WHO Task Force of AMR Survivors

Terms of Reference

Background

Antimicrobial resistance (AMR) is a growing global health and development threat. Recent research estimated drug resistance caused 1.3 million deaths globally in 2019 while AMR infections played a role in 5 million deaths. Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial agents. As a result of drug resistance, antibiotics and other antimicrobial agents become ineffective and infections become increasingly difficult or impossible to treat, increasing the risk of disease spread, severe illness and death.

Survivors of AMR infections and their caregivers have unique perspectives on the detection, diagnosis, treatment, and care they received (or did not receive). Those who themselves survived a drug-resistant infection or were a direct caregiver of a person affected by a drug resistant infection belong to this group. Their ideas and experiences on how patients, health care providers, and communities can better deal with drug-resistant infections are invaluable and can help shape improved patient-centred care. Survivors also have the legitimacy to advocate for accelerated AMR mitigation efforts and greater investments in AMR. Survivors can sensitise national and international leaders and policy makers to invest more in preventing and addressing AMR. They can ask for the review and strengthening of legislation, regulation and enforcement mechanisms. Importantly, patient stories will humanize a complex, technical health and development challenge.

Functions of the Task Force

The terms of reference for the WHO Task Force of AMR Survivors will be to provide a platform to enable:

- Sharing AMR survivor stories in ways that can reach a global audience, harnessing both formal media and social media channels
- Engaging AMR survivors in WHO events and discussions on AMR
- Raising awareness of AMR and advocating for relevant improvements across clinical, research, development, and policy spheres
- Advocacy for increased funding and donor commitments for the AMR response at all levels
- Developing a framework for patient advocacy and identifying priority areas to guide continuing Task Force activities
Composition and Membership

The WHO Task Force of AMR Survivors will be composed of members who themselves survived a drug-resistant infection or were a direct giver of a person with an AMR infection. The Task Force will strive to balance global representation and gender.

Members will not be paid for their work. Task Force members shall not issue statements and/or communicate positions on behalf of WHO. Task Force members are not permitted to use the WHO name or logo. Members are expected to demonstrate commitment to spreading AMR awareness and promoting stewardship by stimulating discussions and debate via online and offline platforms and communities. Members are requested to allocate time for their function in the Task Force at their discretion and are expected to serve as spokespersons for their work on the Task Force.

Term

Selected members will serve for a term of two years at the discretion of the WHO. Individuals may withdraw from the Task Force anytime based on written notification to WHO. Similarly, WHO reserves the right to terminate the participation of any member or the Task Force itself at any time. Members who fail to demonstrate active participation in meetings and events without appropriate explanation will be deemed to have withdrawn from the initiative. The term of each member will be subject to renewal by WHO at its discretion.

Selection

The Task Force will be advertised through an open call for membership. WHO will electronically issue a global call requesting applications to join the Task Force. Applicants will be required to complete the WHO Declarations of Interest Form, provide their CV or personal profile, and submit a brief covering letter with a description of the drug-resistant infection so their eligibility is clearly demonstrated. WHO may further explore interest through a conversation with shortlisted applicants. WHO Secretariat will select up to twenty members based on this process. WHO shall not be obliged to reveal or discuss with any applicant how an application was assessed or to provide any other information related to the evaluation or selection process or to state to any applicant the reasons for non-selection. All submitted applications shall be reviewed in confidence only within the WHO secretariat.

Meetings and administration

WHO will organize quarterly electronic meetings. Task Force members will meet at least once a year based on availability of funds. Recommendations coming out of the Task Force are of advisory nature. Recommendations shall be based on consensus; where consensus is not possible, majority and minority views can be represented. The Global Coordination and Partnership department, AMR Division, WHO will host the Secretariat of the Task Force.
Chair will be selected by WHO through a transparent process in collaboration with the Task Force members. He or she will serve a term of two years; subject to renewal by WHO for one additional term. The Chair oversees the objectives and activities of the Task Force and will ensure monitoring of the implementation of its action points; the Chair will chair the in-person meetings in consultation with WHO.

**Deliverables**

The Task Force deliverables will be decided through the creation of an annual workplan that will draw from, but are not limited to, documented priority actions coming out of regular dialogue between the Task Force and WHO leadership.