



ReAct brief on Antimicrobial Resistance

Agenda Item 12.2 of the 70th World Health Assembly

1. Ensuring financial and technical assistance for development and implementation of national Action Plans

1.1 To date, 67 Member States have completed their national action plans on antimicrobial resistance, and a further 62 are in the process of doing so. Financial and technical assistance will be necessary to not only increase this number of countries engaged in developing written plans, but also support them in the process of implementation. There is also a need for a gap analysis to identify countries outside of those eligible for Fleming Fund assistance or are not ODA countries who require technical and financial assistance. For example, countries where there is significant livestock use of antimicrobials would benefit from such assistance being directed at them to curb such use to address AMR by adopting more sustainable agricultural practices.

1.2 Other mechanisms by which the WHO provides technical and financial assistance to governments as well as to other external stakeholders including civil society engaged in National Action Plan implementation is critical. In the past year, the WHO regional offices have held a series of consultations and workshops for country governments around development of National Action Plans with limited to no presence of civil society among the invitees. Member States and the WHO HQ should encourage that such regional meetings are inclusive of civil society and other independent experts who can further provide resources and anchor National Action Plan implementation and monitoring.

1.3 The recently launched online, moderated community by the WHO is a starting point for encouraging collaboration among different country governments and stakeholders and provide a venue for technical assistance. However the WHO is also well positioned to further 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.

1.4 To enhance the WHO's efforts in creating tools and public awareness materials on AMR such as the 29 recommendations to curb surgical-site infections, key constituencies including civil society and professional societies should be engaged and enlisted strategically in campaigns with measurable targets. Already, various groups have been engaged in such efforts from publicly calling for and monitoring food retailers to source food animal products raised without the routine use of antibiotics to developing adaptable stewardship guidelines. In collaboration with other funding agencies WHO should transform public awareness raising and guidelines into organized campaign efforts that mobilize and enlist key communities of practice and civil society to tackle AMR.

1.5 Monitoring is key to ensuring accountability. Yet significant data gaps exist. Across sectors, systematic and reliable data on sales, pricing, use, and trade of antibiotics are hard to come by. While there has been significant progress towards developing standardized

integrated surveillance standards through the WHO Global Antimicrobial Surveillance System, technical assistance is needed to develop surveillance methodology reflective of resource-limited settings.

2. Establishing system to evaluate the adequacy of National Action Plans

2.1 In advance of the World Health Assembly, countries were asked to complete a self-assessment of their progress on developing National Action Plans across the five objectives of the WHO Global Action Plan on AMR. Notably, questions regarding engagement with external stakeholders including civil society were missing from this survey. Including a question on this would set a norm for countries to engage with key external stakeholders including civil society actively working on addressing AMR.

2.2 Additionally, the survey called for one response per country, “validated by all involved sectors,” to the online survey. Using self-reporting makes it challenging, however, to assess the accuracy of the survey findings and know whether countries may err in underreporting or overreporting their progress. To ensure more effective capture of these data, civil society, academic institutions and others should be able to share supplemental information online, alongside the one response per country. Once these respondents are verified, their answers as well as that of the countries’ should also be made publicly available.

2.3 In order to move from written national action plans to effective implementation, the WHO should develop decision tools to guide decisions around prioritization and resource allocation. These tools should allow for countries to identify which interventions are most urgently needed in the near-term based on the country’s context in terms of disease burden and level of resources available. The decision tool should also guide those countries for which prioritizing certain interventions might have a significant impact globally on AMR.

3. Promoting transparency of the ad hoc Inter-Agency Coordination Group on AMR

3.1 The recently established Inter-Agency Coordination Group (IACG) includes a number of representatives from country governments, primarily from national regulatory agencies and research institutes, as well as selected UN agencies and intergovernmental organizations including the Tripartite Collaboration. While it is understood that the group members were required to submit conflict of interest documentation, we would urge that these forms be made publicly available online.

3.2 Some relevant UN agencies were not included such as UNESCO, which has a track record in working across UN agencies on public priorities such as HIV/AIDS and UNDP, which is notable given their role as Secretariat for the UN High-Level Panel on Access to Medicines and their strong presence within countries. These agencies should be included within the IACG to further ensure a truly multisectoral approach and build upon existing expertise and capacity.

3.3 It is unclear how the IACG will be held accountable, in its current composition with members from intergovernmental organizations, UN agencies, and members who hold positions in country governments even if they only have been asked only to represent themselves. Additionally, as the WHO is co-chairing the IACG, this raises the question of how the WHO and the tripartite at large will be held accountable. To help ensure that the work of the Interagency Coordination Group is grounded in evidence, an independent expert

advisory committee should be established to support the work of the IACG with relevant scientific and policy input.

3.4 The IACG process must also be made more transparent and inclusive of civil society including by providing decision documents in advance to allow input to be provided by all stakeholders. As of the last meeting minutes, it was noted that the IACG had agreed upon terms of reference despite not soliciting input from other stakeholders, including those on the ground working on AMR. We urge the WHO to ensure that the IACG work in a transparent manner by inviting other stakeholders, including civil society to their meetings, publishing meeting documents and establishing a process for consultation to solicit external input.

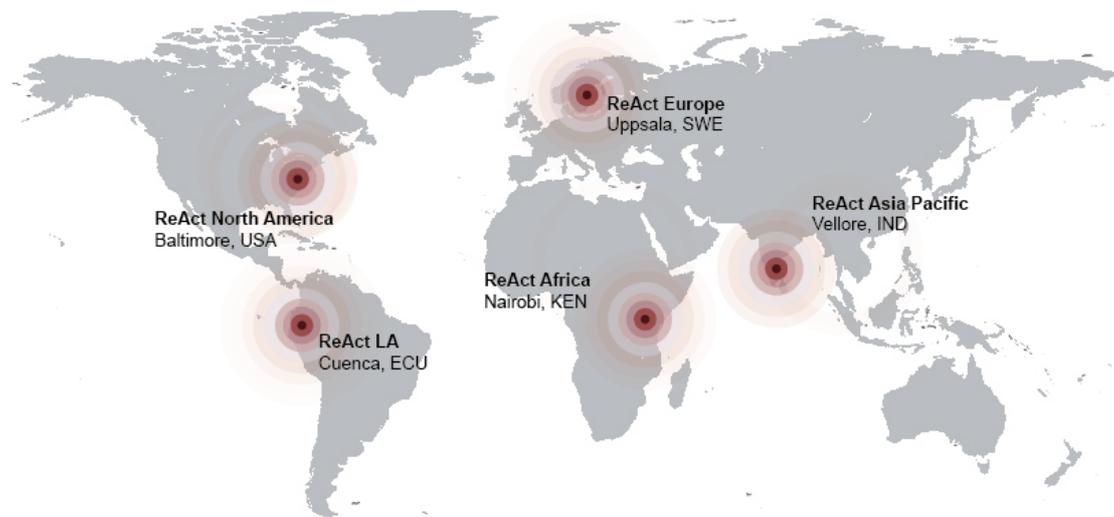
4. Finalizing the global development and stewardship framework

4.1 The framework has significantly evolved since the last World Health Assembly. Components of such a framework already released or underway including the WHO Priority Pathogens List, R&D pipeline analysis, and revisions to the WHO Critically Important List of Antimicrobials. The document also appropriately emphasizes that stewardship and access cannot be dealt with separately from innovation. As the WHO, FAO, and OIE proceeds to finalize the global development and stewardship framework, we commend the plan to make them inclusive through open consultations on key issues with all relevant stakeholders, including civil society.

4.2 In regards to WHO's efforts to develop guidance on the use of those drugs on its List of Critically Important Antimicrobials with FAO and OIE, it is imperative that the WHO set a strong stance to call for a ban on the last-line antibiotic, colistin. With over 30 countries across five continents reporting evidence of resistance to colistin, largely due to its use in food animal production, the arsenal for human antimicrobials is quickly dwindling necessitating appropriate conservation measures in food animals. Additionally, we urge that WHO and Members support the incorporation of such guidance into the forthcoming revision of Codex Code of Practice to Minimize and Contain AMR.

4.3 On R&D of antimicrobials and other health technologies, the document mentions a number of ongoing innovation initiatives including CARB-X, DRIVE-AB, and the Global Antibiotic R&D Partnership. The WHO and Member States can play a critical role in ensuring these initiatives carry forward the principles of affordability, accessibility, efficiency, and equity through approaches which delink the cost of investment from both the price and volume of sales. However, moving beyond delinkage to comprehensively consider and ensure sustainable access to effective antibiotics and other health technologies will require the involvement of a broad range of stakeholder including public sector payers, civil society and professional societies - not just the pharmaceutical industry.

4.4 Emerging efforts from the World Economic Forum and Wellcome Trust on piloting delinkage models for antimicrobial innovation raise serious concerns given the strong presence of the pharmaceutical industry and limited representation from civil society and governments, in particular low- and middle-income country governments. It is unclear how this process will relate to or overlap with the global development and stewardship framework. Moreover, in its present constellation is doubtful whether the general R&D principles agreed by Member States at the WHO and the definition of delinkage as included in the 2016 UN General Assembly political declaration will be applied.



[ReAct—Action on Antibiotic Resistance](#) is a global network tackling the challenge of antimicrobial resistance with regional nodes on five continents. Created in 2005 it is one of the first international independent networks to articulate the complex nature of antibiotic resistance and its drivers. ReAct was initiated with the goal to be a global catalyst, advocating and stimulating for global engagement on antibiotic resistance by collaborating with a broad range of organisations, individuals and stakeholders.