World Health Organization

REPORT

First Plenary of the WHO Civil Society Task Force on Antimicrobial Resistance

18 November 2025 | Tuesday | Online

Executive summary

The first plenary of the WHO Civil Society Task Force on Antimicrobial Resistance (AMR), held virtually on 18 November 2025, formally launched the new global platform designed to strengthen, coordinate, and amplify civil society engagement in the AMR response. The Task Force, comprising 80+ civil society organizations and led by a 12-member Steering Committee, is structured to foster inclusiveness, diversity, and alignment with WHO norms and standards, and to translate lived experience and community priorities into global, regional, and national policy processes.

In the opening segment, remarks from WHO leadership emphasized that civil society is not merely a stakeholder but a fundamental pillar of health system resilience. WHO is committed to ensuring that civil society perspectives inform the global AMR agenda, from National Action Plan (NAP) implementation to the development of technical tools and global governance initiatives.

The Task Force co-chairs reiterated the need for purposeful, coordinated engagement and stressed that the Task Force should serve as an "ecosystem" that connects diverse actors, breaks down fragmentation, and elevates local realities in global decision-making. Barriers such as shrinking civic space, limited funding, fragmentation, and weak visibility of AMR civil society efforts were acknowledged.

A fireside conversation with representatives from other UN-led civil society engagement mechanisms emphasized complementarity rather than competition among global mechanisms. Participants noted that civil society's influence will be strongest when platforms are connected, voices are harmonized around shared messages, and advocacy leverages broader agendas such as HIV, climate, food systems, women's health, and non-communicable diseases.

Regional breakout groups identified common challenges across regions- weak regulation, AMR literacy gaps, access–excess tensions, poor surveillance, and limited financing- while proposing region-specific initiatives such as policy advocacy campaigns, consumer scorecards, pooled civil society funding mechanisms, and coordinated regional platforms. Across discussions, participants stressed the importance of mapping existing networks, elevating community voices, strengthening youth engagement, and moving civil society from token consultation to meaningful co-design.

Key follow-up actions include developing a 2026 workplan aligned with other platforms, coordinating civil society inputs into global AMR processes, supporting one flagship initiative per region, launching a global campaign with clear policy outcomes, advocating for dedicated resources for civil society, and exploring a civil society-led AMR accountability scorecard linked to the revised GAP.

Background

The WHO Civil Society Task Force on AMR is a WHO-managed network established to strengthen WHO's engagement with civil society on AMR, foster collaboration, build capacity, and amplify the voices of affected communities.

The Task Force brings together 80+ civil society organizations from all WHO regions, coordinated by a 12-member Steering Committee. Its work is guided by principles of inclusiveness, diversity, transparency, and alignment with WHO norms and standards. Its membership is open to civil society organizations who are leading and/or actively involved in AMR-related issues, not individuals acting in a personal capacity.

The first plenary meeting of the Task Force was held virtually on 18 November 2025, coinciding with the opening of World AMR Awareness Week (WAAW).

Objectives of the 1st Plenary

The first plenary aimed to:

- Formally launch the WHO Civil Society Task Force on AMR and introduce the members to each other.
- Explore how global civil society engagement mechanisms on AMR can complement each other.
- Update participants on the global policy processes around AMR, including the revision of the Global Action Plan (GAP) on AMR, and establishment of the Independent Panel on Evidence for Action against AMR (IPEA).
- Identify regional priorities and opportunities for civil society action on AMR.
- Discuss the immediate steps for making the Task Force impactful in the short-medium term.

Participation and Format

The plenary brought together representatives of civil society organizations active in human health and One Health issues. Over 70 organizations were represented, with strong regional diversity. The plenary was initially planned in a hybrid format but had to be shifted online due to security concerns in Tanzania, which was the proposed venue for the hybrid event.

Introductory sessions

Welcome and Setting the Scene

Dr Yvan Hutin, Director, AMR Department, WHO, welcomed participants and reiterated the importance of civil society organizations and networks in the prevention and mitigation of AMR. Civil society is "not just a stakeholder but a key building block of health system resilience", with a critical role in ensuring national AMR plans become "living commitments" rather than static documents, translating awareness into action and ensuring resources reach affected communities and keeping the global AMR response grounded in equity and justice.

WHO aims to enable the Task Force to ensure civil society positions feed into the global AMR agenda and governance, strengthen civil society capacity to support National Action Plan (NAP) implementation and engage civil society meaningfully in the development of WHO AMR tools and products. Dr Hutin also highlighted WHO's broader AMR work and called on civil society to help sustain momentum in a challenging geopolitical environment.

Opening Remarks from the Co-Chairs

Katherine Urbáez, Co-chair of the Task Force, emphasized that the Task Force provides a structure and an "ecosystem" for civil society to contribute to WHO's technical work on AMR, connect across regions and sectors, breaking down fragmentation and bringing diverse contributions, bold ideas and practical solutions into global and national AMR processes.

She stressed the need for purposeful engagement, alignment and coordination, and for translating lived experience and local realities into global AMR governance.

Tracie Muraya, Co-chair of the Task Force, presented key reflections from the inaugural Steering Committee meeting held the previous day.

Common priorities identified for civil society engagement in the next 5 years included:

- Strengthening accountability and governance around AMR, including transnational accountability mechanisms led by civil society.
- Embedding AMR across other policy domains (e.g. climate justice, food systems, development), leveraging better-resourced agendas.
- Community engagement, youth involvement and elevating local realities, including South–South (and "North-learning-from-South") advocacy exchanges inspired by HIV movements.
- Improving evidence synthesis and data transparency to support evidence-informed advocacy.
- Strategic advocacy for advancing infection prevention and control (IPC) and WASH at community level to reduce infections and thus antibiotic use.

There are several barriers that civil society is facing, including shrinking civic space and political polarization, trade policies, market lobbies, regulatory capture, limited funding for civil society engagement on AMR and lack of visibility of "who is doing what" across regions and sectors.

The steering committee also identified several enablers. The UNGA High-Level Meeting declaration on AMR (2024), the upcoming ministerial meeting in Abuja, Nigeria, and the planned 2029 high-level meeting are political milestones which can be leveraged. Existing regional AMR networks (e.g. European AMR Stakeholder Network) and cross-sectoral alliances (climate, food systems, HIV) offer good engagement opportunities. WHO's explicit commitment to integrate civil society priorities into AMR agenda-setting and tools is also a big enabler.

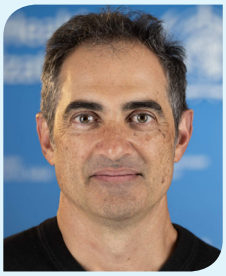
Short-term "easy wins" identified by the Steering Committee included:

- Unifying civil society voices and consolidating priorities across regions.
- Campaigns with very clear and specific objectives.
- Mapping, convening and elevating existing data, tools, and initiatives.
- Strengthening political engagement with parliamentarians and regional blocs.
- Building rapid learning exchanges modelled on HIV and climate movements.
- Developing a clear theory of change for civil society engagement in AMR governance.

The steering committee agreed that these are preliminary suggestions and must be nuanced, requiring further discussion and positioning within a clear theory of change and long-term structural goals.

Fireside Chat: Complementary Global Civil Society Mechanisms

The fireside chat brought together **Dr Ravi Ram** (WHO Civil Society Commission) and **Dr Masika Sophie** (World Federation for Animals / Multi-Stakeholder Partnership Platform on AMR) to explore complementarity between global civil society engagement mechanisms.



Complementary nature of different platforms

Masika Sophie emphasized the role of the Multi-Stakeholder Partnership Platform (MSPP) as a One Health umbrella conv ened by the Quadripartite agencies. She noted that civil society constitutes the largest segment of MSPP membership, contrib uting wide-ranging, multisectoral expertise. The MSPP and WHO Civil Society Commission occupy different but overlapping layers of global health governance: both help bring civil society closer to spaces where policies are shaped and decisions are made, strengthening civil society's legitimacy, accountability, role, and influence.

Ravi Ram expanded on the purpose of the WHO Civil Society Commission (CSC), highlighting its aim to bring diverse civil society organizations into deeper collaboration with WHO. The commission, he said, seeks to shift WHO's culture from siloed, technical work toward more people-centered engagement with member states to ensure meaningful impact. He also pointed to the CSC's role in promoting attention to cross-cutting issues- such as sexual and reproductive health and women's health- where AMR concerns are already tangible. Ravi emphasized the need for political economy analysis to understand who makes decisions and who benefits from antibiotic overuse, noting that addressing AMR

requires confronting vested interests, including within the health industry, while navigating complex multi-stakeholder spaces.

Aligning and amplifying civil society voices on AMR

Masika challenged the common assumption that civil society naturally operates in silos. She pointed out that coalitions and networks frequently emerge organically and stressed the value of joining existing global coalitions rather than continually creating new ones. According to her, the priority should be to open existing coalitions to new clusters and leadership.

Ravi added that the goal is not to force one uniform civil society voice, but to cultivate "many louder voices with shared messages." He observed that some of the most persistent silos are institutional, even within the Quadripartite, and highlighted the practical need to connect civil society counterparts across these agencies. As a concrete step, he suggested linking the WHO Civil Society Commission with the various civil society engagement mechanisms available to the Quadripartite agencies and convening a broader One Health civil society discussion early in 2026.

Civil society supporting each other

Ravi underlined that civil society's greatest strength lies in its human energy, passion and commitment- assets that should be valued rather than exploited. He noted that even small, catalytic funding can spark significant collective action when channeled into existing movements. He also encouraged linking AMR to wider agendas- such as HIV, sexual and reproductive health and rights (SRHR), food systems, non-communicable diseases (NCDs) and obesity- so that civil society groups can pool advocacy and resources rather than compete for them.

Masika acknowledged the widespread funding challenges across sectors and emphasized the importance of working closely with governments to co-define priorities. Demonstrating civil society's value as an implementation partner- particularly for AMR and National Action Plans (NAPs) in low - and middle-income countries - can help build trust and attract investment. She also highlighted the need for civil society to "learn the language of politics" so that evidence and insights can effectively influence national and regional decision-making.

Targets for quick wins

Masika proposed that civil society should be fully present and actively co-shaping the 2026 Ministerial Meeting on AMR in Nigeria. Ensuring diverse civil society participation from the outset, she argued, would help influence both the agenda and outcomes of the meeting.

Ravi suggested two key actions: first, creating a formal link between WHO's AMR Department and the WHO Youth Council to strengthen youth engagement on AMR; and second, establishing structured collaboration between the WHO Civil Society Commission and Quadripartite civil society platforms.

Presentation: Updates on the Global Action Plan (GAP) Revision and Independent Panel on Evidence for Action against AMR (IPEA)

Dr Kefas Samson, Coordinator of the Quadripartite Joint Secretariat on AMR, briefed participants on the timelines and content for two key follow-ups to the 2024 UNGA Political Declaration on AMR:

Global Action Plan (GAP) on AMR

The 2015 GAP has guided national AMR responses for nearly a decade, but implementation gaps and new challenges necessitate an update. The update process started with a situational analysis and evidence review, followed by online surveys and consultation with stakeholders. This was later complemented by global and regional member-state consultations. The draft of the revised GAP retains and reframes five strategic objectives and adds a sixth objective on multi-sectoral governance, reflecting calls from stakeholders. The revised GAP is being prepared for consideration by the WHO Executive Board (January 2026) and World Health Assembly (May 2026), with subsequent adoption by FAO and WOAH governing bodies, and endorsement by the United Nations Environment Programme's (UNEP) governing assembly in 2027.

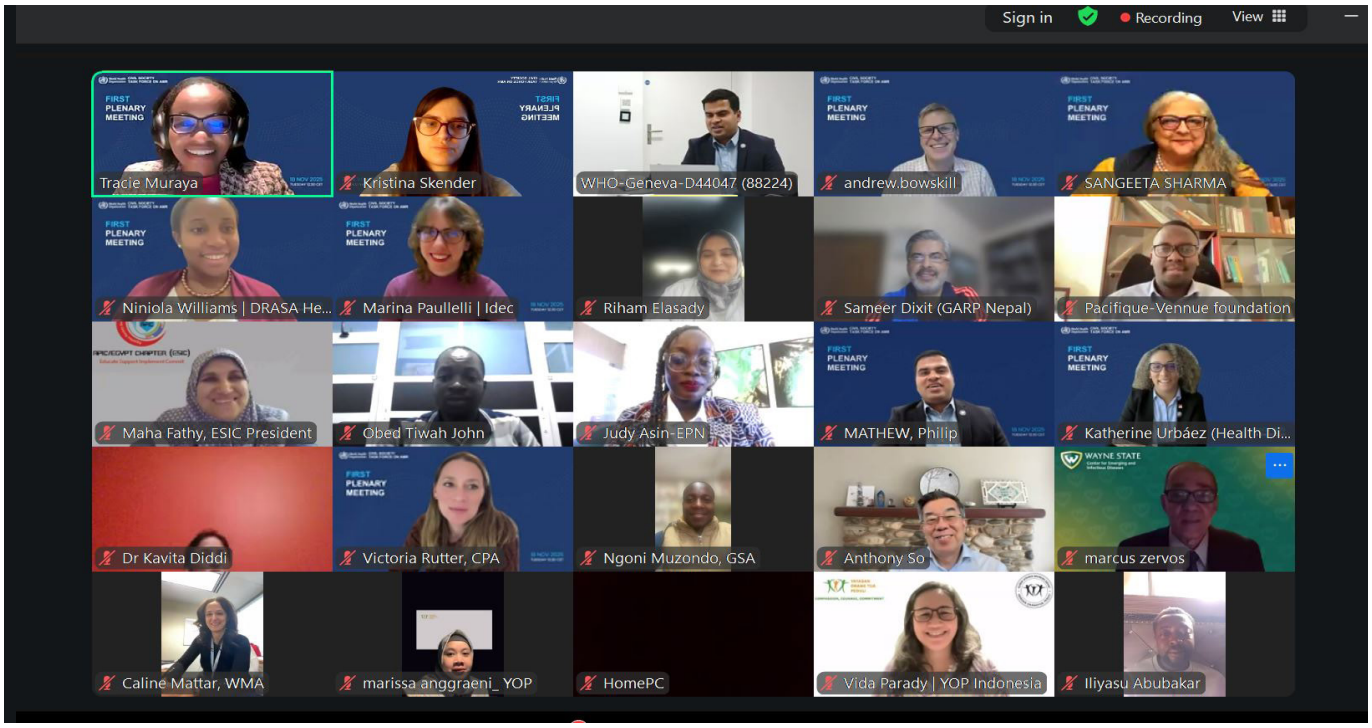
Dr Samson emphasized the expectation that countries develop costed, One Health NAPs aligned with the revised GAP, and that civil society play a critical role in governance, advocacy, and accountability.

Independent Panel on Evidence for Action against AMR (IPEA)

The UNGA Political Declaration requested the Quadripartite establish an independent science–policy panel to provide authoritative evidence and policy options on AMR. The founding documents for such a panel have been drafted, outlining the panel's scope, objectives, institutional arrangements, and financial principles. Draft rules and procedures for membership selection, conflict of interest, and work

programme development have also been prepared. Member State consultations on these documents are ongoing, with the aim to launch the foundational framework at the United Nations Environment Assembly (UNEA) in December 2025 and hold the first IPEA plenary in early 2026.

A structure comprising an expert committee, ad hoc expert groups and a secretariat hosted by UNEP on behalf of the Quadripartite, is proposed. Civil society was encouraged to participate actively in ongoing consultations.



Pic 1: Screenshot from the 1st First Plenary of the WHO Civil Society Task Force on AMR

Breakout Discussions

Participants split into six regional groups to address the four guiding questions:

- What are the most pressing AMR challenges in your region (up to 5, with reasons) for which civil society can drive region-specific solutions?
- What are the existing regional networks or platforms which can be leveraged to coordinate civil society advocacy and share insights on AMR?
- What actionable regional initiative (preferably one, max two) could civil society collectively implement in 2026 to advance the regional AMR response?
- How can we enable the establishment of robust AMR-focused civil society platforms at the regional and national levels?

Key points (non-exhaustive) are summarized below.

Western Pacific Region

Challenges:

- Variable burden of AMR across the region, creating implementation challenges for "one size fits all" NAP approaches.
- Barriers to access to old and new antibiotics, including affordability and supply issues.
- Political leadership, political will and governance transparency.
- Difficulties engaging youth despite strong potential for digital activism.
- Feelings of isolation among some actors, highlighting the value of the Task Force.
- Existing networks/platforms:
- Global AMR Media Alliance, the Southeast Asia One Health University Network, clinician networks and WHO's Western Pacific community engagement initiatives, though awareness of some platforms is limited.

Actionable regional initiative for 2026:

- Leverage existing resources to run public awareness and education campaigns, especially through the educational sector, and
- Map and catalyse existing networks as a basis for cross-sector collaboration on AMR.

South-East Asia Region

Challenges:

- Poor AMR literacy and highly medicalized language; need to "de-medicalize" and "de-jargonize" AMR for communities.
- The "access–excess paradox" – coexistence of lack of access for some populations with widespread over-the-counter sales and informal dispensing.
- Weak enforcement of regulations and fragmented NAP implementation across sectors.

Existing networks/platforms:

- SEAR high-level ministerial roadmap group, the SEAR Regulators Network (SEARN), youth volunteer groups, ReAct Asia, and surveillance/sentinel networks on antimicrobial consumption and resistance.

Actionable regional initiative for 2026:

- Develop an inventory of organizations working on AMR, strengthen capacity of all stakeholder groups, and improve media collaboration to disseminate AMR messages.
- Promote research and data collection (e.g. wastewater residues, animal sector) to support persuasive advocacy.
- Facilitate regular regional dialogues and funding opportunities for grassroots activities,
- Advocate/Promote civil society participation in decision-making and implementation at the national level and coordination across public and private sectors.

Eastern Mediterranean Region

Challenges:

- Inadequate public regulation, easy access to antimicrobials without prescription, and weak implementation of guidelines.
- Limited AMR awareness among the public and healthcare professionals.
- Patient expectations and pressure for antibiotics.
- Fragile and conflict-affected settings driving inappropriate use and AMR

Existing networks/platforms

- ReAct, Quadripartite's global and regional AMR platforms, and the Global Antibiotic Resistance Partnership (GARP) were mentioned as key partners.

Actionable regional initiative for 2026:

- A mass awareness-raising campaign on AMR, potentially supported by WHO.
- Mapping of leading AMR civil society actors, creation of a regional forum to share success stories, and learning from other WHO-facilitated civil society forums (e.g. TB).

Region of the Americas

Challenges:

- Several countries are among the heaviest users of antimicrobials in food production (e.g. United States, Brazil, Mexico), requiring strong focus on food systems.
- Data disparities across countries, trade issues and shrinking funding and partnerships.
- Need to better engage consumer associations and youth, and to link hospital-level initiatives with community action.

Existing networks/platforms

- ReAct projects in Latin America (e.g. Empowered Communities and Alforja Educativa),
- The Antibiotic Resistance Coalition (ARC) network, Project ECHO, and health equity initiatives.

Actionable regional initiative for 2026:

- Use consumer scorecards and trade-related measures (drawing on European examples) to drive responsible antimicrobial use in food systems.

European Region

Challenges:

- Civil society organizations and networks are not fully connected with community-level voices.
- The messaging around AMR is still jargonized and not based on human-interest stories. Existing networks/platforms
- Several strong institutional and technical networks exist (e.g. MEP Interest Group on AMR, European Centre for Disease Prevention and Control, ESCMID), which can be leveraged.
- Actionable regional initiative for 2026:
- A strategic communication initiative featuring storytelling from people affected by AMR and alignment with WHO's AMR awareness campaigns.
- Enabling measures:
- Leveraging existing EU and regional networks; advocating for dedicated spaces at high-level events (e.g. World Health Assembly, World Economic Forum) where civil society can feed directly into policymaking.

African Region

Challenges:

- Access to antimicrobials from both extremes: uncontrolled over-the-counter sales and lack of access to critically important antibiotics.
- Need for CSO capacity building to support NAP implementation, AMR governance and government responses.
- Limited diagnostic and laboratory capacity; inadequate surveillance and reliance on empirical treatment.
- Rising burden of substandard and falsified medicines.
- Insufficient WASH and IPC in communities and facilities.

Existing networks/platforms

- The group mapped around 14 regional and country-specific networks (e.g. professional associations, youth organizations, AMR coalitions) that could be better coordinated.

Actionable regional initiative for 2026:

- Explore pooled funding schemes or other sustainable financing mechanisms for CSO AMR work (from local advocacy to participation in global meetings).
- Systematically identify and build the capacity of CSOs not yet engaged on AMR so they can contribute to NAP implementation and advocacy.

Enabling measures:

- Mapping CSOs, establishing a technology-enabled coordination platform, setting up a diverse coordinating body, conducting a needs assessment, and ensuring human and financial resources for sustainability.

Plenary Discussion and Closing

During the brief plenary feedback and Q&A, participants noted striking commonalities across regions: weak regulation and enforcement, access–excess tensions, data gaps, limited financing, and the need for better engagement of community groups. There was broad support for mapping and connecting existing networks before creating new ones, and for developing regional and global scorecards or monitoring tools to track AMR progress. The members wanted to ensure that civil society engagement is non-tokenistic, rooted in equity and justice, and institutionalized in formal structures. There is also support for campaigns with specific objectives and clear policy outcomes. The meeting also highlighted the need for dedicated, sustainable, predictable financing for civil society action.

The co-chairs concluded by reiterating that the Task Force must demonstrate short-term wins while working toward long-term structural change in AMR governance and financing. The Task Force should support civil society to speak with many strong, coordinated voices while serving as a platform for knowledge sharing, joint advocacy and accountability.

Cross-Cutting Themes Emerging from the Plenary

Across sessions, several overarching themes emerged during the plenary:

- **Complementarity, not competition, among global civil society mechanisms**: WHO Civil Society Task Force on AMR, WHO Civil Society Commission and the Quadripartite MSPP occupy distinct but overlapping spaces. Together, they can ensure that civil society is present "from farm to cabinet" in AMR decision-making.
- **Define the value proposition for civil society in AMR**: There should be a clear theory-of-change for civil society action in the AMR landscape, and the Task Force should be able to come up with the most 'value-for-money' interventions for civil society to focus on.
- **From fragmentation to coordinated advocacy**: Mapping who is doing what, investing in coordination platforms and learning exchanges (including South–South) are urgent priorities to avoid duplication and amplify impact. The task force should be able to fulfill this coordination function and ensure some harmonization in setting objectives.
- **AMR as a development and justice issue**: Participants repeatedly called for reframing AMR beyond a "silent killer" narrative, highlighting its links to inequality, women's health, climate, food systems and human rights.
- **Meaningful, resourced civil society engagement**: Civil society wants to move from token consultation to co-design and co-implementation, especially around NAPs, ministerial meetings and global policy processes (GAP, IPEA). Sustainable financing (including pooled funds and travel support) is essential for equitable participation.
- **Youth, communities and vulnerable groups at the centre**: Youth networks, community organizations, patient groups and representatives of vulnerable groups should shape agenda, not just be recipients of messages.
- **Evidence, transparency, and accountability**: The Task Force can help drive data transparency and accountability through civil society-led scorecards and monitoring tools, and political economy analyses that reveal power structures and incentives behind AMR.

Key follow-up actions

Based on the discussions during the plenary, these are the key follow-up actions

1. **Develop a workplan which complements other platforms:** The workplan for the Task Force for 2026 should show how the group is going to work together with other global and regional platforms to advance the AMR agenda.
2. **Joint civil society inputs into global processes**: Enable coordinated civil society contributions to global policy processes and events, such as establishment of the IPEA, World Health Assembly, Ministerial Meeting on AMR etc.
3. **Regional initiatives for the Task Force:** Support each region to refine and implement one flagship civil society initiative for 2026, building on ideas raised in the breakout groups (e.g. consumer scorecards, awareness campaigns, pooled funds).
4. **Identify one global campaign target:** Based on an analysis of the current global priorities, a globally coordinated campaign can be launched with clear, well-defined outcomes. Examples include access to appropriate antibiotics for drug-resistant neonatal sepsis, better regulatory action on irrational fixed-dose combinations, international trade of colistin (a last resort antibiotic) for non-human use etc.
5. **Reach out to resource partners to advocate for civil society groups:** The task force should be facilitating conversations with resource partners to advocate for better (and ring-fenced) resources for civil society engagement.
6. **'Watch dog' role:** Explore the feasibility of a civil society AMR accountability framework or scorecard, aligned with the new GAP objectives and targets mentioned in the UNGA High-Level Meeting on AMR.

Annex 1- Agenda of the 1st plenary meeting

12:30-15:00 CET	1st Plenary of the WHO Civil Society Task Force on AMR	
12:30-12:35	Welcome and setting the scene	**Yvan Hutin** Director, AMR Department, WHO
12:35-12:40	Opening remarks from the co-chairs	**Katherine Urbáez** Co-chair, WHO Civil Society Task Force on AMR
12:40-12:50	Key takeaways from the steering committee meeting	**Tracie Muraya** Co-chair, WHO Civil Society Task Force on AMR
12:50-13:20	Fireside chat- Complementary nature of various international civil society engagement mechanisms	**Ravi Ram,** WHO Civil Society Commission **Masika Sophie,** Multistakeholder Partnership Platform
13:20-13:30	Updates on the Global Action Plan revision and establishment of Independent Panel on Evidence for Action on AMR	**Kefas Samson** Coordinator, Quadripartite Joint Secretariat on AMR
13:30-13:35	Health break	
13:35-14:15	Breakout group discussion- Regional priorities for civil society engagement (6 groups based on WHO Regions)	**All participants** (Moderated by the group chairs and rapporteurs)
14:15-14:45	Group presentations (5 mins of presentation for each group)	**All participants** (Moderated by co-chairs of the task force)
14:45-14:55	Q&A and open discussion (Agenda to be decided by co-chairs)	**All participants** (Moderated by co-chairs of the task force)
14:55-15:00	Conclusion and next steps	**Co-chairs of the task force**