

Global consultation survey on the draft People-centred framework for addressing antimicrobial resistance in the human health sector

Introduction to the consultation:

Thank you for participating in this open consultation on the draft [People-centred framework for addressing antimicrobial resistance \(AMR\) in the human health sector](#). The consultation is open until 14 March 2023.

The *People-centred framework* strives to provide a programmatic approach to addressing AMR that puts people, their needs and challenges at the centre of the AMR response. It aims to facilitate the mainstreaming of AMR interventions into broader efforts to strengthen health systems through primary health care (PHC) strategies, building country capacities for implementation of the International Health Regulations (IHR), and pandemic preparedness and response initiatives.

Objectives of the consultation:

The consultation aims to collect comments on the draft paper through a survey, focusing on the clarity and completeness of the following elements:

- The concept and structure of the people-centred framework;
- The prioritization and description of the 13 high-level interventions and their priority steps, listed in Annex 2.

Before completing the survey, please review the [draft paper](#) describing the people-centred framework and the core set of 13 high-level interventions.

Organizations can use the Word version of the survey to facilitate the compilation of input and submit to AMR_PCF@who.int.

Responses will remain confidential and will be used only for the purpose of developing the framework.

1. You are responding:
 - a. As an individual
 - b. On behalf of an organization
2. Please provide your name: Anthony D. So, MD, MPA, on behalf of the following members of the Antibiotic Resistance Coalition:

- Health Action International;
- Initiative for Health & Equity in Society;
- People's Health Movement;
- ReAct Africa;
- ReAct Asia Pacific;
- ReAct Europe;
- ReAct Latin America;
- ReAct Strategic Policy Program;
- Sahabat Alam Malaysia (Friends of the Earth Malaysia);
- Society for International Development;
- Third World Network

The responses provided to this Global Survey reflect key points of discussion among members of the Antibiotic Resistance Coalition. We hope that these inputs will be useful in supporting the important work that the WHO Division of AMR is undertaking in this area. These collective inputs from Antibiotic Resistance Coalition members will be made available on the Coalition's website and at <http://tinyurl.com/PeopleMakeAMRChangeMarch2023>.

3. Please provide the name of your organization: Antibiotic Resistance Coalition (ARC)
4. Country of person/organization: Multiple countries in which CSOs are based above
5. Sector of the person/organization:

- Ministry of Health
- Community health care
- Primary health care
- Secondary/tertiary health care
- Professional associations, including medical, nursing and pharmacist associations
- Diagnostic or research laboratory
- Civil society organization, including patient advocacy groups
- Private sector
- Funding agency / Development partner
- University/ Research institute
- NGO/association/foundation
- Faith-based organizations
- Youth organizations
- Intergovernmental organization
- Other

If other, please specify:

6. Gender

- Male
- Female
- Prefer not to disclose
- Other

This is a collective response, not by a single individual.

7. Please indicate the AMR programme aspect(s) that are part of your work:

The co-signing organizations have collective expertise across a range of AMR programme aspects. This checklist response here is meant to capture key relevant areas by the co-signing organizations.

- x AMR policy and governance
- x AMR regulations or legislation
- x AMR awareness and education
- AMR surveillance
- Antimicrobial consumption and use surveillance
- Health insurance
- x Supply chain of health products
- Infection prevention and control (IPC)
- Water, sanitation and hygiene (WASH)
- Immunization
- AMR diagnostics and laboratory
- Patient treatment and management
- Antimicrobial stewardship
- x Research and development
- x AMR One Health
- Other: [text box]

8. **Framework objectives:** Do you have any comments on the rationale for and objectives of the framework (see Section 1 “Introduction” of the draft document)?

- a. Yes
- b. No

If yes, please specify:

We appreciate the opportunity to provide feedback on the draft *People-Centred Framework to Addressing AMR in Human Health Sector* document. The document brings together important elements that do require integration in the healthcare delivery system part of a One Health AMR response.

Scenario-based testing. One way of assessing whether the two foundations and four pillars can meet the challenges of AMR is to assess how they might work inter-dependently in responding to current and future challenges. For example, how would this framework offer robust guidance to responding to:

- Access, not just excess concerns (e.g., the interrupted supply of benzathine penicillin G used for treatment of syphilis in pregnant women,¹ as well as work towards an improved low-cost, aqueous, easier-to-administer depot formulation not requiring cold chain storage² that might reduce the burden of providing secondary prophylaxis of rheumatic heart disease³);
- Intersectoral concerns over competing uses of the same family of antibiotics in human medicine and food production (e.g., where the volume of use in food animal or crop production may exceed the volume of antibiotics from the same family of antibiotics used in human medicine in the same country⁴);
- Diagnostic infrastructure, such as that provided by the GeneXpert platform, presents challenges of high initial capital cost and marginal costs for cartridges (likely far in excess of cost of goods⁵) as well as technology lock-in to a proprietary platform; or
- Up-to-date evidence-based infection treatment guidelines reliant on antimicrobial susceptibility breakpoints that are both available and relevant to resource-limited settings, such as from the European Committee on Antimicrobial Susceptibility Testing (EUCAST), which are freely available, vs. Clinical Laboratory Standard Institute's (CLSI), which may be cost prohibitive in resource poor settings⁶?

Giving voice to people through communities and civil society. Characterizing the Framework as People-Centred raises important expectations that both the process in applying the Framework and the measures holding the results accountable respond to the needs and voices of people and their collective voices through local communities and civil society. This reminds us of the largely, unfilled Recommendation C1 of the UN Interagency Coordination Group on Antimicrobial Resistance: “The IACG calls for the systematic and meaningful engagement of civil society groups and organizations as

¹ Taylor MM, Zhang X, Nurse-Findlay S, Hedman L, Kiarie J. The amount of penicillin needed to prevent mother-to-child transmission of syphilis. *Bull World Health Org* 2016; 94: 559-559A. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969996/>

² Wyber R, Taubert K, Marko S, Kaplan EL. Benzathine Penicillin G for the Management of RHD: Concerns About Quality and Access, and Opportunities for Intervention and Improvement. *Global Heart* 2013; 8(3): 227-234.

Available at: <https://globalheartjournal.com/articles/abstract/10.1016/j.gheart.2013.08.011/>

³ World Health Organization. “Rheumatic fever and rheumatic heart disease,” Seventy-First World Health Assembly, Provisional agenda item 12.8, A71/25, 12 April 2018. Available at:

https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_25-en.pdf

⁴ Van Boeckel TP, Pires J, Silvester R, et al. Global trends in antimicrobial resistance in animals in low- and middle-income countries. *Science* 2019; 365(6459). Available at: <https://www.science.org/doi/10.1126/science.aaw1944>

⁵ Cambridge Consultants. Cost of Goods and Manufacturing Analysis of GeneXpert Cartridges: Final Report.

Médecins Sans Frontières, 27 March 2019. Available at: https://msfaccess.org/sites/default/files/2019-12/2018%20COGS%20analysis%20of%20Xpert%20MTB_RIF%20Ultra%20cartridges.pdf

⁶ Kassim A, Omuse G, Premji Z, Revathi G. Comparison of Clinical Laboratory Standards Institute and European Committee on Antimicrobial Susceptibility Testing guidelines for the interpretation of antibiotic susceptibility at a University teaching hospital in Nairobi, Kenya: a cross-sectional study *Ann Clin Microbiol Antimicrob* 2016 Apr 11; 15:21. Available at: <https://pubmed.ncbi.nlm.nih.gov/27068515/>

key stakeholders in the One Health response to antimicrobial resistance at global, regional, national and local levels through...provision of political, financial, and technical support for civil society organizations to enhance their engagement, including for work with governments while keeping their independence.”⁷

Recalling the principles of the Declaration of Alma-Ata. Describing the Framework as People-Centred also evokes the Declaration of Alma Ata that drew attention to:

- The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries.
- All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors.
- All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country.⁸

The vision set forth in 1978 still eludes the world, as the lingering reminder of the COVID-19 pandemic has so starkly illustrated. The draft document could do more to explain how: 1) the Framework is grounded in the still relevant principles of the Declaration of Alma-Ata; 2) the Framework might provide useful guidance on effective integration and mainstreaming of AMR-related efforts into national systems of universal health care, while still ensuring focused attention on the goals of tackling AMR; and 3) the lessons from the COVID-19 pandemic and the failed stress test of antimicrobial stewardship in so many healthcare systems might find solution in future pandemic preparedness and response. The world community must affirm national and international commitments as well as channel increased technical and financial resources to support these ends through primary health care, particularly in low- and middle-income countries.

Offering guidance on how to make the Framework People-Centred. Beyond the focus on health care, the draft document might also offer insight as to how the five interdependent strategies in WHO’s Framework on integrated, people-centred health services could best be deployed in implementing the People-Centred Framework on Addressing AMR in the Human Health Sector: 1) empowering and engaging people and communities; 2) strengthening governance and accountability; 3) reorienting the model of care; 4) coordinating services within and across sectors; and 5) creating an enabling environment.⁹ The draft Framework suggests important ingredients to these efforts, but really could do more to engage these interdependent strategies, including through concrete examples and case studies.

⁷ UN Interagency Coordination Group (IACG) on Antimicrobial Resistance. *No Time to Wait: Securing the Future from Drug-Resistant Infections. Report to the Secretary-General of the United Nations*, April 2019. Available at: <https://www.woah.org/app/uploads/2021/03/iacg-final-report-en.pdf#page=18>

⁸ Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Available at: https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2

⁹ World Health Organization, “Framework on integrated, people-centred health services.” In: Sixty-ninth World Health Assembly, A69/39. Geneva: World Health Organization, 15 April 2016. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1

9. **Framework concept:** Do you have any comments on Section 2 of the draft document?

Paragraphs:	Yes	No	If yes, please specify:
2.1 Definition	x	<input type="checkbox"/>	What does a process and measures for accountability look like in a people-centred framework?
2.2 Guiding principles	x	<input type="checkbox"/>	How can these principles ensure against a governance process captive to corporate interests that do not prioritize public health needs?
2.3 Methodology	x	<input type="checkbox"/>	To ensure the high-level interventions reflect people-centred priorities, did the Methodology incorporate this input in narrowing the priorities from 119 to 13, or does it plan to include such input expanding out beyond the 13 high-level interventions at the country level?
2.4 Structure	x	<input type="checkbox"/>	While cognizant that WHO's focus is on the human health dimension of AMR, how might the structure of the framework accommodate intersectoral connections and synergy?
2.5 Interdependent interventions	x	<input type="checkbox"/>	Will there be guidance forthcoming on building intersectoral connections beyond the four pillars and foundational steps?
2.6 Engagement of communities and key populations	x	<input type="checkbox"/>	In what ways might WHO recognize, perhaps through the TrACSS, whether national governments have committed to a people-centred process with

			measures for accountability?
2.7 Step-by-step structure (Figure 4)	x	<input type="checkbox"/>	Will guidance on prioritization that informs the return on different types of investments and even which might be cost-saving be forthcoming?

2.6 Engagement of communities and key populations

A People-Centred Framework might benefit from the exemplar of how groups committed to such a vision have worked to engage communities, both in defining priorities and in creating measures of accountability. For years, ReAct Latin America has reimagined resistance and sought to address the root social, economic and cultural causes contributing to the inappropriate use of antibiotics. This approach has built upon the Andean indigenous vision of life, “Sumak Kawsay” or “Living Well,” and guided ReAct Latin America’s outreach and social mobilization efforts. This engagement with communities and civil society has led to a joint initiative with WHO-PAHO to host a regional dialogue again this past year on “Communities Empowered to Tackle Antimicrobial Resistance.” The panel sessions illustrate ways in which community strategies address antimicrobial resistance: 1) how community health promoters can be enlisted to tackle AMR in their communities; 2) how traditional farming can serve as a bulwark against intensive practices more reliant on the use of antimicrobials; and 3) how the voices of children and youth can engage their generation and ours in tackling AMR.¹⁰

Serving as ReAct’s Strategic Policy Program, the Innovation+Design Enabling Access Initiative based at Johns Hopkins Bloomberg School of Public Health, partnering with the International Federation of Medical Student Associations, has sought to train the next generation of AMR champions, initially through Innovate4AMR and then Innovate4Health.¹¹ During the first couple years, the innovation design competition focused on AMR and brought finalist teams to Geneva for a capacity-building workshop organized with WHO support. With the COVID-19 pandemic, Innovate4Health became an online collaborative design sprint looking for innovative and creative solutions that would help address the issues of emerging infectious disease threats. Taking a systems approach, Innovate4Health has emphasized social innovations that consider the needs of resource-limited settings. Throughout the global design sprint, teams continue to develop their project and hone their approach to advocate and engage key stakeholders. Teams receive expert coaching on behavior change strategies. Along the way, teams produce a social media strategy, pen a blog to advocate for public and policymaker attention to their target issue, and put together a pitch presentation for an expert panel. Innovate4Health also works to amplify awareness and action on the health equity dimensions of their projects. Select teams had the opportunity to present a

¹⁰ Latin American and Caribbean Meeting: Communities Empowered to Tackle Antimicrobial Resistance—Agenda, 17-18 November 2022. Available at: <https://www.reactgroup.org/wp-content/uploads/2022/11/Agenda-Empowered-Communities-17-18-Nov-2022-ReAct-Latin-America.pdf>

¹¹ IDEA Initiative. Innovate4Health—a global student design sprint to tackle emerging infectious diseases. Available at: <https://www.ignitetheidea.org/innovate4health>

poster at the Global Youth AMR Summit, and all teams had their posters featured in a virtual poster session timed with World Antimicrobial Awareness Week. A People-Centred Framework should find ways to enlist this generation in bringing forward new solution approaches.

Antibiotic Smart Communities, a strategic approach pioneered by ReAct Asia Pacific (RAP), takes a bottom-up, community-based approach to holding policymakers accountable to tackling AMR.¹² Launched in 2018, the Antibiotic Smart Community project undertook several steps:

- A preliminary sensitization meeting with community leaders;
- A Geographical Information System (GIS) mapping of non-domestic antibiotic use sites was done;
- A community survey was undertaken using a local language translation of the Eurobarometer 445 tool, to assess the level of awareness in the community;
- Focus group discussions to map the perceptions of various community stakeholder groups on health, disease, infections and antimicrobial resistance; and
- A comprehensive situational analysis was undertaken to anchor our work with the local community.

RAP's Antibiotic Smart Communities project developed a set of fifteen indicators to measure dimensions that matter to local communities. The indicators cover both AMR-specific and AMR-sensitive aspects. Examples of these indicators include:

- Age-appropriate coverage for pediatric vaccines in under-5 children as listed in the immunization schedule published by the competent national authority - Appropriate vaccination coverage reduces spread of infection, thereby reduces AMR burden.
- The proportion of schools in the area having gender-specific latrines with running water and handwashing facilities with soap for students - Adequate WASH facilities are critical in AMR mitigation
- Percentage of Access antibiotics (as per AWaRe classification of WHO) in total antibiotics dispensed in out-patient settings at healthcare facilities - Rational use of antibiotics is key in containing AMR

The Antibiotic Smart Communities project offers one approach to develop measures by which communities might hold governments accountable for progress towards tackling AMR.

10. **High-level interventions:** Are there any critical missing high-level interventions to address AMR in the human health sector out of the 13 interventions listed (Figure 3)?
- a. Yes
 - b. No

If yes, please specify:

¹² ReAct Asia Pacific: Antibiotic Smart Communities as a way forward. ReAct – Action on Antibiotic Resistance, November 14, 2022. Available at: <https://www.reactgroup.org/news-and-views/news-and-opinions/year-2022/react-asia-pacific-antibiotic-smart-communities-as-a-way-forward/>

Without knowing which of the 119 interventions were set aside in favor of the 13 high-level interventions selected for this framework, it is challenging to know what might be missing.

Need for guidance on prioritization and financing. In the forthcoming, more detailed implementation guidance to be published by the end of 2023, steps towards effective prioritization and financing among high-level interventions (and the many activities and approaches that fit within these high-level interventions) would be critically important. As the document notes, seven years after WHO Member States adopted a Global Action Plan on AMR in 2015, only 28% (47/166 countries reporting in the TrACSS) are “actively implementing and monitoring their NAPs,” and even fewer (just over 1 in 10) report that a “Financial provision for the National AMR action plan implementation is included in the national plans and budgets.”¹³ How can countries be provided tools that help gauge the likely return on investment or that even point to cost-saving opportunities?

11. Integration with primary health care and health emergency preparedness and response strategies: Do you have any comments on Section 3 of the draft document?

a. Yes

b. No

If yes, please specify:

Intersectoral connection for pandemic preparedness and response. While this Framework document importantly concentrates on the human health sector, people’s needs do not always compartmentalize so neatly, but rather cut across sectors. Particularly as the case for pandemic preparedness and response is made, is there synergy to be found in supporting integrated surveillance systems (not just across sectors for AMR, but piggybacking on infrastructure established for COVID-19 and poliovirus surveillance efforts¹⁴), investing and transparently reporting findings from wastewater surveillance systems of emerging disease threats, or tracking threats from zoonotic disease transmission?

12. Conclusion and way forward: Do you have any comments on Section 4 of the draft document?

a. Yes

b. No

If yes, please specify:

Moving past targeting AMR as a solely biological phenomenon is a welcomed effort. However, the Framework is only a beginning. It provides a potentially useful approach to reorganizing the steps to implementing NAPs on AMR at a time when many likely need to be renewed, as well as financed. The feedback to this survey suggests the need for complementary guidance that might inform next steps—1) insight as to how the five interdependent strategies in WHO’s Framework on integrated, people-centred health services could best be deployed in implementing the People-Centred

¹³ Global Database for Tracking Antimicrobial Resistance (AMR) Country Self-Assessment Survey (TrACSS), Item 2.3. Available at: <http://amrcountryprogress.org/#/visualization-view>

¹⁴ Antibiotic Resistance Coalition Policy Briefing for the World Health Assembly, “Preparing better for the Next Pandemic: Drug-Resistant Infections and Access to Antibiotics,” May 2021. Available at: <https://static1.squarespace.com/static/5c3784843c3a534eadd60de4/t/60af0a7bef63921b96989830/1622084223530/AMR+Briefing-WHA+2021-May2021.pdf#page=5>

Framework; 2) tools that help gauge the likely return on investment or that even point to cost-saving opportunities; and 3) opportunities for synergy between the human health sector and other sectors.

13. **Priority implementation steps for each high-level intervention:** Do you have any comments on the priority high-level interventions (including on any critical priority steps that are missing)? (Please review **Annex 2** (*optional*)? Please provide comments to the interventions in your area of expertise.

Foundation/Pillar	Intervention	Do you have any comments on the priority high-level interventions (including on any critical priority steps that are missing)?		If yes, please specify:
		Yes	No	
Effective governance	AMR governance and accountability in the human health sector in collaboration with other sectors	x	<input type="checkbox"/>	<p>What does People-Centred AMR governance and accountability look like? As noted, it would be helpful to provide follow-on guidance on how this can be effectively operationalized, both as part of the ongoing input into AMR priority-setting and also in developing and holding actors accountable to measures growing out of concerns raised by communities and civil society (e.g., as the Antibiotic Smart Communities project has sought to develop). Concerns over how AMR governance can ensure that the voices of people take precedence over corporate interests in a People-Centred Framework is also critical to address. An example is the stark contrast between the billions of dollars being sought by the pharmaceutical industry to bring novel antibiotics to market and the meager resources being mobilized for tackling AMR through non-pharmacological means, from diagnostics and vaccines to antimicrobial stewardship, IPC, surveillance and WASH. Part of ensuring that a People-Centred Framework remains centered on people’s needs is to make clear the opportunity costs in financing across these different priorities.</p>

Strategic surveillance and research information	National AMR surveillance network to generate quality data to inform patient care and action on AMR	x	<input type="checkbox"/>	Complementing national AMR surveillance networks would be the value of collecting such data globally. While WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS) has made strides to collect such data, the feasibility of building on these efforts to piggyback on global wastewater surveillance systems that now track poliovirus and COVID-19 to take on the tracking of emergent, drug-resistant infections would be important to explore. ¹⁵
	Antimicrobial consumption and use surveillance to inform actions on AMR	x	<input type="checkbox"/>	For there to be Strategic Surveillance and Research Information, there needs to be more than a national AMR surveillance network and national antimicrobial consumption and use surveillance in the healthcare system. This is where global, not just national, data collection for monitoring, comparison and accountability would be important. Transparency of data, at the country level, unlike WOH's reporting of antimicrobial consumption in food animals, is critical, and an integrated surveillance system across sectors will require considering the <u>different needs for tracking indicator species in food crops and animals as well as the environment</u> .
Pillar 1: Prevention	Implementation of IPC core components	<input type="checkbox"/>	<input type="checkbox"/>	The role of antibiotic use in mass drug administration campaigns for identified bacterial diseases like trachoma and yaws, malnourished children, and those without diagnosed infections to reduce mortality in children under age 5 (preventative indication) also requires guidance. When the WHO guideline on mass drug administration of azithromycin to children under five years of age to promote child survival was released in 2020, it indicated that this guidance would be revisited in 2-3 years after its publication. ¹⁶ The recent finding
	Universal access to improved WASH and waste management to mitigate AMR	<input type="checkbox"/>	<input type="checkbox"/>	
	Access to vaccines and expanded immunization to manage AMR	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁵ Antibiotic Resistance Coalition Policy Briefing for the World Health Assembly, "Preparing better for the Next Pandemic: Drug-Resistant Infections and Access to Antibiotics," May 2021. Available at:

<https://static1.squarespace.com/static/5c3784843c3a534eadd60de4/t/60af0a7bef63921b96989830/1622084223530/AMR+Briefing-WHA+2021-May2021.pdf#page=5>

¹⁶ WHO guideline on mass drug administration of azithromycin to children under five years of age to promote child survival. Geneva: World Health Organization, 2020. Available at: <https://apps.who.int/iris/bitstream/handle/10665/333942/9789240009585-eng.pdf?sequence=1&isAllowed=y>

				<p>that a single dose of azithromycin can significantly reduce maternal sepsis or mortality in women planning a vaginal delivery also lifts up the importance of understanding what role antibiotics play in prevention in human medicine.¹⁷ In collaboration with the University of Colorado, the IDEA Initiative also put together a thematic series to examine the complex policy and ethical dimensions of mass drug administration of antibiotics, particularly to lower child mortality, in the <i>Infectious Diseases of Poverty</i>.¹⁸</p> <p>The issue of Prevention is an intersectoral one, and the use of antimicrobials in food animal production also must be considered, given the risk of foodborne AMR transmission, cross-resistance and co-resistance between antibiotics used in animals and those needed for use in human medicine. The recent deprioritization of macrolide antibiotics in the <i>WHO Medically Important Antimicrobials List</i> prompts questions over whether the prioritization criteria and rationale took sufficient account of the many first-line uses of azithromycin, particularly in low- and middle-income countries.¹⁹</p>
Pillar 2: Access to essential health services	AMR management included in health benefits packages	x	<input type="checkbox"/>	The Organization for Economic Cooperation and Development (OECD) put out a report on how a comprehensive intervention package that addresses AMR both in healthcare facilities and also in communities could come to just \$2 per capita a year, avert 47,000 deaths a year in OECD countries, and pay for itself in under a year, with savings of \$4.8 billion a year. ²⁰ Establishing how AMR management might translate into cost-savings might
	Uninterrupted supply of essential health products for AMR	<input type="checkbox"/>	<input type="checkbox"/>	
	Integrated quality AMR management services to improve patient care	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁷ Tita ATN, Waldemar AC, McClure EM, et al. Azithromycin to Prevent Sepsis or Death in Women Planning a Vaginal Birth. *NEJM* 2023 Feb 9. Available at: <https://pubmed.ncbi.nlm.nih.gov/36757318/>

¹⁸ So AD, DeCamp M. Mass Drug Administration of Antibiotics: Reaching Clinical and Community Equipose, *Infectious Diseases of Poverty*, thematic series available at: <https://www.biomedcentral.com/collections/mda>

¹⁹ So AD. Feedback on *WHO Medically Important Antimicrobial List*, 7th Revision, 2023. Available at: <http://tinyurl.com/MIA-IDEAFeedback-2023>

²⁰ OECD. *Stemming the Superbug Tide: Just a Few Dollars More*. Paris, France: OECD Health Policy Studies, 2018. Available at: <https://www.oecd.org/health/stemming-the-superbug-tide-9789264307599-en.htm>

				be important to make the case for such investments, especially how stretched healthcare systems have been recently by COVID-19.
Pillar 3: Timely and accurate diagnosis	Improved laboratory and diagnostic infrastructure to enable clinical bacteriology and mycology testing	x	<input type="checkbox"/>	The need for low-cost, rapid and/or point-of-care diagnostic tests for AMR, particularly to distinguish bacterial and viral infections. Health Action International has commissioned a report on diagnostics to address AMR, which lays out recommendations for investment, access, implementation, and awareness. ²¹ The report notes that the “evidence for cost-effectiveness of POC BV tests has been mixed,” so there will need to be work to develop and position tests that add value to clinical decision making, reduce the volume of antimicrobials used, yet remain available affordably, with sufficient incentives for investing in sustainable diagnostic R&D and access.
	Awareness, education and understanding of diagnostic options and diagnostic stewardship	x	<input type="checkbox"/>	
Pillar 4: Appropriate and quality assured treatment	Up-to-date evidence-based infections treatment guidelines and antimicrobial stewardship (AMS) programmes	x	<input type="checkbox"/>	Pillar 4 (Appropriate and quality-assured treatment) raises concerns about potentially biased frames in coming up with up-to-date evidence-based treatment guidelines and AMR programs. Several examples include prior industry influence, access costs, and appropriateness of CLSI guidelines for LMIC settings; the deprioritization of macrolide antibiotics, notably azithromycin, on the WHO Medically Important Antimicrobials List, despite its important place as a first-line treatment, both for drug-resistant <i>Campylobacter</i> , typhoid and gonorrhoea and for neglected diseases like trachoma and yaws, in such resource-limited settings; and the greater volume of use of the same families of antibiotics in food production than in human medicine.
	Implementation of regulation to restrict non-prescription antimicrobial sales	x	<input type="checkbox"/>	Several ARC organizational members participated in the Quadripartite Pre-Summit Consultation on the regulation of OTC antibiotics (December 6, 2022). The discussions covered both non-prescription antimicrobial sales in the human health

²¹ PHG Foundation and Health Action International. Diagnostics to Address Antimicrobial Resistance, January 2023. Available at: <https://haiweb.org/wp-content/uploads/2023/01/Diagnostics-to-address-antimicrobial-resistance.pdf>

				<p>and in the veterinary medicine sectors. A key barrier to mitigating OTC sales of antibiotics in one's country requires understanding why consumers are resorting to OTC sourcing of these products. Doing a clear root cause analysis would suggest different barriers associated with different drivers of OTC sales: 1) Access/cost of relying on licensed healthcare prescribers; 2) Challenges in regulating outlets where OTC sales occur (unlicensed drug medicine outlets) 3) Guild behavior by professional associations that limit task shifting to non-physician healthcare providers who might increase access to prescribed antibiotics; 4) Absence of effective provision of alternatives to antibiotic use, from viral treatment kits for patients to FDA-approved herbal remedies for palliating viral symptoms (as in the Thailand Antibiotic Smart Use program); and 5) Industry mispromotion of use of antimicrobials.</p>
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14. Do you have any overall or additional comments on the draft People-centred framework for addressing AMR in the human health sector (*optional*):

We appreciate the opportunity to provide feedback on the People-Centred Framework. Its timing is most welcomed, given that far too many countries have not moved past adopting a NAP on AMR to implementing and/or financing one. The reframing of NAPs around people-centered needs and concerns, as well as measurable accountability to these voices, coming from communities and civil society, is opportune as health systems recover from the strain that COVID-19 placed on staffing, infrastructure, and of course, IPC and antimicrobial stewardship programs. As in the WHO Costing and Budgeting Tool for National Action Plans on Antimicrobial Resistance, much more guidance is needed to help policymakers weigh the likely returns on competing opportunities for investing in AMR, for uncovering potential synergy when this work might be done across sectors, and for finding co-benefits (from improved vaccination, WASH or IPC) with potential allies. This guidance is critical for prioritization and making the case for financing these efforts. For the people to be heard, WHO and national governments will need to redouble efforts to reach those groups that might offer collective voice to their concerns, from communities and civil society.

These collective inputs from Antibiotic Resistance Coalition members will be made available on the Coalition's website and at <http://tinyurl.com/PeopleMakeAMRChangeMarch2023>.

Thank you for submitting your feedback. All responses will be reviewed and considered for the further refinement of the draft people-centred framework, high-level interventions and priority steps.

If you have any questions, please contact us at: AMR_PCF@who.int.