



Wilton Park



Report

Advancing Action on Antimicrobial Resistance (AMR)

Monday 17 April 2023 | WP3207

In association with:



GBCHealth



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Antimicrobial resistance is a global killer, causing over a million deaths a year and significant social and economic harms. While the world saw some improvement in the response following the UN Declaration in 2016, with various initiatives established to tackle the issue, those gains were lost during the COVID-19 pandemic with AMR also losing its place as a political priority.

As an enduring global threat, there is pressing need to reinvigorate the response to AMR, placing this back on the political agenda. Wilton Park and GBCHealth are partnering to host a series of dialogues over the next 18 months, which seek to reinvigorate the discussions around how to deliver coherent, effective responses to AMR.

The series commenced with a one day hybrid roundtable to explore the current AMR discourse. Bringing together a collective of policy influencers and experts, industry representatives, academics, civil society representatives and medical professionals, the discussion focused on the current political narrative for AMR, important gaps, and opportunities to reinvigorate the responses from the national to the global level, and key moments and opportunities over the next 18 months, including the UN high level meeting on AMR in September 2024, and specifically how a Wilton Park–GBCHealth series can add value to ongoing discussions.

This report summarises the ideas, insights and recommendations that emerged from the dialogue, including specific focus issues for the forthcoming dialogues in the series.

What would constitute success for you in the next 24 months?

- The reinjection of political momentum behind AMR and greater clarity regarding where and how AMR should sit in a post COVID political landscape.
- Consensus on an AMR specific global instrument to be agreed at UNHLM 2024.
- Successfully addressing the gap between the understanding of various government ministries and professionals working to address AMR on the ground.
- Some treaty-based commitments on equitable use and accessibility to antimicrobials and anti-fungals.
- Improved harmonisation across human, animal and environmental health.
- Concrete commitments and targets for government spending on AMR.
- Simplification of the political narrative to explain the importance of AMR to decision makers.
- Improved engagement with parliamentarians and finance ministries.

- Creation of a domestic resource allocation mechanism to fully finance cross sectoral activities to address AMR.
- Funding mechanism to fund R & D for new antimicrobials beyond Phase II trials.
- An inter-governmental panel charged with collating and publishing AMR data.
- Using the tools available today to strengthen capacity for supply, diagnostics and stewardship, particularly in low- and middle-income countries.
- Increasing public awareness of the risk of AMR, particularly among vulnerable populations.
- Ensuring that the business sector is included in dialogues and action on AMR.
- Supporting and promoting innovative data collection which includes community participation and non-traditional methods.
- Improving integration and harmonisation of the AMR ecosystem.
- Working towards planning for a future without antimicrobials as a possible scenario to support prioritisation of action.

Insights and ideas for advancing the AMR discourse

The imperative of a clear and crisp political narrative

1. The current AMR narrative needs to be re-examined. As a result of embracing the complexity of AMR and building a growing and diverse coalition that represents the different constituencies, for many challenge as currently described has become intractable.
2. Importantly, effective solutions exist for many of the distinct problems that contribute to AMR. As a community there needs to be a focus on how to advance these solutions and how to prioritise within the complex AMR ecosystem.
3. The focus on the research and development of new drugs does not resonate for many in low- and middle-income countries (LMICs), where the biggest priority is financing and implementation of national action plans.
4. In developing an effective narrative for AMR, focus should be on coalescing around the highest common denominator of the different stakeholders.
5. A narrative that is people centred, addressing how AMR poses a threat to lives and livelihoods, will resonate more with the public and policy makers.

One Health approach: prioritisation within complexity

6. The 'One Health' framing has been highly effective at engaging a broad consortium of stakeholders that now constitute the AMR community.
7. This approach has come with trade-offs, adding complexity and at times impeding the community's ability to align around a core set of priorities.
8. Undoubtedly, action is needed across human health, animal agriculture and environment to address AMR, however, there are many actions needed which can be taken within each sector.
9. For example, stewardship of the use of antibiotics within the human health and animal and agriculture sectors will require specific policy responses such as guidance for over-the-counter prescribing.
10. The 'One Health' framing should be a practical tool for bringing together sectors when relevant for a more integrated and interdependent approach. For example, the sectors could collaborate on reviewing existing data for a number of outcomes including to better identify drivers of resistance, identify examples of good practice and establish benchmarks and indicators of progress.

“The current ‘drugs and bugs narrative does not resonate in low- and middle-income countries. It is too western centric and does not account for people and livelihoods.”

“Engaging the community could involve utilising non-traditional approaches to collecting data which would lead to a more complete picture of what is happening on the ground.”

National action plans

11. It was felt the biggest barrier to fully implementing national action plans has been sustainable financing and technical capacity, with available financing limited and short term.
12. Alignment with national budgets and spending reviews need to be written into action plans to ensure that they are sustainably fully funded, while new funding models are needed to support countries in delivering on their national plans.
13. There is the immediate potential of accessing unspent Global Fund COVID-19 response funding and other funds for non-AMR specific health challenges.
14. Building the case to access a broader range of existing funds for national action plans will involve being able to successfully align with these agendas.
15. For LMICs, a new compact is needed to support the implementation of national action plans covering financing, technical assistance and capacity building at national and local levels.

Data, data sharing and surveillance

16. Within and across countries, particularly LMICs, there are often issues around data collection and sharing. The specific challenge varies between countries and sectors, but at a general level, the lack of data is a major barrier to monitoring progress.
17. Indicators and targets need to be written into national action plans, and incentives created to encourage data sharing and reporting across local, national and regional levels.
18. Sector specific targets would create greater accountability and clarity on their responsibilities, which would in turn will encourage greater investment from governments and ministries.
19. The development of digital tools provides opportunities for data to be collected and shared more efficiently, including in low resource settings. Greater efforts are needed to take full advantage of this, particularly in terms of AMR surveillance and monitoring.
20. Data collection methodologies should be shaped by those within the community, with engagement from civil society organisations (CSOs).

Private sector engagement on AMR

21. To fully harness all tools available in the fight against AMR, sufficient engagement is required from all sectors of society, including the private sector.
22. Metrics need to be developed which make investment in AMR more attractive to the private sector, Multilateral Development Banks (MDBs) and philanthropic foundations.
23. Much of this work would involve making the risks associated with developing antimicrobials acceptable to private investors, as well as changing political and economic incentives.
24. To facilitate concrete action, the creation of pathways to help navigate the regulatory framework would help pharmaceutical companies to develop new drugs.
25. As it is in the interest of all employers to address AMR insofar that it impacts the health of their workforce, there is the opportunity for the private sector to raise awareness and encourage behaviours which minimise the development of AMR.

R&D for diagnostics and drugs

26. There are ongoing difficulties associated with the development pipeline of antimicrobials. New data from the WHO shows that between 2015 to 2020, only 12 new antibiotics entered the market¹. Of the 27 products in clinical development, only 2 target highly drug resistant critical pathogens.
27. There are also key challenges around financing beyond Phase II R&D. While incentives as discussed in various fora, these are almost exclusively at G7 and G20 level.

Access and equity

28. Availability of antibiotics at a global and national level remains an issue.
29. In concert with initiatives to improve antibiotic stewardship, there needs to be a focus on achieving equitable access for people who need antibiotics.
30. Equity should be considered within the context of developing national action plans as well as global policy guidance. For example, an AMR specific instrument on access to antibiotics may assist in this regard.

Key moments and opportunities in the next 18 months

In the lead up to UNGA 2024, there are many opportunities for engagement with broader health agendas, such as Universal Health Coverage (UHC), TB and pandemic prevention preparedness and response- (as upcoming UN High Level Meetings) as well as other critical global challenges such as the climate crisis. In considering the framing and positioning of AMR in a crowded health policy space, the trade-offs of any approach must be considered, recognising the long term challenge where actions taken now will have wider implications of how AMR is addressed in the years to come.

High level meeting on AMR UNGA 2024

31. Whilst the high level meeting in 2024 is a key milestone on the road to ensuring AMR is a global priority, it is important to look beyond UNGA 2024 for actions in order to maintain the momentum the period directly following the high level meeting.
32. The high level meeting in 2024 is an opportunity to strengthen global governance structures, for example, with an AMR specific instrument.
33. Any high AMR specific instrument should provide national ministries with sector specific targets on data collection, sharing and reporting where ownership and accountability is clearly defined.

High level meetings in 2023

34. In 2023, high level meetings on Pandemic Prevention, Preparedness and Response (PPPR), Universal Health Coverage (UHC) and Tuberculosis (TB) will take place.
35. AMR is a clear thread across all of these issues, creating the opportunity to embed AMR within the discussions and outcomes.
36. Engagement with those leading these agendas and the representatives who will attend the meetings, including rapporteurs, needs to start now to understand how AMR is being positioned and the opportunities to amplify the urgency of action for AMR through these HLMS.
37. COP28 taking place in December 2023 will also be an opportunity to engage a different stakeholder group. The prominence of food security within the COP28 agenda will help emphasise the need for urgent action on AMR.

“Overcoming the ‘Narcissism of Small Differences’ will help us to be more lateral in our thinking. What pieces can we win on AMR even if they’re not specifically called AMR?”

¹ <https://pharmaceutical-journal.com/article/news/only-12-new-antibiotics-entered-the-market-in-five-years-who-warns-in-review>

G7 and G20

38. The G7 and G20 summits present an opportunity to get AMR on the political agenda.
39. Germany and Japan have shown commitment as G7 presidents, with Germany reiterating commitments made on environmental standards, manufacturing and supply chains.
40. Dialogues are beginning with Italy and Brazil to maintain this momentum in the lead up to their leadership of the G7 and G20 respectively.
41. There is further opportunity to engage India and Japan both on the narrative and framing for AMR and on key priority issues in the remaining time of their respective presidencies.
42. Refining the narrative and asks on AMR will be key as these fora (eg G7, G20) are uniquely placed to tackle different challenges and priorities for AMR.

Ambition for the Wilton Park–GBCHealth series

It is proposed that this series will aim to reinvigorate political engagement on AMR and pave the way for a coherent, effective response to AMR.

Priority areas

43. **Refining the political narrative and asks for AMR.** Further refinement and honing of the narrative on AMR is needed to ensure messaging is consistent and clear for upcoming UN high level meetings, G7 and G20 dialogues and COP28. Narratives should encompass all aspects of the 'One Health' framework, taking the highest common priority issues across the sectors as a starting point. Narratives should articulate the barriers to implementing national action plans, the risk and impact of not implementing and potential solutions to support implementation.
44. Materials for parliamentarians, decision makers and other sectors to be engaged in AMR need to be clear in both the narrative; setting out the issue; the risk posed by AMR; the impact of inaction. They must then clearly state the ask of different stakeholders, e.g. supporting a political instrument; investment, etc.
45. **Data collection and sharing.** In order to address gaps related to data and surveillance, there is the opportunity to establish what data is collected and shared to be able to identify where the data gaps are, prioritise gaps against need, how these can be filled and by who.
46. **Targets and accountability.** Clear metrics and targets across sectors and countries related to surveillance, diagnostics, R&D and stewardship need to be a key part of national action plans. Evidence needs to be collated to inform the development of targets. This action should be within the remit of the Global Leaders Group and could be supported by additional work from a Wilton Park & GBCHealth dialogue.

Possible pathways forward

47. **Scenarios.** To better appeal to ministries of finance, evidence based scenarios on how to tackle AMR including the cost of inaction are needed. Drawing on the Princeton Stabilisation Wedges,² various scenarios could be developed, establishing targets for reducing AMR and the cost of implementation.
48. **People centred stories.** Collating and curating lived experiences from people most at risk from AMR, such as cancer and tuberculosis patients, can support making the case to policy makers of the imperative to act to save lives.

² <https://cmi.princeton.edu/resources/stabilization-wedges/>

49. **Successful interventions.** Utilising wider networks, participants from Wilton Park/GBC Health dialogues could reach out to governments and NGOs who have been able to implement interventions using a One Health framework to seek examples of case studies demonstrating intervention, cost and impact. Efforts could help identify best practices in the areas identified as critical, such as diagnostics, surveillance and stewardship.
50. **Prioritisation of interventions.** Agreement should be reached on how to prioritise and appraise interventions to identify those with the greatest return on investment in reducing the burden of AMR, in terms of both economic impacts and lives saved.
51. **Advocacy strategy.** It would be helpful to develop an advocacy strategy in order to create maximum impact in the time available in the lead up to 2024 HLM, whilst being cognisant that there will still be work to be done following it. This will consist of having a clear idea of who needs to be engaged and when and how messaging should be adapted for different audiences.

Process and next steps

52. Wilton Park and GBC Health will continue to engage key stakeholders from across different sectors, particularly within animal health, agriculture and the environment, as well as with CSOs and the private sector to identify where and how a follow up Wilton Park GBC dialogue can add value to efforts to advance action on AMR and reprioritising it on the political agenda.

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