MEMORANDUM OF COOPERATION

in the field of infection prevention and control (IPC)
and antimicrobial resistance (AMR) within the One Health approach

National Forum with International Participation: Infection Prevention and Control and Antimicrobial Resistance in the Context of Health-System Governance: the One Health Approach and Intersectoral Collaboration • Sofia, 29 October 2026

A. Introduction

We, the undersigned representatives of institutions and organisations, united by the understanding that antimicrobial resistance (AMR) and infectious risks in the community, including healthcare-associated infections (HAIs) and infections associated with veterinary medical care (VHAIs), represent a serious public-health challenge, declare our readiness for joint action within the One Health approach.

Patient safety, the health of people and animals, environmental protection, infection prevention and preserving the effectiveness of antibiotics are our **shared managerial, institutional and professional responsibility** in the spirit of the One Health approach.

Antimicrobial resistance also affects national security. It limits the capacity of the health system to respond to epidemics, disasters, mass-casualty events and armed conflicts, while dependence on imports of antibiotics, active substances and diagnostic tools is a strategic vulnerability. **Regulation (EU) 2022/2371 includes antimicrobial resistance and healthcare-associated infections among serious cross-border threats to health, and the European Health Emergency Preparedness and Response Authority (HERA) identifies it as one of the four priority threats to the European Union.** Therefore, infection prevention and preserving the effectiveness of antibiotics should also be part of the country's security, preparedness and resilience policies.

B. Purpose

This Memorandum aims to bring together institutions, healthcare establishments, professional, non-governmental and patient organisations, academic structures, industry and other stakeholders around **common priorities and coordinated action to limit AMR and prevent infections** within the One Health approach. Cooperation is aimed at establishing prevention as a **managerial and institutional priority, supported by clear responsibilities, the necessary resources and traceable results.** Cooperation is shared among the following participants:

A. State institutions at strategic level

- **Ministry of Health (MoH):** The principal authority that determines state policy, adopts medical standards and ordinances, and coordinates national programmes.
- **Ministry of Agriculture and Food (MAF):** Together with the MoH, finances and implements measures under the One Health concept, as the overuse of antibiotics in animal husbandry is directly linked to resistance in humans.
- **Bulgarian Food Safety Agency (BFSA):** Controls the use of antimicrobials in the veterinary sector and the levels of residues in food of animal origin.

- **Ministry of Environment and Water (MoEW):** Participates in the monitoring of antibiotic contamination in wastewater and soils, which is the third pillar of the One Health concept.

B. Specialized control and expert bodies

- **National Centre of Infectious and Parasitic Diseases (NCIPD):** Provides methodological guidance, epidemiological surveillance and laboratory monitoring. It hosts the National Reference Laboratory for Control and Monitoring of AMR, which collects data from the BulStar system.
- **Regional Health Inspectorates (RHIs):** Carry out direct control at regional level over compliance with the anti-epidemic regime in hospitals, conduct inspections and collect reports on identified HAIs.
- **Executive Agency "Medical Supervision" (EAMS):** Inspects the quality of medical care and patient safety, including cases of systematic concealment or improper management of outbreaks of hospital-acquired infections.
- **National Health Insurance Fund (NHIF):** Through financial mechanisms and clinical-pathway algorithms, may set requirements for appropriate antibiotic prophylaxis, for example in surgical interventions.
- National Council on Prices and Reimbursement of Medicinal Products
- Bulgarian Drug Agency (BDA)
- **Directorate "Control of Veterinary Medicinal Products" (CVMP) at the Central Office of the BFSA:** Performs expert assessment and registration of veterinary medicinal products, licenses and controls manufacturing and trade establishments, conducts laboratory control of products on the market and pharmacovigilance, including restrictive measures and the withdrawal of unsafe products.
- "Animal Health and Welfare" (AHW)

C. Healthcare establishments (Hospitals and diagnostic centres)

Pursuant to Ordinance No. N-4, direct responsibility in the hospital environment is distributed among:

- **Hospital management:** Provides resources for disinfection, personal protective equipment and isolation facilities.
- **Hospital Infection Committees:** Permanent structures in each hospital that analyse the epidemiological situation and organise control measures.
- **Multidisciplinary antibiotic policy teams:** Mandatory teams, including microbiologists, infectious-disease specialists, clinicians and pharmacists, which prepare hospital guidelines to limit unnecessary use of broad-spectrum antibiotics.
- **Microbiology laboratories:** Perform rapid diagnostics and screening of patients for multidrug-resistant microorganisms.

D. Professional and professional-association organisations and educational institutions

- Bulgarian Medical Association (BMA)
- National Association of General Practitioners in Bulgaria (NSOPLB)
- Bulgarian Dental Association (BDA)
- Bulgarian Veterinary Union (BVU)
- Bulgarian Pharmaceutical Union (BPhU)
- Bulgarian Association of Health Professionals in Nursing (BAPZG)
- Medical universities:
- Bulgarian Association of Wholesale and Retail Pharmaceutical Traders (BATEDL)
- BGPharmA
- ARPharM

Cooperation supports the implementation of the National Action Programme against Antimicrobial Resistance 2026-2029.

C. Main areas of cooperation

The parties will cooperate, within their respective competences, in the following six priority areas, set out in the National AMR Programme 2026-2029 and Ordinance No. 3 of the Ministry of Health on HAIs from 2026:

1. Prevention and control of HAIs and managerial responsibility

Establishing the prevention and control of HAIs as a management priority in inpatient and outpatient healthcare establishments, with clear management responsibility, trained teams and the necessary human, material and financial resources.

Taking joint action and preparing proposals to improve the regulatory framework and its implementation for more effective prevention and control of HAIs.

Promoting joint initiatives to cost HAI-prevention measures and assess expected savings and return on investment, including at the proposal of non-governmental and patient organisations.

As practical priorities, the parties will discuss the gradual reduction of staff shortages that hinder compliance with standards, improvement of the IPC system in outpatient care and its development in long-term-care facilities.

2. Education, capacity building and awareness

Strengthening undergraduate education in infection prevention and control, HAIs and AMR in higher medical schools, including broader coverage in epidemiology and relevant disciplines for students in medicine, dental medicine, pharmacy and healthcare. Gradual inclusion of the principles of the One Health approach as a basis for interdisciplinary training and a comprehensive view of health.

Continuing education for human-health and veterinary-health professionals and pharmacists, and exchange of knowledge, good practices and expertise, with the gradual inclusion of the principles of the One Health approach in training programmes as a basis for interdisciplinary preparation and a comprehensive view of health.

Raising the awareness and health literacy of patients and the public regarding rational antibiotic use and infection prevention.

Promoting targeted communication with patients to limit unjustified expectations for antibiotic treatment and improve understanding of cases in which an antibiotic is not necessary. Supporting increased coverage of national immunisation programmes as an important tool for infection prevention.

The parties will promote continuing education for medical specialists, pharmacists, veterinarians, dental professionals and healthcare professionals, as well as the exchange of knowledge, good practices and expertise. Training should support the updating of knowledge and skills, effective coordination and the gradual inclusion of One Health principles.

In human and veterinary medicine and in environmental protection, targeted education of students and inclusion of the topics of HAIs, AMR and infection prevention in all relevant disciplines are necessary. Specialized continuing-education courses in hospital hygiene and IPC, as well as the preparation of experts with management functions, will also be discussed.

3. Surveillance, reporting and monitoring of results

Improving the surveillance and reporting of AMR, HAIs and antibiotic use through harmonised indicators, designated responsible persons and the exchange of aggregated data and analyses, with feedback to healthcare establishments, monitoring of results and corrective actions.

Developing systematic analysis of antibiotic prescribing in outpatient healthcare, including by region and group, with feedback to general practitioners and targeted support where excessive or inappropriate use is identified.

In this context, the parties will discuss the creation and implementation of a modern system for registering HAIs.

Promoting transparency and voluntary sharing of results and good practices among healthcare establishments in order to encourage sustainable improvements in quality and patient safety.

4. Rational antibiotic use and implementation of guidelines

Developing or updating and implementing practically applicable pharmacotherapeutic guidelines for rational antibiotic use in outpatient and inpatient medical care.

Scientific medical societies and professional organisations in the relevant specialties and disease groups undertake to provide expert input into the development and updating of the guidelines, their alignment with specific clinical needs and patient groups, as well as their dissemination and support for implementation among the relevant specialists. The guidelines shall be aligned with WHO and ECDC recommendations and the AWaRe classification of antibiotics. The practical application of the AWaRe classification in everyday clinical practice, including primary care, will be promoted through training and appropriate practical tools to support the choice of antibiotic therapy.

Antimicrobial stewardship programmes will be promoted in hospitals, outpatient care, long-term-care facilities and the veterinary sector, including animal husbandry. In clinically justified cases, the strategy of delayed antibiotic prescribing will also be promoted as an approach to limiting unnecessary antibiotic use.

Cooperation with the competent institutions to improve compliance with and control over the implementation of regulatory requirements for antibiotic use. Information campaigns and training for specialists. Preparation and training of experts with management functions, where necessary.

Promoting interdisciplinary communication and coordination with the Ministry of Agriculture and Food and the Bulgarian Food Safety Agency to align policies for the rational use of antimicrobials in human and veterinary medicine.

5. Timely diagnostics, sustainable access and medicine security in antimicrobial therapy

Creating a national list of essential antibiotics with state-guaranteed access and availability, aligned with the principles of the WHO Essential Medicines List and national resistance data.

Improving access to timely microbiological diagnostics, including the wider introduction and routine use of appropriate rapid diagnostic tests in general-practitioner offices, as well as access to detailed microbiology and antibiograms when clinically indicated, for evidence-based selection and subsequent adjustment of antibiotic treatment without delaying necessary therapy.

Cooperation and active dialogue among institutions, business, the non-governmental sector and patient organisations for sustainable access to effective antibiotics, diagnostics and infection-prevention supplies, including interaction with manufacturers and suppliers to limit shortages.

Reviewing the regulatory framework and the experience of other countries and taking joint action to create a targeted fund to support patients' access to treatment with high-cost antibiotics where medically justified and where funding is insufficient or unavailable. Support should be provided under clear and equitable criteria, independent expert assessment and transparency in the management and expenditure of funds. The organisation and financing of the fund will be subject to separate agreement among all stakeholders.

6. Intersectoral cooperation within the One Health approach

Developing coordinated cooperation among institutions, healthcare establishments, the academic and expert community, professional and patient organisations, the pharmaceutical industry and companies in the fields of diagnostics, medical devices and hospital hygiene, the veterinary sector and the environmental sector, with transparency and independence of expert decisions.

Limiting HAIs and AMR should be a priority for every participating organisation. The parties will discuss the need for national strategies to receive government support, coordination, monitoring and appropriate financial provision.

As a proposal for further discussion, the creation of an expert committee at the Ministry of Health for limiting HAIs and AMR, or of two separate expert formats, may be considered. The specific model and functions should be agreed among the stakeholders.

Joint initiatives to improve coordination in the field of IPC and AMR and to support effective policies and measures based on an integrated approach to the health of people and animals and to environmental protection.

D. Principles

Cooperation is based on:

- placing the public interest and the patient's interest first;
- voluntary participation and equality;
- transparency and independence of expert decisions;
- mutual respect and responsibility;
- coordination and shared responsibility;
- orientation towards practical and sustainable solutions.

E. AMR Coalition

This Memorandum lays the foundations for a national AMR coalition, which will serve as a platform for coordination, information exchange and joint action among the participating parties.

For subsequent coordination, the participating parties should designate contact persons and agree on specific joint initiatives under the priorities of the Memorandum. Deadline for the parties to designate contact points: 20 December 2026.

F. Final provisions

This Memorandum:

- does not create financial or legal obligations;
- is voluntary and publicly accessible;
- may be expanded to include new participants;
- enters into force on the date of its signature.

The specific measures for implementing the Memorandum will be discussed during the expert discussions at the National Forum on 29 October 2026. The proposals will be summarised and sent to all partners for comments and agreement on follow-up action. The work will continue through a series of thematic expert meetings to clarify responsibilities, deadlines and the resources required to implement the agreed measures.

Main sponsors and associated partners: