Report of the sixth meeting of the Interagency Coordination Group on Antimicrobial Resistance (IACG)

BACKGROUND

In UN General Assembly Resolution A/RES/71/3, Member States asked the Secretary-General to “establish, in consultation with WHO, FAO and OIE, an ad hoc interagency coordination group, co-chaired by the Executive Office of the Secretary-General and WHO, drawing, where necessary, on expertise from relevant stakeholders, to provide practical guidance for approaches needed to ensure sustained effective global action to address AMR”.

In response to this request, the Secretary-General convened a group of 27 organizational members and independent experts to carry out this work on his behalf. This Ad Hoc Interagency Coordination Group on Antimicrobial Resistance (the IACG) is co-chaired by the Deputy Secretary-General and the WHO Director-General. At the request of the Secretary-General, the tripartite Secretariat of FAO, OIE and WHO is hosted in Geneva. The IACG’s work is directed by three conveners: Professor Junshi Chen, Professor Dame Sally Davies, and Ms Martha Gyansa-Lutterodt.

More information about the IACG, including records of all previous meetings, is available at www.who.int/antimicrobial-resistance/interagency-coordination-group/en/.

ORGANIZATION AND PROCESS OF THE MEETING

1. The meeting was held on the side of the Prince Mahidol Award Conference (PMAC) in Bangkok, Thailand.

2. Of the 27 members of the IACG, 23 were present. The two Co-Chairs Dr Tedros Adhanom Ghebreyesus and Ms Amina J Mohammed, Mr Martin Khor, South Centre, and Dr Luiz Loures, UNAIDS, sent their apologies.

3. Individual sessions within the meeting were alternately chaired by the IACG co-conveners.

4. Dr Naoko Yamamoto, Assistant Director-General of Universal Health Coverage and Health Systems at WHO, delivered opening remarks on behalf of Dr Ranieri Guerra, Assistant Director General for Special Initiatives at WHO. She highlighted the importance of AMR in health systems strengthening and universal health care.

5. Through a video address, the IACG Co-Chair, UN Deputy Secretary General Ms Amina J
Mohammed, emphasized the need to come together across sectors with a One Health approach to deliver an integrated agenda on AMR that ensures the health and well-being of both people and the planet. She encouraged IACG members to leverage the convening of Prince Mahidol Award Ceremony to engage with academics, advocates and technicians working on AMR.

6. Dr Faith McLellan, Head of the IACG Secretariat, ran through the agenda and meeting objectives; and thanked IACG members for their hard work in producing the internal IACG subgroup update reports for discussion at the meeting.

7. Ms Martha Gyansa-Lutterodt facilitated a discussion on plans for reporting progress to the UN Secretary General in 2018. It was agreed that two progress reports would be submitted; a short update to the United Nation SG, and another public facing progress report. While the SG has not mandated a progress report before the final report in 2019, Member States and stakeholders are keen to understand progress of IACG. It was agreed that each subgroup would draft a short update for the progress report, which will be supplemented by further discussion papers or reports from subgroups throughout 2018 and 2019 as the IACG develop their recommendations.

8. The group discussed a timeline of work for 2018, including meetings and country visits. Participants agreed to investigate the possibilities of carrying out six country visits, including one in each region. In all cases, the group agreed to leverage existing opportunities and planned meetings, and to minimize costs to the IACG where possible. Country visits will fulfill the dual goals of enabling political advocacy with key policy makers, as well as giving IACG an opportunity to update countries on their work plans and to gather information to inform their recommendations.

9. The IACG Secretariat introduced the concept of the recently-established IACG UN Agencies Working Group. IACG members agreed that the working group could be a useful way to engage in dialogue with UN organizations not represented in the IACG, and to gain insight into how IACG’s final recommendations could be operationalized.

10. After a presentation by Dr Liz Taylor, WHO (on behalf of the tripartite) on the global M&E Framework for AMR, IACG members congratulated the tripartite on this piece of work and discussed the progress on indicators and reflected on the need for better monitoring in plant and environmental health as well as the need to include indicators for access.

11. IACG members broke into subgroups for breakout sessions to prepare for their summary presentations and discussions with the wider IACG group.

12. Each IACG subgroup summarized their progress to date, presented highlights of their work so far, challenges, and their plans for completing work, including consultation where appropriate. Different subgroups will use various methods of work including teleconferences, overviews of existing literature and resources, consultations with external experts and commissioning papers to inform the recommendations. The subgroups are:
   - **Subgroup 1**: Communication, public awareness, behavior change, professional education
and training;
- **Subgroup 2**: National Action Plans;
- **Subgroup 3**: Reduce need for antimicrobials and unintentional exposure, and optimizing use;
- **Subgroup 4**: Invest in innovation and research, and boost R&D and access;
- **Subgroup 5**: SDG alignment, Global Governance post 2019, and UN role and responsibilities;
- **Subgroup 6**: Surveillance and monitoring for antimicrobial usage and resistance;

13. Participants considered the value of **continuing subgroups** and chose to have all subgroups continue with their work after Bangkok and recommend ways to coordinate work on AMR with that on universal healthcare, the SDGs, and other initiatives.

14. IACG members also considered other **ways of working**, outside of subgroups, that can support the development of substantial recommendations by 2019—including the option of commissioning papers.

15. Professor Dame Sally Davies facilitated a discussion to clarify the role and mandate of the IACG, and explore the **types of recommendations** that the IACG should expect to make in 2019. Key points included (but not finalized) in the discussion were:
   - The IACG is not intended to replace the tripartite, nor be a delivery organization;
   - The IACG was not established to replicate or deliver the UN family and Member States commitment to engage, consult and work with civil society, private sector and others;
   - A mechanism is needed for collating all recommendations and gaps to arrive at a cohesive set of recommendations;
   - Recommendations can be short-, medium-, or long-term;
   - Recommendations could be high-level, applicable to different contexts, or be broken down by socioeconomic category or capacity to implement;
   - Recommendations could focus on organizations (e.g. tripartite), Member States or other stakeholders, or all three.

16. Participants agreed on the need for a clear, cohesive set of **recommendations** that includes prioritization and step-wise implementation where appropriate. Recommendations will need to be carefully defined, to ensure that they are keeping with the IACG mandate and are at the right level for the Secretary General. The recommendations should add value to what has already been said, encourage UN agencies to work together, leverage and reinforce existing work on AMR, and highlight any gaps where further action is needed.

17. The IACG held a dialogue with two AMR stakeholders: Access to Medicines and UNDP. Access to Medicine Foundation presented their 2018 AMR Benchmark that was recently launched at Davos during the World Economic Forum. The benchmark is a new tool to assess what 30 pharmaceutical companies are doing to respond to AMR and their presentation took into account the work and remit of the IACG. UNDP spoke about their future role in AMR and helping coordinate the multisector response outside the health sector to support WHO leadership inside the health sector.

18. IACG members reviewed plans for **engaging stakeholders** in the IACG process. All agreed that...
while the group is not mandated to undertake deep stakeholder consultation, it is important to continue engaging stakeholders after Bangkok. The group tasked the Secretariat with planning face-to-face briefing/discussions with key industry and civil society alliances in June 2018, alongside Member State briefing/discussions. In the meantime, individual subgroups will continue to engage stakeholders, in accordance with the previously agreed terms, and in line with their variable work plans and preferred ways of working.

19. On Day 2 of the IACG meeting (30 January), group members joined the Side Meeting hosted by USAID, the US National Academy of Medicine, and the Wellcome Trust on a One Health Approach for Tackling Antimicrobial Resistance. Four members of the IACG served as panelists and gave a background on IACG method of work and increasing civil society input into the IACG process. Panellists also spoke on issues surrounding access, excess and the relation of several SDGs to AMR, the need for effective global and regional support for national action plan development and implementation, and the need to have a public face for AMR.

20. On Day 3 (31 January), IACG members joined PMAC-organized field visits to see how health care initiatives are being implemented to promote knowledge and how One Health approaches to control AMR are being used in different settings. Some field visits attended by IACG members include:
   - Antibiotic Smart Use Program to Promote Rational Use of Antibiotics in Hospitals and Communities (Location: Phraphuthabat Hospital and Ban Lang Khao Health Promoting Hospital, Saraburi Province)
   - An Evap* Pig Farm: Commitments to Responsible Antimicrobial Use in animals (Location: Rayong Province)
   - Commitments to Responsible Antimicrobial Use in Farms through Demands of Consumers of Farm Products (Location: A conventional pig farm in Ratchaburi province)

21. On Day 4 (1 February), IACG hosted a civil society engagement panel discussion, called Access without excess. WHO Director-General and IACG Co-Chair, Dr Tedros Adhanom Ghebreyesus, opened the panel, reiterating the tripartite’s commitment to strengthening the secretariat and ensuring ongoing support for the IACG (to this end the FAO will second someone to the IACG Secretariat). He emphasized the important role of civil society in tackling AMR and the need for CSO involvement to move the AMR agenda forward.

22. The panel discussion was moderated by IACG member and UNICEF Chief of Health, Stefan Peterson. Speakers at the event included: Dr Amit Sengupta, PHM, Dr Mercedes Tatay, MSF, Dr Damiano Felice, Access to Medicines Foundation, Mr KM Gopakumar, Third World Network, Dr Mirfin Mpundu, Head of ReAct Africa, Dr Hanan Balkhy, Saudi Arabia (IACG), and Dr Viviana Munoz, South Centre (representing Mr Martin Khor, IACG). Key messages to emerge from the discussion include:
   - Currently for most people in the world, especially those in low and middle-income countries, the issue is lack of access to antibiotics rather than excess: Many more people die from not being able to get antibiotics, rather than from resistance per se.
   - Appropriate access to quality assured antibiotics and interventions are essential and
antibiotics should not be denied in the name of AMR stewardship – there are two other legs to the AMR stool including better infection and prevention control and better diagnostics.

- The public needs to be given a stake in conserving antibiotics through better education.

**NEXT STEPS**

23. The next face-to-face meeting for 2018 is under discussion.

24. The drafting group will meet in April 2018 to develop a full draft of the progress report for the UN Secretary General, to be presented and finalized at the next face to face meeting ahead of submission to the UNSG in July 2018.

25. Subgroups will meet—either face-to-face or by teleconference—over the next six months.

26. Subgroups will create brief discussion papers from subgroup work for public discussion on the IACG website over the coming months.

27. The Secretariat will map out international activities and meetings on AMR taking place in 2018 and 2019.

28. The Secretariat will conduct a modified Delphi exercise to begin collating, discussing and refining draft IACG recommendations.