



## 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.