5th Annual WHO-NGO Dialogue

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Dialogue Report
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At the invitation of the Antibiotic Resistance Coalition (ARC), senior figures on Antimicrobial Resistance (AMR) from the World Health Organization (WHO) joined ARC members and allies at the fifth annual WHO-NGO Dialogue. The Dialogue took place during the Charting A Civil Society Agenda: Connecting Global to Local conference organized by the South Centre, Third World Network, and ReAct–Action on Antibiotic Resistance. Over 20 civil society organizations were present at this annual discussion on WHO’s efforts to tackle AMR, now that the UN Interagency Coordination Group (IACG) on AMR’s recommendations to the Secretary-General had been submitted.

WHO staff that spoke include:

- Hanan Balkhy, Assistant Director-General, Antimicrobial Resistance
- Haileyesus Getahun, Director a.i., Global Coordination and Partnership, Antimicrobial Resistance
- Peter Beyer, Senior Advisor, Essential Medicines and Health Products Department
- Anand Balachandran, Coordinator, Monitoring and Evaluation, Antimicrobial Resistance
- Alessando Cassini, Technical Officer, Infection Prevention and Control Global Unit

Opening of the WHO-NGO Dialogue

Viviana Muñoz of the South Centre gave welcoming remarks, highlighting the wide diversity of expertise present as well as emphasizing the need for cooperation between civil society and WHO. Anthony So of ReAct’s Strategic Policy Program then provided an overview on the work of the Antibiotic Resistance Coalition and its member organizations. Launched in May of 2014 at the World Health Assembly, ARC is comprised of over 25 civil society organizations. ARC members have a shared commitment to a set of principles laid out in the Antibiotic Resistance Declaration, and new members are invited by a Nominations Committee, led by Yoke Ling Chee from Third World Network, where potential financial conflicts of interest are strictly assessed. ARC includes networks of consumer groups, like Consumers Union, social movements like the People’s Health Movement, and policy networks that provide thought leadership on development issues such as the Third World Network. In addition to shaping thoughts and policies, ARC members act on the healthcare delivery system through networks of institutions, such as Healthcare without Harm, which has 185 members representing over 36,000 hospitals and health centers, as well as the 50,000 healthcare professionals represented by U.S. Public Interest Research Group’s (PIRG) Health Professional Action Network.

Working horizontally across sectors, ARC members offer complementary perspectives on solving key problems in AMR. For example, groups like India’s Centre for Science and the Environment are working to put limits on residual antibiotics from manufacturing plant discharge into their National Action Plans (NAPs). Access groups in ARC have sought to ensure that approaches to rectify these environmental challenges do not jeopardize the fragile supply chain of key antibiotics. Still other ARC members, such as Health Care Without Harm, focus on where these antibiotics enter the waste stream of hospitals. Working vertically, ARC connects global to local. For instance, the Coalition examines the implications of how the Sustainable Development Goals (SDGs) or IACG recommendations play out
at the National Action Plan level. In equal measure, the Coalition connects local to global, lifting up the voices of consumers and individuals within the healthcare delivery system into global policy discussions. ARC has given voice to those with limited resources who might be put at disadvantage from proposed solutions to AMR. For example, if a uniform tax were applied on all antibiotic use in food production, small scale farmers may be unable to treat diseased animals appropriately compared to large-scale producers who could pass these costs on to consumers. LMICs might be disadvantaged to respond to AMR if mandates were not matched by follow-on resource commitments.

**ARC and its member organizations have hosted and organized a wide range of activities addressing AMR issues. A quick snapshot of some of these follow:**

### High-level advocacy
ARC members have hosted AMR briefings in partnership with the UN Secretary-General Office’s Every Woman Every Child Initiative in New York City and as side events at the World Health Assembly. In January, ARC mobilized over 660,000 tweets to draw attention to WHO’s guidelines on the use of antimicrobials in food animal production.

### AMR as a One Health and intersectoral issue
Collectively, ARC’s members address AMR as an intersectoral issue. To bring an environmental dimension into developing NAPs on AMR, India’s Centre for Science and the Environment hosted an international workshop to discuss this. On both sides of the Atlantic, ARC members have worked to curb the use of antimicrobials in food production. Within the European Union, the UK-based Alliance to Save Our Antibiotics has worked successfully to bring about the recent policy commitments, in which the European Parliament voted for legislation banning preventative mass medication. In the United States, the U.S. PIRG, Natural Resources Defense Council, Keep Antibiotics Working Coalition, and Consumers Union among others have worked on the Chain Reaction Report that rates the country’s leading restaurant chains on their commitment to source food animal products raised without the routine use of antibiotics. In December 2018, ReAct’s Strategic Policy Program and ReAct Asia Pacific convened over thirty civil society groups in Bangkok to discuss “Globalizing Food Campaigns and AMR.” This led to the Bangkok Declaration on AMR, Food Systems, and Farming.

### Engaging governments and intergovernmental organizations
Civil society groups create change by mobilizing both the public and policymakers. In Fall 2018, Ecumenical Pharmaceutical Network—home to ReAct’s Africa node— and the South Centre convened more than 16 governments in Africa in Nairobi in order to relate the milestones in achieving the SDGs to AMR. Additionally, members such as IFARMA in Colombia, the Third World Network in East and Southeast Asia, and ReAct’s regional nodes in Latin America, Africa, and Asia support country governments on the development and implementation of NAPs. Public Citizen, a leading consumer group in the United States, regularly works to ensure the public’s interest in domestic legislation incentivizing pharmaceutical innovation, notably of antibiotics. Through Consumers International, the public’s interest is also represented at meetings of the Codex Alimentarius Commission.
Framing the first part of the WHO-NGO Dialogue discussions, Hanan Balkhy, WHO Assistant Director-General on AMR, presented on WHO’s ongoing work on AMR. She noted that WHO’s 13th General Programme of Work (2019-2023) provides special attention to five areas, including antimicrobial resistance, and that the new WHO structure positions AMR as a priority. Additionally, the Director-General of WHO had co-chaired the IACG on AMR and WHO’s Deputy Director-General has reached out to all WHO offices to strengthen the AMR response through joint UN country work. WHO leads the Tripartite Agencies’ work on AMR which has developed an implementation plan for the IACG recommendations. At the World Health Assembly 2019, a resolution reaffirming the need for high-level commitments to implement and adequately resource multi-sectoral National Action Plans was adopted, which highlights AMR’s impact on both Universal Health Care (UHC) and the SDGs.

Haileyesus Getahun, Director a.i., Global Coordination and Partnership on Antimicrobial Resistance, complemented this overview by describing the post-IACG work by Tripartite Agencies and other international organizations. The IACG report on AMR called for urgent action to avert the antimicrobial resistance crisis and for a coordinated, multisectoral “One Health” approach. As a result, the IACG lifted up key recommendations, organized in five areas: A) accelerating progress in countries; B) innovating to secure the future; C) collaborating for more effective action; D) investing for a sustainable response; and E) strengthening accountability and global governance. Regarding the IACG process, Haileyesus Getahun emphasized the multi-stakeholder engagement in the development of these recommendations, marked by the participation of civil society. Furthermore, recent activities in bringing IACG recommendations forward and strengthening the Tripartite response were outlined. This included the Member State meeting for advancing IACG recommendations organized by Zambia and Sweden. Additionally, in May 2019, the Alliance of Champions on AMR co-signed a letter with 19 Ministers of Health that supported the IACG’s recommendations to the UN Secretary-General (final letter dated 9
July 2019). It was noted that the Secretary-General’s report of 3 June 2019 (“Follow-up to the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance: report of the Secretary-General”) endorsed the adoption of the IACG recommendations.” Furthermore, the Organisation for Animal Health (OIE) adopted an AMR resolution on 28 May calling for implementation of the IACG recommendations. Upcoming activities were then highlighted, including the meeting of senior-level Tripartite Agencies, the Ministerial Conference on AMR in the Netherlands, the AMR resolution at the Food and Agriculture Organization (FAO) conference (which was subsequently passed on 25 June 2019), and the Political Declaration on Universal Healthcare Coverage coming before September’s UN General Assembly (UNGA). Throughout these activities, the importance of collaborating with civil society organizations (CSOs), in addition to the private sector and national agencies, was emphasized.

Interventions

Following these presentations, several civil society respondents spoke in succession. They represented the Coalition’s multisectoral perspective on AMR, from the issues of innovation and access, to primary health care and animal agriculture.

Jyotsna Singh (Médecins Sans Frontières – Access Campaign India) noted that high prices still hinder access to new drugs, not only for cancer, but also for drug-resistant tuberculosis. This situation underscores the need for a new approach to pricing, where R&D is delinked from price and volume-based sales. An actionable agenda also must address the shortage of antibiotics and other medicines. When first-line antibiotics are out-of-stock, doctors must resort to available “last-line” antibiotics, thereby driving greater resistance. The potential of pooled procurement efforts was also noted.

Voicing concerns shared by many ARC members, Maarten van der Heijden with ReAct–Action on Antibiotic Resistance asked what the new structure and place for AMR in WHO meant in terms of prioritization and funding for the issue. Thus far, there appeared to be a mismatch between its ranking as one of the top ten most important priorities in 2019 and the level of funding for AMR. He also expressed concern over the faltering progress, as well as the lack of LMIC engagement, in Member State discussions over the Global Development and Stewardship Framework. Within the Framework discussions, a One Health response will require also engaging other organizations than health CSOs in the process. Maarten queried how WHO saw the role of NGOs in this process.

Nafis Faizi from the People’s Health Movement focused his remarks on Universal Health Care. His remarks highlighted UHC as the best framework for preventing AMR. However, in places such as India, the notion of universal health care had been supplanted by insurance driven healthcare systems (i.e. universal health coverage), but gaps remain between coverage and actual care delivered. Nafis Faizi then highlighted how changing family health care could impact AMR, including through taking a systems approach with behavioral change and improved infection control. He concluded by asking how will the WHO harness the reach and breadth of CSOs to address the social determinants and other non-biomedical drivers of AMR.
Yoke Ling Chee with the Third World Network voiced concerns on the governance and financing of AMR. While the WHO’s leadership is crucial and has sought to bridge One Health concerns, veterinarians, for example, will likely take their cue from the OIE. How does WHO propose to ensure that these One Health concerns will be addressed effectively? Yoke Ling Chee also asked how coordination with the UN Environment Programme (UNEP) and other UN agencies might be strengthened. Regarding the IACG’s recommendation of a Global Leadership Group, she sought greater clarity on how this would be constituted and importantly how conflict of interest concerns would be managed. The Intergovernmental Panel on Climate Change offers useful precedent for the proposed Global Leadership Group on AMR. Similarly, the multi-stakeholder forum must ensure effective representation of different interests as well as manage issues of conflict of interest.

Cóilín Nunan with the Alliance to Save Our Antibiotics directed his remarks to the use of antibiotics in agriculture. He expressed ARC’s disappointment in the IACG’s recommendations on antibiotic use in food animal production. He noted that the recommendations failed to go beyond growth promotion and to ban routine prophylactic use. Even in calling for an end to growth promotion, the IACG still qualified that it might be conducted as long as the country carried out a risk analysis and that it provided no clear deadline for complying. He asked how will the WHO work with FAO and OIE to ensure that these issues would be addressed. Finally, he flagged that ARC’s position that colistin should never be used, as it is now for growth promotion and prevention, in food animal production. As alternatives exist for colistin in animal husbandry, why has there not been a call for a global ban on its use outside of human medicine? How could civil society best bring this to the attention of the Tripartite agencies?

Responses from the WHO Secretariat:
Hanan Balkhy thanked all participants for the interventions, emphasizing that the questions had focused on central concerns within AMR. Together with Haileyesus Getahun and Peter Beyer, WHO officials responded to the interventions brought forward:

- **WHO’s new AMR division consolidates AMR work into two departments and will operate in a cross-cutting way.** As a result, the WHO has made efforts to schedule meetings “without boundaries” and to create change by bringing everyone together.

- **AMR, the environment and joint UN cooperation:** Civil society collaboration will be extremely important as WHO and the Tripartite work with key UN agencies and the World Bank to determine the division of labor as well as the partnership with UNEP.

- **AMR and agriculture:** Unlike the WHO guidelines on the use of medically important antimicrobials in food-producing animals, the IACG had to take intersectoral considerations into account in shaping its recommendations.

- **WHO leadership and the role of CSOs:** Hanan Balkhy captured the challenge ahead. How do we move these crucial issues forward? How do we create a systemic response, moving past generic resolutions, to taking action on guidelines taking into account the local context? Mapping current efforts and using surveillance data, how do we build on what has already been done? Hanan Balkhy invited civil society to share its expectations with WHO on moving forward. What exactly was missing from the AMR agenda, and what specific recommendations are wanted?

“We all have different interests; how can we have a mechanism that connects national to local?”
• **Transparent and inclusive cooperation:** Coordinated action with a shared global vision and goal will be facilitated by multi-stakeholder engagement with Member States, civil society and the private sector through an AMR partnership platform.

• **Universal Health Care:** Because AMR is an issue engrained into health systems management, Hanan Balkhy discussed the need for cross-cutting agendas between AMR, UHC, hygiene and other areas.

• **Governance and Finance:** The shape of the Global Leadership Group and an Independent Panel are being considered by the UN Secretary-General. By providing input into what works and what does not, we can help inform that decision. Civil society, along with stakeholders in academia and the private sector, will have a voice in the consultative process on these decisions.

• **Conflict of interest:** The IACG report had a recommendation where conflict of interest by those involved in the Global Leadership Group must be declared. WHO relies on the guidance from its Framework of Engagement with Non-State Actors (FENSA) in handling these issues. What specific recommendation might be given to address this concern? What exactly are we missing?
The second half of the WHO-NGO Dialogue opened with remarks from Peter Beyer, Senior Advisor in the WHO Essential Medicines and Health Products Department. In the area of research and development WHO is developing target product profiles for missing antibiotics and has supported and facilitated the work of the Global Antibiotic Research & Development Partnership (GARDP). Additionally, it has worked to encourage the European Investment Bank to develop an impact investment fund to finance antibiotic development. In relating with the private sector, WHO will fully comply with FENSA rules that are governing all relations with the private sector. Regarding the Global Development and Stewardship Framework, the scope will be revisited in line with the World Health Assembly resolution in consultation with Member States. Progress on this front also awaited the IACG recommendations to come forward.

Alessandro Cassini, Technical Officer in the WHO Infection Prevention and Control Global Unit, then gave a brief overview of both the Infection Prevention and Control (IPC) unit of the WHO and UHC. The global unit works on defining best practices, as well as developing implementation tools, for preventing and controlling infections at all levels of healthcare, and works on cross-cutting issues with UHC. It was noted that the cost-effectiveness and cost-saving potential of infection prevention and control makes IPC an important element for addressing AMR. Thus, the IPC unit continues to collaborate with the AMR Secretariat, emphasizing infection prevention and control and stewardship as an investment in stopping AMR. A closer partnership between IPC and AMR is anticipated. In terms of IPC, the core components have been clearly defined (Core Component 1: IPC Programme; Core Component 2: IPC Guidelines; Core Component 3: IPC Training/Education; and Core Component 4: HAI Surveillance; Core Component 5: Multimodal Strategies; Core Component 6: Monitoring, audit & feedback; Core Component 7: Workload, staffing & bed occupancy; and Core Component 8: Built environment, materials & equipment for IPC).
Anand Balachandran, Coordinator of Monitoring and Evaluation on AMR, continued the discussion on UHC, noting that while there is much focus on coverage, quality of care is also a critical component that must be addressed. Anand Balachandran offered an overview of progress in implementing the Global Action Plan (GAP), both through examples of ongoing work around each of the five GAP strategic objectives and then illustrating metrics by which such progress can be benchmarked. He highlighted the progress and challenges in achieving the five strategic objectives through data submitted by countries through the 3rd round of the Tripartite AMR Country Self-assessment Survey (TrACSS). The survey drew participation from 159 countries, representing 92% of the world’s population, and responses are available in a global open access database: https://amrcountryprogress.org.

- Improving awareness and understanding: Nationwide campaigns were conducted in some 116 countries during World Antibiotic Awareness Week; a Behavior Change Group has been established; and efforts are underway to improve health workforce education (e.g., “Handle Antibiotics with Care in Surgery”);
- Strengthening knowledge through surveillance and research: Close to 80 countries have enrolled in GLASS and 48 of them are submitting data through GLASS; in addition to being a surveillance system of selected resistant pathogens, surveillance is also being conducted to monitor levels of antimicrobial consumption and the first global consumption report included data from 65 countries; integrated surveillance efforts are also being piloted (e.g., the revised Guidance on Integrated Surveillance of AMR in the Food Chain) in 18 country projects to build capacity for integrated surveillance, and development of a global harmonized protocol for integrated surveillance of ESBL-producing E. coli;
- Reducing the incidence of infection: Infection prevention and control measures, including strengthening Water, Sanitation and Hygiene (WASH) services are considered to be one of the best buys in addressing AMR. WHO has developed and published evidence-based guidelines for core components of IPC programmes at national and health facility level. Strengthening IPC and WASH programmes are critical, especially considering that in Least Developed Countries only 55% of health care facilities had even basic water services;
- Optimizing the use of antimicrobial medicines: WHO has developed the “AWaRe” framework that has been incorporated in the Essential Medicines List. This framework classifies antibiotics into the Access, Watch and Reserve categories; the key goal is to ensure that Access group antibiotics constitute at least 60% of the antibiotics consumed. Efforts will be made to support the adoption of the AWaRe framework globally, and track the availability of ACCESS antibiotics across countries;
- Ensuring sustainable investment: publication of a global priority list of antibiotic-resistant bacteria and ongoing development of a priority list of diagnostics for AMR; R&D pipeline analysis of antibacterial agents in clinical development; target product profiles for low-cost diagnostic tests for gonorrhea and chlamydia as well as antibiotic resistance testing for gonorrhea; and support of product development partnership efforts through GARDP to develop novel antibiotics.

Anand Balachandran noted that in the past three years some 117 countries have developed NAPs to address AMR in their countries based on guidance provided by the Tripartite organisations (WHO, FAO, OIE) and aligned with the GAP. However, he highlighted that significant efforts are required to ensure effective multisectoral coordination in countries, and to strengthen implementation of the NAPs. Greater accountability and financial resources are urgently required as only 26 countries reported having a budget for NAPs implementation. He called on civil society to support countries to implement their
NAPs.

**Interventions**

Victor Chishimba with the Zambia Community Health Initiative questioned how the WHO would work with civil society to make sure governments are giving accurate reports and also are accountable for antimicrobial use surveillance. Moreover, he raised important questions of how to reduce siloed approaches, especially at the country level, across Tripartite agencies and what was WHO’s perspective on working within the Tripartite.

Niyada Kiatying-Angsulee with the Drug System Monitor and Development Program at Chulalongkorn University asked about the role of CSOs and how WHO could encourage CSOs to share experiences of working in different countries. In addition, she asked for clarity over how WHO viewed UHC— as Universal Health Care or as Universal Health Coverage.

Representing the Centre for Science and Environment in India, Rajeshwari Sinha focused on the multisectoral challenges of NAP implementation. Due to the federal structure of India, states have a critical role to play in effective NAP implementation. Therefore, awareness, capacity building, and necessary budgetary allocations are important and much needed. Different ground realities, challenges, and priorities across different states call for the design of targeted and state-specific interventions. Multiple sectors, such as human, animal or environmental, across states need to be aligned with the objectives of the national plan and action initiated thereafter. Towards these ends, civil society involvement can help create a strong “on-the-ground” presence to enable a true reflection of the local context.

**Responses from the WHO Secretariat:**

During the discussion that followed these interventions, Anand Balachandran provided responses to the ARC interventions:

- **WHO evaluation of the Tripartite:** The WHO has been collaborating with the Tripartite for over 60 years (e.g. FAO has records from the early 1940s regarding collaboration on rabies). However, the organization of the Tripartite agencies poses challenges. For instance, WHO and FAO have country offices, while OIE works primarily through its headquarters and regional offices. Staffing on AMR is also limited at this point and needs to be scaled up. The Tripartite need to step up their joint One Health AMR response as requested by the Secretary-General, the IACG and the Tripartite governing bodies. However, financing for the Tripartite Secretariat also has to be commensurate with this mission. Civil society plays a vital role in keeping the Tripartite accountable, as well as shaping how this accountability is measured.

- **Universal Health Care:** Many countries want to highlight AMR in the context of UHC, but some countries do not want AMR to be prioritized above UHC.

- **National Action Plans:** WHO acknowledged the concerns brought forward by civil society respondents as important challenges to tackle. Data collection may capture the picture at a national level, but action must devolve to states and districts. If these sub-national regions are not engaged— especially in countries such as India— nothing moves forward. In India, at least one state, Kerala, is known to have a State Plan on AMR.
• **Accountability within governments**: While a call for multi-sectoral meetings is supported, resources must be provided to convene the meetings and help implement activities as per the NAPs. WHO is working to support governments in their efforts to collect data on AMR and to measure performance. By working with local partners, the reach of WHO’s efforts might be amplified.
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Dialogue Participants

WHO speakers: Hanan Balkhy, Assistant Director-General, Antimicrobial Resistance; Haileyesus Getahun, Director a.i. Global Coordination and Partnership, Antimicrobial Resistance; Anand Balachandran, Coordinator of Monitoring and Evaluation, Antimicrobial Resistance; Alessandro Cassini, Technical Officer, Infection Prevention and Control Global Unit, Peter Beyer, Senior Advisor, Essential Medicines and Health Products Department; Eva Nathanson, Senior Programme Manager, Global Coordination and Partnership, Antimicrobial Resistance

Public Interest NGO and IGO speakers: Viviana Muñoz, South Centre; Anthony D. So, IDEA (Innovation + Design Enabling Access) Initiative and ReAct Strategic Policy Program; Yoke Ling Chee, Third World Network; Jyotsna Singh, Medecins sans Frontieres, India; Maarten van der Heijden, ReAct - Action on Antibiotic Resistance; Cóilín Nunan, Alliance to Save our Antibiotics; Nafis Faizi, People’s Health Movement; Victor Chishimba, Zambia Community Health; Niyada Kiatying-Angsulee, Drug System Monitor and Development Program, Chulalongkorn University; Rajeshwari Sinha, Centre for Science and the Environment, India

Public Interest NGO and IGO participants: Rafael Almeida da Silva, UAEM; Sebastian Schonherr, UAEM; Jean-Yves Stenuick, Health Care Without Harm Europe; Steven Knievel, Public Citizen; Edna Sánchez, IFARMA; Michael Hansen, Consumer Reports; Dušan Jasovsky, Medecines Sans Frontieres, Geneva; Uma Devi Raja, Third World Network; Elizabeth Lovinger, Treatment Action Group; Tony Tumwesige, Uganda Protestant Medical Bureau; Denis Amone, ACE Africa; Viviana Galli, European Alliance for Responsible R&D and Affordable Medicines; Rohit Malpani, ReAct – Action on Antibiotic Resistance; Nikolai Pushkarev, European Public Health Alliance; Garance Upham, World Alliance Against Antibiotic Resistance; Anja Leetz, German Alliance for Climate Change and Health; Matheus Zuliana Falcão, Instituto Brasileiro de Direito do Consumidor; Annie Tracie Muraya, ReAct Africa; Prateek Sharma, IDEA Initiative and ReAct Strategic Policy Program; Joshua Woo, IDEA Initiative and ReAct Strategic Policy Program; Philip Mathew, ReAct Asia Pacific; Mengying Ren, ReAct Europe; Mirza Alas, South Centre

The co-organizers – South Centre (Viviana Muñoz, Mirza Alas, Vitor Ido), ReAct’s Strategic Policy Program (Anthony So, Prateek Sharma, Joshua Woo), and Third World Network (Yoke Ling Chee) – wish to acknowledge the support of the Fleming Fund grant to the South Centre in supporting this WHO-NGO Dialogue. We appreciate the efforts of the meeting participants in contributing to these productive discussions. A writing team from the Secretariat of the Antibiotic Resistance Coalition, supported by the ReAct Strategic Policy Program and housed at the IDEA (Innovation + Design Enabling Access) Initiative at the Johns Hopkins Bloomberg School of Public Health, drafted this dialogue summary.