Implementing the GLG action plan and priorities

Update from the GLG Secretariat

Haileyesus Getahun, MD, MPH, PhD
Director Quadripartite Joint Secretariat on AMR
WHO
Outline of presentation

1. Key achievements and challenges of the six priorities
2. Building the case for AMR investment and financing
3. Opportunities
4. Conclusion
Key achievements and challenges of the GLG priorities
**Key Priority 1: Sustained political action**

Long term KPI: Development of an international instrument that positions AMR as a major global challenge and monitors its impacts

---

**Key asks from the Global Leaders Group on Antimicrobial Resistance to G7/G20 countries**

1. Commit to fully fund their own national action plans on AMR.
2. Contribute to multi-sectoral national action plans of resource-limited countries through support to existing financial mechanisms.
3. Finanically support the Multi-Partner Trust Fund for AMR.
4. Support financial incentives and mechanisms for the development of new antimicrobials, particularly antibiotics, vaccines, diagnostics, and management tools, and safe and effective alternatives to antimicrobials, with a defined timeline.
5. Follow through on their existing AMR commitments and monitor their progress annually.

---

**Achievements**

- **High-Level Meeting on AMR UNGA 2024 secured**
- **Specific commitments from G7 & G20 emerging**
- **AMR in INB for Pandemic Accord**
- **Heads of Gov engaged**
  - CHOGM 2022
  - UNGA 2022
Key Priority 1: Sustained political action

Challenges

- Translating political buy-in into concrete action.
- Ensuring AMR is substantially included in the Pandemic Accord
- Translating global momentum into national commitment
- Ensuring AMR consistently high on the global health and development agenda

Long term KPI: Development of an international instrument that positions AMR as a major global challenge and monitors its impacts
Key Priority 2: Transforming systems

Long term KPI: Number of countries in which the use of medically important antimicrobials for growth promotion is eliminated.

Global consensus on the reduction of AMU in agri-food systems in the making

Catalyzed the successful conclusion of 5y Codex negotiations

3rd Ministerial Conference with high number of Ministers of Health (28) and Agriculture (14) and AMR targets

Robust animal health systems and animal welfare
Key Priority 2: Transforming systems

Long term KPI: Number of countries in which the use of medically important antimicrobials for growth promotion is eliminated.

Challenges

- Prevention is neglected - no WASH, bio-security and access to vaccines;
- Lack of alternatives to antimicrobials to curb use and resistance development
- Private sector is a key player, but effective public-private partnerships needed
- Implementation of the updated CODEX Code of Practice and surveillance guidance
**Key Priority 3: Surveillance**

Long term KPI1: Number of countries with integrated surveillance platforms for AMU/AMR

Long term KPI2: Number of countries with national targets on AMU in agri-food systems

---

**Achievements**

The Quadripartite Organizations established the Technical Group on Integrated Surveillance on Antimicrobial use and resistance.

The Technical Group established three key objectives:
1. To establish a database on antimicrobial resistance in food animals.
2. To establish a platform for sharing data.
3. To develop guidelines for surveillance.

GLG task force and QPT technical group on integrated surveillance established and information note published.
Key Priority 3: Surveillance

Long term KPI1: Number of countries with integrated surveillance platforms for AMU/AMR
Long term KPI2: Number of countries with national targets on AMU in agri-food systems

Challenges for effective sector-specific and integrated surveillance

- Lack of capacity, skilled staff to operationalize the surveillance systems
- Lack of investments and no public private partnerships. Turf protection
- No standard definition, indicators and systems equitable across sectors
- Technical challenges (e.g. AST breakpoints across sectors)
- Inadequate lab and diagnostic infrastructure capacity
Key Priority 4: Financing

Long term KPI: At least 50% of all countries have funded and implemented national action plans on AMR (Baseline: 14% of all countries based on TrACCS 2019-20 data)

Key and specific asks for G7 and G20

What is the cost of inaction and action for AMR including return of investment

Tool box to countries to develop their national investment cases

QPT commenced AMR economics work across sectors

In time for the UNGA 2024 outcome negotiations

Engagement with major financing mechanisms on opportunities to support the AMR response
Key Priority 4: Financing

Long term KPI: At least 50% of all countries have funded and implemented national action plans on AMR (Baseline: 14% of all countries based on TrACCS 2019-20 data)

Many countries have non-funded National Action Plans (NAPs)

<table>
<thead>
<tr>
<th>Year</th>
<th>NAPs developed</th>
<th>NAPs funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-2018</td>
<td>48.0% (93)</td>
<td>5.2% (19)</td>
</tr>
<tr>
<td>2018-2019</td>
<td>60.3% (117)</td>
<td>13.5% (24)</td>
</tr>
<tr>
<td>2019-2020</td>
<td>61.5% (120)</td>
<td>14.0% (27)</td>
</tr>
</tbody>
</table>

Although there is commitment to develop national action plans, the plans are not funded

Only 10-20% countries with NAPs made provision for funding

Funding is recognized as the greatest challenge by a survey among implementers of NAPs from countries
Key Priority 5: Research & Development

Long term KPI: Number of countries with government commitment to specific push and/or pull incentives for development of new antimicrobials, vaccines, diagnostics, waste management tools, and/or safe and effective alternatives to antimicrobials.

Push mechanisms
- Basic research and preclinical

Pull mechanisms
- Registration & Market

Subscription model
- Market-entry reward and monetary prizes
- Ongoing revenue incentives
- Exclusivity extension
- Accelerated approval and priority review voucher

UK launches world-first ‘subscription’ model for antibiotic supply

Under the deal being struck by the NHS with Pfizer of the and Shionogi US of Japan, the drug companies will be paid a fixed fee of £10mn a year.

Results from the pilot study

The pilot study shows that the reimbursement model is appropriate and effective to ensure the availability of certain antibiotics. Through it, Sweden gained access to several new medicines and also earlier than other comparable European countries.
Key Priority 5: Research & Development

Long term KPI: Number of countries with government commitment to specific push and/or pull incentives for development of new antimicrobials, vaccines, diagnostics, waste management tools, and/or safe and effective alternatives to antimicrobials.

A multitude of pull incentives

There are also some other mechanism at national level under discussion such as in Japan.

- 2012 GAIN ACT: Market exclusivity
- 2018 REVAMP Act – TEV not implement.
- Leg proposal: Reimbursement model
- PASTEUR: Subscription model
- TEV – not implemented yet
- 2019 Pilot: subscription model and reimbursement model
- Pilot: market entry rewards and reimbursement model
- Reimbursement model

Challenges

Opinion | Congress should not wait around for the end of the antibiotic era

A call for Congress to explore two approaches for new antibiotic development: The Pasteur Act tabled since 2020 and the creation of a new non-profit entity.

R&D investments in the non-human health sector are very weak
Key Priority 6: Environment

Long term KPI: Environmental AMR containment efforts are included in national action plans on AMR in all countries.

Achievements

First ever UNEP Report, 2023
Key Priority 6: Environment

Long term KPI: Environmental AMR containment efforts are included in national action plans on AMR in all countries.

Challenges

- Global Action Plan of 2015 is still active and used as template for NAPs
- Lack of coordinated, robust, prioritized and financed research agenda
- Mainstreaming AMR into environmental-related aspects and vice versa.
- Limited understanding of the actions to be further implemented.
Building a compelling case of AMR financing and investment
Development funding is critical to address global health challenges

**Examples of development funding**

- **Established in 2003 by President George Bush**
- **Invested nearly 100B for HIV/AIDS treatment, prevention and research**
- **Saved 21 million lives and works in 50 countries**

- **G8 committed for AT&IM in 2000**
- **Kofi Anan championed it**
- **Established in 2002**
- **Disbursed 50B USD to 155 countries and saved 44M lives**
- **Now mobilizes 4B USD every year (92% from governments)**

- **Financing facility to catalyse domestic government resources, IDA and IBRD funds**
- **Focus on reproductive, maternal, newborn, child, and adolescent health**
- **Established in 2015 and support 36 countries**

**Top Contributors**

<table>
<thead>
<tr>
<th></th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>250.00</td>
</tr>
<tr>
<td>Italy</td>
<td>100.00</td>
</tr>
<tr>
<td>Germany</td>
<td>66.52</td>
</tr>
<tr>
<td>China</td>
<td>50.00</td>
</tr>
<tr>
<td>Other</td>
<td>22.15</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>20.00</td>
</tr>
<tr>
<td>Bill and Melinda</td>
<td>15.00</td>
</tr>
<tr>
<td>France</td>
<td>10.02</td>
</tr>
<tr>
<td>India</td>
<td>10.00</td>
</tr>
<tr>
<td>Japan</td>
<td>10.00</td>
</tr>
<tr>
<td>Singapore</td>
<td>10.00</td>
</tr>
</tbody>
</table>
Development funding enhances domestic spending by countries

**Global Fund Investments by region**

- **4%** North Africa and the Middle East
- **3%** Eastern Europe and Central Asia
- **16%** Asia and the Pacific
- **74%** Sub-Saharan Africa
- **3%** Latin America and the Caribbean

**Figure 16**

Domestic Spending and Commitments for Global Fund-supported Programs, 2015–2023

- **2015–2017**: +37%
- **2018–2020**: +33%
- **2021–2023**

Introduction of new funding modal: Willingness To Pay (WTP) policy

- 15% of Global Fund allocation provided as WTP component, which is accessible based on additional domestic financing.

Comprehensive Sustainability, Transition, and Co-financing (STC) policy

- Up to 33% of Global Fund allocations provided as “co-financing incentives,” accessible based on increases in domestic financing as per the requirements of the STC Policy.

Source: Global Fund Data
The Fleming Fund – the only AMR dedicated development fund

- The Fleming Fund is £265 million UK aid programme supporting up to 25 countries across Africa and Asia.
- The Fleming Fund drove LMICs to collect and share globally high-quality surveillance data on AMR
There are good reasons for a development funding for AMR

- **4.95 million (3.62–6.57)** AMR Associated deaths
- **1.27 million (0.911–1.71)** AMR attributable deaths

The greatest burden is in LMICs
Building the case for financing the AMR response

**Goal:** Determine the cost and benefits of AMR response across different sectors to inform global, regional and country prioritization and resources mobilization

**Expected Outcomes**

- An Estimate of **AMR economic impact** across sectors *(cost of inaction)*
- A package of **AMR priority interventions** across sectors
- An **estimate of the costs** *(cost of action)* and return on investment of **AMR actions** across sectors
- A toolbox for developing a **Country investment case** to support multisectoral NAP implementation
Return of investment for AMR interventions to build compelling case is in the making

**No-brainers**

- Benefit per dollar spent for various development targets, $

<table>
<thead>
<tr>
<th>Intervention</th>
<th>0</th>
<th>20</th>
<th>40</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade liberalisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to contraception</td>
<td></td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Reducing tax evasion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing migration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing stunting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing tuberculosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing malaria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater pre-school access in sub-Saharan Africa</td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Increasing circumcision for those at risk from HIV</td>
<td></td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Reducing coral loss</td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Copenhagen Consensus Centre

**Return on investment for every one dollar spent on the most cost-effective health interventions**

- Heart attacks
  - Acute low-cost management
  - US$ 30

- Tuberculosis case finding & treatment
  - US$ 25

- Expanded immunization
  - US$ 20

- Malaria prevention & treatment
  - US$ 20

- Local surgical capacity
  - US$ 10

- HIV Combination prevention
  - US$ 12
Opportunities
All roads to UNGA 2024 HLM on AMR for specific commitments including financing mechanism for AMR

17. Recognizes the threat posed by antimicrobial resistance, inter alia, to pandemic prevention, preparedness and response, welcomes in this regard the High -level Interactive Dialogue on Antimicrobial Resistance, held in 2021, decides to hold a high-level meeting in 2024 on antimicrobial resistance, and requests the President of the General Assembly to appoint two co-facilitators to present options and modalities for the conduct of such a meeting, including potential deliverables, in collaboration with the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme, and with the support of the One Health Global Leaders Group on Antimicrobial Resistance;

Implications for the upcoming GLG Report (cost of inaction and specific commitments)
The Partnership Platform for AMR is launched and is being constituted

Goal: Bring together civil society, government and private sector for a shared vision
Conclusions

• The GLG action plan and its KPIs as well as the focused approach facilitated major achievements;

• Lack of funding and a financing instrument for implementation of NAPs is a major bottleneck for progress;

• The UNGA HLM 2024 opportunity should be used for transformational commitments and GLG should play a catalytic role.
Thank you for all who supported the work of the GLG

• Chair and Vice-Chair
• GLG Members
• Principals of the Quadripartite
• GLG Technical Team and Advisors
• Senior management of the Quadripartite
• GLG Secretariat Staff
• QJS Liaison officers from Quadripartite
• Quadripartite Technical Core Team on Surveillance and Economics
Session 1: Discussion points

- The updated rolling action plan for finalisation

- Suggestions on how to consistently ensure the inclusion of AMR in the Pandemic Accord as member states engage in negotiations

- Feedback on the proposal of the Secretariat to revise the timing of the GLG report so that it will include the cost of inaction as well as specific commitments for consideration by member states in time for the negotiations on political declaration