

Call to Action on Antimicrobial Resistance (AMR)

Co-hosts' Summary of Ministerial and CEO Roundtable

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Call to Action on Antimicrobial Resistance

Co-hosts' Summary of the Ministerial and CEO Roundtable

Prepared by the Department of Health

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Executive summary

In October 2017, the UK government jointly hosted the first Call to Action on Antimicrobial Resistance (AMR) to help maintain momentum following last year's pivotal United Nations Declaration. Key actors across government, industry, philanthropy and civil society came together to coordinate efforts across relevant sectors, and the most senior attended a roundtable discussion. This is the summary of the discussion that took place, along with 10 underpinning principles agreed by co-hosts.

High-Level Roundtable Co-Hosts' Summary

A 'Call to Action' on Antimicrobial Resistance (AMR) took place in Berlin on 12-13 October 2017. It was the first of its kind to bring together international actors in AMR from across the human health, animal health, agriculture and environment sectors to galvanise momentum that will transform high-level commitments into tangible actions. Consensus already exists across the international community on the need for a united response to AMR. The priority now is to turn this combined intention into successful and sustainable implementation at every level.

The Berlin event was co-hosted by the governments of Ghana, the Kingdom of Thailand and the United Kingdom, along with the Wellcome Trust and the UN Foundation. The event was organised in partnership with the UN Inter-Agency Coordination Group (IACG) on AMR, a group of independent experts and high-level representatives of UN agencies and international bodies established by the UN Secretary-General as a follow-up mechanism to the 2016 United Nations General Assembly (UNGA) resolution on AMR (Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. United Nations General Assembly. 2016).

The Call to Action included a Ministerial and CEO roundtable on 12 October, attended by eight representatives of government and 21 directors of international bodies and Chief Executive Officers of organisations across the 'One Health' agenda working to tackle AMR. The following is the co-hosts' summary of the frank and open discussion which took place under the Chatham House rule.

Participants of the roundtable reiterated the global threat posed by AMR, the urgent need to move beyond pilot projects to scaled-up action to meet the challenge, and the fundamental importance of implementing solutions that leave no-one behind. Hundreds of thousands of people already die annually from AMR. Multi-sectoral, cross-border collaboration is essential to avoid an even graver human tragedy. Current projections predict 10 million AMR deaths per year by 2050 – around a quarter of which will come from drug-resistant TB alone (Tackling drug-resistant infections globally: final report and recommendations. Wellcome Trust and HM Government. 2016). Unchecked, the effects of AMR will be felt not only in terms of mortality and morbidity, but will also endanger agricultural livelihoods and global food security. Resulting huge economic costs will threaten future global prosperity and the progress already made to reduce poverty. People living in low and middle income countries stand to be disproportionately affected by rising drug resistance, imperiling the achievement of many of the Sustainable Development Goals (SDGs).

The participants acknowledged that the 2016 UNGA resolution represented an important political milestone, recognizing the scale of the threat posed by AMR and committing all Member States to take urgent action. The one-year anniversary of this historic UN agreement on AMR demonstrated that, while the international community is actively committed to addressing AMR, implementation of the Global Action Plan, countries' National Actions Plans, and the actions agreed at the 2016 High-Level Meeting needs to be accelerated. Greater progress demands that politicians, industry, philanthropy and civil society take immediate, scaleable and sustainable action, supported by the allocation of sufficient resource.

The IACG's support for this 'Call to Action on AMR' was welcomed as recognition that commendable activities are already underway. There are, however, gaps in current international efforts, which need to be addressed with the appropriate, innovative approaches, including the economic incentives necessary to stimulate development of new antimicrobials, vaccines and diagnostics. The IACG intends to consider the outputs from Berlin – and those of future 'Calls to Action on AMR' – when developing their recommendations on practical approaches to address AMR to the UN Secretary-General during the 73rd Session of the UN General Assembly,

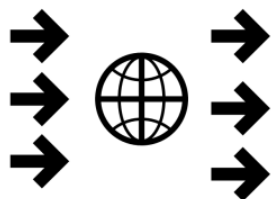
running from September 2018 to September 2019. Roundtable participants welcomed the Framework for Action supported by the IACG (McKinsey & Company. AMR Framework for Action Supported by the IACG. 2017) as an overarching tool for multi-sectoral use mapping necessary actions that can be tailored to different settings and capacities. It was recognised that converting the current political will into broad action will be challenging, but this is a step that must be taken as a matter of urgency.

The roundtable participants highlighted the inter-relationship between the response to AMR and successful fulfilment of the SDGs, the **importance** of ensuring global equity in all aspects of the response to AMR, and the need to heed the lessons from tackling other global health challenges, such as HIV/AIDS. Rising drug resistance is a threat that knows no borders, and it was acknowledged that – in designing and implementing the global response to this challenge – it is important to recognise the complex and varying needs, responsibilities and capacities of all actors at all levels (local, national and regional), across all parts of the world, at all income levels, and in all relevant sectors.

The co-hosts reflected the consensus reached during the roundtable discussion in a set of underpinning principles, which can be found in Annex A.

The session facilitator, Mr James Chau (CCTV journalist and WHO Goodwill Ambassador for Sustainable Development Goals and Health) thanked the Rt Hon. Alistair Burt MP (UK Minister of State for International Development and for the Middle East), the Hon. Kwaku Agyeman-Manu (Minister of Health for Ghana), Dr Nithima Sumpradit (Food and Drug Administration, Ministry of Public Health, representing Dr Piyasakol Sakolsatayadorn, Minister of Public Health, Thailand), Ms. Kate Dodson (Vice President for Global Health at the United Nations Foundation), and Prof. Jeremy Farrar (Director of the Wellcome Trust), for co-hosting the roundtable. Mr Chau also acknowledged the participation of H. E. Dr Hanan Mohamed Al Kuwari (Minister of Public Health for the State of Qatar) and the UK Chief Medical Officer Prof. Dame Sally Davies. The full list of attendees can be found in Annex B.

Annex A - Underpinning Principles



1. International action to fulfil the commitments of the 2016 UN resolution on AMR must be accelerated.



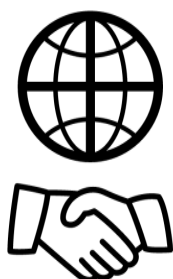
2. Many of the 2030 Sustainable Development Goals (SDGs) will be unattainable and progress made could be lost if AMR is not addressed successfully. Leaders across all sectors must commit to tangible action to address AMR in order to meet the SDGs within the agreed timeframe.



3. Local, national and global leaders must sustain financing and support innovative and practical solutions to publish and implement national action plans to address AMR for countries at all income levels. Some countries may require additional resources and technical input to implement sustainable action to tackle AMR, and high-income countries and other donors should assist where possible.



4. Resistant micro-organisms do not respect the boundaries of countries or sectors. A global, united approach to AMR across the 'One Health' agenda is needed, aligning the resources of industry, civil society and public funders, and creating and maintaining strong international partnerships.



5. International forums such as G7 and G20 must maintain a focus on AMR and accelerate efforts to establish financial incentives for bringing new therapeutics, diagnostics and vaccines to market.



6. Multilateral institutions, civil society bodies, and the public, private, and philanthropic sectors must be supported in their vital work to increase understanding of the nature and extent of the challenge and mobilise public and political momentum behind the international consensus on how to tackle AMR.



7. Maintaining a patient-centred approach is crucial to ensuring that antimicrobials are accessible to all those in clinical need so that the response to the threat of AMR is consistent with the principle of equity. The principle of equity should in particular guide the development of funding schemes for the research and development and provision of new antimicrobials. To reduce the overuse and misuse of antimicrobials, accessibility must sit alongside effective stewardship of both existing and newly-developed antimicrobials.



8. Global political, financial and scientific cooperation and sustained funding is needed in order to bring new products and technologies to market with urgency, including new antimicrobials, vaccines and diagnostics.



9. Mapping and monitoring international actions on AMR allows key stakeholders to demonstrate evidence of progress, share best practice, identify gaps, and hold each other to account in meeting the commitments made. The IACG's efforts to map and register actions and progress on AMR by actors across the AMR ecosystem must be supported so that they may serve as a key input for consideration by the IACG ahead of their report back to the UN Secretary-General during the 73rd Session of the UN General Assembly.



10. Future 'Calls to Action on AMR' hosted by global leaders must be supported to maintain and increase the momentum generated in Berlin and ensure that future actions align with the IACG's assessment of priority gaps.

Annex B - Roundtable Attendees

Hon. Kwaku Agyeman-Manu	Minister of Health for Ghana
H. E. Dr Hanan Mohamed Al Kuwari	Minister of Public Health for the State of Qatar
Arnaud Bernaert	Senior Director of Global Health and Healthcare at the World Economic Forum
Alan Briefel	Executive Director/Board Advisor – FAIRR/Jeremy Collier Foundation
Rt Hon. Alistair Burt	UK Minister of State for International Development and for the Middle East
James Chau	CCTV journalist and WHO Goodwill Ambassador for Sustainable Development Goals and Health
Gary Cohen	Executive Vice President and President, Global Health and Development – Becton Dickinson
Thomas Cueni	Director General – International Federation, Pharmaceutical Manufacturers and Associations
Prof. Dame Sally Davies	UK Chief Medical Officer
Lucica Ditiu	Executive Director – Stop TB Partnership
Kate Dodson	Vice President for Global Health – United Nations Foundation
Prof. Jeremy Farrar	Director of the Wellcome Trust
Martha Gyansa-Lutterodt	Director of Pharmaceutical Services, Chief Pharmacist of Ghana – Ghana Ministry of Health
Michelle Gyles-Mcdonnough	Director, Sustainable Development Unit, Executive Office of the Secretary-General – United Nations
Hajime Inoue	Senior Advisor to the Director-General – World Health Organisation
Jayasree Iyer	Executive Director – Access to Medicine Foundation
Larry Kerr	Director of the Office of Global Health Security – US Department of Health and Human Services
Mark Kessel	Chairman – FIND
Luiz Loures	Deputy Executive Director – UNAIDS
Lelio Marmora	Executive Director – UNITAID

Annex B - Roundtable Attendees

Lord Jim O'Neill	Chair – Review on Antimicrobial Resistance
Mark Pearson	Deputy Director of Employment, Labour and Social Affairs – Organisation for Economic Co-operation and Development
Manos Perros	Chief Executive Officer and co-founder – Entasis Therapeutics
David Ripin	Executive Vice President of Access and Malaria, and the Chief Science Officer – Clinton Health Access Initiative
Lulit Solomon	Advisory Council – Jeremy Collier Foundation
Paul Stoffels	Executive Vice President, Chief Scientific Officer – Johnson & Johnson
Nithima Sumpradit	(Senior Pharmacist – Food and Drug Administration, Ministry of Public Health, Thailand)
Yit Sunnara	Under Secretary of State for Health – Ministry of Health of the Kingdom of Cambodia
Jan Vaarten	Executive Secretary – World Veterinary Association
Marijke Wijnroks	Interim Executive Director – Global Fund