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IACG | Interagency Coordination Group on
Antimicrobial Resistance

Call to Action on Antimicrobial Resistance 2018

Accra, Ghana
#StopSuperbugs



Ghana Government



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Call to Action on Antimicrobial Resistance 2018

The Government of Ghana, along with the governments of Thailand and the United Kingdom, the World Bank, the United Nations Foundation and Wellcome Trust hosted the second Call to Action event on Antimicrobial Resistance (AMR) in November 2018.

The Call to Action event came at a key point in global engagement on AMR. With the [UN Interagency Coordination Group](#) (IACG) on AMR looking to finalise their recommendations to the UN Secretary General by April 2019, and subsequent High-Level discussions throughout the 74th UN General Assembly session, the Call to Action provided a forum for stakeholders to engage with the IACG process and begin to plan how they will contribute to the UN discussions - pushing for a strong and sustained global response to AMR which will support the development and delivery of National Action Plans.

The event saw over 350 delegates from almost 40 different countries come together to discuss their experiences of tackling AMR, highlighting pioneering activity and making commitments to address this global health challenge. At the heart of this second Call to Action was the drive to increase geographical representation. We heard from political leaders about the impact of AMR within their countries, not just on health but also a recognition of the detrimental impact on economic growth and our ability to deliver the Sustainable Development Goals. There was also clear recognition of the importance of the multi-stakeholder approach to tackling AMR, with a session focused on the contribution that both civil society and private sector stakeholders can make to the delivery of national and global action plans.

This report brings out the key themes from the event which we hope will be helpful to all stakeholders when developing and refining their engagement plans. As recognised at the Call to Action event, AMR is a global problem which cannot be tackled by one government or one organisation, it requires a coordinated response involving all sectors from health, agriculture and the environment. 2019 will be a pivotal year for AMR and we must all build on the learning and networks made at the Call to Action to secure strong leadership and commitment to action.

National and Global One Health Response

“AMR is on the edge of agendas– and yet it threatens modern medicine, agricultural livelihoods, global food security and of course the achievement of the SDGs.”

Dame Sally Davies, Chief Medical Advisor, UK Government

The Call to Action event opened by looking at the importance of a strong national response to the challenges of AMR and how to build on engagement from political leaders and active non-government organisations to push for sustained global action. The opening session saw contributions from political leaders, senior government officials, representatives of UN Organisations and Civil Society. The discussions were wide ranging, with a clear call for coordinated global action to support national implementation.

Key outcomes:

- [The Ghana Declaration, Call to Action on Antimicrobial Resistance](#) - The governments of Ghana, Thailand and the United Kingdom, the World Bank, the United Nations Foundation and Wellcome Trust along with many participating organisations signed The Ghana Declaration on AMR. This declaration saw commitments in a number of key areas, including responsible use, surveillance, exploring financing and investment opportunities via funding bodies and using regional coordination to drive action.
- **National Action Plans** must be designed and implemented using a One Health approach, with political leadership being demonstrated through engagement in multisectoral One Health steering committees.
- **Implementation** of National Action Plans can only be achieved with dedicated and protected annual budgets - and strong political leadership within governments.
- **Return on Investment** – there is a need to repeat the clear message to Ministers of Finance that failure to tackle AMR is a threat to our economic future, and that efforts to address the issue today will deliver sizeable returns on investment in the future.
- **Tripartite Plus** - the UN Environment Programme is working to integrate with the World Health Organization (WHO), the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO) [work programme](#) to tackle AMR.
- **Coordination** - the IACG process has provided a platform for extended stakeholder coordination, to include private sector engagement. There is a strong argument for continued external coordination post-IACG to bring in all stakeholders and continue to drive action.
- **Commitment** from the Tripartite Plus to support implementation of recommendations coming out of the UN General Assembly 2019.
- **Access** – solutions need to be contextualised to the local needs with access requirements designed into supply chains. ‘Innovation is not enough, if there is no access’ (Carlos Correa)

High Level Roundtable

On the first day of the Call to Action, a group of high-level attendees of the conference enjoyed a working lunch together to discuss some of the key opportunities and challenges faced by global leaders in the response to AMR. During the wide-ranging discussion (undertaken under the Chatham House Rule), a number of notable points were raised, including the following.

- **Strong leadership is vital at the political and policy-making level.** Some of the greatest successes to date in action against AMR have been thanks to ‘firebrands’ who have been high-profile and inspirational leaders domestically and internationally. Continued (and wider) political leadership is crucial, but it is also vital to mainstream activities against AMR within the routine business of governments, NGOs and private companies.
- **Regional blocs can be important drivers of change.** When looking to take the response to AMR beyond the national level, activities by regional groupings – such as the EU, African Union, or ASEAN – can be highly effective. By bringing countries together with their closest neighbours and peers, learning can be shared, stronger cooperation fostered, and cross-country comparisons used as a more effective driver of change.
- **There is more to do to engage sectors beyond government.** Civil society organisations are widely recognised to have a crucial role to play in tackling AMR, but more could be done to integrate them into governments’ national action plans, and to develop their role in monitoring and accountability. Looking to the private sector, it is recognised that they must be involved in the global response, particularly as a source of innovative new products, but we need to find the right approach to engage them more consistently and effectively.

“Tripartite commitment is stronger than ever.”

Matthew Stone, Deputy Director General for International Standards and Science, OIE

Promoting Pioneers

When we think about the innovation needed to tackle AMR, attention often turns to the scientific breakthroughs necessary to develop new antimicrobials and diagnostics. Whilst this is a critical part of the AMR response, it is by no means the whole picture. Action is also urgently needed to tackle over and inappropriate use of antibiotics, which is driving the rapid rise and spread of resistance in human and animal health, at the local level. Here too, pioneering interventions and innovative approaches are required.

The Call to Action event took the opportunity to showcase seven of the best examples of pioneering initiatives being implemented by governments, non-governmental organisations, researchers and the private sector around the world, which are already having impact on reducing the spread of AMR. These initiatives were predominately chosen from low and middle-income countries that are bearing the brunt of AMR and where progress is most needed now. The interactive Pioneers session offered delegates the opportunity to hear from those driving progress against AMR today, learn lessons from their experiences, and explore opportunities to replicate their successes elsewhere.

Key messages:

- A whole society approach is crucial.
- Local champions are important for driving the successful implementation of initiatives.
- Community ownership is critical for the success of initiatives.
- Despite having local impact, scaling up successful initiatives can be challenging - with funding and implementation support often difficult to access.
- Interventions need to build on, and work within, existing local structures.
- Failing is not always a failure – as long as the lessons from it can be learned and contribute to the evidence of what works.
- Winning hearts and minds is key to changing behaviour – and is central to success.

Case Study: Superheroes Against Superbugs, India

In India, the 'Superheroes Against Superbugs' initiative is spreading awareness of antibiotic resistance to young children through comics, storytelling and role play. India is at the forefront of the spread of drug-resistant infections, where nearly 60,000 newborns are dying every year due to infections caused by superbugs and widespread inappropriate use of antibiotics. Through workshops, the team is helping to start a better conversation about the proper use of antibiotics and encouraging children to spread these messages to their parents and wider community.



Case Study: Farming healthier chickens, Vietnam

The widespread and excessive use of antimicrobials in farming is well documented. The Oxford University Clinical Research Unit has partnered with the Vietnamese Sub-Department of Livestock Production and Animal Health to help farmers raise healthy chickens for meat, while also consuming lesser amounts of antimicrobials. The partners are conducting a randomised control trial over three years in Viet Nam's Mekong Delta, which has already helped to develop farm health plans, farmer training and diagnostics support to 91 randomly selected farms.



Case Study: Improving water, sanitation and hygiene in healthcare facilities, Cambodia

In Cambodia, WaterAid, with partners such as WHO and UNICEF, catalysed action and supported the Ministry of Health to build strong policy, research and related action on water, sanitation and hygiene (WASH) in healthcare facilities throughout the country. This relied on effective interagency collaboration, led by the Ministry of Health, and alignment of partners' WASH in healthcare facilities' strategies with Ministry of Health priorities for quality Universal Health Coverage. The progress made on WASH is being further strengthened and integrated into Cambodia's activities on tackling antimicrobial resistance.



Behaviour Change

To sustainably tackle AMR, we cannot rely solely on developing new drugs, but must also take actions that will reduce the chance of resistance occurring in the first place. Certain human actions are increasing the occurrence of drug resistant infections, and so interventions that encourage changes to these behaviours could have hugely positive impacts on resistance levels and human health.

Successful behaviour change interventions take into account the fact that human nature is not always rational and there are frequently a number of complex drivers at play, so knowledge transfer is not always sufficient to create real change. It goes beyond initiatives to simply raise awareness and comprehension of the problem. Instead, these interventions focus on moving people towards specific actions to reduce AMR, working with users to understand why they behave the way they do and the potential routes to facilitate change.

Global stakeholders could better harness the potential behaviour change has to impact AMR, changing the dynamics of healthcare settings to facilitate movement towards better antimicrobial stewardship.

Key messages:

- Behaviour change has the potential to be a powerful tool for tackling AMR.
- Awareness and information may lead to intentions to do better but they rarely lead to actual behaviour change.
- When designing National Action Plans to address AMR, we need to focus on behavioural interventions that move people towards specific actions that support mitigation of AMR.
- Co-creation of interventions with the intended end user is essential for uptake.
- We can identify high level patterns of behaviour across geographies and use this to design impactful interventions, which we then adapt to local nuance.

Case study: Antibiotic Smart Use programme, Thailand

Started in 2007, this programme is an innovative way to promote the rational use of antibiotics through a behaviour change intervention. The intervention is aimed to getting patients to 'self-diagnose' bacterial throat infections based on four clinical criteria.

Delivered through pharmacies, customers were asked to examine their own tonsils using a tongue depressor, mirror and white light illuminator and compare their throat to pictures of a typical bacterial and viral throat infections.

Where bacterial infection was not found, the pharmacists provided alternative treatments to relieve the customers symptoms, reducing inappropriate antibiotic use. The study found 90% of 998 customers fully recovered and 80% were satisfied with the treatment outcomes.

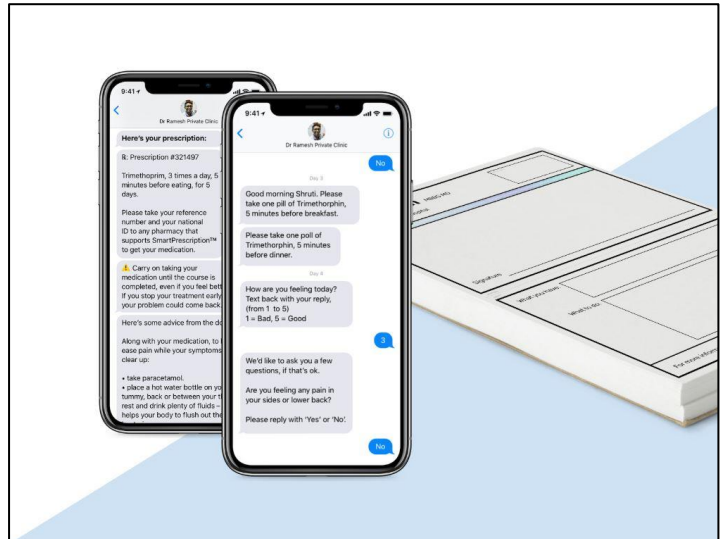


Case Study: IDEO Human-Centred Design project, Kenya and India

This project (funded by Wellcome) worked with prescribers in Kenya and India to design an intervention aimed at reducing the number of antibiotics taken unnecessarily. The work took a human-centred design approach, working with users to design a tool that meets their needs while also shifting behaviour.

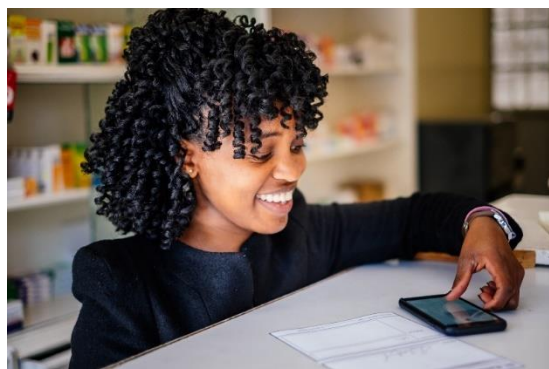
Smart Prescriptions is an intervention which uses a digital electronic medical record (EMR) platform to better support prescribing decisions and patient health outcomes by:

- Providing prescribers with access to international prescription guidelines/protocols to suggest whether antibiotics would be appropriate based on symptoms.
- Sending prescriptions to the patient via text message, along with additional information on symptom management and reminders to take medication (if prescribed).
- Providing an option for delayed prescribing to allow the patient time to try symptom management interventions.



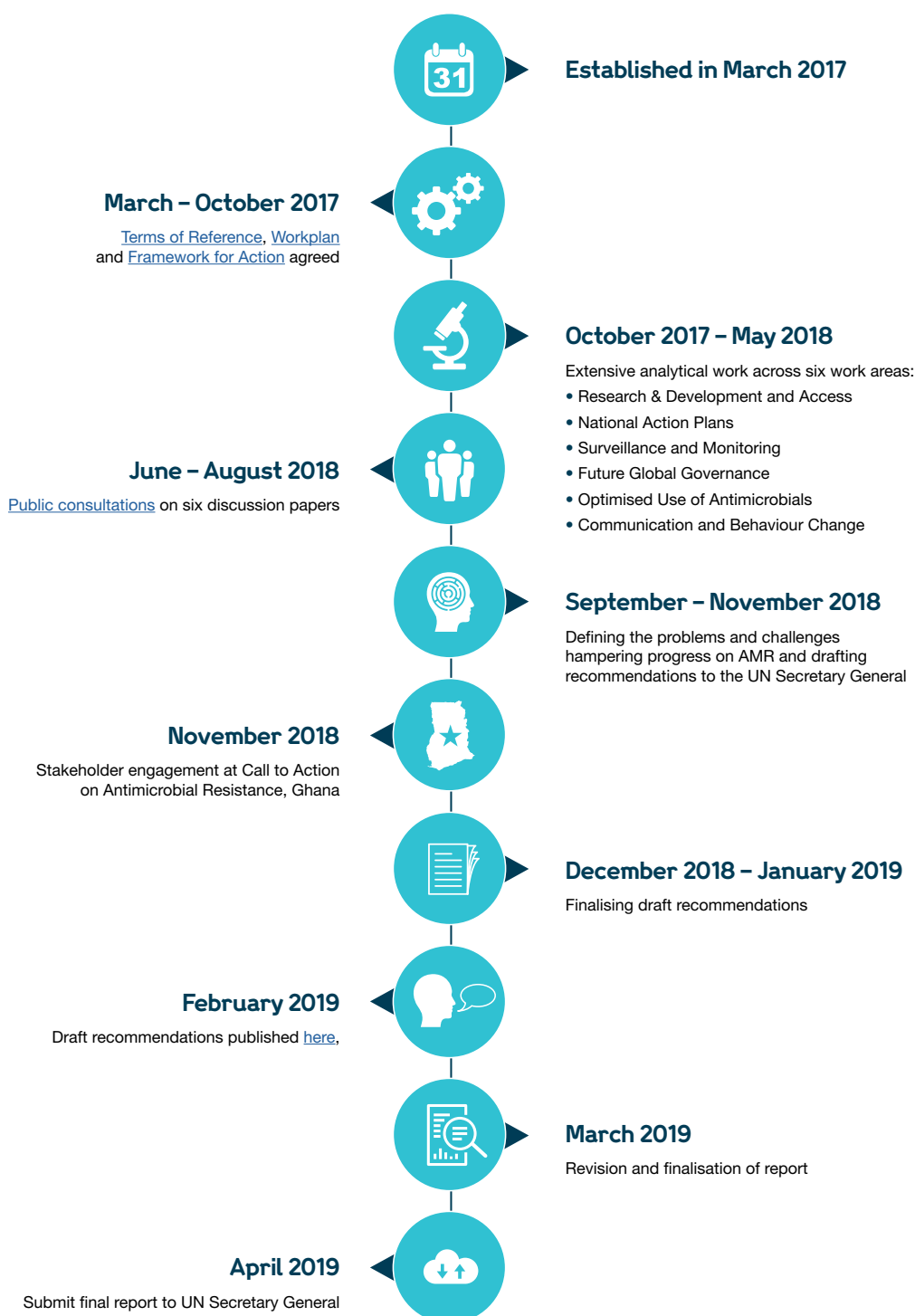
Why it works:

- Enables doctors to access prescription guidelines in the moment of diagnosis, increasing confidence in their decision to recommend antibiotics.
- Acts as a communication tool within a consultation to improve patient understanding of their diagnosis and prescription, reinforcing doctors' decisions and allowing patients to take responsibility for their own health.
- Enhances the value patients place on a genuine prescription from a doctor, while also facilitating longer-term care the doctor can provide outside of the consultation.



Interagency Coordination Groups (IACG) on Antimicrobial Resistance

With the IACG now entering the final stages of their deliberations, the Call to Action event provided an ideal opportunity to update the AMR community on their work to date and the approach being taken in the development of recommendations to the UN Secretary General. The event also provided an opportunity to engage stakeholders on key areas of work and outline the expected timeline for delivery of the report.



IACG recommendations to the UN Secretary General will be:

- Innovative
- Disruptive
- Catalytic
- Cross-sectoral
- Practical for rapid implementation
- Designed to bring sustained action

[The IACG session covered three key areas](#) of the IACG's work; Future AMR Governance, Optimised Use of Antimicrobials and R&D and Access. Building on the [key challenges](#) identified by the IACG, each session explored the blocks to implementation of [existing recommendations](#) and potential solutions to the challenges identified.

Future AMR Governance

Blockers:

- Growing political commitment and country level action but it needs to be sustained.
- Promising collaboration by the Tripartite Plus but it needs to expand.
- Lack of data in all One Health areas, especially the environment.
- Lack of clear targets.
- Siloed/uncoordinated resources.
- Lack of capacity at country-level.
- More effective One Health collaboration needed at all levels.

Potential solutions:

- A governance mechanism is needed to sustain the momentum created by IACG "cannot go back to square one".
- The mechanism needs to be lean, building on existing structures and global efforts, e.g. the Sustainable Development Goals, and should be set-up as a matter of urgency.

Key roles:

- Accountability.
- Targets.
- Longer term treaty?
- Making optimal use of resources.
- Collating and interpreting data for the international community.
- Engagement of all stakeholders including civil society and private sector – broader than national governments.

The governance structure must support:

- Country action/National Action Plans.
- Bottom-up approaches and grassroots action.
- Strengthened Tripartite Plus.
- True One Health approach.

R&D and Access

Blockers:

- Lack of transparency and fairness, as well as clear rules regarding stewardship and access.
- Insufficient mechanisms or arrangements to ensure input from all perspectives is taken into account.
- Need for coordinated R&D priorities across One Health areas, especially in diagnostics.
- More effective public-sector policies needed to govern clinical trials, avoid duplication of research, scout other R&D sources, and collaborate with private sector for research uptake.
- Market dynamics and business models.

Potential solutions:

- Establish a transparent and fair R&D ecosystem based on:
 - Clear rules on stewardship and access.
 - Partnership arrangements to ensure collaboration from all stakeholders.
 - Focusing on diagnostics and access from a One Health perspective.
 - Repurposing existing technologies.
 - Drawing from lessons learned from past experiences (e.g. HIV treatment, Neglected Tropical Diseases).
 - Globally addressing substandard and falsified drugs.
- Public sector role to protect public goods
 - Scouting academic institutions and startups for potential research.
 - Policies to ensure research uptake by private sector.
 - Public domain platform for research.
 - Collaboration with regulators and their role (e.g. preventing duplication of research, managing clinical trials).
- Rebalance supply-driven market vs. need/demand driven.

Optimised Use

Blockers:

- The complexity of the area with many stakeholders, different interests, lack of clarity on responsibility, accountability.
- Lack of data and information.
- Lack of common definitions on optimising use/responsible and prudent use.
- Lack of effective (targeted) communication.
- Access/excess.

Potential solutions:

- Take complexity into account.
- Guidance and industry standards.
- Regulatory bodies and regulations, enforcement.
- Adapting curricula.
- Take a systems approach, rather than individual approach.

The Role of Civil Society and Private Sector as Agents of Change

Key to the aims of the Call to Action was the drive to bring in the voices of those organisations who can support governments and the UN System in the development and delivery of National and Global Action Plan implementation.

“AMR is a complex problem and it requires multiple actors to play their part. But by making everyone responsible, the risk is that no-one is responsible. Fundamentally, we need to clarify the responsibilities of different actors and create strong processes for holding each other accountable.”

Damiano de Felice, Director of Strategy, Access to Medicine Foundation

Civil Society and Private Sector both have a lot to contribute in this space. They are a key resource and it is essential that we take time to understand how they can best contribute. The Call to Action looked at five key areas of AMR and the role that Civil Society and Private Sector can have in that space. The sessions looked to encourage broader thinking from governments and UN Organisations about how they can better engage with these groups to deliver meaningful action.

Key points:

Civil Society has an important role in **accountability**, but they are also key players in **implementation** of National Action Plans, gathering the evidence on what works and what doesn't.

“Governments must recognise Civil Society as partners.”

Cecilia Lodunu-Senoo, Executive Director, Hope for Future Generations

Private Sector has a substantial role to play in **strengthening capacity** and helping to **define and action** standards of practice.

Governance mechanisms are needed to enable Civil Society and Private Sector to meaningfully contribute to action on AMR. For Private Sector engagement, transparency and rules defining the terms of engagement are essential.

Governments need to create **enabling environments** to engage communities at different levels.

“Collective good is far more important than political good.”

Abdul-Nashiru Mohammed, country Director, WaterAid Ghana

Transparency and capacity:

- Where data is held, it is essential that organisations are transparent and make their data available to reporting organisations.
 - Surveillance capacity needs to be strengthened to improve reporting of disease burden.
 - A lack of surveillance within the environment leaves us in need of data to fully understand the risk posed to human health.
- Standardised data requirements and alignment of regulations and guidelines are needed.
- We need to automate data transfer to ease burden.
- We need to promote consistent approaches by the Private Sector across One Health issues – through international collaborations and education, we can change practices.

Consumer Advocacy

- Consumers can create a ‘constructive tension’ with the private sector and government to drive change.
- But... consumers need support to know what they could and should be asking for.
- For example, we need to direct consumers to standards which meet public health goals and are sustainable for food production systems. We need to generate support for systems where medically important antibiotics are not used routinely but instead, in a constructive and optimal way.

“We have to get past individual motives about what is in the interests of our (own) organisations or sectors when dealing with an issue like this. The more we can align the motivations, the more likely we are, based on mutual trust, to accomplish the big goals and partnerships that we are seeking.”

Gary Cohen, Executive Vice President, Global Health and President of the BD Foundation

Next steps – where should we look to focus action?

“We don’t have a generation to get an answer’. How can we fast forward? It can’t be business as usual. We can’t decide we are going to take on programmes that may take decades before they are realised.”

Michael Osterholm, Director, Centre for Infectious Disease Research and Policy

The Call to Action event ended by looking at the next steps for AMR and where individuals, organisations, governments and the UN system can each play a part. Once the IACG submit its report to the UN Secretary General in April 2019 it will be down to us, as AMR stakeholders, to push for continued global governance and engagement to support national efforts. Key areas identified for focus were:

- Partnerships
- Improving data sharing platforms
- Integration – AMR is a window into the failures of our health systems and we need to integrate AMR measures into wider work to improve One Health, e.g. UHC, WASH.
- Communication – what is it that governments really want the private sector to develop and how will this be recognised, rewarded and purchased?
- Accountability Frameworks
- Targets
- Monitoring and Evaluation frameworks to track progress by countries
- Systems and structures – globally, nationally and locally
- Greater political buy-in and political leadership to see the transition from National Action Plan development to implementation.
- [The Ghana Declaration: Call to Action on Antimicrobial Resistance](#)

“Signatures on this document have to be an absolute commitment and not just a paper commitment if we are to make progress.”

Jay Varma, Senior Adviser, Africa CDC