



MEETING THE
CHALLENGE OF
ANTIMICROBIAL
RESISTANCE:
FROM
COMMUNICATION
TO COLLECTIVE
ACTION

Antibiotic Resistance Coalition
Response to the Interagency
Coordination Group on Antimicrobial
Resistance Public Consultation

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Signatories:

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American Medical Student Association
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ReAct Africa
ReAct Asia Pacific
ReAct Europe
ReAct Latin America
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Society for International Development
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What Next Forum*

The IACG commendably has taken up the important issue of moving from strategic communication towards collective action to curb the global public health threat of AMR. Interested members of the Antibiotic Resistance Coalition (ARC) convened to develop this joint response to the paper. We understand that this discussion paper represents the work of a subgroup of the IACG members and that it is just a starting point for discussion.

The discussion paper thoughtfully proposes a comprehensive framework with five core components towards focusing communication efforts more strategically and aligning them with the other priority areas of the IACG. The paper outlines a number of examples within these five core components. This ARC response provides a series of key issues where IACG could further expand on its work, emphasizing the need for civil society participation and involvement as key partners in both enacting communication efforts as well as monitoring their progress.

Furthermore, it will be critical that as the IACG moves forward with their recommendations to the United Nations (UN) and Tripartite agencies that there is consideration for securing commitment from Member States and UN agencies to ensure adequate technical and financial resources for awareness, communication, behavior change and related actions that are critically important in ensuring a successful response to AMR.

1. Looking back towards past public health campaigns across developed and developing countries to inform best practices for AMR communication efforts

1.1 The IACG should consider looking to prior communication campaigns across other public health areas in different contexts to identify evidence-based approaches that can be applied to AMR. The discussion paper mentions examples across tobacco control as well as veterinary health but further resources and coordination among the Tripartite agencies already engaged in behavior change work might be targeted towards determining communication strategies that are regionally or locally sensitive. For example, additional lessons might be garnered from successful HIV campaigns conducted in low and middle income countries at the community level that have led to a reduction in stigma around the disease as well as prevention¹. The discussion paper mentions the concept of *sumak kawsay* that has led to ReAct Latin America, an ARC member, to work regionally to address AMR more holistically as this concept suggests. Similarly, the IACG might consider establishing a research agenda that would identify such culturally sensitive approaches in

¹ Karl Peltzer and others, 'Impact of National HIV and AIDS Communication Campaigns in South Africa to Reduce HIV Risk Behaviour.', *TheScientificWorldJournal*, 2012 (2012), 384608 <<http://dx.doi.org/10.1100/2012/384608>>.

coordination with UN agencies such as UNESCO, which has previously been engaged in such work at the regional level for HIV/AIDS education².

- 1.2 Particularly in developing countries where resources may be limited towards investing into AMR-specific campaigns, the IACG should recommend that the Tripartite and other relevant UN agencies at the regional and national level identify where AMR might be integrated into existing development campaigns. As AMR resonates across sectors and issues from universal health access, WASH, nutrition to sustainable agriculture, supporting its integration more horizontally into existing campaigns could help generate best practices and foster more effective communication even with limited resources.
- 1.3 Efforts to identify locally or regionally sensitive strategies should also be aligned with the priority setting process to undertake interventions most relevant or urgent to a specific setting. In addition to developing needs assessment tools and a priority setting decision framework as outlined in the IACG discussion paper, a mapping of existing partners including civil society and others such as faith-based organizations already engaged in public health communication efforts either directly focused on AMR or where AMR-related messaging may be applied, might further maximize existing resources. These groups should also be included in provided critical input and feedback towards identifying and shaping locally and regionally specific communication strategies.
- 1.4 It is also important to reiterate some of the points within the first ARC submission to the IACG submitted this past May. Critical for the success of communication efforts that lead to behavior change will be the involvement and empowerment of local champions, both among providers and patients as well as communities and civil society. Any national action plan implementation or global strategy on AMR should acknowledge the importance of rooting such efforts more sustainably in networks of local champions and advocates³.

2. Developing a global research agenda for setting communication priorities

- 2.1 Moving forward from the UN Declaration on Antimicrobial Resistance, the Tripartite agencies in coordination with the UN must develop global and regional research agendas, securing Member State buy-in and commitment. Similar research agenda processes have been applied to other public health areas such as tuberculosis where the research pillar of

² UNESCO, *UNESCO's Strategy for HIV/AIDS Prevention Education*, 2004 <www.unesco.org/iiep> .

³ Antibiotic Resistance Coalition, *Antibiotic Resistance Coalition and Civil Society Input to the Interagency Coordination Group on Antimicrobial Resistance*, 2018 <<http://abrcoalition.com/wp-content/uploads/2018/06/civil-society-input-to-the-interagency-coordination-group.pdf>>.

the End TB strategy has led to development of global research frameworks⁴, priorities in operational research⁵, and regional research priorities as part of broader roadmaps to implement regional action plans⁶. Such a process can be linked to the objectives already outlined in the global action plan for Tripartite agencies at the global and local level as well as Member States. As an additional example with tuberculosis, the WHO has published a toolkit to support developing national research plans⁷ that similarly could be applied to AMR.

2.2 While there has been significant focus on the grave concern of no longer having options for antimicrobial treatment in the future due to AMR and increasing investment towards R&D of such medicines as well as diagnostics and vaccines, the IACG should recommend there be further resources targeted more upstream that would truly curb the use of such treatments in the first place. For instance, further technical and financial resources might also be targeted towards operational research to promote change in practices based on behavioral and communication studies and development of sector and setting specific messaging. Within this area might be a focus on what types of incentive mechanisms would be effective in changing the behavior of a target group. Such studies looking at restricting or enabling incentive mechanisms have been carried out in the context of healthcare providers in the hospital setting⁸. Similar studies should be carried out in other settings such as the pharmacy or outpatient or other sectors such as veterinary health across different country contexts.

2.3 Research is also need for providing alternatives to treatment particularly for contexts where out-of-pocket payments are the primary method by which patients access health services. Context-specific research plus guidance from the international level could not only allow for the success of these interventions in a local context, but also allow them to be used and adapted across communities or countries. For example, in Thailand, the Antibiotic Smart Use project provided both education as well as a locally acceptable alternative for

⁴ World Health Organization (WHO), *WHO | A Global Action Framework for TB Research in Support of the Third Pillar of WHO's End TB Strategy.*, WHO (World Health Organization, 2016) <<http://www.who.int/tb/publications/global-framework-research/en/>>.

⁵ Stop TB Partnership, The Global Fund and World Health Organization (WHO), *Priorities in Operational Research to Improve Tuberculosis Care and Control WHO Library Cataloguing-in-Publication Data: Priorities in Operational Research to Improve Tuberculosis Care and Control*, 2011 <www.who.int/>.

⁶ Masoud. Dara, Colleen. Acosta and World Health Organization. Regional Office for Europe, *Roadmap to Implement the Tuberculosis Action Plan for the WHO European Region 2016-2020: Towards Ending Tuberculosis and Multidrug-Resistant Tuberculosis* (World Health Organization, Regional Office for Europe, 2017).

⁷ World Health Organization (WHO), *WHO | A Toolkit for Developing A National TB Research Plan, in Support of the Third Pillar of the End TB Strategy*, WHO (World Health Organization, 2016) <http://www.who.int/tb/publications/TB_research_toolkit/en/>.

⁸ Peter Davey and others, 'Interventions to Improve Antibiotic Prescribing Practices for Hospital Inpatients', *Cochrane Database of Systematic Reviews*, 2017 <<http://dx.doi.org/10.1002/14651858.CD003543.pub4>>.

both pharmacists and patients that successfully lowered dispensing of antimicrobials⁹. Further investment is needed for such research efforts across sectors to identify where and what alternatives may effect in curbing antimicrobial misuse and overuse with input from key target groups along the antimicrobial value chain.

2.4 A study conducted on the effectiveness of AMR communication interventions showed that those strategies targeting school children and parents have notable potential¹⁰. ReAct Latin America has been employing such interventions that engage school children as the catalysts for change in curbing antibiotic overuse or misuse and that there is a dearth of research in looking at the effectiveness of AMR interventions. The Tripartite agencies might be well positioned to support such work to identify evidence-based approaches targeting communities outside of providers that can be scaled up across settings.

2.5 While extensive modeling of the problem of AMR has been conducted, further modeling is needed to look at where might be most effective points of intervention along the antimicrobial value chain. By modeling different scenarios of behavior change with key target groups in different settings linked to the goals and targets outlined in the global action on AMR, resources might be more strategically targeted. Cost-benefit analyses might also be considered to determine which groups might be best positioned even with limited resources to carry forward communication efforts to enable behavior change. Mapping existing local initiatives may also be a good place to start.

3. Empowering civil society to identify, implement, and measure efforts that communicate AMR effectively

3.1 Civil society and other local partners can also be leveraged to surveil and measure the impacts of communication efforts to see if resulting behavior change has occurred. Thailand's Antibiotic Smart Use project provides a good example of implementing an intervention at a specific point along the supply chain, where antibiotics are dispensed in pharmacy, and the development of both locally-adaptable alternative as well as communications tools to change behavior of both providers as well as the public. Behavior change was measured by quantifying the number of antibiotics dispensed demonstrating the effectiveness of the intervention. In many countries where civil society or faith-based organizations provide health services, these groups are positioned to effectively pilot and

⁹ Nithima Sumpradit and others, 'Antibiotics Smart Use: A Workable Model for Promoting the Rational Use of Medicines in Thailand', *Bulletin of the World Health Organization*, 90.12 (2012), 905–13 <<http://dx.doi.org/10.2471/BLT.12.105445>>.

¹⁰ Lesley Price and others, 'Effectiveness of Interventions to Improve the Public's Antimicrobial Resistance Awareness and Behaviours Associated with Prudent Use of Antimicrobials: A Systematic Review', *Journal of Antimicrobial Chemotherapy*, 73.6 (2018), 1464–78 <<http://dx.doi.org/10.1093/jac/dky076>>.

measure the impacts of such interventions that can then be scaled across different countries.

- 3.2 While modeling would certainly be ideal in helping to determine the impact of such interventions as well as how resources might be most effectively targeted, the lack of data, particularly in low resource settings, will be challenging to overcome. The Tripartite agencies might consider developing a platform to which civil society and other partners might contribute data to inform prioritization efforts as well as results from pilot projects to measure the application of targeted AMR communication efforts.
- 3.3 Communication efforts should make use of existing partners in civil society that can harness adaptable messaging through own channels for reaching key groups along the antimicrobial value chain from patients, health care workers, farmers, veterinarians, consumers, to the general public. Communication efforts should also go further upstream, targeting policy makers, politicians nationally and in local communities, as well as leaders of food production businesses and health care settings.
- 3.4 Civil society can play a critical role in communicating AMR effectively to build public awareness and to target efforts towards strategic interventions that the public and other key groups can be engaged in. Such communication can help build political will for governments and other groups who can allocate, divert, or provide financial and technical resources to do so for AMR. For instance, at a briefing prior to the UN High Level Meeting on AMR in 2016, the South Korean Director of Animal Health Management Division for the Ministry of Agriculture stated that civil society played a pivotal role in making the public aware of the number of multi-drug resistant bacteria found in food animal products at common grocery stores throughout the country¹¹. This prompted the government to then develop a stepwise plan to ban the use of antibiotics important in human medicine from food animal production. Similarly, during a South-East Asian regional meeting in Penang, Malaysia in March 2018, organized by South Centre and Third World Network, the Ministry of Health of Indonesia presented their experience on the recent ban of antibiotics as growth promoters¹². The announcement from the Indonesian health authorities prompted two civil society organizations, participating in the meeting, to establish contact with the ministry officials to talk about monitoring and implementation of the measure. Consumers groups participating in the meeting also discussed about possible campaigns and strategies

¹¹ Every Woman Every Child, 'Experts Discuss Recommendations to Curb Antimicrobial Resistance | Every Woman Every Child' <<http://www.everywomaneverychild.org/2016/06/07/experts-discuss-recommendations-to-curb-antimicrobial-resistance/>>.

¹² Third World Network, *Report on Asian Regional Workshop on Antimicrobial Resistance, Co-Organised by the South Centre and Third World Network* (Penang, Malaysia, 2018).

to push their own governments to enact similar measures. Supporting consumer groups and other NGOs working on health issues could be a way to promote campaigns on behavior and policy change.

4. Ensuring appropriate and practical incentives for particular groups to change practice

4.1 Inadequate regulation and control of the sale and use of antimicrobials in both humans and animals through financial incentives targeted to those prescribing or dispensing these treatments has been a major factor leading to the AMR crisis.¹³ Therefore, removing such conflicts of interests among human and veterinary health providers will be critical for behavioral change. Additionally, conflicts of interest also emerge when education efforts for these providers are funded through the pharmaceutical industry that can lead towards messaging around antimicrobial use rather than stewardship of such products. Instead, such education should be independently developed and provided, no depending of funding or participation from the pharmaceutical industry to adequate emphasis on stewardship and evidence-based practice.

4.2 Economic incentives across the antimicrobial value chain play a key role in prompting behavior change. For instance, in Denmark where the financial remuneration for veterinarians tied to the volume of antimicrobials sold for food animal production removed and instead, received based on visits to farms, antimicrobial use decreased. In fact, in comparing Denmark to other countries in Europe where such financial incentives for veterinarians still exist, antimicrobial use in food animal production is significantly less.

4.3 As mentioned above, a key challenge in this area that remains is the lack of alternatives in human and animal health available. Behavior change efforts may be significantly more effective if aligned with technical assistance from the Tripartite agencies and other partners to study and provide alternatives that can be used across countries.

5. Monitoring for accountability towards effecting AMR change

5.1 The UN and Tripartite agencies have recognized the need to address AMR as part of achieving the Sustainable Development Goals (SDGs)¹⁴. To ensure commitment of financial and technical resources from both Member States and UN agencies, the IACG should recommend that AMR be clearly integrated into the SDGs through specific targets and indicators aligned with the goals and targets outlined in the global action plan. This would

¹³ ARC declaration <https://www.reactgroup.org/uploads/ARC-declaration/ARC-declaration-May-22-2014.pdf>

¹⁴ Dusan Jasovsky and others, 'Antimicrobial Resistance. A Threat to the World's Sustainable Development', *Development Dialogue Paper*, 2016.

allow for further participation from Member States and others including civil society already engaged in SDG implementation to monitor progress on AMR. This would also allow for further monitoring of national action plan implementation, providing additional data to Member States and Tripartite agencies of where resources may be better targeted.

5.2 Civil society has played a key role in monitoring commitments and catalyzing governments to take important measures in other key health areas. For example, civil society was pivotal in sparking the access to medicines movement and driving down the prices of HIV/AIDS medicine through generic competition for the millions of those dying worldwide. Civil society has also been at the forefront of pushing the food industry to change its antimicrobial use practices through public, consumer campaigns. In the United States, these campaigns have led to companies such as McDonalds, Burger King, KFC, and others to stop the routine use of antibiotics in their supply chains. Harnessing this campaign, the Centre for Science and Environment (CSE) in India has shown its own government that while these companies have made commitments in the United States, they have failed to do so around the world prompting discussions between them and the company leaders¹⁵. Civil society can therefore be positioned and empowered to scale up such efforts worldwide to not only monitor various actors across the antimicrobial value chain, but also generate political will and momentum to bring about change.

5.3 There is a significant risk that communication efforts addressing AMR might be used by groups with commercial interests such as the pharmaceutical or food animal production industries to further their own agenda. While it is commendable that some of these groups are taking steps to address AMR through their own industry practices, there must be oversight to ensure that the public interest remains at the forefront. The discussion paper highlights some of these efforts such as the AMR Industry Alliance and Access to Medicines Foundation AMR Benchmark, both of which lack independent oversight. The IACG should also support efforts of independent partners who provide an important role in monitoring these groups and holding them accountable. The discussion paper makes mention of the *Chain Reaction* scorecard developed and carried forward by a coalition of civil society actors. Such efforts are critical in ensuring that action is truly being taken and resources are being allocated appropriately in meeting the challenge of AMR.

5.4 Monitoring for accountability can give important impetus for motivating behavior change. Such monitoring requires effective surveillance and data collection, but also a commitment to making such information transparent and actionable by the public, civil society, industry,

¹⁵ Chandra Bhushan, Amit Khurana and Anaya Tewari, *Double Standards: Antibiotic Misuse by Fast Food Companies*, 2007 <<http://dx.doi.org/10.2307/41779574>>.

and policymakers. The IACG should recommend that the Tripartite agencies, Member States, and other key partners make data collected towards curbing AMR publicly available to prompt action from a wide swath of actors.