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Comprehensive and Progressive Agreement for Trans-Pacific Partnership – (TPP-11) – Implementing Legislation

- Customs Amendment (Comprehensive and Progressive Agreement for Trans-Pacific Partnership Implementation) Bill 2018
- Customs Tariff Amendment (Comprehensive and Progressive Agreement for Trans-Pacific Partnership Implementation) Bill 2018

I previously provided a submission on the TPP-II to alert the Committee to the problems of imposing WTO-plus obligations through the TPP-II. The issue raised was the health security concerns of increasing antimicrobial resistance (AMR) which is undermining the efficacy of existing antibiotics – specifically AMR being transmitted through the food-supply chain. AMR was not addressed despite the fact that the earlier ratification of the Aust/China FTA had specifically requested that **future FTAs take account of these concerns**:

> *"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)

Note, this JSCOT recommendation was formally endorsing on a bipartisan basis.

Committee Members, politicians and the public are generally unaware of the current international negotiations undertaken by Australian officials to reveal the extent of antimicrobial resistance (AMR) spreading through the international food-supply chain. AMR is recognised, including by the UN General Assembly, as a serious and growing global health security threat. The international food standards body - Codex Alimentarius Commission's Taskforce[1] - is currently investigating antimicrobial resistance being transferred through the international food chain.

Why is this relevant to the TPP-II and its Implementing Legislation?
The health security threat from the spread of AMR requires strong political commitment to adopt measures to preserve international and domestic food chains from developing and

[1]Details on the work being undertaken in the Codex Task Force for AMR (TFAMR) can be found here: http://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FMeetings%252FCX-804-05%252FREPORT%252FFINAL%252FREP18_AMRe.pdf
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spreading AMR organisms. FTAs such as the TPP-II focus on promoting cumulation strategies that lead to the origin of goods being obscured as enabled in the Customs Amendment Bills are problematic. TPP also promotes the *'equivalence'* of food safety standards between TPP Partners. The operation of these trade promotion strategies should be reassessed given the global threat from antimicrobial resistant organisms.

Instead of obscuring 'product origin' much more transparency and accountability of food imports (human and animal/agriculture) is needed.
Food production methods need to be recalibrated to contain AMR; enhanced and informed border control practice and regulation to test food systematic along the food supply chain for the presence of AMR in raw and processed food imports; specific 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 importantly, to prevent AMR being imported and spread through the domestic food chain and/or impacting on Australia's exports.

- Australia <u>does not test</u> imported food for the presence of AMR organisms.

Health Security Consequences of AMR Spreading through Trade:
The economic, social and financial consequences of the antibiotics not being effective are still being assessed. As are the many and complex transmission routes of these resistant organisms spreading globally. Global trade is now acknowledged as a major transmission route and so the spread of AMR must be factored into government's national interest response including to the functioning of WTO and FTA trade obligations.

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. The current TPP-II provisions protecting 'public health' will not be sufficient to deal with AMR transmission into our food supply chain.

AMR raises an entirely different level of concerns over food safety beyond the normal food contamination provisions accounted for in WTO/FTA SPS and TBT provisions. AMR also poses challenges to the capacity of health systems to cope when antibiotics fail.

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 not yet being attributed to the antibiotics failing. This lack of accurate reporting is set to change as much more research is now underway.

These resistant organisms are in an entirely different criteria to ordinary food contamination. E-coli or salmonella containing AMR can have immediate effect – i.e. similar to food contamination but made more serious if antibiotics are needed. This can require longer periods in hospitals or much more serious complications especially if immune compromised.

AMR can also affect individuals' gut microbiome:
AMR consumed in food can also be initially non-toxic in its initial effect but capable of altering the microbiome in the gut by transferring 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.[2] Medical guidelines for example, have been altered to reflect the danger of conducting PSI tests if the patient has recently been overseas. And if AMR is present in the gut it can also be spread to others through unhygienic practices.

Action Needed to Deal with AMR in the Food Chain:
Your Committee may wish to note that Australia currently does not regulate to test any imported food for the presence of antimicrobial resistance. Also, the current 5% cap on food testing is too low given the AMR health threat – the EU tests 20% of its food.

Protecting the food chain is a major responsibility of all governments. Given the global spread of AMR, trade obligations and commitments need to fit-for-purpose. The policy and practice that flows from trade facilitating, behind the border strategies now embedded in new trade agreements need to be assessed against new and emerging health threats.

Governments can and do strategically respond through regulation and/or legally binding commitment to prevent the spread of commercial biosecurity threats. The spread of AMR organisms and the resultant multidrug resistance to antibiotics poses a much greater threat to the public. Implementing a systematic testing regime at the border based on WTO 'national treatment' – non-discriminatory provisions – would help protect Australian consumers, domestic producers and its export markets. It would also signal to trading partners Australia's commitment to dealing with this AMR 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

[2] This latest 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