Sample terms of reference for a national multisectoral coordinating group, for a national focal point and for a technical working group

Introduction

A governance mechanism is essential for coordinating national efforts to combat antimicrobial resistance (AMR). All Member States will have a process for developing and managing such a system; however, they may differ from one country to another. Countries are therefore advised to use this guide to develop their own national terms of reference.

The governance mechanism should comprise a national multisectoral coordinating group (MCG), which will establish supporting technical working groups as needed.

A national governance mechanism is far more likely to be effective if it has political support and authority to act, if it is accountable and if it has dedicated funds and an adequate secretariat to operate. If any of these prerequisites is not in place at the time of constitution of the group, it should be ensured in the plan of activities so that work can begin.

**Political support:** As human health is the ultimate concern of activities to control AMR, the ministry of health may lead the group, but joint leadership with other relevant ministries or departments is preferable. In some countries, inter-ministerial cooperation might require oversight from a specified authority.

**Authority to act:** The coordinating group should be given sufficient authority to ensure that its recommendations and plans are implemented.

**Accountability:** The group should be accountable to the lead minister or ministers or a senior executive function in the government.

**Dedicated funds:** The availability of dedicated funds will increase the operational effectiveness of the group. Seed funds from external sources are often required initially, but government funds should be secured as early as possible to ensure political “ownership” and increase the likelihood of programme sustainability.

**Secretariat:** Operational sustainability is more likely when sufficient dedicated personnel and funding are available to support administrative activities.

National multisectoral coordinating group

**Purpose**

The purpose of the national MCG is to oversee and, when necessary, to coordinate AMR-related activities in all sectors to ensure a systematic, comprehensive approach. It is recommended that the
approach accord with defined AMR-related public health goals and with the global action plan for AMR.¹

Scope
The MCG should address all AMR-related activities in country. The scope should be broad enough to address all five strategic objectives of the global action plan, prioritizing activities in a step-wise approach.

Role and responsibilities

Leadership
The MCG is expected to lead facilitation and, when appropriate, coordination of a national response to the threat of AMR. Its leadership could take the form of officially delegated authority, with more formal procedures and official monitoring, evaluation and reporting. Its role could be extended to making recommendations and progress reports and providing a platform for programme planning and implementation.

Information sharing
The MCG provides a structure for information-sharing to mutually reinforce activities among sectors.

Facilitation and coordination
The MCG should facilitate and, when appropriate and agreed, coordinate efforts to contain and reduce the threat of AMR at subnational, national and supranational levels.

It is recommended that the MCG build a collaborative, cooperative, supportive environment for sharing knowledge, information and experience. Each participating party should understand the scope and limits of its own contributions and also its inter-dependence with other parties and with the whole system in order to meet the defined goals. The difficulty of achieving such an environment and building such a system should not be underestimated. Political support and selection of a chairperson with appropriate status and leadership skills are critical factors.

External interactions
Collaboration with internal and external agencies and organizations is essential for many countries. WHO offices can support Member States in identifying and facilitating relations with external partners. Countries will be invited, encouraged and supported to participate in any existing initiatives of the country office, regional office or WHO headquarters.

Internal interactions
A national AMR initiative must interact with the health system and public health and disease-specific programmes. The nature of these internal interactions and the results will depend on the country. As many agencies and programmes have responsibilities in areas affected by AMR, a guiding principle of the MCG is to find the most appropriate ways to facilitate and provide synergy with new or

existing work so that the overall objectives of the programme are achieved. Furthermore, the MCG must be appropriately integrated and have clearly defined roles and responsibilities in existing health system, public health and disease-specific programmes, animal health and production, the food sector and environmental initiatives. The cross-cutting nature of the MCG should add value to these systems and programmes, not supplant them.

**Membership**

The national MCG should be composed of members representing the relevant sectors, notably human health, animal health and production and the food and environment sectors. Representatives should be given sufficient authority by their institutions to make decisions. While it is important to have sufficient representation of these key stakeholders, the MCG should remain small enough to be functional, striking a balance between full representation and the functionality of the coordinating group.

**Meeting format and rules**

The meeting format and rules should conform to national norms. Standard operating procedures may be elaborated, transparently and according to the principles of best practice, to guide the activities of the coordinating group.

The responsible minister(s) should select a chairperson on the basis of his or her expertise in leadership. Rotation of the chair among members of the MCG could be considered.

**Members** should be selected to ensure that all relevant stakeholders are equitably represented. The stakeholders may be invited to propose members, but the chairperson (with the support of the secretariat) should ensure that the proposed members have sufficient skills, knowledge, authority and influence and can collaborate. It is advisable to achieve a gender balance. Consideration should be given to the duration of membership, with the objectives of balancing knowledge and experience with new ideas and maintaining representativeness while maximizing overall effectiveness.

If the MCG becomes too large or is given tasks that require specific expertise or input, it is often efficient to form either ad hoc or standing subgroups. Any subgroup should have a clearly defined mandate and an appointed chairperson. In addition, technical working groups can be established and mandated for tasks that include providing technical input for MCG decision-making.

It is strongly recommended that the MCG be supported by an appropriately resourced secretariat responsible for the logistics of meetings; minute-taking; preparation and circulation of documents (e.g. background papers, reports and advisory notes to ministers); and storage and archiving. Ideally, the head of the secretariat will be the national AMR focal point (see below).

It is recommended that the group have a mechanism (with appropriate records) to ensure that its members have no conflicts of interests and that the work of the MCG in the interests of public health is transparent. Failure to ensure these elements could undermine the credibility and limit the effectiveness of the group.
National focal point

Purpose
A national AMR focal point should be designated to coordinate AMR activities and tasks in the health sector.

Scope, roles and responsibilities
The focal point should:

- build sustained partnerships and work nationally and internationally on containment of AMR;
- identify stakeholders and facilitate formation of an inclusive MCG;
- lead and coordinate drafting of a national action plan for containment of AMR;
- facilitate and oversee implementation, M&E of the plan through the MCG;
- ensure regular data collection and information sharing by instituting effective communication and coordination among all stakeholders, the members of MCG and their constituencies, sectors and disciplines;
- coordinate national activities for establishment of AMR surveillance systems; and
- report on the prevalence of and trends in AMR to the global AMR surveillance system (GLASS).  

In view of the complexity of AMR, which requires a collaborative response, and in view of the importance of a comprehensive approach to addressing AMR at country level, the focal point should have good communication skills, convening power, resources and strong managerial skills. The focal point will be the primary contact for all issues related to AMR in the country.

Technical working group

Purpose
National MCG may decide to form a technical working group (TWG) mandated with specific tasks such as providing technical input, conducting situational analyses or drafting NAPs.

Scope, roles and responsibilities
The terms of reference (ToR) of the TWG shall be established by the NMCG, providing specific scope, role and responsibilities. These will usually be task-specific, and focused on areas which the coordinating group have determined to be of particular focus for the country. The TWG will remain a national group and shall interact with country representatives of the required sectors, as determined by the scope of work. The TWG remains a group mandated by the NMCG. As such, reporting and communications with the NMCG should be regular and will be defined in the TWG ToR.

2 Global AMR surveillance system (GLASS), [http://www.who.int/drugresistance/surveillance/en/](http://www.who.int/drugresistance/surveillance/en/).
Activities may include drafting technical advice and reports, contributing to country situation analyses or participating in national action plan development.

**Membership**

Depending on the purpose, scope and tasks of the TWG, membership of a TWG may come from any of the relevant technical specialities. These may include experts from areas such as infectious diseases, microbiology, infection prevention and control, social health, food and drug regulation, surveillance system expertise, environment and others.