Federation of Veterinarians of Europe



FVE activities regarding the identification of therapeutic gaps

Seminar on Availability of Veterinary Antimicrobials and Alternatives to their use
Madrid, 15 October 2026
N. De Briyne, FVE Executive Director

Content

- First a couple of words about the profession
- Availability: where are we, almost 5 years on?
- Shortages: quo vadis?
- Evidence based decision making
- Take aways

The Federation of Veterinarians of Europe

The FVE Network



> 330 000 veterinarians

46 national associations (1 observer)
38 European countries
4 Sections

- UEVP (Practitioners)
- UEVH (Hygienists)
- EASVO (Veterinary State Officers)
- EVERI (Education, Research, Industry)

FVE's mission

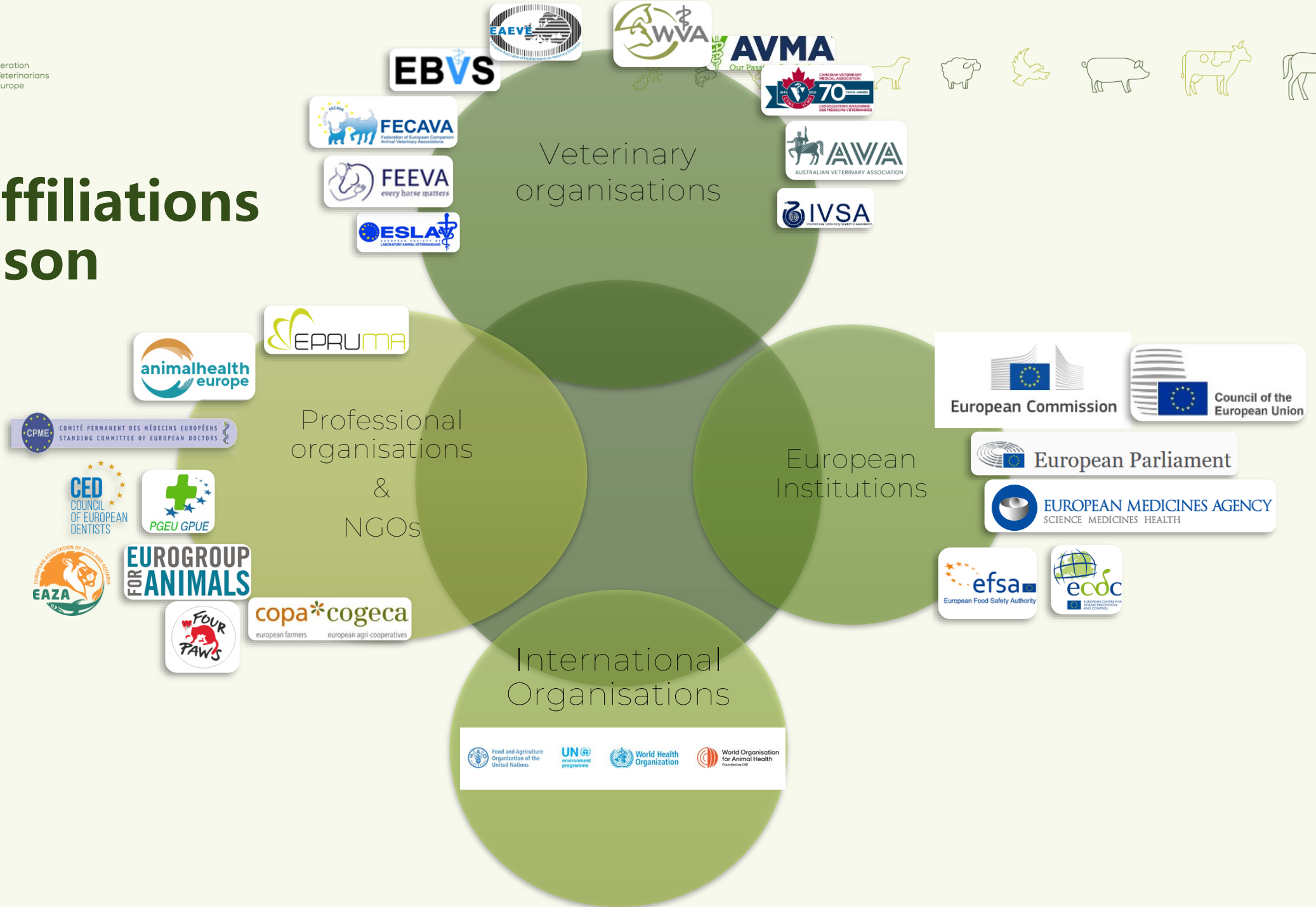
The European veterinary profession, represented by FVE, is a science-led healthcare profession of > 330,000 veterinarians, championing animal health and welfare, public health, safe food, and sustainable livelihoods.

As One Health–One Welfare leaders, vets protect animals, people, and the environment for a healthier tomorrow.

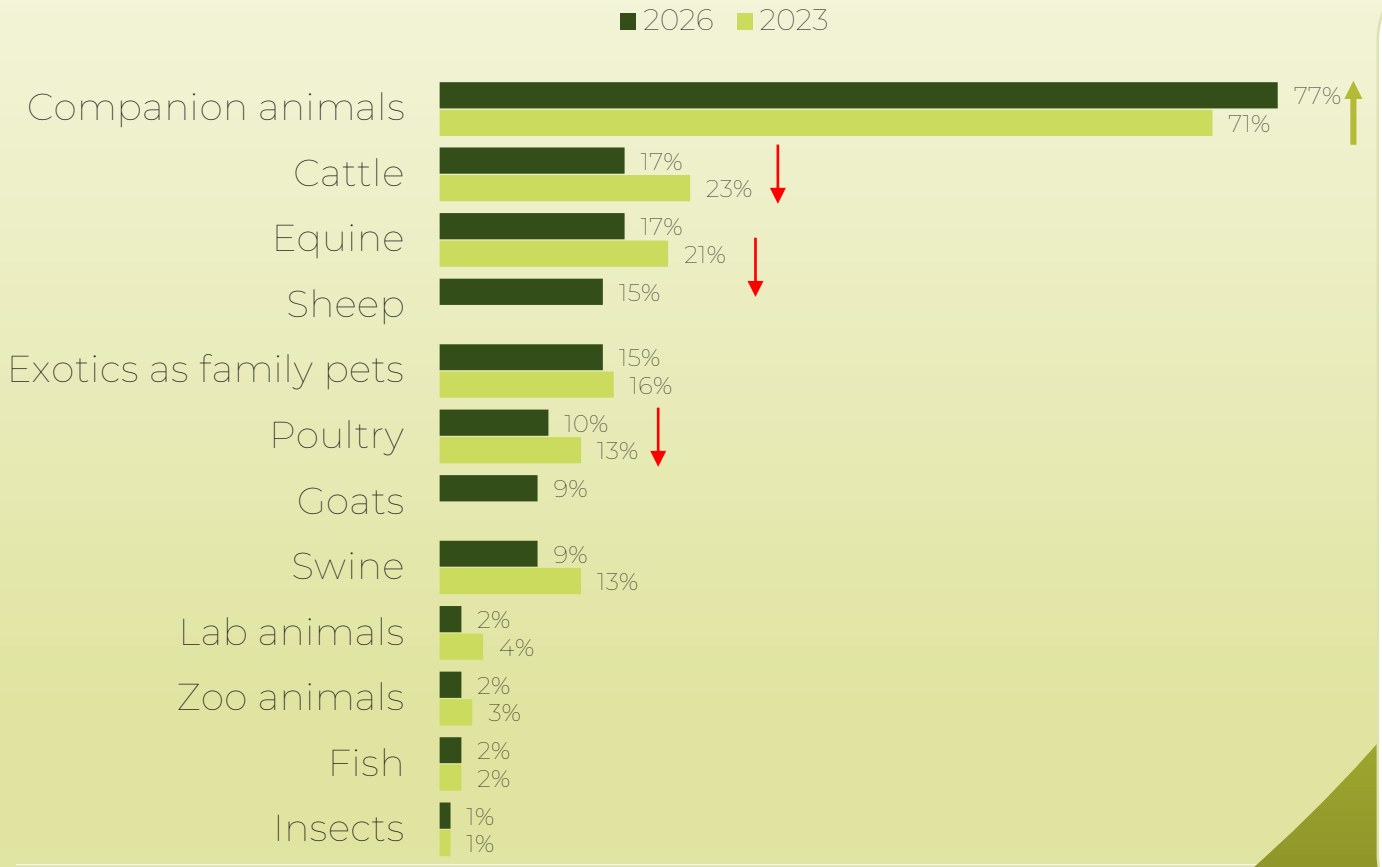
How FVE works: members decide, the Secretariat delivers



FVE Affiliations & Liaison



Vets work with many species – all need medicines



Companion animals 77% (+6 pts since 2023)

Cattle 17% (−6), equine 17% (−4), swine 9% (−4)

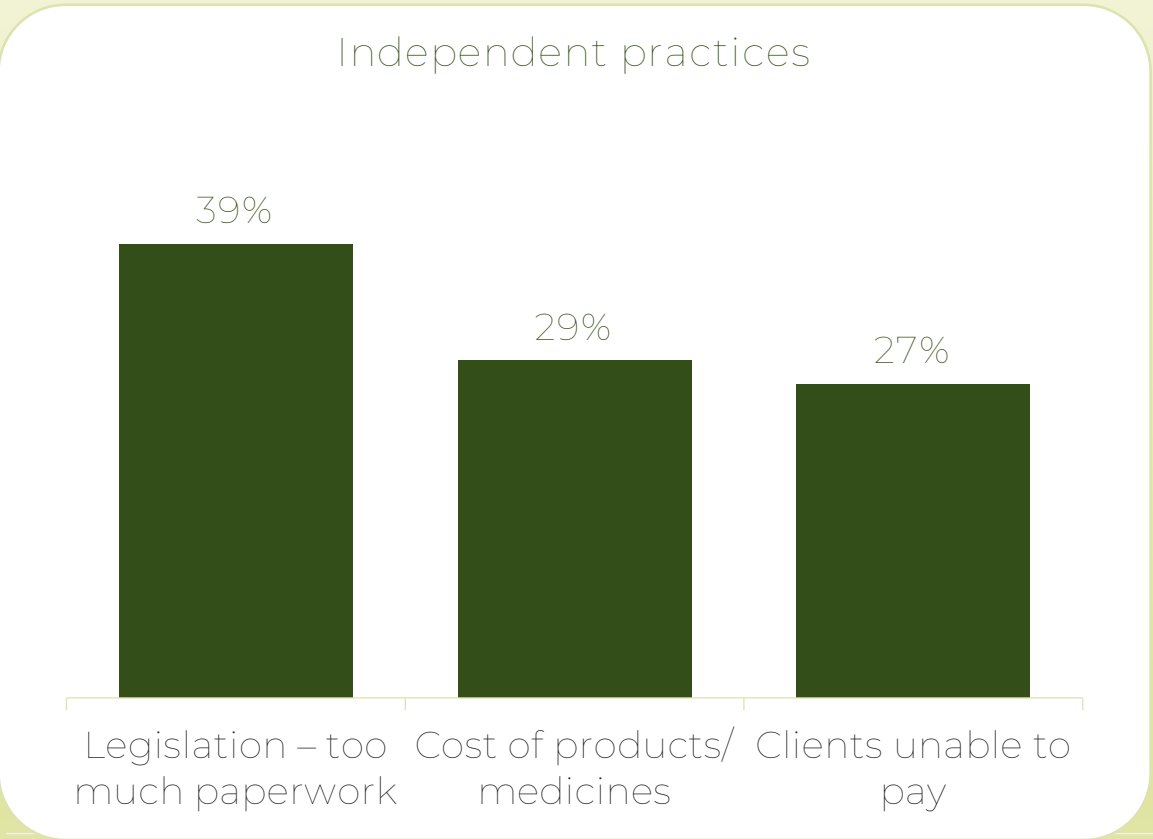
Two-thirds of market growth and most innovation are driven by pet medicines

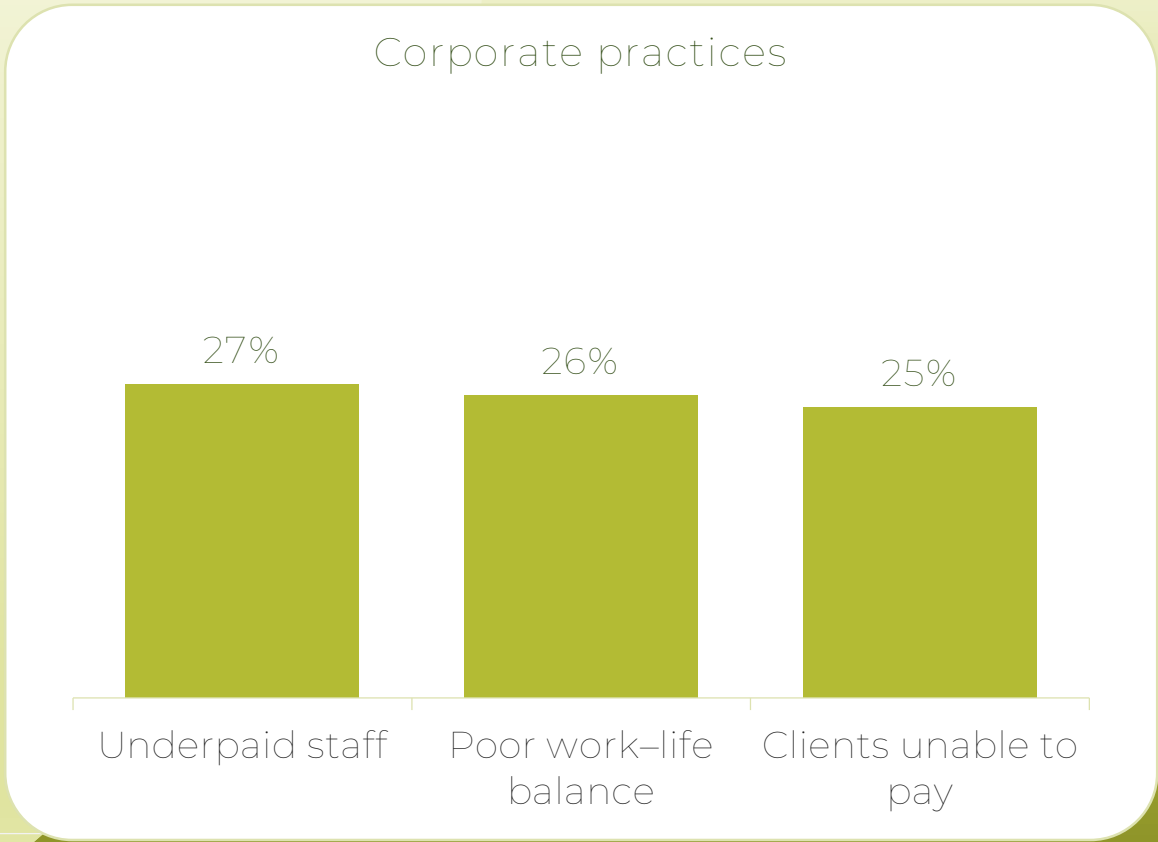
Fewer livestock vets ≠ less need for livestock medicines – food security and One Health depend on them

All animals can get sick. All need medicines.

Source: FVE VetSurvey 2023 and 2026 (Kynetec). Several species possible per respondent. Sheep and goats: no separate 2023 figure.

Independent vets worry most about paperwork and costs; corporate vets about staffing





FVE VetSurvey 2026 (Kynetec), Q44C: "What are the top 3 biggest challenges facing your veterinary workplace at this moment?" Independent practices n = 5,184; corporate practices n = 1,577. All differences significant (95%) except "clients unable to pay their bills".

More vets than ever – yet a profession under strain

6.1/10

average stress score, 6.8 Spain

22%

≥ 2 weeks of mental-health leave in 3 yrs, 27% Spain

Workload

Contracted week down from 40.2 h (2015) to 36.5 h (2026), but ~5 h/week worked on top; leave often not taken.

Administrative burden

Bureaucracy is one of reasons vets leave profession. Medicines rules add to it: prescriptions, treatment records, AMU data, cascade documentation

Image and recognition

Social-media criticism and negative public discourse

Therapeutic gap adds to this load: search for alternatives, cascade decisions and records, special import requests.

Sources: FVE report on veterinary workforce distribution challenges in Europe (2026); FVE VetSurvey 2026. Country examples as reported by FVE members.

AVAILABILITY:
Where are we, almost five years on?

FVE set up VetMed+ Coalition to try to increase availability for minor species

Aim: To look per species what VMPs are on the market and what are the biggest therapeutic gaps

Started with sheep and goats (just finished), reviewed fish (also finished), next geese and ducks

Has availability increased since 2022?

Experts perceived that the availability of medicines for small ruminants has remained the same or decreased following the entry into application of Regulation (EU) 2019/6. None reported an increase.



Only about 1/3 of sheep and goat VMPs are reported as available – vets rely on the cascade

≈ 1/3

Products 'reported as available' in the UPD

Sheep: 29% (1,415 / 4,895)
Goats: 33% (703 / 2,151)



Concrete examples of VMPs lacking:

- NSAIDs (pain killers)
- anthelmintics
- mono-valent vaccines against listeria/coccidiosis/pasteurella, etc

Full publication:
https://www.mdpi.com/2306-7381/13/3/297

Spain: top-priority gaps for sheep and goats include key vaccines

Medicine needed	Species	Type of gap	Expert-suggested way forward
Anthelmintics (general)	Goats	Lack of availability	Single-API products to allow rotation; cascade dosing for goats; better market supply
Netobimin (benzimidazole)	Sheep	Unmet need – national	Oral suspension is authorised in Italy
Orf vaccine (contagious ecthyma)	Sheep	Unmet need – national	Purchase from France needs special permission; re-authorise previously existing vaccines
Coccidiosis vaccine	Sheep	Unmet need – EU-wide	Development and authorisation
Antiprotozoal treatments for Babesia, Theileria and Anaplasma	Sheep and Goats	Perceived insufficient Efficacy or safety	Off-label use of imidocarb dipropionate. Treatment for Anaplasma present in other European countries.

Context

Spain: 54 of 93 survey answers (58%). For 34% of the sheep needs named by Spanish vets, no VMP was authorised and available (UPD) – 50% Av.

Also lacking in Spain

NSAIDs for sheep and goats (unmet need in all EU countries); intramammary antibiotics for goats; anthrax vaccine.

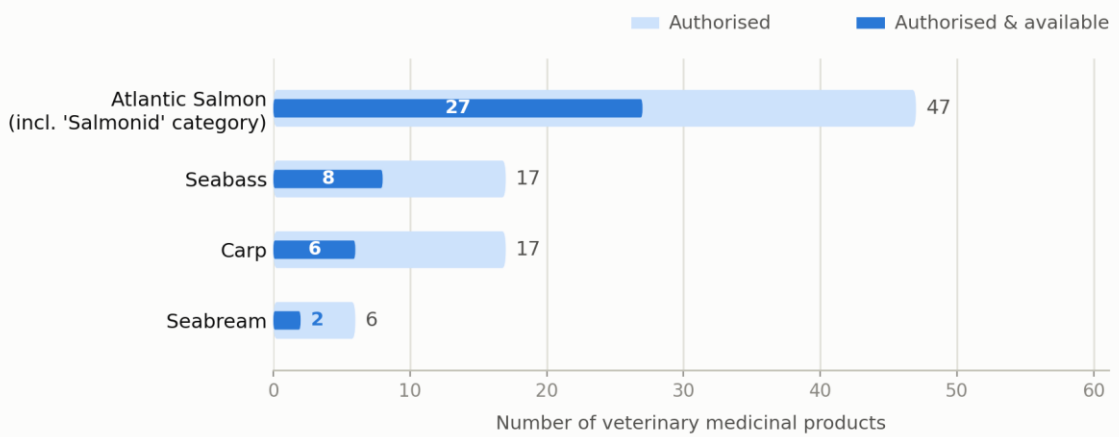
Source: Čudina et al. (2026) Vet. Sci. 13:297, Tables 7–8 (highest-priority items tagged ES) and §3.2, §4.3, §4.5. Lower-priority items: Suppl. Table S5.

Finfish – even greater therapeutic gaps



≈ 1/4

Products 'reported as available' in the UPD
Authorised VMPs finfish: 332 (70 distinct active substances)
Reported as available in UPD: 88



- Only 2 new VMPs in 8 years:
  2 salmon vaccines
  (plus two MRL extensions:
  Imidacloprid and Praziquantel)

Full publication:
https://www.mdpi.com/2306-7381/13/7/713

Concrete examples of VMPs lacking:

- Ecto- and endoparasites (all species)
- Bacterial diseases-*Aeromonas* spp. (all species)
- Fungal and Oomycotic infections (all species)
- Sedation and anesthesia (all species)
- Viral diseases (all species - see WOAH list)
- Hormones for broodstock management, etc

Finfish: in Spain, only 2 of 9 authorised seabass VMPs are reported as available

Country – species	Authorised VMPs	Distinct active substances	Reported available*	Availability rate	Key observation
Norway – Atlantic salmon	31	20	17	55%	Good coverage: 9 vaccines, anaesthetics, 4 sea-lice treatments
Greece – seabass/seabream	18	14	8	44%	3 antibiotics, 4 vaccines; no anaesthetics; 1 parasiticide
Italy – trout/seabass	39	30	9	23%	Low availability for trout despite many authorisations
Poland – carp	1	1	1	100%	One product only: oxytetracycline
Spain – seabass	9	8	2	22%	Only 2 products available – both vaccines
Germany – trout/carp	11	10	1	9%	1 vaccine; no antimicrobial, antiparasitic or analgesic available

*Authorised and reported available distinct VMPs with unique active substances. Availability rate = reported available / authorised VMPs, as defined in the source. UPD checked Dec 2025–Feb 2026. Source: Chambers et al. (2026) Vet. Sci. 13:713, Table 2.

Gaps in alternatives to antimicrobials are an AMR issue too

Vaccines are among the most-reported gaps

Sheep and goats: vaccines are the category most often reported as lacking, and about 1 in 3 top-priority items (34% sheep, 39% goats) – e.g. clostridial, Pasteurella, coccidiosis.

Need for narrow spectrum antibiotics

Procaine benzylpenicillin and trimethoprim most often mentioned as priority products to increase availability by EU-JAMRAI 2 (WP8.2)

Vaccines can help to reduce antibiotic use

Norwegian salmon: vaccination plus biosecurity cut antibiotic use by more than 99%

WOAH PROEVA initiative

Availability of vaccines and other alternatives is part of antimicrobial stewardship – not a separate topic.

Sources: Čudina et al. (2026) Vet. Sci. 13:297, §3.1.4, §3.3.2, §4.5 · Chambers et al. (2026) Vet. Sci. 13:713, Table 2 and §5 (Norwegian data, ref. 25) · EU-JAMRAI 2, WP8.2 – Focus products · WOAH (2026) PROEVA ad hoc group report (vaccines to reduce antibiotic use in animals)

Good practice: four regulators mapped gaps in antimicrobials and alternatives & work towards solutions



What was done

Working group of AEMPS/PRAN, ANMV (FR), DGAV (PT) and HPRA (IE): gaps mapped per sector with experts, prioritised by One Health impact

What was found

Shared hotspots: dairy sheep and goats, rabbits, fish. France 2014–22: 622 shortage notifications – 33% vaccines, 20% antibiotics

What is proposed

Mutual recognition of national MAs, priority use of existing legal tools, new MAs where gaps are shared, early warning before withdrawal

Next step proposed by the report itself: extend the initiative to other Member States

Source: AEMPS/PRAN, ANMV, DGAV, HPRA (Sept 2024) Availability of antimicrobial medicinal products and alternatives to their use, NIPO 134-24-012-3 – pp. 11, 16, 21, 25, 38. MA = marketing authorisation.

Enlarging the picture:



We looked at minor species: what is the situation regarding major species?





What is happening in other continents?





What are the drivers?





How could we stimulate availability?



A shrinking marketed product base

2017–2022

≈40%

decline in veterinary drug products actually marketed in Canada

2018: decline reportedly accelerated

FACTORS IDENTIFIED BY CVMA / CAHI

Regulatory costs	Higher Health Canada fees—such as application, facility-licensing and annual right-to-sell fees—may make maintaining products less viable.
Regulatory changes	In 2017 rules affecting sourcing of drug components were strengthened and this were cited alongside the sharper decline. July 2026, Ministerial Order adopted to leverage decisions and scientific reviews from trusted international regulators (such as the EU!) for eligible veterinary drug submissions.
Small-size market economics	Canada's comparatively small size animal-health market can make the business case harder, especially for lower-volume products and generics.

Key distinction: Health Canada approval ≠ product currently available to buy. Some products become dormant rather than permanently cancelled.

Sources: CVMA/CAHI, Improving Access to Veterinary Pharmaceuticals in Canada (2024); CAHI 2023 Annual Report. The 40% figure refers to marketed products, 2017–2022; contributing factors are not proof of causation for each withdrawal.

US VETERINARY MEDICINE SUPPLY

Many efforts made, results unclear

Current situation

1751 products authorized with further attention needed for MUMS

FACTORS IDENTIFIED BY AVMA, FDA

Increase/decrease?	Current situation: 1751 products approved (& marketed?), but as database completely refreshes every month, it is difficult to do long-term analysis
Great efforts made to increase availability	Focus on increasing availability through e.g. phased review of technical data, conditional approval, pre-submission advice. Special attention to MUMS via MUMS 2.0 Coalition launch in 2026 to strengthen the MUMS pipeline with improving support for drug developers and strengthening stakeholder engagement.
A real single market	Once a product is approved by the FDA, it is allowed to be used across the US.

Strong collaboration between FDA and AVMA to increase availability, despite this therapeutic gaps remain and shortages are also occurring

Sources: input AVMA experts, MUMS 2.0 Coalition Blueprint, 2026 report on therapeutic gaps, FDA Vet Drugs database, Green book trade names and sponsors, Green book withdrawals

What drives the gaps?

- High development costs coupled with small markets can make these products commercially unattractive even when veterinary need is substantial

- Growth of more attractive markets ?

- Globalisation and corporatisation of medicines industry?

- Shortages due to the vulnerability of the global supply chain

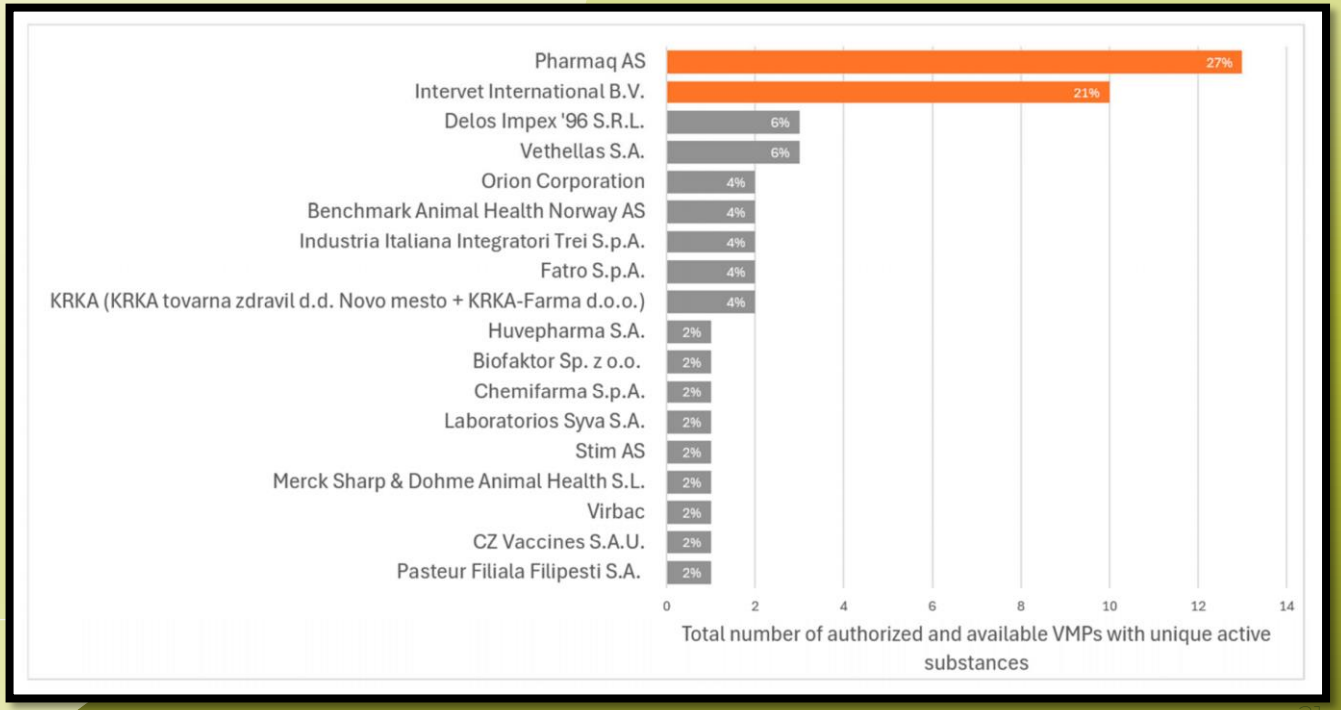
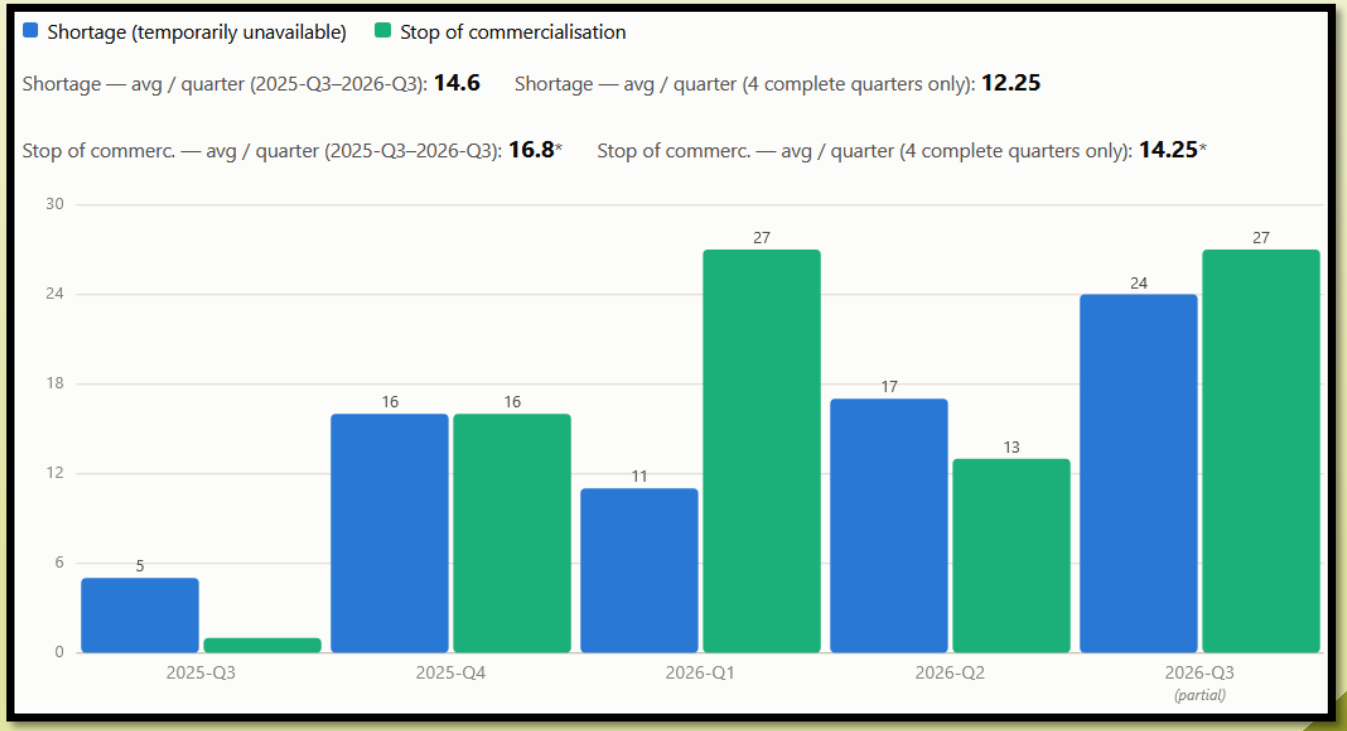


Chart: authorised & reported-available finfish VMPs (unique active substances) per MAH. Chambers et al. (2026) Vet. Sci. 13:713, Fig. 1

Shortages: need for more attention



Source: FAMHP/AFMPS FarmaStatus (veterinary), Belgium

We could publicly identify veterinary shortage registers in 9 MS/EFTA countries

- Reporting channels for practitioners to report shortages are often missing
- Good practice exists: France and Spain (AEMPS CIMAVet) list alternatives; Belgium and Ireland also publish lists
- But no good overview on European level - future UPD?

Shortages are visible only in fragments

281 notices in 7 national registers in 4 months (7 May–7 Sept 2026): 251 shortages–counted per pack, not per product

Some shortages are local, some cross-border: meloxicam (5 countries), buprenorphine (5), Sporimune® ciclosporin (5), Zycortal® desoxycortone pivalate (3)

Some registers also flag permanent withdrawals (‘stop commercialisation’), e.g. Belgium, Ireland, Norway

Compiled by FVE from national registers (BE, DK, ES, FR, IE, NO, SE). Registers differ in scope and inclusion rules; a snapshot, not a trend.

FVE Federation of Veterinarians of Europe



Which levers can increase availability and prevent shortages?

Work towards multilingual labelling or e-leaflets

Working towards bigger markets

Make full use of the flexibilities the Regulation already provides (e.g. Arts 23, 25–26, 110, 116), with risk mitigation and post-authorisation data where appropriate

Keep regulatory costs for limited-market products to a minimum

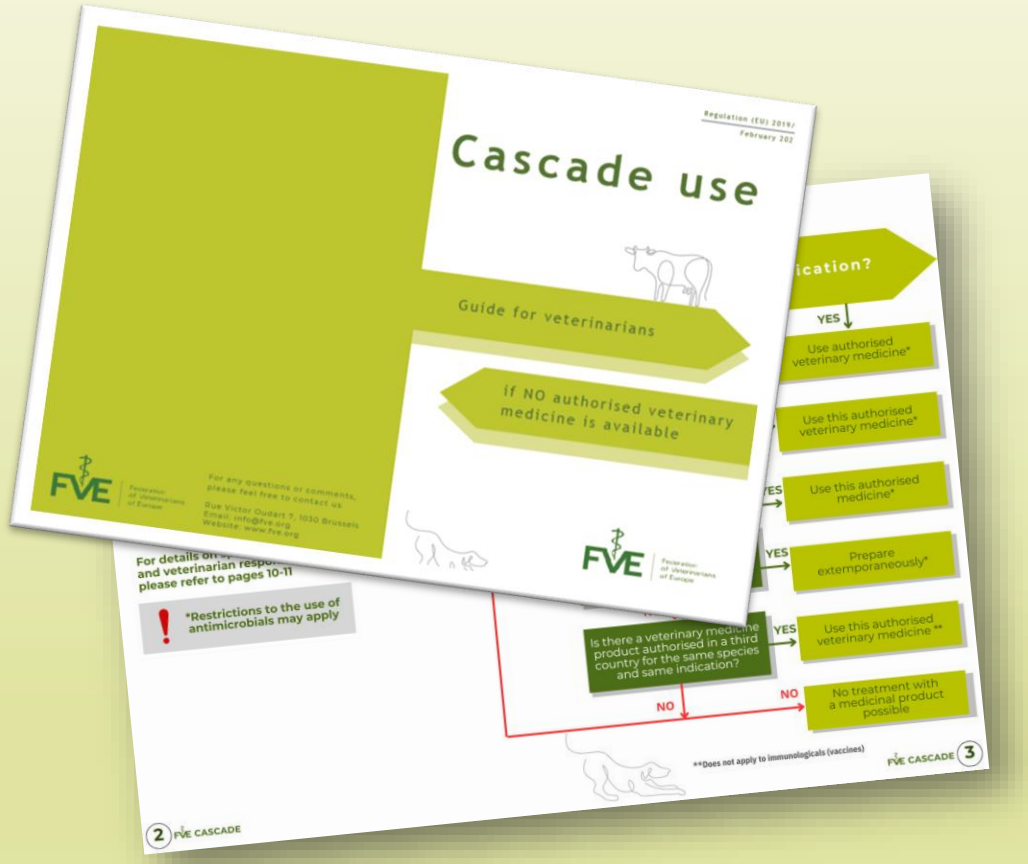
Close collaboration between officials, industry and the veterinary profession to map the therapeutic gaps

Support companies bringing products to limited markets, e.g. pre-submission advice – smaller companies often lack regulatory know-how

FVE updated the 'Cascade leaflet'

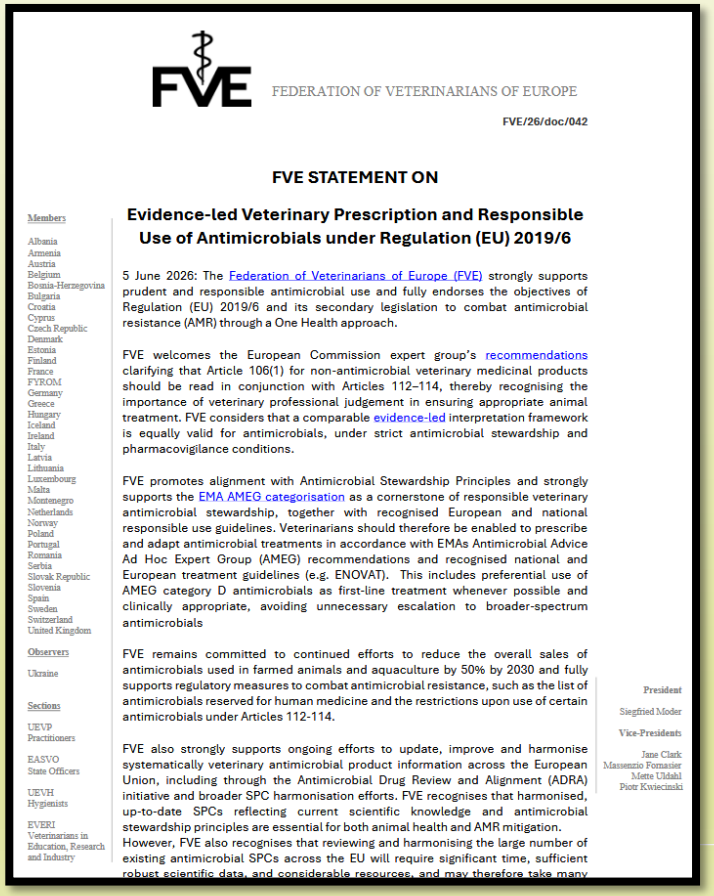
Visual guide with:

- Flow charts on different treatment choices
- Information on withdrawal times, record keeping
- Translated thanks to our members in DE, HR, FR, IT, RO, ES and PO
- Now with SPC interpretation criteria and the updated essential list for horses



Want it in your language? Contact us!

Remaining step: finding a solution in relation to Art 106.1 and antimicrobials



FEDERATION OF VETERINARIANS OF EUROPE

FVE/26/doc/042

FVE STATEMENT ON

Evidence-led Veterinary Prescription and Responsible Use of Antimicrobials under Regulation (EU) 2019/6

5 June 2026: The Federation of Veterinarians of Europe (FVE) strongly supports prudent and responsible antimicrobial use and fully endorses the objectives of Regulation (EU) 2019/6 and its secondary legislation to combat antimicrobial resistance (AMR) through a One Health approach.

FVE welcomes the European Commission expert group's recommendations clarifying that Article 106(1) for non-antimicrobial veterinary medicinal products should be read in conjunction with Articles 112–114, thereby recognising the importance of veterinary professional judgement in ensuring appropriate animal treatment. FVE considers that a comparable evidence-led interpretation framework is equally valid for antimicrobials, under strict antimicrobial stewardship and pharmacovigilance conditions.

FVE promotes alignment with Antimicrobial Stewardship Principles and strongly supports the EMA AMEG categorisation as a cornerstone of responsible veterinary antimicrobial stewardship, together with recognised European and national responsible use guidelines. Veterinarians should therefore be enabled to prescribe and adapt antimicrobial treatments in accordance with EMAs Antimicrobial Advice Ad Hoc Expert Group (AMEG) recommendations and recognised national and European treatment guidelines (e.g. ENOVAT). This includes preferential use of AMEG category D antimicrobials as first-line treatment whenever possible and clinically appropriate, avoiding unnecessary escalation to broader-spectrum antimicrobials

FVE remains committed to continued efforts to reduce the overall sales of antimicrobials used in farmed animals and aquaculture by 50% by 2030 and fully supports regulatory measures to combat antimicrobial resistance, such as the list of antimicrobials reserved for human medicine and the restrictions upon use of certain antimicrobials under Articles 112-114.

FVE also strongly supports ongoing efforts to update, improve and harmonise systematically veterinary antimicrobial product information across the European Union, including through the Antimicrobial Drug Review and Alignment (ADRA) initiative and broader SPC harmonisation efforts. FVE recognises that harmonised, up-to-date SPCs reflecting current scientific knowledge and antimicrobial stewardship principles are essential for both animal health and AMR mitigation. However, FVE also recognises that reviewing and harmonising the large number of existing antimicrobial SPCs across the EU will require significant time, sufficient robust scientific data, and considerable resources, and may therefore take many

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For several old antimicrobials the SPC needs updating. FVE promotes PhV reporting, ADRA and SPC harmonization. However, flexibility to make evidence-led prescribing decisions during the transition period should be found.

See the FVE statement to promote evidence-led prescription of antimicrobials: https://fve.org/cms/wp-content/uploads/042-Statement-on-SPC-deviations-Anti...

Let's aim to find a solution to this.

Take-aways

- Industry: ensure UPD ‘availability’ is updated.
- An EU-level veterinary shortage overview with a minimum set of fields (reason, expected end date, alternatives), building on France and Spain. Consider a national route for veterinarians to report shortages.
- Promote availability: lower fees for limited-market products, no national requirements beyond the Regulation, multilingual packs and e-leaflets
- Art 106 and antimicrobials: work towards professional flexibility to make evidence-led prescribing decisions — guided by diagnostic testing, AMEG categorisation, and recognised treatment guidelines — during the transition period.
- Re-establish a dedicated veterinary availability workstream: the HMA/EMA Task Force on availability (2016–2024) has ended

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