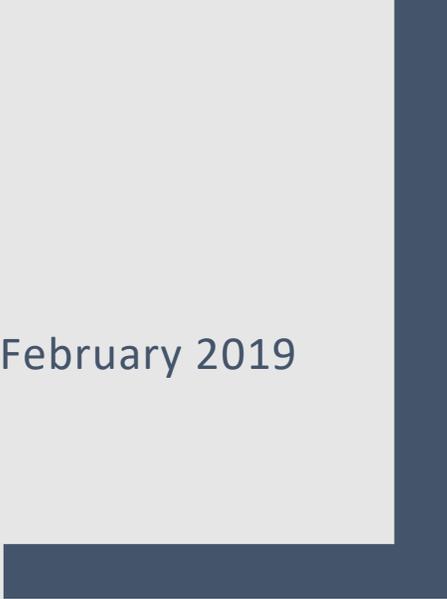




ANTIBIOTIC RESISTANCE
COALITION (ARC) RESPONSE
TO THE PUBLIC
CONSULTATION ON THE
DRAFT RECOMMENDATIONS
OF THE INTERAGENCY
COORDINATION GROUP ON
AMR (IACG)

February 2019



Signatories

Alliance to Save Our Antibiotics
Center for Science and Environment
Consumers Association of Penang
Ecumenical Pharmaceutical Network
European Public Health Alliance
Food Animal Concerns Trust
Friends of the Earth Malaysia
Health Action International
IFARMA Foundation
Institute for Agriculture and Trade Policy
Oceana
People's Health Movement
ReAct – Action on Antibiotic Resistance
ReAct Africa
ReAct Asia Pacific
ReAct Europe
ReAct Latin America
ReAct North America
Society for International Development
Third World Network
Universities Allied for Essential Medicines

Overarching Feedback

- The Antibiotic Resistance Coalition urges the IACG to communicate to policymakers reading its final recommendations that:
 - The need to respond to the challenge of antimicrobial resistance is urgent
 - Resources--both financial and technical--must be commensurate with the call for action on AMR. A stronger case for investment, including for capacity building, should be made.
 - Targets must be set, both globally and at the country level, so that milestones might be measured and met in addressing this challenge in a timely manner.
 - Accountability for meeting these milestones must be put into place.
- We need **recommendations that will move the world forward**, not just reiterate what has already been proposed in previous reports. So the value added of the IACG's recommendations should be clearly stated.
- To address the intersectoral dimensions of this challenge, the report should take a **systems perspective** of how the recommendations fit together.
- **Conflicts of interest must be addressed at all levels of the recommendations** where industry is suggested to play a role or contribute in global governance, financing, and implementing interventions on stewardship or access.

I. National Action Plans

Recommendation A2 should provide next steps to advance National Action Plans (NAPs) on AMR. To be practical and feasible, it should pull more concrete proposals from the IACG discussion paper on National Action Plans, which are currently not fully reflected. Currently the recommendations are very broad, so they seem to cover everything and nothing at the same time. We need a systems perspective or theory of change to have impact.

There is a clear disconnect between the guidelines put forth in the Global Action Plan and National Action Plans and in-country practitioners who are often unaware of the NAP guidance. Similarly, they are often unaware of the SDGs agenda and its links to AMR. Governments have the responsibility to ensure the flow of information so that practitioners across sectors have this information available to them.

Therefore, the IACG should make a stronger commitment to support communications and behavior change interventions. As proposed in the discussion paper on *Meeting the Challenge of Antimicrobial Resistance: From Communication to Collective Action*:

- Licensing and credentialing could support behavior change by increasing healthcare provider training on the prudent use of antimicrobials.
- Networks of similar institutions sharing the same challenges could be useful platforms to support peer-to-peer learning, share of best practices, and set milestones for tackling AMR among farms and hospitals.
- Through stakeholder engagement and empowerment, countries should create networks of cross-sectoral national experts and champions to drive NAP implementation
- Platforms should be established for coordinating and amplifying communications. Intergovernmental agency forums could coordinate global AMR communications to networks of

stakeholders. Open knowledge-sharing forums such as a global repositories of campaign materials and effective tools for NAP implementation could help share best practices.

- Intergovernmental organizations through a shared platform at country level could provide NAP implementation support and share information of their activity implementation focus areas to complement and prevent duplication but also reinforce other global agendas.
- A coordinated research agenda should be established to drive effective behavior change, communications, and incentive structures.
- Primary health care settings play an important role in facilitating education and shifts in behavior and attitudes towards antibiotic use among local communities. Primary health care settings should therefore be considered central to implementing stewardship efforts.

Mainstreaming, financing and regional cooperation, the three areas of recommendation put forth in the IACG discussion paper on National Action Plans, should be emphasized in Recommendation A2.

1. **Mainstreaming** AMR into broader universal health coverage, sustainable development, infection prevention, food system and environment agendas is key, both to scaling and to sustaining efforts to address AMR.
 - a. UN agencies such as UNICEF and UNDP and other intergovernmental organizations should be engaged in NAP development and implementation work.
 - b. The AMR lens can be applied to a range of existing development campaigns as AMR resonates across sectors and issues including universal health coverage (UHC), WASH, Infection Prevention and Control (IPC), nutrition, vaccination coverage, infectious disease control and sustainable agriculture.
 - c. The UN and Tripartite agencies have recognized the need to address AMR as part of achieving the Sustainable Development Goals (SDGs). AMR should be clearly integrated into the SDGs through specific targets and indicators aligned with the goals and targets outlined in the global action plan. This would help ensure commitment of financial and technical resources from both Member States and UN agencies as well as allow for further monitoring of NAP implementation. With regards to food systems, tackling AMR should be addressed in SDG2 (Zero Hunger), but also in SDG12 (Responsible consumption and production).
2. **Financing:** Member States need to dedicate funding to NAP implementation. Sustainable financing for AMR should include support for the implementation of stepwise approaches, prioritization of resources, and access to essential antibiotics. The need for increased funding for NAPs should be emphasized in Recommendations A2 and D2.
 - a. In developing a plan for NAP implementation, countries should be supported in mapping of various stakeholders, programs and funding streams for AMR at the country, as well as state and province level, as is suggested at the global level in Recommendation B3.
 - b. Support towards implementation, operational and translational research for countries that will support improved practices to address AMR

- c. Insurance-based model of financing should be coupled with efforts to avoid overtreatment and overdiagnosis
 - d. The IACG could call upon intergovernmental agencies to help provide a prioritization framework to assist with country-level decision making and assessment of return on investment from different AMR interventions. Even those with minimal domestic resources, can commit to a core set of actions on AMR, such as the establishment of an Inter-Ministerial Committee to coordinate implementation of the NAP on AMR. The inter-ministerial Committees could also include developmental partners to maximize resources.
3. **Regional cooperation:** The Tripartite, UNEP and other UN organizations should provide guidance and support to countries to help create national governance bodies and mobilize national and local networks to support NAP implementation. This should be tied to the call for increased global guidance and support in Recommendation E3.
- a. Global governance structures should provide technical support across sectors and themes, including awareness raising, knowledge building, surveillance, stewardship and infection prevention and control (IPC).
 - b. The recommendations should push for greater Civil Society Organization involvement in the implementation of NAPs, given their important role in ensuring transparency and accountability in the NAP implementation process.
 - c. There should be a ban on industry mismarketing of antimicrobials and the establishment of stronger regulatory systems. In particular, governments must restrict pharmaceutical companies' rights to market and advertise antimicrobial products for use in food production, banning the promotion of antimicrobials directly to farmers and food animal producers, especially in LMICs.
4. **Targets:** The IACG should call on countries to set clear targets for NAP implementation and support the strengthening of global and national surveillance systems.
- a. Setting measurable targets will be important for establishing priorities for action and resources and for supporting monitoring and accountability efforts. There should be targets for access to antibiotics, curbing excessive use, and lowering drug resistance levels.
 - b. Data and increased surveillance is urgently needed. Local surveillance and consumption data will be necessary to establish country progress towards reaching set targets for NAP implementation. In countries lacking a strong surveillance system, point prevalence studies can provide a snapshot of the country situation when it comes to resistance levels, antibiotic use, availability and affordability of antimicrobials.
 - c. Targets should also be set for awareness. In India, despite efforts to involve a range of stakeholders, less than 50% of States participated in NAP launch due to the lack of awareness
 - d. A tiered approach to target setting might convince lower resourced countries to participate in the global reporting system at an earlier stage. Rather than a "one size fits

all” approach, both indicators and programs could lay out a series of country-level targets and stepping stones, taking into account the country’s assets and resources and with expectations growing as local infrastructure and capacity do and as external technical and financial support is received.

5. **Access:** The IACG should make a stronger commitment to support sustainable access to quality, affordable antimicrobials at the country level through effective use of health information, health care financing, strong supply chain systems, and pharmacovigilance. Recommendation B2 should support access efforts at the country level.
 - a. Ensuring affordable access to antibiotics and other health technologies is crucial, so we strongly support the promotion of government-owned production and pooled procurement as mechanism to ensure stable supply and affordable prices.
 - b. We commend the recommendations’ emphasis on access and on associated efforts including WASH, IPC and vaccination.
 - c. The considerations under Recommendation A1 mention the need for surveillance systems to include indicators for monitoring access, availability and affordability. The recommendations should more clearly call for *country-level* indicators to monitor access, availability and affordability.

II. Curbing antimicrobial use in animal production

1. **The IACG Recommendation A3 should include proposals for ending all routine farm antibiotic use, including in particular all purely preventative group treatments, in line with the new EU legislation and the WHO recommendations. We support IACG efforts to phase out antimicrobial use for growth promotion, but the recommendations on this point should be strengthened.**
 - a. We agree with the IACG that “the overuse and misuse of antimicrobials to **promote growth and routinely prevent disease** in healthy animals and crops without appropriate indication and the absence of good agricultural practices are contributing to the development and spread of antimicrobial resistance in both animals and humans” [bold added]. We are therefore surprised and disappointed that the report recommendations fail to address the issue of antibiotics being used for routine disease prevention and are insufficiently strong regarding their use for growth promotion.
 - b. **The IACG recommendations do not address the use of antimicrobials in disease prevention.** As the use of antimicrobials for both growth promotion and disease prevention in food animal production do not require the diagnosis of disease, not dealing with disease prevention in curbing antimicrobial use opens the door to food producers justifying antimicrobial use for disease prevention, just relabeling such use from growth promotion. The experience of European countries has shown that just banning growth promotion does not result in meaningful reductions in overall antimicrobial use in food production. The recommendation is incomplete without the mention of disease prevention.

- c. The recommendations call for phasing out of antibiotic use for growth promotion consistent with Tripartite guidance, but the various forms of guidance are inconsistent. [WHO's guidelines on the use of antimicrobials in food animal production](#) are, however, very clear: **“We recommend complete restriction of use of all classes of medically important antimicrobials in food-producing animals for growth promotion.”** In addition, all three Tripartite organizations, WHO, FAO and OIE, stated that antibiotics in animals should be “only used to control or treat infectious diseases and under veterinary supervision” in their WAAW 2015 [promotional materials](#), thereby condemning antibiotic use for growth promotion or disease prevention.
 - d. The European Union phased out growth promoters between 1999 and 2006. However, in many Member States growth promotion was substituted by increased use of preventative group treatments, a shift that was relatively straightforward to achieve since in both cases there is no need for any disease to be diagnosed before a group treatment is given. As a result, overall farm antibiotic use remained very high and antibiotic resistance in livestock continued to increase (see e.g. [“MARAN 2007”](#)). Superbugs such as MRSA, ESBL E. coli and fluoroquinolone-resistant Campylobacter became much more widespread in European livestock after the growth-promoter ban (see e.g. reports [“European Union summary report on trends and sources of zoonoses, zoonotic agents and food-borne outbreaks”](#) for 2005 to 2017). As a result of the failure of the EU growth-promoter ban, the EU has now decided that there is a need to impose far greater restrictions on antibiotic group treatments: from 28 January 2022, in the EU all antibiotic preventative group treatments in livestock will be [banned](#). The WHO guidelines on farm antibiotic use also support an end to routine preventative use.
2. **Recommendation A3 calls for putting an end to use of Highest Priority Critically Important Antimicrobial Agents (HPCIA) for growth promotion, but greater restrictions are required on the use of these antibiotics in livestock.**
- a. The HPCIA the fluoroquinolones and the 3rd and 4th generation cephalosporins should never be used for disease prevention or for any form of group treatment. They should be reserved solely for the treatment of individual sick animals where sensitivity testing shows that other antibiotics would be unlikely to work. The last-resort antibiotic colistin should be completely banned from farming worldwide due to clear evidence that use in livestock is contributing to resistance in human infections.
 - b. Recommendation A3 should extend the phase out of growth promotion to all medically important antibiotics, not just Highest Priority Critically Important Antimicrobial Agents (HPCIA). Ideally, no antibiotics, whether they are medically important or not, should be used for growth promotion. Even currently non-medically important antibiotics can potentially co-select for resistance to medically important antibiotics. Other adverse effects from routine use of antibiotics include increased salmonella shedding, increased number of potentially pathogenic E. coli in animals’ guts, toxic residues, and environmental pollution. However, at a minimum, all medically important antibiotics should be banned for growth promotion purposes.

- c. The [new policy from McDonald's on its top ten beef-sourcing countries](#) is an example where the ban has been extended to all medically important antibiotics: "Use of Antibiotics defined by WHO as Medically important antibiotics for human medicine are not permitted for the purpose of growth promotion in food-producing animals in McDonald's Supply Chain."
3. To cover points 1 & 2 above, we support the following rewording of Recommendation A3: *"The IACG calls on Member States to reduce use of antimicrobials in food animal and plant production with targeted reduction goals determined by countries' specific conditions.*
- *Member States should end use of medically-important antimicrobials for growth promotion purposes consistent with WHO's Guidelines on Use of Medically-Important Antimicrobials in Food Producing Animals.*
 - *In addition, Member states should end use of MIAs for disease prevention purposes, except where a veterinary professional judges there is a high risk of spread of a specific infectious disease, based on a recent culture and sensitivity testing results. Antimicrobials should only be used to treat or control disease, consistent with the guidance of tripartite agencies (FAO, OIE and WHO).*
 - *Finally, use of Highest Priority Critically Important Antimicrobials (i.e., quinolones, third- and higher- generation cephalosporins, macrolides and ketolides, glycopeptides and polymyxins) should immediately end for growth promotion, disease prevention and disease control in food animal or plant production and should be permitted for disease treatment only if it is the only treatment option as determined by recent culture and sensitivity testing results."*
4. **The reliance on risk analyses to justify the removal of antimicrobial use for growth promotion is unnecessary, unjustified, and unsupportable in resource-limited countries.** While OIE has taken a [position against the use of antibiotics in growth promotion in the absence of risk assessment](#), resources to conduct such risk assessments may not be available in many countries, and importantly, it is unclear why this exception exists as antibiotic use for growth promotion should always be banned, as supported by the evidence laid out in the WHO guidelines. And, if such risk analyses are conducted by parties with a vested interest in the outcomes, the results could be biased.
5. **Recommendation A3 fails to call for data transparency and target setting and to highlight the need for overall reductions in antibiotic use in food production.**
- a. Recommendation A3 should emphasize the need for data transparency by stating that it should be mandatory for all companies and Member States to make publicly available their data on antibiotic use in food production.
 - b. Targets for reducing of antimicrobials in food production need to be country-specific, as setting such targets and striving towards milestones can be a key ingredient for success. For example, targets have greatly contributed to large reductions in farm antibiotic use in

countries such as the Netherlands and Norway, and are currently contributing to reductions in the UK and Belgium.

- c. It is important to note that, as access to formalized veterinary care is limited in many low-resource settings, the same set of standards cannot be applied to across countries. Therefore, timelines and country-specific targets for phasing out antibiotic use could differ among countries.
6. **The IACG document should recognise that intensive farming systems contribute to poor animal health and welfare, and to high levels of farm antibiotic use.** We welcome the IACG statement (p. 3) that good animal welfare contributes to infection prevention and control on livestock farms. However, the IACG recommendations should include greater emphasis on how to improve animal health and welfare.
 - a. Vaccination, clear water and hygiene are all appropriately mentioned, but the need to move away from industrialised farming systems is not considered. The UK government's [Review on Antimicrobial Resistance](#) and the [European Food Safety Authority and European Medicines Agency](#) have all highlighted that antibiotic use tends to be much higher in intensive systems. In contrast, antibiotic use in pasture-based systems can be a small fraction of use in more intensive systems.
 - b. **Financing mechanisms should be established to aid smallholder producers in making the transition** to more sustainable practices, both in the animal and plant sector. Several mechanisms are proposed in the considerations of recommendation D1, but we would add a specific transition fund for small-scale producers and economic incentives, and lift up these points to the Recommendation level. The considerations under A3 should also point to the need for such financing mechanisms to enable the implementation of the recommendation.
 7. **In Recommendation B2 on future global access, the considerations should distinctly say that alternatives include new compounds as well as practices**, such as improved animal husbandry, sanitation, integrated pest management, soil health and crop rotation.
 8. **In Recommendation C1, consumer organizations should be included alongside civil society.** With increased financial support, consumer organizations can continue to advocate for responsible antibiotic use in agriculture. In the considerations, we suggest adding: *“Providing funding could enable sharing of strategies among consumer and other civil society organizations to bring pressure in the marketplace to increase availability and sales of food from production systems than minimize or eliminate use of antimicrobials, especially medically-important antimicrobials.”*
 9. **We strongly support the creation of the Independent Panel on Evidence for Action against Antimicrobial Resistance in a One Health context, as called for in Recommendation E2.** This would provide much needed guidance across intergovernmental agencies on how best to weigh available evidence and to adopt policies to address AMR. This panel should draw on the

experiences and lessons of similar existing entities. In particular, the International Assessment of Agricultural Knowledge, Science and Technology for Development (IAASTD), a global scientific assessment initiated by the World Bank and the United Nations, is a valuable example.

III. Innovation & Access

1. **The strategic targeting of R&D incentives in Recommendation B1 should be based on an analysis of gaps, opportunities, and potential returns on investment and should target innovation both of technologies and of practice.**
 - a. The focus should not exclusively be on bringing new antimicrobial drugs to market, but also on repurposing older antibiotics, adapting existing drugs to specific local needs, exploring the role of combination products, R&D of new diagnostic and vaccine technologies, and piloting and scaling of improved antimicrobial use practices. Effective alternatives are mentioned in Recommendation B1, but this wider range of much needed approaches to innovation should be acknowledged.
 - b. **Going beyond product development, innovation should encompass implementation, operational and social science research.** While recognized in the last consideration, the need for such efforts should be lifted up to the main text of Recommendation B1.
 - c. It is unclear what “accelerate clinical trials in humans, animals and plants” means. Better phrasing may be “finding out which clinical trials are essential for advancing human health.”
2. The considerations of Recommendation B1 should propose **concrete mechanisms for funding this range of research**, as the existing international mechanisms for research and development do not cover all the necessary focuses.
 - a. Transparency should be a condition tied to the funding for AMR research to accelerate innovation. All clinical trials results should be publicly accessible and publications should be published open access.
 - b. **The current initiatives listed in the considerations for B1, for which the IACG “recommends full and sustained funding,” may not be the only or best initiatives to fund.** Money for AMR may not be best spent replenishing CEPI and IMI (and CARB-X), and initiatives such as GARDP and GAVI should be considered as well in an effort to support sustainable innovation and access and vaccine development, respectively. In particular, CEPI does not have a policy specifically on affordable access.
 - c. An independent analysis should be conducted before resources and funding are committed to any specific initiative. Funding to new or existing initiatives should follow the UN Political Declaration principles and be needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity.
3. **Recommendation B1 should emphasize that incentives for innovation should focus on the scientific bottleneck of early drug discovery as well as address market and structural barriers to ensuring affordable and equitable access to health technologies needed to address AMR.**

- a. The mention of the need to ‘pull new products through to market and ensure effective stewardship’ overemphasizes the role of pull incentives. Focusing only on pull incentives will not address adequately the serious scientific bottleneck in the discovery of novel classes of antibiotics nor improved access to old, existing drugs.
 - b. The considerations under recommendation B1 note that the lack of new antibiotics, diagnostics and vaccines is due to “unclear market potential [...] primarily due to the **high cost of research and development**” but this is not accurate.
 - c. What is meant with “non-financial incentives”? Further IP incentives or transferable exclusivity vouchers should not be considered as they would put access to new drugs at risk.
4. **We endorse the IACG’s alignment with the guiding principles laid out in the 2016 UN Political Declaration on AMR. However, Recommendation B2 on equitable and affordable access remains weak and unspecific, and it should more strongly push for a global access initiative.**
- a. In addressing R&D and access, the recommendations successfully highlight the need for “equitable and affordable access and stewardship” and affirm that “all research and development efforts to address antimicrobial resistance should be needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity.”
 - b. However, the principle of delinkage is completely missing from the recommendations, despite being put forth in the UN Political Declaration. The recommendation could specify that all the principles already agreed upon by the Member States in the UNGA Political Declaration should be followed.
5. **It is of particular importance to have a full picture of the AMR R&D landscape to inform global decisions on investments needs.** Monitoring of global R&D efforts should lead to identifying the areas of greatest need, which in turn should inform investment decision making by funders. The call in Recommendation B3 for “undertaking coordinated global mapping of research and development activities” would benefit from being developed further in the considerations.
- a. **For the new mapping initiatives to have credibility and be of use for priority setting and decision-making, it should be comprehensive, accurate and cover the full R&D and investment landscape.** This requires going beyond the narrow focus on drug development and also capture data on the R&D landscape and funding streams with a One Health approach for the development of relevant diagnostics, prevention measures and technologies including vaccines and overlooked areas such as innovation in healthcare delivery systems, capacity building, social sciences, and improved clinical practices in human and animal health.
 - b. **The efforts to map research initiatives should employ a global lens, and there is a need to seek broader inclusion and buy-in from more LMICs in these initiatives.** The current examples listed do not meet these requirements for a truly global mapping, as their interest sphere is targeted at high-income countries and on human health and health

technology interventions and, therefore, do not necessarily give a holistic view of innovation.

6. **Stating that we should “build upon existing R&D efforts” in Recommendation B3 does not transmit the urgency to invest in R&D and gives the impression there is an existing good pipeline that simply needs more backing.** Access and stewardship requirements should be emphasized in the push for increased R&D investment.

IV. Civil Society and Private Sector involvement

1. **We commend the IACG for supporting civil society organizations (CSOs) and emphasizing their important role in monitoring and accountability in Recommendation C1.** CSOs should receive increased political, financial and technical support for their efforts. CSOs also have an important role in ensuring transparency and accountability in the National Action Plan implementation process, so the recommendations should push for greater CSO involvement in the implementation of NAPs.
2. **Civil society groups should be more clearly defined as they cover a broad range from professional societies to trade unions.** The specific mention of farmers’ groups, consumer organisations and stakeholders from environment sector which are traditionally under-represented in debates around AMR action is positive.
3. **The recommendations should advocate for strong horizontal and vertical integration between various allied sectors involved in strategically important action at various levels of governance and strive for synergistic action among civil society groups who may have better resources, community access and visibility.** In many countries (such as India) CSOs’s watchdog role over transparency and accountability has been challenged and governments have created hurdles to civil society, which these strategies would help overcome.
4. **It would be important to highlight in Recommendation C2 the problems with private sector engagement in solving issues related to misuse of antibiotics, access and equity and to instead highlight the role of the public sector in addressing access and equity.** Pharmaceutical companies have significant financial conflict of interest, and promoting the prudent use of antimicrobials could amount to marketing. We support the inclusion of a clear recommendation to address the incentive structures that distort the market and promote inappropriate antibiotic sales and use.
5. **Explicit safeguards against financial conflict of interest should be included in the recommendations.** These safeguards should include structural mechanisms to differentiate between social responsibility and commercial interests. The recommendations shouldn’t be used to legitimize commercial interests packaged as philanthropic initiatives. Recommendations like

this from a high level body can be misused on the ground by commercial entities for profit making, unless definite safeguards are put in place.

6. **Benchmarking and transparency in the implementation of industry codes is essential to enable self- and external monitoring.**

V. **Sustainable financing and accountability**

1. **The structure of the recommendations could more clearly show that investments fall into three major categories: acknowledging and better channeling the existing funding that goes to AMR; applying an AMR lens to existing funding streams and approaches; and highlighting the need for new financing mechanisms.**
 - a. **The recommendations should call for the existing resources to be better channeled.** Currently countries are already spending money on treating severe infections and therefore we should recognize these existing costs as part of AMR investments. There should be a better allocation of the money and investment into more cost effective strategies such as IPC and improving health care systems. There is also a need to make the economic case to show the current cost of not taking action.
 - b. **The “AMR lens” is a powerful tool that is important to create awareness and that should be applied to existing funding initiatives.** However, we need to ensure that we do so with a clear strategy to measure results and that the effort is directed at areas where it will make a real difference and have an impact in tackling AMR issues.
 - c. **The push for new financing needs to be stronger in Recommendation D2. The recommendations should more clearly reflect that investments are needed both on national and global levels.** On a national level the recommendations should call for Member States to step up their domestic funding efforts for the implementation of National Action Plans. On a global level the recommendations should call for securing finance of the functions required for the global coordination of the response to AMR. Recommendation E4 should also make a clearer call for financing of new international instruments.
2. **Given the push for an increased mandate for the Tripartite, the recommendations should also call for increased funding for the Tripartite.** An increased funding commitment by Member States toward the agencies is needed to support capacity-building and enable technical assistance from the Tripartite to countries. Clear milestones and evaluation strategies should also be established to measure the progress of the Tripartite. If the Tripartite falls short, a larger UN response should be triggered.
3. **The proposed governance structure in Recommendation E1, the One Health Global Leadership Group, should more clearly meet the functions needed on a global level. Global governance must facilitate national work and allow financing mechanisms to function properly.**

- a. We reaffirm the mention of the Committee on World Food Security (CFS) as a model governance mechanism. The responsibility and decision power of Member States must be emphasized in the proposal for global governance.
 - b. SUN is not a good model for governance, as its current structure allows for a lot of industry interference.
 - c. There is a need to better clarify the roles, mandates and functions of the different stakeholders involved in the multi-stakeholder partnership platform.
4. **Conflicts of interest need to be avoided in all governance structures and multi-stakeholder engagements.** The consideration should bring clarity on how to avoid - and if not possible, manage - conflict of interests in all governance structures and multi-stakeholder engagements.
- a. **The Independent Panel on Evidence for Action should be truly independent** in order to produce sound evidence that can be used as a basis for action, as successfully modeled by the Intergovernmental Panel on Climate Change. Hosting, staffing and funding of the Panel should also be independent to ensure outcomes are not influenced by stakeholders with vested interest and to avoid conflicts of interest.
 - b. **The risks surrounding the involvement of the pharmaceutical industry in AMR governance efforts, as covered in Recommendations C2 and D2, should be raised in the recommendations.** These include the following:
 - i. Companies have conflicts of interest in marketing their products and promoting prudent use and stewardship
 - ii. Industry can take advantage of a weaker system and lack of resources at the country level to push their influence through access programs, donations or product monopolies.
 - iii. Pharmaceutical industries can use the issue of substandard and falsified medicines to question the quality of generic drugs and unfairly hinder competition. The efforts to remove substandard drugs should be the responsibility of regulatory agencies, independent of industry influence to avoid conflict of interest.
5. **To ensure accountability and emphasize the need for policy coherence, there should be a clearer call for the IACG recommendations to be considered in the Global Development and Stewardship Framework in Recommendation E4.** It will also be important to create indicators to link AMR with the SDGs and clearly recognize that without tackling AMR SDGs will not be possible.
6. **The process for recommendation implementation needs to be made clearer using a systems and process approach.** The principles at the beginning of the report say the recommendations should be practical to implement but do not specify who is responsible for implementing them. There should be a clear mandate as to how and who will implement the recommendations.