

Comments received on the Draft terms of reference of the One Health Global Leaders Group on AMR October – 2019

- **Members States**

- Argentina
- Austria
- Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay (*Comité Veterinario Permanente del Conosur*)
- Canada
- Colombia
- Cuba
- Ecuador
- European Commission
- European Union
- France
- Germany
- India
- Mexico
- Netherlands
- Qatar
- Sweden
- Switzerland
- United Kingdom
- United States of America

- **CSOs & NGOs**

- Antibiotic Resistance Coalition
- Animal health Europe
- American Veterinary Medical Association
- Centre for Science and Environment
- Dairy Science Park
- Health for animals
- Global 1HN
- Global AMR R&D Hub
- Global TB Caucus
- European Association of Hospital Pharmacists

- MSF Access Campaign
- People's Health Movement
- World Farmers Organization
- World Medical Association
- World Veterinary Association
- ReAct – Action on Antibiotic Resistance

- **Private**

- AMR Industry Alliance
- Danone

- **Individuals**

- Prof. Babacar NDOYE - Senegal
- Dr. Davy Cheng – Canada
- Mr. John H. Rex – UK
- Dr. Heidi Vesterinen - USA
- Mr. Richard R. Watkins - USA
- Dr. Robin Paul - India
- Prof. Sabiha Essack- South Africa

- **Other**

- Joint Programming Initiative on Antimicrobial Resistance
- United Nations of International Children's Emergency Fund
- United Nations Conference on Trade and Development
- South Center
- Wellcome Trust

Member States

Argentina

From: mariajimena.schiaffino
To: [amr-tjs](#)
Subject: Re: Public discussion on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance - ARGENTINA
Date: Friday, November 15, 2019 12:34:42 PM

Dear Tripartite Joint Secretariat on Antimicrobial Resistance,

I would like to send to you some comments received today from the Secretary of Health of my country. Being aware of the deadline, I take this opportunity to apologize for the delay. Nevertheless after reading them, I think they can be useful in the current discussions that are taking place on AMR Governance.

(Non official translation)

"With regard to the Governance on AMR, consideration should be given to build an international network of referents (coordinators) for the implementation of national action plans (NAPs) for the response to antimicrobial resistance within the framework of the One Health approach.

In our experience, after 5 consecutive years of addressing antimicrobial resistance containment within the framework of an intersectoral commission called the National Commission for Control of Antimicrobial Resistance - CoNaCRA -, the existence of a multisectoral coordinating group facilitates the simultaneous approach of the events that take place within One Health approach in its different dimensions.

One of the lessons learned is the need to maintain these types of structures in each of the countries urging that coordination should be under the leadership of the maximum governmental structure of the health sector, thereby constituting as a focal point at the country level and, at the same time, being the articulation with the international level.

The proposed network will be of fundamental importance so that the Leaders Group has access to the strengths, weaknesses and opportunities for improvements in the implementation of the NAPs. directly from the operational levels, given the asymmetry of the different regions of the world with respect to it. The articulation between the referents of this type of initiatives and the Group of Leaders, will optimize the scope of the interventions proposed by the Group."

With kind regards,

Counsellor María Jimena Schiaffino
Permanent Mission of Argentina

Austria

From: [Shari WEIN](#)
To: [AMR_LISTSERVE](#)
Cc: [Johanna LINDNER](#); [Jonathan SCHWESTKA](#)
Subject: WG: Public discussion on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance
Date: Monday, November 11, 2019 4:42:49 PM
Attachments: [image001.png](#)

Dear colleagues,

Let me first thank you for your work on the draft terms of reference.

Austria supports the establishment of a One Health Global Leaders Group on AMR for the purpose of raising public awareness and supporting a coordinated and coherent approach of the various stakeholders and UN organizations in the fight against AMR.

We would however like to emphasize the importance of regular reporting to Member States on the results of the Group's activities, also in the interest of avoiding duplication with the work undertaken by WHO, OIE and FAO.

With best regards,
Shari

Federal Ministry for Europe, Integration and Foreign Affairs
Permanent Mission of Austria to the United Nations

Shari Wein
First Secretary



Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay (comité Veterinario Permente del conosur)

Estimados Sres. de la OMS,

Por encargo del Sr. presidente del Comité Veterinario Permanente del Cono Sur (CVP), Dr. Oscar Videla y de la Secretaria Técnica Dra. Gabriela Espejo, se envían a continuación, los comentarios de los 6 países representantes del CVP (Argentina, Bolivia, Brasil, Chile, Paraguay y Uruguay), en cuanto a los TÉRMINOS DE REFERENCIA PARA EL GRUPO DE LÍDERES MUNDIALES SOBRE RESISTENCIA ANTIMICROBIANA:

Preguntas de la OMS para orientar la definición de los términos de referencia del Grupo de Líderes Globales de "One Health" sobre Resistencia Antimicrobiana:

1.-Responsabilidad: ¿A quién debe rendir cuentas el grupo?

Se trata de un grupo de trabajo formado en el marco de la alianza tripartita. Esta alianza tiene por objeto el reconocimiento de las competencias para no malgastar tiempo y esfuerzo en lo que a RAM se refiere. Tanto la OIE como la FAO a través de sus estrategias, apoyan al plan de acción mundial de la OMS, razón por la cual pienso yo debería reportar a la OMS o bien al secretariado para que haga extensivo el reporte a las tres organismos por igual.

2.-Medida de éxito: ¿Cuál es la medida de éxito ideal percibida para el grupo?

El grupo tiene por objetivo el asesoramiento y promoción para abordar la crisis mundial de resistencia a los antimicrobianos manteniendo un impulso político y de promoción global de alto nivel. Creo que el resultado de este trabajo se verá reflejado con la implementación y avance de los planes nacionales. Ese podría ser un indicador de progreso.

3.-Indicadores clave de rendimiento: ¿Cuáles deberían ser los indicadores clave de rendimiento del grupo?

Implementación y avance de los planes nacionales.

4.-Propuesta de valor para los miembros del grupo: ¿Cuáles son los incentivos para atraer líderes experimentados y de alto nivel?

Acá depende del tiempo de dedicación que tengan los integrantes. Sin duda que la premisa debe ser que los mismos deben hacerlo por convicción. Son full time? deben ser remunerados. Son part time? La convicción de que hacen algo por el bien común debe ser fuerte.

5.-Priorización: ¿Cómo debe el grupo priorizar sus funciones?

Cuando hablamos de RAM tenemos que entender que si bien nos afecta a todos por igual, no todos somos iguales. Me refiero a que la disparidad de implementación y avance entre todos los países es muy grande.

La priorización de las funciones debe avocarse a incluir en las agendas políticas de todos los países productores de alimentos la necesidad de acciones de mitigación.

Cualquier consulta estamos a las órdenes,
SALUDA ATENTAMENTE,

=====

Ing.Agr. MSc. Gabriella Campón De Dieu

Unofficial translation - Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay (*comité Veterinario Permente del conosur*)

Feedback to the terms of reference of the "One Health" Global Leaders Group on Antimicrobial Resistance:

1. **Accountability:** Who should the group be accountable to?

The group is formed within the framework of the tripartite partnership. The purpose of this partnership is the recognition of competencies so as not to waste time and effort in terms of AMR. Both the OIE and the FAO, through their strategies, support the WHO Global Action Plan, which is why we think the group should report to the WHO or the secretariat so that the report can be extended to all three agencies equally.

2. **Measure of success:** What is the ideal measure of success perceived for the group?

The group aims to provide advice and promotion to address the global antimicrobial resistance crisis while maintaining a high-level political and global promotion momentum. We believe that the result of this work will be reflected by the implementation and progress of national plans. That could be an indicator of progress.

3.-**Key performance indicators:** What should be the key performance indicators of the group? Implementation and progress of national plans.

4. **Value propositions for group members:** What are the incentives to attract experienced and high-level leaders?

Here it depends on the time of dedication that the members have. Undoubtedly, they should be convinced. Are they full time? They must be paid. Are they part time? The conviction that they do something for the common good must be strong.

5. **Prioritization:** How should the group prioritize its functions?

When we talk about AMR, we have to understand that although it affects all of us equally, we are not all the same. We mean that the disparity of implementation and progress among all countries is very large.

Prioritization of functions should be taken to complete the need for mitigation actions in the political agendas of all food producing countries.

Combined input from the Government of Canada on the Establishment of a One Health Global Leaders Group on Antimicrobial Resistance

General Comments & Suggestions:

- We note the importance of having a Global Leaders Group that will raise awareness at a political and global level and advocate for investment and attention to this file.
- While we recognize the importance of this leadership group on AMR, and how it could play a role in maintaining momentum in global efforts to combat AMR, we note that there are many existing entities involved in this work. It is important to avoid duplication.
- In light of limited financial investments in this area, we are concerned about the financing of the Global Leaders Group, noting that AMR already faces resource challenges. We are concerned that it could drain resources away from the Tripartite Secretariat.
- We wonder if there has been consideration on how the Global Leaders Group will obtain enough political support to have influence. How will they relate to G20 leaders as an example of those who have shown interest and leadership in AMR?
- To minimize potential costs, we recommend that this group should operate in a way so as to not detract major AMR resources or put additional burden on countries to attend meetings or provide reports. Meetings can be organized as side events to other major meetings, the collection of data/evidence for reporting purposes should be built on existing data through the Tripartite, etc.

Feedback on specific sections of the draft ToR:

Purpose:

- Given the composition of the group, its focus should be advocacy in order to increase political momentum, public awareness, and mobilize funds.
- There is a question regarding the Group's advisory role to the Independent Panel. Noting the Global Leaders Group will not consist of technical experts, what kind of advice and guidance will the Global Leaders Group provide to the Independent Panel? Should the Independent Panel keep their independence in providing their technical advice rather than being guided by the Global Leaders Group?

Membership:

- It would be valuable in the TOR to distinguish between two categories of membership – those who are permanent members as long as they hold their positions (DGs of WHO, FAO, OIE, heads of UNEP and the World Bank), and those who can be rotated.
- It may be valuable to revise the TOR to open positions to both current and former heads of state, to expand the pool of candidates.
- Who will appoint members? Will there be a nomination process and what would this entail? This will be important for establishing the legitimacy of the group.
- Who would be given 2 vs. 3-year mandates? While this may ensure staggering of change-overs, how objective and transparent will the process be? It is important to avoid two types of membership – one with less time and influence and the other with a longer term and greater influence.

- As mentioned in the IACG recommendation, a conflict of interest process will be necessary for the membership to reduce potential reputational risks for the Group.

Key Functions:

- For **key function b**, will the Group be advocating for further action on the part of the Tripartite organizations as well? This should be clarified as the agendas of the Tripartite (and other UN organizations) are meant to be driven by their respective Member States.
- We recommend that **key function c** be further clarified to explain the advocacy role for the Global Leaders Group arising from monitoring or reporting processes. There are other entities that undertake the monitoring and reporting function now or are working towards this. How will the Global Leaders Group align with these entities and avoid duplication?
- We are concerned by the significant resources required (e.g. financial, IT, human) to implement and maintain the platform described in **key function d**. What value-add will the Group provide in facilitating the partnership platform?
- Additionally, **key function d** describes setting a “shared global vision, goals and coordinated action.” Who will approve them and how will these be approved in an absence of an organized Member State process?
- Recommend removing or revising **key function e**. It is important to ensure that the reports of the Independent Panel on Evidence for Action against Antimicrobial Resistance remain independent and based on technical evidence. Based on the TOR, many members in the Global Leaders Group will not all have the appropriate knowledge/ technical expertise required for such a function. Any input to the Independent Panel should be limited to highlighting policy questions for which further evidence could be beneficial.

Ways of Working:

- Recommend removing the following point: “Indicate the need for reports and assessments on the gaps, challenges and solutions of the global response against antimicrobial resistance”. There are other bodies performing this function already. Suggest leveraging the work of others to use for advocacy purposes or raising awareness.

Secretariat Support:

- We recommend that the Secretariat Support provide routine updates to the group with a summary of the activities of other groups/organizations working on this topic. To fulfill their role, the Global Leaders Group needs to have up-to-date and relevant information.

Questions:

1) Accountability: Who should the group be accountable to?

- The Tripartite DGs are accountable to their Member States. Given this situation, and given the work of that the UN Secretary General’s office has already done to facilitate the creation of this Group, would it be appropriate to explore the option of the Group reporting to the UN Secretary General (or UN Secretary General office)? If that will be appropriate, it will be very important to clarify what the Group is accountable for.

2) Measure of Success: What is the perceived ideal measure of success for the group?

- The priority function or functions need to be agreed to first and activities must be defined. From there, a concrete measure of success can be identified/ developed. Alternatively, the group can

adopt an existing measure from the various frameworks in play that best relates to its purpose/functions.

3) Key Performance Indicators: What should be the key performance indicators of the group?

- The key performance indicators are highly dependent on the measure of success that is chosen, as these performance indicators would highlight the steps to reaching that overarching goal.
- The functions of the Group need to be agreed to. From there, activities can be defined and specific outputs and outcomes can be identified. Performance indicators can then be developed or identified for outcomes.
- It is important to clarify what the indicators are expected to demonstrate – is it level of effort or actual impact?
- Examples of key performance indicators include:
 - Number of countries actively engaged in discussions with the Global Leaders Group
 - Number of countries that have agreed to the overarching goal for combatting AMR
 - Number of countries where the budget for AMR control has increased
- We note the importance of avoiding duplication of indicators and reducing the **reporting burden for Member States**. Could these performance indicators be gathered from the Annual Tripartite Self-Assessment Questionnaire and/or the Tripartite Monitoring and Evaluation Framework? If so, we recommend that the performance indicators be drawn from those tools.

4) Value Proposition for Members of the Group: What are the incentives to attract experienced and high-level leaders?

- The incentives can include a convincing and clear mandate to address an important public health challenge. It could also be a humanitarian one - joining forces to help keep the world safe and to ensure the health and prosperity of our future generations; becoming part of a global effort to prevent thousands of people from dying and to safeguard current and future medical advances; taking the opportunity to work toward greater equity among nations.
- Other incentives can include:
 - Being involved in transformational work on a defining global health issue that is still to be adequately addressed by the international community.
 - Being engaged as a pioneer leader in a field of great global importance that is still not well developed (for example, there is no AMR targets in the SDGs).
 - Contribution to international and intergenerational equity.
 - Opportunity of leaving a marking trace in history.

5) Prioritization: How should the group prioritize its functions?

- Political action on AMR will only happen when the public understands the threat of AMR and they are willing to support the costs associated with reducing AMR as a threat to national public health. Therefore, it may be worthwhile for the Global Leaders Group to make the first listed function its priority (*Maintain urgency, public support, political momentum and visibility of the antimicrobial resistance challenge on the global agenda*) and lend their influence to enhancing the visibility of ongoing global public awareness campaigns (e.g. World Antibiotic Awareness Week) to improve public understanding of the problems of drug resistance and support positive behaviour change regarding antibiotic use.
- Building political will for action and resource mobilization should be prioritized.

COMENTARIOS COLOMBIA A LA ESTRATEGIA ONE HEALTH GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE

1. Responsabilidad: ¿A quién debe rendir cuentas el grupo?
 - El grupo de líderes mundiales debe rendir cuentas a los a las organizaciones que lideran el seguimiento a la resistencia antimicrobiana a nivel mundial y directores de OMS, FAO y OIE y a las autoridades de los respectivos países miembros.
2. Medida de éxito: ¿Cuál es la medida de éxito ideal percibida para el grupo?
 - Colocación de la resistencia antimicrobiana en las agendas publicas
 - Colocación de la resistencia antimicrobiana en planes estratégicos nacionales con destinación de recursos
 - Homogenización de planes de nacionales de resistencia antimicrobiana que garanticen el éxito global.
3. Indicadores clave de rendimiento: ¿Cuáles deberían ser los indicadores clave de rendimiento del grupo?
 - Número de países miembros en los que se ha establecido plan nacional de RAM con apoyo
 - Número de países a los que se ha generado apoyo en la conformación del sistema de vigilancia formalmente establecido.
 - Número de países a los que se ha realizado chequeo a la ejecución de los componentes o líneas estratégicas del plan RAM.
 - Número de países apoyados en la incorporación de estrategias de prevención y control de la RAM.
4. Propuesta de valor para los miembros del grupo: ¿Cuáles son los incentivos para atraer líderes experimentados y de alto nivel?
 - Reconocimiento ante OMS como expertos.
 - Reconocimiento de la comunidad internacional.
 - Capacitación y educación para el fortalecimiento de sus conocimientos en RAM.
5. Priorización: ¿Cómo debe el grupo priorizar sus funciones?
 - Análisis de situación y diagnóstico de la resistencia antimicrobiana
 - Priorización de problemas
 - Asistencia técnica y acompañamiento
 - Intervención y focalización sobre las dificultades identificadas en los países miembros

Colombia - Unofficial translation

COLOMBIA COMMENTS TO THE ONE HEALTH GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE STRATEGY

1. **Accountability:** Who should the group be accountable to?

- The group should report to the organizations that lead the global monitoring of antimicrobial resistance and directors of WHO, FAO and OIE and the authorities of the respective member countries

2. **Measure of success:** What is the ideal measure of success perceived for the group?

- Inclusion of antimicrobial resistance into public agenda
- Inclusion of antimicrobial resistance in national strategic plans with resource allocation
- Homogenization of national antimicrobial resistance plans ensuring global success.

3. **Key performance indicators:** What should be the key performance indicators of the group?

- Number of member countries in which a national action plan has been established.
- Number of countries that have been supported to formally establish surveillance system.
- Number of countries to which the execution of the strategic components or lines of the AMR plan has been carried out.
- Number of countries supported in the incorporation of AMR prevention and control strategies.

4. **Value proposition for group members:** What are the incentives to attract experienced and high-level leaders?

- Recognition before WHO as experts.
- Recognition of the international community.
- Training and education to strengthen their knowledge in AMR.

5. **Prioritization:** How should the group prioritize its functions?

- Situation analysis and diagnosis of antimicrobial resistance
- Prioritization of problems
- Technical assistance and support
- Intervention and focus on the difficulties identified in the member countries

Dr. MVZ. Yobani Gutiérrez Rabelo
Delegado ante la OIE
Director
Dirección de Sanidad Animal
Ministerio de la Agricultura
República de Cuba.

Respuesta sobre el Proyecto de Mandato del grupo de Líderes Mundiales de Una Salud sobre Resistencia a los Antimicrobianos

PREGUNTAS

1. Responsabilidad: ¿a quién debe rendir cuentas el grupo?
2. Medida del éxito: ¿Cuál es la medida ideal percibida de éxito para el grupo?
3. Indicadores clave de rendimiento: ¿Cuáles deberían ser los indicadores clave de rendimiento del grupo?
4. Propuesta de valor para los miembros del grupo: ¿Cuáles son los incentivos para atraer líderes experimentados y de alto nivel?
5. Priorización: ¿Cómo debe el grupo priorizar sus funciones?

RESPUESTAS

1. Este Grupo de Líderes mundiales en una salud sobre la resistencia a los agentes antimicrobianos debe rendir cuenta a la Asamblea General de la ONU y a la OMS, además de retroalimentar a los países sobre los progresos en la contención de la RAM
2. Las medidas para el éxito deberán ser, que todos los países, miembros y no miembros de la ONU consoliden y pongan a funcionar sus planes de acción nacional. Además, ver el logro de una mayor concienciación del problema de la RAM en todos los sectores incluidos la sociedad civil.

3. Indicadores claves: disminución de la carga de enfermedad asociada a RAM con disminución de la mortalidad.
4. La sensibilización ha de ser un incentivo para lograr atraer a líderes experimentados además del reconocimiento mundial por el trabajo.
5. Sería oportuno, dentro del grupo, estratificar subgrupos según sectores, aunque trabajen armónicamente e incluir a un grupo que atienda a países de bajos y medianos recursos para así identificar las principales brechas y proponer las soluciones en cada caso según corresponda.

Cuba - Unofficial translation

Dr. MVZ Yobani Gutiérrez Rabelo
Delegate to the OIE director
Animal Health Directorate
Ministry of Agriculture
Republic of Cuba.

Response on the Draft terms of reference of the One Health Leaders Group on Antimicrobial Resistance

QUESTIONS

1. **Accountability:** to whom should the group be accountable?
2. **Measure of success:** What is the ideal perceived measure of success for the group?
3. **Key performance indicators:** What should be the key performance indicators of the group?
4. **Value proposition for group members:** What are the incentives to attract experienced and high-level leaders?
5. **Prioritization:** How should the group prioritize its functions?

ANSWERS

1. The Group should report to the UN General Assembly, WHO and provide feedback to countries on progress made to tackle AMR.
2. The measures for success must be that all countries, members and non-members of the UN implement their national action plans. In addition, perceiving the achievement of the greater awareness on AMR in all sectors including civil society.
3. Key indicators: decrease in AMR associated diseases burden with decrease in mortality.
4. Awareness raising must be an incentive to attract experienced leaders in addition to worldwide recognition for their work.
5. It would be helpful, to stratify subgroups according to sectors, in order to include a group that can serve LMICs to identify the main gaps and propose appropriate solutions.

Proyecto de mandato del Grupo Global de Líderes para debate público - 10 de octubre de 2019

En abril de 2019, el IACG entregó su informe al Secretario General de las Naciones Unidas. El informe incluyó recomendaciones en cinco áreas: A) Acelerar el progreso en los países, B) Innovar para asegurar el futuro, C) Colaborar para una acción más efectiva, D) Invertir para una respuesta sostenible y E) Fortalecer la responsabilidad y la gobernanza global. Como parte de las recomendaciones sobre responsabilidad y gobernanza, el IACG recomendó el establecimiento urgente de un Grupo Global de Líderes de One Health sobre Resistencia a los Antimicrobianos, respaldado por una Secretaría Conjunta administrada por las agencias tripartitas (FAO, OIE y OMS). En el informe de junio de 2019, Seguimiento de la declaración política de la reunión de alto nivel de la Asamblea General sobre la resistencia a los antimicrobianos, el Secretario General invitó a las Organizaciones Tripartitas, a las organizaciones de las Naciones Unidas, al Banco Mundial y a todas las organizaciones internacionales, regionales y regionales pertinentes. organizaciones nacionales, socios y partes interesadas, incluida la sociedad civil y el sector privado, para ayudar a implementar las recomendaciones de la IACG y proporcionar a los Estados Miembros el apoyo político, técnico, de defensa y financiero necesario a ese respecto. El Secretario General también exhortó a las Organizaciones tripartitas a establecer una secretaría conjunta y, a través del apoyo de la secretaría conjunta, definir las modalidades de implementación de manera transparente y llevar a cabo los arreglos institucionales y de gobernanza necesarios. En respuesta, y en consulta con la oficina del Secretario General, las Organizaciones Tripartitas redactaron términos de referencia y propusieron los próximos pasos para establecer el Grupo de Líderes Globales de One Health sobre Resistencia a los Antimicrobianos.

Las Organizaciones Tripartitas se están comprometiendo con los Estados Miembros y los socios a través de debates en la web y eventos relevantes, con el objetivo de obtener comentarios y refinar los términos de referencia del Grupo de Líderes Globales de One Health sobre Resistencia a los Antimicrobianos antes de la finalización.

Al proporcionar comentarios, las organizaciones tripartitas agradecerían recibir comentarios sobre las siguientes preguntas:

Responsabilidad: ¿A quién debe rendir cuentas el grupo?

Debido a que se trata de una problemática multisectorial, es necesario que se rinda cuentas a las Agencias Tripartitas, de OMS, FAO y OIE.

Medida de éxito: ¿Cuál es la medida de éxito ideal percibida para el grupo?

Lograr una respuesta global a la amenaza de la RAM trabajando de manera tripartita junto con entidades nacionales privadas y públicas, mediante el emprendimiento de actividades que aborden los riesgos de la RAM en la interfaz animal-humano-ecosistemas a fin de crear una gestión sanitaria integrada con enfoque Una Salud.

Indicadores clave de rendimiento: ¿Cuáles deberían ser los indicadores clave de rendimiento del grupo?

Un indicador clave podría ser la elaboración de normativas para frenar el desarrollo y la propagación de la RAM. Es importante el tema de la legislación con el objetivo de dar sostenibilidad a los objetivos de las políticas, aclarar roles y responsabilidades para todas las áreas interesadas, que sean reales, se cumplan y sean medibles.

Evaluar la capacidad de los marcos legales a nivel de país para abordar a la RAM, sus causas y productos.

Propuesta de valor para los miembros del grupo: ¿Cuáles son los incentivos para atraer líderes experimentados y de alto nivel?

Generación de información de RAM a través del levantamiento de una línea base en países que requieran adecuadas regulaciones para asegurar un uso adecuado y responsable de antimicrobianos de uso humano y animal.

Priorización: ¿Cómo debe el grupo priorizar sus funciones?

Identificar como áreas críticas, aquellas que, tengan un impacto directo sobre la RAM y que dentro del Plan de Acción Mundial sobre la RAM requieran ser implementadas o fortalecidas.

1. Propósito

El papel del Grupo de líderes mundiales en resistencia a los antimicrobianos (el Grupo) será proporcionar funciones de promoción y asesoramiento para garantizar que se tomen medidas para abordar el desafío de resistencia antimicrobiana.

2. Membresía

Duración: los términos de los miembros serán inicialmente de 2 a 3 años, con flexibilidad para la terminación anticipada o renovabilidad por un segundo período de 2 años, por acuerdo de los copresidentes. Para proporcionar continuidad al trabajo en grupo, asegúrese de que la membresía completa no se transfiera en ningún momento, los términos de los miembros se escalonarán y se ofrecerá a la mitad de los miembros un período inicial de 2 años y los otros un plazo de 3 años. Los copresidentes revisarán la membresía continua de cualquier miembro que no pueda asistir a dos reuniones consecutivas, previa consulta con ese miembro.

Dos ex Jefes de Estado o individuos eminentes

Cinco ministros actuales en todo el espectro de One Health

Los Directores Generales de la OMS, la FAO y la OIE Jefe de Medio Ambiente de la ONU.

Jefe del Banco Mundial

Cinco representantes de la sociedad civil, el sector privado, la investigación y la academia.

Una o dos celebridades prominentes a nivel mundial (si la logística y los recursos lo permiten)

El Grupo estará copresidido por los dos ex Jefes de Estado o individuos eminentes. Si un ministro deja de ocupar su cargo, se creará una vacante que deberá cubrirse mediante cita de otro ministro actual que no necesariamente representa al mismo país

Criterios de selección: los miembros serán nombrados en función de su experiencia profesional y política y debe haber demostrado conocimiento o comprometerse a familiarizarse con las áreas cubiertas por el alcance del Grupo. La cita tendrá en cuenta el equilibrio de género, diversidad geográfica, reputación y antecedentes, así como representación de todo el espectro de One Health.

3. Principios rectores

Los siguientes son los principios clave que se proponen para guiar el trabajo del Global Leaders Group sobre resistencia a los antimicrobianos:

El Grupo tendrá principalmente una función de asesoramiento y promoción para abordar el problema global de crisis de resistencia a los antimicrobianos a través del mantenimiento de alto nivel político y de impulso de defensa global, en lugar de proporcionar supervisión del trabajo de las organizaciones tripartitas.

El Grupo no debe tener identidad legal y debe estar sujeto a plazos con términos muy específicos de referencia y un plan de acción con indicadores clave de desempeño.

La composición del Grupo debe reflejar el espectro completo de One Health en todos los animales, salud humana y vegetal, producción de alimentos y piensos y el medio ambiente.

4. Funciones clave

El Grupo se propone lograr las siguientes funciones clave:

Mantener la urgencia, el apoyo público, el impulso político y la visibilidad del desafío de resistencia antimicrobiano en la agenda global. (Función de defensa).

Abogar por la acción, incluido el apoyo al trabajo en expansión de las organizaciones tripartitas. (FAO, OIE y OMS), ONU Medio Ambiente y otras entidades internacionales y regionales. (Función de defensa).

Monitorear e informar sobre el progreso, las brechas y la rendición de cuentas en la respuesta global a la resistencia antimicrobiana; (Función de defensa).

Abogar por la participación de múltiples partes interesadas facilitando una plataforma de asociación con la participación de los Estados miembros, agencias de la ONU, organizaciones internacionales e intergubernamentales y entidades regionales, sociedad civil, sector privado, investigadores y otras partes claves interesadas para desarrollar y trabajar hacia una visión global compartida, objetivos y acciones coordinadas sobre la resistencia a los antimicrobianos; (Función de defensa).

Brindar asesoramiento y orientación sobre los informes del Panel Independiente sobre Evidencia para la Acción contra la resistencia a los antimicrobianos (recomendación E3 de la IACG); (Rol asesor).

Monitorear y abogar por la inclusión de la resistencia a los antimicrobianos y un "lente" de One Health en inversiones y programas de importantes como instrumentos de financiación para la agricultura, la salud, desarrollo, producción de alimentos y piensos y otras áreas relevantes (recomendación D1 de IACG). (Función de defensa).

5. Formas de trabajar

Los miembros del Grupo avanzarán en la agenda de resistencia a los antimicrobianos principalmente mediante el uso sus voces y experiencia a nivel mundial. El Grupo avanza en sus objetivos y funciones específicamente a través de:

Ayudando en el desarrollo y difusión de mensajes de incidencia estratégica y visión global y metas compartidas;

Participando activamente en eventos centrados en la resistencia a los antimicrobianos como en la semana mundial de sensibilización de los antibióticos y promoción en sus respectivos sectores; Utilizando el poder de convocatoria de instituciones para facilitar y motivar a las partes clave interesadas para la acción mundial contra la resistencia a los antimicrobianos;

Identificar y crear oportunidades y redes para avanzar en la causa del Grupo y abordar la resistencia a los antimicrobianos;

Indicar la necesidad de informes y evaluaciones sobre las lagunas, desafíos y soluciones de la Respuesta global contra la resistencia a los antimicrobianos.

6. Apoyo de la Secretaría

La Secretaría conjunta tripartita sobre resistencia a los antimicrobianos, que es un esfuerzo conjunto de la FAO, la OIE y la OMS proporcionará apoyo de la Secretaría al Grupo. La Secretaría está alojada por la OMS y tendrá funcionarios de enlace de la OIE y la FAO con sede en sus propias organizaciones.

7. Reuniones

Las reuniones se llevarán a cabo **dos veces al año**, una reunión electrónica y una reunión cara a cara. En físico la reunión se realizará en lugares que correspondan con reuniones importantes de alto nivel (por ejemplo, la Unión Africana, Cooperación Económica Asia-Pacífico, Asociación de Naciones del Sudeste Asiático, Mercado Común para África Oriental y Meridional, Comunidad de África Oriental, Unión Europea, G20, G7, Mercosur, Sur Comunidad Africana de Desarrollo, Foro Económico Mundial y grandes reuniones de la ONU). Si eventos y los problemas lo consideren necesario, se organizarán reuniones ad hoc fuera de estos horarios a una hora conveniente para los miembros.

Ecuador - Unofficial translation

Draft terms of reference of the Global Leaders Group for public debate - October 10, 2019

In April 2019, the IACG delivered its report to the Secretary General of the United Nations. The report included recommendations in five areas: A) Accelerate progress in countries, B) Innovate to ensure the future, C) Collaborate for more effective action, D) Invest for a sustainable response and E) Strengthen accountability and governance global. As part of the recommendations on responsibility and governance, the IACG recommended the urgent establishment of a One Health Global Group of Leaders on Antimicrobial Resistance, backed by a Joint Secretariat administered by the tripartite agencies (FAO, OIE and WHO). In the June 2019 report, Follow-up to the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, the Secretary General invited the Tripartite Organizations, the United Nations organizations, the World Bank and to all relevant international, regional and regional organizations. National organizations, partners and stakeholders, including civil society and the private sector, to help implement the recommendations of the IACG and provide the member states with the necessary political, technical, defense and financial support in that regard. The Secretary General also urged Tripartite Organizations to establish a joint secretariat and, through the support of the joint secretariat, to define the modalities of implementation in a transparent manner and to carry out the necessary institutional and governance arrangements. In response, and in consultation with the Secretary General's office, the Tripartite Organizations drafted terms of reference and proposed the next steps to establish the One Health Global Leaders Group on Antimicrobial Resistance.

Tripartite Organizations are engaging with Member States and partners through discussions on the web and relevant events, with the objective of obtaining comments and refining the terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance before of completion.

In providing comments, tripartite organizations would appreciate receiving comments on the following questions:

Accountability: Who should the group be accountable to?

AMR is a multisectoral issue, it is necessary to report to the Tripartite Agencies of WHO, FAO and OIE.

Measure of success: What is the ideal measure of success perceived for the group?

Achieve a global response to the threat of AMR by working in a tripartite manner with national private and public entities, by undertaking activities that address the risks of AMR in the animal-human-ecosystem interface in order to create integrated health management with a health focus.

Key performance indicators: What should be the key performance indicators of the group?

A key indicator could be the development of regulations to curb the development and spread of AMR. The issue of legislation is important to give sustainability to policy objectives, clarify roles and responsibilities for all interested areas, that are real and measurable. Evaluate the ability of legal frameworks at the country level to address AMR, its causes and consequences.

Value proposition for group members: What are the incentives to attract experienced and high-level leaders?

Raising awareness on AMR in countries that require adequate regulations to ensure adequate and responsible use of antimicrobials for human and animal use.

European Commission

From: [Jurgen.Schefflein](#)
To: [amr-tjs](#)
Cc: [John-F.Ryan](#); [Wojciech.KALAMARZ](#); [Herta.ADAM](#)
[Aurelien.PEREZ](#); [Eric.Thevenard](#); [Wolfgang.PHILIPP](#); [Charles.PRICE](#); [Velina.PENDOLOVSKA](#); [Adrianus.VAN-HENGEL](#); [GETAHUN, Haileyesus](#); [\(SPmig\) Canice Nolan](#)
Subject: Feedback from European Commission DG SANTE to public consultation
Date: Thursday, November 28, 2019 6:19:48 PM

**Contribution of the European Commission DG Health and Food Safety
to the Public discussion on the
Establishment of a One Health Global Leaders Group on Antimicrobial Resistance as
recommended by the United Nations ad hoc Interagency Coordination Group (IACG) on
Antimicrobial Resistance**

Contact:

Herta Adam, Deputy Head of Unit, Unit “Health Determinants and International Relations”,
Directorate General for Health and Food Safety, European Commission

1. We welcome and support the creation of the One Health Global Leaders Group on Antimicrobial Resistance, and will be pleased to contribute to the finalization of its Terms of Reference.
2. It would be important to be clearer about what body or process is going to be used to select and appoint the leadership group (on the basis of the proposed selection criteria). We suggest it is by UN Member States in some way.
3. The proposed Group size seems big. In our view, a smaller group would be better. We suggest cutting down the membership all round and further consider the appropriateness to involve celebrities.
4. It is good that the intention is to involve directly former Heads of State besides ministers.
5. It is not clear to us why the tripartite plus agencies would be members of the group and providing the secretariat. Would it not be clearer and work better if the agencies provide the secretariat - these agencies will be participating in the meetings in any case but not as actual Members of the group.
6. The exact mandate content-wise of the Group is not clear. The draft ToRs mention that the new group will be “facilitating a partnership platform with the participation of Member States [...and other stakeholders] to develop and work towards a shared global vision, goals and coordinated action on antimicrobial resistance”. Shouldn't this activity be the first thing the new Group should do – as it would set their mandate (what to advocate for, i.e. the shared global vision and goals) and thus legitimize any further advocacy they will do?
7. Will the Group itself convene any meetings – i.e. with all countries, under their patronage, to discuss progress on the shared global vision?
8. The draft ToRs also mention the Independent Panel on Evidence for Action against AMR – has this Panel been set up? Does it already exist?

From: [CASAL Carlos \(EEAS-NEW YORK\)](#)
To: [amr tjs](#)
Cc: [PRICE Charles \(SANTE\); ADAM Herta \(SANTE\)](#)
Subject: RE: Public discussion on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance
Date: Tuesday, October 15, 2019 10:46:13 PM
Attachments: [image001.png](#)

Dear colleagues,

Sorry for the double mails, please find five additional comments.

Thanks and regards,
Carlos

1. It is good that the intention is to involve directly former Heads of State besides ministers.
2. It is indeed not clear how the Group will be selected/appointed and what is the role of Member States in the process. It would be important to be clearer about this.
3. The exact mandate content-wise is not clear. The draft ToRs mention that the new group will be "*facilitating a partnership platform with the participation of Member States [...and other stakeholders] to develop and work towards a shared global vision, goals and coordinated action on antimicrobial resistance*". Shouldn't this activity be the first thing the new Group should do – as it would set their mandate (what to advocate for, i.e. the shared global vision and goals) and thus legitimize any further advocacy they will do?
4. The draft ToRs also mention the Independent Panel on Evidence for Action against AMR – has this Panel been set up? Does it already exist?
5. The mentioned meetings – I understand those are meetings of the Group itself (two per year, one physical), but not necessarily meetings where they carry out the advocacy, or? Will they convene any meetings themselves – i.e. with all countries, under their patronage, to discuss progress on the shared global vision?

From: CASAL Carlos (EEAS NEW YORK)
Sent: Friday, October 11, 2019 14:49
To: amr tjs
Cc: PRICE Charles (SANTE); ADAM Herta (SANTE)

Subject: RE: Public discussion on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance

Dear colleagues,

Please note three comments on the draft ToR of the leadership group

1. Not clear **why** the tripartite plus agencies are members of the group and providing the secretariat. Would it not be clearer and work better if the agencies provide the secretariat these agencies **will** be participating in the meetings in any case but

not as actual Members of the group.

2. Not clear what body or process is going to be used to appoint the leadership group – suggest it is by UN Member States in some way.
3. Group seems big - better a smaller group - suggest cut down all round and remove the celebrities.

Thanks and regards,



Carlos CASAL
Counsellor
European Union Delegation to the United Nations

France

From: [Bispe.sdspa - DGAL/SASPP/SDSPA/BISPE.emis.par ADAM Cécile - DGAL/SASPP/SDSPA/BISPE](#)
To: [amrtis](#)
Cc: [Loïc EVAÏN; Julien FAISNEL; LARRECHE Stéphane; CARPENTIER Myriam; LE-BIGOT Claire - DGAL/SASPP/SDSPA;](#)
Subject: [PULCINI Celine - Santé/AC/DGS; TREILLE-AMRAM Hannah - Santé/AC/DGS](#)
Date: FR - Consultation period for the Global Leaders' Group on AMR
Friday, November 8, 2019 1:57:07 PM

Dear madam, dear sir,

We thank you for sharing with us this interesting project, and also for giving us the opportunity to share our views on this project of terms of reference (TOR) for the Global Leaders Group on Antimicrobial Resistance. After having exchanged with our colleagues from the human health sector, we would like to let you know that we do not have any comments on the project of TOR.

Regarding the additionnal questions asked by the Tripartite Organizations, we wish to share here our views:

When providing feedback, the Tripartite Organizations would appreciate receiving input on the following questions:

- Accountability: *Who should the group be accountable to? The group should be accountable to the United Nations (via to IACG if the group is still active)*
- Measure of success: *What is the perceived ideal measure of success for the group?*
- Key Performance Indicators: *What should be the Key Performance Indicators of the group?*

Answer for these 2 questions: Success could be assessed :

- not on a declarative basis but by measuring the number of countries who did implement NAPs against AMR,
- decrease in the number of countries using antibiotics as growth promotion factors,
- ultimately: global decrease of AMU and AMR

- Value proposition for members of the group: *What are the incentives to attract experienced and high-level leaders : it is a unique opportunity to promote global health (a field politically neutral and rewarding) and to fight against a threat as important as climate change.*
- Prioritization: *How should the group prioritize its functions? (no answer)*

Kind regards,

Cécile Adam
OIE National Focal Points for veterinary products
Expert in veterinary medicinal products
General Directorate for Food
Ministry for Agriculture and Food
FRANCE

Germany

From: [Müller, Dr. Susanna -Z23 BMG](#)
To: [amrtis](#)
Cc: [Z23 BMG; Reiterbach, Dagmar -Z23 BMG](#)
Subject: German comments on the ToR of the One Health Global Leaders group on AMR
Date: Friday, November 8, 2019 4:32:31 PM

Dear colleagues,

Thank you for sending us the Terms of Reference (ToR) and the opportunity to comment the guiding questions.

1. General comments on the ToR:

- The political group should primarily have an advisory/advocacy role to address the global AMR crisis and to support the work of the Tripartite rather than control their activities.
- The group should not create new structures such as the “partnership platform” (bullet point 4d) or what is the understanding of “facilitating a partnership platform”?
- We would prefer to delete bullet point 4e, because a political leaders group cannot give advice and guidance for an expert group like the Independent Panel. The leaders group can only take the evidence based knowledge into account.

2. Guiding questions:

Accountability: Who should the group be accountable to?

Exclusively to the tripartite. In terms of accountability the directors generals of WHO, FAO and OIE cannot be part of the group while being accountable to the group because then they are not independent and impartial. From our point of view member states should be involved in this process.

Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders

Nomination for this highly important group should already be a key incentive in itself.

Persons considering participation in the group should do so with a high intrinsic motivation and a high commitment to the issues at stake. Financial incentives should thus not exceed the usual limits for high-level international bodies.

Prioritization: How should the group prioritize its functions?

Early and narrow prioritisation is likely to have a negative impact on the Group's constitution. The prioritisation of activities should therefore largely be left to the Group. It is important that the Group maintains a general and One-Health-related view in all activities. The Group's remit should not be to deal with individual aspects in a very targeted manner.

Kind regards,

Dr. Susanna Müller

Preliminary comments on the draft ToR of the proposed One Health Global Leaders Group on AMR:

- The most critical issue to be defined or settled as regards the proposed one Health Global Leaders Group on AMR would be its mandate which as proposed and reflected in the very first para of the draft ToR under the head 'purpose' is advocacy and advisory function. The mandate has to be consistent with this purpose in the spirit of international cooperation and international solidarity and should be appropriately incorporated in the 'Guiding Principles, Key Functions and Ways of Working' inter alia.
- As the IACG recommendation has been made in the area of strengthening accountability and Global Governance (Recommendation E), it may be important to bear in mind that there can be no Accountability and Global Governance without an intergovernmental machinery or process and which may appropriately engage with other relevant stakeholders fully guided by a robust conflict of interest policy. Such a machinery/process to be led and driven by Member States governments would have to be fully and adequately supported by the Secretariat of the UN agencies concerned especially the three primary organizations viz. FAO, OIE and WHO. It may be worth mentioning that the IACG itself is the result of the High Level Political declaration made by Member States government representatives United Nation General Assembly (UNGA) in New York in 2016.
- The tendency to place the partners and other stakeholders including the private sector on an equal footing with duly elected representative heads of state and governments of the member states may not be advisable in terms of the membership and structure of the proposed global leaders group.
- The ToR does not adequately elaborate on the issues of staffing and funding including how the selection of the members would be made. It is presumed that the Secretary General would be the authority responsible for it without there being any oversight by the UNGA or its subsidiary bodies.
- The draft ToR also goes in the direction of monitoring and reporting by the proposed GLG which may not be in line with its mandate and purpose.
- Critical issues such as mobilising all necessary financial and technical resource for the developing countries to build capacities and meet their agriculture and health, both human and animal related, needs equitably should be included prominently in the ToR. Specifically, the issue of raising the level of global investments and development finance available to developing countries for tackling AMR including for R & D and supporting transitions may also need to be captured among others. These must constitute a key performance indicator and a measure of success of the GLG.
- One glaring inadequacy in the proposal and the ToR inter alia is details about how the group would make decisions or arrive at conclusions.
- Lastly, any final proposal before its operationalisation should preferably go through the respective governance processes of the three primary organisations concerned i.e. FAO (Rome), OIE (Paris) and WHO (Geneva) and also the UNGA from where it all started. Also it should only build coherently and synergistically on already established mandates and ongoing activities and be adequately balanced with other existing global health priorities, particularly those of immense importance to the developing countries such as achieving affordable access to healthcare products, technologies and services to realise the right to health of their population for genuine sustainable development by leaving no one behind especially the most vulnerable which are mentioned explicitly in the Agenda 2030.

ESTABLISHMENT OF THE GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE AS RECOMMENDED BY THE UNITED NATIONS AD HOC INTERAGENCY COORDINATION GROUP (IACG) ON ANTIMICROBIAL RESISTANCE

COMMENTS OF MEXICO TO THE ONLINE CONSULTATION

GENERAL COMMENTS

Mexico is supportive of the advocacy and advisory nature of the Group and agrees on the need to have a high-level body that continues to give visibility to the matter, identifies areas lagging behind and promotes system coherence.

In general, the Terms of Reference are too broad and more detail is needed in all areas. General and specific goals should be clearly stated and to the functions and indicators of success for the Group.

In addition to the suggested questions to guide the consultation, México highlights the following considerations.

Functions. Subject to analyzing the terms of reference of the panel of independent experts, the advisory and advocacy roles of the Global Leaders Group should be complementary and present in all activities. However, the functions of the Global Leaders Group should complement those of the Expert Panel and be guided by evidence and the priorities of all regions.

Methods of work. Deliverables should also be defined, in particular the means by which the Group will convey information for Member States and decision-making bodies. Definitions are also needed on the documentation the Global Leaders Group is expected to produce (i.e. press releases, position papers, reports). The documentation produced by the group should reflect both the activities of the group and its substantive analysis.

The presence of the Directors and Heads of agencies suggests that one of the goals is to ensure continuity in the attention to antimicrobial resistance in these agencies and contribute from the perspective of each of them to global deterrence, in order to preserve the principle of One Health. If that is the case, it should be specified among the objectives. Alternatively, their role and participation could be reconsidered, if other mechanisms of interagency coordination suffice to achieve the goals defined.

The advocacy role of the group could have bigger impact if it is focalized in identified gaps of action and aims to provide complete information rather highlighting a general problematic. In this sense, it would be necessary to define a strategy to avoid counterproductive effects of advocacy work, so that increased attention in AMR does not translate into generating an over-demand of antibiotics.

In addition to participating in focused events on AMR, the advocacy role of the group will be better fulfilled if its members aim to participate in other meetings where they can gather attention beyond the usual public. This will allow to expand the message on the relevance of AMR.

Composition of the membership. A closer exam on the role of each type of member is needed. If the participation of Director Generals of WHO, FAO and OIE, and the Heads of UNEP and WB, is deemed essential, it would be necessary to distinguish differences in appointment process, role and duration of terms. In this sense, the TORs would need to distinguish between fixed and rotative seats, being the fix seats the ones pertaining to the Director Generals of WHO, FAO and OIE, and the Heads of UNEP and WB. All other seats should rotate based on gender balance and geographic representatively.

Membership duration. The terms of reference should define the regular duration of the membership for rotating seats, clarifying the precise procedure under which staggered terms will be introduced, considering the need to secure continuity in its functioning. If renewal of the term is approved, the criteria should be clearly defined.

Ministers should participate on personal capacity, as experts, and not in representation of their States. This would address the concern of leaving vacant seats upon political changes in Member States. If Ministers are to represent their governments or their regions, this should be clarified, and further discussed among Member States.

Geographical representation. While geographic diversity is relevant, ensuring that all regions are represented is key to provide broad perspectives. Regarding the celebration of face-to-face meetings along other “important high level meetings”, those meetings should correspond to UN governing body meetings and the venue of the meeting must rotate geographically to better capture the attention of all regions. Finally, the dates should also take into account the one health approach to promote the participation of ministers from the three sectors represented by the tripartite.

Guiding principles. The three bullet points considered under the heading “Guiding Principles” correctly reflect the goal and composition of the group. However, its guiding principles should be one health approach, non-discrimination and promote health for all, prevention and person centered decision-making, and access to safe, effective and quality medicines.

GUIDING QUESTIONS FOR ONLINE CONSULTATION

The Guiding questions rightly identify some of the issues that are not defined in the proposed terms of reference, and should therefore be define in the second draft.

Accountability. The Group should ultimately be accountable to Member States, via reception of reports to the SG. Given the transversal nature of the One Health approach, the reports of the Leaders Group should be considered by the governing bodies of WHO, FAO and OIE for further guidance.

Measures of success. Before defining measures of success, it is important to have clarity on the concrete goals of the group, and then indicators should align to those specific goals. Ultimately, a more general measure of success would be the capacity of the group to provide information from the one health approach to contribute to informed and person centered decision-making.

Value proposition. Membership to a “global leaders group” should be enough encouragement to participate and priority should be given to have a group, whose work keep informed Member States and encourages better decision-making, acting as pathfinders.

Prioritization. The advisory role should predominate over the advocacy role. Monitor report on progress, gaps and accountability should be the main activity of the group, even beyond Advocacy. Its advisory role should be strengthened by the identification and communication of existing gaps and guidance on how to address them. All other advocacy activities should be oriented in support of the guidance provided. The guidance provided at all times remains voluntary

Finally, Mexico welcomes a second round of consultations that enable member states to map the full governance envisaged and analyze the terms of reference of the Leaders Group and the Expert Panel under the same lenses.

Netherlands

From: [Rietveld, G. \(Gertjan\)](#)
To: [amrtjs](#)
Cc: [hh.meier](#)
Subject: Netherlands contribution to the TOR consultation
Date: Sunday, November 17, 2019 11:46:53 AM

Dear colleagues,

Please find enclosed the Netherlands contribution to the consultation on the Terms of Reference of the One Health Global Leaders Group.

The Netherlands thanks the Tripartite secretariat for the draft Terms of Reference of the One Health Global Leaders Group. We have the following remarks:

- IACG recommended to establish Terms One Health Global Leaders Group and an evidence panel. We have only received the draft Terms of Reference of the One Health Global Leaders Group. We are disappointed that the Tripartite presented only the TOR of the Global Leaders Group. The evidence the panel is equally important...maybe the panel is even more important at this moment. We have to build on an evidence agenda. We need to discuss the 2 proposals at the same time.
- There are lessons to be learned from the independent high level commission on NCDs. It is extremely important to have real champions on board that have a shared vision of leadership (and not a contradictory vision) in the area of AMR and they should be (of course) aware of the dynamics of politics of stakeholders with a different agendas.
- We question the inclusions of the leadership of the UN organisations. The group should guide the Tripartite. The leadership of the Tripartite can not guide itself.
- It is not clear who will appoint the members; the DG's of the Tripartite in a joint decision?
- When it comes to accountability, the group should report to the governing bodies of each Tripartite organization. New York has not proven to be the right spot for this kind of technical matters.
- Prioritization: along the gaps of the implementation global action plan/areas where there is slow implementation.

To conclude, a second round of face to face consultations to discuss the Terms of Reference of the One Health Global Leaders Group in combination with the Terms of Reference of the Evidence Panel is necessary.

Gert-Jan Rietveld

Department for International Affairs

Ministry of Health, Welfare and Sport

The Netherlands

Feedback on the Draft terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance

Introduction:

The State of Qatar is supporting the establishment of a “One Health Global Leaders Group on Antimicrobial Resistance”, supported by a Joint Secretariat managed by the Tripartite agencies (FAO, OIE and WHO). There is a need for urgent interventions and control measures to stop the rapid emerging of AMR microbes, because if we wait until each country endorse their national action plan and establish their AMR stewardship, more and more resistant microbes will emerge and the world health become under more risk. These interventions can be: some antibiotics should be restricted in use and controlled by the governments to be the last line of antibiotics which can be used

Please find below our feedback on the requested points:

Accountability:

- IACG, UN, Joint Secretariat managed by the Tripartite agencies (FAO, OIE and WHO)

Measure of success:

- Maintain urgency of addressing the antimicrobial resistance on the global health agenda.
- Ensure global preparedness for AMR as true multi-sectoral problem through one health approach.
- Food producers should be enforced by the law to stop using important antimicrobials for animals and plants.
- National action plans should be converted to rules and instructions having the power of the law (not only in the library)
- Establishing a global fund for combating AMR in the lower income countries funded by the higher income countries to save the world (bacteria doesn't need entry visa)

Key Performance Indicators:

- International and regional entities participate in the global response for AMR
- Mobilize resources and funds to serve global responses to antimicrobial resistance
- Reports on the gaps, challenges and progress of the global response against antimicrobial resistance

Value proposition for members of the group:

- To be part of the global leaders to provide advocacy and advisory to ensure that action is taken to address the challenge of antimicrobial resistance
- To create opportunities to collectively address diverse areas of importance by all stakeholders,
- To form a platform for sharing information and collaboration by key partners.

Prioritization:

- Assessment of the current global situation on AMR and identify gaps and interventions needed.

8 November 2019

Ministry of Health and Social Affairs
Division for Public Health and Health Care

SE comments on the draft Terms of Reference for the One Health Global Leaders Group on Antimicrobial Resistance

General comments on the GLG Terms of Reference:

Sweden is firmly committed to the fight against AMR. In this context, we welcome the recommendations provided by the IACG and the establishment of the One Health Global Leaders Group on AMR (GLG).

We appreciate the possibility to participate in the consultation on the GLG Terms of Reference, however we would have appreciated to simultaneously be able to consider the Terms of Reference for the Independent Panel on Evidence for Action against AMR and the Partnership Platform, as these functions should complement one another to form a strong structure for global governance of AMR. We want to be clear that the GLG cannot function as intended without the support by the Evidence Panel, as envisaged by the IACG.

It is crucial that the GLG contributes to tangible impact at country level and that the secretariat support provided by the Tripartite does not draw resources from support to country implementation.

Existing standards and mechanisms must be considered to avoid unjustified overlap, duplication of work, or conflicts with existing structures and systems. Creation of new networks or platforms should only take place after carefully considering modifying or scaling up existing structures to avoid unnecessary duplication.

The GLG should have a small, cohesive set of tasks and key functions linked to its global advocacy role. Its primary mandate should be to increase awareness, maintain high visibility and political momentum for AMR as a global development issue.

An important task for the GLG should be to advocate for the inclusion of AMR in investments, programs, and major financing instruments, since that task is largely unfulfilled today.

Response to the specific questions asked by the Tripartite:

- Accountability: Who should the group be accountable to? **The UN Secretary General**
- Measure of success: What is the perceived ideal measure of success for the group? **Increased attention to AMR at the global political level resulting in country action supported by improved global cooperation (e.g. GLASS and Codex Alimentarius standards).**
- Key Performance Indicators: What should be the Key Performance Indicators of the group? **Development of key performance indicators should proceed through a transparent process, taking into consideration established global frameworks such as the 2030 Agenda and the Tripartite Monitoring and Evaluation framework for the GAP AMR. Suggestions for indicators:**
 - **The number of governments and partners referring to the work of the GLG as an inspiration or push to act.**
 - **The number of high-level meetings dedicated fully or in part to AMR.**
 - **A media coverage indicator.**
 - **Resource mobilization for implementation of national actions plans on AMR**
- Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders?
 - **The possibility to address a major global challenge and threat and ultimately save lives.**
 - **Contributing to the GLG's influence to bring the AMR issue to a completely different state of global awareness and action.**
 - **The opportunity to contribute to the fulfillment of relevant sustainability goals in agenda 2030.**

- **Engaging different and needed sectors and stakeholders in the fight against AMR.**
- Prioritization: How should the group prioritize its functions? **The priority should be to gain high visibility and to improve access to other influential persons. Many countries still lack the necessary resources to move forward with implementation of their national action plans. The GLG should aim to not duplicate efforts and to focus on the political momentum in order to facilitate country action.**

Detailed feedback on the Terms of Reference:

Composition:

- The GLG chairs should have the potential to be champions advocating for action against AMR. These individuals should be ready to put in continuous time and effort and make best possible use of the two meetings per year to advance the agenda. They should be true AMR ambassadors. We consider it important to have a gender balance between the two AMR ambassadors.
- We welcome representation of the private sector, although not by specific industries but rather through e.g. WBC or WEF.
- The inclusion of current ministers could strengthen the political impact of the GLG. We are however concerned that current ministers will struggle to find the time necessary to familiarize themselves with the AMR issue and to engage actively within the GLG. Also, a practice for overcoming potential conflicting political priorities should be considered if active ministers are included as members. Furthermore, the Terms of Reference should take into consideration ongoing national processes like national elections or political situations which might lead to ministers not being re-elected or resigning. The Terms of Reference should take into consideration how this increases the risk of vacant chairs and how it can affect the sustainability of the GLG leadership.
- Inclusion of representatives for a relevant patient group and of the agriculture sector should be considered.
- The GLG should advocate for action and support the expanding work of the Tripartite, as the Tripartite DGs are members of the group and its secretariat is hosted by the Tripartite. Reporting to the UN Secretary General, the GLG should have the possibility to advocate for further

engagement and action from the Tripartite organizations (separate or as a group) and other UN organizations (e.g. UNEP, UNDP, UNICEF and UNFPA) in case there is a loss of momentum and attention to AMR.

Potential conflicts of interest with this arrangement should be considered.

Selection Criteria:

- While the UN Secretary General should have the final word on GLG composition, the process would benefit from transparent and clear selection criteria, including eminence, ability to champion the AMR issue and demonstrated expertise in the field. Geographic and gender representativeness are important factors to involve perspectives from low, middle and high resource settings. The GLG would benefit from a selection of members that reflects these aspects in a balanced manner.

Guiding principles:

- The clause “rather than provide oversight of the work of the Tripartite organizations” is unnecessarily limiting and should be removed.
- We agree that the GLG should have “very focused Terms of Reference”, in the sense of a small, cohesive set of tasks (see further comments below).

Key functions:

- Some tasks mentioned are more closely associated with other groups, such as the Evidence Panel or the Tripartite secretariat. Division of tasks should not be dictated by lack of resources or capacity within established structures.
- *c. Monitor and report on progress, gaps, and accountability...* This should rather be the role of the Evidence Panel.
- *d. Advocate for (...) engagement by facilitating a partnership platform (...).* This should be the responsibility of the Tripartite secretariat.

Ways of working:

- The GLG should not spend time creating networks unless they are high-level, and a clear gap has been identified.
- Activities that create more administration than absolutely necessary should be avoided.
- The GLG should have a clear communication strategy.

- The GLG should actively drive and promote change at country level by working alongside other global governance entities.
- The relation between the GLG and the Evidence Panel should be further clarified. The Evidence Panel should generate evidence for the GLG to act upon. If the GLG identifies knowledge gaps, they should communicate this to the Evidence Panel.
- The GLG, Evidence Panel and Partnership Platform should be formed at the same time in order to support and complement one another.

Switzerland

From: [Marius.Herrmann](#)
To: [amr-tjs](#)
Cc: [Martina.Schwab](#); [Isabel.Streit](#)
Subject: Establishment of a One Health Global Leaders Group on Antimicrobial Resistance: Feedback
Date: Monday, November 11, 2019 10:05:55 AM

Dear all,

Please apologize for the late feedback concerning the establishment of a *One Health Global Leaders Group on Antimicrobial Resistance*. You find below the general statement of the Swiss **Federal Office of Public Health** on the Global Leaders Group's ToR.

Switzerland is in favour of maintaining the prevention and control of AMR at the highest international agenda. However, we caution against the multiplication of initiatives. This is counterproductive and may prevent us from appropriately focusing our efforts and resources. To avoid duplications, a close collaboration between the *One Health Global Leaders Group*, the Tripartite and other "One Health"-relevant organisations and initiatives is crucial. Switzerland sees the main role of the *One Health Global Leaders Group* in maintaining the global momentum to combat AMR. Hence, the group should have a clear mandate to advocate for coordinated and actionable measures that support Member States in fighting AMR and allow for a global governance of AMR. We specifically emphasize the role of monitoring and advocating for the inclusion of antimicrobial resistance and a One Health "lens" in investments and programmes of major financing instruments for agriculture, health, development, food and feed production and other relevant areas (IACG recommendation D1). The composition of the group should be chosen accordingly and a limited timeframe for activities set in the ToR.

Thank you and kind regards,

Marius Herrmann
Policy Advisor

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH
Division of International Affairs
Global Health Section



HM Government

UK Government response to the draft Terms of Reference of a new One Health Global Leaders' Group on Antimicrobial Resistance

November 2019

Title: UK Government response to the draft Terms of Reference of a new One Health Global Leaders' Group on Antimicrobial Resistance
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- Department for Environment, Food and Rural Affairs (DEFRA)
- Veterinary Medicines Directorate (VMD)
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Introduction

In October 2019, the Tripartite organisations of the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE) published draft Terms of Reference¹ (ToR) for a new One Health Global Leaders' Group (“the Group”) on Antimicrobial Resistance (AMR) for feedback.

The UK Government has reviewed the draft ToR and sets out its response to the consultation, providing suggested edits (in tracked changes) and outlining the UK's position on the content. Our suggested edits are not exhaustive, as we recommend broader changes to the ToR, included in each section.

We have also provided our position on the five additional questions posed by the Tripartite² as requested.

¹ See www.who.int/antimicrobial-resistance/interagency-coordination-group/Draft_ToRs_Leaders_Group_AMR_101019.pdf

² See www.who.int/antimicrobial-resistance/interagency-coordination-group/public-discussion-leaders-group/en/

UK Comments on the draft ToR

1. Purpose

Proposed Terms of Reference

The role of the Global Leaders' Group on Antimicrobial Resistance ('the Group') will be to provide advocacy, ~~and~~ advisory and oversight/scrutiny functions to ensure that multilateral action is taken to address the challenge of antimicrobial resistance. The latter function will be complementary to rather than duplicative of the individual agency governing body mechanisms.

UK response

1. The UK agrees that it is vital that the Leaders' Group covers advocacy and advisory functions regarding the global response to AMR. However, we would also want it to take on a level of oversight/scrutiny to fill a stark gap in existing global governance arrangements on AMR across the 'One Health' agenda. Currently, there is no single mechanism to provide appropriate, joined-up support and challenge to the delivery of the Global Action Plan on AMR, the joint 'One Health' workplan of the Tripartite and the wider multilateral landscape that takes in relevant UN agencies and international organisations.
2. In the UN Foundation's recent report on the *Roles, Responsibilities and Remit of UN organisations in relation to AMR*³, they found that of the 42 agencies that took part in their survey, only 10 indicated that there was "oversight" from their governing body for AMR activities. The report also found that amongst these agencies, despite this not being a question in their survey, there is a high demand to strengthen the governance of AMR.
3. We propose, therefore, that Leaders' Group provide a level of strategic oversight/scrutiny and reassurance to member states, the individual governing bodies of the Tripartite organisations and the World Bank Group as well as to the UN Secretary-General. This should include the Group providing concise and action-focused annual reports on its activities, assessment of progress made to date, and recommendations for further actions to strengthen global actions to tackle AMR.
4. It is important to note that the UK is not suggesting that the Leaders' Group replace or supersede the existing governance mechanisms within each of the

³ UN Foundation (n.d.). Roles, Responsibilities and Remit of UN Organisations in Relation to Antimicrobial Resistance (Amr). [online] UN Foundation. Available at: <https://www.who.int/antimicrobial-resistance/interagency-coordination-group/AMR-mapping-synthesis-report-UNF.pdf?ua=1> [Accessed 4 Nov 2019].

Tripartite organisations. Rather, the Group would provide oversight/scrutiny specifically for the Tripartite workplan and any other cross-cutting and multi-agency initiatives on AMR, including where this involves the work of the World Bank and other development banks. It would also advocate for the active participation of the other relevant UN and International Organisations in the delivery of the Global Action Plan on AMR, following the *Framework for Action*⁴ developed by the Inter-Agency Coordination Group on AMR in 2018.

5. The Global Preparedness Monitoring Board (GPMB) provides a helpful precedent for the establishment of a group acting as an independent monitoring and advocacy body that is also mandated to provide critical oversight/scrutiny without taking power away from existing structures. The Group should consider adopting a similar philosophy to the GPMB where possible and relevant. The introduction to their recent report, "*A World at Risk: Annual report on global preparedness for health emergencies*"⁵ includes the following statements which we would argue are highly pertinent in the case of the AMR Leaders' Group and should therefore be mirrored:

"The [Global Preparedness Monitoring] Board works independently of all parties, including its co-conveners, to provide the most frank assessments and recommendations possible. The findings, interpretations, conclusions and opinions expressed [...] by Board members represent their views only and not those of their organizations or of the co-conveners

[...]

[The Board] differs from other similar commissions and mechanisms, which are time-limited and often specific to one agency or sector. [...] It complements and enhances existing accountability functions of the World Health Organization, the United Nations, the World Bank and other stakeholders."

6. The Group should have a similar structure, and the Terms of Reference should include a similar disclaimer.

⁴ Interagency Coordination Group (IACG) on Antimicrobial Resistance. Analytical support provided by McKinsey & Company. (2017). AMR Framework for Action Supported by the IACG. [online] Available at: https://www.who.int/antimicrobial-resistance/interagency-coordination-group/20170818_AMR_FfA_v01.pdf [Accessed 4 Nov 2019].

⁵ Global Preparedness Monitoring Board. A world at risk: annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019. Available at https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf [Accessed 4 Nov 2019]

2. Membership

Duration: Proposed Terms of Reference

Duration: Member terms will initially be for 2 to 3 years, with flexibility for early termination or renewability for a second 2-year term, on agreement of the co-chairs. To provide for continuity of the Group's work and ensure that the complete membership does not turn over at any one point, members terms will be staggered with half of the members being offered an initial 2-year term and the others a 3-year term. The co-chairs will review ongoing membership of any member who, due to clear mitigating factors, is unable to attend two consecutive meetings, after consultation with that member. Meetings will be for principals only. One additional observer per member is invited.

Duration: UK response

7. The UK agrees that it is important for membership of the Group to be staggered to ensure continuity: two- or three-year terms that are then followed by two-year terms is a sufficiently long period to ensure the Group's membership is rotated and remains representative, but also to allow for leaders to gain insight into and strengthen their leadership roles in tackling AMR.
8. Members should be expected to attend all meetings unless there are clear mitigating factors. While it is fair to extend membership if a member is unable to attend two consecutive meetings, this option should only be considered if the member has made every effort to attend those meetings.
9. We would also recommend a strict policy on deputisation: meetings should involve named members only. Deputies should only be permitted *in extremis* and with advanced notice to and permission from the chairs.
10. In terms of the duration of the Group as a whole, we would propose mirroring the model adopted by the GPMB, which has a five-year initial term, with potential for extension to 2030 to align with the Sustainable Development Goals (SDGs), if it has demonstrated clear added value to the global governance landscape.

Composition: Proposed Terms of Reference

The Global Leaders' Group on Antimicrobial Resistance composition is as follows:

- Two former Heads of State or Government, or eminent individuals
- Five current or former ministers or senior politicians across the One Health spectrum with a proven track record of leadership in AMR
- The Directors General of WHO, FAO and OIE
- Head of UN Environment
- Head of World Bank
- Five representatives of civil society, private sector, research and academia with a proven track record of leadership in AMR

The Group will be co-chaired by the two former Heads of State /Government or eminent individuals.

Composition: UK response

11. For logistics purposes and also to keep the Group nimble, we believe that there should be a maximum of 20 members (including co-convenors), which aligns with the proposition from the Secretariat. This means that close attention will have to be paid to membership to ensure that it is representative of gender, geographic diversity and the One Health agenda.
12. It is important for the Group to have political clout. In this regard, there is an important role for ministers or eminent politicians - either current or former - to play, if they have a proven track record of leadership in AMR and ongoing influence in their regions and internationally.
13. Given the economic implications of AMR - documented in the 2016 O'Neill *Review on AMR*⁶ and the 2017 World Bank report *Drug-Resistant Infections: A Threat to Our Economic Future*,⁷ - we would recommend that a current or former finance minister or senior leader from a central bank sit on the Group.
14. The Directors General of the Tripartite and the Head of the World Bank could be the co-convenors of the Group. Again, the GPMB provides a blueprint here: in that case, the Board was co-convened by the World Bank and the WHO.

⁶ Chaired by Jim O'Neill (2016). Tackling Drug-Resistant Infections Globally: Final Report and Recommendations: The Review on Antimicrobial Resistance. [online] Available at: https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf [Accessed 4 Nov. 2019].

⁷ World Bank. 2017. "Drug-Resistant Infections: A Threat to Our Economic Future." Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO

Consideration should be given to the status of the UN Environment Programme, given that they have not formally joined the Tripartite. The UK recognises the importance of the World Bank Group's membership, particularly given the advocacy for action on AMR, the commitments made in their influential 2017 report⁸ and the recommendations for them in the report of the Inter-Agency Coordination Group on AMR⁹.

15. We would suggest that the representatives of civil society, private sector, research and academia also cover the multi-sectoral aspects of AMR. So, the private sector representatives could be from a multi-member organisation representing the concerns of the pharmaceutical industry, such as the International Federation of Pharmaceutical Manufacturers & Associations. There could also be a member representing the food industry's concerns. In addition, the academic representative could focus on areas that will not be covered by other representatives, for example the social sciences. Representation at a higher level will also distinguish these members from the role of any future partnership panel.
16. As with the GPMB, members (excluding co-convenors) should serve on the Group in their individual capacities and not represent their home nations.

Selection criteria: Proposed Terms of Reference

Selection Criteria: Members will be appointed on the basis of their professional and political expertise and ~~must either have~~ demonstrated knowledge of ~~or commit to becoming familiar with~~ the areas covered by the scope of the Group. The appointment will take into consideration gender balance, geographic diversity, reputation and background as well as representation from across the One Health spectrum.

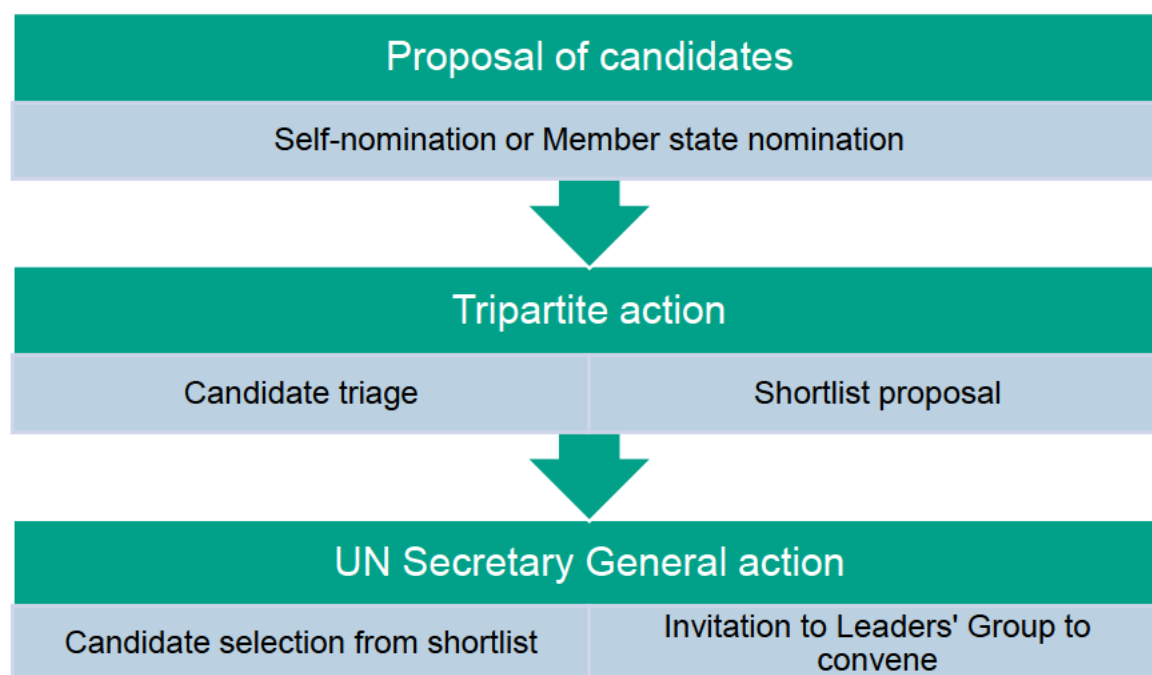
Selection criteria: UK response

17. The UK agrees that the Group must be representative across gender, geographic diversity and the One Health spectrum. It is vital that the Group represents a range of country experience and capacity, as well as sectors. However, we are concerned that the proposed ToR is silent on the actual selection process.

⁸ World Bank. 2017. "Drug-Resistant Infections: A Threat to Our Economic Future." Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO

⁹ Interagency Coordination Group on Antimicrobial Resistance (2019). No Time to Wait: Securing the Future from Drug-Resistant Infections: Report to the Secretary-General of the United Nations. [online] Washington. Available at: https://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG_final_report_EN.pdf?ua=1 [Accessed 4 Nov. 2019].

18. A transparent process - satisfactory to member states - is vital if the Group is to have the trust and engagement necessary from countries and non-state entities alike.
19. The UK believes that Group members should be appointed by and accountable to the UN Secretary-General. As such, we would support a membership selection process such as the following:



20. If they meet pre-agreed criteria, individuals with the relevant expertise or Member states should be able to nominate themselves or suitable candidates respectively to the Directors General of the Tripartite, who would then triage the selection to ensure gender, geographic and sector balance is met. The Directors General of the Tripartite should then present a shortlist of candidates to the UN Secretary-General, who would then choose the final Group and appoint the members. If the balance of members across geographical regions, gender and One Health sectors is not correct, the Tripartite Secretariat should seek out new names.
21. The proposed criterion that a representative must '*commit to becoming familiar with the areas covered by the scope of the Group*' is too tentative. Given that AMR has been an urgent issue for several years now, representatives should have previously shown sufficient interest in or commitment to addressing the issue of AMR.

3. Guiding principles

Proposed Terms of Reference

The following are the key principles that are proposed to guide the work of the Global Leaders' Group on Antimicrobial Resistance:

- *The Group will primarily have an advisory and advocacy role to address the global antimicrobial resistance crisis through keeping high level global political and advocacy momentum, ~~rather than provide oversight of the work of the Tripartite organizations.~~*
- *The Group ~~should~~ will have no legal identity and it ~~should~~ will be time bound with very focused terms of reference and a plan of action with key performance indicators.*
- *The Group will provide oversight/scrutiny of the Tripartite and broader UN and IO family in the matter of AMR joint working to ensure content, prioritisation and coverage, optimised collaborative working and in-country impact in meeting commitments made in the 2015 Global Action Plan on AMR and the 2016 UN political declaration on AMR.*
- *The Group will ensure its work aligns with that of the Steering Committee of the new AMR Multi-Partner Trust Fund and the Tripartite workplan.*
- *The composition of the Group ~~should~~ will reflect the full spectrum of One Health across animal, human and plant health, food and feed production and the environment.*

UK response

22. The proposed guiding principles have stated that the Group will not be required to provide oversight/scrutiny of the Tripartite organisations themselves. However, as included in our response to section 1 'Purpose', we feel that this is a current gap in global governance that the Group should ideally fulfil. This should be a separate bullet: we suggest the following wording (as inserted above):

- *The Group will provide oversight/scrutiny of the Tripartite and broader UN and IO family in the matter of AMR joint working to ensure content, prioritisation and coverage, optimised collaborative working and in-country impact in meeting commitments made in the 2015 Global Action Plan on AMR and the 2016 UN political declaration on AMR.*

23. The UK also believes that the Group could have a very helpful and positive role to play in supporting the new Multi-Partner Trust Fund. Proposed wording is also included above for consideration.

24. The UK agrees that the Group should be time-bound with a clear Terms of Reference: Member States and other relevant stakeholders should continue to be consulted on this as it takes shape.
25. The Group should work to the principles of adaptive management, evolving its own priorities in accordance with international progress and emerging evidence. It should be open to external feedback and requests for advice from the international community.
26. The Group should advise on opportunities that may accelerate efforts to achieve its goals and threats that may obstruct them.
27. Regarding the proposal for 'Key Performance Indicators' (KPIs), we think that given the limited budget and resources and the need to keep the Group nimble and cost-efficient, any KPIs should be very high-level. We have provided some suggestions in section C 'Key Performance Indicators' below. Focusing on agreeing the Group's priorities for action will assist in measuring their success in the future. The co-chairs should define an annual work plan with associated relevant KPIs.
28. The Group should be transparent and evaluate the impact of their collective action, and publish all meeting minutes, annual reports and any recommendations in a timely manner.
29. Finally, the UK agrees that the composition of the Group across the One Health spectrum is an essential principle; however, it is important to emphasise here that the Group will not only be comprised of representatives across the One Health agenda, but will also take a One Health approach to all of their actions.

4. Key functions

Proposed Terms of Reference

The Group ~~sets out to achieve~~ will focus on the following key functions:

- Maintaining ing urgency, public support, political momentum, and visibility of the antimicrobial resistance challenge on the global agenda; (Advocacy role)
- Advocating ing for action, including support for the expanding work of the Tripartite organizations (FAO, OIE and WHO), UN Environment and other international and regional entities; (Advocacy role)
- Advocating for the implementation of robust, funded One Health national action plans on AMR, including supporting the Tripartite to develop a coherent work plan for in-country technical assistance (Advocacy and Advisory role)
- Reviewing mMonitoring of action on AMR and reporting on progress and ~~r~~ gaps and accountability in the global response to antimicrobial resistance; (Advocacy role)
- Acting as a critical friend and challenger to multilateral work on AMR, including from the Tripartite and the World Bank; (Oversight/Scrutiny role)
- Advocating ing for multi-stakeholder engagement by facilitating engaging with any new partnership platform with the participation of Member States, UN agencies, international and intergovernmental organizations and regional entities, civil society, the private sector, researchers and other key stakeholders to develop and work towards a shared global vision, goals and coordinated action on antimicrobial resistance; (Advocacy role)
- Providing ing advice and guidance on reports of the Independent Panel on Evidence for Action against Antimicrobial Resistance (IACG recommendation E3); (Advisory role)
- Monitoring ing and advocating ing for the inclusion of antimicrobial resistance and a One Health “lens” in investments and programmes of major financing instruments for agriculture, health, development, food and feed production and other relevant areas (IACG recommendation D1). (Advocacy role)
- Aligning, where relevant, the Steering Committee of the Multi-Partner Trust Fund to help maximise the Fund's impact and return on investment. (Advisory role)

UK response

30. The UK agrees with many of the key functions listed. However, where the list refers to accountability, the Group should have the ability to not only monitor and report on accountability, but also to provide independent oversight/scrutiny on Tripartite's joint action on AMR and delivery of the 2015 Global Action Plan on AMR and the 2016 UN political declaration on AMR.
31. The Tripartite Secretariat should clarify proposals for a partnership platform, including how it can add value to existing structures and processes in a light-touch way, and sharing for consultation information about its suggested composition, appointment process, duration, function, activity, engagement with the Group, and the role of the Group in relation to the platform. We suggest drawing lessons from comparable partnership platforms such as the Committee on World Food Security.
32. Similarly, the Tripartite Secretariat should clarify proposals for the scientific stock-take as rapidly as possible as the UK would need to better understand how the Group would interact with this other key addition to the AMR global governance landscape.
33. The Group should provide an honest account of global progress on action on AMR, highlighting successes and drawing attention to where action, capacity and/or capability is required, in particular on the delivery of the Global Action Plan and the Tripartite's joint 'One Health' workplan. As stipulated above, the Group should not be responsible for monitoring accountability more widely and will not replace existing, member-state owned, institutional governance mechanisms.

5. Ways of Working

Proposed Terms of Reference

Members of the Group will advance the antimicrobial resistance agenda primarily through ~~availing~~ using their voices and expertise at the global level. The Group will advance its ~~objectives~~ principles and functions specifically through:

- ~~Helping in~~ Supporting the development and dissemination of strategic advocacy messages and shared global vision and goal;
- Actively participating in antimicrobial resistance-~~focused~~ events such as the World Antibiotic Awareness Week and promoting it in their respective sectors;
- Utilizing their convening power and institutions to facilitate and galvanize key stakeholders for global action against antimicrobial resistance;
- Identifying and creating opportunities and networks to advance the cause of the Group and tackle antimicrobial resistance;
- Ensuring effective coordination with other existing mechanisms in the global AMR space;
- Indicating the need for reports and assessments on the gaps, challenges and solutions of the global response against antimicrobial resistance.

UK response

34. The UK agrees with the 'Ways of Working' highlighted here but would ask that the above suggested tracked changes be taken into account.
35. In addition, we would also like to propose a new bullet on ensuring effective coordination with other existing mechanisms in the global AMR space, such as the Global AMR R&D Hub, AMR funding mechanisms, such as the Joint Programming Initiative on AMR (JPIAMR), and any regional coordination mechanisms, such as the Trans-Atlantic Task Force on Antimicrobial Resistance (TATFAR) and the WHO SEARO AMR Task Force. This could be done, for example, by the proposed partnership platform.

6. Secretariat Support

Proposed Terms of Reference

The Tripartite Joint Secretariat on Antimicrobial Resistance, which is a joint effort by FAO, OIE and WHO will provide Secretariat support for the Group. The Secretariat is hosted by WHO and will have liaison officers from OIE and FAO who are ~~based~~ seconded from ~~in~~ their own organizations to be co-located in Geneva.

UK response

36. The UK is pleased to see that there are arrangements in place for secretariat support to the Group. However, we are concerned that being hosted in the WHO may mean that the secretariat - and the Group itself - is primarily human health-focussed. We would urge the leadership and liaison officers in the OIE and FAO to ensure that their voices are heard and that the two organisations are investing sufficiently in this coordination endeavour. Ideally, this would mean representatives from all the organisations be co-located to form a stronger Tripartite Secretariat. The Group and its Secretariat should be a model of excellence in cross-agency working.
37. There is nothing in the draft terms of reference on funding sources for the work of the Group, including its activities, members, and Secretariat. The UK believes that funding for the Leaders' Group needs to be transparent; and should not come from the UN regular budget (whether existing or new resources), but instead from existing resources from the Tripartite organisations.

7. Meetings

Proposed Terms of Reference

Meetings will be held twice per year, one electronic and one face-to-face meeting. The physical meeting will be at locations which correspond with important high-level meetings (e.g. African Union, Asia-Pacific Economic Cooperation, Association of Southeast Asian Nations, Common Market for Eastern and Southern Africa, East African Community, European Union, G20, G7, Mercosur, Southern African Development Community, World Economic Forum and major UN meetings). If events and issues ~~deem~~ arise, then as ~~it~~ necessary, ad hoc meetings will be arranged outside of these times at a time convenient to members.

UK response

38. We are in agreement with this section and have no further comments beyond the above tracked changes.

Response to the Tripartite's questions

A. Accountability

Who should the Group be accountable to?

39. The Group needs senior accountability. The ideal role for this would be the UN Secretary-General, who, in his report to the UN General Assembly in May 2019, requested the establishment of the Tripartite Joint Secretariat to take forward implementation of the IACG recommendations, including the Leaders' Group. The co-chairs should ensure that the UN Secretary General is kept informed of the work of the Group.
40. The UN Secretary-General is an appropriate figure to appoint Group members and hold accountability for the Group. This is because the UN is the natural home for the coordination of One Health, multi-agency and multi-sectoral action on AMR and delivery of the Sustainable Development Goals (SDGs).
41. The UN Secretary- General is ultimately accountable to the 193 Member States of the UN, and therefore the Group should be representative of the concerns of Member States and should keep them informed via regular progress updates and consulted on any changes to the Group. As with the GPMB, all background documents for the Group, including the Terms of Reference, membership, declarations of interest, annual plans and related documents should be made available online.
42. The co-chairs, with support of the Group's Secretariat, should ensure full transparency of the work of the Group, and should keep the UN Secretary-General informed of the Group's progress.

B. Measure of success

What is the perceived ideal measure of success for the Group?

43. The Group's success should be measured against its ability to strengthen international actions to tackle AMR, including with respect to global governance and country-level impact. It will have the potential to bring the international community to agreement for an enhanced global vision and goals to address AMR across the whole One Health agenda, building on and adding value to existing agreements including the 2015 GAP. This vision would set global responsibilities, encourage targets at the national level, and create a coherent global partnership through which to share best practice and work towards good stewardship of and sustainable access to antimicrobial drugs and products. The vision would also take forward the recommendations made by the UN Ad Hoc Inter-Agency Coordination Group in April 2019.

44. The Group's success should be measured against the priorities it agrees as well as on how the Tripartite is supporting the development and implementation of national action plans in a coherent and joined-up way, particularly in low- and middle-income countries.

C. Key Performance Indicators

What should be the Key Performance Indicators of the Group?

45. Given the limited budget and resources and the need to keep the Group nimble and cost-efficient, any KPIs should be very high-level. Focusing on agreeing the Group's priorities for action will assist in measuring their success in the future. The co-chairs of the Leaders' Group should develop an annual work plan on how it will deliver the key functions set out in the terms of reference, with associated relevant KPIs.
46. We would propose that the following be taken into account when developing KPIs:
- If agreed with member states, the development of a global vision on AMR that builds on the 2015 GAP, sets ambitious goals, while taking into account the One Health agenda, the different socioeconomic statuses and health systems of different countries.
 - The breadth of representation on the Group across gender, geographical diversity and the One Health agenda.
 - The number of meaningful face-to-face and virtual meetings of the Leaders' Group.
 - The number of One Health National Action Plans developed, funded and implemented, according to the Tripartite's annual self-assessment survey.

D. Value proposition for members of the Group

What are the incentives to attract experienced and high-level leaders?

47. We would propose that the following principles would incentivise members:
- A key leadership voice in one of the world's most pressing global issues, with possible high-profile events to highlight this.
 - An opportunity to influence improvements in cross-agency working at UN and international level.
 - Networking with other key figures in the global public health space.

E. Prioritization

How should the Group prioritize its functions?

48. The Group's main priority should be to ensure effective delivery of its core purpose: to provide advocacy, advisory, and oversight/scrutiny functions to ensure that multilateral action is taken to address the challenge of antimicrobial resistance. This should be framed around the key functions listed in section 4.

United States

USG Comments on Terms of Reference of One Health Leadership Group

OVERARCHING COMMENTS:

- We kindly request a comprehensive outline and/or platform to understand how this group will interface with the other Tripartite and UN governance structures and groups to ensure it conducts its work in unison with ongoing work in AMR in a non-duplicative and transparent fashion. This should include recommendations from the SG report and IACG recommendations as well as other structures the Tripartite has or is creating to address AMR or AMR sensitive initiatives or work, including the Tripartite work plan and its budget.
- **If this group has responsibilities or oversight of any other structures or initiatives the ToR should be updated and the updates be subject to Member State consultation.**

Accountability:

- Understanding the group serves its functions in an advocacy role, we suggest tracking media impressions, continuous high level attention, and evidence based policy change over time. Success for the group could be shown in an increase in media impressions for AMR and/or continuation of prioritizing AMR at the highest political levels over an established baseline, but attributing policy change to the group itself may be difficult.
- Accountability: The Group will/should be directly accountable to Member States and the Tripartite and perform in a transparent manner.

SPECIFIC COMMENTS:

1) PURPOSE

- The Group should support and advise the leadership of the Tripartite Organizations for their AMR-related work. Language clarifying this should be added to the ToR.
- The Group should work to maintain AMR at the highest political levels, encourage member states to create, fund, and implement national action plans for AMR, and work towards increasing the public's knowledge of the threat of AMR.
- The Group should not interfere or supersede the Member State governing body processes with the Tripartite, or mandate or dictate to the Tripartite.

2) MEMBERSHIP

DURATION

- Clarify what the term (3-year term or 2-year term) year, early termination, and renewal processes look like. Member State involvement in these processes is necessary for accountability of group members and their work.
- If selected members do not live up to the spirit of or violate the terms of reference, how will those members be removed and replaced?

COMPOSITION/SELECTION CRITERIA

- Please describe the voting and nomination process. Member States should be able to nominate qualified individuals.

- Are there incentives to attract experienced and high-level leaders? How will conflicts of interest be determined and addressed? The WHO Guidelines on Conflict of Interest should be implemented.
- Ministers of Finance or other health economic experts with strong economic knowledge/background to help galvanize uptake of an AMR lens to investments and programs of major financing instruments.
- It is imperative that the Independent Panel on Evidence for Action Against AMR called for in the SG report and IACG recommendations be able to provide guidance on the best possible scientific advice to prevent and mitigate AMR without interference from The Group.
- The USG feels it would be more beneficial for The Group to promote the findings of the Independent Panel on Evidence for Action Against AMR vs. issuing competing technical expertise to the global community. Advice on implementation and setting global responsibilities would be welcome but should be seen as advice and not mandated to the Tripartite or Member States.

3) GUIDING PRINCIPLES

- Clarify to whom the Global Leaders Group will be advising.
- Clarify whether or not they have oversight and/or management of financial resources
- Clarify that the Tripartite Organizations will make their AMR-related progress reports, strategies, and plans available to the Global Leaders Group and Member States.
- Appreciating WHO's use of NDAs for sharing of sensitive information among its advisory bodies, and appreciating The Group's purpose and Member State requests for transparency and advocacy for action on AMR, please clarify how The Group will strike this balance.
- Suggest The Group advance evidence based decision making, consensus-based international standards, such as Codex and the work of the Independent Panel.

4) KEY FUNCTIONS

- Monitoring with the intention for reporting and tracking purposes is appropriate and helpful to understand how the group should advise international AMR response. Monitoring for Member State compliance would overstep their advisory role.

6) SECRETARIAT SUPPORT

- Biennial progress reports should be publically provided.
- Succeded OIE and FAO members, rather than liaison officers, would be highly beneficial and ideal to ensure all three IOs are leading these efforts.

7) MEETINGS

- Clarify who finalizes the meeting agenda and, afterwards, provides minutes, and readouts to Member States.

CSOs and NGOs

NOVEMBER 2019

ANTIBIOTIC RESISTANCE COALITION

Comments for the Tripartite Secretariat's
Public Discussion on Establishing a One
Health Global Leaders Group

Antibiotic Resistance Coalition Comments
on
Establishment of a One Health Global Leaders Group on AMR

We welcome the opportunity to provide feedback on the proposed Terms of Reference on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance (AMR). We commend the Tripartite Secretariat on AMR on taking up the Inter-Agency Coordination Group on AMR (IACG) recommendations and beginning the process of laying out the foundation for future global governance and coordination for addressing AMR.

Governance for Accountability

It is challenging to consider the terms of reference for the Global Leaders Group (GLG) in isolation from the rest of the needed global governance structure for AMR. In this proposed setup, GLG is not exercising any official governance, is not accountable to anyone, nor does it have the power to hold others accountable. The potential roles of the Independent Panel on Evidence for Action Against Antimicrobial Resistance and the Multi-stakeholder Partnership Platform should be considered alongside the GLG. Defining the Rules of Procedure among these three entities is critical if we are to understand how they might relate to one another. The follow-through on completing the Global Development and Stewardship Framework, called for by the UN Political Declaration on AMR and the IACG recommendations, and how it relates to these steps to bring about effective and coordinated global governance for AMR should be laid out.

1. *The Global Leaders Group should be accountable to the Member States of the United Nations. As currently proposed, its composition and the buy-in to its advisory recommendations would not be Member State-driven.* Today, existing intergovernmental governance mechanisms rarely provide the opportunity to discuss and come to decisions across sectoral boundaries. Decisions that would require a systems perspective are lacking because governance mechanisms create bubbles of interest, including within the UN system based on the respective mandates of individual agencies. There is an unmet need for an intergovernmental governance platform that would allow for more direct discussion and inclusion of different perspectives in the decision making.

To this end, we would recommend that its membership be limited to representatives of Member State governments with adequate regional balance and that it report to a higher UN level (e.g., United Nations Economic and Social Council) instead of a UN agency. The responsibility and decision power of Member States must be emphasized in the proposal for global governance. The composition and operations of the One Health Global Leaders Group should meet the governance functions needed on a global level, including building policy coherence and coordination at the intergovernmental level as well as across international agencies and organizations.

2. *As part of the proposed global governance structure, the Tripartite Agencies (WHO, FAO and OIE) and other UN and intergovernmental agencies charged with carrying out the post-IACG recommendations and work on addressing AMR should be in a supporting role to, not represented on, the GLG.* The GLG should be independent and empowered to speak out credibly if the Tripartite Agencies and other UN and intergovernmental agencies need the additional resources to address the challenge of AMR. Having such Agencies on the GLG and then asking for mobilizing resources for themselves is problematic. At the same time, the GLG should also be able to flag if milestones are not being met by any of the UN agencies, including the Tripartite agencies, to Member States.
3. *Representation on all three entities—the GLG, the Independent Panel and the Multi-stakeholder Partnership Platform—should ensure intersectoral and low- and middle-income country (LMIC) representation.* As noted in the World Bank's report, *Drug-Resistant Infections: A Threat to Our Economic Future*, the issue of AMR is inherently an intersectoral challenge and one [where the burden will be disproportionately faced by both low- and middle-income countries](#). From the investment perspective, the [greatest returns would flow to upper middle-income and high-income countries](#).
4. *The proposed global governance structure, including the GLG, should commit to mobilizing both follow-on action and resources—both technical and financial—for addressing AMR as well as engagement of UN and intergovernmental agencies, notably also beyond the Tripartite agencies.* To implement the IACG recommendations, greater commitment and engagement will be required of UN and intergovernmental agencies, from UNICEF and UNDP to the World Bank and UN Environment, as well as of groups from UNITAID to GAVI and the Global Fund to Fight AIDS, TB and Malaria, and this should be a key goal for the Tripartite Secretariat and the GLG. Leaving out the engagement of more multi-sectoral UN and intergovernmental agencies than the Tripartite in the proposed governance structure sends the wrong signal, and it is counterproductive to the strategy of making AMR a priority for all involved in sustainable development and system strengthening. A better approach would have incorporated a broader spectrum of UN agencies, intergovernmental and other international organizations with advisory roles to the membership of the GLG, perhaps through the Multi-Stakeholder Platform.
5. *Lessons from other policy processes, like the Committee on World Food Security (CFS), might inform how to structure AMR global governance.* Recognizing both the strengths and shortcomings of the CFS process, we would highlight what elements might help build a governance approach uniquely suited to AMR, but emulating certain parts. Notably the CFS is an intergovernmental platform composed of all UN Member States with clear reporting to the UN Economic and Social Council (ECOSOC). Member States take decisions, but there is structured participation in parallel pathways by civil society and other relevant constituencies. The governance structure allows for intergovernmental agencies engaged in food security to find policy convergence across the UN and other agencies.

6. *The Independent Panel on Evidence for Action Against Antimicrobial Resistance must be considered a critical part of the proposed global governance structure.* Today there is no global, cross-sectoral mechanism to manage the assimilation of the rapidly expanding scientific literature on AMR, and there is a gap in providing independent and multi-sectoral analyses of existing evidence in a One Health context. There is also the need for mechanisms that manage scientific disagreements and synthesize evidence from a systems perspective with engagement of experts from different disciplines. This process must have robust safeguards against the influence and bias of financial conflict of interest.

It is difficult to understand how the Global Leaders Group will gain credibility and legitimacy as the highest governing body on AMR if it does not have strong knowledge in the area and without having scientific support. In the selection criteria it is now mentioned that the members should have “demonstrated knowledge of or commit to becoming familiar with the areas covered by the scope of the Group”. In this respect, the crucial importance of the by IACG proposed Independent Panel must be acknowledged and incorporated in the plans of setting up the Global Leaders Group.

7. *Incorporating the voice of civil society and other relevant constituencies in the Multi-stakeholder Partnership Platform.* **By Multi-stakeholder Partnership Platform, we wish to be clear that we are not suggesting a shadow governance structure, but rather an engagement platform that allows adequate consultation with public interest organizations and other relevant constituencies, with robust safeguards to protect against conflict of interest.** This can be accomplished both through public hearings, where such inputs would be transparent, and through membership on a Multi-stakeholder Partnership Platform. Public interest NGOs, as opposed to those groups serving or funded by industry interests, should have a separate forum within the Multi-stakeholder Partnership Platform through which to give voice to key concerns on AMR policies.
8. *The impact and value of the Global Leaders Group can be seriously questioned if they are only to meet twice per year.* The modus operandi of the GLG must be more clearly defined, providing details on the nature of work between regular meetings, such as coordination among all actors, and tasks to be done in preparation for the meetings.

Transparency and Conflict of Interest

To the question posed by the Tripartite Secretariat, “What are the incentives to attract experienced and high-level leaders?”—we believe the answer is the reward of public service and seeing a future free from the fear of untreatable infections. There should not be personal benefits or financial gains as a key motivation for contributing as a member to the GLG or any of the governance structures. The promise of being able to make an effective difference on the shared aims of curbing the challenge of antimicrobial resistance should be motivation enough.

It is remarkable that the draft terms of reference make no mention of management of conflict of interest as an important guiding principle. The terms of reference should bring clarity on how to avoid - and if not possible, manage - conflict of interests in all governance structures and multi-stakeholder engagements.

1. *Transparency at three levels is key—how the GLG composition is comprised, the selection of specific individuals, and the eventual agenda, key performance indicators and process of the GLG once it is constituted.* As in the last year of the IACG’s operations, the efforts to ensure openness to its proceedings, where possible; public consultation on its draft and final recommendations; and the public posting of commissioned reports, discussion papers and external inputs into its deliberative process were all key steps in ensuring transparency.
2. *Government representatives should be committed to the goals of the GLG.* If these government officials represent Ministries that are opposed to key goals, such as lowering the use of antimicrobials in food animal production, their presence on the GLG, would not be helpful as opposed to providing testimonial inputs to the GLG. If these representatives are not full-time government employees, they should be subject to disclosure of financial conflict of interest.
3. *The Independent Panel and the Multi-Stakeholder Partnership Platform should also be safeguarded from special interests, especially from financial conflict of interest.* Therefore, we would also want to ensure that public interest NGOs are given a separate space, not clump all not-for-profit organizations into the same mechanism.
4. *Avoiding the appointment of those with fiduciary and financial conflict of interests from representational roles in the governance structures would be critical.* FENSA was set up to deal with institutional conflict of interest, particularly among non-State actors, with the World Health Organization. The guidelines for Declaration of Interests for independent experts at the WHO, however, have raised considerable confusion and concern. Rather than focus on fiduciary and financial interests, it puts forward a standard of “intellectual” bias. Diversity of views is where we can better strike a balance, if needed. Otherwise, these governance structures risk overregulating intellectual viewpoints and leaving out important perspectives.
5. *The workings of the Independent Panel should be transparent and independent.* Adhering to the principles of transparency, scientific inclusiveness and independence is

at the core of ensuring authoritative and credible outputs from the Independent Panel. To ensure that the outputs of the Independent Panel are authoritative, credible and legitimate, a rigorous and robust scientific process must be in place. Finally, the advice should be produced independent of the influence of governments and businesses.

Priorities and Key Performance Indicators

Members of the Antibiotic Resistance Coalition played key roles in ensuring that AMR is considered integral to the achievement of Universal Health Care and [also in supporting an AMR-specific indicator in tracking the Sustainable Development Goals](#). We believe that clarity on the priorities and goals to which the GLG would hold itself accountable is the critical first step in defining who should be represented on the GLG and what conflicts of interest need to be avoided on the GLG.

1. *Ensuring the achievement of Universal Health Care with affordable access to effective antimicrobials.* Enabling a robust supply chain of these life-saving drugs, appropriate diagnostics and trained healthcare professionals, are all needed to deliver such access. This also requires engaging, through the GLG, those who can best align AMR-sensitive interventions (such as WASH and vaccination). Enlisting healthcare workers, the challenge of antimicrobial overuse and misuse in the healthcare delivery system must also be addressed. The Multi-Stakeholder Partnership Platform can help engage these key actors from the healthcare delivery system, civil society and professional societies to achieve these aims.
2. *Supporting the implementation of National Action Plans on AMR and the mobilization of resources for these goals.* Resource commitments, particularly from public sector sources and from high-income countries, must be mobilized, so that follow-through on NAPs is achievable. The burden of AMR falls unevenly across countries. So globally, resources and responsibility for responding urgently, should be directed to where it might make the most difference. The problem of overuse of antibiotics both in the healthcare delivery and food production sectors is common in industrialized countries, not just in those with limited resources. Funding mechanisms across sectors, including the Multi-Partner Trust Fund on AMR and United Nations Development Assistance Framework, must be coordinated and harmonized.
3. *Ensuring sustainable access to antimicrobials and other health technologies tackling AMR.* To ensure “quality, safe, efficacious and affordable” medicines, diagnostics and vaccines, we will need not only to develop and pilot new approaches to financing innovation and procuring antimicrobials and related technologies, but also to develop strategies to overcome shortages of essential antimicrobials, like pooled procurement and non-profit, generic production of antimicrobials. Failing to address shortages forces healthcare providers to resort to second-line antibiotics, thereby furthering AMR.
4. *Mobilizing consumers, farmers, food workers and veterinarians to curb the routine use of antimicrobials in food production.* A key step in priority setting is recognizing that just five

countries comprise over half of the global use of antimicrobials in food animal production. The disparate impact on small scale farmers in transitioning livelihoods away from animal husbandry practices reliant on antimicrobials is important to consider and address. Consumer groups have played an important role in enlisting multinational restaurant chains and fast food franchises to source more responsibly livestock and aquaculture raised without the routine use of antibiotics.

5. *Setting targets for lowering the use of antimicrobials and working towards a ban of antimicrobials for growth promotion in food animals, eliminating the use of medically important antimicrobials for disease prevention/prophylaxis in groups of animals, and restricting the use of critically important antimicrobials as recommended by the WHO.* A key shortcoming of the IACG recommendations was its failure to go beyond the floor of consensus on immediately banning the use of highest priority critically important antimicrobials for growth promotion. This falls far short of the WHO and OIE recommendations that propose restrictions on antibiotics for preventive use in groups of animals. Those on the GLG, whether they be governmental officials or not, should not be representing interests not aligned with this goal of banning all antimicrobials, but especially medically important antimicrobials for growth promotion.
6. *Addressing the environmental dimension of AMR.* Most of the antimicrobials consumed in the healthcare delivery system and the food production system pass through into the environment. These antimicrobial residues and their genetic determinants of resistance come from the effluents of pharmaceutical manufacturing plants, agricultural run-off, hospital waste discharge, and municipal and community-level water systems. There is a strong need to mainstream AMR-centered approaches to manage waste from such point sources. These environmental concerns have not received commensurate attention, either in how the Tripartite Secretariat has been comprised, nor in the Global Action Plan on AMR and guidance issued thereafter. In the absence of such global guidance, countries will likely struggle to address effectively the environmental dimension of AMR, even if it is intended as part of their national action plans.

We, the undersigned civil society groups, urge the Tripartite Secretariat and the UN Secretary-General to take up these considerations in shaping the terms of reference for the GLG and how it fits into the global governance structure of AMR that must also include the Independent Panel and the Multi-Stakeholder Partnership Platform.

Signatories:

Alliance to Save Our Antibiotics
Centre for Science and Environment, India
Consumers International
Consumers Association of Penang
Ecumenical Pharmaceutical Network
Food Animal Concerns Trust
Fundación IFARMA (Colombia)
Initiative for Health & Equity in Society
Institute for Agriculture and Trade Policy
Health Care Without Harm
Health Action International
European Public Health Alliance
Instituto Brasileiro de Defesa do Consumidor
People's Health Movement
ReAct – Africa
ReAct — Asia Pacific
ReAct — Europe
ReAct — Latin America
ReAct — Strategic Policy Program
Sahabat Alam Malaysia (Friends of the Earth Malaysia)
Society for International Development
Sustainable Food Trust
Third World Network
Universities Allied for Essential Medicines

30 October 2019

Response to call on the “One Health Global Leaders Group on AMR”

AnimalhealthEurope thanks the OIE for allowing stakeholders the opportunity to comments on the draft terms of reference development for the One Health Global Leaders Group on AMR.

The European animal health industry concurs with OIE that further refinement of the document is needed and offers some suggestions for greater specificity.

In particular, the animal health sector would appreciate greater refinement in the following areas:

1. **Key performance indicators):** We would suggest the following elements are specified: how will KPIs be set, by who, and when and how will reporting against pre-set metrics be done. Without key performance indicators and metrics, it will not be possible to determine whether the group was successful or not. There is almost no information on expected outcomes. Perhaps it may already be possible to indicate whether there will be reports, conferences, trainings, media coverage, etc to communicate the output?

The goal of all AMR activities is to manage resistance and maintain the effectiveness of antibiotics. We recommend Key Performance Indicators are linked to: A) levels of resistance in humans and, B) adoption levels of widely-accepted practices that limit resistance development and/or transfer. For example, adoption of hygiene standards in hospitals, greater vaccine uptake in livestock, etc.

2. **Accountability:** Who will the group be accountable to? The Group is intended to bring together global leaders, so it should be accountable to the most important metric available: reduction of AMR (spread). We recommend the Group be accountable to its Membership by requiring all publications to be unanimously approved by ‘consensus.’ This manner would enable strong, One Health outputs. We equally recommend the Group be accountable to external stakeholders through robust transparency. All publications be put to consultation before publication.
3. **Prioritisation:** How should the group prioritise its functions? We recommend the Group focus on functions that improve countries’ capacity to address AMR. All governments recognise AMR is a major challenge, but not all have the capacity to address it. The Group should undertake activities that help governments promote best practices such as: improving hygiene in hospitals, creating more sanitation systems, promoting more vaccine uptake in livestock, strengthening biosecurity on farms, etc. These are tangible goals that will address AMR.
4. **Purpose:** We strongly recommend the terms of reference clarify the benefit, objectives and necessity of the Group in the purpose section. Who will the Group be advising? To whom will it advocate? The terms of reference should clearly state where its intended audience is currently unsuccessful and how the Group will help address this. For example, if it is intended to advise the Tripartite, the terms of reference should outline current Tripartite shortcomings and how the Group intends to correct these.
5. **Membership duration and composition:** Staggered 2- and 3-year terms mean the group will be in a continuous ‘recruitment’ phase, which could take time away from core activities.

We strongly recommend removing ‘Celebrities’ as Members. If the Group is intended to be an advisory body, its members must come from respected, scientific backgrounds. “Globally prominent celebrities” may bring attention to the group, but they are not in a position to evaluate complex, global challenges like antimicrobial resistance. It would ultimately discredit the Group’s work.

Additionally, we strongly recommend the terms of reference specifically call for two private representatives - one representing human health sector and one representing the animal health sector. Without this, the Group would not be a One Health body and its conclusions would be undermined in the missing sector(s).

6. **Guiding Principles:** We recommend the terms of reference clarify why and how ‘high-level global political and advocacy momentum’ is currently missing at the moment. When the 2016 Political Declaration was issued, only 14% of the world’s population resided in a country with a national action plan. Today, 96% do. The Tripartite has made significant progress, especially since signing their formal Memorandum of Understanding in 2018. OIE’s Annual Reports on antibiotic use shows continuous growth in capacity to regulate use and manage resistance. Numerous organisations like the Wellcome Trust are releasing regular progress reports on AMR and it is a high-profile topic in major media outlets. Combined, this indicates strong global momentum. If the terms of reference do not outline why these efforts are not sufficient, it risks undermining the Group’s credibility from the start. We strongly support the Principles clearly stating the Group must have a One Health composition.
7. **Key Functions:** We recommend removing *Function E*. The Independent Panel is not yet created and should not be viewed as a ‘*fait accompli*.’ The idea of an Independent Panel requires discussion with external stakeholders before the Group can be included in the proposed Group functions.

We recommend either removing *Function F* or, alternatively, listing it as “Consider monitoring and advocating...”. This is a new concept and more detail is necessary for evaluation. For example: What exactly does it mean to apply an AMR and One Health “lens” to investment? Would it apply to public sector investments, private sector or both? How do you determine what are to be considered ‘good’ and ‘bad investments through this lens? It’s clear this is a complex concept and requires more discussion with external stakeholders before it can be considered an official function of the Group.

8. **Ways of Working:** We recommend making ‘*Ways of Working*’ a much more concrete and tangible section by outlining examples of how the Group could execute each ‘Way of Working’. For example, would the group issue regular reports like the IPCC? Would it convene regular summits like the UNFCCC, etc. This will help readers better understand how the Group will operate.
9. **Secretariat Support:** We strongly recommend each Tripartite member dedicate an equal amount of staff hours to the Group. The draft text could suggest that WHO will have a full-time employee for the Group while OIE and FAO will provide part-time support. This would not be a One Health approach and would undermine the credibility of the Group.
10. **Meetings:** We recommend the terms of reference outline how the Group will collaborate between meetings. This will provide more transparency on how the Group comes to its conclusions.

American Veterinary Medical Association



November 7, 2019

Dr. Tedros Adhanom Ghebreyesus
Director General, World Health Organization, Co-Chair
Ms. Amina Mohammed
United Nations Deputy Secretary-General, Co-Chair
United Nations Interagency Coordination Group on Antimicrobial Resistance
c/o World Health Organization
Avenue Appia 20
1211 Geneva

RE: Establishment of a One Health Global Leaders Group on Antimicrobial Resistance

Dear Dr. Ghebreyesus and Ms. Mohammed:

The AVMA appreciates the opportunity to provide its thoughts regarding the United Nations Interagency Coordination Group on Antimicrobial Resistance's (IACG) concept for establishing a One Health Global Leaders Group on Antimicrobial Resistance.

We understand establishing this group is intended to fulfill one of the recommendations contained within the IACG's report, *No Time to Wait: Securing the Future from Drug-Resistant Infections*, that was submitted to the Secretary General of the United Nations in April 2019. According to that report, the IACG recommended establishment of a One Health Global Leaders Group on Antimicrobial Resistance (hereafter referred to as the Group) to be supported by a Joint Secretariat managed by the Tripartite Organizations (FAO, OIE, and WHO). In consultation with the Secretary-General's office, the Tripartite Organizations developed draft terms of reference and proposed next steps to establish the Group.

The AVMA understands the Tripartite Organizations are engaging with Member States and partners to obtain feedback and to assist in refining the draft terms of reference for the Group before implementation. However, the questions posed by the Tripartite Organizations indicate that some aspects of the terms of reference for the Group have already been finalized; for example, the Group's purpose and composition.

According to the draft terms of reference, the purpose of the Group is "to provide advocacy and advisory functions to ensure that action is taken to address the challenge of antimicrobial resistance." The WHO describes One Health as "an approach to designing and implementing programmes, policies, legislation, and research in which multiple sectors communicate and work together to achieve better public health outcomes."ⁱ The WHO then goes on to state that

for better health outcomes to be achieved, “Many professionals with a range of expertise who are active in different sectors, such as public health, animal health, plant health and the environment, should join forces to support One Health approaches.”ⁱⁱ

With this in mind, the proposed composition of the Group, which is charged to “provide advocacy and advisory functions to ensure that action is taken to address the challenge of antimicrobial resistance”, raises substantive questions for the AVMA. Imbuing the Group with an advisory function with respect to combatting antimicrobial resistance implies that, collectively, its members would need to have backgrounds in animal, public, and plant health, with specific expertise in veterinary medicine (including food animal veterinary medicine), human medicine, pharmacology, bacteriology, and epidemiology. We are concerned that “two former Heads of State or eminent individuals” and “one to two globally prominent celebrities” may not be able to appropriately and successfully meet this portion of the Group’s charge. Instead, the visible engagement of subject matter experts with applicable knowledge and experience across all One Health sectors on such a leadership group is necessary to ensure that the broad-based support that is needed for this critical initiative is gained and/or not eroded.

We question whether convening this group is necessary. The Tripartite Organizations have already established science-based committees that are charged to serve in an advisory capacity, and effective communication and advocacy functions already exist within and across all three Tripartite Organizations. The Group’s charge, thereby, mirrors direction to groups that already exist and duplicates activities that are already underway. In addition to diluting valuable financial and personnel resources that are needed to refine and implement emerging and already developed plans, establishing the Group could create significant internal and external confusion as to who is responsible for what in leading the global effort.

Should it be deemed necessary that the Group be created, the AVMA believes that: (1) its priority should be the identification of broadly accepted measures of public health and animal health and welfare that are based on sound science, and that take into account similarly critical needs related to food security, availability, and sustainability; (2) the Group’s success should be carefully evaluated with attention to whether its actions result in improved human and animal health and welfare; and (3) the Group should be able to articulate how broad-based policy is a better pathway for achieving such goals than is comprehensive, science-based professional and public education and respecting the professional judgment of licensed health care providers as they work to care for their patients.

To meet these goals, we believe the Group must be accountable to the science-based committees of the Tripartite Organizations. Accordingly, if the Group is communicating about activities to be undertaken in human medicine, it should be accountable to the science-based committees focusing on that practice area for appropriate background and accurate messaging. Similarly, if the Group is communicating about food or companion animal veterinary medicine, agriculture, or husbandry, it should be accountable to the Tripartite committees responsible for those topics.

The WHO itself states that, "Antimicrobial resistance is a global problem with serious local impacts,"ⁱⁱⁱ and that for a One Health approach to be successful in preventing antimicrobial resistance, its policy, recommendations, and advocacy should be based on sound science provided by "many professionals with a range of expertise who are active in different sectors, such as public health, animal health, plant health and the environment."^{iv} This model, rather than a leadership body consisting solely of "eminent individuals" or "globally prominent celebrities," appears much more likely to be successful.

We thank the United Nations and the WHO for the opportunity to provide our input. For questions regarding the AVMA's comments, please contact Dr. Michael Costin at 847-285-6634 or

Sincerely,

A handwritten signature in black ink that reads "Janet D. Donlin". The signature is written in a cursive, flowing style.

Janet D. Donlin, DVM, CAE
Executive Vice President and Chief Executive Officer

FEEDBACK

Public discussion on Establishment of a One Health Global Leaders Group on Antimicrobial Resistance

1. Accountability

The sole purpose of a global governance structure is to guide, facilitate and support action at the national level. In view of this, the Global Leaders Group (Group) should be accountable to Member States of the United Nations as Member States would be ultimately responsible for on-the-ground action on AMR. Member States would also be best suited to inform, question and track the direction and intensity of progress made by the Group. Such an accountability model will work, if Member States from different parts of the world including low and middle income countries are adequately represented in the Group.

2. Measure of success (should include)

- Sustained momentum towards global action to contain Antimicrobial Resistance (AMR)
- Truly a multi-sectoral action with greater focus on non-human sectors such as animal, crops and environment
- Effective implementation of National Action Plans on AMR, particularly in low and middle income countries

3. Key Performance Indicators

- Decline in AMR trends in disease causing bacteria across the globe
- Reduction and elimination of antibiotic misuse in food production systems
- AMR-centric waste management approaches adopted globally to ensure no-limited discharge of AMR determinants (especially antibiotics) from point sources and wastewater/sewage treatment plants into the larger environment

4. Prioritization

a. Environmental dimension of AMR should be prioritized

The environmental dimension of AMR has so far received least attention vis-à-vis human and animal aspects. It has largely remained a missing link in the global guidance. On the positive side, most countries have outlined their plans to address the environmental issue in their national action plans, which need to be supported and guided. However, in the absence of such global guidance, they are likely to struggle to effectively address this aspect.

b. Prioritize antibiotic use in crops

Antibiotics are also used in crops across the world. Many countries officially allow such use. Crops and plants sector, like environment, has so far received limited attention in global as well as national AMR containment efforts. It is critical to focus on it.

c. Disease prevention aspect of non-therapeutic antibiotic use in food animal production should be prioritized

Non-therapeutic antibiotic use in food animals includes their use for both growth promotion and disease prevention. The United Nations Inter-Agency Coordination Group on AMR¹ had called on all Member States to phase-out the use of antibiotics for growth promotion, beginning with the highest priority critically important ones. However, it does not address the disease prevention aspect wherein antibiotics are also routinely used and extent of such use can further increase even if growth promoter use is restricted.

¹ No time to wait: Securing the future from drug-resistant infections (2019) https://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG_final_report_EN.pdf?ua=1

*A society registered under Societies' Registration Act XXI of 1860,
Government of Khyber Pakhtunkhwa, Pakistan and SDG Action 9671 of the
United Nations*

(Supporting Decent Employment and Exportable Surpluses across Food Value Chain)

Friday, October 11, 2019

United Nations, General Assembly, Seventy-third session

Agenda item 129 Global health and foreign policy Follow-up to the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance Report of the Secretary-General

Accountability: Who should the group be accountable to? Implementation of the above recommendations may face hurdles in the developing countries due to lack of good governance in the public sector organizations. My recent report on "Transforming Livestock Recourse-base into a Beacon of Hope through a Good Governance Model" is based upon the popular model of Academia-Industry-Government-Society Nexus. This would practice the principles of shared authority and responsibilities of the stakeholders, creating a win-win situation for all. The same model may be adopted for handling antimicrobial resistance issues in the developing countries.

An autonomous body having membership from academia, provincial health and livestock departments, farmers and civil society, may be established at national level.

Measure of success: What is the perceived ideal measure of success for the group? The public and private sector laboratories may be evaluated, mandated and facilitated to provide analytic services for presence of antimicrobial resistance in human and animal morbid samples. Reduction in the level of the positive incidence may be reflected as a performance indicator for success of the group.

Key Performance Indicators: What should be the Key Performance Indicators of the group? Number of positive cases; total number of laboratory records; number of laboratories engaged; number of stakeholders are engaged; number of veterinary and human health practitioners engaged

Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders? The senior professional experts and members of the partner organizations may be awarded honoraria and an incentive package for career promotion in their respective departments.

Prioritization: How should the group prioritize its functions?

1. Capacity development of all stakeholder institutions and identification of appropriate individuals and institutional focal points
2. Identification and registration of analytical laboratories in the private and public sectors
3. Registration of appropriate drugs for human and veterinary use at national level
4. Monitoring of the medial stores for quality of drugs
5. Establishing a database management and communication system for quantifying and notifying the status of antimicrobial resistance and animals and human beings



Prof M Subhan Qureshi
President Dairy Science Park

Comments on the “One Health Global Leaders Group on AMR”

Thank you for the opportunity to comment on the draft Terms of Reference of the One Health Global Leaders Group. The Tripartite is essential to addressing the global challenge of AMR and the animal medicines industry appreciates our ongoing collaboration.

We have offered comments and recommendations on each of the requested areas (KPIs, Accountability, Measure of Success, Prioritization, and Value Proposition) and other key sections of the ToR.

Overall though, we recommend the Group provide greater specificity in the final ToR. At this stage, they are high-level, and we would welcome the chance to provide more robust feedback on the finer details.

Key Performance Indicators (KPIs)

Comments

The goal of all AMR activities is to manage and/or reduce resistance spread and maintain the effectiveness of antibiotics. The Group should work towards these same goals and with KPIs that demonstrate how the world is progressing. Without KPIs connected to this metric, it will be difficult to evaluate the Group’s degree of success.

Recommendations

We recommend Key Performance Indicators are directly linked to:

- Levels of resistance in humans and
- Adoption levels of widely-accepted practices that limit resistance development and/or transfer. E.g. adoption of hygiene standards in hospitals, greater vaccine uptake in livestock, etc.

Accountability

Recommendations

- We recommend the Group be accountable to external stakeholders through robust transparency. All publications should offer review and comment periods before publication.
- We recommend the Group emphasize accountability to and input from animal health, including private sector, research organisations, veterinary groups, etc. This sector is often overlooked when discussing AMR which leads to recommendations that may not recognize the nuanced differences between human and animal health.

Measure of Success

Recommendations

The Group’s objective is to be a global leader; therefore, we recommend success is measured by the most important metric available: reduction of AMR in humans.

Prioritization

Recommendations:

- We recommend the Group focus on functions that improve countries’ capacity to address AMR. All governments recognize AMR is a challenge, but not all have the capacity to address it.
- We recommend the Group undertake activities that help governments promote best practices such as: improving hygiene in hospitals, creating more sanitation systems, promoting more vaccine uptake in livestock, strengthening biosecurity on farms, etc.
- We recommend the Group help governments prioritise activities that will have the greatest impact on AMR that reflects the available resources and unique challenges in each nation.

Value Proposition

No comments or recommendations on this item.

Purpose

Comments

Upon review of the 'Purpose,' we were unclear on certain areas. In particular: Who will the Group be advising? To whom will it advocate? These will be important items to clarify before moving forward, because without strong, detailed definitions, the Group may struggle to make clear progress.

Recommendations

- We strongly recommend the ToR clarify the benefit, objectives and necessity of the Group in the purpose section.
- We recommend the Terms of Reference outline where its stakeholders are currently unsuccessful and how the Group will help address it. For example, if it will advise the Tripartite, the ToR should outline current Tripartite challenges and how the Group can correct them.

Membership Duration and Composition

Comments

The proposal for staggered 2- and 3-year terms mean the Group would be in a continually 'recruitment' phase, which could take time away from core activities.

"Globally prominent celebrities" may bring attention to the group, but they are not able to evaluate complex, global challenges like antimicrobial resistance. Their presence could harm the Groups' integrity and damage credibility in the eyes of many external stakeholders.

Recommendations

- We strongly recommend removing 'Celebrities' as Members. If the Group is intended to be an advisory body, its members must come from respected, scientific backgrounds.
- We strongly recommend the ToR specifically call for at least two private sector representatives – one representing human health sector and one representing the animal health sector, which would enhance the credibility of the Group in the private sector. Without this, the Group would not be a One Health body and its activities in the missing sector may be mistargeted or lack the necessary credibility.

Guiding Principles

Comments

The ToR states high-level global political and advocacy momentum is missing. Significant progress has been made in recent years though.

When the 2016 Political Declaration was issued, only 14% of the world's population resided in a country with a national action plan. Today, 96% do. The Tripartite has made significant progress, especially since signing their formal Memorandum of Understanding in 2018. OIE's Annual Reports on antibiotic use shows continual growth in capacity to regulate use and manage resistance. Numerous organizations like the Wellcome Trust are releasing regular progress reports on AMR and it is a high profile topic in major media. Combined, this indicates strong global momentum.

Recommendations

- We recommend the ToR more clearly outline why and how 'high-level global political and advocacy momentum' is currently missing. Alternatively, the ToR could acknowledge global progress to-date, and outline how the Group complements this.
- We strongly support the Principles clearly stating the Group must have a One Health composition.

Key Functions

Comments:

Functions E and F are both new concepts, and more detail is needed for a proper, robust evaluation.

For example, what exactly does it mean to apply an AMR and One Health “lens” to investment in function F? Would it apply to public sector investments, private sector or both? How do you determine what are ‘good’ investments under this lens?

These are complex concepts that could provide value, but more discussion with external stakeholders is needed before these are considered official function of the Group.

Recommendations:

- We recommend removing Function E. The Independent Panel is not yet created and should not be viewed as a ‘fait accompli.’ The idea of an Independent Panel should be discussed with external stakeholders before the Group can be included in the proposed Group functions.
- We recommend either removing Function F OR listing it as “Consider monitoring and advocating...” since more detail is necessary for evaluation.
- We recommend adding a function that focuses on helping LMICs implement best practices. As noted earlier, many countries want to address AMR but may lack the right capacity. We suggest the following text: “Advocate for more funding and tangible, on-the-ground support for LMICs to adopt best practices in addressing antibiotic resistance.”

Ways of Working

Recommendations:

We recommend making ‘Ways of Working’ a much more concrete, tangible section by outlining examples of how the Group could execute each ‘Way of Working’. For example, would the group issue regular reports like the IPCC? Would it convene regular summits like the UNFCCC? Etc. This will help readers better understand how the Group will operate.

Secretariat Support

Comments:

The Group will be supported by the Tripartite Joint Secretariat on Antimicrobial Resistance. The WHO provides several staff members, while the FAO and OIE each have one liaison officer. This creates long-term concerns about the One Health mission of the Group as it may become more focused on human health issues due to the secretariat composition. A more balanced approach would enhance the credibility of the group and improve adoption of activities/recommendations.

Recommendations:

- We recommend each Tripartite member dedicate an equal amount of staff hours to the Group.

Meetings

Recommendations:

We recommend the ToR outline how the Group will collaborate between meetings. This will provide more transparency and indicate how the Group comes to its conclusions.

One Health Network for the Global Governance of Infectious Diseases and Antimicrobial Resistance (Global 1HN)



WHO Consultation on **One Health Global Leaders Group on Antimicrobial Resistance (AMR)** to define Terms of Reference for new group

The Canadian One Health Network for the Global Governance of Infectious Diseases and AMR (Global 1HN) is pleased to provide feedback to WHO on the establishment of a Global Leaders Group on Antimicrobial Resistance, to ensure that the group will contribute to effectively addressing one of the key global collective action problems of our time, antimicrobial resistance.

Addressing the rising threat of AMR requires a holistic and multi-sectoral (One Health) approach since antimicrobials used to treat various infectious diseases in animals may be the same, or be similar, to those used in humans. Resistant bacteria emerging either in humans, animals or the environment may spread from one to the other, and from one country to another. AMR does not recognize geographic, human/animal or institutional borders and boundaries. This is why the Global Leaders group should be, first and foremost, accountable to the Tripartite Collaboration on AMR (FAO/OIE/WHO). But it should also be accountable to the wider UN system, and report on its activities to the UNGA.

We also want to highlight that for the Global Leaders Group to be successful, it is important to ensure proper representation from, and accountability to, the Global South. The issues facing developed and developing countries in the space of AMR are not always the same, and proper representation of voices from the Global South is imperative for ensuring the inclusion of issues central to addressing AMR in low-income contexts (e.g. access to, and proper treatment with, antimicrobials; resources transfers to address health systems weaknesses in low-income settings, etc.).

We also believe that, if celebrities are approached and included in the Leaders Group, they should have some background/expertise in the subject area, and should be able to intelligently speak to the issue. We further suggest that in order to identify members for the Leaders Group, existing networks of expertise should be used to identify five representatives from academia, civil society and the private sector.

Measure of success: What is the perceived ideal measure of success for the group?

A key measure of success should be to what extent the Leaders Group contributes to increased support by important global actors (including the largest users of antibiotics in agriculture), for the development of effective policies and actions to address the challenge of AMR. In the long term, this includes support for the development of some sort of international agreement (for example novel use regulations under Article 21, or an international treaty under Article 19), as proposed by the Interagency Coordination Group on the Global Governance of AMR. Another key measure of success should focus on the extent to which the Global Leaders Group helps facilitate strong

One Health Network for the Global Governance of Infectious Diseases and Antimicrobial Resistance (Global IHN)



network building amongst high-level policy actors across sectors (especially the human-animal divide) to develop support for global actions on AMR.

Key Performance Indicators: What should be the key performance indicators of the group?

One of the main tasks of the Global Leaders Group should be to maintain visibility of AMR at the global level through a shared global vision and targeted advocacy messaging. This is why the extent to which Global Leaders Group can influence global policy discourse through targeted advocacy messaging and a shared global vision, should be one of the key performance indicators.

While there has been acknowledgement of the importance of acting on AMR, recent reviews of national action plans (NAPs) have noted the lack of dedicated funding to address AMR in most NAPs. This is why we believe a key performance criteria should be the degree to which concerns related to AMR and 'One Health' are included in major policy instruments (financing, regulations, laws, etc.) for agriculture, health, development, food, and feed production.

Finally, the performance of the Global Leaders Group should also be evaluated based on the extent to which the Global Leaders Group uses convening power to create new opportunities and mechanisms to tackle AMR.

We finally want to note that performance indicators, where possible, should be aligned with the indicators already being used for the SDGs and other relevant global strategies (e.g. the WHO's Health Sector Strategy on HIV).

Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders?

One way to entice eminent individual to the group would be to highlight the strong support the group will be receiving from the Tripartite Secretariat on Antimicrobial Resistance, and the ability to enter into new relations with high-level experts and global policy leaders.

Prioritization: How should the group prioritize its functions?

We suggest that the main focus of the Global Leaders Group should be on engaging in advocacy, more so than providing specific advice (as the evidence base for that advice is unclear). The way in which members of the Global Leaders Group would be presumably already enmeshed in various policy networks will allow it to galvanize key stakeholder for global action.

Dr. Arne Ruckert
Senior Research Associate University of Ottawa

Global AMR R&D Hub

We thank you for the opportunity to provide feedback on the draft terms of reference for the One Health Global Leaders Group on Antimicrobial Resistance.

The Global AMR R&D Hub is supportive of the establishment of a One Health Global Leaders Group on Antimicrobial Resistance. This Group will be key to providing advocacy and advice in order to maintain political momentum and visibility of the antimicrobial resistance challenge on the global agenda and ensure that relevant action is taken. We consider as very important that the Global Leaders Group works together with and provides assistance to the activities in the future of already existing institutions. In this respect, the Global AMR R&D Hub looks forward collaborating with and supporting the One Health Global Leaders Group on Antimicrobial Resistance once it has been put in place.

As a reminder, the [Global AMR R&D Hub](#) was launched in May 2018, following a call from G20 Leaders, to address challenges and improve coordination and collaboration in global AMR R&D using a One Health approach (comprising human, animal, plant and environmental health). One of the key deliverables of the Global AMR R&D Hub is the development of a close to real-time Dynamic Dashboard providing information and analysis at a high level on current initiatives, funding flows and activities in the field of AMR R&D. In addition, the Global AMR R&D was tasked by G20 to promote increased investments into push and pull incentives for AMR R&D.

Kind regards,



Alexandre von Kessel
International Programme Officer
Global AMR R&D Hub

Global TB Caucus

From: [Luciana Nemeth](#)
To:
Subject: Feedback for the Group ToR
Date: Friday, November 8, 2019 2:29:57 PM

Feedback on the Terms of Reference for the establishment of the One Health Global Leaders Group on Antimicrobial Resistance

Luciana Nemeth, Global Campaigns Director, Global TB Caucus secretariat

- Accountability: the group should be accountable to the Secretary General.
- Selection criteria: include in the ToR who will appoint the members of the group. Will it be the Tripartite Joint Secretariat on AMR? What is the role of the group in delivering the recommendations of the area E: strengthen accountability and global governance
- Measure of success: A policy changes for agriculture and health practices
- Value proposition for members of the group
 - Representing the fight against a global health emergency
 - Ability to translate complex messages to general public
- KPIs
 - Awareness raising (C- Collaboration for more effective action)
 - Policy changes (A- Accelerating progress in countries)
 - Research and Development (B and D - innovating and enabling a sustainable response through developing vaccines and lessen the use of antibiotics on food production)
 - Engagement with policymakers (E - Strengthen accountability and global governance)

Thanks,

Luciana

European Association of Hospital Pharmacists



Brussels, 22nd of October 2019

Response of the European Association of Hospital Pharmacists (EAHP) to the public discussion on the “Establishment of a One Health Global Leaders Group on Antimicrobial Resistance as recommended by the United Nations ad hoc Interagency Coordination Group (IACG) on Antimicrobial Resistance”

EAHP welcomes the opportunity to provide feedback to the Tripartite Organizations on the questions posed in regard to the “Draft terms of reference of the Global Leaders Group for public discussion”.

Accountability: Who should the group be accountable to?

The group should be accountable to United Nations ad hoc Interagency Coordination Group (IACG) on Antimicrobial Resistance.

Measure of success: What is the perceived ideal measure of success for the group?

The measure of the groups success would ideally be in how successful it has been in raising and maintaining global awareness on antimicrobial resistance. As well as how many initiatives have been rolled out as a result of the groups advocacy work.

Key Performance Indicators: What should be the Key Performance Indicators of the group?

The success of the group should be measured by several different means. These should include:

- Number of reports published
- The quality of the reports in terms of data provided (abundance, structure, conclusions, impact)
- Attendance by members
- Actions taken on AMR by the Tripartite organisations as a result of the groups advocacy work
- Progress during the groups monitoring and reporting on progress, gaps and accountability in the global response to antimicrobial resistance.

Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders

Antimicrobial resistance is a tremendous danger to human and animal health, which is leading to unnecessary suffering, deaths and strain on national health care budgets. The ability to coordinate action at a global level, which this group will provide, will increase the chance of success and help to lessen the strain on healthcare systems. The incentives to join the group lies primarily within the urgency of the subject matter.

Prioritization: How should the group prioritize its functions?

Antimicrobial resistance is present throughout the food chain, in the environment and within all aspects of human and animal health. Tackling it will require a ‘One Health’ approach, providing effective action throughout the food chain, in animal health and in primary and secondary health care services.

It is in hospitals where the human cost of antimicrobial resistance is often felt the most. Infections can travel quickly within hospitals and the ability to prevent and treat infections is a key factor in preventing unnecessary complications and deaths. It is essential that supporting hospitals to tackle the threat of antimicrobial resistance is included in a ‘One Health’ approach to tackling antimicrobial resistance.

MSF Access Campaign

MSF Access Campaign's response to the Public Discussion on the *Establishment of a One Health Global Leaders Group (GLG) on Antimicrobial Resistance as recommended by the United Nations ad hoc Interagency Coordination Group (IACG) on Antimicrobial Resistance*

MSF applauds the efforts of the Tripartite Organizations in leading the development of this important work on global governance. As global policies are being developed to govern access to and stewardship of antimicrobials, as well as incentive frameworks for research and development (R&D), MSF is keen to engage in their shaping for the benefit of patients and communities around the world. To that end, we put forward some points for consideration regarding the Terms of Reference of the One Health Global Leadership Group on Antimicrobial Resistance (ToR).

It will be essential to ensure the GLG's mandate for action is firmly anchored in the 2016 Political Declaration of the High-level Meeting on Antimicrobial Resistance (Resolution A/RES/71/3). This is currently omitted from the *Guiding Principles* of ToR, presenting the risk of mission drift.

The importance of transparency and accountability in global governance for AMR

It is essential that the needs of low- and middle-income countries (LMICs), and particularly neglected people, are not left behind. This must be assured through a transparent, accountable global governance structure – led by and inclusive of all Member States – that provides for civil society engagement, oversight and consultation. Transparency is currently not mentioned in the draft ToR but is a fundamental principle of governance and a prerequisite for both accountability and legitimacy. We urge the Tripartite Organizations to ensure inclusion of transparency within the global governance model.

The principle of accountability must also be built into the process of development and formalization of the GLG. As any lasting global governance mechanism must come from a Member State-led process it is currently unclear how the GLG will reach global legitimacy, including crucial voices from LMICs, by a group of five current health ministers and two former Heads of States. The proposal for such a small group is inappropriate for such a significant task.

The appropriate treatment of private commercial interests in global governance

MSF agrees that all relevant actors must be engaged in this process, while ensuring the red lines between their roles and responsibilities. MSF urges the Tripartite Organizations to clarify the inclusion of private sector representatives in global governance arrangements due to conflict of interest concerns. The conflicted role of pharmaceutical corporations, which have a record of unethical promotion of antibiotics, is not explicit in the ToRs. We note that the final Inter-Agency Coordination Group on AMR report stops short of recommending that governments adopt legally binding measures to regulate these actors, but this should be the minimum concrete step taken.

Several published MSF studies from West Bengal, India show that pharmaceutical corporation representatives are often primary providers of information to prescribers and dispensers, and that this information is typically biased and misleading. This raises serious concerns about conflicts of interest, compromised patient care and unethical commercial practice. Legislation and regulation are needed not only to guide the introduction, manufacture, labelling, pricing and distribution of antibiotics, but also to prohibit their promotion. Leaving this to voluntary measures is not the solution: over a year after the launch of the Industry AMR Alliance, only four of the 100 participating companies stopped rewarding sales agents with bonuses based on the volume of sales of antibiotics.

The Framework of Engagement with Non-State Actors (FENSA) was adopted by the World Health Assembly in 2016 with 'the full political commitment of all Member States'. It provides a general framework outlining the due diligence, risk assessment and risk management processes necessary for engagement with non-State actors, as well as specific policies for engagement with nongovernmental organizations, private sector

entities, philanthropic foundations and academic institutions. FENSA is guided by eight overarching principles. Most notably, any engagement must: 'protect WHO from any undue influence, in particular on the processes in setting and applying policies, norms and standards'; 'not compromise WHO's integrity, independence, credibility and reputation'; and 'be effectively managed, including by, where possible avoiding conflict of interest and other forms of risk to WHO'.

FENSA, rather than a barrier to AMR global governance, provides an important framework that has been negotiated and agreed to by WHO Member States and should be followed in the construction of an AMR global governance structure. There is a clear conflict of interest between the economic, commercial and financial interests of private sector pharmaceutical and agricultural companies and the mandate of an AMR global governance structure. In line with FENSA, concretely §25 and §26, for the benefit and interest of global public health, therefore, private sector entities should be excluded from negotiations and should not play a part in any decision-making processes of the proposed governance structure.

Parallel governance structures need to be aligned with GLG

Parallel governance structures to the GLG, namely the Independent Evidence Panel ("the Panel"), Multi-stakeholder Partnership Platform and the Global Development Stewardship Framework (GDSF), should be comprehensive in their scope and have a clear and robust policy for dealing with any conflict of interest, should one arise.

For the Panel to achieve its stated goal, it will need to be (a) a trusted source of data and evidence, free of vested interests and (b) a source of evidence comprehensive enough to reliably inform prioritisation of interventions, including those targeting resource-limited settings.

The GDSF is needed to guide countries in their design of practical and meaningful access and stewardship measures. As such, it is critical that the GDSF fully takes into account the needs of LMICs. Lasting and binding commitments at the level of Heads of State are necessary to effectively respond to the challenge of AMR; the eventual legal framework to emerge from the GDSF negotiations must therefore be able to address the real potential for non-adherence.

Minimum requirements for sustainable and successful governance on AMR post-2019

The AMR response has to be global, flexible, and adapted to national realities and contexts. Not all health systems are equally prepared to respond to the challenge of AMR. Thus, a key priority has to be strengthening LMICs' health systems, including laboratory systems and prevention measures, and the retention and training of health workers who form the cornerstone of any AMR response.

On the international level, collaborative solutions lie ahead. With regards to the dysfunctional antibiotic innovation ecosystem, international collaboration must be fostered in order to accelerate the delivery of truly novel treatments from 'bench to bedside'. This can be enabled by open source compound libraries that accelerate non-duplicative drug discovery research, clinical trials networks (which allow for a greater pool of patients with difficult-to-enrol indications) and a collective strategy to overcome intellectual property barriers. A collaborative set-up with a greater engagement of public capacities will be instrumental in addressing challenges of sustainable access -- including antibiotic shortages -- that span beyond national borders. Tools such as pooled procurement and public manufacturing, both called for in the final IACG report, offer a pathway to address these challenges.

The transparent and inclusive approach is crucial in conferring the next steps for a global agreement on AMR mitigation at one of the relevant fora, be it United Nations General Assembly, High-level Political Forum on SDGs, Foreign Policy and Global Health initiative and beyond.

People's Health Movement

PHM Submission for [Public Consultation](#) on [draft TOR](#) for One Health Global Leaders Group on Antimicrobial Resistance*

Universal Health Care can provide the enabling framework to address many drivers of AMR such as Overuse/misuse and inadequate access to antimicrobials, suboptimal rapid diagnostics and healthcare transmission. However, to be truly AMR responsive the Universal Health Coverage would need a stronger primary healthcare with 1. quality outpatient care, 2. a better continuum of care and 3. promotion of antimicrobial stewardship at all levels. This is not the case in insurance-driven UHC that we see in many countries today, which focusses predominantly on hospitalization. The primary healthcare in many LMICs is broken with poor referral mechanisms. In many medical college hospitals and other tertiary centers, most infectious disease patients come with a history of misuse of multiple antibiotics from different sources. In addition to financial and social burden, this is leading to higher resistance.

The **recently reported high mortality** due to [colistin resistance in intensive care in India](#) is a sign of this increasing trend of resistance to higher antimicrobials. The GLG should consider addressing this broken referral system with concrete provisions to address misuse of antibiotics, especially Watch and Reserve Antibiotics. This would need diagnostic support as well. The GLG should also be careful in identifying potential conflicts of interest in various roles, especially in decision making roles. The Pfizer-ICMR collaboration in India and other such collaborations should not be the stewardship and research funding platform for AMR, if we are serious about tackling AMR. A conflict free member-state driven model would be more aligned with GLG goals, in addition to being sustainable and effective rather than potentially skewed models with such conflicts.

We also believe that community participation, which was at the heart of [Alma-Ata declaration](#) must get the attention it deserves to curb unnecessary use of antibiotics. This can only happen if the UHC includes the primary health care based responsive approach, providing good vaccine and preventive coverage and **address the information asymmetry that exists at the patient level regarding treatment of infectious diseases**. The lack of community participation and information asymmetry has led to a condition where most viral illnesses are prescribed antimicrobials due to the 'pressure to prescribe' or 'pressure to dispense' phenomenon. The use of [AWaRe](#) tool as performance indicator could be truly useful, with a strong primary healthcare with wider use of access antimicrobials at primary health levels and controlled use of other antimicrobials at higher level of health care. Such should be the focus of performance indicators as well. Urgent attention is needed to scale up and prepare for public awareness to mobilize communities for behavioural change through dedicated platforms such as World Antibiotic Awareness Week.

Through GLG, there is an urgent opportunity and a need to widen our focus on not just AMR-specific opportunities but also AMR-sensitive interventions such as WASH and Vaccines. In 2019, the Global baseline reported that 21% HCF across the world had no sanitation and 16% no hygiene facilities at all. It is important to consider that Antimicrobial stewardship needs an enabling environment. Given the poor infrastructural facilities, lack of diagnostic support and overburdened health workers, stewardship efforts would not have the impact that AMR deserves. Also, the free spread of contagion in HCF leads to more resilient superbugs. This

highlights the imprudence of mopping the floor instead of closing the tap. The healthcare workers should be seen as partners in this fight against AMR and should be provided the enabling framework for efficient stewardship and infection control through such AMR-sensitive interventions. There is an urgent need to understand the role that certain vaccines have on AMR and invest in increasing the coverage of these vaccines. The Independent panel on evidence for action against AMR would be very useful in this regard, provided 'independent' members have no financial conflicts.

**This intervention was made at Tripartite consultation with Antibiotic Resistance Coalition Plus on Global Governance on 31st October, 2019.*



World Farmers Organisation, WFO

Contribution to the Draft Terms of Reference of the Global Leaders Group on Antimicrobial Resistance

Introduction

The World Farmers Organisation, WFO, expresses its appreciation to the FAO, the WHO and the OIE for the comprehensive recommendations submitted to the United Nations Secretary General.

The WFO reminds that it actively participated in the High-level Meeting on Anti-Microbial Resistance held in New York, in 2016, as well as in a number of consultation meetings with stakeholders held by the IACG, in Rome, in London and in New York. The AMR issues remain high on the political agenda of the Organization. By addressing AMR, in fact, Farmers increase the possibility to make their farms more productive and sustainable, thus contributing to combat global food insecurity and nutrition challenges. Therefore, WFO welcomes very much the opportunity of providing feedback to the draft recommendations.

WFO welcomes the One Health approach applied to the recommendations as the basis for strengthening existing systems and gain across the SDGs. The use of best practices as a starting point to address major challenges is also very welcome as an opportunity for farmers to start from their success stories on AMR in both Livestock and Crop sectors and build on those to improve farmers' capacity to address AMR challenges. Moreover, WFO warmly welcomes the principle of mobilization of actions from stakeholders and strongly recommends including the farmers as a separate and independent category, within those groups. For the WFO, AMR issues stand high on the political agenda and in fact in May 2019, the Organization equipped itself with an institutional policy on AMR, which is attached to this paper.

Consideration on the Draft Terms of Reference of the Global Leaders Group on Antimicrobial Resistance

WFO welcomes the idea of establishing a mechanism of Governance for the implementation of the recommendations on AMR and ask for the **inclusion of Farmers in that mechanism, namely the Global Leaders Group on Antimicrobial Resistance.**

WFO considers of the utmost importance to include Farmers, through their Organizations, in the composition and work of the Global Leaders Group on Antimicrobial Resistance:

- Civil Society, Private Sector as well as research and academia have been identified as stakeholders to be included in the Global Leadership Group. However, because Farmers are those who produce food and are crucial players in the crop and livestock sectors, **WFO requests to include Farmers, through their organizations, in the composition of the Group as an independent category of representation, for a more effective global action on AMR.**
- **Famers have to be likewise included in the action of the Global Leaders Group on AMR both at global and country level.** The global and national advocacy work on AMR carried out by the Group in relation to livestock and farming shall always take into consideration Farmers' contribution.



- **WFO request that Farmers are engaged at all stages**, from the design to implementation, to monitoring and evaluation of all instruments set up by the Global Leaders Group.
- With regards to existing and new platforms for animal and human health, and for the environment, **it is vital to involve Farmers in the information sharing and collaboration. The capacity of farmer-to-farmer knowledge sharing should be considered in the Group's initiatives.**
- WFO welcomes the identification - as a key function of the Global Leaders Group -of the need to include a strand on AMR in major financing programmes, also on agriculture. In this regard, WFO considers a **critical element to monitor on the inclusion of a specific reference to direct funding mechanism for farmers**, in order to improve their capacity to address AMR issues at farm level, being it crop farming or livestock farming in all countries, through their structures.
- **WFO would like to underline the importance of involving Farmers, through their Organizations, not only in the development of core indicators, but also in accessing relevant aggregated data, to tackle AMR from the Farmers' perspective.**
- **Research and innovation - which is a priority for Farmers - is crucial to assess gaps, challenges and solutions of the global response against the Antimicrobial resistance.** Especially considering the importance of reducing the gap between Farmers and research, Farmers should be included as key players in the diagnostics and in the development of effective alternatives to antimicrobials.

In addition to what stated above, WFO would like to stress the **importance of keeping as transparent as possible the work of the Global Leaders group on Antimicrobial resistance.** In this regard, WFO suggests that agenda of the meetings of the group is always published for the general public, as well as the main outcome.

As the global community is in urgent need of changed behaviour concerning the use of antibiotics, the work of the Group should include deadlines for the actions to be taken.

WFO would bring the following added value to the work of the Global Leaders Group on Antimicrobial Resistance, to lead the change in the agricultural sector:

- Antibiotics on animals and plants should be used by the farmers only after a diagnose from veterinarians, physicians or other relevant professionals, prior to specific information and training to the farmers, through their organizations.
- Farmers, as a unique sector of food producers, are those who directly implement practices that involve the use of antimicrobials in plant and animal health, therefore, they should be included in initiatives that are implemented at country level, that foresee capacity building programmes, training, education and awareness raising on AMR issues, through their organizations. Farmers want to collaborate with Governments to increase the national production level of healthy food, they want to be considered in choices that affect the agricultural sector, to be able to contribute to the global demand of increasing healthy and nutritious production, while addressing environmental issues.
- WFO would act as the global reference organization for the farmers' community to work hand in hand with policy makers and the other members of the Global Leaders Group on the new rules and regulations for the use of anti-biotics at farm level.
- WFO would mobilize its national members to facilitate and coordinate the inclusion of farmers in training and programmes at local level.



- WFO could indeed support the Global Leaders Group in establishing knowledge sharing mechanisms between the farmers to create the multiple effect to replicate best practices in the use of anti-biotics from one farm to another, from one country to another.

WMA Input into the WHO Public Consultation on the Establishment of a One Health Global Leaders Group

- **Accountability: Who should the group be accountable to?**
 - Given the very high-level nature of this group, accountability will likely be more political than administrative.
 - This being said, the most appropriate points for this group to report back would be directly to the UNSG/UNGA and to the governing bodies of the tripartite plus. There should be an increased effort to involve UNEP equally as the other tripartite organizations, to address the environmental aspect of AMR, an area that has been significantly neglected so far.
 - Furthermore, this group should seek guidance from the Executive Office of the Secretary General of the UN.
 - Public consultations for various issues should be put out, to ensure that various stakeholders who are active nationally, regionally and globally are able to provide feedback in a timely manner for the group to be as successful as possible.
 - If this group is meant to provide political leadership only, then strong consideration should be put to have scientific experts to provide the evidence-base for a solid decision-making process.
- **Measure of success: What is the perceived ideal measure of success for the group?**
 - Definition of a commonly agreed, politically adopted overarching goal for AMR in the coming century and enactment of the necessary global political commitment towards such a goal.
 - Continued political attention to AMR as a major threat not only in the human health fora, but also in the agriculture, food sector and environment as well, as well as ensuring action follows the policies/resolutions.
- **Key Performance Indicators: What should be the Key Performance Indicators of the group?**
 - Performance indicators as described in the GAP. All areas of One Health should be part of AMR control indicators, including importantly environmental indicators, which should be added in consultation with scientific experts.
- **Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders?**
 - Being involved in transformational work on a defining global health issue that is still not well developed.
 - Contribution to international and intergenerational equity.
 - Possibility of saving countless lives.

- Opportunity of leaving a marking trace in history.
- **Prioritization: How should the group prioritize its functions?**
 - Political consensus building should be the first priority of the group.
 - This group should assist in resource mobilization.

Additional comments

Concerning the composition of the group, it is essential to ensure that important stakeholders are represented in addition to the high-level political leadership. Other stakeholders should also have the expertise, but have a public interest in AMR, as an example non-specialist health professional groups, who will see their procedures and treatments undermined by AMR, ensuring that there is no financial conflict of interest, this is particularly crucial as well for stakeholders from the agriculture and animal health/nutrition sector. We also would recommend a transparent, clear process of selection of the members of the group.



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➤ Dr Sira Abdul RAHMAN (CVA)

COUNCILLOR FOR INTERNATIONAL DISCIPLINE-CENTRED ORGANIZATIONS

➤ Dr Harutyun AVSAROGLU (IACLAM)

**WORLD VETERINARY
ASSOCIATION (AISBL)**

Subject: WVA feedback on the draft ToR of the Global One Health Leaders Group.

Dear Madam, Sir,

On behalf of the World Veterinary Association ([WVA](http://www.wva-vet.org)) - the largest veterinary professional organisation in the world, with over 100 member organisations in 80 countries over 6 continents – we wish to thank you for offering the opportunity to comment on the draft terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance.

The WVA strives to assure and promote animal health and welfare and public health globally, through developing and advancing veterinary medicine, the veterinary profession as well as public and private veterinary services. One Health, antimicrobial stewardship and antimicrobial resistance (AMR) are key priorities of the association's strategy. We are very committed to contribute to the global fight against AMR and we much appreciate the possibility to take part in the consultation.

Our comments relate to the items for feedback put forward in the invitation as well as to the text of the terms of reference.

Items for feedback

• Accountability

The ultimate beneficiaries of the initiatives that will be taken by the One Health Global Leaders Group on Antimicrobial Resistance are the global human population and their animals. WVA believes that in the end the One Health Global Leaders Group should be accountable to these beneficiaries. However, to be a bit more practical, we would like to propose that the One Health Global Leaders Group reports back to the Secretary General of the United Nations, and that this report not only includes information and evidence about what the Group has done and achieved but also per organisation represented in the Group on how it has contributed to the achievements of the Group.

• Measure of success

For WVA the measure of success is a reduced exposure to antimicrobials of micro-organisms hosted by people and animals or present in the environment, and therefore a reduction of the emergence and spread of resistance genes and resistant strains. To achieve this final goal the way towards it should be broken down in smaller steps forward, for example: improved living conditions and disease prevention, improved hygiene and sanitation, improved biosecurity, improved risk awareness, improved antimicrobial stewardship, reduced environmental contamination, etc. Since the current situation varies from country to country, some countries are more / less advanced than others, WVA believes the most appropriate measure for success for each country lays in making the next step on their way to the final goal.

- **Key performance indicators for the Group**

The performance indicator for the Group should be based on the step(s) forward that are made by the countries through the Group's initiatives. It will be important to make sure that no country stays behind. More-over all stakeholders having an impact on or being impacted by AMR should become involved.

- **Value proposition for members of the Group**

The most important factor should be the recognition for the contribution they make to the achievement of goals of the Group and for the interest of their members and stakeholders. Tackling AMR should be close to the heart of the members of the Group, and they should be attracted by the opportunity to make a difference for the future of the health of people, animals and the environment. It goes without saying that costs they have to make for the work of the Group are covered. We hope there will be budget available to support (outreach) activities of the Group as well.

- **Prioritization**

Prioritization of initiatives should be based on risk/benefit balance and feasibility. Risk assessment should include as much as possible an evaluation of the attribution to the emergence and spread of AMR to people, animals and the environment. High risks that can relatively easy be mitigated should be addressed first. Here again it is important to take the current situation in a country and its capacity to make the next step into consideration.

To conclude: when it comes to the composition of the Group, WVA suggests that concerning the ministerial membership as well as the "Five representatives of civil society, private sector, research and academia" be mandated to include at least 3 or 4 of the sections of the One Health spectrum (animal, human and plant health, food and feed production, and the environment) so that there is a balanced representation between sectors.

WVA will be honoured and ready to actively contribute in any way and in any role to the goals of the Group.

Yours sincerely,

Jan Vaarten
Executive Secretary



Consultation on establishment of a One Health Global Leaders Group on AMR

ReAct Europe, 8 November 2019

ReAct Europe welcomes the opportunity to provide feedback on the proposed Terms of Reference on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance (AMR).

We are concerned that the consultation only relates to the establishment of the Global Leaders Group as we strongly caution against such a group being established in isolation and not linked to an Independent Panel on Evidence and the Multi-Stakeholder Partnership Platform. A Global Leaders Group without the other two components will be a half-measure that won't be sufficiently decisive and credible. The entire governance framework should be constructed at once (and each entity developed in parallel to each other simultaneously) to address any challenges that will emerge as to how different structures will relate to each other and to ensure no duplication of role or function. Otherwise, it might be difficult to correct such issues and make amends at a later stage. We also suggest examining the prior experience of the Committee on World Food Security (CFS), the reform of it defined the details of all components together in its Rules of Procedure.

We would like to express concerns of not including a broader group of other UN agencies within any global governance framework. The consequences of AMR reach far beyond health and One Health. It threatens poverty alleviation, global economy and development, and must be looked upon from a systems perspective where the overarching goal is to provide access to effective antimicrobials for all in need. To implement the IACG recommendations, greater commitment and engagement will be required of a diverse group of UN and intergovernmental agencies, from UNICEF and UNDP to the World Bank and UN Environment, as well as of groups from Unitaid to GAVI and the Global Fund to Fight AIDS, TB and Malaria. This should be a key goal for the Tripartite Secretariat and the Global Leaders Group. Leaving out the engagement of more multi-sectoral UN and intergovernmental agencies than the Tripartite in the proposed governance structure may send the wrong signal, and it is counterproductive to the strategy of making AMR a priority for all involved in sustainable development and system strengthening.

Furthermore, from the current Terms of References for the Global Leaders Group, it is suggested to include representatives from the Tripartite and some other selected UN agencies as members. However, it is our position that the UN agencies should not be voting members in the Global Leaders Group. A better approach would be to incorporate a broader spectrum of UN agencies, intergovernmental and other international organizations with advisory roles to the membership of the

Global Leaders Group, much like the existing role of UN agencies within the CFS. Further, we believe that philanthropies, while playing a critical role in building support, financing and partnering in the AMR response, should not have a privileged role within a future governance framework, and in particular, no representative of any philanthropic entity should be within the Global Leaders Group. Finally, the advisory roles of the civil society and other relevant constituencies, would appropriately be placed within the Multi-Stakeholder Platform. By Multi-stakeholder Partnership Platform, we wish to be clear that we are not suggesting a shadow governance structure, but rather an engagement platform that allows adequate consultation with public interest organizations and other relevant constituencies, with robust safeguards to protect against conflict of interest. Specifically, we would want to ensure that public interest NGOs, as opposed to those groups serving or funded by industry interests, are given a separate space to avoid clumping all civil society into the same mechanism.

Specific remarks on the Independent Panel on Evidence:

The need for independent and sound evidence is a well-acknowledged dimension of an effective and credible policy development process. In addition, for any governance mechanism to be globally respected and tasked to provide strategic direction and set priorities, it needs independent evidence to inform its decisions. Today there is no global, cross-sectoral mechanism to manage the assimilation of the rapidly expanding scientific literature on AMR, and there is a gap in providing independent and multi-sectoral analyses of existing evidence in a One Health context. There is also the need for a mechanism that can manage scientific disagreements and synthesize evidence from a systems perspective with engagement of experts from different disciplines. Such evidence and assessments will provide critical support to Member States, the Global Leaders Group, the Tripartite, other UN agencies, and other actors in designing strategies for addressing AMR. As such, an Independent Panel's outputs would be an essential component of the global governance mechanism, to facilitate informed discussions and decision-making processes.

Adhering to the principles of transparency, scientific inclusiveness and independence is at the core of ensuring authoritative and credible outputs from the Independent Panel. To ensure that the outputs of the Independent Panel are authoritative, credible and legitimate, a rigorous and robust scientific process must be in place. Finally, the advice should be produced independent of the influence of governments and businesses, to safeguard from special and partial interests.

We do hope that these submissions would be taken up in earnest for consideration keeping in mind the crucial role that governance would play in tackling AMR and the urgency of moving in the right direction.

Private sector

To the Tripartite Joint Secretariat on Antimicrobial Resistance

Working document: Discussion paper with a preliminary analysis on the establishment of **One Health Global Leaders Group on Antimicrobial Resistance**, as recommended by the United Nations ad hoc Interagency Coordination Group (IACG) on Antimicrobial Resistance.

I. General comments

1. The dangers of antimicrobial resistance transmitting across borders require strengthening of global governance mechanism. No country alone can avoid the consequences of growing antimicrobial resistance; therefore, an increased international collaboration is necessary to tackle to the global AMR crisis. AMR Industry Alliance and IFPMA both welcome the establishment of One Health Leaders Group on Antimicrobial Resistance and are pleased to provide comments on the composition and role of the group, as it is our belief that the life-science industry is a key stakeholder in a global effort to address AMR.
2. The Alliance and IFPMA agree that this should be a multi-sectoral and multi-stakeholder group. As such, it should include representatives from various subsectors of life sciences as full partners. Findings and recommendations which originate from the private sector will help ensure that solutions leverage all capabilities and achieve maximum impact.

II. Specific comments on the draft Terms of Reference (ToR)

1. The Alliance and IFPMA have specific comments on the composition of the group, which, according to the current ToR comprises “five representatives of civil society, private sector, research and academia”. It is unclear how many representatives of each of those four groups will be among the five mentioned in the ToR. In relation to the private sector, we believe that the number of representatives is low and would suggest broadening the representation of the industry, especially considering the diversity of private sector stakeholders engaged in the AMR response (e.g., R&D-based pharmaceutical companies, biotechs, generic manufacturers, diagnostic developers, animal health companies, hospitals, private insurers, and farmers). We recommend that the private sector representation come from such industry groups as AMR Industry Alliance and IFPMA. We believe that strong, vocal and prominent private sector advocacy is needed to accurately articulate the position of the industry and contribute to developing sustainable solutions.
2. In reference to the selection criteria, we recommend replacing the word “reputation” with “diversity of perspective” as the former appears to be rather vague. Similarly, we suggest strengthening this language in order to give the group a somewhat “stronger” role, extending beyond “advisory and advocacy functions”, allow it to drive action and proactively keep AMR on the political agenda.

3. We also recommend having specific KPIs. For example, “partnership platform” could be convened within six months to take on programming work or it could help initiate a campaign within a year. Gaps and opportunities on the global front to further programmatic goals could be identified within 3 months.
4. The Alliance and IFPMA suggest selecting prominent advocates for action against AMR primarily among patient advocates who have, for example, had significant health impacts or have lost a loved one due to multi-resistant infections which none of the available antibiotic could treat. We would caution against engaging celebrities, given the complexity of the issue. In the same manner, any political figure selected for this post should show a strong personal commitment in advancing the fight against AMR and helping raise awareness of AMR among the general public.
5. In relation to the timing of meetings of One Health Global Leaders Group on Antimicrobial Resistance, we would suggest that there be a specific gathering during the World Antibiotic Awareness Week.

From: [GUEDES NETO Luiz](#)
To: [To disseminate all Antimicrobial resistance news and announcement to all our par. amc-tis](#)
Subject: RE: Public discussion on the establishment of a One Health Global Leaders Group on Antimicrobial Resistance
Date: Monday, November 11, 2019 8:48:22 AM
Attachments: [image001.png](#)

Dear Colleagues, herewith the feedback on the draft terms of reference

- Luiz Gonzaga Guedes Neto, DVM, PhD, Global Milk Quality and Food Safety Director – Danone.

In the “key functions” (point 4), the setting of a list of priorities for action and their KPIs should be included to make sure that this group is oriented towards pragmatic targets.

some of these key points are

- The need for setting relevant regulations in many countries
- The need to have data collection in all countries, focusing **ONLY** products triggering resistance and used in human medicine in order to be meaningful
- The need to set the criteria of antibiotics to reserve to humans and list the products
- The need to develop a toolbox of alternatives to antibiotics treatment, especially for animals
- The need to develop an educational toolbox for vets also one for farmers, available in all countries
- The need to address the problem of vets business model, based for a part on the income based on selling antibiotics to farmers

Kind regards

Luiz Guedes

Milk Quality & Food Safety Director



DANONE ONE PLANET. ONE HEALTH

Individuals

Babacar Ndoye

From: [ndoye.babacar](#)
To: [amr-tjs](#)
Subject: Comments and suggestions
Date: Tuesday, October 29, 2019 5:40:10 PM

Dear partners,

I kindly ask you to find my comments and suggestions regarding the composition, the missions and the functioning of this group. In my opinion the group must carry out concrete missions at the level of the countries themselves and help to find resources: it is the best way to move "things" in most resource-limited countries:

+ Composition to bring technical competence to the group that already has a strong leadership. Technical expertise on AMR, with proven experience of administration in less advanced countries, will be useful because the bulk of the work will have to be done in these countries and for these countries.

+ Missions and attributions: add the possibility of conducting advocacy missions in the world's poorest countries. The conditions of execution of these missions are to be defined: the missions to be carried out in partnership with the highest authorities of the countries, and in close relation with the main stakeholders (National AMR Focal Point and Multisectoral National Committee to Fight AMR): the aim is to identify the challenges to be overcome, with a view to finding concrete and appropriate solutions for improving national performance.

The main indicator of effectiveness will be the volume of activities of the fight against AMR implemented by the countries in relation with the actions led by the group of leaders

Kind regards

Prof Babacar NDOYE Expert-Consultant, Formateur en Hygiène hospitalière/Contrôle des infections/Sécurité des patients/Résistance aux antimicrobiens

ONE HEALTH GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE

Dr. Davy Cheng, MD, MSc, FRCPC, FCAHS, CCPE

Distinguished University Professor & Dean (Interim), Schulich School of Medicine & Dentistry; Research Chair, Evidence-based Perioperative Clinical Outcomes (EPiCOR), Department of Anesthesia & Perioperative Medicine; Western University, London, Ontario, Canada.

Medical Director, Medical Evidence-Decision Integrity-Clinical Impact (MEDICI) Centre – WHO Collaborating Centre in Study of Global Surgery and Anesthesia (Lead centre in the WHO full guideline on Ebola in Surgery and Anesthesia 2020).

Chair, Academic Affairs Committee, World Federation Societies of Anesthesiologists (WFSA).
CCPE, Canadian Society of Physician Executives (CSPE) awarded Excellence in Medical Leadership.
FCAHS, Fellow, Canadian Academy of Health Sciences.
Vice Chair, Innovation Fund Provincial Oversight Committee, Ministry of Health, Ontario, Canada.
Honorary Member, German Society of Anesthesiologists and Intensive Care.
Former Chair, Board of Trustees, International Anesthesia Research Society (IARS).
Former Board of Director, Canadian Anesthesiologists' Society (CAS).

Feedback on Term of Reference (One Health Global Leaders Group on Antimicrobial Resistance)

- Accountability:

Direct reporting to the Tripartite Joint Secretariat, and accountable to the IACG on Antimicrobial Resistance.

- Measure of success:

1. Advocate and Advise to stakeholder groups in global, regional, national, institutional, and professional group, research group, patient group, private sector, public support in the implementation of the IACG recommendations on One-Health perspective.
2. Advise and guide national and local government in implementation and integration of coordinated goals and actions on antimicrobial resistance.
3. Monitor and report on implementation, including on infection prevention and control; antimicrobial stewardship; integrated surveillance; data quality and harmonization; risk assessment in antimicrobial infection.

- Key Performance Indicators:

1. Accelerate Progress in Countries – document and report on rate of improvement in reducing use of antimicrobial antibiotics in one health domain; as in Recommendations A1, A2 and A3.
2. Innovate to secure the future – successful advocacy to increase funding in research of new antimicrobial, facilitate equitable access to antimicrobial and vaccination, and diagnosis; as in Recommendations B1, B2, and B3.
3. Collaborate for more effective action – advocate and report on implementation and integration of antimicrobial resistance policy and guideline at stakeholder organizations, professional societies and public sections; in Recommendation C1 and C2.
4. Invest for a sustainable response – advocate and facilitate fundraising from government grants, public and private organizations; as in Recommendation D1 and D2.
5. Strengthen accountability and global governance – advocate and advise on strengthening One Health action at governments, and global governance in alignment to invest in implementing and integrating antimicrobial resistance policy and guideline; as in Recommendation E1, E2, E3, and E4.

- Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders

1. A high calling of action with global impact such as this one
2. Value the high-level contributions by the members of their expertise, and in-kind time by recognition with citation of their work to their organization and employer.

- Prioritization:

Prior to the first meeting of the Group, each should outline their individual perspective of the first and second year priorities in advocating and advising the successful implementation and integration of the IACG recommendations (A-E) to the Secretariat to tabulate for the Group first face to face meeting to triage and to formulate a 1-3 years plan with key performance indicators or score card.

John H. Rex

From: [John Rex](#)
To: [amr-tjs](#)
Subject: Comments on Terms of Reference for the One Health Global Leaders Group
Date: Thursday, October 10, 2019 10:17:01 PM

Dear Secretariat:

Many thanks for providing an opportunity to comment on the terms of reference.

By way of introduction, I am Internist and Infectious Diseases subspecialist who has been extensively involved in developing new antimicrobials, in creating improved regulatory pathways for new antimicrobials, and in defining possible payor models for new antimicrobials. My comments are from the perspective of regulated industry and the global R&D community.

I think it is important that you maintain a position in this group for a senior expert from the pharmaceutical R&D community. Appropriate candidates would have > 10 years of experience in pharmaceutical R&D and (preferably) would have been involved in bringing at least one antimicrobial to market approval. Such an individual would be able to provide a pragmatic view on issues surrounding R&D, supply chain maintenance, and pharmacovigilance issues.

Best wishes,

John

John H. Rex, MD
Chief Medical Officer, F2G Ltd.
Expert-in-Residence, Wellcome Trust
Operating Partner, Advent Life Sciences



Feedback on the draft terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance

We appreciate that the IACG has provided the opportunity to review and give feedback on the draft terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance.

The draft terms of reference state that there will be “Five representatives of civil society, private sector, research and academia”. Does this mean that each of these sectors, for example research and academia, will have 1-2 representatives in the group? If so, how is it ensured that the view that these representatives bring will not be highly biased towards their individual field which might be either in human health, animal health, environmental health or something else? It would be beneficial to increase the number of these representatives so that each sector (civil society, private and academia) would have three representatives, each from different fields. If the number is kept at five, it would be good to ensure that these five will represent different fields, for example by private sector representative coming from animal industry, civil society representative from human health and academic from environmental health.

We would also like to note that for the One Health Global Leaders Group on Antimicrobial Resistance to be successful in advancing the antimicrobial resistance agenda globally, it is important to clearly define the platforms that they will be sharing their message through and the audiences they are targeting. It would be useful to define both of these more clearly in the terms of reference. The number of outreach activities done through the identified platforms and number of target audience reached could then also be used as performance indicators for the group.

It is of great importance that AMR coordination and commitment is boosted globally as per the One Health principle, and the One Health Global Leaders Group on Antimicrobial Resistance is a welcome new entity to push this battle forward.

Sincerely,



Dr. Heidi Vesterinen, DVM, MPH, DACVPM
Policy program lead & researcher
Center of Animal Health and Food Safety
University of Minnesota

Richard Watkins

From: [Rick Watkins MD](#)
To: [amr-tjs](#)
Subject: feedback on draft
Date: Thursday, October 17, 2019 9:00:43 PM

Hello,

I would like to give feedback on the Draft terms of reference of the Global Leaders Group for public discussion – 10 October 2019. Here it is:

1. Under purpose, would say "effective action"
2. Under composition, "one or two globally prominent celebrities" seems rather subjective and glib. I suggest removing this category and instead include more physicians and scientists.
3. Under composition, define FAO and OIE. Not everyone is familiar with these organizations.
4. Under selection criteria, there should be mention that the best and most qualified individuals will be chosen.
5. Under key objectives:
 - g. Assess for potential barriers to achieving the above stated goals and create actionable plans to overcome these challenges (Advisory role)

Thank you,

Rick Watkins

Richard R. Watkins, MD, MS, FACP, FIDSA
Professor of Internal Medicine
Northeast Ohio Medical University
Rootstown, OH, USA

Division of Infectious Diseases
Cleveland Clinic Akron General
Akron, OH, USA

Robin Paul

From: [Robin Paul](#)
To: [amr-tjs](#)
Subject: Comments on One Health Global Leaders Group on AMR
Date: Friday, November 1, 2019 6:52:14 AM

Dear Sir,

Congratulations to all involved for the proposal of secretariat for AMR to be hosted by WHO and for drafting TOR for One Health Global Leaders Group on Antimicrobial Resistance and to IACG for the great report.

Quick Comments on the Draft ToR

Celebrity may be done away with to accommodate a scientist of global repute may be a Nobel laureate, all policies should be driven by sound science and group to include a communication expert/journalist of international repute.

Don't miss out key AMR NGOs players like Wellcome trust, ReACT, Bill Gates foundation etc. But too much advocacy leads to more talk and confusions and very less action on the ground.

Comments

Accountability: The group be accountable to UN general assembly though secretary general.

Measure of success: perceived ideal measure of success would be committed actions in GAP AMR

Key Performance Indicators: National Action Plan, is cornerstone of government actions on AMR, Key Performance Indicators from NAP/GAP can be followed.
Number of new drugs/ novel treatment regimens developed for human/ animal health would be most important KPI. New drugs to be accessible to most vulnerable sections.
If AMR comes in as a SDG, then KPI will be inbuilt.

Value proposition for members of the group: The incentives to attract experienced and high-level leaders can be dictated by their commitment and understanding on enormity of problem of AMR.

Prioritization: The prioritisation should be separated sector wise viz human health, animal health, food, environment etc. Joint priority leads to poor implementation even in one health actions.

Yours Sincerely

Dr Robin Paul
Quality Manager,

Sabiha Yusuf Essack

From: [Sabiha Yusuf Essack](#)
To: [amr-tjs](#)
Subject: Feedback on the ToR of the One Health Global Leaders Group on AMR
Date: Monday, October 14, 2019 6:50:36 PM
Attachments: [Charter of the One Health Global Leaders Group on AMR.docx](#)
Importance: High

Dear Colleagues

I trust that you are well.

I am responding in an individual capacity and have taken the liberty of incorporating the draft ToR into a Charter for the Group.

In response to the specific questions:

1. The Group should be accountable to the UNGA
2. The following are proposed measures of success
 - AMR features at least bi-annually on the global public health agenda, e.g. at or at side meetings of the African Union, Asia-Pacific Economic Cooperation, Association of Southeast Asian Nations, Common Market for Eastern and Southern Africa, East African Community, European Union, G20, G7, Mercosur, Southern African Development Community, World Economic Forum, World Health Assembly, United Nations General Assembly
 - Identified stakeholders implement tangible AMR mitigation strategies.
 - The Group mobilizes funds for AMR mitigation strategies.
 - One Health social compacts are created at national, regional, continental and global levels.
3. The following are proposed process & output indicators:

Process Indicators:

 - Undertake stakeholder and network mapping to expand and advance the work of the Tripartite +.
 - Implement a strategic planning and priority setting exercise for the Group.
 - Institute formal collaboration with Independent Panel on Evidence for Action against Antimicrobial Resistance and the Tripartite +.
 - Identify AMR-focused events such as the World Antibiotic Awareness Week, Hand Hygiene Day, Patient Safety Day as antimicrobial resistance advocacy and visibility opportunities individually (in own sectors) and collectively as the Group.
 - Identify investment opportunities and financing instruments for the mitigation of AMR.
 - Commission reports, gap analysis and research on challenges and solutions to AMR.

Output Indicators:

- Strategic/Action Plan of the Group (including vision and goals)

- Logic Model to monitor implementation of the Strategic/Action Plan
 - Multi-stakeholder partnership platform.
 - Reports on AMR challenges and solutions.
4. The value proposition, to my mind, is an ethical and moral obligation to prevent a post-antibiotic era.
 5. A strategic planning and prioritization exercise should be undertaken at the inception of the Group.

Please do not hesitate to contact me should you require any clarification.

Sincerely

Professor Sabiha Essack

B. Pharm., M. Pharm., PhD

South African Research Chair in Antibiotic Resistance & One Health

Professor: Pharmaceutical Sciences

Director: Antimicrobial Research Unit

General Secretary: Academy of Science of South Africa (MASSAf)

Other

Feedback on

Proposal of the terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance

By the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR)

The JPIAMR welcomes the recommendations of the IAGC and the start of its implementation. The establishment of the required institutional and governance arrangements in terms of the formation of the One Health Global Leaders Group on Antimicrobial Resistance (the Group) is an important step in realising the desired effects of the IACG recommendations.

On accountability: It might be useful that the terms of reference define a process for nomination and appointment of members. As a UN derived body with an advisory and advocacy role towards the Tripartite organisations on coordination of actions emanating from different UN agencies it is expected that accountability would be to the Tripartite organisations.

On measure of success/key performance indicators: It could be challenging to measure success as the objectives of the Group are only expressed as general key functions in the terms of reference. A more focused mandate with detail objectives might be necessary to allow a measure of success and subsequent choice of KPIs.

On prioritisation: The JPIAMR is composed of 27 member states with different sets of priorities for meeting the challenge of AMR. The views of JPIAMR members are expressed through established channels and research prioritisation processes. Coordination measures of different AMR policies and actions may be beneficial.

Sincerely,



Jan-Ingvar Jönsson, JPIAMR Chair

On behalf of the JPIAMR Board

From: [Stefan Swartling Peterson](#)
To: [amr-tjs](#)
Subject: UNICEF feedback on GLG AMR
Date: Monday, November 11, 2019 3:28:57 PM

Pls find feedback from UNICEF on the Global Leadership Group on AMR

Unicef would like to propose that the entire three part architecture be proposed and assessed together. As it is seeing only the GLG we cannot see the totality. We are concerned that civil society and several relevant UNs are not represented, including UNICEF.

Furthermore, we see the need to reflect different comparative advantages in the architecture, including preventive aspects, healthy systems strengthening in LICs, sustainable production of existing antibiotics, and behavior change (not awareness), which unicef considers its comparative advantages in the AMR field.

It would also be beneficial to understand the proposed working methods for the entire governance architecture

Sincerely

Stefan Swartling Peterson MD MPH PhD
Chief of Health
UNICEF

Feedback on the terms of reference of the One Health Global Leaders Group on Antimicrobial Resistance

Submission by UNCTAD's Intellectual Property Unit

- Accountability: Who should the group be accountable to?

The establishment of the One Health Global Leaders Group on Antimicrobial Resistance (the Group) was recommended by the Interagency Coordination Group (IACG), which in turn was created on the basis of the 2016 UN Political Declaration on AMR. The Group should therefore be accountable to the UN Member States as the drivers of this process. Also, the Group according to the TORs will be mostly composed of individuals who derive their authority more or less directly from the UN Member States.

- Measure of success: What is the perceived ideal measure of success for the group?

In the ideal scenario, the Group makes a contribution to those problems that despite recent efforts persist in the AMR context.¹ These mainly relate to (1) a more effective system of R&D incentives, especially funding commitments; (2) improved access/affordability in low and middle income countries (LMICs) to essential antibiotics; (3) improved hygienic conditions in LMICs that reduce the need to have recourse to antibiotics; and (4) reliable data on the supply chain, consumption and resistance patterns/levels, and national monitoring systems, with a priority on countries with weak health infrastructure.

- Key Performance Indicators: What should be the Key Performance Indicators of the group?

In line with the ideal measure of success, above, we suggest the following: (1) Initiation in at least six countries of government consultations on the introduction of novel R&D incentives for AMR, either in relation to innovative products or the improvement/adaptation of essential generics. Two of those countries should be

¹ For recent analyses, see the IACG Final Report of April 2019; the Report by the UN Secretary-General to the UN General Assembly of September 2019, A/73/869; and the Chatham House Research Paper of October 2019 ("Review of Progress on Antimicrobial Resistance").

LMICs. (2) Initiation in at least four LMICs of government consultations on the introduction of new incentives to address shortages and stock outs of essential generic antibiotics. Government consultations in indicators (1) and (2) should involve the industry (both foreign and local producers) and civil society. (3) Presentation of a study that provides reliable data on the supply chain, consumption and resistance patterns/levels, and national monitoring systems in at least ten LMICs. (4) Launch of national action plans in at least ten LMICs to address bad hygienic conditions in water, sanitation, and housing.

- Value proposition for members of the group: What are the incentives to attract experienced and high-level leaders?

Financial incentives do not appear important to this group of leaders. They will rather be attracted by the possibility to obtain visibility and public recognition for their contribution to an important global health issue. Group members should be given the opportunity to present the work of the Group at major international meetings, such as the United Nations General Assembly, the World Health Assembly, and meetings of the G20 and G7 related to health and health financing.

- Prioritization: How should the group prioritize its functions?

Some of the key functions outlined in the terms of reference appear more urgent than others. Here is our suggested order of priority:

(1) The advisory role on providing evidence for action against AMR (function e) seems essential, as we lack important data (see above).

(2) Equally important is the inclusion of AMR in major financing instruments (function f).

(3) Support for the Tripartite organizations, UN Environment and other entities (function b) is important for acceptance and funding by UN Member States of AMR-related projects and activities.

(4) Maintaining urgency and momentum (function a) would be more important at country level (especially LMICs) than at global level, where the current political momentum and awareness seems sufficient and even confusingly overlapping among various developed country government initiatives.

(5) Facilitating a partnership platform (function d) is useful for coordination of an increasing number of actors. Developing a shared global vision appears less necessary, as such global vision already exists.

(6) Finally, the least importance should probably be attached to global monitoring and reporting on AMR (function c), as this is already carried out by the Global AMR R&D Hub. Duplications should be avoided.

Submission by the South Centre to the WHO Consultation on the Establishment of a Global Leaders Group on Antimicrobial Resistance

I. Comment on the Purpose of the Global Leadership Group

To provide feedback on the purpose, it is necessary to place this discussion in an adequate context. Understanding the current global governance gaps to tackle AMR effectively is essential to define the role that a GLG can and should play.

Members of the United Nations (UN) convened a High-Level Meeting on Antimicrobial Resistance in 2016, which led to resolution [A/RES/71/3](#), in order to bring more considerable global attention to the need for urgent global cross-sectoral response (both human and animal health, as well as the agricultural and environmental sectors) and to increase commitments and investments to tackle antimicrobial resistance.

While the rise in AMR is evident in all countries, particularly resistance to antibiotics, it has even more dire consequences in developing countries that are already disproportionately affected by infectious diseases.

As part of the follow up to the UN resolution, the UN Secretary-General established an ad hoc Interagency Coordination Group (IACG) with the mandate “to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance, including options to improve coordination, taking into account the Global Action Plan on Antimicrobial Resistance.” This mandate was a recognition of the lack of sufficient and coordinated global action, including among the WHO, the UN Food and Agriculture Organization (FAO) and the OIE “Tripartite” leading organizations on AMR, and other UN agencies, including UNEP for the environmental sector, as well as many other relevant agencies, such as UNICEF, UNAIDS, UNDP. It was also a recognition that many other agencies should be part of the coordinated effort, such as the World Bank. The IACG served to strengthen the coordination among the tripartite agencies, leading to a joint MOU, work plans and monitoring and evaluation framework for national action plans on AMR. However, there are many areas in which the coordination needs to continue to be strengthened, for example in the overall approach to the goal of stopping use of antibiotics for growth promotion in food-producing animals. Moreover, the IACG was a time-limited body with a mandate to produce a single report, which also showed the need for a subsequent structure that could sustain the effort at the UN level to maintain AMR as a priority in the global agenda and that of Heads of States, and linked to the achievement of the Sustainable Development Goals.

The IACG produced its report in 2019 in which it stressed « the importance of increasing and maintaining the urgency and visibility of the need to address antimicrobial resistance on the global agenda through political and public support, and target setting ». Accordingly, the IACG recommended the establishment of a One Health Global Leadership Group, an

Independent Panel on Evidence for Action on AMR, and a multi-stakeholder partnership platform.

The role of the GLG needs to be considered as part of the broader global governance structure for AMR proposed by the IACG, which also includes a multi-stakeholder platform and an independent panel on evidence for action on AMR. The GLG functions need to be considered alongside the other two governance bodies proposed. Also relevant to the GGL mandate is the advancement of the process towards a Global Development and Stewardship Framework for AMR, as mandated in the resolution A/RES/71/3, to be led by the WHO with FAO and OIE.

A priority, there is a need for agreement on the mandate of the GLG. The mandate of the GLG should add value to the existing mechanisms within UN and other agencies for providing countries with policy and normative guidance on AMR, as well as to the existing reports and recommendations for tackling AMR.

The mandate of the GLG could focus on high-level advocacy for 1) increasing and maintaining the urgency and visibility of the need to address AMR on the global agenda, 2) advocacy for greater coordination and support for the expanding work of the Tripartite agencies (FAO, OIE and WHO), UN Environment, other UN agencies such as UNICEF and UNDP and other international and regional entities and 3) advocacy for mobilizing more significant investments to tackle AMR, in particular towards supporting developing countries.

More concrete objectives need to be defined for the GLG.

II. Response to Guiding Questions for Inputs

- Accountability: Who should the group is accountable to?

The TORs do not propose who the GLG would be reporting to.

The GLG should be established under UN Secretary-General's office so that its advocacy efforts can reach the members of the UNGA. The UN has accumulated extensive experience with High-level groups and committees and some of the lessons from those groups can be used to ensure that the GLG provides added value in the global efforts to tackle AMR.

There also needs to be more clarity how this Group will interact with the independent panel of evidence and the multistakeholder group so that proper accountability can be defined at the different levels.

Part of the efforts for accountability should include transparency. This principle would ensure the legitimacy of the process and help with public accountability. Documents and reports of the discussions of the GLG should be made public as part of the transparency and accountability efforts of the GLG.

- Composition:

The GLG, tasked with high-level advocacy directed primarily towards country leaders, should be composed of high-level representatives from UN Member States, exclusively. The process for the selection of the members should be transparent, ensuring geographical balance, cross-sectoral Ministerial representation to ensure a One Health approach, adequate representation of developing countries and gender balance.

The Heads of the Tripartite Organizations and other agencies should not be part of the GLG. These can serve advisory functions to the GLG. The advocacy efforts of the GLG should go beyond the mandates and agendas of the Tripartite and other agencies, and should be able, for example, to independently advocate for improvements to the coordination of areas of work of the agencies, progress on the Global Development and Stewardship Framework, and for additional resources, where necessary, for the agencies in support of country actions on AMR.

Importantly, the GLG should not include private sector representation. The GLG should be careful to avoid any potential conflict of interest. The GLG may advocate for action that can appear contrary to business interests, and therefore the role of the private sector in the group may be problematic. For example, the GLG may advocate for halting certain marketing practices of antibiotics by companies both in the human and the animal sector. Although some companies have made commitments to reduce marketing of antibiotics, recent reports find that this practice continues in many countries¹²

The Multi-Stakeholder platform is the adequate mechanism for the important engagement of civil society, and when needed for the private sector.



- Measure of success: What is the perceived ideal measure of success for the group?

The success of the GLG, if focused on an advocacy role, will be the extent to which it is able to help drive: 1) increased global action on AMR as reflected in individual country progress against targets, 2) coordinated and expanded work of supporting agencies (Tripartite and others) 3) greater public awareness on AMR, and 4) increased mobilization of needed financial resources and technical assistance for developing countries.

Wellcome Trust Consultation Response

We welcome the focus given by the Tripartite towards the implementation of the IACG global governance recommendations. The establishment of the global governance structures as laid out in the IACG recommendations are key to the successful implementation of the wider IACG recommendations and overall progress on antimicrobial resistance (AMR).

Having reviewed the Terms of Reference for the Global Leaders Group and participated in some of the face to face consultation meetings, Wellcome would encourage the Tripartite to consider holding a second round of consultation to consolidate and consider proposed changes to the Terms of Reference. It is important that the proposition for this Group is accepted by the AMR community, in particular Member States, and this could be achieved by a further final consultation.

General comments:

Composition

- **Current Ministers:** Wellcome is concerned about the inclusion of current Ministers in the Global Leaders Group for the following reasons: a) it is difficult to see how current Ministers would have the time to engage fully with a Group of this nature; b) the risk of a high turnover in political positions could lead to a lack of continuity and significantly compromise the progress of the Group; c) the inclusion of current Ministers could inhibit the ability of this Group to call out inaction; d) current Ministers may not be, or seen to be, politically neutral.

Whilst we recognise the expertise that Ministers could bring to this Group, Wellcome would favour the inclusion of former Ministers, or Senior Government Officials, who maintain some political influence.

- **Balance of members:**
 1. Consideration should be given to the balance of stakeholder groups within the Global Leaders Group. As currently structured, UN Organisations and Member States have five representatives each but there will only be five representatives to cover the all remaining stakeholder groups, i.e. strongly skewing the Group towards political and UN representation. Whilst we are not advocating to reduce representation of the key UN Organisations identified, nor Member States, further thought should be given as to how to fairly balance representation across all stakeholders.
 2. Following on from the point above, it is proposed that the Group shall have five representatives from civil society, private sector, research and academia. Wellcome does not believe that five representatives will provide the necessary sector (human, agriculture, environment and aquaculture) representation within each of these groupings (which in turn complicates achieving geographic and gender balance). Recognising the importance of balancing representation against the overall size of the Group, we suggest that an alternative approach would be to allow for research and academia interests to be represented by the inclusion of the Chair of Independent Panel as a member of this Group. This would allow for greater civil society and private sector representation where the members on the Global Leaders Group could be expected to have a coordinating role with all sectors within their stakeholder grouping via the Partnership Platform. Representative would therefore not only be

representing their own organisation but also the views of the wider stakeholder grouping. This approach would allow for greater balance within the Group without impacting significantly on the overall size. It would also provide a clear link between the Global Leaders Group and the Independent Panel/Partnership Platform.

Research and academic interests could also be further represented via engagement of the Global Leaders Group with the Partnership Platform (as outlined in the IACG recommendations)

Above all, it is essential that members of the Global Leaders Group are thoughtful, inspiring and charismatic with a demonstrated ability to engage diplomatically and bring people into the conversation. The guiding principles, key functions and ways of working each emphasise the importance of advocacy as a central function of the Global Leaders Group. Members should be selected with these characteristics in mind.

Accountability Role of the Group: the guiding principles for the Group do not refer to the role the Global Leaders Group could play in holding the 'system' (to inc. all sectors and Member States and UN Organisations) to account for their actions. Wellcome feels it important that the Global Leaders Group has the mandate to hold all AMR Stakeholders (including Member States and UN Organisations) to account for the implementation of agreed policies and actions – and to call out inaction. It is important that this accountability sits above the Tripartite given the wide range of sectors involved in the AMR response, but it is essential that any accountability functions that the Global leaders Group perform are not duplicative of existing structures.

Establishing a framework for a sustainable global AMR response: we would be keen to see the Group guide the development of a sustainable, long-term global AMR response framework. Such a framework would need to be developed in conjunction with the Independent Panel on Evidence for Action against Antimicrobial Resistance and could significantly strengthen the long-term response to AMR by setting out clear measures and trajectories for sustained progress. The development of such a framework would provide the confidence that we have the right elements in place to underpin a successful response to AMR over a period of 20 years and more.

Transparency should be a key guiding principle of the Global Leaders Group. The Terms of Reference should comment on how discussions and decisions made by the Group will be communicated to the AMR community. Clarity should also be provided with regards how the Global Leaders Group will interact with the Independent Panel and Partnership Platform.

Time Bound: The Terms of Reference suggest the Group be time bound but provide no suggestion of what this should be. Wellcome would favour the Group being established for a minimum of five years to allow initial progress to be made, with a consultative review process to determine future need.

Advocacy: The Terms of Reference should define what is meant by 'advocacy'. There should be a clear goal for the Group to advocate for evidence-based action and policy change by governments and other actors; but this 'advocacy' role should not extend into political critique. Defining the role in such a way is likely to help secure the buy-in of as broad a set of stakeholders as possible.

Response to specific consultation questions:

Accountability: Who should the Group be accountable to?

Wellcome believes that the Global Leaders Group should be directly accountable to the UN Secretary General or UN Deputy Secretary General. AMR is a cross-sectoral issue and therefore the accountability mechanism needs to be broad-based and politically neutral.

Measure of success: What is the perceived ideal measure of success for the Group?

- Increased and sustained political engagement in AMR at national and international levels.
- Implementation and resourcing of national action plans.
- Linkage of AMR into wider Sustainable Development Goals – e.g. food safety, environment, universal health coverage.

Key Performance Indicators: What should be the Key Performance Indicators (KPIs) of the Group?

The development of KPIs for Global Leaders Group is not straightforward as many areas of focus for the Group are reliant on various players within the AMR community for delivery, e.g. overall rates/impact of drug-resistance or number of investments. Moreover, while it is appropriate to measure the impact of the Group (and accompanying structures/mechanisms) based on true global progress with the wider response to AMR, it will be challenging to separate the distinct role of the Group from actions already taking place at the national and international level.

On this basis, part of the role of the Global Leaders Group will be to generate the ‘willingness to act’ and therefore it is important to have KPIs which measure this. KPIs should be developed to measure the impact of the Group on leadership and engagement on AMR, both politically (nationally and internationally) and across the wider UN system, as well as those more technical/qualitative measures of performance. This may place an emphasis on success measures which are partly or fully qualitative, or difficult to measure precisely, but methodologies for evaluating impact of this type are well-established.

Example KPIs:

- The number of advocacy activities developed by the Global Leaders Group to engage different AMR stakeholders which are designed to advocate for action. These activities should have clear goals with the impact of activities evaluated.
- Measures of perception of the efficacy and impact of the Group amongst national governments and other key external stakeholders.
- Frequent (annual) reporting on progress, gaps and accountability in the global response to AMR. This should include:
 - A measure of political engagement at national and global levels through;
 - % spend/budget growth on AMR activities nationally
 - % spend/budget growth on AMR activities within the Tripartite.
- Number of events/meetings aimed at advocating for inclusion of AMR in the investments and programmes from major financing instruments across One Health interests.
- Number of sectors and stakeholders engaged with the partnership platform.

Value proposition for members of the Group: What are the incentives to attract experienced and high-level leaders?

- For those members who have a background in AMR, membership of this Group would provide the opportunity to directly influence and lead global action.
- For those with a political background, tackling AMR is fundamental to the attainment of the Sustainable Development Goals. Participation in this Group will provide members with the opportunity to drive progress in healthcare provision and the development agenda.
- The opportunity to own short term, high impact projects.

Clarity should be provided to members in respect of time commitment, role description/responsibilities and accountability – e.g. participation in working groups, advocacy tasks, stakeholder engagement.

Prioritisation: How should the Group prioritise its functions?

1. **National Action Plan implementation:** In time, the prioritisation for the Group should be informed by work of Independent Panel but, recognising that Independent Panel recommendations/outputs will take time to generate, priority should first focus on understanding the challenges and potential solutions (inc. innovative financing) of implementation of national action plans across different resource setting.
2. **Evidence to act:** The Global Leaders Group should also play a key role in advocating for the use of evidence that is already available. It often feels that we are waiting for the 'perfect understanding' or the 'gold standard policy intervention' before acting. This approach runs the risk of never making progress. The Global Leaders Group should advocate for the identification of areas where the quality of evidence is 'good enough' to warrant application (with appropriate evaluation) and advocate for action in these areas.
3. **Advocacy messaging:** There is a demand for the development and disseminate advocacy messaging targeted at enhancing political understanding and engagement at a national level. This advocacy messaging should be aimed at core government functions and demonstrate the economic impact of inaction.