

WHO EB148

Agenda point 9. Antimicrobial Resistance

[ReAct – Action on Antibiotic Resistance](#) is a global network that for over 15 years has worked to catalyze global action to address the slow-moving pandemic of antibiotic resistance. The following are ReAct's considerations of the WHO Secretariat's report on action taken since 2018 when AMR was last on the agenda of the EB and the WHA.

1. It is indeed positive that the 'One Health Global Leadership Group on AMR' (GLG) has finally been established, and is scheduled to convene for the first time in January. However, the work of the GLG will be of limited value without the remaining **complementing governance structures** proposed by the UN Ad-hoc Inter-agency Coordination Group on AMR(IACG), namely of the 'Independent Panel on Evidence' to provide robust and authoritative assessments of evidence and options for mitigation, and the 'Multi-stakeholder Partnership Platform' to provide the perspectives and contributions of the broader AMR community. Clear **principles of transparency and accountability measures** should be established to ensure an effective global governance structure for AMR. Governments should require that these remaining structures are urgently established through a transparent process.
2. **Lack of financing is rightly identified as a major challenge** for the implementation of National Action Plans (NAPs). LMICs in particular face major challenges in implementing their NAPs often due to financing constraints – a situation that will likely only worsen due to the negative impact of the COVID-19 pandemic on the global economy. While the establishment of the Multi-Partner Trust Fund has been a positive first step, commitments from only three countries, and the 13 million USD pledged so far, are very far from matching the actual needs. The WHO, together with its Member States should consider, including as part of discussions on pandemic preparedness, how more sustainable and powerful resource mobilization efforts can be established to support the effective implementation of NAPs, in particularly in LMICs.
3. ReAct is disappointed to see that **the issue of R&D of new antibiotics** isn't sufficiently addressed in the EB report. Antibiotic resistance is developing at an unprecedented speed, and while WHO has produced a number of high-quality analyses of both the preclinical and clinical pipelines (and other good quality technical guidance tools¹), the findings of the pipeline analyses reports show that pipelines are not deemed able to respond to the increasing levels of resistance development to existing antibiotics. The severity of this problem should not be overlooked. ReAct is concerned the establishment of the industry-funded initiative the 'AMR Action Fund' (while a welcome financial addition to a severely underfunded field) is presented as sufficient action. It is far from enough, and does not absolve governments from their responsibility to invest and intervene at a much larger scale and with much more intent in the field. Governments, together with the WHO should make it a **key priority to establish new global R&D financing and coordination entity**

¹ Such as the Priority Pathogens List, The AWARE classification and a number of Target Product Profiles.

for antibiotics based on the principle of delinking price and sales volumes from the end-product to ensure affordable access and stewardship. It been estimated that *93 billion USD* spent by governments in the last 11 months on vaccines and therapeutics development for COVID-19. This enormous amount should serve as a clear example that reluctance by governments to invest in preventing public health threats now, *only means paying far more later*.

4. The COVID-19 pandemic and the vaccine nationalism that has been displayed in the pandemic response, are important lessons of why global rules-based governance to ensure equal, affordable and sustainable supply and access to antibiotics is needed. Such global rules cannot be left to times of crisis to be developed, where governments first and foremost are concerned with providing solutions for their own populations. Antibiotic resistance is poised by many as the next global pandemic. Beyond the fact that antibiotic R&D remains underfunded and the current pipeline is unable to respond to current resistance development, there are also serious issues with global supply chains, availability, access and affordability of antibiotics, as well as their responsible management including through stewardship. The WHO has now made the analysis of what instruments (legal and others) that are available to regulate these issues. The report shows that very few instruments exist on the human health side, which underlines the need for a comprehensive global framework to address these interlinked challenges. **Establishing rules-based global governance for AMR should be a top priority for governments.** Reviving the negotiations and finalizing the Global Development and Stewardship Framework for antibiotics could be one way of doing this.
5. **Lack of data** continues to hamper governmental action and political prioritization of the issue. While the Global Antimicrobial Resistance Surveillance System (GLASS) has been a positive first step towards improving this situation, it will take many years before most LMICs will be able to provide the comprehensive datasets it is designed for. In the meantime, the WHO should prioritize producing an overview of the current global situation on antibiotic resistance by rapidly **organizing point prevalence studies in all WHO regions**.
6. The challenges listed towards the end of the WHO Secretariat's report confirms the major shortcomings in the global response to the AMR crisis. However, at this point it is not enough to simply identify challenges. Member States should request the Secretariat to produce a report to the 74th WHA that analyze the causes of the barriers identified, and proposes **a plan for overcoming them with concrete actions and solid commitments**, including making Antimicrobial Resistance a standing issue on the agenda of the EB and WHA every year.