Consultation on a draft Global action plan to address antimicrobial resistance

The questionnaire is divided into four sections. The questions are broadly framed and intended to give you the opportunity to enter into some depth and explain your organization's viewpoint. While only questions marked with * are mandatory, we would appreciate answers to as many as possible. Where a choice of answer needs to be selected please highlight your answer.

Before answering the questions, please refer to our list of supporting documents.


About you

1. Name of individual respondent*

(deleted)

2. Email address* (preference for official email addresses)

(deleted)

3. Are you authorised to represent your organization or interest group?* Yes__X__ N ___

4. Organization Name*

PA International Foundation

5. Address of the organization*

Rue Franklin 108
1000 Brussels, Belgium

6. Organization website (if available)

Pa-international.org

7. Country*

Belgium

8. Type of Organization*

• Government department, ministry or agency

• Development or aid agency, foundation, trust or other funding authority

• International developmental organization

• Academic institution
• Civil society
• Private sector
• Other non-governmental organization (NGO)
• Other (please specify)

9. Main sector of interest
• Human health
• Animal health
• Finance/economics
• Agriculture or food
• Environment
• Communication, education and community
• Other (please specify)

10. Would you like to be added to our mailing list to receive updates on the development of the global action plan? * Yes X_ N __

General questions

1. From the perspective of your organization, what are the most important areas of concern in AMR?

   Given the international nature of the AMR threat, the PA International Organization is strongly concerned by the lack of practical coordination and multi-stakeholder action encompassing all countries and regions. Effective action depends on the involvement of all players, including notably the private sector. Since all areas of the world are confronted with the AMR threat, joint approaches can optimally support the development of useful and cost-effective solutions that can be applied anywhere with the support of governments and the private sector.

   Another imperative is to stop the continued (over)use of antibiotics in the animal husbandry (for growth promotion) sector, which is truly staggering given all of the damning evidence of the risks involved for human health. In China in animals several major categories of antibiotics have reached 100% inefficacy. Several alternative methods and products are available to wean the animal husbandry sector off antimicrobials, but effective approaches are consistently blocked by the pharmaceutical and agricultural lobbies – in the US, in China and in the EU.

   PA International is convinced that without addressing these two areas, it will be impossible to change the status quo in the global fight on AMR.

2. Is your organization currently involved in work related to AMR? Yes X_ N __
If Yes, How?

The PA International Foundation has conducted in-depth research on the AMR problem, both globally (through a so-called Elite Poll) and in regulatory sense in China, the US and the EU. Results were presented to numerous stakeholders including the ASEAN Secretariat, the European Commission, the European Council, the European Parliament, the US Bipartisan Committee, the Chinese Government and individual institutions and organisations at several levels. The Foundation has met with key stakeholders from the private and public sectors in all of these areas. On this basis PA concluded AMR has no ‘face’. Only after this has been resolved practical action can be taken through consumer based action.

Questions about the draft global action plan outline document

Before the WHA resolution was adopted, two WHO AMR Strategic Technical Advisory Group (STAG) meetings were held in anticipation, which included members plus a large number of representatives from other organizations. These meetings identified key issues, concerns and led to the development of a draft outline.

As this consultation progresses and stakeholder meetings are held, the secretariat will harvest and incorporate the input into the draft global action plan.

1. How would you rate your understanding of WHO’s intention in the development of a global action plan to address AMR?
   Very good_ X  Good__ Fair__ Poor__
   Additional comments

2. From the perspective of your organization, are the major issues relating to AMR outlined in the draft global action plan? Y_ X_ No __
   If No, what additional issues need to be addressed?
   Multi-stakeholder consumer targeted action must be agreed while regulatory measures must be taken to punish the use of antibiotics in animals for growth promotion and prevention; Members of Parliaments must insist in the strongest possible reductionist measures now, not in a few years. Subsidies to pharma companies developing new molecules or alternative products must be stopped if they still provide antibiotics to farmers; in China veterinarians must be re-introduced in the animal health environment with strictest guidance on their prescription approach; medical doctors must be provided with regulatory tools so as to substantially raise the barrier of antibiotics prescription for patients.
   Questions on the ‘Building blocks’ described in the draft outline.

   You will notice, the global action plan has been constructed around “building blocks” in recognition that different countries will have different starting points. In this situation, countries can choose
building blocks to concentrate upon. Each building block specified has been identified as a key area where specific attention, planning and work are needed to achieve progress in addressing AMR. Through questions in this section, we would like to hear your opinions on these building blocks in more detail.

I. Building block-1: Increasing awareness and understanding about AMR and of the actions and changes needed

a) What do you consider to be the main issues under this priority?

One of the main issues is to ensure full awareness at all sectors of society by spreading the message of the imminent AMR crisis, particularly to consumers and farmers. This message cannot be compromises by undue influence from the private sector, such as pharmaceutical companies and particularly the animal husbandry industry, many of whom work in their own interest to perpetuate the current antibiotics usage regime by disputing the evidence on AMR and antibiotics overuse. Many of these stakeholders, for instance, continue to dispute the effects of antibiotics use in animals despite ample scientific evidence that this practice contributes to a worsening of the AMR problem. The effect of antibiotics use by both humans and animals and the long-term consequences thereof must clearly be communicated to patients, consumers, farmers, and healthcare practitioners alike.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

It is extremely important to have full multi-stakeholder cooperation, particularly involving the private sector without which effective change is impossible. Private sector stakeholders, particularly from the pharmaceutical and agricultural sectors, must be willing to take responsibility for their role in addressing AMR and must partake in efforts to bring AMR to the public’s attention. All stakeholders have a responsibility to communicate the dangers of AMR to others. However, healthcare professionals and veterinarians play a particularly important role and indeed carry a responsibility for spreading the word and ensuring prudent use of medicines. Medical and veterinary education programmes must adequately inform these professionals about the dangers of AMR so that this information can be passed on to patients and farmers. Governments should be encouraged to fund public campaigns to raise awareness of AMR and to promote prudent use of antibiotics by patients. Social media can play an important role in spreading the word, reaching consumers of all ages from all around the world. The WHO itself can play an important role in disseminating information. The WHO should appoint an eminent Goodwill Ambassador specifically for AMR, who can take an important role in spreading the word globally, particularly on social media.

In order to ensure widespread public understanding TV programmes with public appeal must be organised with industrial sponsoring. Substantial fines to companies continuing the delivery of ‘illegal’ antibiotics must be condemned to pay fines into an AMR publicity fund.

c) What steps have already been taken to address this priority? (please provide references where possible)

PA and a Chinese industrial organisation plan a major conference at top level in Beijing in Spring 2015 addressing key issues with CNN and other major media involvement.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

- Improvement in consumer knowledge and awareness of AMR. This can be measured through periodic polls of all stakeholders in all world regions – e.g. by carrying out a global poll every
year to enquire about attitudes, knowledge, and practices regarding antibiotics consumption by patients.

- Radical improvement in AMR prescription and consumption practices over time, including in the animal sector – e.g. by carrying out a global survey of doctors, patients, and veterinarians and gathering full antibiotics sales and consumption data for humans and animals.

- The number of countries carrying out awareness-raising efforts such as public health campaigns to educate consumers about AMR (in humans and in food-producing animals) and to promote prudent use. Within 2 years, this effort should comprise the majority of WHO member states.

- Social and TV media programmes on AMR can be stimulated, initiated, tracked and measured. The goal should be a yearly increase in the number of users on major platforms such as Facebook and Twitter who are discussing AMR.

II. Building block-2: Identifying the most important approaches for preventing development of infections and the steps needed to move beyond guidance to more effective implementation of such approaches

a) What do you consider to be the main issues under this priority?

Given the high volumes of antibiotics use in animals, the prevention of infection in animal husbandry and aquaculture is key important. Adequate husbandry practices, complemented with innovative feed additives and optimal animal nutrition, can preclude the need for most antibiotics use while ensuring strong growth rates in animals. This not only protects animal health, but also reduces the instances of antibiotics-resistant infections being passed via the food chain.

While much is known about effective preventive measures, many governments have failed to take effective action. Policymakers will not be likely to change their current practices unless they see compelling arguments to do so. The WHO and other actors may consider setting up an estimate of the cost-savings that effective preventive approaches would bring to governments each year in terms of healthcare savings and maintaining productivity. These economic figures will lead to a clearer understanding by governments around the world that preventive approaches for AMR, while seemingly costly in the short term, are in fact highly cost-effective in the long term. This econometrical model should also include the costs of antibiotics use in animal husbandry and the effects of cross-border trade (see the discussion on building block 6, below).

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

- Policymakers must take the initiative to resist the pharmaceutical and farm lobbies and usher in new regulations that require preventive approaches such as good animal husbandry practices and nutrition in order to prevent disease.

- Policymakers should support the development and implementation of alternative measures in animal husbandry to prevent disease, including phage therapy and feed additives. These are much more cost-effective than pumping money into the development of novel antibiotics. This should go hand-in-hand with efforts to facilitate the regulatory approval of such products on the market.

- Farmers and pharmaceutical companies must be willing to change their current practices and must be held accountable for failing to do so. Veterinarians play a key role in educating farmers about preventive practices for animal husbandry. Consumers can be educated about the benefits of antibiotics-free animal husbandry.

- Set up an international study carried out by experts to measure the cost savings involved in effective actions to prevent infectious diseases in humans and animals and compare these figures to the costs of developing new antibiotics as well as the costs of inaction. These figures will help make the case for immediate and powerful actions by governments.
c) What significant work has already been done to address this? (please provide references where possible)

See above

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

- Within 2 years: governments around the world usher in binding measures (animal husbandry, vaccination, use of feed additives/alternative treatments) to prevent disease in food-producing animals. This should be combined with strict enforcement measures. Within a year after that, therapeutic usage rates in animals should go down significantly.
- Within 2 years: governments commit to supporting research, development, and implementation of alternative measures for animal husbandry aimed at disease prevention, including innovative feed additives, phage treatments, husbandry measures, etc. These initiatives should also include multilateral or even regional agreements to pool resources for R&D and to allow simultaneous authorisation of these new treatments and products. Within 5 years, there should be a number of new products on the market and government programmes to enhance the development of alternative products.
- Within 2 years: the WHO, in cooperation with experts from around the world, issues concrete figures on the cost savings of preventive approaches in humans and in animals.

III. Building block-3: Optimizing the use of existing antimicrobials for human and animal health and in agriculture

a) What do you consider to be the main issues under this priority?

Effective regulation of antibiotics is absolutely essential in order to reduce excessive use of these products. The use of antimicrobials in animal husbandry for growth promotion and prophylactic purposes should be banned entirely without exception, while therapeutic use should be kept to an absolute minimum. Antibiotics for humans should be strictly regulated so as to reduce inappropriate prescription practices and particularly over-the-counter sales. This is especially important for all CIAs and novel antibiotics. In addition, governments may consider raising the prices of antibiotics in order to prevent inappropriate use, while ensuring fair prices and access in regions where too few medicines are available. Regulations must prohibit kick-backs and other incentives from pharmaceutical industries to doctors and veterinarians who prescribe antimicrobial drugs.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

Governments must take action to ensure that adequate regulations are put in place and that these regulations are effectively enforced. They can no longer be open to lobbying by private sector groups who benefit from high antibiotics sales. Governments of wealthier countries should assist developing countries to implement and enforce similar regulations, otherwise the global spread of AMR will continue unabated with devastating consequences for all. This is essential for countries like China and India, which are two of the highest antibiotic-consuming countries in the world, and which would significantly benefit from multi-lateral cooperation to address the AMR problem. Doctors must take the lead in prescribing antibiotics only when strictly necessary, while pharmacists must deny
over-the-counter purchases of these important drugs. Pharmaceutical companies must stop current sales and marketing practices that encourage incorrect antimicrobials use. Companies that do so should be named and shamed by public health authorities and the media.

c) What steps have already been taken to address this priority? (please provide references where possible)

N.A.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

- A full, global ban of antimicrobials use in animals as growth promoters or prophylactically – this should take no longer than 2 years.
- Within 2 years: countries should outlaw kick-backs and other incentives by pharmaceutical companies to doctors and pharmacists who prescribe veterinary drugs. Governments must also ban over-the-counter sales and punish doctors and pharmacists who have above-average antibiotics prescription rates. Governments should implement measures to ensure that these policies are being implemented and enforced.
- Within 2 years: the WHO should complete a global study on whether raising antibiotics prices would reduce incorrect consumption of antimicrobials and issue concrete advice on the implementation of these results.

IV. Building block-4: Identifying and closing critical gaps in knowledge needed to address AMR

a) What do you consider to be the main issues under this priority?

Global surveillance of both antibiotics usage rates and resistance rates in humans in animals is extremely important in identifying problems, measuring progress, and evaluating the effects of various approaches. Surveillance should be one of the top priorities in the action plan since adequate data can help inform every single building block while measuring progress and establishing causal relationships between various approaches to addressing AMR and their outcomes. Publication of AMR related deaths in hospitals and elsewhere. Publication of countries where antibiotics and certainly the latest are being used and reducing development aid to such countries.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

The WHO should advise governments to set up national surveillance systems following internationally accepted standards so that there is globally comparable data on sales and consumption of antimicrobials, counterfeit drugs, and antibiotic resistance rates in humans and in animals. Data should be gathered and made publicly available on a yearly basis, so that progress can be compared within and between countries and regions. Major TV and social media based popular information programmes must be organised. AMR should be introduced in school curriculae.

c) What steps have already been taken to address this priority? (please provide references where possible)
d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

- Within 2 years, the majority of WHO countries should commit to carrying out yearly surveillance on resistance and antibiotics usage rates and sales, including counterfeit drugs.
- Within 5 years, all countries should be gathering this type of data and publishing it.

V. Building block-5: Developing an innovative and sustainable approach to develop and distribute critical products and technologies needed to address AMR

a) What do you consider to be the main issues under this priority?

Given the extremely high costs and long period of time associated with the development of new antibiotics, much more needs to be invested in the development of alternative medicines and treatments. This is particularly necessary in the animal husbandry sector, where antibiotics are used excessively to promote up to 30% growth and where effective and inexpensive alternatives are already available, though not widely in use. Small, innovative companies must be empowered to bring their antibiotics alternatives and other solutions into mainstream use.

In order for alternative growth promotors to be effective overly intensive husbandry must be changed with more hygiene and less stress for the animals.

Another issue is to avoid the costly and ineffective duplication of efforts. Globally, countries are faced with similar problems, whether about how to reduce antibiotics usage or stimulate the development of new medicines and alternatives. Therefore, efforts to develop and implement new approaches must be made in cooperation with as many countries and regions as possible. This applies both to cooperation and agreements for simultaneous regulatory approval across countries. The advantage of this is that costs and risks of R&D are shared between companies, governments, and regions, while the benefits will be shared equally. Moreover, speeding up research and development in this way speeds up implementation of newly identified solutions, while cooperation enables partners and countries to share best practices and learn from one another.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

Governments and private sector actors from different countries and regions can join together to discuss efforts to cooperate on R&D for antibiotics and alternatives and common regulatory approval processes that are rapid and promote innovation. Organisations with a global reach, such as the WHO and the OIE, can work to connect research groups and governments in order to further this type of global cooperation on a larger scale than previous efforts. This action must include companies (both large and small), academic stakeholders, policymakers, farmers, veterinarians, doctors, patients groups, retailers, and many other stakeholders to ensure full cooperation and support across all sectors.

One example that could be emulated at the global level is the joint research effort that was recently announced in the United Kingdom. Described as a “war cabinet” in the fight against AMR, the cooperation involves all seven UK research councils as well as the Wellcome Trust. These stakeholders will together identify research priorities with the cooperation of many different stakeholders. A similar global initiative could ensure alignment of priorities and non-duplication of efforts.
c) What steps have already been taken to address this priority? (please provide references where possible)

N.A.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

- Within 2 years: set up international public-private partnerships for R&D, production, and application of novel technologies that can prevent or replace antibiotics use in human medicine but particularly in the animal husbandry sector.
- Within 5 years: common product regulation and approval procedures set up in countries around the world, enabling smoother and faster transition to new products and technologies.
- Within 2 years: a significant increase in the public funding allotted for alternative treatments in the animal husbandry sector. This is important since such funding is already available at a large scale for novel antibiotics, but such funds could be invested more effectively in alternative solutions and treatments.

VI. Building block-6: Assessing the long term economic, developmental and social costs and implications of AMR as a basis for sustainable investment and action

a) What do you consider to be the main issues under this priority?

It is incredibly important to have a full economic impact assessment to understand the human and material costs of doing nothing, versus the costs of smart, effective investments and the benefits of decisive action to reduce AMR rates. The analysis should also weigh the costs and benefits of various different approaches, for instances the costs of developing new antibiotics versus the costs of developing alternative medicines and methods. The costs should be broken down for various stakeholders, e.g. showing the costs of only limited therapeutic antibiotics use for farmers and consumers of animal products. The impact assessment should also include the human costs, particularly human deaths, that could be saved by timely action on AMR.

These analyses will likely show that the cost of inaction is much higher than the cost of smart investments. Numbers and figures showing exactly this will be able to convince governments that action must be taken now in order to avoid a full-blown crisis – both with regards to AMR rates and to financial expenditures – and far beyond the current Ebola crisis.

In addition, quantifying the investments needed to prevent a worsening of the AMR situation will serve as a useful comparison to the figures on inaction. This will convince governments, pharmaceutical companies, farmers, and other stakeholders of the need for immediate and effective action.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

The WHO should convene a global multi-stakeholder group of experts including medical experts, public policy experts, economists, and others to set up an economic impact assessment covering both the economic and human costs of AMR and a projection of the investments needed to address the issue. Under this group regional action oriented groups could be established. Governments of developed countries should commit funds to addressing AMR through national programmes in developing countries, as well as to global programmes that support joint approaches.
c) What steps have already been taken to address this priority? (please provide references where possible)

PA International has developed an integrated action plan on this basis.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

- Within 2 years: publication of the full economic impact assessment study covering the following:
  1) Costs of antibiotic-resistant infections and deaths – current:
     • Healthcare costs associated with resistant infections;
     • Loss of economic productivity due to resistant infections;
     • Loss of human life due to resistant infections;
     • Impact of AMR on food-producing animals (animal deaths);
     • Cost to the pharmaceutical sector should antibiotics run out of effectiveness.
  2) Costs of the above-mentioned in 5, 10, and 20 years should current trends continue
  3) Costs of the above-mentioned in 5, 10, and 20 years if:
     • Strong, concerted action is taken globally
     • Some action is taken
     • No action is taken
  4) Quantify investments needed to effectively address the AMR problems through the means described in the AMR Action Plan, including among others:
     • Costs to regional and national governments for funding prevention, stricter regulation and enforcement, investment into alternative products, elimination of counterfeit production and trade;
     • Costs to industry for R&D into new treatments and methods to replace or reduce antibiotics use;
     • Costs to farmers and consumers of animal products should growth promotion and prophylactic use of antibiotics be eliminated in food-producing animals.
  5) By comparing the investments needed to the costs of inaction, quantify the benefits of acting swiftly and effectively on a global scale.

- Within 10: publish an update of said report, taking into account any progress (or lack thereof) made since the first impact assessment

Concluding questions

3. What contribution would your organization be able to make in implementing the global action plan?

The PA International Foundation has a track record of success in organizing multi-stakeholder platforms to address pressing global issues. On 5 December 2012, PA International co-organized a high-level international conference, “Combatting Malnutrition: An All-Stakeholders Breakthrough Conference”. This conference, in cooperation with the Cyprus EU Presidency and co-sponsored by the Global Alliance for Improved Nutrition (GAIN) with the support of the World Food Program and UNICEF, set out to find the best way to integrate the private sector in the fight against malnutrition; more specifically, how to optimize the role of the industry in the food value aid chain. Subsequently, in April 2012, PA International co-organized a working group to discuss steps towards achieving a Communication on Nutrition by the European Commission and creating a bigger budget for nutrition. In June 2012, the second work session at the European Parliament presented the Multi-
Stakeholder report ‘A Time for Leadership: Europe’s Role in Eradicating Global Undernutrition’ to Commissioner Piebalgs. In June 2013, the European Commission announced that it would dedicate €3.5 billion to address malnutrition.


This experience in forging international multi-stakeholder partnerships to effectively take action on a pressing global issue could be of utmost value for implementing the Global Action Plan on AMR. Moreover, the Foundation has substantial experience in establishing Public-Private Partnerships and Corporate Social Responsibility agreements as a means of enabling private companies to tackle problems together with the public sector. These types of initiatives that ensure industry support will be extremely important in effectively addressing AMR.

The PA International Foundation is fully available to assist the World Health Organization in any way it can in order to ensure that effective solutions can be identified and implemented as quickly as possible.

4. Additional input that you feel would be facilitate development of the GAP.