can also colonise the gut microbiome:
AMR consumed in food can also be initially non-toxic in its effect but capable also of altering the microbiome in the gut by transferring the antimicrobial resistance to individuals' gut bacteria. And in certain circumstances can become life-threatening if events such as diverticulitis, appendicitis, Urinary Tract Infections (UTIs) etc occur during the period the AMR is in the gut.[1] If AMR is present in the gut it can also be spread to others through unhygienic practices. This form of AMR transmission is not being fully accounted for in the current Codex negotiations.

Action Needed to Deal with AMR in the Food Chain:
Your Committee should note that Australia currently does not regulate to test any imported food for the presence of antimicrobial resistance. Nor do recent changes to the Food Act address AMR. Also, the existing 5% cap on general food testing, even if it were applied, is far too low. For example, the EU can test up to 20% of its food imports.

Governments should ensure all FTA commitments are capable of being circumscribed to enable national governments to develop or amend national regulation/legislation to prevent AMR transmission through the food chain as this complex health/food security issue evolves.

To avoid any claims of trade discrimination and lack of hard scientific evidence (which is often spuriously used given that testing of the food chain for AMR is not taking place)

[1] This important research reveals the direct link between antibiotics fed to animals and AMR transfer to humans via the food chain. https://mbio.asm.org/content/9/4/e00470-18

measures can be implemented. For example, implementing a systematic testing regime at the border based on WTO 'national treatment' – non-discriminatory provisions. Such policies would help protect Australian consumers, domestic producers and importantly Australia's export markets. It would also signal to trading partners Australia's commitment to dealing with this antimicrobial resistant (AMR) as a health security threat.

This submission represents my personal view, is not confidential and I shall be happy to provide further detail if requested.

Anna George (10 June 2021)
[redacted]

Adjunct Professor
Sir Walter Murdoch School of Public Policy and International Affairs
Murdoch University WA

Associate Fellow
Centre for Universal Health
Chatham House, London