

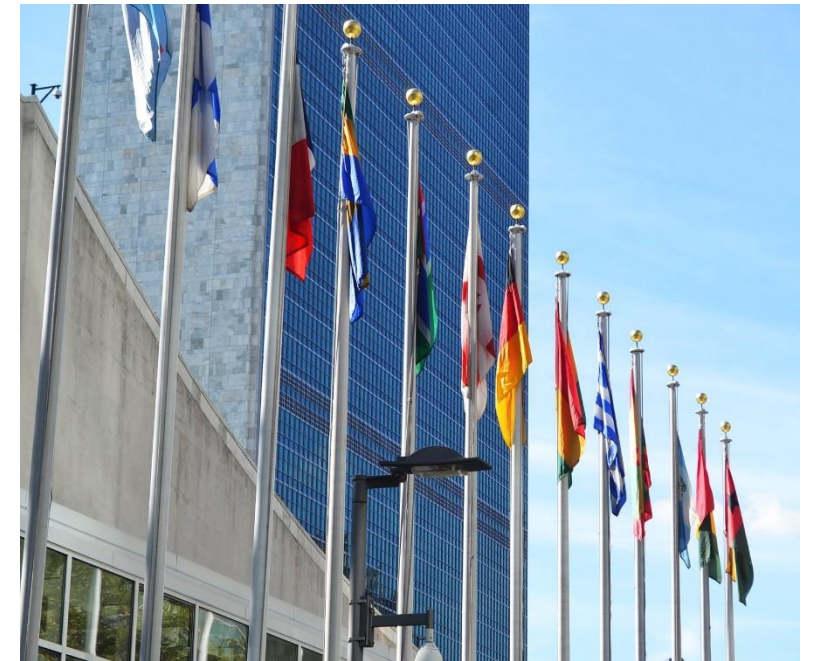
Global governance of AMR

-beyond the IACG recommendations?

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Coordination Group on AMR (IACG)



The global policy response to the antibiotic resistance challenge:

Too slow

Too weak

Too narrow





Orphanage in Bamako, Mali

ESBL colonized 100% of the children and 63%, of the adult staff studied.

Tandé et al. Emerg Infect Dis. 2009 Mar;15(3):472-4.



Vicente Corral Moscoso Hospital, Ecuador

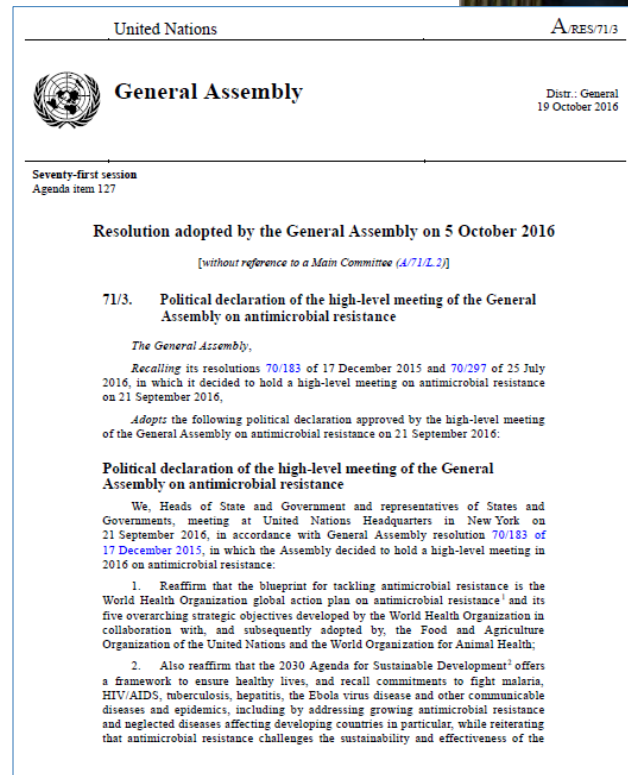
56% of neonates in an Ecuadorian hospital colonized with ESBL producing Enterobacteriaceae

Nordberg, V. et al PLoS One. 11, e76597 (2013)

World Health Assembly 2015



UN General Assembly
September 2016
Political declaration



IACG | Interagency Coordination Group on
Antimicrobial Resistance

The UN Interagency Coordination Group
on Antimicrobial resistance

IACG Members

Co-chairs

UN Deputy DG



WHO DG



Organisational members

World Health Organization (WHO) ; Food and Agriculture Organization (FAO)
World Organisation for Animal Health (OIE) ; Global Fund to fight AIDS, Tuberculosis and Malaria
Organization for Economic Cooperation and Development (OECD)
World Intellectual Property Organization (WIPO); Joint United Nations Programme on HIV/AIDS (UNAIDS)
United Nations Environment Programme (UNEP); United Nations Children's Fund (UNICEF)
World Bank ; World Customs Organization (WCO)
World Trade Organization (WTO)
UNITAID

Co-conveners



Individual experts



Secretariat hosted by WHO with contributions from FAO and OIE



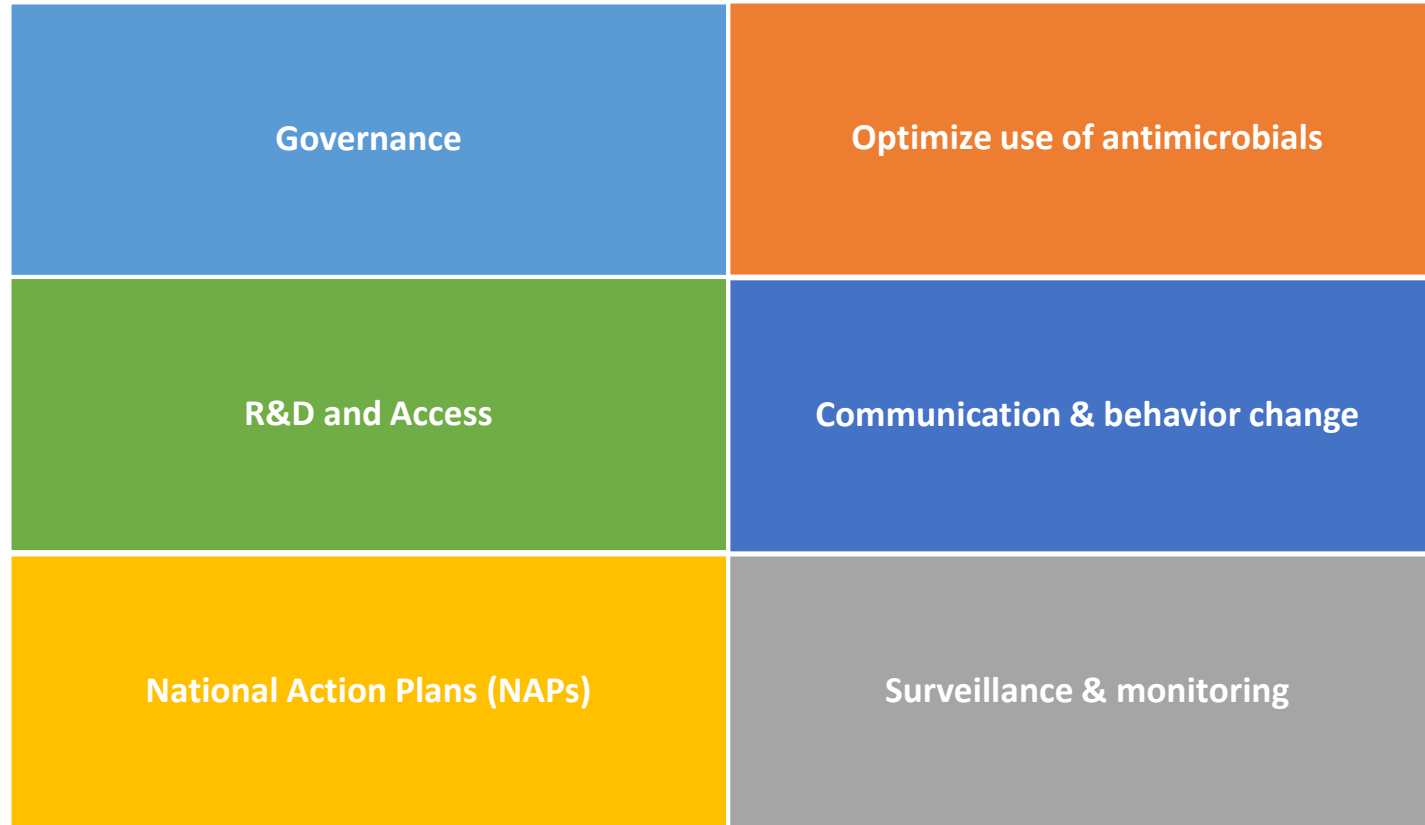
IACG | Interagency Coordination Group on **Antimicrobial Resistance**

Expectations

Provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance

Make recommendations including on options to improve coordination, taking into account the 2015 Global Action Plan

IACG Subgroups



Discussion documents available at

<https://www.who.int/antimicrobial-resistance/interagency-coordination-group/public-consultation-discussion-papers/en/>



The final recommendations presented to the
UN Secretary General on April 29



- A. Accelerate progress in countries**
- B. Innovate to secure the future**
- C. Collaborate for more effective action**
- D. Invest for a sustainable response**
- E. Strengthen global governance and accountability**



A. Accelerate progress in countries

B. Innovate to secure the future

C. Collaborate for more effective action

D. Invest for a sustainable response

E. Strengthen global governance and accountability

The IACG requests the Tripartite agencies (FAO, OIE and WHO)to further strengthen joint One Health action,by enhancing their organizational capacity and providing adequate and sustainable core funding for antimicrobial resistance-related activities

Three new governance structures proposed:

- **One Health Global Leadership Group**
- **Partnership platform**
- **Independent Panel on Evidence for Action**

Transforming our world: the 2030 Agenda for Sustainable Development



When the Drugs Don't Work

Antibiotic Resistance as a Global Development Problem

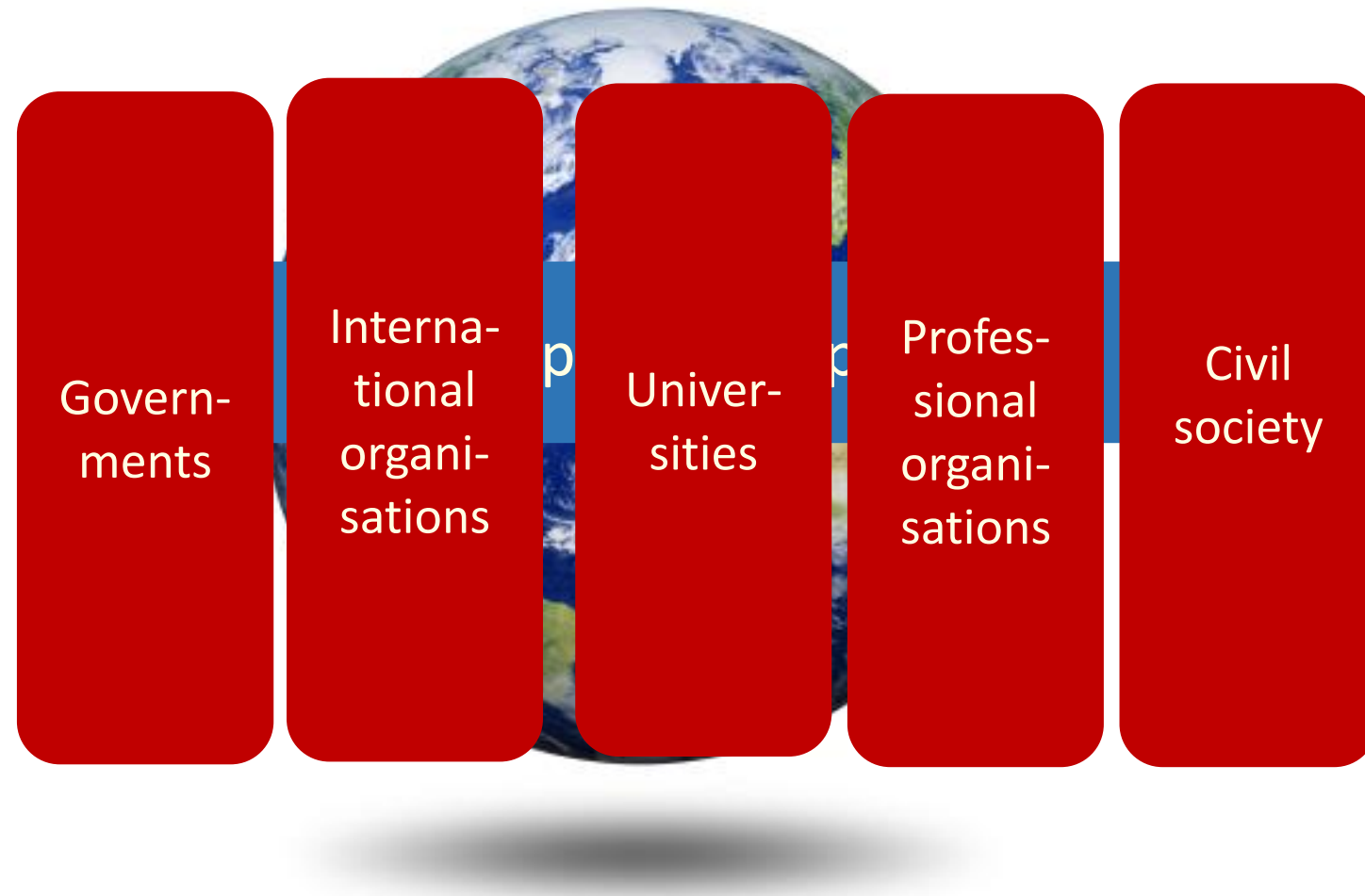



Dag Hammarskjöld
Foundation

 **ReAct**

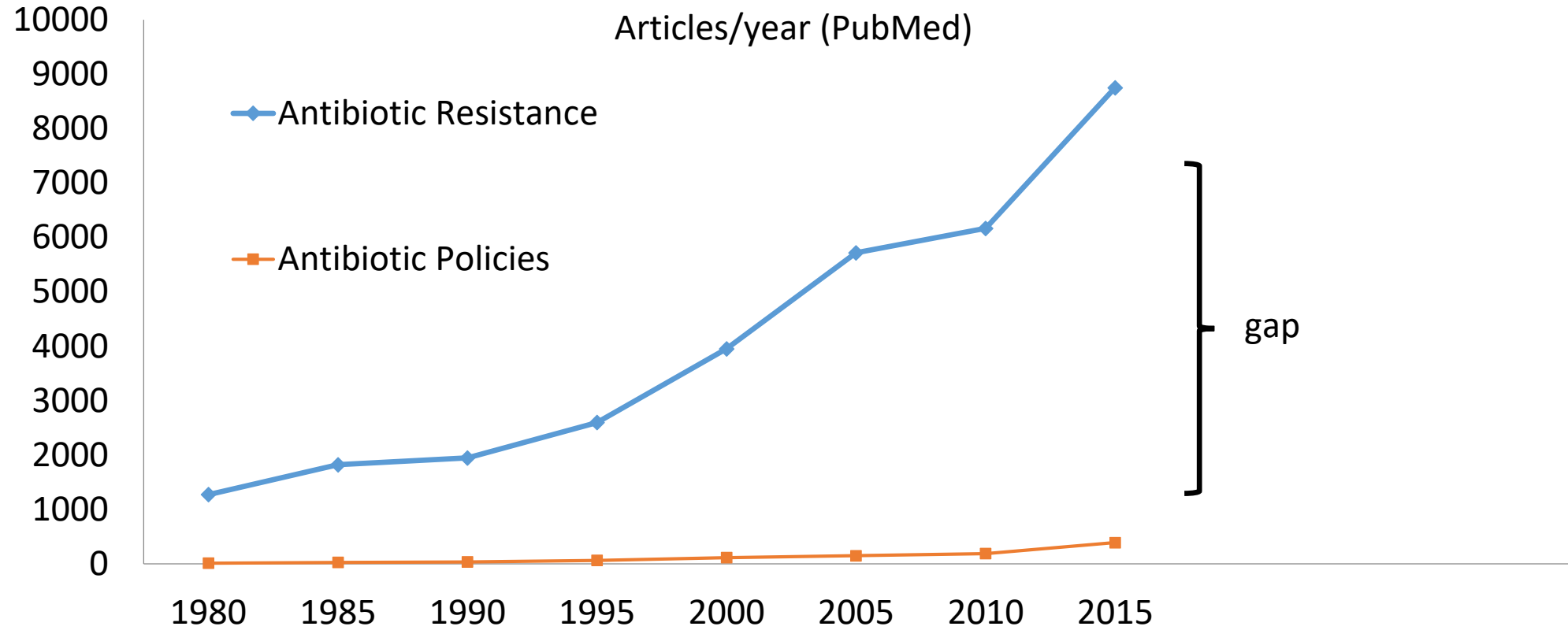
The IACG recommends the urgent establishment of a One Health Global Leadership Group on Antimicrobial Resistance, supported by a Joint Secretariat managed by the Tripartite agencies (FAO, OIE and WHO)

**The IACG recommends the establishment of a
constituency-based partnership platform
facilitated and managed by the Tripartite agencies with
diverse representation (e.g. governments, private
sector and civil society representing human, animal,
plant and environment health, as well as agriculture
and food and feed production) to develop and
implement a shared global vision, narrative and targets.**



The IACG requests the Secretary-General, in close collaboration with the Tripartite agencies (FAO, OIE and WHO), UN Environment and other international organizations, **to convene an Independent Panel on Evidence for Action against Antimicrobial Resistance in a One Health context** to monitor and provide Member States with regular reports on the science and evidence related to antimicrobial resistance, its impacts and future risks, and to recommend options for adaptation and mitigation.

The gap between science & policy



- Temocillin against Enterobacteriaceae isolates from community-acquired urinary tract infections: low rate of resistance and good accuracy of routine susceptibility testing methods. [Journal of Antimicrobial Chemotherapy](#)
- *In vitro* activity of ceftaroline against clinical *Staphylococcus aureus*: a national survey conducted in Belgian hospitals. [Journal of Antimicrobial Chemotherapy](#)
- Ventilator-associated pneumonia in patients: risk factors and predictors of treatment failure. [PLOS One](#)
- Low-dose CT for the diagnosis of pneumonia. [Respiratory Journal](#)
- Is very short-course antibiotic therapy for pneumonia safe? [Respiratory Journal](#)
- Efficacy and safety of ceftaroline sodium for the treatment of pneumonia. [Respiratory Journal](#)
- Blood culture useful for the diagnosis of pneumonia. [Respiratory Journal](#)
- Re: Disparities Between Parenteral and Oral Antibiotic Prescribing. [Diseases](#)
- Concomitant respiratory and systemic infections. [Diseases](#)
- Daptomycin and ceftaroline for the treatment of pneumonia. [Respiratory Journal](#)
- Comparison of ceftaroline and ceftriaxone for the treatment of pneumonia. [Respiratory Journal](#)
- Clinical impact of ceftaroline sodium for the treatment of pneumonia. [Respiratory Journal](#)
- Pharmacokinetic-pharmacodynamic considerations in critically ill patients.. [Diseases](#)
- Preventive Antibiotic Use in Critically Ill Patients. [Diseases](#)
- Invasive infection and antibiotic resistance: comorbidity and risk factors. [Diseases](#)
- Horizontal antimicrobial resistance. [Diseases](#)
- Global increase in antibiotic consumption.. [Diseases](#)
- *Acinetobacter baumannii* and antibiotic resistance. [Diseases](#)
- 100 years of STIs in the United States. [Diseases](#)
- Whole genome sequencing of *Escherichia coli* from community-acquired urinary tract infections. [Diseases](#)
- Antimicrobial Resistance in Invasive *Streptococcus pneumoniae*. [Diseases](#)
- Environmental surveillance and intervention for antibiotic resistance from hospital water systems in Campania. [Diseases](#)
- Current epidemiology, genetic evolution and control of *Escherichia coli* and *Klebsiella pneumoniae*. [Diseases](#)
- Changes in Macrolide Resistance Among Group A Streptococci in the United States. [Microbial Drug Resistance](#)
- Characterization of Carbapenemase-Producing Enterobacteriaceae from Patients in Amman, Jordan. [Microbial Drug Resistance](#)
- Carbapenem-resistant Enterobacteriaceae in wildlife, food-producing and companion animals – a systematic review. [Clinical Microbiology and Infection](#)

Susceptibility testing...

Risk factors of treatment failure..

Diagnostics..

Short treatment times..

Combination therapy..

Feecal transplants..

Pharmacokinetic-pharmacodynamic considerations in critically ill patients..

Horizontal antibiotic transfer..

Global increase in antibiotic consumption..

Carbapenem resistant Enterobacteriaceae in wildlife..

Disparities between parenteral expectations and antibiotic prescribing..

The IACG recognizes that ongoing discussions and finalization of the process to develop the *Global Development and Stewardship Framework to Combat Antimicrobial Resistance* can be used as an initial platform by Member States to advance a **stepwise approach towards potential new, binding or non-binding international instruments.**

Access to effective antibiotics should be part of everyone's right to health

Universal Access
to effective antibiotics

Conservation
of effectiveness
of existing and
new drugs

Innovation
for new
antibacterials,
diagnostics
and vaccines



*Source: Hoffman et al. (2015)
Slide adapted from JA Rottingen*