



BRIDGING THE GAP: A POLICY BRIEFING ON NEXT STEPS FOR TACKLING ANTIMICROBIAL RESISTANCE

WORLD HEALTH ORGANIZATION EXECUTIVE BOARD
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From basic healthcare to the latest advances in modern medicine such as organ transplants and chemotherapy, antibiotics have become indispensable. The important momentum begun with the World Health Assembly's adoption of a Global Action Plan on Antimicrobial Resistance continued this past year with the UN General Assembly's adoption of the Political Declaration on Antimicrobial Resistance. The commitments that Member States have made to respond to the challenge of antimicrobial resistance must be followed by global and national action. Effective antibiotics are fundamental to the realisation of the Agenda 2030 and growing antimicrobial resistance has a negative impact on many of the global Sustainable Development Goals.

Provisional Agenda Item 7.2: Antimicrobial resistance

In updating the Member States on the United Nations General Assembly High-level Meeting on Antimicrobial Resistance (New York, 21 September 2016), the Report by the Secretariat highlights three major requests to WHO and its partners: 1) Finalizing the global development and stewardship framework on antimicrobial medicines and resistance; 2) Support national action plans and other activities to counter antimicrobial resistance at the national, regional and global levels; and 3) Provide consultation to the Secretary-General on an ad hoc interagency coordination group to provide practical advice on approaches to ensure effective action to address antimicrobial resistance. For further information, please see a longer briefing on our website: http://www.reactgroup.org/wp-content/uploads/2017/01/ReAct_WHO-EB-Briefing_Jan-2017_LONG.pdf

1. Finalizing the global development and stewardship framework on antimicrobial medicines and resistance

In May 2016, the framework report to the World Health Assembly noted that “Resolution WHA68.7 also specifies that the framework promote affordable access to existing and new antimicrobial medicines and diagnostic tools.” The UNGA resolution extended this charge by calling upon WHO, together with FAO and OIE, “to finalize a global development and stewardship framework, as requested by WHA68.7, to support the development, control, distribution and appropriate use of new antimicrobial medicines, diagnostic tools, vaccines and other interventions, while preserving existing antimicrobial medicines, and promoting affordable access to existing and new antimicrobial medicines and diagnostic tools, taking into account the needs of all countries, and in line with the Global Action Plan on AMR.”

1.1 Conserving antibiotics must be balanced by the need to ensure appropriate access to these life-saving drugs—access, but not excess.

WHO's Monitoring and Evaluation framework for countries should measure access to first- and second-line antibiotics as surely as it captures compliance with infection control measures that help healthcare systems conserve the use of these drugs.

1.2 “Development” involves supporting a sustainable ecosystem of antibiotic innovation, including public-private partnerships that ensure fair returns on the public's investment and open, collaborative models of R&D.

WHO and Member States should work to transform the innovation ecosystem for antimicrobial drug R&D and support the development of open source innovation platforms for drugs and diagnostics to tackle antimicrobial resistance, such as those advanced by WHO/DNDi GARDP.

1.3 Greater resources must be mobilized and targeted to where there remain gaps in innovation to tackle antimicrobial resistance, both across healthcare delivery and agricultural systems.

The WHO should build upon these initiatives by bringing together key funders and stakeholders to set clear priorities and options for financing the other neglected areas of innovation in healthcare delivery and agriculture.

1.4 To ensure sustainable access to effective antibiotics, the “Development” component of the global development and stewardship framework must support approaches for financing R&D and product procurement consistent with delinkage.

WHO and Member States should work to ensure the application of the Global Development and Stewardship Framework and the piloting of delinkage mechanisms in funding vehicles, from Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) and the Global Antimicrobial Resistance Innovation Fund (GAMRIF) to initiatives under consideration at the G20 and other policy fora.

2. Support national action plans and other activities to counter antimicrobial resistance at the national, regional and global levels

As of early December thirty-two countries had completed national action plans, and at least another fifty-nine countries reported making progress in drafting them. Political engagement and support is uneven across the Member States, and coordinating across sectors on AMR has been a challenge. Complementing WHO's efforts, within its modest resources, ReAct has provided technical assistance and feedback on draft national action plans and has organized resources to support these efforts through the ReAct Toolbox-- a free online tool that compiles existing guiding material, country experiences and intervention examples. Various civil society groups also have mounted workshops in support of the global action plan on AMR. Still these efforts offer only a starting point. Not all of the national action plans make SMART goals (SMART=specific, measurable, agreed upon, realistic and time-based), and much work lies ahead in mobilizing the needed resources—both financial and technical--and setting clear priority among the goals.

2.1 To be meaningful, National Action Plans need to have measurable indicators, clear priority setting, and sufficiently allocated resources.

To assist countries in directing and assessing where resources are required and optimally deployed, WHO could offer critical assistance by supporting the development of a needs assessment tool and a priority setting decision framework.

2.2 Implementing national action plans on AMR will require a global commitment of adequate resources, both financial and technical.

Working with available resources, WHO is well positioned to support, in concert with its partners, clearinghouse efforts, regional and local technical assistance webinars, access to pools of relevant experts, and a community of practice among those grappling with similar challenges to tackle AMR.

2.3 Mobilizing key constituencies to implement the national action plans requires more than just raising public awareness – it will require a strategy for engaging and enlisting these groups in a campaign.

Calling upon funding agencies to support the work of partners, WHO should transform public awareness raising into organized campaign efforts that mobilize and enlist key communities of practice and civil society to tackle AMR.

2.4 Monitoring for accountability will require improved surveillance and data collection, defining targets that are meaningful and sensitive to the local context, and ensuring that data made transparent is actionable.

The WHO should provide guidance on how to set measurable and impactful milestones—sensitive to the local context—for tracking progress on AMR, analyze workable policy options suited for differently resourced settings, and call upon Member States, industry and other stakeholders to make data available and publicly transparent for independent watch efforts to monitor for accountability.

3. Provide consultation to the Secretary-General on an ad hoc interagency coordination group to provide practical advice on approaches to ensure effective action to address antimicrobial resistance.

The UNGA's Political Declaration on AMR created an Interagency Coordination Group, co-chaired by the Executive Office of the Secretary-General and WHO. The Interagency Coordination Group provides an important mechanism for (1) “drawing, where necessary, on expertise from relevant stakeholders, to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance”; (2) “request the Secretary-General to submit a report for consideration by Member States by the seventy-third session of the General Assembly on the implementation of the present declaration” in September 2018; and (3) report on “further developments and recommendations emanating from the ad hoc inter-agency group, including on options to improve coordination, taking into account the global action plan on antimicrobial resistance.”

3.1 Importantly, the Interagency Coordination Group should avoid the perception of financial conflict of interest in its governance and workings, embracing the principles of transparency, openness and accountability in its operations, enlisting the cooperation of other partners, especially civil society.

WHO should work to improve the transparency of the process to establish the ad hoc Interagency Coordination Group (IACG) and ensure that other partners are consulted in this process, especially civil society.

3.2 To avoid the perception of financial conflict of interest in its governance and workings, an independent expert advisory committee should be established to support the work of the Interagency Coordination Group.

To help ensure that the work of the Interagency Coordination Group is grounded in evidence and not unduly influenced by potential financial conflict of interest, WHO should recommend that an expert advisory committee be established to support the work of the IACG with relevant scientific and policy input. Appropriate conflict of interest policies should be developed for such a committee.

Several other items on the WHO Executive Board agenda relate to antimicrobial resistance and also present opportunities to advance policies supportive of work on this issue.

PROVISIONAL AGENDA ITEM 8.3:

Addressing the Global Shortages of Medicines and Vaccines

WHO and Member States should develop a strategy for ensuring the sustainable production and registration of old antibiotics that may help address growing problems of drug resistance and of other antibiotics that face serious shortage or stockouts. This may require designing approaches to facilitate their registration across countries, transferring technology to other manufacturers, or providing appropriate economic incentives to encourage their development and commercial availability.

PROVISIONAL AGENDA ITEM 8.5:

Follow-up on the report of the consultative expert working group on research and development: financing and coordination (CEWG)

The Global Observatory is well positioned to monitor the antibiotic R&D pipeline. Continuous monitoring of the state of the antibiotics pipeline, overview of on-going clinical trials, investment streams, research gaps and the patent landscape would be hugely beneficial. Such analysis can also usefully support developing priorities for R&D.

PROVISIONAL AGENDA ITEM 9.1:

Global Vaccine Action Plan (GVAP)

By convening an expert consultation, WHO could spur development of a strategy for identifying priority vaccines to reduce the use of antimicrobials. Such a consultation could also suggest approaches for vaccine development that ensure affordable uptake across countries and across sectors. Priority might be measured, in part, by the number of antibiotic treatment courses averted.

PROVISIONAL AGENDA ITEM 11.1:

Progress in the implementation of the 2030 agenda for sustainable development

The WHO along with other organizations across the UN system should provide technical assistance to countries in incorporating AMR-specific metrics in their Voluntary National Reviews to the UN General Assembly on progress achieved on the SDGs.

[ReAct—Action on Antibiotic Resistance](#) is a global network tackling the challenge of antimicrobial resistance, with regional nodes on five continents. This policy briefing for the WHO Executive Board was prepared with contributions from Anthony So, Reshma Ramachandran (Johns Hopkins Bloomberg School of Public Health, Department of International Health, IDEA (Innovation + Designing Enabling Access) Initiative, ReAct North America/Strategic Policy Program; Anna Zorzet, Helle Aagaard, Dusan Jasovsky, Otto Cars (Uppsala University, ReAct Europe); Sujith Chandy (CMC Vellore, ReAct Asia Pacific); Mirfin Mpundu, (Ecumenical Pharmaceutical Network, ReAct Africa).