

# ReAct report 2020

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**ReAct**  
Action on Antibiotic Resistance

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# Acronyms

<b>ABR</b>	Antibiotic resistance
<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>AMR</b>	Antimicrobial resistance
<b>AMS</b>	Antimicrobial stewardship
<b>ARC</b>	Antibiotic Resistance Coalition
<b>ASC</b>	Antibiotic Smart Communities
<b>ASPIC</b>	Antibiotic Stewardship and Prevention of Infection in Communities
<b>CABI</b>	Centre for Agriculture and Biosciences International
<b>CE4AMR</b>	Community Engagement for Antimicrobial Resistance
<b>CEO</b>	Chief Executive Officer
<b>CHAMPS</b>	Child Health and Mortality Prevention Surveillance
<b>CIDRAP</b>	Center for Infectious Disease Research and Policy
<b>CIVAS</b>	Center for Indonesian Veterinary Analytical Studies
<b>COVID-19</b>	Coronavirus disease 2019
<b>CSI</b>	Church of South India
<b>CSE</b>	Centre for Science and Environment
<b>CSO</b>	Civil Society Organization
<b>DG</b>	Director General
<b>DG SANTE</b>	Directorate-General for Health and Food Safety of the European Commission
<b>DISARM Act</b>	Developing an Innovative Strategy for Antimicrobial Resistant Microorganisms Act
<b>EIB</b>	European Investment Bank
<b>EPHA</b>	European Public Health Alliance
<b>EU</b>	European Union
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FEUNASSC</b>	Federación Única Nacional de Afiliados al Seguro Social Campesino
<b>FGDs</b>	Focus Group Discussions
<b>FIP</b>	International Pharmaceutical Federation
<b>G20</b>	Group of 20
<b>G77</b>	Group of 77
<b>GAP</b>	Global Action Plan
<b>GARDP</b>	Global Antibiotic Research and Development Partnership
<b>GLG</b>	One Health Global Leaders Group on Antimicrobial Resistance
<b>HQ</b>	Headquarter
<b>IACG</b>	United Nations Interagency Coordination Group on Antimicrobial Resistance
<b>IEC materials</b>	Information, education and communication materials
<b>ICARS</b>	International Centre for Antimicrobial Resistance Solutions
<b>IDEC</b>	Instituto Defesa do Consumidor
<b>IDEA initiative</b>	Innovation + Design Enabling Access initiative
<b>IFMSA</b>	International Federation of Medical Student Associations
<b>IPC</b>	Infection Prevention and Control

# Acronyms

<b>ISAC</b>	International Society of Antimicrobial Chemotherapy
<b>KVASU</b>	Kerala Veterinary and Animal Sciences University
<b>LMICs</b>	Low- and Middle-Income Countries
<b>M&amp;E</b>	Monitoring and evaluation
<b>MDA</b>	Mass Drug Administration
<b>MEP</b>	Member of the European Parliament
<b>MoH</b>	Ministry of Health
<b>MoU</b>	Memorandum of Understanding
<b>MPTF</b>	Multipartner Trust Fund
<b>NAP</b>	National Action Plan on AMR
<b>NFRF</b>	New Frontiers in Research Fund
<b>NGOs</b>	Non-governmental organizations
<b>OIE</b>	World Organisation for Animal Health
<b>PAHO</b>	Pan American Health Organization
<b>PASTEUR Act</b>	Pioneering Antimicrobial Subscriptions To End Upsurging Resistance Act
<b>PATAM</b>	Pan-African Treatment Access Movement
<b>PPE</b>	Personal protective equipment
<b>R&amp;D</b>	Research and Development
<b>RBM</b>	Results-based management
<b>SADC</b>	Southern African Development Community
<b>SCIBAR</b>	Support for Creative Integrated Basic and Applied Research
<b>Sida</b>	Swedish International Development Cooperation Agency
<b>TAPER</b>	Targeting Actions to Prevent Environmental Resistance
<b>TB</b>	Tuberculosis
<b>ToR</b>	Terms of References
<b>UHC</b>	Universal Health Coverage
<b>UICC</b>	Union for International Cancer Control
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNCTAD</b>	United Nations Conference on Trade and Development
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNGA</b>	United Nations General Assembly
<b>UNICEF</b>	United Nations Children's Fund
<b>WAAW</b>	World Antimicrobial Awareness Week
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization
<b>WHO AFRO</b>	World Health Organization Regional Office for Africa
<b>WHO EB</b>	World Health Organization Executive Board
<b>WHO STAG</b>	World Health Organization Strategic and Technical Advisory Group
<b>WSPID</b>	World Society of Pediatric Infectious Diseases
<b>YOP</b>	Concerned and Caring Parents Foundation

# Selected Highlights

2020

2020 was a challenging year in many ways, but also an important one for actors working in global health. We have seen increased visibility of and political attention to key global health issues that are important to ReAct's work. While an unpredictable and changing external landscape has always been a condition for ReAct's work, the COVID-19 pandemic has without doubt had a profound impact on our operations. Even if we have had to scale down in-person meetings and various outreach activities, we have adapted much of our work to digital solutions such as online webinars and conferences. Our expertise in infectious diseases, antibiotic resistance (ABR), infection prevention and control (IPC), sustainable access to pharmaceuticals, research and development (R&D) has been sought after by our partners, technical agencies and media, particularly in the Latin American, Asian and African contexts.

In a time when healthcare systems and national economies are thinly stretched by the toll of COVID-19, ReAct continued engaging countries to identify opportunities through the current programs to address broader issues of the pandemic and ABR as well as capacity building. Countries such as Kenya and Zambia, supported directly by ReAct Africa, are some of the only countries in Africa, who continue to make progress in their **National Action Plan (NAP) implementations** during the last year.

In Kenya, baseline studies on antimicrobial stewardship (AMS) and IPC programs for 7 healthcare facilities were completed. Despite COVID-19 restrictions, Kenya's National AMS Guidelines - developed with support from ReAct, were officially launched on 22 July 2020. ReAct's support and contribution was recognized by the Ministry of Health. This is an important milestone towards achieving our strategic outcomes of including civil society in the process of implementing NAPs as well as having governments and institutions request input from ReAct or civil society more broadly.

In Zambia, ReAct completed Baseline and Point Prevalence Studies in 9 health institutions and AMS sensitization at pilot sites. A key intermediate result is that beside the health sector engagement, the veterinary sector in Zambia are now also showing interest in the AMS policy document that ReAct drafted.

The number of users of the Toolbox from LMICs increased by 35% to 81,000, in 2020. There were around 18,000 and 67,000 users in Africa and Asia, respectively and overall close to 200,000 users accessed the Toolbox.

The Antibiotic Smart Community project in India has also progressed significantly despite COVID-19. A draft list of 32 indicators representing the various dimensions of the ABR issue has been developed (with indicators from human health, agriculture, fisheries, environment, and development). This indicator framework will not only be able to measure the robustness of NAP implementation at grassroots levels, it could potentially improve accountability and establish a feedback system to measure success of NAP implementation in LMICs.

# Selected Highlights

2020

Regarding broader **movement building**, ReAct managed to expand and deepen our partnership in a number of ways. The Union for International Cancer Control (UICC) established a taskforce on AMR and two ReAct members were invited to join the taskforce. The taskforce also adopted policy positions in line with ReAct's input. ReAct conducted a global survey to gain insight on the perceptions and challenges doctors face when treating neonatal sepsis due to resistant pathogens. The survey was available in three languages and responses were garnered from over 400 participants spanning 74 countries. [Findings were presented in a report](#) that was launched during World Antimicrobial Awareness Week (WAAW) and garnered the interest of many new organizations that ReAct had not previously been in contact with and who are now keen on working with ReAct to raise AMR within their regions, networks and coalitions.

In Africa, ReAct conducted over 15 online webinars engaging various groups of stakeholders on topics addressing different aspects and impact of AMR and COVID-19. The webinars offered a platform to engage a wider group of stakeholders without geographical restrictions and brought closer our communication with strategic partners such as ICARS, Wellcome Trust, UNICEF, World Bank in addition to the Tripartite and the Africa CDC. Additionally, ReAct launched a Community of Practice platform in partnership with the Africa CDC and engaged a wide group of CSOs aiming to further strengthen CSO engagement in supporting NAP implementation in Africa as they share best practices and resources to an extended network.

As part of Antibiotic Smart Farms ReAct Asia Pacific produced a [situational analysis of antibiotic use in food animal farming](#) in Indonesia. The analysis will serve to promote action on antibiotic resistance in the food-animal farming sector in Indonesia.

In Latin America, ReAct continued to focus on promoting the understanding of AMR through a community angle. Through work collaboration through our virtual education programs, ReAct strengthened ties with social organizations, indigenous movements, academia, associations of teachers, health promoters, primary healthcare professionals, NGOs as well as the media across Argentina, Bolivia, Peru, Ecuador, Colombia, El Salvador and Guatemala.

ReAct continued efforts in supporting future AMR champions and redesigned the student and youth engagement activity Innovate4AMR into Innovate4Health. The aim was to empower students to take action on COVID-19 as well as AMR, emphasizing common points of intervention. The online Innovate4Health, with more than 70% of the 90 teams based in LMICs, contained ideation, implementation and advocacy modules running from October 2020 to April 2021.

In India, ReAct Asia Pacific continued facilitating Antibiotic Stewardship and Prevention of Infection in Communities (ASPIC) clubs with a total of 16 functional clubs in India. Many of the student and youth groups that we associated with during WAAW, became co-signatories of an open letter that ReAct facilitated during the end of 2020 that

# Selected Highlights

2020

was used to target the WHO Executive Board (EB148) in January 2021, encouraging the EB148 to increase engagement of young people on AMR and One-Health initiatives.

In the context of **global governance processes**, ReAct's active role throughout the IACG process has increased our chances of getting our views across, especially in promoting civil society voices and addressing LMIC needs. During 2020, the preparatory work of establishing an Independent Panel on Evidence for Action against AMR started. [In our comments on the Terms of References](#) ReAct emphasised the need for increased transparency, independence and swift establishment of all components of the governance mechanism. We also mobilized the Antibiotic Resistance Coalition (ARC) on this issue and prepared the Coalition's [comments](#) for the Tripartite Secretariat's public discussion.

ReAct also closely followed the establishment of the Global Leaders Group on AMR (GLG) by seeking to promote civil society candidates for the membership. On the day that the GLG was announced, ReAct sent an [open letter to the co-chairs of the group](#). In this letter we emphasised the need of a renewed global leadership, systems thinking and sustainable financing, and called on the GLG to develop a clear roadmap on its priorities and goals to which it should hold itself accountable.

Aside from the Tripartite, ReAct also had meaningful engagements with a number of strategic partners. These include the World Bank, Wellcome Trust, ICARS, UNCTAD, South Centre, the newly established industry funded AMR Action Fund, as well as the European Investment Bank and other European institutions, the newly formed MEP Interest Group on AMR and a number of EU Member States.

Addressing the global crisis in **antibiotic R&D** has been a priority for ReAct and we continue to focus on advancing an R&D financing model which by design ensures equitable, sustainable and affordable access to effective antibiotics in LMICs.

In September, one of ReAct's staff was invited to serve as Co-Chair of the WHO Fair Pricing Forum's Technical Working Group on aligning innovation incentives to achieve fair pricing. This is one of two technical workgroups laying preparations for the biennial WHO Fair Pricing Forum, the next one being held in April 2021.

During 2020, ReAct wrote a major [report](#) analysing the root causes of the global crisis in antibiotic R&D which also provided recommendations for governmental action to change the antibiotic R&D financing model. This report is the first of its kind coming from civil society to make the case for a model that is able to serve the health needs of LMICs. The report was launched at the end of March 2021 and advocacy efforts based on the reports recommendations and findings will continue in coming years.



# #1 National Action Plans on AMR

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## Strategic objective 1

Countries develop and implement National Action Plans with respect to sustainable access to effective antibiotics, that are inclusive of civil society, local community views and based on situational analyses with ReAct's support.

**ReAct continues its strong community and national engagement in Africa, India and Latin America. Engagement that proved to be especially valued during the Covid-19 pandemic.**

Building upon technical expertise and a wide network in Africa, ReAct is uniquely positioned to influence policies and practices at country and regional level. ReAct Africa's activities are anchored within the countries' AMR National Action Plans (NAPs) and the mandates of the OIE, WHO, FAO, as well as the Africa CDC framework for addressing AMR, which countries have endorsed.

The landscape significantly changed in February 2020 due to COVID-19 and the healthcare systems in African countries were overwhelmed with the need to handle both emergency and routine care. Both human and financial resources were deployed to the pandemic response. The pandemic situation led to a slowing down and shelving of AMR NAP implementation activities in some countries. The lock-downs, travel bans within countries and closed borders negatively affected a number of planned activities including physical meetings, sensitization workshops and training sessions for healthcare workers, which could not take place as a result of governments' COVID-19 mitigation measures.

ReAct has been adaptive to the impact of COVID-19 on LMICs' agendas and on the AMR response. We modified our engagement strategy and utilized online platforms to continue engaging country groups, civil society organizations and interagency groups. ReAct Africa continued supporting countries to identify opportunities through the current programs to address broader issues of the pandemic and ABR by promoting vaccinations, supporting action plans for COVID-19 cognizant of AMR, capacity building through webinars and workshops. Countries such as Kenya and Zambia, supported directly by ReAct Africa, did however continue their work on the AMR.

ReAct Africa continued its One Health engagement and targeted line ministries for health, education, food and veterinary services, finance, as well as AMR national coordinating committees, legislative bodies, professional bodies, the Faith-based sector, academic and research institutions. As supply chains were disrupted and essential antibiotics were not available in several countries due to depleted stockpiles resulting from closed borders, our efforts also focused on advocacy around broader issues of sustainable access. Webinars hosted by ReAct Africa targeted various stakeholders that have an advocacy role, including the civil society as partners to the governments. We also continued to support civil society in their role as monitoring and evaluation agents tracking the progress on commitments that governments make in areas such as surveillance, affordable access, infection prevention and control, and raising awareness about AMR (see more under Objective 2).

### **Regional Engagement in Africa**

ReAct also maintained a close working relationship with regional bodies such as the Southern African Development Community (SADC), Regional Economic Communities, Africa-CDC, and regional intergovernmental agencies. During 2019-2020, ReAct Africa, with the assistance of staff from ReAct Asia Pacific and ReAct Europe, provided a comprehensive scoping analysis for SADC, OIE, FAO and WHO AFRO, intended for the AMR SADC Regional AMR Policy Framework. In 2020, ReAct Africa finalized the final scoping report and provided further input into the framework, which is undergoing internal SADC processes for adoption by SADC Heads of State.



ReAct Africa also supported the Tripartite through the Africa CDC, by organising webinars on components of the AMR NAPs and the Global Action Plan (GAP) for member countries on topics that have included antimicrobial stewardship (AMS), infection prevention control (IPC), pharmaceutical supply chain, the involvement of CSOs in pandemics and addressing AMR including global governance. These topics helped to inform African countries and feed into country priorities and strategies.

### Country implementation support in Africa

ReAct Africa has been actively involved in the NAP implementation process both at the national and sub-national levels in Kenya. We supported baseline studies which are critical in tracking and assessing country NAP implementation progress and outcomes.

In Kenya, baseline studies on AMS and IPC programs for seven health care facilities in Makueni County were completed and data was analyzed. The county government appreciated the baseline report which brought to attention key areas for improvements and provided an evidence base for policy formulation going forward. For example, at the time of the study, none of the health facilities had written IPC policies or guidelines easily accessible at the operational areas for daily use and only one IPC committee existed in one of the seven targeted health facilities. Through the findings of the baseline studies and continued engagement with ReAct

Africa, the county government of Makueni realized the need for training and establishing functional AMS/IPC committees. Despite the COVID-19 restrictions, Kenya's National AMS Guidelines were officially launched on 22 July 2020. ReAct's support and contribution towards development of the national AMS Guidelines were recognized by the MoH Cabinet Administrative Secretary. These are important steps in achieving our long-term outcomes of including civil society in the process of implementing NAPs as well as medium-term outcomes of having governments, organizations, institutions, hospital networks or professional societies request input from ReAct or civil society more broadly. Even though the COVID-19 mitigation measures delayed several follow-up activities including the training (which has been rescheduled for the first quarter of 2021), the county government of Makueni and ReAct Africa will sign an official Memorandum of Understanding in early 2021 to ensure that the AMS interventions are more structured and sustainable.

Key progress in sensitizing and implementing the NAP was also made in Zambia. ReAct Africa completed Baseline and Point Prevalence Studies in Zambia in 9 health institutions, as well as AMS sensitization where the piloting of the AMS program was taking place. Through our efforts, there has been sustained effort and interest in AMR amidst the COVID-19 pandemic in the country. A key intermediate result is that the veterinary sector in Zambia has shown interest in

becoming part of the AMS policy document that ReAct drafted and they acknowledged the value of having this document in their policy formulation. The health facilities also recognized and appreciated the importance and need for AMS guidelines which were planned to be jointly reviewed and rolled out to the facilities in the first quarter of 2021. We also promoted and facilitated synergy and collaboration with other stakeholders when we provided support to Zambia in collaboration with Centre for Science and Environment (CSE) for the Integrated Surveillance Strategy and Prioritization. When engaging and supporting health facilities, communication and coordination efforts were also made in working with other external actors such as the Fleming Fund in order to avoid duplication of effort.

Lessons learned: Working towards promoting sustainable access to antibiotics in LMICs with a cross-sectoral One Health approach, a key lesson learnt was that there was a significant gap and lack of data in the agricultural space. Both with regard to use of antibiotics, but also biosecurity and IPC. Given the fact that farmers constitute the majority of the population in many counties, discussions on a “smart farms” project could be of benefit in the coming years with the counties.

### The ReAct Africa conference

ReAct Africa and South Centre hosted the [annual conference from 1-4 December 2020](#), under the theme “What is the status of the Antimicrobial Resistance National Action Plans in the African Region?”. Countries presented their experiences in developing and implementing NAPs, The conference was held as a virtual event due to COVID-19 restrictions on travel and public gatherings. Held over four days, the event had over 100 participants representing 35 countries and various sectors including human, animal and environmental health. The event also gathered experts from the regional Tripartite (OIE, FAO & WHO-AFRO), various civil society organizations, the International Centre for Antimicrobial Resistance Solutions (ICARS), the World Bank, Fleming Fund and Wellcome Trust among others.

### A summary of the key takeaways from the ReAct Africa and South Centre conference

- AMR NAP progress in Africa was, given the circumstances, encouraging though quite slow. The number of countries with NAPs has increased to 36 from 33 the previous year. A number of countries are conducting some activities in all the 5 strategic areas of the Global Action Plan on AMR.
- Multi-sectoral collaborations and coordination remain one of the major challenges for most countries in the region. Strengthening governance and dedicating more resources to activities will act as a catalyst for successful NAP implementation.
- A number of countries noted that surveillance remains a major issue and actionable data is therefore still missing. Resources are a major challenge for setting up integrated surveillance systems, despite funding such as the Fleming Fund, as most countries do not qualify for support.
- There are a lot of actions in response to the global COVID-19 pandemic which can be applied in addressing AMR, for example within IPC and WASH. The pandemic has heightened the need to invest in these areas and provide an opportunity to create awareness on IPC and strengthen IPC activities in health facilities. For example, Nigeria has taken advantage of the COVID-19 response in implementing the AMR NAP by leveraging IPC outputs and hand hygiene campaigns.

The conference was a great success judging from the testimonials, the high-level participation by intergovernmental organizations WHO Afro/ HQ, FAO, OIE, the World Bank, and from countries. It was a clear testament to ReAct's contributions in the region and globally. Several participants noted the role that ReAct has played over the years in supporting the AMR cause and their efforts.

From the evaluation form at the end of the event, over 85% of the respondents were able to form a vivid picture of the current state of AMR NAP implementation in Africa. Similarly, respondents were asked whether they had learned best practices and appreciated the AMR NAP implementation challenges during the conference. 100% of the respondents reported that the conference provided a platform to share both lessons learnt and challenges faced in implementing AMR NAPs with over 50%, "agreeing to a large extent". Furthermore, more than 90% reported that the conference enhanced their understanding of One Health, related to NAPs.

### State Action Plans on AMR in India:

Since most of the implementation machinery for National and State Action Plans was engaged in COVID-19 containment activities, there were severe disruptions in implementation in 2020 in India. The overall political momentum around AMR dissipated. Though the AMR community has moved towards projecting the issue as a 'slow pandemic' which may cause serious economic damages in the future, COVID-19 overshadowed the AMR problem. Many of our planned activities for 2020 got affected and we had to adapt/repurpose much of our work. Though there were co-benefits from the COVID-19 outbreak through increased awareness about health issues, improved hygiene practices in the community, better IPC in healthcare facilities and slightly more investment into health systems, forward movement for the AMR issue slowed considerably.

Despite the disrupted momentum, ReAct Asia Pacific remains a trusted partner to support the State Action Plan on AMR in Kerala, India. Several ReAct Asia Pacific's resources, including the Frequently Asked Questions on AMR (in local language) and training manual for local self-government institutions, were being used for the implementation of the State Action Plan at several levels. During the COVID-19 pandemic, ReAct's online events and social media interventions helped to keep the AMR agenda in focus.

Besides Kerala, two other states in India, Madhya Pradesh and Delhi have released their State Action Plans on AMR. ReAct Asia Pacific was part of the team which facilitated a start-up workshop for government veterinarians in the state of Madhya Pradesh. The meeting had senior officials from the animal husbandry and dairy development departments of one of the largest states in the country, and it culminated in the 'Bhopal Consensus on Veterinarians-led action on AMR'. This document recognized that veterinarians play a crucial role in containing the threat of AMR and called upon all veterinarians to be one-health leaders. The ReAct Asia Pacific team has also been in touch with the nodal officers of all three state action plans in India so that we are updated about any progress in implementation efforts.

To commemorate 2019's Kochi Declaration on One Health Action on Antimicrobial Resistance and celebrate World Antimicrobial Awareness Week (WAAW), ReAct Asia Pacific organized a virtual 'Mini One-Health Summit on AMR' in November 2020 in collaboration with Indian Veterinary Association. It had speakers from the World Health Organization, World Animal Protection, CGIAR-AMR Hub, Kerala University of Fisheries & Ocean Studies, and Kerala Veterinary & Animal Sciences University. Overall, the summit and the subsequent discussion session had 120 participants. ReAct also used this as an opportunity to discuss the three State Action Plans in India - Kerala, Madhya Pradesh, and Delhi. All the three state nodal officers made brief presentations on the progress of the State Action Plans and explained their strategies to advance the AMR containment efforts in their States.

In 2020, ReAct Asia Pacific also collaborated with the Mahidol Oxford Research Unit, Bangkok, to translate their [AMR Dictionary to Malayalam](#) (the language in the area selected for the project) and Hindi (the most widely spoken language in India). The AMR dictionary explains most of the terminologies and concepts concerning the issue and is meant to be an educational tool. These dictionaries are meant to be advocacy tools for engaging the public in various contexts. The feedback from the nodal officers of State Action Plans on AMR and various other AMR champions in the country has been positive. We will be distributing it to relevant stakeholder groups, through the State Action Plan nodal officers, WHO country offices, and our partner CSOs.

Several key documents, including a draft indicator framework, were prepared within ReAct's Antibiotic Smart Communities project. The aim is to provide guidance for community engagement in NAP implementation.



### Antibiotic Smart Communities

Since the launch of the Global and National Action Plans, much focus has been given to international and national levels; and the importance of designing strategies to engage local communities has been minimal. Therefore ReAct's community approach, based on experiences of working with LMIC communities, can be useful when more National Action Plans are operationalized in other LMICs, especially for community engagement and forward momentum.

During 2020, ReAct's cross-nodal project 'Antibiotic Smart Communities' (ASC) prepared several background documents and drafted an indicator framework. These background documents guided us in understanding the local drivers of ABR and helped local implementation efforts of NAPs. We also documented our learnings from community engagement activities in India. The key documents prepared include:

- Behavior change interventions for Antimicrobial Resistance: the approaches available for designing community-based interventions
- [Engaging communities for rationalizing antibiotic use: a situation analysis framework](#)
- [Framework for engaging key stakeholders in the community on AMR](#)
- [Mapping of existing interventions/policies for supporting ABR action agenda](#)
- Draft of case studies on mobilizing communities for health and the role of anthropological principles in various public health interventions

These documents covered detailed steps, from carrying out an initial situational analysis in a selected community to engaging key community stakeholders for action. They also provided targeted messaging frames for each stakeholder group, expected competencies from these groups, and possible strategies to achieve them. We believe that our strategy of engaging local self-government institutions would potentially yield good dividends as the local health and veterinary centers are often managed by these institutions. Besides, local environment protection is usually the mandate of these grassroots governance structures, thus enabling them to implement interventions to contain ABR.

ReAct Asia Pacific also held Focus Group Discussions (FGDs) with relevant stakeholders from the community to explore their perceptions about the disease and existing socio-cultural norms on themes related to health and ABR; and to further strengthen the validity and effectiveness of our messaging. A content analysis was done on the transcripts of conducted FGDs and the findings will be published in a peer-reviewed journal in 2021. Preliminary findings revealed that the public understanding about determinants of health was good, but a large proportion had misconceptions regarding antibiotics. Antibiotics were considered medication for fever, anti-inflammatory and even as immunity boosters. Infections and outbreaks of communicable diseases were perceived as low priority as compared to chronic non-communicable diseases, probably reflecting the epidemiological transition of views in the society.

**In 2020, ReAct Latin America carried out several screening and review exercises to have an overview of the vision and actual status of national action plans of our partner countries in Latin America. This review provided us with input to catalyse the dialogue between governments and social organisations.**



To help communities' prioritization of their work, a draft list of 32 indicators representing the various dimensions of the ABR issue was formulated (with indicators from human health, agriculture, fisheries, environment, and development). The list also contains details on the rationale for inclusion, the methodology for categorization, and the scoring system. In early 2021, it will be shared with external domain experts, following which the list will be further condensed and finalized into a framework for implementation in the latter part of 2021. The indicator framework will measure the robustness of NAP implementation at grassroots levels and could potentially improve accountability and establish a feedback system to measure success once more NAPs are operationalized in LMICs.

Though the above-mentioned documents and indicator framework are yet to be formally published, several groups such as the Community Engagement for AMR (CE4AMR) and Health & Hygiene Outreach Trust have shown keen interest in the community-based work done by ReAct Asia Pacific. ReAct also introduced this approach to several other agencies who are already working in the sector or interested to enter, such as the Asia Europe Foundation. These agencies have provided platforms to write or speak about our community engagement projects. Through our work, we have also managed to influence several community coalitions like the CSI Synod Department of Ecological Concerns, Green Schools Program, Catholic Health Association of India, etc.

who can potentially introduce an AMR lens in their work (extending our efforts leading to strategic objective 2). It is our hope that from 2021, we will disseminate our work with other agencies or actors who are planning to do similar work in LMICs. Our work and documents will be instrumental in building momentum around the issue, coalescing different discrete initiatives into a more significant movement.

### **National and Community Action Plans in Latin America**

The implementation of AMR NAPs in Latin America has been lagging behind and disconnected at local, national and regional levels, with a lack of multisectoral policies and actions. ReAct Latin America carried out several screening and review exercises to have an overview of the vision and actual status of national action plans of our partner countries in Latin America. While Bolivia and Venezuela currently do not have plans, we reviewed information and analyzed the NAPs in Chile, Colombia, Ecuador and Peru, based on two criteria: 1) One Health approach; 2) participation of local governments and organized civil society. This review provided us with input to catalyse the dialogue between governments and social organisations, which has been collected in 'Towards a community action plan', the planned third booklet in our 'Communities and Antibiotics' series". This analysis will serve as background material for a workshop to be held in November 2021 together with governments and social organisations.

ReAct entered into a partnership with ICARS that includes expanding the ReAct Toolbox with strategies and tools to manage ABR co-identified by ICARS, ReAct and LMICs.

RAISE AWARENESS

MEASURE

RATIONAL USE

PREVENT INFECTION

POLICY

### The ReAct Toolbox – supporting capacity building and implementation of NAPs

The ReAct Toolbox is a free, online repository that provides resources, inspirational experiences and guidance to support capacity building and implementation of NAPs in LMICs. As such, the Toolbox is an integral component in ReAct's efforts under Strategic Objective 1. In order to reach as many countries and implementers as possible, ReAct has conducted the following activities to improve content and accessibility:

- Outreach was systematized using the stakeholder and funder mapping initiated in 2019, which is updated monthly.
- The Toolbox was promoted through ReAct's global and regional communication channels, with around 100 posts in social media and newsletters, through a set of short videos, and at events such as at CSO engagement meetings in Africa
- In addition to routine maintenance and content updating, more than 50 new resources and highlights of ongoing initiatives were added. The Policy section was revised to more prominently feature [implementation resources](#), and new pages were created on [Gender mainstreaming](#) and [Global Policy](#).
- ReAct consulted external support from Qlok to set up a statistics report to better monitor impact of the Toolbox.
- In December, ReAct entered into a partnership with ICARS that includes expanding the ReAct Toolbox with strategies and tools to manage ABR co-identified by ICARS, ReAct and LMICs.

- We welcomed two new distinguished advisors to our [expert advisory group](#). Professor Rumina Hasan of Aga Khan University in Pakistan, and Dr. Uduak Okomo at the MRC Unit The Gambia, at London School of Hygiene and Tropical Medicine.

Our efforts to promote the Toolbox more extensively lead to several high profile mentions. For example, the International Society of Antimicrobial Chemotherapy (ISAC) added the Toolbox to its homepage. At the launch of the Commission on AMR by the International Pharmaceutical Federation (FIP), the global body representing over 4 million pharmacists and pharmaceutical scientists, the Toolbox was listed as one of the to-go-to reference documents. Also, Philip Howard, President of the British Society of Antimicrobial Chemotherapy, mentioned the Toolbox in his panel talk at the launch event. The Toolbox was used as reference in a South Centre research paper titled Antimicrobial resistance: Examining the environment as part of the One Health approach. It was also featured in the new [MEDBOX AMR Toolbox](#). MEDBOX is an independent internet library aimed at improving the quality of healthcare in humanitarian action worldwide.

The Toolbox further continues to be useful in catalysing and sustaining partnerships, as a concrete resource to engage and support academia and student networks. ReAct is for example currently working with researchers in Uganda to showcase their efforts with community health workers and drug shops.

As COVID-19 prohibited planned activities for onsite exchanges and collaborative work between ReAct's nodes, digital channels were used for cross-nodal discussions on strategy and future collaboration opportunities, as well as for most outreach activities. In light of this, it was encouraging to see the increasing interest to access information in the ReAct Toolbox. Total number of users from LMICs increased by 35%, from 60,000 in 2019 to 81,000 in 2020. There were around 18,000 and 67,000 users in Africa and Asia, respectively. Overall close to 200,000 users accessed the Toolbox.

### **Connecting global to country level efforts in context of COVID-19**

ReAct has tried to frame how National Action Plans would have to respond to AMR in a time when healthcare systems and national economies are stretched by the toll of COVID-19. At the [World Healthcare Students Alliance Global AMR Youth Summit](#), Dr Anthony So presented on "AMR and antimicrobials: what future are we looking towards?" as a keynote speaker alongside Dr. Hanan Balkhy (WHO), Dr Matthew Stone (OIE Deputy DG), Ms. Junxia Song (FAO AMR Focal Point). In the presentation, several themes were highlighted - the underfunding of NAPs on AMR, opportunities for tackling AMR and COVID-19 together, and that the need to look for cost-saving interventions to address AMR that also had dual benefit for COVID-19, from infection prevention and control and hand hygiene to rapid diagnostic testing. The presentation not only urged future AMR champions to take up the issue, but also was meant to send a message to the fellow panelists representing the Tripartite Agencies.



# #2 **Movement building**

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## **Strategic objective 2**

Coalitions, communities of practice and movements are strengthened and extended to address antibiotic resistance through narratives and action that contribute to universal health coverage, poverty reduction, food justice and environmental sustainability.

**A global survey conducted by ReAct Europe focusing on neonatal sepsis opened up doors and interest from new actors engaging in children's health.**

### **Thematic engagement of new actors**

The overall stakeholder outreach and engagement approach established for Work Plan 2020 was useful in developing an adaptive strategy for our engagement with different actors. In 2020, an internal stakeholder mapping and analysis was developed to help identify additional areas of engagement across AMR and other sectors.

### **Children & AMR**

In 2020, ReAct identified a thematic workstream around Children & AMR as this area received little attention and lacked data required for compelling arguments for action. ReAct developed a [Children + AMR Fact sheet](#) which was distributed at a CSO engagement meeting in Kenya led by ReAct Africa and Africa Centers for Disease Control and Prevention. However, feedback and further distribution was put on hold due to the pandemic.

A set of organizations focusing on children were identified for their ability to strengthen coalitions, communities of practice and voice to AMR narratives and movements due to their global reach, influence, multi-sectoral involvement. These organizations included UNICEF, the Aga Khan Foundation, Comic Relief, Save the Children, and the World Society of Pediatric Infectious Diseases (WSPID) where the main engagement tactic was to collect and co-create 'stories' in various formats. This approach was not particularly effective to promote AMR within these organizations in 2020 for the following reasons: collecting human interest stories often requires person-to-person interactions that COVID-19 halted; organizations became overwhelmed with activities to address COVID-19 which became competing priorities; story collection or co-creation was not their area of expertise; and key entry persons or AMR

champions have not yet been identified or created. We therefore changed our engagement tactic for some target stakeholders where we had established contacts, and decided to postpone/cancel engagement with actors where traction was limited. It is interesting to note that the story collection strategy has been interesting to other organizations, such as Child Health and Mortality Prevention Surveillance (CHAMPS). This is an organization previously not on our target list, which was later added due to their global activities in AMR mortality surveillance data.

As part of the change of engagement tactic, in the second half of 2020, ReAct conducted a global survey to gain insight on the perceptions and challenges doctors face when treating neonatal sepsis due to resistant pathogens. WSPID, among other key global organizations, helped disseminate the survey links on their websites and social media outlets. The survey was available in three languages and responses were garnered from over 400 participants spanning 74 countries. [Findings were presented in a report](#) that was launched during World Antimicrobial Awareness Week and garnered the interest of many new organizations that ReAct had not previously been in contact with and who are now keen on working with ReAct to raise AMR within their regions, networks and coalitions.

In December ReAct released a [6 minute long film - Children at Risk](#) to get the attention of leaders and policy makers in the midst of the Covid-19 pandemic. Director of the film is Staffan Hildebrand, known in Sweden for motion pictures, he has also collaborated with KI for almost 30 years, addressing the HIV issue. The film have so far had about 1000 views on Youtube, and 10 000 impressions on Twitter. The film production was a collaboration across nodes and it

will be used continuously in meetings and at events, it is available on YouTube and ReAct's website. The production of the film had other funding, though staff time falls under the SIDA funding.

## Cancer & AMR

Another thematic workstream that ReAct focused on was cancer and AMR. We believe that engaging the cancer community, and emphasizing the impact antibiotic resistance has on cancer care, would help to further communicate the urgency of the problem and the need for strengthened global action. Already in 2019, ReAct initiated discussions with the Swedish cancer society (Cancerfonden) and the Union for International Cancer Control (UICC) - a large umbrella organization constituted of over 1200 member organizations in 172 countries. These collaborations were strengthened in 2020, contributing to the medium-term outcome of strategic objective 2, which focuses on expanding the number of collaborative partnerships. The UICC established a taskforce on AMR in 2020 and two ReAct members were invited to join the taskforce. To guide the work, the taskforce adopted three policy and advocacy points in line with ReAct's input. The policy-asks adopted by the task force focused on: 1) data collection and surveillance, 2) access to treatment and 3) emphasis on the importance of AMR in parallel to cancer treatment. The UICC also includes references and a link to ReAct on their website, in an [article](#) describing AMR and its impact on cancer care. This engagement and linked intermediate

results contribute to fulfilling our long term outcome "Movements, communities of practice and civil society groups working across multiple sectors are able to provide effective oversight of key actors and influence ABR policy and practice." The restraints on travel caused by COVID-19 led to cancellation of events such as the World Cancer Congress, where engagement efforts had been originally planned for.

Activities and achievements related to Cancer & AMR:

- The World Cancer Day on February 4<sup>th</sup> was one of our main target events of the year. For this day, ReAct produced various materials, such as a [newsletter article](#), a [short video](#) and social media posts.
- End 2020, we published an interview with Honar Cherif, Ass. Professor and Head of the Department of Hematology at Uppsala University Hospital, Sweden.
- Submission of [feedback](#) to the roadmap of "Europe's Beating Cancer Plan", proposed by the European Commission (March)
- Release of a [policy brief](#) on ABR and cancer (May). This was picked up and communicated in one of CIDRAP's newsletters.
- A presentation at [UICC'S Special Focus Dialogue -Drugs don't work](#). The session was originally planned for the World Cancer Congress in Oman in October, but the congress was cancelled due to COVID-19.
- Co-authorship of an [op-ed](#) published in [Dagens medicin](#) (in Swedish, November).



**Dr. Joseph Kathere, Kenya says:**

***"The fact is, in a few years to come, everybody will have a problem.***

***Because we will not have drugs that are responding to common infections.mean it is a disaster – for everyone! And it is important for the policy makers to ensure that the issue of antibiotic resistance is actually addressed as one of the causes of death in every country."***

**ReAct film: Children At Risk**

## Civil Society Mobilization

Engaging civil society at country and regional level is imperative as they are instrumental not only as partners with the government but also providing stakeholder platforms for collaboration and integration of health issues. In addition, CSOs have the capability to function as monitoring and evaluation agents tracking the progress on commitments that governments make in areas such as surveillance, affordable access, infection prevention and control, and raising awareness about antimicrobial resistance which are all very important especially in the current COVID-19 pandemic situation.

## Engaging CSOs in Africa

ReAct Africa continued to enlarge the reach in targeting the CSOs in the region and is currently nurturing 4 CSOs in Kenya, Tanzania and Zambia. As a way to work towards having civil society and social movements across different sectors formally included in processes to develop and implement NAPs, ReAct Africa engaged in a number of activities. In partnership with Africa CDC, ReAct Africa, convened a two-day Capacity Building and Workforce Development Workshop targeting CSOs in Nairobi, Kenya in February 2020. The main objective of the workshop was to build capacity on AMR advocacy for CSOs working in human, animal, agriculture and environmental sectors, including those with substantial experience in advocating for health-related policy changes. As one of the priorities for implementing the Africa CDC Framework for AMR Control, member states of the Africa Union and partners have recognized the need to mobilize and engage CSOs on AMR activities and ReAct Africa has greatly supported this important regional priority. The workshop ended with a summary of actions ([link](#) with key takeaways) that the CSOs committed to doing in AMR work in 2020. One immediate follow-up was that Pan-African Treatment Access Movement (PATAM) from Zimbabwe increased their work on AMR and joined the Antibiotic Resistance Coalition (ARC) in 2020. They mostly work at community level and have built strong relationships with communities through our technical support.

In partnership with Africa-CDC, ReAct Africa launched its CSO Engagement initiative by launching a Community of Practice platform that is used for discussions, dissemination of AMR relevant information, regional and global updates, tools and country progress posts. The official launch was done at the ReAct Africa Conference in December 2020. This

**CSO engagement in the African region is increasing and ReAct Africa collaborates with Africa CDC and African Union to strengthen the CSO voices.**

platform is meant to further strengthen CSOs engagement in supporting NAP implementation in Africa as they can share best practices and resources that are helpful in their work.

During the World Antimicrobial Awareness Week (WAAW) 2020, various [CSOs participated in awareness raising activities](#) some of which were supported by ReAct Africa including short videos ([example](#)) that were produced and shared on various social media platforms. The idea was to showcase what different CSOs are doing across different sectors in their countries to inspire other CSOs to act and also inspire a coordinated and one health approach in supporting the implementation of NAPs.

Adapting with COVID-19 opportunities, ReAct Africa used social platforms and zoom webinars for advocacy, lobbying, country and stakeholder engagement, capacity building and network extension. We conducted over 15 webinars on different subjects with different audiences on different aspects and impact of AMR and COVID-19. Some webinars have involved collaborations with several key stakeholders including intergovernmental organizations, academia, CSOs and professional bodies among others. ReAct Africa has also been invited to present at various webinars, conferences and lectures ([link](#)). The webinars offered a platform to engage without geographical restrictions and offered opportunities to collaborate with other partners such as ICARS, Wellcome Trust, UNICEF, World Bank in addition to the Tripartite and Africa CDC. A challenge however was the lack of visibility of the attendees, internet connection challenges and time limitations. Brainstorming and in-depth discussions that are key when various stakeholders are learning from each other are a key challenge with the webinars as there is no social contact unlike at physical events.



As part of Antibiotic Smart Farms Indonesia, ReAct Asia Pacific produced a situational analysis of antibiotic use in food animal farming in Indonesia.

### Social mobilization in India

As part of the Antibiotic Smart Community project, ReAct Asia Pacific is working with *Kudumbashree* (a women's self-help group movement) units and the local *Panchayat* (an administrative structure present at the village level in India). This has helped us to understand the context better and use the learnings in redefining our approach. We have been advocating the systemic nature of the ABR issue to all the stakeholders concerned and have been active in several initiatives to increase awareness about access to healthcare. Our work to facilitate local manufacturing of cloth masks during the beginning of the COVID-19 pandemic and distribution of vegetable seeds to households to broaden the idea of 'food as medicine' has generated goodwill and enabled engagement of a wide array of stakeholders. These interventions are slowly coalescing into an informal campaign for better health and good food in the community selected for the project. We also expanded our collaborative activities by engaging with organizations such as CSI Synod Department of Ecological Concerns, Mallapuzhasserry Village Development Council, CE4AMR, Superheros against Superbugs, e-Bug Thanjavur, and World Animal Protection.

ReAct Asia Pacific joined hands with Quicksand Studios, a design company based in India, to develop biosecurity toolkits for poultry farmers in India. Expert inputs were given by the Kerala Veterinary and Animal Sciences University (KVASU). The toolkit is meant to be used by any agency or institution desirous of training farmers on biosecurity. The toolkit has a training manual, posters on vaccination in poultry, flashcards for stimulating discussion, and well-thought-out activities for making training sessions more interactive. The toolkit also de-jargonizes biosecurity-related terminologies so that small-scale farmers do not feel a barrier between them and the

trainers. The training manual was reviewed by our collaborators on World Animal Protection, CGIAR-AMR Hub, and Department of Animal Husbandry in India. The overall feedback was positive and their suggestions were incorporated into [the final version](#). A similar exercise was planned for shrimp aquaculture (brackish water shellfish) farmers, but we could not acquire the services of an appropriate technical consultant for the work owing to COVID-19. Apart from this, the lockdown created problems in visiting farms and meeting people, diminishing effective work in this area in 2020. We are planning to work on the toolkit for shrimp farmers during 2021.

### Antibiotic Smart Farms Indonesia

As part of Antibiotic Smart Farms Indonesia, during 2019-2020, ReAct Asia Pacific produced a situational analysis of antibiotic use in food animal farming in Indonesia. Work on the report was hampered due to the COVID-19 pandemic and restrictions on movement placed by the government. The situational analysis report, the only one of its kind on the subject available in English, was however compiled successfully and published as a [soft copy](#) for dissemination. The process of compiling the situation analysis involved interviews and consultations with Indonesian state agencies as well as international institutions such as the Ministry of Agriculture and Food and Agriculture Organization (FAO), Indonesia. Among civil society organizations, valuable inputs and insights for the report were provided by the Center for Indonesian Veterinary Analytical Studies (CIVAS). These organizations are also expected to help with the wider dissemination of the analysis through their extensive networks. The work resulted in identifying key stakeholders; compiling existing data on antibiotic use in food-farming; presenting an overview of Indonesia's regulatory framework and recommendations based on the Bangkok Declaration for policymakers. The analysis will serve as an input from

ReAct to governments, organizations, institutions, and professional societies in their understanding and action on antibiotic resistance emerging from the food-animal farming sector in Indonesia. When the report is disseminated more widely, it can also have a similar impact in other LMICs in the South-east Asian region. Already the analysis has been distributed to the Indonesian Ministry of Agriculture and other government agencies along with civil society groups working on AMR and public health. Physical educational seminars which were proposed could however not be conducted due to the restrictions. A case study of a biosecurity project for poultry farmers by ReAct, initiated by the Indonesian government, could not be completed either due to the inability to travel to gather all the information required.

A similar situational analysis previously done in India by ReAct Asia Pacific, has received multiple inquiries from filmmakers, journalists, academics, and conference organizers to use the contents of the report for various purposes. For example, one Indian film production crew wanted to use the analysis, called "Antibiotic Use in Food Animals: India Overview" for a sci-fi thriller movie titled 'Mimamsa', involving leading Indian movie stars. They sought permission to use the contents of the report for the writing of the script as well as visuals of the report itself as part of their show - we will have to wait and see if the movie comes to fruition. Indian academics have quoted the analysis in their presentations at seminars with one academic using the analysis' text and visuals for a lecture slide titled "Medical Climate Crisis: Use and Misuse of Antibiotics". Similarly, the high ranking of the analysis for Google searches has led to numerous invitations with institutions and individuals organizing conferences on the subject, including the 5th international conference on Responsible Use of Antibiotics in Animals in Amsterdam.

## Movement building in Latin America

### *Creating a network of champions*

In the context of COVID-19, the presence and credibility of ReAct Latin America increased and our staff have been requested by the media and local governments to provide expert opinions on infectious diseases related to the pandemic, its collateral damages and impact on increased unnecessary use of antibiotics. ReAct Latin America maintains a [website](#) and social media accounts and has expanded our network of contacts both nationally and regionally (e.g. the Latin American health network). Through the planning and implementation process of our virtual education programs, production and dissemination of educational materials, we also

strengthened our ties with social organizations (e.g. People Health Movement, Latin America, El Salvador Health Forum), indigenous movements (e.g. Indigenous Movement of Peru, FEUNASSC, Ecuador), academia (e.g. Mar del Plata University and National University of Rosario, Argentina, Universidad Mayor San Andrés, Bolivia), associations of teachers (e.g. Ibero-American Network of Teachers), health promoters and primary healthcare professionals (e.g. Argentine Federation of General Practitioners), NGOs (e.g. IFARMA, AGROSAVIA, Colombia) as well as the media (e.g. Opción journal, Rupturas Magazine) across the region (i.e. Argentina, Bolivia, Peru, Ecuador, Colombia, El Salvador and Guatemala). Marcela Bobatto and Gerardo Segovia of Argentina's National Health Movement, LAICRIMPO, stated: "During 2020, as a result of the road travelled in previous years, we will articulate even more in projects and work with ReAct. For the members of our movement, going deeper into the issue of bacterial resistance meant being able to understand and link it to the primordial care of all forms of life."

### *Educational-communication*

This program, organized by ReAct Latin America, has brought together experts from different areas of knowledge, constituting an important strategy for dialogue between academia, social movements, and primary health care professionals. The production of educational and communicational material has responded to the needs of the changing landscape under COVID-19, characterised by misinformation, confusion, panic, increased self-medication and indiscriminate consumption of antibiotics and antimicrobials in general, as well as the use and abuse of bactericidal disinfectants. The forums, dialogues and seminars we hosted have shown significant convening power to join efforts of multiple regional, national and local actors as well as various community organizations in the region. The educational program has been a tool for training and communication, in the face of current needs and challenges with COVID-19, health and food crisis, collapse of health systems, worsening and spread of poverty, as well as use and abuse of antibiotics.

During 2020, ReAct Latin America developed several educational information material kits such as a) COVID-19, *Microbes and Health. What should the community know?* ([link](#)); b) COVID-19 and ABR Series (three booklets: [community](#); [health systems](#); [educational-communication for good use of antibiotics](#)); c) *Let us embrace with the Heart* ([link](#)). We also continued to communicate about the role of the microbiome in human and planetary health.

ReAct Latin America's educational program has been a tool for training & communication, in the face of current needs and challenges with COVID-19, health and food crisis, collapse of health systems, worsening and spread of poverty, as well as use and abuse of antibiotics.



During World Microbiome Day, ReAct Latin America presented "Diversity Matters", a kit of educational information and communication activities. Activities also included a series of virtual conversations on the topic of the microbiome. These series of materials were timely made available to our Latin American population in the context of COVID-19. Designed in didactic formats and disseminated through expert dialogues and our own channels as well as our alliances of social movements in the region, our messages had great reach in the region and were amplified with high acceptance and appreciation.

#### Community engagement

In Latin America, where community wisdom is highly appreciated, we continue to focus on promoting understanding of AMR through a community angle. Our aim is to show that it is not an issue of interest only to healthcare workers, but something of importance for the whole community and society. During 2020, two reports in a series on 'Communities and Antibiotics' have been developed. A series of virtual meetings which were held with a diverse group of actors from all over the Latin America region helped trigger deliberations and articulated questions around education, the use of antibiotics and what can be done to promote health for people and communities. The international workshop for the proper use of antibiotics and the health care

of Mother Earth also continued. From our interactions with our stakeholders, we observed improved knowledge and changed perceptions of AMR, its causes, effects and implications for human health and all forms of life. The perception of AMR went beyond viewing it as only a medical issue to a broader understanding of the microbial world and the relationship with human health; the use of antibiotics in animal health and agricultural production; care of the environment to ensure healthy water, air, soil and food; and biodiversity as a mechanism to maintain microbial diversity.

#### The Antibiotic Resistance Coalition

In 2020, ReAct continued to advance our strategy for strengthening civil society action on AMR through the intersectoral Antibiotic Resistance Coalition (ARC). ReAct North America, as the Secretariat for ARC, supported the addition of three new strategic groups to the alliance's roster. The European Public Health Alliance (EPHA) brought a Brussels presence along with work on multiple dimensions of AMR, from food systems to access to medicines, as well as a European Parliamentary group focused on AMR issues. The Instituto Defesa do Consumidor (IDEC) brought one of Brazil's most prominent consumer groups into ARC, with work spanning from food systems to innovation and access to antibiotics. As noted earlier, the addition of PATAM added

another African NGO, with a history in AIDS work, to ARC's ranks. With these new members, the Coalition now includes 30 organizations.

Over the past couple years, we had - in collaboration with the South Centre - staged an annual strategy meeting on AMR for civil society, and in 2020 we held the fifth WHO-NGO Dialogue on AMR. With COVID-19, we opted to carry out strategic planning through a series of teleconference calls. These discussions fell along primarily two tracks: 1) innovation and access issues, including the COVID-19 technology challenges that may inform approaches for antibiotics, and 2) environment and AMR issues, including the use of antibiotics in food production and zoonotic disease transmission. We also held briefings that touched on the intersection of COVID-19 and AMR; engaged non-ARC allies on issues of mutual interest; and tested a new approach to engaging with the Tripartite agencies on AMR. For example, World Animal Protection briefed the Coalition on their global work and the potential co-benefits from greater animal welfare and biodiversity for antimicrobial stewardship. Since that time, our node and other ReAct nodes have continued to build this relationship with World Animal Protection, as they are increasingly incorporating an AMR perspective into their animal welfare advocacy. Building on the ReAct's [previous work with Oceana Chile](#), they updated ARC members on their efforts to reduce antimicrobial use in Chilean aquaculture. Their approach uses transparency in a way similar to our proposed AMR Watch on the international trade of antimicrobials. Finally, we saw potential in lifting up under-recognized uses of antimicrobials in crop production. [Researchers from the Centre for Agriculture and Biosciences International \(CABI\) presented their work](#) that showed antibiotics recommended in the management of over 100 different plant crops, and most commonly, in rice. Engaging the CABI team through 2020, the CABI researchers suggested a letter from the Coalition to their recently appointed CEO, Dr. Daniel Elger, would be helpful in focusing CABI's attention on this area. These activities have expanded the number of ReAct's collaborative partnerships with other civil society actors.

We have also deepened collaborations with existing ARC members. In addition to the ARC policy convenings via teleconference, we began developing Coalition capacity on the global trade and inappropriate use of antimicrobials in food animal production. We engaged the Brazilian consumer group, IDEC, to brief the Coalition on the drivers of Brazil's use of last line antibiotics in food production.

**In 2020 the Antibiotic Resistance Coalition held the 5th WHO-NGO Dialogue on AMR. Discussions focused on innovation, access, and environment & AMR.**

### **Student and Youth Engagement**

It has been shown that awareness raising and behavioural change communication directed at students yield a higher level of impact. Students form an important target for ReAct's extended education and communication efforts towards the general public and future champions on AMR. Throughout the years, ReAct has been actively engaging students through close collaboration with our host institutions and partners in AMR education as well as coaching and supporting student initiatives.

#### *Innovate4AMR*

Apart from engaging civil society, ReAct North America has mounted a global student design competition, Innovate4AMR, to identify and train future AMR champions. Each of the past two years, this has culminated in a capacity-building workshop, co-organized with WHO and the South Centre, for finalist teams in Geneva. Again, with the pandemic, we had to undertake a significant re-design of the competition in 2020. The reward could no longer be a dream trip for finalist student teams in Geneva. We sought a redesign that would also empower students to take action on COVID-19 as well as AMR emphasizing common points of intervention. The redesign also offered an opportunity to streamline the judging process and refocus our resources on mentoring and training a select cohort of students. This has resulted in a global student design sprint, reframed as Innovate4Health, with ideation, implementation and advocacy modules.

Innovate4Health focused on three innovation pillars: 1) Ensuring effective prevention and treatment of emerging infectious diseases in the hospital setting; 2) Making community health systems more resilient



**Due to Covid-19 the Innovate4Health competition went digital and held over a 6 months period, which also made it possible for more students to participate.**

to emerging infections; and 3) Zoonotic disease transmission in food systems. The on-line outreach efforts led to a successful transition to this on-line design sprint: 1) the Innovate 4Health flyer reached 467K unique individuals and received 2 million impressions; 2) our promotional video has reached over 287K on Facebook leading to 531K impressions, reaching 287K unique individuals. Furthermore, we arranged for an email blast to faculty and students and produced an [Animoto video](#) carried on social media. Over 90 teams applied, and we invited over 100 students from 32 teams to join the Innovate4Health design sprint. The Innovate4Health design sprint runs from October 2020 to April 2021. Despite having more than 70% of teams based in LMICs, the online model has allowed us to scale our educational approach to beyond that one possible through an in-person workshop. This is more than a 200% increase in the number of students participating compared to the Innovate4AMR 2019 capacity-building workshop. As the online model extends over several months, it has allowed us to see student teams use the project planning and management tools and refine their proposals.

Furthermore, through our partnership with the International Federation of Medical Student Associations (IFMSA), our ReAct was able to shape the agenda for the first World Health Students Alliance's Global AMR Youth Summit, a three-day virtual summit during WAAW for youth around the world "to engage all healthcare and non-healthcare professionals, in rising against the challenge of combating AMR". This also allowed us to feature presentations from

Innovate4Health teams and Innovate4AMR alumni. Professor So also spoke on the opening keynote panel. With over a thousand students in attendance, the opening session featured representatives from WHO, FAO and OIE.

#### *African student clubs*

In Africa, with schools on extended breaks, ReAct Africa's engagement was through webinars and online meetings. The work has been focused on building capacities and nurturing future AMR champions. In the first quarter of the year, we engaged university students in various physical activities. One notable trend is that there has been consistent growing interest in webinar sessions and ReAct sponsored AMR competitions. During WAAW week, there was a student's competition that ReAct Africa sponsored with the theme "Real life experiences on how COVID-19 has affected communities/individuals and impact on antimicrobial resistance". For better outcome and sustainability of efforts, the winners of the WAAW 2020 competition will go through a mentorship program with ReAct Africa in 2021.

A key lesson learnt for students' engagement is that there is a need for a coordinated approach in AMR awareness in the universities in Kenya. There seemed to be parallel interventions which is counter-productive. ReAct Africa will continue to play a coordinator role in making sure the student clubs in the region pull together in a sustainable way by synergizing efforts and having a more structured approach. This will be done by continuing to work with one of the students' groups, Students Against Superbugs-Africa,

which has been mentored by ReAct Africa and who have managed to grow their initiative and get more visibility and raise awareness amongst students across the continent.

#### *ASPIC clubs in India*

In India, ReAct Asia Pacific continued engagement with students through the Antibiotic Stewardship and Prevention of Infection in Communities (ASPIC) clubs. We currently have 16 functional clubs ([www.aspic.in](http://www.aspic.in)) in various colleges/universities in India. We are in the process of connecting a few of these clubs to independent civil society groups as part of a mentorship program, for sustainability reasons. Progress has been slow however due to the closure of schools and colleges since March 2020 due to COVID-19. Nevertheless, student engagement took place virtually through competitions such as 'Student Research Champions for AMR', and a photography competition with good student participation. ReAct Asia Pacific hosted educational seminars for ASPIC Club students and as a direct consequence, students contributed by organizing seminars on COVID-19 awareness. We also created a [comic book for children in Malayalam](#), to be used as an educational tool. The purpose of the comic book is to educate children that everyone is responsible for their health as well as the collective health of the society. The book will be piloted in 2021 along with a training manual for primary school children.

As part of our student engagement, Dr. Philip Mathew, co-led a workshop titled "A global challenge within a local perspective, adapting to local contexts" during the AMR Youth Summit organized by World Healthcare Students' Alliance during WAAW. Our team also actively participated in several independent seminars and workshops organized by various departments of educational institutions. All these activities stimulated a greater interest among students about using antibiotics responsibility and the need for hygiene in the community. It also provide more visibility to our efforts to engage young people. Many of the student and youth groups that we associated with during WAAW, became co-signatories of an open letter that ReAct Asia Pacific facilitated during end of 2020 that was used to target the WHO Executive Board (EB148) in January 2021, encouraging the EB148 to increase engagement of young people on AMR and One-Health initiatives.

#### *Impact of Covid-19 on Children in Latin America*

In response to the impact COVID-19 countermeasures had on children, ReAct Latin America, the Child to Child Center, the Quilloac Bilingual Intercultural Institute, the Union of Teachers of Ecuador, and the

Ibero-American Network of Teachers, established an educational-recreational program based on the contents of the Alforja (see strategic Objective 4) to encourage activities among children, helping them to overcome the negative effects of quarantines. Additionally, ReAct Latin America joined the expert task force organized by the Child to Child International Program in developing and adapting educational packages with key messages for teachers, facilitators and children about COVID-19 to the Latin American context. A process of reviewing and classifying those materials was carried out and we updated the Alforja [catalog](#) covering issues of child health, health promotion and education, ABR and the microbial world. Our Spanish website will include a new section - "Toolbox on ABR for educators".



# #3 Global governance

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## Strategic objective 3

Globally coordinated governance on antimicrobial resistance ensures a sustainable response that takes into account the needs, challenges and priorities of LMICs.

**The COVID-19 pandemic severely constrained our advocacy and policy work and we had to be extra agile in our approach. Still, ReAct continued its close engagement with the global governance processes.**

During 2020, global governance structures for AMR were slowly taking shape including the processes to establish the "Global Leaders Group" (GLG), and an "Independent Panel on Evidence". Progress has been slow since the UN IACG presented its recommendations in 2019, and ReAct has frequently called for the broader engagement in and expedited implementation of the IACG recommendations in our messaging on social media and in the dialogues we have had with different stakeholders. ReAct's primary objective is to ensure that LMICs and civil society are appropriately represented in these structures to ensure that they contribute to the implementation of NAPs in LMICs.

As we already knew from the outset of the year we needed to be flexible and adapt our engagement to the changing landscape of the post-IACG processes and establishment of a governance structure for AMR. We did this through regular landscape analyses and a collaborative process across the network, which allowed us to both capitalise on and respond to emerging opportunities events, as well as work proactively trying to set our own agenda. The COVID-19 pandemic severely constrained our advocacy and policy work and global and national processes slowed down, with more limited opportunities to engage.

We also did not want to act opportunistically in relation to the ongoing pandemic, and at the same time leverage on the opportunities that emerged and we postponed some potential actions until when we thought it would be of greater impact. Despite the constraints of COVID-19, ReAct continued its close engagement with the global governance processes. Our active participation in the IACG

process has increased the opportunities for getting our views across, especially in promoting civil society and LMIC voices.

### **Independent Panel on Evidence for Action against Antimicrobial Resistance**

During 2020, the preparatory work of establishing an Independent Panel on Evidence for Action against AMR started. ReAct participated in the work to develop the Terms of References (ToR) for the Panel, as one of ReAct's staff Otto Cars was selected to be on the Advisory group. Although providing a lot of input through this process, a lot was not picked up and was not reflected in the draft ToR. We decided to also engage in the open consultation of the ToR that took place in June 2020. [In our comments on the Terms of references](#) ReAct emphasised the need for increased transparency, independence and swift establishment of all components of the governance mechanism. We also mobilized ARC on this issue and prepared the [Coalition's comments for the Tripartite Secretariat's public discussion on the terms of reference for the Independent Panel on Evidence for Action Against Antimicrobial Resistance](#). The feedback from ARC members focused on several key operating principles for the Independent Panel and comments were endorsed by 19 organizations. The need for clarity on the different governance structures were also voiced by others in the open consultation. And as a result the Tripartite issued an information note that addressed concern about the complementarity and interaction between the three governance structures. Expedited efforts to build the remaining global governance structures has also been echoed by others, but progress was slow in 2020, and the COVID-19 pandemic was likely a major contributing factor for this.



### Global Leaders Group on AMR

ReAct has closely followed the establishment of the GLG by seeking to promote civil society candidates for the membership. The Tripartite issued a call for expressions of interest from individuals representing networks and organizations of civil society and the private sector to serve as members of the GLG. ReAct put forward two of our senior staff. We also probed in other civil society organisations to put forward their nomination, to ensure broad CSO representation on the GLG. The selection result of the GLG members did however not reflect our efforts and only one civil society representative from the Centre for Science and Environment India was selected as a member who we continue to keep close interaction with.

On the day that the GLG was announced, ReAct sent an [open letter to the co-chairs of the group](#). In this letter we emphasised the need of a renewed global leadership, systems thinking and sustainable financing, and called on the GLG to develop a clear roadmap on its priorities and goals to which it should hold itself accountable. We pointed to the slow progress to act on the commitments made in the Political Declaration adopted by the UN General Assembly in 2016 and the continued need to elevate AMR to the highest level on the global health and development agenda. Systems thinking is critical as AMR is jeopardizing the achievement of many of the Sustainable Development Goals. We also called for the IACG recommendations to be a guiding platform for the work of the GLG.

### Making our voices heard on the importance of governance

ReAct advocated during the process of establishing a global governance mechanism towards a number of actors and in various media contexts.

For example, ReAct Europe organised a webinar for the Swedish actors to increase awareness of the ongoing global processes and to encourage their engagement in the open consultation of the ToR on the Independent Panel on Evidence. Efforts were also made to feature news about both the Panel and the newly appointed GLG including two [short interviews on Swedish national radio with Otto Cars](#), [several print newspapers](#) (Sydsvenskan, Västerbottenkuriren, Norra Skåne, Svenska dagbladet, Aftonbladet), as well as an [interview with Otto Cars towards the organisation of the Uppsala Health Summit](#). ReAct's Anna Zorzet also serves, since several years, on the Swedish National AMR Agency Coordination group. This also gives ReAct Europe the opportunity to give input to the international parts of Sweden's national strategy and Action Plan. These activities also serve their purpose to establish ReAct Europe as an important voice on AMR among the Swedish actors contributing to our strategic objective 2 of movement building.

During WAAW, Dr Anthony So was [interviewed by Rajeshwari Sinha with the Center for Science and the Environment, India](#). In this interview, he elaborated on big changes needed in the current global governance of AMR, particularly by UN agencies,

calling for an end-to-end approach to antibiotic innovation, making the One Health approach real and leveraging co-benefits from reducing AMR. This 31-minute video has been seen more than 300 times on YouTube. Professor So gave a keynote presentation “Global Solidarity and Security in Pandemic Times: The Critical Role of the World Health Organization and PAHO,” at the United Nations Association Brooklyn Chapter. Speaking to one of the largest chapters of the UN Association in celebration of UN Day, we presented on challenges of AMR, barriers to innovation and access to life-saving medicines, and the role of intergovernmental agencies, such as the WHO and the UN, in shaping norms for global access.

### **Cancellation of High level Dialogue on AMR in New York**

The biggest loss of advocacy opportunities we had for the year (which was likely also a major reason for the lack of progress related to the establishment of the GLG) was the cancellation of a UN General Assembly President’s High level Dialogue on AMR that was planned for April 2020. ReAct was invited as a speaker at that event and we had planned to have a larger delegation going to New York, and planned to organise some side-events. This was an important opportunity for our work to advocating towards key UN agencies beyond the Tripartite to engage more in global governance and financing discussions on AMR.

### **Financing**

The COVID-19 pandemic also posed challenges to advocacy opportunities to push for sustainable funding mechanisms informed by LMIC needs. There were very limited opportunities for advancing the finance discussion on AMR in the midst of most discussions being focused on surge financing for COVID-19 response. We continuously analysed the changing landscape and assessed whether there would be strategic openings for us. We however judged that the timing was not right for such efforts to be feasible or strategic. We will continue to prioritize our engagement in the discussions around financing for pandemic preparedness in 2021.

In 2020, ReAct continued to follow the establishment of the Multipartner Trust Fund (MPTF) on AMR, and have been in close dialogue with the Swedish Government and Sida as Sweden is one of the major contributors to the MPTF. To some degree we advanced towards our outcomes to push for new and existing funding mechanisms that contribute to the global response to ABR in LMICs. ReAct has had regular discussions with Sida on the MPTF, and has provided input as requested. We also mobilized our

**Even if we saw limited feasibility to push forward new funding flows for AMR to LMIC during 2020, we continued our efforts in shaping our analysis and messaging on AMR financing.**

convening power and network through ReAct Africa partner countries in collecting feedback and input to the country applications to MPTF, and followed up in discussions with Sida to strengthen country ownership and leadership in the MPTF process.

Even if we saw limited feasibility to push forward new funding flows for AMR to LMIC during 2020, we continued our efforts in shaping our analysis and messaging on AMR financing. In discussions across our nodes we came to an agreement on focusing on country capacity gaps and using the finance discussion to raise country commitment, acknowledging the different agendas and perspectives of the donor and the recipient countries. This was summarized into an internal concept note that captures the objectives, key messages and engagement strategy that we use when the external landscape and opportunities arise.

### **Engaging key UN agencies and government actors**

ReAct started off 2020 on establishing good contacts at UNICEF and also UNDP and to a limited degree UNFPA, as a result of an outreach mission trip to New York at the end of 2019. Plans were made on how we could collaborate specifically with UNICEF around the theme of Children and AMR, and we started to engage in discussions on common projects and outputs around collecting stories on Children and AMR through regular meetings. A few months into 2020, as all of the UN agencies shifted priorities to respond to the COVID-19 pandemic, a lot of planned engagements were put on hold. Other unexpected changes was that our main contact and AMR champion Stefan Peterson, left UNICEF during 2020, while we were working together on securing a strong commitment to AMR within

UNICEF. Key individual AMR champions at UNDP also changed roles during the year, so our efforts to mobilize support were interrupted and new efforts were made to follow the transition of personnels and establish new contacts. UNICEF and UNDP continue to be strategic targets for ReAct's mobilization efforts of UN agencies and continue to provide them with relevant updates on AMR. We hope to get stronger engagement in 2021 to include AMR into their programs and potential funding opportunities, and to leverage their policy roles and expertise to influence global governance discussions.

Despite challenges emanating from the COVID-19 response, ReAct have had meaningful engagement with several partners including the World Bank, Wellcome Trust, ICARS, OIE, FAO, WHO, UNCTAD and South Centre as well as being part of the UICC AMR taskforce. Importantly, ReAct members Sujith Chandy and Otridah Kaponia were selected to be members of the WHO Strategic and Technical Advisory Group (STAG) for AMR in 2020.

To prevent AMR from sliding far down the political agenda of the G20, ReAct provided input to the G20 Health working group through UNICEF, and distributed this input to our contacts in the Governments of Sweden and France.

Additionally, during the donor consultation process for the Global Fund Strategy development, ReAct provided input and feedback to the Swedish government actors to contribute to the Swedish feedback to the new Global Fund Strategy. We made an intervention at a meeting with UNAIDS and the Global Fund that the Swedish Ministry of Foreign Affairs organised in September as part of the respective organisations' strategy development. We also engaged in the process to develop the strategy for Sweden's cooperation with WHO for the period of 2021-2025 by making an intervention at a hearing held by the Swedish Ministry of Social Affairs in October and subsequently submitted written comments to the Ministry of Social Affairs on the Swedish strategy to WHO in November.

## EU engagement

In recent years, the EU is becoming a central player in global health and even more so in the context of the COVID-19, announcing a new EU4Health Programme (2021-27) with significantly increased investment for the health sector. Engagement at the EU level on AMR issues became a priority for ReAct Europe both to foster global champions, and to influence the EU's AMR related policies that could have a direct or indirect impact on populations in

LMICs. ReAct Europe has over 2019-2020 deepened its collaborations with Brussels-based civil society organisations to support their advocacy on AMR towards the European institutions, the newly formed MEP Interest Group on AMR, and a number of EU Member States. In the beginning of 2020, we met with different units at the European Commission and had in-depth exchange on AMR work with high-level officials including the Director-General at DG SANTE. We also [participated in the public consultations of the new EU Pharmaceutical Strategy](#). This also provided us the opportunity to send in suggestions on how to design programmes or initiatives on AMR under the EU4Health Programme. ReAct Europe staff submitted a [reply to an op-ed that had been written by three Members of the European Parliament in DN-debatt in October](#) (Sweden's highest ranking in this space), about the need for the EU to take a more comprehensive approach on AMR and calling for Sweden to take the lead.

## COVID governance

The COVID-19 pandemic provided governments and global institutions with an unprecedented opportunity to address the failures of both health systems and the global Research and Development (R&D) systems which was highlighted by COVID-19 in anticipation of future pandemics, including that of antimicrobial resistance.

During the 75th World Health Assembly, language on AMR was included in the COVID-19 resolution. ReAct had produced an analysis of the draft resolution and provided supporting texts and arguments that could be used by countries to ensure the inclusion of AMR. While the WHA75 resolution finally included AMR, [it could however have gone further in establishing a pandemic response that stretches beyond that of the COVID-19 response and the world needs a response that stretches beyond COVID-19](#). The final resolution failed to recognize the need for fundamental structural changes to improve infection prevention and control, access to water, sanitation and hygiene measure, and to secure equitable and affordable access to antibiotics beyond the context of COVID-19.



# #4 Public health driven innovation

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## Strategic objective 4

A public health driven and end-to-end approach to innovation that enables sustainable access to effective antibiotics in LMICs is broadly supported.

The development of new antibiotics is a core part of the global response to rising resistance levels to older drugs, yet no new drugs have been discovered for over 30 years. Addressing the global crisis in antibiotic research and development has been a priority for ReAct throughout our existence and continues to be so. In this regard COVID-19 has made two things clear: first, that innovation can be massively accelerated when there is political will, and resources are made available. Second, that relying on the current R&D model leads to inequitable access to health commodities for LMICs despite high-minded rhetoric from governments and companies to do the opposite. Part of our work under this objective therefore continues to focus on advancing an R&D financing model which by design ensures equitable, sustainable and affordable access to effective antibiotics in LMICs.

In 2020, ReAct Europe, with input from the whole network, wrote a major report analysing the root causes of the global crisis in antibiotic R&D which also provided recommendations for governmental action to change the antibiotic R&D financing model. This report (the first of its kind coming from civil society) makes the case for a model that is able to serve the health needs of LMICs. The report was launched at the end of March 2021 and advocacy efforts based on the reports recommendations and findings will continue in coming years. We had originally planned a series of dialogue meetings around the same theme, however due to the COVID-19 pandemic, these had to be cancelled.

Throughout the year we have engaged in a number of advocacy efforts towards key actors incl. bilateral discussions with management representatives of the industry-funded AMR Action Fund during its conception phase; had discussions on several occasions with the WHO and the European Investment Bank on their proposal to establish a funding mechanism for antibiotic R&D (now replaced by the AMR Action Fund). This fund is intended to support late-stage, novel antibiotic candidates. By doing so, the Fund would be able to cherry pick the best of potential novel antibiotic drug candidates, many of which supported by public sector financing. We also had a number of high-level meetings with the cabinets of three EU Commissioners (Health, Development Aid and Research) and with the Director General of DG Santé. We developed written consultation answers towards key EU processes, such as the development of the EU Pharmaceutical Strategy, held bilateral discussions with the Access to Medicines Foundation in response to the release of the 2020 AMR Benchmark report. We also engaged in a number of discussions

**ReAct Europe wrote a report analysing the root causes of the global crisis in antibiotic R&D financing model. It is the first of its kind coming from civil society.**

with the Wellcome Trust on their AMR financing work and their access and stewardship policies. We also provided feedback on the development of "Global Incentives Overview" produced by the AMR R&D Hub and participated in the formal consultation of the AMR R&D hub evaluation. Through all of these engagements the focus has been on highlighting the need to address the failures of the current R&D system to address needs of LMICs, and ensure sustainable access to effective antibiotics to everyone in need.

Through ARC, ReAct also sought to encourage greater public sector accountability on antibiotic innovation. In September 2020, we organized an ARC teleconference call with WHO and the EIB to share a range of civil society concerns over the AMR Action Fund and to inquire over their future commitments to ensure access and stewardship conditions if they were supporting the AMR Action Fund. Over 20 members of the Coalition attended, and we supported five civil society groups as they made their interventions to the WHO and the EIB. Complementing our work with ReAct, the Hopkins IDEA Initiative co-organized a meeting with Public Citizen, Treatment Action Group, Doctors for America and other civil society allies for a discussion of various reimbursement reforms that are underfoot in the United States. The Pioneering Antimicrobial Subscriptions To End Upsurging Resistance Act of 2020 (PASTEUR Act) and Developing an Innovative Strategy for Antimicrobial Resistant Microorganisms Act of 2019 (DISARM Act) have garnered much policymaker attention, but fall short of advancing an end-to-end approach to antibiotic innovation.

ReAct also engaged on these issues through new policy venues. In March 2020, Professor So delivered



**During the Spring 2020 Conference of the Inter-faith Center for Corporate Responsibility, ReAct North America presented to over 90 socially responsible investors. The presentation highlighted several innovative financing approaches that socially responsible investors could lead.**

Photo: Raeng - Unsplash

a presentation, “Stepping Away from the Precipice of a Post-Antibiotic Era: Pay Now or Pay More Later,” during the Spring 2020 Conference of the Inter-faith Center for Corporate Responsibility. The Conference was attended by 90 to 100 socially responsible investors. This presentation highlighted several innovative financing approaches that socially responsible investors could lead. Beyond delinked models of antibiotic innovation, new approaches for an end-to-end approach for sustainable access to these drugs need to be developed. Product development partnerships for new vaccines in food animal production also might be developed. While supporting the work of the PAHO Revolving Fund on Vaccine Procurement, we also gained valuable insights and partnership with the significant, region-wide pooled procurement facility. As countries work to meet demands for COVID-19 response, from PPE and diagnostics to treatments, the groundwork for public sector procurement has accelerated. We applied the policy frame of innovation and access to COVID-19 health technologies to help position progress towards improved innovation for technologies for tackling AMR. This resulted in the widely cited *BMJ* piece on access to COVID-19 vaccines as well as policy briefings given to Doctors for America, the South Centre and PAHO's Revolving Fund as well as discussions with diagnostic developers at Hopkins.

In September 2020, Professor So was invited to serve as Co-Chair of the WHO Fair Pricing Forum's Technical Working Group on aligning innovation incentives to achieve fair pricing. This is one of two technical workgroups laying preparations for the biennial WHO Fair Pricing Forum, the next one being held in April 2021. Through this Technical Working Group, we have organized our discussions around three topic areas, each of which will contribute to the overarching briefing paper for the conference: 1) Innovation Incentives and Conditionality; 2) Innovation Incentives and Transparency; and 3) Innovation Incentives and Public Stewardship. Innovation of antibiotics as well as COVID-19 health technologies will help provide useful examples of why more must be done to align innovation incentives to achieve fair pricing.

In line with the work of improving sustainable access, ReAct Africa, with the support of UNCTAD carried out a feasibility study on increasing local production of antibiotics in African countries. The study, which included the WHO AWaRe classification of antibiotics is expected to shed light on the current status and encourage suppliers to make more informed decisions using the data collected so that gaps in the supply chain are identified and prioritized by suppliers of antibiotics in their decision making. The report will be finalised in 2021.

In 2020, ReAct Latin America continued to expand and adapt its flagship education program Alforja Educativa. Reflections and lessons were compiled in a report called *Alforja Educativa: Experiences, challenges and opportunities*.

Indicator framework and several toolkits are being developed as part of ReAct Asia Pacific's Antibiotic Smart Community project. The framework is a novel approach to co-opt community groups into the NAP implementation process and stimulate action in local settings. The toolkits, aimed to empower specific community groups, incorporate aspects of design thinking and behavioral change communication to improve the effectiveness of the communication process and the uptake of messages. This is an innovative approach to stimulate stakeholder groups to take action on a public health issue, by indirect messaging and a structured empowerment process.

In 2020, ReAct Latin America continued to expand and adapt our flagship education program **Alforja Educativa**. Reflections and lessons were compiled in a report called *Alforja Educativa: Experiences, challenges and opportunities*. We also made progress in adapting the curriculum to an online format for wider reach. ReAct Latin America organized virtual workshops and meetings inviting professionals in the areas of teaching, educational psychology and medicine to develop and evaluate contents and methods for online modules (overview of modules).

As part of the expansion efforts, the Alforja Guide was translated into both English and Kichwa (the language of several Andean indigenous communities). The Alforja has also been adapted to the Kenyan context where ReAct Africa started to distribute manuals and relevant IEC materials to implementing partners and teachers. However, further implementation was interrupted under 2020 by unprecedented school closures in response to national COVID-19 protocols. Through partnership with the UK charity ACE-Africa in Kenya, the hope is that ReAct can use more innovative ways such as online sensitization meetings with the teachers and possibly a few student champions to keep the messages going in the communities.



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