The Global Need for Effective Antibiotics

Unlocking Barriers for Collective Action

Uppsala Dialogue Meeting Report 2023
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Claiming 1.27 million deaths in 2019 globally, the global spread of antibiotic resistant bacteria is an ongoing pandemic where the burden falls disproportionately on low- and middle-income countries (LMICs). Its consequences are far-reaching for the sustainable development of societies and the global economy. There are no quick fixes – antibiotic resistance is caused by a multiple systems failure and would seriously jeopardize the achievement of the Sustainable Development Goals (SDGs).

Significant progress has been made since the adoption of the Global Action Plan on Antimicrobial Resistance (AMR) in 2015 and many countries have developed their national action plans (NAPs). There has been increasing public awareness, evidence, and willingness to act at important policy levels, and yet – given the urgency and the scale of the devastating effects of antibiotic resistance – the mobilization of global and national resources and collective action across countries and among sectors is too slow and insufficient. What are the reasons for this? Do we know what we want to achieve and can we tell a story about how to get there?

The second high-level meeting on AMR convened by the UN General Assembly in the fall of 2024, will be a historic opportunity for world leaders to renew their commitment towards addressing antibiotic resistance through strengthened collective action.

On the 9–10th of May, ReAct in collaboration with Uppsala University, hosted a dialogue meeting with the title “The Global Need for Effective Antibiotics - Unlocking Barriers for Collective Action”. The meeting aimed to explore a common vision and generate suggestions for collective action as well as strengthened governance, leadership, ownership, financing, and accountability on antibiotic resistance as a complex global development challenge. Within the framework of the Swedish Presidency of the Council of the EU, the dialogue meeting gathered over 50 participants from more than 20 countries worldwide including representatives from international and inter-governmental organisations, civil society, academia, national experts from ministries and other key actors relevant for collective action on antibiotic resistance. Importantly, the dialogue had broad representation and included diverse voices with first-hand perspectives on realities in LMICs.

Held under the Chatham House Rule, the dialogue meeting provided a forum for open and productive discussions through dynamic plenary discussions, inspirational presentations as well as breakout small-group discussions. The meeting examined various approaches to collective actions with a focus on human health aspects and explored four main themes on collective action to address antibiotic resistance: National perspectives on governance, Global governance, Civil society engagement, and Financing.

Participants also explored how stronger and more compelling narratives can be developed to reframe antibiotic resistance and to more effectively mobilize collective action.

As one of the main outcomes from the meeting, the dialogue helped generate concrete suggestions for key steps towards building a common vision and roadmap towards the UN General Assembly High-Level Meeting (HLM) on Antimicrobial Resistance in 2024.

This meeting summary report seeks to capture some of the highlights from the deliberations of the dialogue meeting and shares some initial proposals and key takeaways for wider considerations by stakeholders involved in the global and national policy-making process.

AMR and antibiotic resistance
AMR and antibiotic resistance are often used interchangeably both in scientific papers and policy documents. While AMR implies resistance to drugs both for treatment of bacteria and other microbes, AMR implies resistance to drugs both for treatment of bacteria and other microbes, including viruses and protozoa. This grouping of drug resistance may be important to convey a general message of the risks of increasing resistance level to multiple medicines for treatment of infectious diseases. However, it is apparent that the term AMR is in many contexts today referring to antibiotic resistance. To avoid this equivocation, clarity is needed when AMR is discussed.
A recurring theme in the discussions around antibiotic and antimicrobial resistance is how we talk about it to make the problem understood and to inspire action. The narratives we choose to use are critical, as they affect how the issue is understood and the emotions this conveys in many dimensions, that can have positive or negative effects.

Clarity is needed in both terminology and content of the messaging about antibiotic resistance. While there is broad agreement on the problem, there appears to be a lack of consensus on what we want to achieve and what is needed to achieve it. Diverse groups such as politicians, healthcare professionals, veterinary practitioners, civil society organisations, etc., all come to the table with their own mindset and understanding of the problem. But what are we actually looking to achieve? As one of the opening speakers described it, antibiotic resistance is a “super wicked problem”, for which a) time for finding a solution is running out; b) those seeking to solve the problem are part of the cause; c) central authorities to address the problem are either weak or non-existent; d) current policy responses discount the future irrationally.

In current discourse, common narratives describe antibiotic resistance in terms of either blaming users (e.g. misuse of antibiotics), investing in technological solutions (e.g. developing new antibiotics or diagnostics), or focusing on a just transition of systems. The terms we use can carry either judgement of people or practices, or justification for ways of relating to different groups or populations. The complexity of antibiotic resistance entails that the issue is multisectoral and the drivers and consequences look different in each sector. It is important to find ways to frame the issue that can effectively shape a common vision for antibiotic resistance.

Exploring new narratives for antibiotic resistance
Major challenges in articulating a narrative for antibiotic resistance include the need for simplicity and a clear direction to align a common vision that matters to people. So far, the narrative of antibiotic resistance has largely been very technical, and we need to shift from blaming or ‘fight against superbugs’ to a more people-centred perspective towards equity and sustainability, a narrative that is relevant to the people we are talking with across sectors and towards a vision that has an impact on all sectors.

Working definition of a narrative
A description of antibiotic resistance intended to increase understanding amongst the audience/target group through formulating the problem and its consequences in a manner that is relatable and inspires action/changed behavior. A narrative is, as such, a means to shape a problem and its potential solutions.
The need for “sustainable and equitable access to effective antibiotics” is central to ReAct’s messaging about antibiotic resistance, and signals how our lives are intertwined with antibiotics from birth to death. This was shared in the opening of the dialogue meeting, where antibiotics as cornerstones of basic and modern medicine was demonstrated by using the “antibiotic pyramid” (figure 1) together with storytelling of a person’s life cycle.

Changing the perspective from a strictly medical issue, to one of sustainability, a holistic view that engages the whole society as well as humans and nature in interaction was introduced. There are important lessons from sustainability and planetary science where healthy and treatable microbiomes are systems that need to be preserved for everyone.

Utilising microbiomes in messaging could be helpful as we all have a microbiome that we interact with, and thus we are all stewards of our own as well as the global microbiome. It also gives the perspective that antibiotic resistance is not an issue that can be “solved”, but rather needs to be managed continuously.

In line with the whole-of-society approach, ReAct Latin America’s collaboration on an art project ‘Dancing with Bacteria’ showcased how creativity in societies can be used to educate and engage with children and adults in jointly creating stories and empowering communities. We as humans are a part of nature and need to live in harmony with nature, not in conflict. We need to find a path to coexistence and join in the ancient dance with bacteria.

In group discussions, meeting participants discussed communication strategies, what kind of narrative or concrete steps are needed to create a vision to leverage action on antibiotic resistance at either political or individual level, with key highlights summarised below.

**Message about what can be done**

The messages need to be adapted to different target groups and contexts. A clear message that formulates the problem and gives an action to do is needed. A balance needs to be struck between the use of “scare tactics” e.g. by referring to the number of deaths caused by resistance, and the need to include a positive message of hope that something can be done about the problem, not least in discussions with policy makers.
Several participants emphasised how the messaging around antibiotic resistance has largely been very technical and focused on the bacteria. Instead, it was suggested to shift to a more patient- and health-centred view that is relevant to the people we are talking with. Rather than overly complicate the language, focus should be on explaining the problem in an understandable manner.

One suggestion coming from the group discussions was to illustrate an ‘AMR doughnut’ for a safe and just planet, learning from successful messaging tools in the negotiation of SDGs, putting people at the centre with social equity variables and connecting ‘environmental’ (AMR) dimensions which could help garner renewed political momentum.

For people to connect the dots between individual, organisational and policy level actions, a uniting “umbrella narrative” that makes these connections is one possible way to bring different stakeholders’ perspectives together. It is suggested to co-create the narrative and solutions from the bottom-up by inviting representatives of wider communities to discuss and learn together about the issues and what can be done.

Moving forward
The meeting participants agreed that framing of antibiotic resistance is one of the most urgent challenges to be addressed. We need to change our perspectives and think outside the box to improve narratives, engage other organisations than the usual suspects, and bring concrete examples and steps towards more effective collective action.

The group discussions reflected on concrete steps that should be taken to improve the language and narratives ahead of the 2024 HLM. One important step is to explore communication strategies. Whether developing campaigns, targeted messages, or changing the narrative, these should be articulated to drive change. Another critical step is to discuss the content of the narrative(s), including what specific narratives are needed for different audiences, how we can frame it so it brings hope and a conviction that we can do something about the problem. It is important to show a clear connection between action and effect, as well as the cost of inaction.
Introducing the people-centred framework

Following the adoption of the Global Action Plan (GAP), 170 countries have developed National Action Plans (NAPs) on AMR. However, implementation of these NAPs is fragmented at best, with only 24% of countries saying that they are implementing their NAPs. Oftentimes, patients’ and people’s needs and barriers are not mentioned in the NAPs, which has raised a need for a people-centred framework that is being developed by the WHO and included in the WHO implementation handbook for NAPs.

Within the context of the dialogue meeting, a representative from the WHO AMR Unit presented the people-centred framework and particularly highlighted how it can be related to some of the key themes of the meeting.

**National governance** is responsible for institutionalising the AMR response, to ensure multisectoral coordination, resources (staffing and finances), implementing programmes, and to promote implementation research, while ensuring multi-stakeholder engagement.

**Financing** opportunities could be integrated, and synergies can be sought with initiatives like primary healthcare and emergency preparedness. This could also help to increase access to funding through global funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**Civil society** should be engaged to promote awareness and community participation, promote equity, provide technical support, and to create accountability for ministries and other stakeholders. CSOs can also provide input to NAP development, implementation plans and monitoring.

The goal of the framework is to move from a focus on AMR as a biological phenomenon to addressing the health needs and expectations of people and communities, and to promote a more comprehensive implementation of interdependent and core interventions and actions.
Towards the UN High-level Meeting (HLM) on AMR in 2024

In 2016, the UN General Assembly convened the first high-level meeting on antimicrobial resistance with the resulting political declaration. As of May 2023, there had been 11 high-level meetings held on health-related matters, of which one was dedicated to AMR. The strength of the UN high-level meetings is that they are truly high-level with political momentum and commitments made at the Heads of State level. Experiences from past high-level meetings on health topics have been analysed in a recently published paper and findings were summarised in an introductory presentation in the Uppsala Dialogue meeting plenary, including the following key success factors that could be identified from past high-level meetings:

- Broad consensus around the problem and need for solutions;
- Engagement of the UN authorities and other high-level bodies;
- Clear implications for economy and international security;
- Endorsement from other major organisations, civil society, activists and champions;
- Development of a political declaration containing specific, measurable, achievable, relevant, and time-bound (SMART) targets.

The previous HLM in 2016 was a major milestone for AMR with its resulting political declaration. In 2017, the UN Secretary General convened the ad-hoc Inter-Agency Coordination Group on AMR (IACG), which gathered expert groups and delivered recommendations on approaches needed to ensure sustained collective global action.

The IACG report suggested that a global, multi-stakeholder agreement is urgently needed to provide a sufficient mandate to act in accordance with the needs identified, providing the authority to coordinate resources, engage stakeholders, and secure binding commitment for action.

Furthermore, for the topics relevant to the dialogue meeting, the following IACG recommendations were recapped for the meeting participants:

**National Governance**
All member states to accelerate development and implementation of NAPs within an SDG context.

**Global Governance**
Urgent establishment of three global governance structures to strengthen overall governance, accountability and cross-sector collaboration in efforts to tackle AMR: a One Health Global Leadership Group, an Independent Panel on Evidence for Action against AMR, and a multi-stakeholder partnership platform; to develop robust analyses and indicators to capture the impact of antimicrobial resistance, and to develop a shared global vision.

**Sustainable Financing**
Harness opportunities to contribute to the development of NAPs within existing financing mechanisms and for governments to assess risks in their investments also from the point of view of resistance, i.e. applying an “AMR lens” in their assessments.

**Civil Society Engagement**
To ensure systematic and meaningful engagement of civil society groups and organizations as key stakeholders. The role of CSOs should be strengthened in both accountability and advocacy. The IACG report also calls for the “provision of political, financial and technical support for civil society organizations to enhance their engagement.”

Despite the progress made, some major deficiencies were left from the last HLM on AMR. First, there was no sustainable mechanism to follow up on the commitments made (while IACG being ad-hoc with the time-limited assignment to provide practical guidance on how the commitments could be fulfilled), and second, there were no SMART targets. Key components are still lagging, notably related to creation of a vision and engaging civil society. A resolution containing specific language targeting specific stakeholders has a higher chance of implementation. For example, the financing target from the last HLM was not sufficiently specific to generate a tangible outcome.
Looking ahead towards the upcoming HLM on AMR to be held in 2024, meeting participants reflected on the past learnings and key challenges related to collective action across the four main themes on 1) national governance, 2) global governance, 3) civil society engagement, and 4) financing. In relation to these themes and to ensure that the upcoming HLM is a success and will lead to sustainable change, participants discussed the key challenges, potential solutions as well as components or areas where commitment is needed and what targets to strive for, both in plenary and in smaller groups. Given the interrelation between these topics, the discussions also displayed overlapping of several proposals.

**National Governance**

The topic of national governance was introduced by a panel discussing inspiring examples from the Philippines, Thailand and Nigeria. Each country has found different paths towards creating and implementing NAPs. In Nigeria, the NAP implementation started with a One Health approach, with well-coordinated governance over human, animal and environmental sectors and highlighted the importance of continuously identifying and integrating new stakeholders. Examples shared from the Philippines displayed the importance of high-level political will, where the president issued an executive order with clear instructions to departments to identify needs and provide recommendations for actions on AMR. Learnings from Thailand looked at the important drivers for AMR action in the country, including strong scientific evidence, growing number of champions, as well as linking evidence with practical interventions as well as policy platforms. Experiences from countries also cited work that posed challenges: from engaging the top-level policymakers and sustaining their interest in antibiotic resistance, through raising and leveraging domestic and external funds, budgeting and prioritizing, to generating data and making it useful for an impact on policy.

In the panel and plenary discussion, participants raised the need for national governance structures to be institutionalized in order to become more sustainable, and that they should be incorporated into legislation so that AMR focal points have the necessary authority to enact the NAPs. Similar to how the SDGs are governed at national level, AMR representatives should have access to the highest political level (i.e. the head of state) so that they can take a leading coordinating role and request data or reports from stakeholders. This requires backing from senior leadership across all sectors, calling for AMR to be considered a national priority and holding cross-sectoral ministries and departments to account. An interagency committee with support from the highest political level would likely be an effective and sustainable platform to engage different ministries, including the finance ministry. Within the frame of cross-sectoral collaboration and domestic funding of interventions, the value of identifying AMR-specific and AMR-sensitive policies and structures was also raised. Both approaches have their advantages: while AMR-specific may be more targeted, AMR-sensitive are broader and might gain broader support. Participants also emphasized important opportunities to engage civil society for both bottom-up interventions at grassroots level, as well as more coherent policy positioning and joint advocacy.

Another challenge identified by the participants is the lack of measurable targets at national level. Such targets should be transparent to facilitate accountability, but they also highlight the need to collect data on, for example, antibiotic consumption, access, and resistance levels to key antibiotics. However, the targets need to be selected wisely and on a scientific basis to be achievable and be seen as incentives to improve. Structural or process-based targets or targets for reduction of infection rates may be better suited for these purposes.
In anticipation of the high-level meeting, group discussions proposed a number of components (topics/themes) where commitments are needed and types of targets that could be included in the political declaration. A few examples are summarised below.

### National Governance

| Components (topics/themes) | • Institutionalizing strong and well-funded governance structures, supported by highest political leadership, encouraging multi-sectoral engagement through a whole-of-government approach and enshrined in a legal framework to promote their sustainability.  |
|                          | • Establishing mechanisms to harness the knowledge of various people and communities in the country (including professional organisations, researchers and civil society organisations), equipped with a government-mandated role in NAP implementation.  |
|                          | • Recognition of the need for context-adapted AMR governance structures, related to national governance systems and political realities.  |
|                          | • Improving data generation and sharing as well as transparency within and across sectors.  |

| Possible targets | • Measure and commit to annually increase (%) domestic funding for national AMR responses.  |
|                 | • All countries have adequate and funded AMR focal points and a strong inclusive AMR Coordination Committee in place.  |
|                 | • All countries include accountability mechanisms at national level, linked to global level.  |
|                 | • All countries commit to developing a One Health NAP with a costed operational plan and accompanying monitoring mechanism by a certain time.  |
|                 | • External reviews, transparency, indicators defined and agreed upon.  |

| Barriers and/or enablers | • Countries can be reluctant to make binding commitments. The stakes are different in different countries and all countries should contribute proportionally according to their ability and responsibility.  |
|                         | • Limited sharing of data is a barrier. Countries may be reluctant to transparently share data if it may negatively affect reputation, trade etc. Investing time in building trust across sectors can help to promote data sharing.  |
|                         | • Weak interest from some ministries remains a barrier while improving and aligning narratives across sectors can be a unifying enabler.  |
Global Governance

Global governance was introduced by a presentation of the history and current state of global governance related to AMR, starting from the first Global Action Plan to the current AMR governance landscape that continues to unfold. The Global Leaders Group (GLG) was established in 2020 with the role to provide advocacy and advisory functions and a Multi-Stakeholder Partnership Platform on AMR as a voluntary, collaborative platform is being established in 2023. Despite urgent calls, a global, multi-stakeholder agreement to provide a sufficient mandate to act in accordance with the needs identified has not been established. The existing governance structure has not come together in a way that engages the breadth of international agencies that must be engaged, that mobilizes financing required for carrying out its work, nor to ensure the necessary accountability to monitor or deliver on the commitments made. Among other key recommendations from the IACG, the establishment of the Independent Panel on Evidence for Action on AMR and accountability mechanisms are some critical lingering structures to be urgently followed up.

While unprecedented mobilization during the COVID-19 pandemic has led to renewed momentum on global health, it has also exposed the limitations of global collaboration and compliance within the existing global health frameworks, pointing to a clear need for more rules-based global governance to be able to build resilient health systems and effectively prevent, prepare and respond to health emergencies in a more just and equitable way.

In the discussion, it was raised that governance is dependent upon a vision of what the goal is. To move forward, a common vision is needed among stakeholders. While more data is oftentimes requested, what is truly missing is an independent evidence panel to analyze and pinpoint the existing data on what is already known, what general conclusions can be made for effective interventions, as well as major data gaps that need to be filled to form context-specific and realistic targets and indicators.

An overarching governance structure for AMR that embeds the issue into other global agendas is needed. It is critical to ensure policy coherence across sectors and influence a wider set of relevant policy agendas on sustainable development, as several ongoing political processes, such as those on Universal Health Coverage (UHC) and the SDGs, are dependent on the global common good of antibiotic efficacy. A truly whole-of-society approach to AMR requires engaging other key international agencies and aligning the normative guidance and the priorities of all relevant UN and intergovernmental agencies as well as coordinated efforts through systematic and meaningful engagement of civil society organizations as key stakeholders.

Looking at specific parts of the needed governance, participants discussed how to balance bold ambition to set targets and commitments versus what is feasible and doable within a frame of a political declaration or a convention. While the Muscat Declaration from the third Global High-level Ministerial Conference in Oman set out a few global targets as a starting step, it was proposed that a key opportunity of the upcoming HLM would be that it could call for the creation of a new framework or treaty on AMR. Analogies were drawn to a pandemic treaty and some participants highlighted the need to look at an AMR framework that spells out mandates to set targets and accountability mechanisms, which should emerge as a process out of the high-level meeting.
In anticipation of the high-level meeting, group discussions proposed examples of components and types of targets that could be included in the political declaration.

**Global Governance**

| Components (topics/themes)                                                                 | • Clear definitions of the principles of equity, access and accountability are needed in the declaration.  
• Clear parameters outlined for establishing governance mechanisms and frameworks with stronger mandate, including for target setting.  
• The obligations and responsibilities of governments to address AMR are identified, alongside the needs and rights, to ensure not just restriction and stewardship but also access to effective antibiotics and all necessary related services.  
• Commitment to increase financing from external and domestic sources, including civil society actors, in order to achieve effective governance. |
| Possible targets                                                                                                           | • Identify the global governance mechanisms mandated to set targets, as well as identifying the areas for which targets should be developed and adopted by countries (e.g. antibiotics, diagnostics, healthcare, water and sanitation), and including:  
  - Reviewing existing and already proposed evidence-based targets.  
  - Set out an overarching broad target that is ambitious and gives direction (e.g. reduce bacterial infections by X). |
| Barriers and/or enablers                                                                                                  | • Time is limited to agree on ambitious governance and targets, and ambitions must be set at a realistic level.  
• Engaging LMICs and civil society is an important enabler.  
• Differentiating between national and international targets - allowing countries to set targets at national level (similar to the Paris Agreement), while providing a neutral ground to develop targets can overcome the challenges of ensuring targets are realistic, appropriate and acceptable. |
**Financing**

The role of and need for financing was summarized in an introductory presentation followed by a plenary discussion. The speakers concluded that the financial support available both internationally and in countries is inadequate even though the cost of inaction is likely to be very high. Addressing antibiotic resistance has not been clearly visible in the overall global financing landscape nor in the main funding streams. A global overview of data on financing for AMR is lacking, but according to reporting to WHO, only 10% of countries report having allocated budgets to their NAPs. It would be essential to have a people-centred approach for the AMR challenge to be understood and prioritized. More information on country-level estimates and needs, supported by robust data, as well as a price tag for AMR will be instrumental to facilitate mobilization of existing and new funds.

In terms of the NAP implementation, problems related to gaps in finances are exemplified by too small budgets, weak coordination and lack in political will to provide the needed budget to move the NAP from paper to action. The WHO has asked countries about NAP implementation challenges, and a study shows that political support (translated into budgets) is missing. In many countries, the NAPs were not passed through parliament and consequently had no budget support.

When many calls for health funding are made, how can we leverage different opportunities for both AMR-sensitive and AMR-specific funding? Currently, AMR has very little funding in relation to other health areas and infectious diseases such as TB, HIV and malaria. The IACG recommendations urged existing financing mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), to give the antibiotic resistance issue greater priority in their resource allocations. In recent years, apart from limited international financing for NAP implementation channelled through the Multi-Partner Trust Fund for AMR, some funds have been made available for AMR-related activities also from the World Bank, the recently created Pandemic Fund and the Global Fund. However, more is needed to better support low- and middle-income countries in accessing these funds. Finance ministers, together with economic and financing institutions need to be sensitized and convened for budget and funding discussions. A GLG Task Force on financing is being established and will be looking at further mobilising funding based on the principle that “multiple funding streams can make a river”.

Donor representatives present at the meeting acknowledged that funding has been made available to countries but that many challenges remain to address, such as identifying the appropriate channels and matching funding needs with respective funders’ portfolios.

Most participants agreed that there is little political appetite for creating a new separate AMR fund, but rather leverage existing funds which should generate clear pathways for AMR specific interventions. To overcome the fragmented financing landscape for AMR, there should be concerted efforts from global actors to ensure existing funding incorporate the AMR needs within larger frameworks. An important note is also that many funds are not made available for long-term support of government work, and countries need to secure domestic financing and create the means within countries to sustain AMR work in the long term. At the same time, opportunities to include AMR activities within applications to funding mechanisms such as the Pandemic Fund and Global Fund appear to not be fully used by countries for AMR interventions. This is an important point, since funds are then likely to be allocated to other areas. The information barrier and capacity gap in funding applications need to be removed and countries should seek creative ways to ensure AMR interests are represented in national decision-making platforms, and explore the potential support from coordination bodies such as WHO country collaborative centres.
In anticipation of the high-level meeting, group discussions proposed a number of components and types of targets that could be included in the final declaration. Examples of proposals made are summarised below.

**Financing**

| Components (topics/themes)                                                                 |                                                                 |
| ---                                                                                      | • Increased investments are needed from a segmentation of different types of funders (e.g., governmental/domestic, development banks, financial institutions, private/non-profit etc).  |
|                                                                                         | • Encourage current financing mechanisms to track AMR-specific interventions. |
|                                                                                         | • Identifying priority interventions by estimating the cost of each target, as well as calculating the cost of the vision. |
|                                                                                         | • Updated estimates of cost of all needed investments in a way that differentiates between AMR specific and AMR sensitive interventions. |
|                                                                                         | • Include systems-thinking in the financing and target setting while identifying priority interventions. |

| Possible targets                                                                 | • Explore the possibility of existing funders to introduce a % target dedicated to AMR. |
|                                                                                         | • Consider including specific costed targets for diagnostics and immunization, which are both cost drivers and cost-effective interventions. |
|                                                                                         | • Explore possibility of global and country level financing targets- informed by estimates of country intervention budgets. |

| Barriers and/or enablers                                                                 | • The narrative continues to be a barrier for making the financial case – antibiotics need to be seen as a public good. |
|                                                                                         | • To overcome the fragmented and restricted financing landscape for AMR, there should be concerted efforts from global actors to ensure existing financing for AMR reaches those needing the funds. |
|                                                                                         | • AMR financing needs are not always fully expressed in financing decision making platforms, and should be addressed through enhancing AMR expert representation in the relevant fora. |
|                                                                                         | • Finance ministers are not usually involved in discussions on AMR financing needs, and a meeting with finance ministers would be needed before the UNGA HLM. |
|                                                                                         | • There is limited political appetite for creating a new separate AMR fund but existing funders need to be better coordinated. |
|                                                                                         | • Capacity to develop funding proposals at country level is limited, and governments need to be supported to work in collaboration with experts. |
|                                                                                         | • Difficult to attach a cost to a “vision” but a number is essential to mobilise funding. |
**Civil Society Engagement**

Engaging with civil society was introduced by a presentation that highlighted some of the experiences and challenges from both AMR and other fields such as the SDGs.

Civil society and the plethora of organisations and other groupings that the term encompasses, has historically been crucial in changing the attitudes and behaviors of people, as well as monitoring for accountability. Civil society can play many roles in the field of antibiotic resistance. Several examples from the WHO Framework Convention on Tobacco Control and areas such as HIV/AIDS, TB, and Climate Change have also shown that civil society is able to contribute in a multitude of ways. The inequities, burden and needs in LMICs, especially at community and grass-root level, should be amplified and heard through civil society in order to support NAPs, health systems strengthening and move towards sustainable development.

The IACG has called for governments to include civil society in the response. Despite increasing actors and networks (such as the Antibiotic Resistance Coalition consisting of 29 CSOs globally) in the AMR space, wider civil society has largely not been formally involved in the AMR response and collaboration across sectors is lacking. The reasons for this lack of involvement are several, ranging from insufficient understanding of the issue, antibiotic resistance not being a disease, lack of funding and capacity, and a reluctance from governments to involve civil society in its decision-making processes, governance structures or national programs.

The participants reflected on their experiences and difficulties of getting CSOs engaged. One main theme in the discussion was that many CSOs are willing to act, but there are difficulties relating to the technical language and knowing what to engage in. Tailored messaging for CSOs that help them understand the issue and place it in their frameworks is needed to get them engaged.

In contrast to these difficulties, some participants also raised examples where CSOs have already advocated for reduction of antibiotic use or are currently training on advocating for access to diagnostics. A lot more can be done; in many countries, CSOs are at the heart of healthcare, and decision makers need to listen to them and engage in dialogue with a wider group of CSOs to build communities of practice and voice concerns and needs of the public and sectoral stakeholders at different levels.

CSOs, including the ones active in other related domains, need to be mapped, nurtured and their roles need to be further understood, defined, and supported by policy makers, funders, and other stakeholders in the AMR space. The AMR community also needs to realise where the focus of the CSOs is, including their resource constraints. Many CSOs focus on issues of justice and equality, and discussing equitable access to medicines and healthcare can therefore be an avenue to explore.

A bi-directional approach with optimal role of civil society is needed to mobilize, generate movement and sustain momentum in AMR: a) for the decision makers: are we ready to involve the civil society fully in a meaningful way? b) for the civil society: are we ready to fulfil?
In the group discussions, a number of components, types of targets and enablers that could be included in the UN high-level declaration were proposed, including the following examples:

### Civil Society Engagement

<table>
<thead>
<tr>
<th>Components (topics/themes)</th>
<th>Possible targets</th>
<th>Barriers and/or enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The involvement of civil society should be clearly integrated in the declaration, including in relation to accountability mechanisms.</td>
<td>• A target could be set on civil society participation in governance mechanisms.</td>
<td>• Underfunding of AMR also means underfunding of civil society engagement in AMR.</td>
</tr>
<tr>
<td>• Civil society should be included in governance and decision-making structures.</td>
<td>• Sub-targets relating to access, infection prevention and control, antibiotic use in humans and animals.</td>
<td>• Difficulties to engage other civil society organisations as AMR is often perceived as too technical, can be addressed by an improved “de-jargonised” AMR narrative.</td>
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<td>• Framing access to effective antibiotics as a ‘global public good’ to make it relevant to all of society as something everyone needs and should protect.</td>
<td>• A target for civil society funding at all levels.</td>
<td>• Better mapping of data on the inequalities related to AMR, and engaging people affected by AMR, would help engage and mobilise the broader civil society.</td>
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<td>• A target that enables CSO-participation in processes of NAP implementation.</td>
<td>• Ensuring civil society participation in HLM pre-meetings and at the meeting itself is important for a successful mobilisation.</td>
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<td>• Create or build on well-coordinated civil society platforms, and draw lessons from TB, SDG, UHC and other platforms.</td>
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The Uppsala Dialogue Meeting was intended as an opportunity to start the deliberations well ahead of time on challenges, expectations and what is needed to make the next UN High-level Meeting on AMR successful. The meeting lifted different perspectives and thoughts on ways forward to the HLM and beyond. Even though the resulting messages from the two-day meeting do not constitute a comprehensive list of “asks” to the HLM, a few key areas for continued discussion and further work were identified.

**Below are high-level takeaways the meeting participants saw an urgent need for:**

1. **A common vision and aspirational target(s)**

   The complexity of antibiotic resistance entails that there will not be one single target, however all agree that it is crucial to find ways to describe a common vision and aspirational target(s) to drive action and change behavior.

   - Having a common vision among all stakeholders is difficult but vital. A common vision will drive the narrative and target setting.
   - We need to be clear about what we want to achieve and what is needed to achieve it.

2. **A strong and clear narrative**

   The framing of the antibiotic resistance issue is a key enabling factor to shape a common vision and prompt action across all thematic areas on global and national governance, financing, as well as a broader movement including building civil society mobilization.

   - Such a narrative on antibiotic resistance should formulate the problem and its consequences in a manner that is relatable and inspires action/changed behavior. It should show a clear connection between action and effect.
   - We need to think out-of-the-box and bring a unifying, holistic ‘umbrella narrative’ with a more people-centred view to connect different stakeholders’ perspectives. It should move away from technical language of resistance and include more relatable issues that can engage people.
   - It is also important to discuss what specific narratives [content of the messaging about antibiotic resistance] are needed for different audiences, how we can frame it so it brings hope and a conviction that we can do something about the problem.
   - It is suggested to co-create the narrative and solutions from the bottom-up, engaging representatives from wider communities to discuss and learn together about the issue and what can be done.
   - Concrete steps should be taken to improve the narratives, involving social scientists, broader behavior change experts and other organizations, not just the “usual suspects”.

Key messages to UN member states and other key stakeholders
For the UN HLM to deliver tangible results, world leaders need to step up and make bolder commitments in the 2024 declaration, including on:

1. Robust, predictable, accessible and sustainable financing for both global and national actions on antimicrobial resistance

   • Call for increased investments from international and domestic sources, through the possibility of developing global and country level financing targets based on needs and informed by resource flow analysis and estimates of country intervention budgets.
   • Encourage all existing financing mechanisms to track AMR specific interventions and aim to introduce a target for funds dedicated to AMR.
   • Consider introducing costed targets for specific interventions such as diagnostics and immunization, which are both cost drivers and cost-effective interventions.
   • Ensure adequate financing for AMR coordination mechanisms and accountability mechanisms at national and global levels.
   • Countries should commit to costed operational plans, with accompanying monitoring mechanisms, and to updating cost estimates of all needed investments by differentiating between AMR specific and AMR sensitive interventions as well as identifying priority interventions in relation to target setting while maintaining a systems approach.
   • Improve coordination among funders and support capacity at country level to ensure existing funding is accessible and utilised by those needing the funds.
   • Ensure finance ministers are involved in the discussions on AMR financing.

2. Strengthened and coordinated global and national governance mechanisms for higher political buy-in and sustainability

   • Institutionalizing strong and well-funded context-adapted national governance structures, supported by highest political leadership, encouraging inclusive multi-sectorial engagement and coordination mechanisms, guided by AMR focal points through a whole-of-government approach and structures enshrined in a legal framework to promote their sustainability.
   • Outlining clear parameters for establishing and evolving a stable and sustainable structure for global governance mechanisms and frameworks with stronger mandate, including for the development of more concrete targets for implementation across sectors, and ensuring all relevant organisations are involved.
   • Identify the obligations and responsibilities of governments (and explore ways forward towards a mutually binding agreement among governments) to address AMR, alongside the needs and rights, to ensure not only responsible use and stewardship but also prioritise access to effective antibiotics and all necessary related services. All countries should contribute proportionally according to their ability and responsibility.
3. Invest in civil society mobilisation and meaningful engagement from local, people-centric community level to the global level; ensure their fair representations in governance structures and the decision-making process

- Civil society and community representatives should be included and able to meaningfully participate in governance and decision-making structures at national and global levels.
- Government mandated mechanisms should systematically enable the harnessing of the knowledge and expertise of people and communities in the country (including professional organisations, researchers and civil society organisations), and ensure their active role in NAP implementation.
- Ensure adequate funding to enable civil society and community participation at all levels, including in governance mechanisms and implementation of national action plans, as well as to facilitate the creation of well-coordinated civil society platforms.
- Improve mapping of data on inequalities related to AMR, how AMR is affecting different communities to better engage people affected by AMR, and enable the engagement and mobilisation of the broader civil society.

4. Accountability mechanisms and monitoring frameworks to follow through the commitments and the responsibilities of global governing bodies, countries and other relevant actors

- To ensure commitments made at the HLM will be sustainable and the declaration becomes a tool to drive collective action, strong accountability mechanisms will be needed.
- All countries should include accountability mechanisms at national level, linked to global level mechanisms.
- An independent evidence-based panel (similar to the Intergovernmental Panel on Climate Change, the IPCC) would be needed to assist with analyzing existing evidence, target setting, follow-up and monitoring of measurable targets and to inform policy development.
- Countries should identify and distinguish between which targets need to be set at global level, and which targets and indicators to be set and agreed upon at national level. The agreed targets and indicators should be realistic, appropriate and acceptable, guided by the principle of transparency in the sharing of data and allow for external reviews.
Below are a few examples of steps and processes proposed by the meeting participants for preparations towards the HLM:

- To convene working groups or a task force to co-create and improve the narratives involving social scientists, broader behavior change experts and other organizations/the non-usual suspects, including representatives from wider communities.

- To convene financing meetings engaging finance ministers and financing institutions and set financing targets for robust and sustainable financing to address antibiotic resistance.

- AMR communities to be more proactive, presenting briefing notes, holding side meetings at governing bodies, other meetings of country and regional unions, etc. to get member states onboard and prioritize the AMR topic for the HLM.

- To collect and communicate about key evidence and data including burden on health, economic cost, and investment returns for stronger political attention.

- To form a core group of stakeholder representatives that meet regularly and develop a common vision, narrative, and roadmap ahead of the HLM.

- To convene broader civil society, e.g. organize joint meetings with civil society from other health areas such as cancer, patient safety, WASH, UHC, immunisation etc. to enhance collaboration and joint advocacy on AMR agenda.
The upcoming HLM in 2024 on AMR will be a historic opportunity for the world to renew political momentum, and more importantly, strengthen collective action towards addressing antibiotic resistance through bold and concrete commitments.

The Uppsala Dialogue Meeting in May 2023 deliberated on the needs for a common vision and was an early step to propose key components and steps for consideration on the road leading up to a successful HLM. Due to time constraints, several areas of critical importance to the global AMR response were not within the scope of the discussions of the meeting, such as Research & Development of new antibiotics, diagnostics and vaccines as well as surveillance and prevention, or other specific themes in relation to human and animal health and the environment. ReAct expects these and other topics will be brought forward for discussion in the months leading up to the UN HLM.

Several principles raised during the Uppsala Dialogue meeting, such as **equity, access and accountability** should continue to guide the deliberations. ReAct hopes that a common vision can be developed that incorporates the goal of sustainable and equitable access to effective antibiotics for everyone who needs them.

Finally, it is important that the HLM including its preparatory and proceeding processes ensures a genuinely **transparent and inclusive** process with fair representation involving civil society and LMICs. It was hoped that the meeting report could serve as a reference document for continued discussions on unlocking barriers for collective action on antibiotic resistance.
End notes


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A world free from untreatable infections