ANTIBIOTIC RESISTANCE COALITION

Comments for the Tripartite Secretariat’s Public Discussion on Establishing a One Health Global Leaders Group
Antibiotic Resistance Coalition Comments
on
Establishment of a One Health Global Leaders Group on AMR

We welcome the opportunity to provide feedback on the proposed Terms of Reference on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance (AMR). We commend the Tripartite Secretariat on AMR on taking up the Inter-Agency Coordination Group on AMR (IACG) recommendations and beginning the process of laying out the foundation for future global governance and coordination for addressing AMR.

Governance for Accountability

It is challenging to consider the terms of reference for the Global Leaders Group (GLG) in isolation from the rest of the needed global governance structure for AMR. In this proposed setup, GLG is not exercising any official governance, is not accountable to anyone, nor does it have the power to hold others accountable. The potential roles of the Independent Panel on Evidence for Action Against Antimicrobial Resistance and the Multi-stakeholder Partnership Platform should be considered alongside the GLG. Defining the Rules of Procedure among these three entities is critical if we are to understand how they might relate to one another. The follow-through on completing the Global Development and Stewardship Framework, called for by the UN Political Declaration on AMR and the IACG recommendations, and how it relates to these steps to bring about effective and coordinated global governance for AMR should be laid out.

1. The Global Leaders Group should be accountable to the Member States of the United Nations. As currently proposed, its composition and the buy-in to its advisory recommendations would not be Member State-driven. Today, existing intergovernmental governance mechanisms rarely provide the opportunity to discuss and come to decisions across sectoral boundaries. Decisions that would require a systems perspective are lacking because governance mechanisms create bubbles of interest, including within the UN system based on the respective mandates of individual agencies. There is an unmet need for an intergovernmental governance platform that would allow for more direct discussion and inclusion of different perspectives in the decision making.

To this end, we would recommend that its membership be limited to representatives of Member State governments with adequate regional balance and that it report to a higher UN level (e.g., United Nations Economic and Social Council) instead of a UN agency. The responsibility and decision power of Member States must be emphasized in the proposal for global governance. The composition and operations of the One Health Global Leaders Group should meet the governance functions needed on a global level, including building policy coherence and coordination at the intergovernmental level as well as across international agencies and organizations.
2. As part of the proposed global governance structure, the Tripartite Agencies (WHO, FAO and OIE) and other UN and intergovernmental agencies charged with carrying out the post-IACG recommendations and work on addressing AMR should be in a supporting role to, not represented on, the GLG. The GLG should be independent and empowered to speak out credibly if the Tripartite Agencies and other UN and intergovernmental agencies need the additional resources to address the challenge of AMR. Having such Agencies on the GLG and then asking for mobilizing resources for themselves is problematic. At the same time, the GLG should also be able to flag if milestones are not being met by any of the UN agencies, including the Tripartite agencies, to Member States.

3. Representation on all three entities—the GLG, the Independent Panel and the Multi-stakeholder Partnership Platform—should ensure intersectoral and low- and middle-income country (LMIC) representation. As noted in the World Bank’s report, Drug-Resistant Infections: A Threat to Our Economic Future, the issue of AMR is inherently an intersectoral challenge and one where the burden will be disproportionately faced by both low- and middle-income countries. From the investment perspective, the greatest returns would flow to upper middle-income and high-income countries.

4. The proposed global governance structure, including the GLG, should commit to mobilizing both follow-on action and resources—both technical and financial—for addressing AMR as well as engagement of UN and intergovernmental agencies, notably also beyond the Tripartite agencies. To implement the IACG recommendations, greater commitment and engagement will be required of UN and intergovernmental agencies, from UNICEF and UNDP to the World Bank and UN Environment, as well as of groups from UNITAID to GAVI and the Global Fund to Fight AIDS, TB and Malaria, and this should be a key goal for the Tripartite Secretariat and the GLG. Leaving out the engagement of more multi-sectoral UN and intergovernmental agencies than the Tripartite in the proposed governance structure sends the wrong signal, and it is counterproductive to the strategy of making AMR a priority for all involved in sustainable development and system strengthening. A better approach would have incorporated a broader spectrum of UN agencies, intergovernmental and other international organizations with advisory roles to the membership of the GLG, perhaps through the Multi-Stakeholder Platform.

5. Lessons from other policy processes, like the Committee on World Food Security (CFS), might inform how to structure AMR global governance. Recognizing both the strengths and shortcomings of the CFS process, we would highlight what elements might help build a governance approach uniquely suited to AMR, but emulating certain parts. Notably the CFS is an intergovernmental platform composed of all UN Member States with clear reporting to the UN Economic and Social Council (ECOSOC). Member States take decisions, but there is structured participation in parallel pathways by civil society and other relevant constituencies. The governance structure allows for intergovernmental agencies engaged in food security to find policy convergence across the UN and other agencies.
6. **The Independent Panel on Evidence for Action Against Antimicrobial Resistance must be considered a critical part of the proposed global governance structure.** Today there is no global, cross-sectoral mechanism to manage the assimilation of the rapidly expanding scientific literature on AMR, and there is a gap in providing independent and multi-sectoral analyses of existing evidence in a One Health context. There is also the need for mechanisms that manage scientific disagreements and synthesize evidence from a systems perspective with engagement of experts from different disciplines. This process must have robust safeguards against the influence and bias of financial conflict of interest.

It is difficult to understand how the Global Leaders Group will gain credibility and legitimacy as the highest governing body on AMR if it does not have strong knowledge in the area and without having scientific support. In the selection criteria it is now mentioned that the members should have “demonstrated knowledge of or commit to becoming familiar with the areas covered by the scope of the Group”. In this respect, the crucial importance of the by IACG proposed Independent Panel must be acknowledged and incorporated in the plans of setting up the Global Leaders Group.

7. **Incorporating the voice of civil society and other relevant constituencies in the Multi-stakeholder Partnership Platform.** By Multi-stakeholder Partnership Platform, we wish to be clear that we are not suggesting a shadow governance structure, but rather an engagement platform that allows adequate consultation with public interest organizations and other relevant constituencies, with robust safeguards to protect against conflict of interest. This can be accomplished both through public hearings, where such inputs would be transparent, and through membership on a Multi-stakeholder Partnership Platform. Public interest NGOs, as opposed to those groups serving or funded by industry interests, should have a separate forum within the Multi-stakeholder Partnership Platform through which to give voice to key concerns on AMR policies.

8. **The impact and value of the Global Leaders Group can be seriously questioned if they are only to meet twice per year.** The modus operandi of the GLG must be more clearly defined, providing details on the nature of work between regular meetings, such as coordination among all actors, and tasks to be done in preparation for the meetings.
Transparency and Conflict of Interest

To the question posed by the Tripartite Secretariat, “What are the incentives to attract experienced and high-level leaders?”—we believe the answer is the reward of public service and seeing a future free from the fear of untreatable infections. There should not be personal benefits or financial gains as a key motivation for contributing as a member to the GLG or any of the governance structures. The promise of being able to make an effective difference on the shared aims of curbing the challenge of antimicrobial resistance should be motivation enough.

It is remarkable that the draft terms of reference make no mention of management of conflict of interest as an important guiding principle. The terms of reference should bring clarity on how to avoid - and if not possible, manage - conflict of interests in all governance structures and multi-stakeholder engagements.

1. Transparency at three levels is key—how the GLG composition is comprised, the selection of specific individuals, and the eventual agenda, key performance indicators and process of the GLG once it is constituted. As in the last year of the IACG’s operations, the efforts to ensure openness to its proceedings, where possible; public consultation on its draft and final recommendations; and the public posting of commissioned reports, discussion papers and external inputs into its deliberative process were all key steps in ensuring transparency.

2. Government representatives should be committed to the goals of the GLG. If these government officials represent Ministries that are opposed to key goals, such as lowering the use of antimicrobials in food animal production, their presence on the GLG, would not be helpful as opposed to providing testimonial inputs to the GLG. If these representatives are not full-time government employees, they should be subject to disclosure of financial conflict of interest.

3. The Independent Panel and the Multi-Stakeholder Partnership Platform should also be safeguarded from special interests, especially from financial conflict of interest. Therefore, we would also want to ensure that public interest NGOs are given a separate space, not clump all not-for-profit organizations into the same mechanism.

4. Avoiding the appointment of those with fiduciary and financial conflict of interests from representational roles in the governance structures would be critical. FENSA was set up to deal with institutional conflict of interest, particularly among non-State actors, with the World Health Organization. The guidelines for Declaration of Interests for independent experts at the WHO, however, have raised considerable confusion and concern. Rather than focus on fiduciary and financial interests, it puts forward a standard of “intellectual” bias. Diversity of views is where we can better strike a balance, if needed. Otherwise, these governance structures risk overregulating intellectual viewpoints and leaving out important perspectives.

5. The workings of the Independent Panel should be transparent and independent. Adhering to the principles of transparency, scientific inclusiveness and independence is
at the core of ensuring authoritative and credible outputs from the Independent Panel. To ensure that the outputs of the Independent Panel are authoritative, credible and legitimate, a rigorous and robust scientific process must be in place. Finally, the advice should be produced independent of the influence of governments and businesses.

Priorities and Key Performance Indicators

Members of the Antibiotic Resistance Coalition played key roles in ensuring that AMR is considered integral to the achievement of Universal Health Care and also in supporting an AMR-specific indicator in tracking the Sustainable Development Goals. We believe that clarity on the priorities and goals to which the GLG would hold itself accountable is the critical first step in defining who should be represented on the GLG and what conflicts of interest need to be avoided on the GLG.

1. **Ensuring the achievement of Universal Health Care with affordable access to effective antimicrobials.** Enabling a robust supply chain of these life-saving drugs, appropriate diagnostics and trained healthcare professionals, are all needed to deliver such access. This also requires engaging, through the GLG, those who can best align AMR-sensitive interventions (such as WASH and vaccination). Enlisting healthcare workers, the challenge of antimicrobial overuse and misuse in the healthcare delivery system must also be addressed. The Multi-Stakeholder Partnership Platform can help engage these key actors from the healthcare delivery system, civil society and professional societies to achieve these aims.

2. **Supporting the implementation of National Action Plans on AMR and the mobilization of resources for these goals.** Resource commitments, particularly from public sector sources and from high-income countries, must be mobilized, so that follow-through on NAPs is achievable. The burden of AMR falls unevenly across countries. So globally, resources and responsibility for responding urgently, should be directed to where it might make the most difference. The problem of overuse of antibiotics both in the healthcare delivery and food production sectors is common in industrialized countries, not just in those with limited resources. Funding mechanisms across sectors, including the Multi-Partner Trust Fund on AMR and United Nations Development Assistance Framework, must be coordinated and harmonized.

3. **Ensuring sustainable access to antimicrobials and other health technologies tackling AMR.** To ensure “quality, safe, efficacious and affordable” medicines, diagnostics and vaccines, we will need not only to develop and pilot new approaches to financing innovation and procuring antimicrobials and related technologies, but also to develop strategies to overcome shortages of essential antimicrobials, like pooled procurement and non-profit, generic production of antimicrobials. Failing to address shortages forces healthcare providers to resort to second-line antibiotics, thereby furthering AMR.

4. **Mobilizing consumers, farmers, food workers and veterinarians to curb the routine use of antimicrobials in food production.** A key step in priority setting is recognizing that just five...
countries comprise over half of the global use of antimicrobials in food animal production. The disparate impact on small scale farmers in transitioning livelihoods away from animal husbandry practices reliant on antimicrobials is important to consider and address. Consumer groups have played an important role in enlisting multinational restaurant chains and fast food franchises to source more responsibly livestock and aquaculture raised without the routine use of antibiotics.

5. **Setting targets for lowering the use of antimicrobials and working towards a ban of antimicrobials for growth promotion in food animals, eliminating the use of medically important antimicrobials for disease prevention/prophylaxis in groups of animals, and restricting the use of critically important antimicrobials as recommended by the WHO.** A key shortcoming of the IACG recommendations was its failure to go beyond the floor of consensus on immediately banning the use of highest priority critically important antimicrobials for growth promotion. This falls far short of the WHO and OIE recommendations that propose restrictions on antibiotics for preventive use in groups of animals. Those on the GLG, whether they be governmental officials or not, should not be representing interests not aligned with this goal of banning all antimicrobials, but especially medically important antimicrobials for growth promotion.

6. **Addressing the environmental dimension of AMR.** Most of the antimicrobials consumed in the healthcare delivery system and the food production system pass through into the environment. These antimicrobial residues and their genetic determinants of resistance come from the effluents of pharmaceutical manufacturing plants, agricultural run-off, hospital waste discharge, and municipal and community-level water systems. There is a strong need to mainstream AMR-centered approaches to manage waste from such point sources. These environmental concerns have not received commensurate attention, either in how the Tripartite Secretariat has been comprised, nor in the Global Action Plan on AMR and guidance issued thereafter. In the absence of such global guidance, countries will likely struggle to address effectively the environmental dimension of AMR, even if it is intended as part of their national action plans.

We, the undersigned civil society groups, urge the Tripartite Secretariat and the UN Secretary-General to take up these considerations in shaping the terms of reference for the GLG and how it fits into the global governance structure of AMR that must also include the Independent Panel and the Multi-Stakeholder Partnership Platform.
Signatories:

Alliance to Save Our Antibiotics
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Consumers Association of Penang
Ecumenical Pharmaceutical Network
Food Animal Concerns Trust
Fundación IFARMA (Colombia)
Initiative for Health & Equity in Society
Institute for Agriculture and Trade Policy
Health Care Without Harm
Health Action International
European Public Health Alliance
Instituto Brasileiro de Defesa do Consumidor
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Sustainable Food Trust
Third World Network
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