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Response by MSF Access Campaign to the consultation on IACG discussion paper, **'Future Global Governance for Antimicrobial Resistance'**

MSF Access Campaign welcomes the opportunity to respond to the IACG consultation on future global governance for antimicrobial resistance (AMR). We note that the discussion paper for consultation is 'based on a small meeting with some IACG members and external participants from the public, private and philanthropic sector and further discussions within the IACG' and has been developed in order to facilitate wider discussion to inform the IACG recommendations on practical future governance model(s) to the UN Secretary General by Summer 2019.

Our comments focus on the following:

1. The importance of accountability and transparency in global governance for AMR
2. The appropriate treatment of private commercial interests in global governance
3. Minimum requirements for sustainable and successful governance on AMR post-2019
4. The insufficiency of self-regulation

The importance of transparency and accountability in global governance for AMR

The IACG discussion paper sets out 'ten requirements for effective AMR governance mechanisms' and presents a proposed global governance structure for AMR. However, these ten requirements do not give sufficient weight to the principles of accountability and transparency in the proposed global governance regime.

Transparency is only mentioned once in the paper, and this is in relation to the metrics and indicators for monitoring progress on AMR. Transparency is a fundamental principle of effective global governance and must be built into proposed structures as a prerequisite for both accountability and legitimacy. We urge the IACG to put a greater emphasis on ensuring transparency within the future global governance model.

The importance of accountability in any global agreement is stressed under requirement 4, 'Secure binding global commitment for action, with accountability clearly assigned at every level'. However, this accountability must also be built into the process leading to the development and formalization of an agreement. It is not acceptable to delegate the responsibility for building an enduring global agreement to a 'group of no more than 10 heads of state and senior directors from other sectors', as proposed in the discussion paper. Any global agreement must come from a Member State led process, as States have a responsibility and legitimacy to account to their citizens.

The appropriate treatment of private commercial interests in global governance

Annex 2, the background report, 'Global Governance of Antimicrobial Resistance – a One Health Approach'[1] makes it clear that including industry in the formulation of regulatory standards is a bad idea,

> 'The experience of global regulation is that, in the absence of a powerful commercial incentive to accept regulation... the inclusion of industry in formulating regulatory standards is likely to lead to a steady dilution through each phase of the regulatory process. Specifically, once regulation passes from general agreement (when there is a public spotlight on agreements reached) to the less-newsworthy detailed regulation stage, and then to implementation, and finally to enforcement, the risks of dilution become stronger and stronger.'[2]

This is a critically important finding that has not been adequately dealt with in the discussion paper. Far from distinguishing the roles and responsibilities of the different private, public and civil society stakeholders, the paper simply states that an effective AMR governance mechanism should bring all AMR stakeholders to the table, listing Member States, industry/private sector, professional groups, regulators and civil society. MSF agrees that processes for engaging all relevant actors must be created, but believes it is essential to draw red lines between the roles and responsibilities of different actors. As stated in the background paper [3], the regulatory system needs to be protected from private sector lobbying (e.g. of the agricultural and pharmaceutical industries).

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[1] Background report to inform IACG discussions on Global Governance of AMR – a One Health Approach, 'Global Governance of Antimicrobial Resistance – a One Health Approach' by Devi Sridhar and Ngaire Woods with the assistance of Conor Rochford and Zia Saleh. Available as annex 2 to the IACG consultation paper

[2] P.52, Background report to inform IACG discussions on Global Governance of AMR – a One Health Approach, 'Global Governance of Antimicrobial Resistance – a One Health Approach' by Devi Sridhar and Ngaire Woods with the assistance of Conor Rochford and Zia Saleh. Available as annex 2 to the IACG consultation paper

[3] P. 19-20, ibid.

Further it is unclear whether the discussion paper is proposing to include private sector directors in the 'High Level Commission' responsible for building an enduring agreement on AMR. The phrase used is 'no more than 10 heads of state and senior directors from other sectors'. Not only is the proposal for such a small Commission inappropriate for this task from an accountability and legitimacy perspective, but the inclusion of private sector directors here would be wholly inappropriate.

In the table of 'Specific sector needs' presented on page 5 of the consultation paper it states, 'finding mechanisms to address the restrictions imposed by the WHO Framework of engagement with non-State actors (FENSA)'. No further explanation of this remark is given, but it poses a lot of questions as to what aspects of FENSA are considered problematic.

FENSA was adopted by the World Health Assembly in 2016 with 'the full political commitment of all Member States'. It provides a general framework outlining the due diligence, risk assessment and risk management processes necessary for engagement with non-State actors, as well as specific policies for engagement with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions. FENSA is guided by 8 overarching principles. Most notably, any engagement must: 'protect WHO from any undue influence, in particular on the processes in setting and applying policies, norms and standards'; 'not compromise WHO's integrity, independence, credibility and reputation'; and 'be effectively managed, including by, where possible avoiding conflict of interest and other forms of risk to WHO'.

FENSA, rather than a barrier to AMR global governance, provides an important framework that has been negotiated and agreed to by WHO Member States and should be followed in the construction of an AMR global governance structure. There is a clear conflict of interest between the economic, commercial and financial interests of private sector pharmaceutical and agricultural companies and the mandate of an AMR global governance structure. In line with FENSA and for the benefit and interest of global public health, therefore, private sector entities should be excluded from negotiations and should not play a part in any decision-making processes of the proposed governance structure. This is essential to ensure the independence, objectivity and impartiality of the global governance structure in setting appropriate targets and developing effective policies, norms and standards.

Minimum requirements for sustainable and successful governance on AMR post-2019

The AMR response has to be global but also flexible and progressively adapted to national realities and contexts. Not all health systems are equally prepared to respond, a key priority has to be to strengthen LMICs' health systems, including laboratory systems strengthening and to support the retention and training

of health workers who form the cornerstone of any AMR response. For MSF it is essential that the needs of developing countries and particularly neglected people are not left behind in future global governance. A transparent, accountable governance structure, led by and inclusive of all member states that provides for civil society engagement, oversight and consultation is the best means to provide this.

At the national level, it is important that AMR mitigation is built into existing programmes and that monitoring and evaluation requirements are streamlined into existing reporting processes. In resource-constrained countries where MSF operates this is particularly the case. Linkages should be made with existing global initiatives, including the Universal Health Coverage (UHC) agenda and SDG implementation reviews of progress to avoid duplication and conflation of reporting processes and implementation work itself. Furthermore, the inclusive approach is necessary in assuring greater buy-in from actors previously not involved in AMR work through existing frameworks and initiatives beyond the WHO's Global Action Plan.

AMR-sensitive interventions such as water, sanitation and hygiene standards improvement, enforcement of infection prevention and control and vaccinnation are vital to initiate and sustainably establish AMR-specific programmes, such as laboratory and surveillance systems and standard treatment guidelines to inform clinical stewardship measures. Looking for and integrating into existing national level efforts in this regard will provide a solid foundation for the AMR response.

The insufficiency of industry self-regulation

While the discussion paper does not directly propose a corporate voluntary code of conduct on AMR, it is discussed as an option in annex 2. MSF takes this opportunity to highlight the insufficiency of this approach and to reiterate the point made in the background paper, that 'for self-regulation to be effective, it typically needs to exist in the shadow of robust regulatory conditions, such as reporting requirements which are not only enforced, but in which the quality and veracity of reporting is constantly being checked.'[4] This is particularly relevant given the background paper also acknowledges that the private sector has 'little short-term incentive to alter behaviour or accept higher regulatory standards.'[5] Self-regulation is no substitute for binding regulations.

[4] P.49, Background report to inform IACG discussions on Global Governance of AMR – a One Health Approach, 'Global Governance of Antimicrobial Resistance – a One Health Approach' by Devi Sridhar and Ngaire Woods with the assistance of Conor Rochford and Zia Saleh. Available as annex 2 to the IACG consultation paper

[5] P.18. ibid.