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To the Advisory Group for the Independent Panel on Evidence for Action Against Antimicrobial Resistance

On behalf of the Global One Health Network (Global 1HN), we would like to thank the Advisory Group for the opportunity to offer comments on the proposed Terms of Reference for the Independent Panel on Evidence for Action against Antimicrobial Resistance (AMR). Enabling feedback from stakeholders in the field of AMR is commendable and will assist in strengthening the contributions of the Independent Panel.

The goal of the Global 1HN, funded by the Canadian Institutes of Health Research, is to build and sustain a transdisciplinary and inter-sectoral OH approach to improve the global governance of Infectious Disease (ID) and AMR <http://global1hn.ca/>. The network connects researchers and knowledge users with a background in the social sciences with those in the human, animal, and environmental health sciences. As part of this network, four research-enabling platforms (on surveillance, capacity development, institutionalization and equity) were established across four Canadian universities (University of Calgary, Université de Montreal, University of Ottawa, York University) with expertise in the OH governance of IDs and AMR.

Given our research focus on the global governance of AMR, we would like to suggest that in addition to the Independent Panel objectives to assess and develop reports based on scientific evidence, and provide evidence-based practical options for mitigation and containment actions, it would be important for the terms of reference to include the assessment of governance, accountability and regulatory models that could be leveraged to prevent AMR. To illustrate, a regression analysis of European states found only 33 percent of variation in AMR was attributable to antibiotic use. With the inclusion of an indicator on corruption, the regression explained 63 percent of the variation in AMR (1). Although addressing corruption is beyond the scope of the Independent Panel, synthesizing evidence concerning models of global and national

policy and accountability mechanisms effective in addressing AMR would support global and national actors.

A focus at both global and national governance levels would be important. At the global level, marketing and import of falsified antibiotics remain a burden particularly in low- and middle-income countries. An assessment of the effectiveness of governance fora in addressing falsified medicines in order to advise on the manner in which regulatory processes could be improved to circumvent the spread of falsified antibiotic and antiparasitic medications could support current efforts. Although universal access to water, sanitation and hygiene (WASH) in LMICs would significantly reduce IDs and the volume of prescribed antibiotics, LMICs may be stretched to access the resources needed to ensure universal access to WASH. Although there are several bilateral and multilateral initiatives supporting WASH programs, large funding gaps remain for many countries, most of them LMICs (2). Would a global strategy to support LMICs, similar to the Global Fund to fight AIDS, tuberculosis and malaria, be feasible to support increased access to WASH to which LMICs would contribute?

Advice regarding national governance guiding stewardship of AMU would also be insightful (3). Assessing models of national agricultural industry self-governance that include cessation of preventive use of antibiotics in feed could offer insights. For example, the Canadian poultry industry has ended preventative use of Class 1 and 2 antibiotics in feed and will phase-out preventative use of Class 3 antibiotics in the future, offering one such model. Consideration of incentives to diminish antibiotic use for the agricultural sector in response to consumer demand from the fast food industry suggests another promising mechanism.

Procedurally, we have a few suggestions. In ¶1 (Purpose) we suggest specific reference to the need for an equity analysis of the One Health evidence being generated (i.e. to examine how well equity is being considered in the studies being reviewed with the intent to make recommendations accordingly). In particular, men and women, and different groups in society, may be differently at risk of or impacted by AMR and the efforts to address it. This is why improved knowledge about how to design AMR strategies, programs and activities in a way that will ensure their full success by better considering gender and equity issues is needed. Also, evidence-based has multiple interpretations and, narrowly interpreted, has been used in various trade challenges to new public health regulations. Since regulations are important tools in preventing AMR, to minimize interpretative disagreements here we suggest using 'evidence-informed' instead, in order to broaden the contextual importance of interpretation of different research findings and their policy implications. We also recommend specifically referencing the precautionary principle, which allows for regulatory measures to be imposed (if only temporarily) in the face of widespread or potentially serious health risks, even if the evidence base remains equivocal.

Our one concern with objectives under ¶2 is that reference to 'practical options for mitigation and containment...' could result in reinforcing ineffective or insufficient measures. For example, if evidence suggests a need to improve governance measures (with respect to corruption issues noted earlier), or to institutionalization of global

financing arrangements for WASH measures (as described above), these could be ignored or given scant attention on the basis of being 'impractical'. We suggest changing this objective to read: 'Provide evidence-informed options for mitigation ... etc.' omitting reference to practicality and allowing panelists to debate differing degrees of implementation challenges and feasibility. What is necessary may not always be practical.

The Guiding Principles under ¶4 are generally excellent, although reference to 'political neutrality' is problematic. Political partisanship should be avoided, but the inference here that panelists 'should be free from political...influence' assumes that panelists do not themselves hold certain political beliefs or that policy options under consideration do not inevitably involve political interpretations. This assumption rests on notions of objectivity more common in the natural sciences but generally rejected by the social sciences. It would be better here to state that the evidence assessment should include a discussion (transparency) of any *a priori* assumptions held by panelists that might affect their interpretation of the research findings. Relatedly, reference to 'technical challenge' of AMR should be re-drafted as 'technical and political challenge' of AMR, since restricting evidence or interpretation to technical matters only ignores the many stratifiers that affect the health equity impacts of different AMR mitigating or containment strategies under discussion.

Under ¶5, we simply caution on the importance of avoiding the natural science disciplines crowding out the social science disciplines in the final make-up of the Panel. We have striven in our own Global 1HN to have an equal balance between the two broad disciplinary streams. A similar caution is offered with respect to the referenced sectors. If an equity dimension is to suffuse the generation, analysis, and assessment of evidence on AMR mitigation and prevention, other sectors must include those related to fiscal (taxation) measures, trade/foreign policy, labour rights/standards, and social protection. This may appear to be a large order for the IACG itself, and not simply its Panel members, but without a 'whole of government' approach (or what is sometimes considered a 'health-in-all-policies' approach) to evidence assessment, the science and its assessment critical to promoting action on AMR will remain limited.

In summary incorporating objectives to assess evidence of governance instruments that strengthen antibiotic stewardship, and that evidence and its assessment being given Panel consideration incorporate equity analyses, within the Terms of Reference will add meaningful dimensions to the Panel's important activities. In addition, we believe some of the procedural principles could be improved.

As members of the Global 1HN, we appreciate the important and timely work of the Independent Panel on Evidence for Action against AMR and are grateful for the opportunity afforded for feedback on the Terms of Reference.

We look forward to the Independent Panel's contributions that we would be pleased to support.

Yours truly,



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