



## Public discussion on the key elements of the proposed AMR Multi-Stakeholder Partnership Platform

### INTRODUCTION

The Tripartite organizations – The Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) and the World Health Organization (WHO), collectively referred to as 'the Tripartite' – are conducting a public discussion to collect views from different stakeholders on the substantial elements of the proposed **Antimicrobial Resistance (AMR) Multi-Stakeholder Partnership Platform** ('the Platform'). Responses to this public discussion survey will enable the Tripartite to develop formal Terms of Reference for the Platform.

In April 2019, after global consultations, the Interagency Coordination Group (IACG) on AMR presented their report "[No time to wait: securing the future from drug resistant infections](#)" to the UN Secretary-General and recommended that the Tripartite establish a set of global governance mechanisms to tackle AMR: [the Global Leaders Group on AMR \(GLG\)](#), launched in November 2020, the Independent Panel on Evidence for Action against AMR (IPEA), currently under discussion, and this Platform.

We are very interested in hearing your opinions to shape the foundations of the Platform together, responding to the needs of stakeholders and combating AMR as a critical global threat across the human-animal-plant-environment interface. We hope this is the starting point for global, collective action.

This survey will take 10-15 minutes. The information will be treated with strict confidentiality, and data will not be singled out. The results of this public discussion will be aggregated and published in Q4 2021 on [FAO's AMR website](#). We may publish views; however, we will not attribute individual names to any of those views.

The survey consists of three parts:

- Part I: Respondent information;
- Part II: Proposed key elements of the Platform, with a focus on its technical aspects;
- Part III: General interest and conclusion (optional).

Please answer 'yes' if you agree and 'no' if you do not agree or partially agree, using the comments box to explain the reason for your answer. The survey will remain open until **18 September 2021**.

We look forward to receiving your input.

Feel free to get in touch at [AMR-Platform@fao.org](mailto:AMR-Platform@fao.org) if you have any questions.

Thank you very much in advance for your time and support!

*Tripartite Joint Secretariat on Antimicrobial Resistance*

## PART I: RESPONDENT INFORMATION

**Fields marked with \* are required.**

**\*Name:** Anthony D. So, MD, MPA

**\*Email:** Anthony.so@jhu.edu

**\*Job title:** Head, Secretariat of the Antibiotic Resistance Coalition

**\*Organization/entity:** Antibiotic Resistance Coalition (see list of 12 co-signing CSOs members in the response to question 17)

**\*Type of organization:**

- Government representatives, UN agencies, intergovernmental and regional organizations
- International and regional financial institutions
- Civil society
- Academic and research institutions
- Private sector
- Other, please specify:

**\*Country:** International

## PART II: PROPOSED KEY ELEMENTS OF THE PLATFORM

**Questions marked with \* are required**

### 1. Is the purpose of the Platform relevant? \*

The purpose of the Platform is to bring together stakeholders across the human-animal-plant-environment interface, assisting to preserve antimicrobials as lifesaving medicines for humans, animals and plants. It will serve as an inclusive, international and multi-stakeholder platform at the forefront of the efforts to strengthen a shared global vision, build more consensus, and contribute to the implementation of the Global Action Plan on AMR (GAP). The Platform will be consistent with, and complementary to, the work of the Global Leaders Group on AMR (GLG) and the Independent Panel on Evidence for Action against AMR (IPEA).

Yes

No

Please provide additional comments and/or suggestions in the space below.

The assumption behind the Multi-Stakeholder Partnership Platform is that convening a diverse set of stakeholders across the One Health spectrum will strengthen a “shared global vision,” build consensus, and contribute to the implementation of the Global Action Plan on AMR.

A more efficient approach to all of the above might be in identifying the coalition of the willing around strategic priorities. Even more important, it might be critical not to assume that coalescing around what are areas of consensus will necessarily address strategic priorities for tackling AMR, but instead may serve as a needless distraction. In fact, it is quite likely that actions contributing to the Global Action Plan on AMR will require resolving differences among key stakeholders, not all stakeholders. Yet the Platform proposes to recruit as many as 200 groups in the first phase of its efforts; has no clear principles to which participating stakeholders must be committed; and has no process for resolving, let alone defining, consensus (are we talking unanimity or overwhelming majority?).

The IACG report, *No Time to Wait: Securing the Future from Drug-Resistant Infections*, called upon “All stakeholder groups – including governments, civil society and the private sector – need to be engaged and to collaborate in an unprecedented effort across the human, animal, plant, food and feed production and environmental sectors, based on a shared vision and goals.” However, “Stronger political leadership, advocacy, coordination and accountability are needed at all levels to enable a sustained One Health response to antimicrobial resistance.” The IACG indeed meant accountability at all levels, but none of the three component parts of global AMR governance—the Global Leaders Group on AMR, the Independent Panel on Evidence for Action against AMR (IPEA), or the Multi-Stakeholder Panel—are set up to hold the Tripartite Agencies—the key implementers of the GAP on AMR—accountable. This is a serious shortcoming.

The IACG not only called for the creation of a Multi-Stakeholder Platform, but also for strengthening the role of civil society groups in “accountability, advocacy, planning, monitoring progress and ensuring responsible and prudent use of antimicrobials.” Yet as the one policy venue in the proposed AMR governance structure, where civil society groups

might be potentially well represented, the Multi-Stakeholder Platform seems moreso to stand behind the Tripartite Agencies as part of a consensus than as constituents to which the Tripartite Agencies might be held accountable.

## 2. Are the objectives of the Platform relevant? \*

The overall aim of the Platform is to contribute to the reduction and control of the impact of AMR through a multi-stakeholder, inclusive approach. The specific objectives of the Platform will contribute to the GAP and National Action Plans (NAPs) and are as follows:

- **Agreeing on a shared vision:** To support the development and implementation of a shared global vision, narrative and targets on AMR – by engaging all relevant stakeholder groups across the human–animal–plant–environment interface to contribute to the implementation of the GAP at global, regional and national levels.
- **Information-sharing and networking:** To provide a venue for information-sharing and collaboration to reach a common understanding and enable coordination of activities between the different sectors.
- **Taking action:** To encourage collective engagement on diverse areas of importance by all stakeholders – by strengthening collective actions and coordination in areas of priority and common interest in line with other global governance mechanisms and promote the opportunity for stakeholders to work collaboratively to reduce the impact of AMR in support of the GAP; and to enable stakeholder involvement in a coherent way while addressing the main issues impacting upon progress.

Yes

No

Please provide additional comments and/or suggestions in the space below.

“Are the objectives of the Platform relevant?” is not answerable as a binary question. If this refers to the linkage between the three specific objectives and how they contribute to GAP and NAPs, the answer may be different for each of the three quite different objectives.

Taking each in turn, the Platform could certainly support these objectives. However, these three objectives are neither necessary, nor sufficient to achieving the GAP and NAPs on AMR. After all, key barriers to tackling AMR often involve conflicting interests among stakeholders—antimicrobials used as growth promoters in food animal production; lack of commitment to controlling antibiotic pollution from hospitals or pharmaceutical manufacturing plants; misaligned economic incentives for prescribing antibiotics or paying for wastewater treatment. Agreeing on a shared vision is not meaningful unless there is also consensus, or at least commitment among key stakeholders, to implement a common approach to achieving the agreed-upon vision. Regulatory measures or tax-supported interventions may not draw a consensus, but might well be the optimal and needed approach to be taken. If the Multi-Stakeholder Forum just results in the paralysis of consensus, it will be a disservice to advancing the GAP and NAPs on AMR.

As an objective, information sharing and networking are worthwhile. However, this should not substitute for ongoing, timely, and greater transparency and opportunity for public input into the Tripartite agency work and other global governance on AMR across the board, including of the Global Leaders Group on AMR’s Action Plan, priority setting and development of key performance indicators. We would also encourage the Tripartite Joint Secretariat to use these information-sharing sessions to discuss progress and accountability on their part to well-defined milestones in efforts to tackle the intersectoral challenge of AMR.

Taking action similarly may or may not have value. Collective engagement limited by consensus among those with interests that run contrary to public health concerns on AMR could both distract and waste limited resources that otherwise could have been spent mobilizing a less inclusive, but more powerfully effective coalition of the willing. With a hoped-for membership and consensus among 200 organizations, the structure proposed for the Multi-Stakeholder Partnership Forum risks paralysis or worse yet, diversion down unproductive paths. One partial solution might be to work instead to empower public interest, like-minded civil society groups to carry forward projects that promise effective change, even if there is no consensus from all parties. Governments, even the Tripartite agencies, shy away from being held accountable, and private sector interests also defend at times their short-term economic interests over public health concerns.

The IACG recommended clearly for the “systematic and meaningful engagement of civil society groups and organizations as key stakeholders in the One Health response to antimicrobial resistance at global, regional, national and local levels.” This includes the “provision of political, financial and technical support for civil society organizations to enhance their engagement, including for work with governments while keeping their independence.” We do not

know if the Multi-Stakeholder Partnership Forum could accommodate this, but there ought to be multiple mechanisms, including with the Tripartite Agencies more directly, that should make good on this IACG recommendation.

Beyond the three objectives put forward, there ought to be more ambitious ones, such as reviewing the progress of the Tripartite Agencies towards achieving the milestones benchmarking implementation of the GAP on AMR and mobilizing sufficient resources and financing for such implementation.

### 3. Are you supportive of the Platform's guiding principles? \*

The Platform will adhere to the following guiding principles:

- **Multisectoral and multidisciplinary systems approach:** Recognizing the complexity, and political and technical challenges of AMR and its multidisciplinary nature, the work of the Platform will reflect involvement of multiple disciplines and sectors across the human–animal–plant–environment interface (One Health).
- **Transparency and open access:** The work of the Platform will be transparent, including its priorities, work plan and Plenary reports.
- **Inclusivity:** The Platform will seek inputs and feedback on its work from the GLG, IPEA and key stakeholders at national, regional and global levels across all relevant disciplines, sectors and geographies in a balanced and inclusive way. The reports and products of the Platform will attempt to reflect the position of the many members of the platform and not reflect the position of a single group. The Platform will seek to achieve a balance between inclusiveness and effectiveness. It will ensure that the voices of all relevant stakeholders are heard.

Yes

No

Please provide additional comments and/or suggestions in the space below.

We do believe that these “guiding principles” speak to both operational and strategic approaches to tackling AMR, but they fall far short of what might be called guiding principles.

A multisectoral and multidisciplinary systems approach is useful to take into account when designing, prioritizing and harnessing resources from AMR-sensitive intervention approaches. For example, an integrated, One Health AMR surveillance system can more effectively track the emergence of new drug-resistant pathogens across healthcare delivery, food production, and environmental systems. There may be co-benefits from developing a low-cost, rapid, point-of-care diagnostic in dual markets that serve remote healthcare clinics or points in the food production supply chain. A global wastewater surveillance network might piggyback on infrastructure still in place from poliovirus surveillance, already now being tapped for COVID-19 surveillance efforts.

At the level of priorities, work plan and Plenary reports, transparency and open access are part of basic good governance practice. However, the transparency required should extend to how the Tripartite Agencies and other governing bodies notably the Global Leaders Group on AMR relate not just to members of the Multi-Stakeholder Partnership Forum, but to the public more generally. Insofar as these other governance structures hope to tap the collective support of the stakeholders involved in the Forum, there needs to be reciprocal transparency of how they set their priorities, work plan, reports, and importantly, measures for accountability (e.g., how the Key Performance Indicators of the Global Leaders Group on AMR relate to AMR priorities, when public reporting might emerge for the indicators in the 2019 Tripartite Monitoring and Evaluation Framework).

On its face, inclusivity may strike some as egalitarian. Of course, it is not for those who understand the principle of equity. In fact, the Multi-Stakeholder Partnership Forum would have to work much harder to lift up the voices and perspectives from civil society and low- and middle-income countries (LMICs). Some parts of the industry, notably the research-intensive pharmaceutical companies and their trade associations, have had little difficulty accessing and influencing policymakers at all levels. By passing these costs onto consumers and the public sector through sales of their products, they also can afford to attend in-person meetings, find staffing to ensure that their perspective on project implementation carries the day, and fund reports to sway the direction of policy efforts. Such resources do not abound for civil society groups or LMIC country governments. So the principle of inclusivity actually risks fostering greater inequity, paving unequal access to Tripartite and other governance structures, unless steps are taken to level the playing field. Such efforts to level the playing field were, of course, the impetus behind the IACG recommendation to provide “political, financial and technical support for civil society organizations to enhance their engagement, including for work with governments while keeping their independence.”

We recognize that it is challenging to lay out a set of guiding principles for such a diverse group of stakeholders. Even the guidance from the Tripartite Agencies on the use of antimicrobials in food animal production is not consistent, even though the [“WHO Guidelines on Use of Medically Important Antimicrobials in Food-Producing Animals”](#) came out in 2017. However, we do believe that true guiding principles on tackling AMR that offer clear direction, not just process points on good governance, are possible. It may be a work in progress for the Multi-Stakeholder Platform to undertake, particularly around potential projects where key stakeholders are willing to act collectively to take up new, catalytic approaches to address this global health and development challenge. Founded in 2014, the Antibiotic Resistance Coalition brought together an intersectoral coalition on these issues ahead of the WHA’s adoption of the GAP on AMR. This diverse group of stakeholders was able to arrive at a set of guiding principles in its inaugural [Declaration on Antibiotic Resistance](#), upon which its members, now comprised of over 25 of the world’s leading public interest NGOs in this space, continue to build joint positions and actions.

#### 4. Are you supportive of the Platform’s accountability principle? \*

The Platform will be ultimately accountable to the Directors-General of the Tripartite and their governing bodies.

Yes

No

Please provide additional comments and/or suggestions in the space below.

The responsibility for the performance, success or failure, and return on investment to participants in the Platform certainly does involve ensuring that the Tripartite Joint Secretariat on AMR is accountable to the Directors-General of the Tripartite and their governing bodies. However, this is not the accountability principle that should be guiding the work of the Multi-Stakeholder Partnership Forum.

The real question is in what way will the Platform be accountable to those who volunteer their efforts in support of a “shared vision”. Furthermore, such a principle suggests an inequitable relationship between the Tripartite agencies and partner organizations in the Partnership Platform. After all, why would other UN agencies (e.g., UNICEF, UNEP and UNDP) in the global governance of AMR consider their AMR efforts as “ultimately accountable to the Directors-General of the Tripartite and their governing bodies?”. Instead, the accountability principle should consider how the Tripartite agencies and key implementing agencies might be held accountable to multiple stakeholders to clear milestones for making progress to address AMR and to mobilize financing for such efforts.

#### 5. Are you satisfied with the proposed approach to membership and members’ participation? \*

Membership of the Platform is open to government representatives; UN agencies, international, intergovernmental and regional organizations; international and regional financial institutions, philanthropic donors; civil society organizations and networks relevant to AMR; academic and research organizations across the One Health spectrum relevant to AMR; private sector partners representing sectors that affect, or are affected by, AMR.

The Platform’s membership shall include sectors or disciplines that are underrepresented in the other global governance mechanisms for AMR, e.g. civil society, private sector and financial institutions. Members of the Platform will focus on bringing in local and sectoral knowledge and power to support collective actions to tackle AMR.

A call for membership will be open on the relevant Tripartite online channels and members will be admitted to ensure geographic balance and representation sufficient to address the challenges of AMR. The Platform may invite other interested organizations relevant to its work to observe entire sessions or specific agenda items.

Members' participation in the Platform for the purpose of achieving joint action will be channeled through:

- Primarily, **Action Groups** developed to drive forward specific topics and subtopics involving different Cluster Groups;
- Secondly, **Cluster Groups** that should ensure similar stakeholders are able to voice their views through the cluster and be represented in the Action Groups.

Yes

No

Please provide additional comments and/or suggestions in the space below.

Membership implies those who are inside and those who are outside of the work of the Multi-Stakeholder Partnership Forum have differential access and opportunity to contribute. That signals the opposite of inclusivity and of transparency and open access. Many civil society groups and LMIC groups might be enlisted for specific projects, but would have little reason or bandwidth to join a Multi-Stakeholder Partnership Forum with such unclear tangible direction or resourcing. Yet keeping the doors open, the Forum could build over time such projects that might draw new partners, local stakeholders, and others who may not initially have imagined that they could contribute to addressing AMR. Instead of a cumbersome bureaucracy, it could become a place where those with visionary approaches could recruit, with Tripartite Joint Secretariat support, new partners. What lessons could the Tripartite Joint Secretariat learn from efforts like the "Save Lives: Clean Your Hands" campaign that has enlisted over 23,000 healthcare facilities from around the world? The architecture of the Multi-Stakeholder Forum should be less focused on accommodating 200 stakeholders, but more committed to mobilizing the 20,000 that might be enlisted on campaigns.

It is unclear what are the benefits of membership, and we would argue that this should not take the form of restricting access to policy briefings or the opportunity to contribute to potential projects on AMR by non-members. The benefits of membership could be in what the Tripartite Agencies in supporting this Forum as part of the AMR governance structure can do to advance the collective work of its members. While we do not support this as the only approach by which the Tripartite agencies might support the work of civil society groups, it would be useful to learn what resources—technical and financial—that the Tripartite Agencies, plus other governance bodies, might bring to facilitating Forum efforts to tackle AMR.

The Antibiotic Resistance Coalition sees value in like-minded groups working together. However, we have many reservations over how the Action Groups and Cluster Groups might be set up. If made overly inclusive, it will freight the work of Action and Cluster Groups with unnecessary transaction costs, and we know well that industry groups have done exactly that in many policy processes. This will just result then in such work being taken outside of the auspices of the Forum as we already have effective, alternative channels for bringing together intersectoral partner organizations. So the value-added benefits of membership require a much clearer definition and deeper thought.

## **6. What should be the requirements to qualify for membership and how should membership be agreed? For example, relevance to some aspect of the challenge of AMR, commitment and ability to take action to combat AMR. \***

Please provide additional comments and/or suggestions in the space below.

As noted in the response to question 5, the Antibiotic Resistance Coalition has reservations over the notion of membership. It is at odds with the proposed "guiding principle" of inclusiveness and transparency and open access and erects a divide between those who might join and those who might be precisely the strategic partners that need to be recruited to advance efforts to address AMR, but who do not presently see AMR as a priority to which they can contribute meaningfully.

So we would recommend rethinking membership and the unwieldy bureaucracy that the Forum's proposed structure would entail. Maintaining this structure will be a huge drain on the limited resources of the Tripartite agencies and those involved as members. We should be focused on how to mobilize efficiently and speedily stakeholders that might make an actual difference in advancing AMR. Perhaps the Tripartite Joint Secretariat could put out examples of how they might support and facilitate the collective action of stakeholders in this policy space, and self-identified Action groups could step forward and request such resourcing under the Forum. At the start, these Action Groups might have limited membership, but as plans mature and with the nurturing support of the Tripartite Agencies and other governance bodies, they could over time bring on board a wider set of stakeholders. The Forum could provide varying levels of support, depending on its available resources and also the likelihood that the project might catalyze progress in addressing AMR.

## 7. Do you agree with the vision for Action Groups? \*

**Action Groups** will put forward specific topics and subtopics and drive actions. They are open to participation by all members of the Platform and each Cluster Group will be invited to provide members to work in Action Groups. Action Groups will formulate work plans and shall report their progress to the Steering Committee (described below). They will use the evidence and scientific knowledge produced by the IPEA, the Tripartite and relevant research and academic institutions to identify a roadmap for actions, and implement and monitor the impact of actions. Action Groups will work year-round to prepare documentation, data and other evidence for the Plenary Sessions.

Yes

No

Please provide additional comments and/or suggestions in the space below.

The proposed vision for the Action Groups poses significant risks. If every Cluster Group must be represented and consensus is a prerequisite for taking action in each Action Group, then there remains a risk that this will do more to prioritize low-hanging fruit, where consensus already exists and where little value add would come from bringing together such stakeholders in the Forum, rather than high-yield activities. Under these operating rules, the Forum would not provide a safe space for like-minded groups to find common cause in an Action Group or enable a period for maturing ideas before those opposed might slow progress before the Forum could bring value add to the process by gradually recruiting likely supporters or even groups that might not know of their potential contribution to such a project.

As already noted, the inequity across different stakeholder groups in having the staffing, time, and resources to join Forum activities is already considerable. The focus on year-round work “to prepare documentation, data and other evidence for the Plenary sessions” is not likely to be an invitation that most civil society groups or LMIC stakeholders are going to find attractive. Perhaps this calculus would change if the Forum’s vision made clear what is the value add of participating and what resources the Tripartite agencies plan to bring to the Forum’s work.

## 8. What type of action do you consider could be usefully taken forward by Action Groups, for example: best practice guidelines; advocacy and information sharing; practical implementation of activities at country or sectoral level; other? \*

Please provide additional comments and/or suggestions in the space below.

Given the currently proposed process, the Action Groups risk focusing on only areas, where there would be ready and likely existing consensus as well as already aligned or available, if minimal, investment. These might be productive activities, but these might not be catalytic, game-changing efforts. Worse yet, such activities might distract or take up limited resources from activities that might be.

As for best practice guidelines, there certainly is value in identifying case studies of successful approaches to tackling AMR and sharing how such approaches might be scaled or replicated in similar settings. Of course, we would caution that this should not loosely be construed as the kind of practice guidelines involving clinical decision-making, the appropriate use of antimicrobials in food production, or regulatory limits on environmental discharge. Such practice guidelines require review of scientific evidence, expert evaluation and analysis, and careful consideration of context. These are best left to the work of the formal guideline processes, such as at WHO, or the soon-to-be-announced Independent Panel on Evidence for Action Against AMR.

## 9. Do you agree with the proposed Cluster Groups? And should they be maintained as administrative groups or should have a more active role? \*

To ensure broad representation across the One Health spectrum relevant to AMR, members will fall into the following five Cluster Groups:

- Government representatives, UN agencies, international, intergovernmental and regional organizations;
- International and regional financial institutions, philanthropic donors;
- Civil society organizations and networks;
- Academic and research institutions, including their networks and coalitions;

- Private sector partners.

Membership of the Platform, Action and Cluster Groups will have due regard to geographical, gender and sectoral balance across the One Health spectrum. The Tripartite Joint Secretariat for AMR will actively monitor levels of representation. The Platform may invite other interested organizations relevant to its work to observe entire sessions or specific agenda items.

Yes

No

Please provide additional comments and/or suggestions in the space below.

We are unclear as to how the proposed classifications by which Cluster Groups might be constituted would work. The Antibiotic Resistance Coalition is comprised largely of civil society groups working across healthcare, food, and environment sectors and a leading intergovernmental think tank with 52 Member States, but has a Secretariat housed in one ReAct's nodes (a network of regional nodes headquartered in both academic and non-academic institutions). All of our members strive not to have financial conflict of interest that might unduly influence their work on behalf of the public's interest in AMR. So should the Antibiotic Resistance Coalition consider membership as a whole in the Civil Society Action Group, or also in other Cluster Groups?

We remain concerned as well that the "Civil Society organizations and networks" Cluster Group will face the same challenges that the WHO's Non-State Actors designation has posed for years at the World Health Assembly. The only difference is that industry-aligned groups will have a seat at the table in both the "Private sector partners" group and also in the "Civil Society organizations and networks" Cluster group. Their presence in the latter could further vitiate the value of coming together under the Forum's auspices.

The attention to geographical, gender and sectoral balance across the One Health spectrum is useful when applied appropriately in context. Not every group, no matter how small, will have such representation, and it is a burden—particularly on those groups that are relatively under-resourced—to be called upon to be represented in every such Platform, Action or Cluster Group, whether value-added or not to their mission. Some initiatives also might be better focused on a specific geography or within a particular sector, and these might or might not benefit from an enforced effort to check off the box of broad representation, especially when there are more compelling issues of equity at stake.

## 10. Do you think that the proposed roles and responsibilities of members are appropriate? \*

Members will be entitled to attend meetings of the Platform and will be encouraged to participate in the Plenary Sessions. Members will participate at an adequately high-level of their organizations, will be eligible to participate in Action Groups that may be formed and contribute to their work. Members will be required to disclose details of their legal status, governance, membership, sources of funding and activities. The Platform members will receive no fees or other remuneration for their time.

Yes

No

Please provide additional comments and/or suggestions in the space below.

As we have detailed in other responses, there appears to be an undue emphasis on the entitlement of members rather than the inclusivity, transparency and open access of the Forum's work, and insufficient emphasis on how to build the value add of Forum deliberations. Civil society groups should have the right to designate who might best represent their organization and best positioned to support the work of the Forum. For particular Action Groups, this might well devolve upon an individual skilled in that particular area, but not necessarily "high-level." This description of proposed roles and responsibilities of members lacks a clear understanding of how to mobilize the resources of participating organizations and weighs unduly non-relevant factors, like leadership status over technical expertise. Different Action Groups may call for different representatives of organizations participating. We would not want, for example, the best practice guidelines set by leaders who have no direct familiarity with the best practices implemented by actual, on-the-ground staff.

While remuneration is not expected for most Platform activities, it is important to have clarity as to whether the Forum would work to level the playing field, for example, by providing reimbursement for travel expenses for non-profit, civil society groups without the means to participate in Forum activities, where possible. Also some projects from Action Groups may result in activities that might become fundable by outside donors, and civil society groups



should not be denied the opportunity of receiving such support, especially if they were instrumental in developing these efforts.

However, we are agreed that transparency of Member financing would be important if such funding might result in significant bias in the workings of the Forum's Platform activities. However, we believe the paperwork and need to know legal status, governance, membership, sources of funding and activities should be commensurate with how such information helps to determine financial conflict of interest in the Forum's activities. Otherwise, this again will act against the interests of equitable participation by civil society and LMIC stakeholders by imposing another bureaucratic hurdle. Most of the Forum's activities do not involve policy decision-making or expert guideline development, nor should it, so it would be important not to burden unnecessarily participation with paperwork.

### 11. Do you think that the proposed role and constitution of the Platform's Steering Committee is appropriate? \*

**The Platform Steering Committee** will be the executive arm of the Platform, setting priorities, facilitating the outcomes from the Plenary Session and the Action Groups, and endorsing actions. It will be composed of a Chair, three representatives of the Tripartite, five Cluster Group leads and three Action Group leads. The Chair will be elected by the other members of the Steering Committee (SC) at the annual Plenary Session and endorsed by the Directors-General of the Tripartite. The term of the Chair will be two years maximum. The Chair will also be the Chair of the annual Plenary Sessions. The Chair will oversee the Platform's strategic and financial plans, long-term objectives and expected outputs, and oversee the work plan devised by the Action Groups and facilitate their activities. The Cluster Group leads and Action Group leads will be elected by the Action Groups and Cluster Groups themselves.

Yes

No

Please provide additional comments and/or suggestions in the space below.

The Platform Steering Committee could offer useful coordination of the Forum's activities. However, its structure limits Action Group representation to three leads, despite the fact that most of the collaborative work is meant to unfold through Action Groups. So commitment to engaging in Forum activities may not be matched by the opportunity to participate in its governance.

Yet governance is weighted heavily towards five Cluster Group leads, each of which are likely to be quite heterogeneous and not easily represented by any single stakeholder organization, and the three Tripartite agencies. The Tripartite agencies also should be playing a support role for Forum activities, but by also holding a governance position, undermine the Forum's ability to ask for greater accountability of these agencies on making progress on tackling AMR. It would be much more strategic if the Tripartite agencies removed themselves from the governance structure, allowing for other intergovernmental organizations to step up. By focusing five Cluster Group leads, it also is entirely possible that the breadth of civil society groups, which is breathtakingly broad, might be limited to just one group, and low- and middle-income stakeholders might be missed entirely in the governance structure.

The proposed role and constitution of the Platform's Steering Committee focuses more on process than action. Its description is somewhat opaque about what support the Tripartite agencies would provide. Without that support, those stakeholders with the most to offer might not have the resources to take on all of the administrative tasks, whereas those stakeholders with the most financing behind them might have little trouble taking over the Forum for their purposes. Maybe the Forum governance might be developed stepwise, lifting up those most constructive and contributory to its mission.

### 12. Do you agree with the proposed role of the Plenary Session? \*

**The Plenary Session** is the central area for debate, coordination, decision-making, lesson learning, exchange of best practices, and convergence by all stakeholders at a global level on AMR-related issues. The Platform as a whole is intended to come together in the Plenary Session annually, in either virtual or physical meetings. The Plenary Session will be attended by the Tripartite senior leadership.

Yes

No

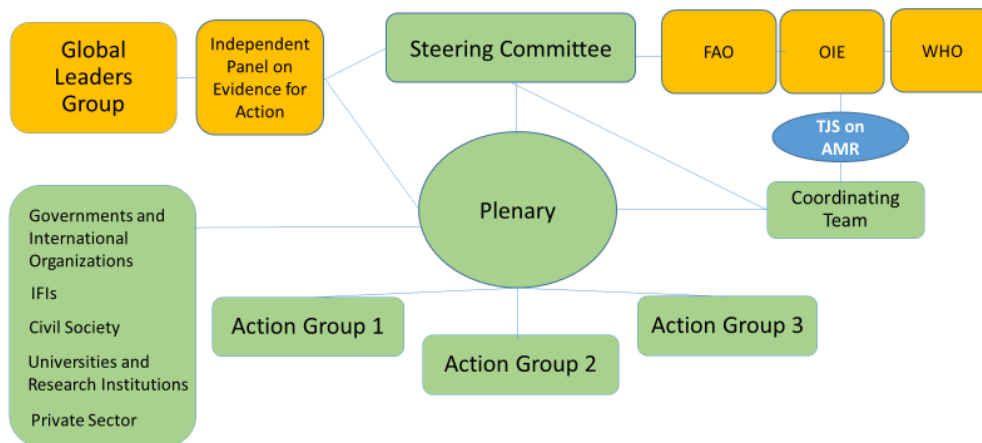
Please provide additional comments and/or suggestions in the space below.

The goals of the Plenary Session sound fine if these activities emerge organically out of the Forum's activities. If there are important differences that surface from the consensus discussion process, lessons that might come from Action Groups that actually took action, or opportunities for coordination that otherwise would not have arisen outside of the Forum's facilitation, the Annual Plenary Session would be an excellent venue to bring these forward.

However, if the Plenary Session becomes one more show-and-tell gathering of stakeholders every year on AMR, we would not want key stakeholders nor the Tripartite Agencies to be distracted from more meaningful efforts to address AMR. While we may still have a dearth of novel antibiotic classes, we most assuredly do not have a shortage of such meetings on AMR to attend. Again given limited resources among civil society groups and stakeholders from LMICs, we are concerned that the Forum's Annual Plenary Session not become an end unto itself, rather than the culmination of productive efforts by the Forum.

So long as the Annual Plenary Session does not substitute for year-round, actual work on Forum activities, we are supportive of such efforts to exchange, share and inspire activities on AMR as well as to forge new, catalytic collective action on AMR.

### 13. Do you think the proposed structure is appropriate? \*



Yes

No

Please provide additional comments and/or suggestions in the space below.

The appropriateness of the structure depends on the relationships among these entities, and importantly, how collectively this ensures accountability to achieving milestones towards the GAP on AMR. The Global Leaders Group has been issuing brief position statements, but without the backing of expertise and evidence that might be recruited through the Independent Panel on Evidence on Action. The GLG has also called on a broad range of stakeholders, without clear target or strategy, to curb, but not ban the use of antimicrobials in food production. However, it does so without having mobilized constituencies that might draw upon members of a Multi-Stakeholder Partnership Forum. The locus of responsibilities for priority setting, coordinating, and mobilizing finances for the work ahead, let alone strategic planning, are unclear. The limitations of the Multi-Stakeholder Partnership Platform were detailed earlier.

For accountability to hold, the Tripartite Agencies should be in a supporting, not governing role, if their progress is to be held to independent review by any of these entities. Instead, they serve on and as Secretariat to these entities. So which of these entities is in a position to ask and hold publicly accountable a Tripartite agency to milestones that would mark progress on AMR? Absent that, who can independently make the case that their work is deserving of greater resources, even within their current budgets?

Another way to assess the appropriateness of the structure is to ask what role each of these entities might play in aiding, accelerating or amplifying specific, key projects to advance the work to tackle AMR. Is the sum greater than the parts? The non-centrality and non-specificity of governments and international organizations, international financial institutions, civil society, universities and research institutions, and private sector are certainly not intended, but being lumped into a

single box, one might also ask how might these entities actually relate to the multiple entities that comprise a global AMR governance structure.

#### 14. Is this communication flow with governments and other stakeholders appropriate? \*

The Platform should devise a communications strategy that seeks to bring the IPEA conclusions and evidence to the attention of priority stakeholders in a way that will enable them to act on the Platform's reports. Through the Coordinating Team, as part of the Tripartite Joint Secretariat on AMR, the Platform will avail and communicate with the GLG for AMR, IPEA, the Tripartite and other organizations.

Yes

No

Please provide additional comments and/or suggestions in the space below.

The focus on how the Platform might serve to bring IPEA conclusions and evidence to the attention of priority stakeholders is but one strand of a much larger need for any proposed communications strategy. The Platform is not just an instrument to be used, without a clearly reciprocal relationship. How does the Platform's work inform and set priorities for attention by the GLG or key issues for the IPEA to consider? How does it ensure that financial conflict of interest is managed in its own deliberations, so that its inputs to the GLG, IPEA, Tripartite agencies and other global governance structures will carry the weight of the public's interest and not just the advancement of pecuniary interests?

Little has been shared in this Public Questionnaire of how the Tripartite agencies will be accountable to the public through entities, like the Platform, or through other public consultation and Monitoring and Evaluation processes. Yet without the Tripartite agencies demonstrating commitment and progress towards addressing AMR in these various entities, mobilizing resources, financing and support for its work will be challenging.

#### 15. Do you agree with the following short-, medium- and long-term targets? \*

The Platform's performance will be measured by key input, process and output indicators that assess the follow-up and impact of its policies and reports. The work plan and metrics of these indicators will be agreed upon by the SC as early as possible.

##### Short-term targets – one year from the establishment of the Platform

- **Attract** over 200 members representative of different stakeholder voices and a balance across regions globally.

##### Medium-term targets – three to five years from the establishment of the Platform

- **Drive** multidisciplinary action at global, regional and national levels through Action Groups working on key issues of multi-sectoral interest and developing action plans;
- **Build** global momentum and generate high-level advocacy to combat AMR;
- **Share and enhance** knowledge, evidence and innovation to underpin key AMR actions, policy recommendations and guidance.

##### Long-term targets – 10 years from the establishment of the Platform

- **Generate** global commitment to use antimicrobials in a responsible and prudent way to ensure antimicrobials will keep their efficacy;
- **Keep the momentum going** by developing a clear roadmap facilitated by the Tripartite and the governance structures driving multidisciplinary action at global and national levels to control AMR.

Yes

No

Please provide additional comments and/or suggestions in the space below.

Apart from attracting over 200 members for the Platform in the first year, it is impossible to gauge the value, let alone the content, of these targets. We have already noted reservations over structuring the Platform as a closed plenary, no matter how seemingly inclusive, of 200 or whatever number of members, as opposed to a dynamic coalition of partners working towards actual, concrete and catalytic projects.

However, the targets as proposed are troublingly vague. For the organizers of the Platform, are there not any priority goals that might serve as initial guideposts or even examples of what is envisioned as part of the shared vision, opportunities for mobilizing finances, or even collective focus of the Tripartite agencies working towards One Health efforts? Is there a framework for priority setting that might unify and guide the Platform's efforts?

Change is a vector with magnitude and direction. The above targets suggest the need for a greater magnitude of efforts, but of the many directions this momentum might take us, where is the compass for the direction?

**16. Any other comments? Please enter your answer in the space below, or enter NO if you have no other comments. \***

No, we have provided feedback under other items that cover what we might have volunteered here. Clearly, the range of concerns flagged over the proposed structure and governance of the Multi-Stakeholder Partnership Platform requires significant changes and overhauling, if not further consultation and discussions with key constituencies, before it should proceed.

## PART III: GENERAL INTEREST AND CONCLUSION

### 17. Is your organization currently addressing the challenge of AMR? (optional Q) (rating/matrix question)

Please rate the question on a scale from 1 to 5, with 5 being fully and 1 being not at all

Not at all	Slightly	Moderately	Actively	Fully
1	2	3	4	5

Please provide additional comments and/or suggestions in the space below.

The responses to this Public Questionnaire, in the timeframe allotted, have been reviewed and endorsed by the following organizations, all members of the Antibiotic Resistance Coalition:

1. Alliance to Save Our Antibiotics
2. Food Animal Concerns Trust (FACT)
3. Health Action International (HAI)
4. Health Care Without Harm (HCWH)
5. IFARMA Foundation
6. Initiative for Health & Equity in Society (IHES)
7. Natural Resources Defense Council (NRDC)
8. Pan-African Treatment Access Movement (PATAM)
9. People's Health Movement (PHM)
10. ReAct-Action on Antibiotic Resistance
11. Third World Network (TWN)
12. Universities Allied for Essential Medicines (UAEM)

By way of background, the Antibiotic Resistance Coalition is comprised of a diverse range of organizations, mostly from civil society, and to varying degrees, each Member organization works on dimensions of AMR.

To name a few examples—

Our Members have sat on global advisory bodies, including the UN IACG, the Global Leaders Group, the Codex's Task Force on AMR, and the WHO STAG on AMR.

Members actively engage with government policymakers in different venues:

--ReAct Africa hosts an annual conference for African governments on NAPs on AMR

--EPHA and HCWH organized a Members of the European Parliament Interest Group on AMR, and

--The People's Health Movement maintains the WHO Watch that tracks the Executive Board and World Health Assembly meetings.

Our Members are actively working across the intersectoral dimensions of AMR.

--Examples include the Centre for Science and Environment's virtual conference on Containing the Silent Pandemic this year, and ReAct's Strategic Policy Program and ReAct Asia Pacific convened food groups together in Bangkok a few years ago to plan strategy and hear perspectives from our Asian NGO colleagues. On the innovation and access side, we contributed to a consultation on SECURE, the newly proposed idea of a new pathway to bring and procure key antibiotics coming to market. We also have lifted the issue of antimicrobial use in crops through discussions with CABI and CGIAR.

Many of the ARC members are engaged in accountability work. This includes multiple ARC members under the U.S.-based Keep Antibiotics Working Coalition, in their Chain Reaction Scorecard tracking procurement practices of the leading restaurant chains. The Alliance to Save Our Antibiotics has tracked UK leading grocery store chains, and CSE had its double standard report of multinational food franchises. Third World Network and Public Citizen are among civil society leaders on the COVID-19 vaccine access issues.

Finally, we engage with the Tripartite agencies on a whole range of fronts:

-- in expert consultations (as in food production diagnostics, the Monitoring and Evaluation Framework and Behavior Change);

--in WHO efforts in Fair Pricing Forum, World Antimicrobial Awareness Week, and Regional office activities, as well as in WHA Side Event;

--and prior to 2020, we used to have an annual WHO-NGO Dialogue and partnered with WHO in staging the Innovate4AMR global student design competition.

## 18. Are you interested in becoming a member of the Platform? (optional Q)

- Yes  
 No  
 Not sure

Please provide additional comments and/or suggestions in the space below.

We eagerly look forward to seeing how the Tripartite Agencies take up concerns and issues raised in this feedback on the Multi-Stakeholder Partnership Platform from the Antibiotic Resistance Coalition, so that we can effectively gauge how best we might contribute, what form that might take, and whether we have the bandwidth and resources to participate. The Coalition's members hope to learn more about how the Tripartite agencies will address particularly issues of equity in participation by civil society groups and LMIC stakeholders; support projects conceived and nurtured under the Forum's efforts; and provide an opportunity for the Tripartite Agencies to share their challenges in being accountable in making milestones and progress on the GAP on AMR.

## 19. Do you identify yourself in one of the Cluster Groups? (optional Q)

- Yes  
 No  
 Not sure

If yes, please specify?

Please provide additional comments and/or suggestions in the space below.

The Antibiotic Resistance Coalition sees itself as a potential member of one or more Cluster Groups, as currently defined. Our diverse membership includes groups that could be classified as civil society (e.g. Alliance to Save our Antibiotics, Consumers International, Keep Antibiotics Working, European Public Health Alliance, Health Care Without Harm, IFARMA, Instituto Brasileiro de Defesa do Consumidor, Pan-African Treatment Access Movement, People's Health Movement, and Third World Network), intergovernmental organizations (e.g., South Centre), and academia (e.g., American Medical Student Association, ReAct network's regional nodes, and Universities Allied for Essential Medicines).

## 20. If you have any additional comments or suggestions, provide them in the space below.

The Antibiotic Resistance Coalition also has concerns about the way in which the public questionnaire process for the Multi-Stakeholder Partnership Forum is being conducted.

First, by making the submissions confidential, the process for shaping the governance of the Forum is not transparent. Ironically, a key guiding principle put forward for the Forum is transparency, yet when it comes to setting the governance of the Forum, the inputs are wrapped under the cloak of confidentiality. This is not an auspicious start to the transparency that is a cornerstone to good governance of the Forum. Previous consultations by the Tripartite have operated in a more transparent manner (e.g., the publication of all comments received and with attribution to those submitting this input for the [Terms of Reference for the One Health Global Leaders Group](#) and the [Independent Evidence Panel for Evidence](#)). By not making the submissions to this Public Questionnaire transparent, this seems like a step backward at a time when the Global Leaders Group's deliberations in developing its Action Plan was similarly not transparent. It also hides whether consultations are being held to "check the box" of having done so, but without meaningful inputs from key constituencies. To correct this misstep, we would recommend that the Tripartite Secretariat ask all of those submitting comments whether, in retrospect, they would be willing to post publicly their submission to this Public Questionnaire and that regardless, the Tripartite Secretariat make transparent the percentage, by Cluster Area, of those refusing to make their submissions available in a public posting.

Rather than sharing all submissions on a public website, the results of the public discussion will only be reported in aggregate. We urge the Tripartite Joint Secretariat to post all submissions and to consider only those that are made transparent and that are attributed to an individual or organization. In its aggregate reporting, it would be important to provide information that allows potential Forum participants to assess whether inputs came in from all quarters, notably from civil society groups and LMIC stakeholders.

For its part, the Antibiotic Resistance Coalition will post on a public website its comments submitted as part of this Public Questionnaire process.

Thank you for completing the survey!