

Portillo, Mirza Alas

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How civil society action can contribute to combating antimicrobial resistance

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Paper

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How Civil Society Action can Contribute to Combating Antimicrobial Resistance

Mirza Alas Portillo




**SOUTH
CENTRE**



RESEARCH PAPER

126

HOW CIVIL SOCIETY ACTION CAN CONTRIBUTE TO COMBATING ANTIMICROBIAL RESISTANCE

Mirza Alas Portillo^{*}

SOUTH CENTRE

DECEMBER 2020

^{*} Mirza Alas Portillo is a Programme Officer with the Health, Intellectual Property, and Biodiversity Programme (HIPB) of the South Centre. The author is grateful for the most valuable inputs and comments on this paper by Professor Anthony D. So, Dr. Viviana Munoz and Dr. Carlos Correa.

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Any comments on this paper or the content of this paper will be highly appreciated. Please contact:

South Centre
International Environment House 2
Chemin de Balexert 7-9
POB 228, 1211 Geneva 19
Switzerland
Tel. (41) 022 791 80 50
south@southcentre.int
www.southcentre.int

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ABSTRACT

One of the key groups of actors that must be recognized for their influential role in shaping health policy outcomes are civil society organizations (CSOs). The antimicrobial resistance (AMR) space is no exception. AMR is one of the most significant health threats of our time, and many CSOs have had a critical role in shaping the national, regional and global responses to this health threat. However, CSOs working in the AMR space have received little financial support. In the final report submitted to the UN Secretary-General, the United Nations Inter-Agency Coordination Group (IACG) on AMR recommended increasing collaboration, as doing so is necessary for effective action and is an essential part of tackling AMR. IACG also provided specific recommendations for strengthening the engagement of CSOs. While the need for this engagement is broadly recognized, there is limited literature documenting how CSOs have been involved in shaping AMR policies. Increased evidence can strengthen the case for expanding financial support to CSOs work on AMR. A critical look into how CSOs are spearheading campaigns to tackle AMR and promoting accountability through monitoring governments', international organizations' and other actors' AMR-related commitments, particularly in developing countries, would be especially useful.

This paper aims to contribute to the analysis of CSOs involvement in the global AMR response. It begins by defining what constitutes a CSO and offers examples of how CSOs have contributed to addressing other critical health issues to draw lessons for handling AMR. It then undertakes a case analysis of a prominent CSO coalition, the Antibiotic Resistance Coalition (ARC), and describes that organization's essential contributions in the AMR space. Finally, the paper offers reflections on why CSO participation in the AMR space needs to be further enhanced and supported.

Uno de los principales grupos de agentes a los que hay que reconocer su influyente papel en la configuración de los resultados de las políticas de salud son las organizaciones de la sociedad civil (OSC). El espacio de la resistencia a los antimicrobianos (AMR) no es una excepción. La resistencia a los antimicrobianos es una de las amenazas para la salud más importantes de nuestro tiempo, y muchas OSC han desempeñado un papel fundamental en la configuración de las respuestas nacionales, regionales y mundiales a esta amenaza para la salud. Sin embargo, las OSC que trabajan en el espacio de la RAM han recibido poco apoyo financiero. En el informe final presentado al Secretario General de las Naciones Unidas, el Grupo de Coordinación Interinstitucional de las Naciones Unidas (IACG) sobre la RAM recomendó aumentar la colaboración, ya que hacerlo es necesario para una acción eficaz y es una parte esencial para hacer frente a la RAM. El Grupo Interinstitucional de Coordinación también formuló recomendaciones concretas para fortalecer la participación de las organizaciones de la sociedad civil. Si bien se reconoce ampliamente la necesidad de esta participación, hay poca bibliografía que documente la forma en que las OSC han participado en la elaboración de políticas sobre la RAM. El aumento de las pruebas puede reforzar los argumentos a favor de ampliar el apoyo financiero a la labor de las OSC en materia de lucha contra la corrupción. Sería especialmente útil una mirada crítica a la forma en que las OSC están encabezando campañas para abordar el AMR y promoviendo la rendición de cuentas mediante la supervisión de los compromisos de los gobiernos, las organizaciones internacionales y otros actores relacionados con el AMR, especialmente en los países en desarrollo.

El presente documento tiene por objeto contribuir al análisis de la participación de las OSC en la respuesta mundial a la RAM AMR. Comienza definiendo lo que constituye una OSC y ofrece ejemplos de cómo las OSC han contribuido a abordar otras cuestiones sanitarias fundamentales para extraer lecciones para el manejo de la RAM. Luego realiza un análisis

de caso de una prominente coalición de OSC, la Coalición de Resistencia a los Antibióticos (ARC), y describe las contribuciones esenciales de esa organización en el espacio de la RAM. Por último, el documento ofrece reflexiones sobre las razones por las que la participación de las OSC en el espacio de la RAM debe ser mejorada y apoyada.

Les organisations de la société civile (OSC) constituent l'un des principaux groupes d'acteurs qui doivent être reconnus pour leur rôle influent dans l'élaboration des politiques de santé. L'espace de la résistance aux antimicrobiens (RAM) ne fait pas exception à la règle. La RAM est l'une des menaces sanitaires les plus importantes de notre époque, et de nombreuses OSC ont joué un rôle essentiel dans l'élaboration des réponses nationales, régionales et mondiales à cette menace sanitaire. Cependant, les OSC travaillant dans l'espace de la RAM n'ont reçu que peu de soutien financier. Dans le rapport final soumis au secrétaire général des Nations Unies, le groupe de coordination interinstitutions des Nations Unies (IACG) sur la RAM a recommandé d'accroître la collaboration, car cela est nécessaire pour une action efficace et constitue un élément essentiel de la lutte contre la RAM. L'IACG a également fourni des recommandations spécifiques pour renforcer l'engagement des OSC. Bien que la nécessité de cet engagement soit largement reconnue, il existe peu de documentation sur la manière dont les OSC ont participé à l'élaboration des politiques en matière de RAM. Des preuves plus nombreuses peuvent renforcer l'argument en faveur d'une augmentation du soutien financier aux travaux des OSC sur la RAM. Il serait particulièrement utile de jeter un regard critique sur la manière dont les OSC mènent des campagnes de lutte contre la RAM et promeuvent la responsabilité en surveillant les engagements des gouvernements, des organisations internationales et d'autres acteurs en matière de RAM, en particulier dans les pays en développement.

Ce document vise à analyser l'implication des OSC dans la réponse mondiale à la RAM. Il commence par définir ce qui constitue une OSC et donne des exemples de la manière dont les OSC ont contribué à traiter d'autres problèmes de santé critiques afin de tirer des leçons pour la gestion de la RAM. Il procède ensuite à l'analyse du cas d'une éminente coalition d'OSC, l'Antibiotic Resistance Coalition (ARC), et décrit les contributions essentielles de cette organisation dans le domaine de la RAM. Enfin, le document propose des réflexions sur les raisons pour lesquelles la participation des OSC dans l'espace de la RAM doit être renforcée et soutenue.

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1. INTRODUCTION

The contributions of Civil society organizations (CSOs) to tackling health challenges have been widely documented. Examples include efforts to promote better health policy regulations, as in the case of tobacco control, and mobilizations demanding the provision of health services and access to medicines. These efforts have been fundamental in advancing and responding to global health issues. Given that antimicrobial resistance (AMR) is one of the gravest global health challenges facing us today, mobilizing CSOs is also crucial in advancing efforts to tackle AMR.

There are different approaches in the literature to defining what constitutes civil society organizations. Some scholars refer to civil society as the "realm of voluntary participation in a public sphere that is distinct from government."² This description captures a critical element related to the space inhabited by civil society, namely the way it operates outside the governmental sphere. Under this definition, civil society organizations are, in broad terms, the means through which civil society space is organized. For example, the World Health Organization (WHO) refers to CSOs as:

the social arena that exists between the state and the individual or household. Civil society lacks the coercive or regulatory power of the state and the economic power of the market but provides the social power or influence of ordinary people. Within this social domain, individuals and groups organize themselves into civil society organizations (CSOs) to pursue their collective interests and engage in activities of public importance.³

However, this definition does not capture all the necessary elements. In the particular case of CSOs in global health, their objective is to defend the public interest regarding improvements and promotion of health,⁴ organizations involved in health service delivery and in advocacy efforts to influence health policy and address global health problems.⁵ Other vital characteristics of civil society organizations are that these entities should be non-state, not for profit and autonomous.⁶ Autonomy from the state and the market are essential to these organizations' legitimacy.⁷ Voluntary organizations and community-based organizations are included in this definition, given that they also possess the characteristics mentioned above. Non-governmental organizations (NGOs) are also generally included. NGOs tend to be more professional and maintain an organizational structure.⁸ However, the term "CSOs" provides space for broader arrangements that may not be captured by the description of what constitutes an NGO.⁹

² Lauren E Eastwood, "Civil Society", *Oxford Bibliographies*, 2017 <<https://doi.org/10.1093/OBO/9780199756384-0148>>.

³ World Health Organization, *Strategic Alliances. The Role of Civil Society in Health, Discussion Paper No.1 CSI/2001/DP1*, 2001.

⁴ Pan American Health Organization/ World Health Organization, "The Role of Civil Society and Community in Health Policy-Making", *Health in the Americas*, (2018), pp. 1–8. Available from <https://www.paho.org/salud-en-las-americas-2017/?p=71> [accessed 3 October 2019].

⁵ Cathal Doyle and Preeti Patel, "Civil Society Organisations and Global Health Initiatives: Problems of Legitimacy", *Social Science and Medicine*, 66.9 (2008), 1928–38 <<https://doi.org/10.1016/j.socscimed.2007.12.029>>.

⁶ The European Observatory on Health Systems and Policies, *Civil Society and Health Contributions and Potential*, Scott L Greer and others, eds. *Health Policy Series* (Copenhagen, World Health Organization, 2017). Available from <<https://doi.org/10.4324/9780203844236.ch60>>.

⁷ Ibid.

⁸ Wolfgang, Hein, Sonja Bartsch, and Lars Kohlmorgen, (eds.), *Global Health Governance and the Fight Against HIV/AIDS* (New York, Palgrave Macmillan, 2007). Available from <https://doi.org/10.1057/9780230591349>.

⁹ World Health Organization, *Strategic Alliances. The Role of Civil Society in Health, Discussion Paper No.1 CSI/2001/DP1*, 2001.

This paper defines CSOs as distinct from organizations that have private, for-profit or commercial interests. Even if they are set up as non-profits, some organizations may serve to advance corporate interests.¹⁰ This definition also excludes business associations that may be non-profit entities, but that aim to protect business interests.¹¹

Before examining the role of CSOs in the antimicrobial resistance space, it is essential to look at their previous mobilizations and how those have contributed to the achievement of policies for public health. Examining the role of CSOs in other health policy process provides valuable lessons about how mobilizing CSOs can result in the adoption of necessary health policy measures. This examination also helps to pave the way to showcasing some of the outcomes that CSOs in the AMR space have been able to achieve even with limited financial support.

Civil society organizations have been essential in influencing health policy in the public interest. As will be further explained, the examples of tobacco and HIV are excellent illustrations of how their participation has resulted in crucial advances for public health. However, these are only two examples from the long history of civil society engagement in health issues. Another example is the vital movement that brought about the adoption of the 1978 Alma Ata Declaration on Primary Health Care.¹² Even though civil society is unable to impose financial or administrative sanctions when commitments are not kept, they can monitor, report and demand action on those agreed commitments.¹³ CSOs can also report instances of non-compliance and demand that the authorities do something about them. They can levy social sanctions and expose poor government performance or corporate non-compliance with the law and opposition to public health measures.¹⁴ Furthermore, CSOs provide vital resources, expertise and new knowledge to policymakers and to international organizations such as the WHO. They also advocate for the public interest in the health sector.¹⁵ CSOs are essential because they can confer legitimacy and function as watchdogs when it comes to policy implementation.¹⁶

In a discussion paper on the role of CSOs, the WHO observed:

Many development oriented CSOs are active in political areas such as monitoring of the impact of global agreements on public health, fueling demand for more effective public health safeguards. CSOs have participated in global policy areas such as trade agreements and health, prices of and access to drugs, international conventions and treaties on health-related subjects such as landmines, environment, breast milk substitutes and tobacco and in debates around policies and public health standards.¹⁷

CSOs have also played a critical role in supporting the regulation of products that adversely impact health, and have challenged commercial interests that regularly lobby against state

¹⁰ Kirsty Doyle and others, *Reducing Health Inequalities: The Role of Civil Society*, (FEPS Belgium, TASC, Ireland, 2019).

¹¹ Wolfgang, Hein, Sonja Bartsch, and Lars Kohlmorgen, eds., *Global Health Governance and the Fight Against HIV/AIDS* (New York, Palgrave Macmillan, 2007). Available from <https://doi.org/10.1057/9780230591349>.

¹² World Health Organization, *Strategic Alliances. The Role of Civil Society in Health. Discussion Paper No.1CSI/2001/DP1*, 2001.

¹³ Pan American Health Organization/ World Health Organization, "The Role of Civil Society and Community in Health Policy-Making", *Health in the Americas*, (2018), pp. 1–8. <<https://www.paho.org/salud-en-las-americas-2017/?p=71>> [accessed 3 October 2019].

¹⁴ Ibid.

¹⁵ World Health Organization, *Strategic Alliances. The Role of Civil Society in Health, Discussion Paper No.1 CSI/2001/DP1*, 2001.

¹⁶ Ibid.

¹⁷ Ibid.

regulations.¹⁸ Their participation in the global health process also helps to strengthen democracy and the legitimacy of global health governance.¹⁹

A study on the role of CSOs in Spain, Germany and Ireland found that they helped reduce health inequalities through the provision of services and their influence in shaping policies.²⁰ The same finding has been reported in other places where civil society has been seen as an enabler of improvements to social determinants and a means of providing the disadvantaged sections of society with a voice.²¹ The involvement of CSOs at the local level can be beneficial in incorporating new knowledge, improving policy-making and monitor governance functions.²²

In many cases, as pointed out in a study on the impact of NGOs in the area of intellectual property, one of their critical contributions is that "NGOs create[d] a pressure on governments that counterbalance[s] the role played by industry."²³ There are other policy processes in which CSOs provide pressure in support of a policy that may run counter to industry interests, pushing governments to enact policies in the public interest instead. The case of tobacco control and the fight for access to medicines during the HIV crisis are two cases that can help illustrate some of these contributions of CSOs to global health.

¹⁸ Ibid.

¹⁹ Julia Smith, Kent Buse, and Case Gordon, "Civil Society: The Catalyst for Ensuring Health in the Age of Sustainable Development", *Globalization and Health* 12, no. 1 (2016): 1–6. Available from <https://doi.org/10.1186/s12992-016-0178-4>.

²⁰ Doyle, Cathal, and Preeti Patel, "Civil Society Organisations and Global Health Initiatives: Problems of Legitimacy", *Social Science and Medicine*, 66.9 (2008), 1928–38. Available from <https://doi.org/10.1016/j.socscimed.2007.12.029>.

²¹ Erik Blas and others, "Addressing Social Determinants of Health Inequities: What Can the State and Civil Society Do?", *The Lancet*, 372.9650 (2008), 1684–89 <[https://doi.org/10.1016/S0140-6736\(08\)61693-1](https://doi.org/10.1016/S0140-6736(08)61693-1)>.

²² The European Observatory on Health Systems and Policies, *Civil Society and Health Contributions and Potential*, ed. by Scott L Greer and others, *Health Policy Series* (Copenhagen, World Health Organization, 2017) <<https://doi.org/10.4324/9780203844236.ch60>>.

²³ Duncan Matthews, NGOs, *Intellectual Property Rights and Multilateral Institutions, Report of the IP-NGOs Research Project*, (2011). Available from <<https://doi.org/10.2139/ssrn.963103>>.

2. ANTIMICROBIAL RESISTANCE AND THE INVOLVEMENT OF CSOS

Antimicrobial resistance (AMR) has become one of the biggest challenges that the world is facing. The WHO has stated that antimicrobial resistance threatens to send modern medicine back decades to the pre-antibiotic era, when a simple infection or a routine surgery could become deadly.²⁴ Furthermore, AMR is a challenge that requires the integration of aspects beyond human health, and a shift to what is often referred to as the “One Health” approach. This approach includes examining AMR from the intersection of humans, animals and the environment, because the acceleration is not only a product of the use of antimicrobials in human medicine, but also the result of the misuse and overuse of antimicrobials in animals and food production systems. The environment also plays an important role as a reservoir of resistance genes and in spreading AMR.²⁵ Therefore, to address AMR, global collaboration and action in all the sectors are urgently needed.

CSOs have the advantage of working in multiple fields and can therefore provide valuable insights into how to better collaborate on the One Health approach. Moreover, the vital role of CSOs in combating AMR is increasingly being acknowledged. This recognition is because of the work that CSOs have individually and collectively undertaken to demand spaces for their active participation at the global and national levels.

CSOs working on AMR advocate for measures that go beyond declarations, demanding action in contentious areas, including the regulation of marketing practices of pharmaceutical companies and the removal of barriers to accessing medicines, such as the high prices of drugs, vaccines and diagnostics. CSOs have also been at the forefront of campaigns to ban the non-therapeutic use of antibiotics in animal and plant production and have highlighted critical linkages with the environment.²⁶ However, many CSO activities have focused either on the human health aspect or on the animal sector. Few cross-sectoral collaborations have taken place.²⁷

Before examining the role of CSOs in addressing AMR it is crucial to look at other health issues where CSO participation has been critical in pursuing the public interest. Two examples of this area are tobacco and HIV and AIDS.

Fighting Tobacco

One of the landmark public health instruments that exist today is the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), which was adopted by the World Health Assembly on 21 May 2003, and entered into force on 27 February 2005.²⁸ The FCTC is legally binding to approximately 180 countries.²⁹ It was

²⁴ World Health Organization, "Urgent Health Challenges for the next Decade", *News Room*, 2020 <<https://www.who.int/news-room/photo-story/photo-story-detail/urgent-health-challenges-for-the-next-decade>> [accessed 20 February 2020].

²⁵ See Mirza Alas, *Antimicrobial Resistance: Examining the Environment as Part of the One Health Approach* Research Paper No 104 (Geneva, South Centre, March 2020). Available from <https://www.southcentre.int/research-paper-104-march-2020/>.

²⁶ Anthony D. So and Reshma Ramachandran, "The Role of Civil Society in Tackling Antimicrobial Resistance", in *Challenges to Tackling Antimicrobial Resistance Economic and Policy Responses*, Michael Anderson, Michele Cecchini, and Elias Mossialos, eds. (Cambridge, Cambridge University Press, 2019), pp. 207–41. Available from <<https://doi.org/10.1017/CBO9781107415324.004>>.

²⁷ *Ibid.*

²⁸ Patricia Anne Lambert, "A Turning Point in a Slow Revolution: The WHO Framework Convention on Tobacco Control", in *Advocating Social Change through International Law*, Daniel Bradlow and David Hunter, eds. (Leiden, Brill, 2019), pp. 169–99. Available from <<https://doi.org/10.1163/9789004417021>>.

developed to tackle the global tobacco epidemic and to provide legal guidance to member states. Even though the treaty was negotiated and ratified by member states, civil society organizations played an essential role in the process that led to its adoption.

For example, during the negotiation of the FCTC, civil society organizations directly engaged in the policy discussions by providing scientific opinions, worked directly with WHO, organized side events, published position papers and directly lobbied governments to adopt strong positions defending public health.³⁰ CSOs also contributed high-level expertise, providing valuable information on the harmful effects of tobacco and denouncing industry practices. Their input was critical to the push for a positive outcome in the negotiations.³¹ CSOs were also able to mobilize large numbers of organizations across the world to pressure national governments to adopt positions that protected public health. It is also important to emphasize that CSOs were also able to show case key interventions such as banning advertising, taxation and the need for smoke free spaces. These examples also helped to pave the way in the adoption of the FCTC and its protocols. They also engaged directly with policymakers at the global level. The Framework Convention Alliance (FCA), which is made up of nearly 500 organizations from 100 countries, was one of the vital umbrella organizations that actively participated in the negotiations.³² The FCA published newsletters and had campaigns shaming countries that took positions favoring tobacco companies. Their efforts created a form of transnational advocacy that helped put pressure on governments at the global level when national action was insufficient to address the tobacco issue.³³ During the processes that led to the Framework Convention on Tobacco, the efforts of CSOs were, in some instances, financially supported by the WHO³⁴. This financial support helped to amplify their ability to engage with the process, coordinate, form alliances, and create campaigns to counterweight industry resources. However, this was not enough to sustain all the efforts particularly at the national level.

Civil society efforts have also been significant at the national level. For example, in Russia, CSOs helped shaped government policy related to tobacco in the face of an influential industry lobby. In campaigns against tobacco, CSOs managed to be strong advocates, provided relevant international evidence, mobilized public opinion and closely monitored the implementation of key commitments to protect public health.³⁵

After the adoption of the Framework Convention on Tobacco, CSOs have become important actors in monitoring implementation and, in many cases alerting the public to the influence of the tobacco industry on health policies, mainly through front groups.³⁶ Moreover, CSOs have helped to monitor and keep governments accountable to the measures they have signed up to deliver.³⁷

²⁹ World Health Organization (WHO), "WHO Framework Convention on Tobacco Control", 2020 <<https://www.who.int/fctc/cop/about/en/>> [accessed 23 November 2019].

³⁰ Patricia Anne Lambert, "A Turning Point in a Slow Revolution: The WHO Framework Convention on Tobacco Control", in *Advocating Social Change through International Law*, Daniel Bradlow and David Hunter, eds. (Leiden, Brill, 2019), pp. 169–99. Available from <<https://doi.org/10.1163/9789004417021>>.

³¹ Ibid.

³² Framework Convention Alliance, "Framework Convention Alliance", 2020 <<https://www.fctc.org/about-us/>>.

³³ H. M. Mamudu and S. A. Glantz, "Civil Society and the Negotiation of the Framework Convention on Tobacco Control", *Global Public Health*, 4.2 (2009), 150–68. <<https://doi.org/10.1080/17441690802095355>>.

³⁴ Patricia Anne Lambert, "A Turning Point in a Slow Revolution".

³⁵ The European Observatory on Health Systems and Policies, *Civil Society and Health Contributions and Potential*, Scott L Greer and others, eds. *Health Policy Series* (Copenhagen, World Health Organization, 2017) <<https://doi.org/10.4324/9780203844236.ch60>>.

³⁶ Julia Smith, Kent Buse, and Case Gordon, "Civil Society: The Catalyst for Ensuring Health in the Age of Sustainable Development", *Globalization and Health* 12, no. 1 (2016): 1–6. Available from <https://doi.org/10.1186/s12992-016-0178-4>.

³⁷ Patricia Anne Lambert, "A Turning Point in a Slow Revolution: The WHO Framework Convention on Tobacco Control", in *Advocating Social Change through International Law*, Daniel Bradlow and David Hunter, eds. (Leiden, Brill, 2019), pp. 169–99. Available from <<https://doi.org/10.1163/9789004417021>>.

Response to HIV and AIDS

In the case of the epidemic of HIV and AIDS from the 1980s to 2000s,³⁸ the struggle for access to treatment and the fight against stigma was primarily taken up by activists in many parts of the world, first at the national level then internationally, as these activities helped create visibility of the struggles of patients in accessing treatment. It is well documented that once effective treatments were developed, people living in developing countries were not able to access treatment due to high prices.³⁹ CSOs were involved in the efforts to ensure the affordability and accessibility of those treatments⁴⁰ as well as positioning the issue of access to treatment high in the global political agenda to generate action.⁴¹ Those working on HIV and AIDS advocacy were fundamental in raising awareness, mobilizing resources, challenging attitudes, pushing for changes and demanding action at the national and global levels.⁴² It was through those mobilization efforts and campaigns against transnational pharmaceutical companies that lower prices for AIDS treatments became possible.⁴³ In this context, patient organizations played a critical role in advocating for their rights and raising awareness of the challenges in accessing treatment, which helped governments in their response against powerful transnational corporations.⁴⁴

One example of the role of CSOs in this field can be found in Brazil. During the 1990s, Brazil was experiencing a high prevalence of HIV infections, which were growing at a high pace.⁴⁵ CSOs in the country played a critical role in mobilizing patients and the expertise of public health researchers and practitioners to develop programs and demand better governmental policies.⁴⁶ Their demands and advocacy efforts contributed to the adoption of a new constitution in 1988, which set the legal basis for universal access to health care services in the country.^{47 48} Moreover, CSOs involved in fighting AIDS mobilized to ensure that health care was effectively recognized as a right and duty of the state, and were crucial in forming health councils across the state and federal levels.⁴⁹ Universal access to antiretroviral medicines in Brazil came about in part through the social mobilization of CSOs⁵⁰ as well as

³⁸ U.S. Department of Health & Human Services, "A Timeline of HIV/AIDS", (Washington, D.C, 2016), p. 18 Available from <<https://www.hiv.gov/sites/default/files/aidsgov-timeline.pdf>>.

³⁹ Wolfgang, Hein, Sonja Bartsch, and Lars Kohlmorgen, eds., *Global Health Governance and the Fight Against HIV/AIDS* (New York, Palgrave Macmillan, 2007). Available from <https://doi.org/10.1057/9780230591349>.

⁴⁰ World Health Organization, "Why the HIV Epidemic Is Not Over", *HIV/AIDS*, (2018). Available from <<https://www.who.int/hiv-aids/latest-news-and-events/why-the-hiv-epidemic-is-not-over>> [accessed 10 January 2020].

⁴¹ Ellen t'Hoen and others, "Driving a Decade of Change: HIV/AIDS, Patents and Access to Medicines for All", *Journal of the International AIDS Society*, 14.1 (2011), 15. Available from <<https://doi.org/10.1186/1758-2652-14-15>>.

⁴² Richard G. Parker, "Civil Society, Political Mobilization, and the Impact of HIV Scale-up on Health Systems in Brazil", *Journal of Acquired Immune Deficiency Syndromes*, 52.SUPPL. 1 (2009), 49–51. Available from <<https://doi.org/10.1097/QAI.0b013e3181bbcb56>>.

⁴³ Wolfgang, Hein, Sonja Bartsch, and Lars Kohlmorgen, eds., *Global Health Governance and the Fight Against HIV/AIDS* (New York, Palgrave Macmillan, 2007). Available from <https://doi.org/10.1057/9780230591349>.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Richard G. Parker, "Civil Society, Political Mobilization, and the Impact of HIV Scale-up on Health Systems in Brazil", *Journal of Acquired Immune Deficiency Syndromes*, 52.SUPPL. 1 (2009), 49–51. Available from <<https://doi.org/10.1097/QAI.0b013e3181bbcb56>>.

⁴⁷ Ibid.

⁴⁸ Reis, Renata, Terto Jr Veriano, and Maria Cristina Pimenta, eds., *Intellectual Property Rights and Access to ARV Medicines: Civil Society Resistance in the Global South*, Brazilian Interdisciplinary AIDS Association (Rio de Janeiro, Zit Grafica, 2009).

⁴⁹ Richard G. Parker, "Civil Society, Political Mobilization, and the Impact of HIV Scale-up on Health Systems in Brazil", *Journal of Acquired Immune Deficiency Syndromes*, 52.SUPPL. 1 (2009), 49–51. Available from <<https://doi.org/10.1097/QAI.0b013e3181bbcb56>>.

⁵⁰ Sonia Fleury, "Brazil's Health-Care Reform: Social Movements and Civil Society", *The Lancet*, 377.9779 (2011), 1724–25. Available from <[https://doi.org/10.1016/S0140-6736\(11\)60318-8](https://doi.org/10.1016/S0140-6736(11)60318-8)>.

their mobilization through the judicial system to demand legal action when needed.⁵¹ Furthermore, the government began to recognize the vital role of CSOs. In the 1990s, an NGO Liaison Office was created within the national HIV and AIDS program to increase civil society participation.⁵²

In Thailand, several CSOs filed a case against a pharmaceutical company related to a patent that prevented access to a much-needed drug for HIV patients. The pressure from some of those CSOs helped promote for the local manufacture of HIV medicines in Thailand and expanded access to those medicines to people who needed them.⁵³ The experience of HIV in Thailand also paved the way for CSOs to support the implementation of health as a human right. It challenged the practices of pharmaceutical companies that limited access to needed drugs.⁵⁴

The strong participation and influence of CSOs in demanding treatment for HIV and AIDS also provided space for many of these organizations to participate in shaping policies and programs related to those diseases and guaranteed that there was broader direct participation in the implementation and design of those policies and programs.⁵⁵ Furthermore, the importance of CSOs was recognized at the global level including through their formal participation in organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and UNAIDS, bringing their expertise to these global bodies.⁵⁶

With regards to civil society participation in the Region of the Americas, the Pan American Health Organization (PAHO) states:

Civil society groups in the Region of the Americas participate in bodies such as community advisory boards, national AIDS councils, the Global Fund's Board of Directors, the UNAIDS Programme Coordinating Board, and the PAHO Technical Advisory Committee. Moreover, in HIV services, some countries have introduced peer support furnished by people living with the infection.⁵⁷

However, the same report from PAHO explains that the participation of CSOs in the region is only possible with the financial support of many of these international organizations. When such aid is not available, there is a danger of losing the inputs and contributions of CSOs.⁵⁸

The lessons learned on how CSOs addressed the tobacco and the HIV and AIDS crisis have helped other CSOs to campaign on other health issues such as drug prices, treatment

⁵¹Reis, Renata, Terto Jr Veriano, and Maria Cristina Pimenta, eds., *Intellectual Property Rights and Access to ARV Medicines: Civil Society Resistance in the Global South*, Brazilian Interdisciplinary AIDS Association (Rio de Janeiro, Zit Grafica, 2009).

⁵²Wolfgang, Hein, Sonja Bartsch, and Lars Kohlmorgen, eds., *Global Health Governance and the Fight Against HIV/AIDS* (New York, Palgrave Macmillan, 2007). Available from <https://doi.org/10.1057/9780230591349>.

⁵³ Nathan Ford and others, "The Role of Civil Society in Protecting Public Health over Commercial Interests: Lessons from Thailand", *Lancet*, 363.9408 (2004), 560–63. Available from <[https://doi.org/10.1016/S0140-6736\(04\)15545-1](https://doi.org/10.1016/S0140-6736(04)15545-1)>.

⁵⁴ Ibid.

⁵⁵Richard G. Parker, "Civil Society, Political Mobilization, and the Impact of HIV Scale-up on Health Systems in Brazil", *Journal of Acquired Immune Deficiency Syndromes*, 52.SUPPL. 1 (2009), 49–51. Available from <<https://doi.org/10.1097/QAI.0b013e3181bbcb56>>.

⁵⁶Julia Smith, Kent Buse, and Case Gordon, "Civil Society: The Catalyst for Ensuring Health in the Age of Sustainable Development," *Globalization and Health* 12, no. 1 (2016): 1–6. Available from <https://doi.org/10.1186/s12992-016-0178-4>.

⁵⁷Pan American Health Organization/ World Health Organization, "The Role of Civil Society and Community in Health Policy-Making", *Health in the Americas*, 2018, pp. 1–8. Available from <<https://www.paho.org/salud-en-las-americas-2017/?p=71>> [accessed 3 October 2019].

⁵⁸ Ibid.

access, and regulations on harmful commercial products. Their participation has been critical at the national level, but also in the governance of global health.⁵⁹

⁵⁹ Nanoot Mathurapote and Weerasak Putthasri, "Global Health Disruptors: The Rise of Civil Society – The BMJ", *Thebmjopinion*, (2018). Available from <<https://blogs.bmj.com/bmj/2018/11/28/global-health-disruptors-the-rise-of-civil-society/>> [accessed 3 October 2019].

3. THE ANTIBIOTIC RESISTANCE COALITION (ARC)

The Antibiotic Resistance Coalition (ARC) was established as a response to the need to create cross-sectoral collaboration through a network. This network was intended to generate a space for dialogue between different sectors and to include different geographical contexts, to better articulate actions to address AMR centered on shared principles.

The initiative to establish the ARC started in 2013, with a proposal by the Strategic Policy Program of ReAct-Action on Antibiotic Resistance to create "an intersectoral coalition of civil society groups that would tackle antibiotic resistance in collaboration with key organizations."⁶⁰ ReAct and a steering group of CSOs began its work on identifying CSOs with shared objectives that could form a coalition. A workshop was held in Geneva from 28 April to 1 May 2014, supported and hosted by the South Centre.⁶¹ At the end of this workshop, a decision was made to form the ARC.

The ARC is composed of 29 civil society organizations, plus the South Centre as an intergovernmental partner, and is dedicated to addressing antimicrobial resistance. The ARC comprises civil society organizations from across the world that represent efforts in the health, food, environment, and animal sectors.⁶² Some of the CSOs that are part of the ARC are consumer organizations from developed and developing countries, such as Consumers International, Public Citizen and the Consumers Association of Penang. The ARC also includes global networks such as People's Health Movement, Health Action International, Third World Network and ReAct. The Coalition issued a declaration that identifies specific areas of critical attention and has "asserted that consumer protection and public health must trump the pursuit of profit and that effective antibiotics are global public goods".⁶³ At the end of the 2014 workshop, the ARC also called for international leadership to take action to:

- Prohibit the promotion and advertising of antibiotics;
- Promote new, needs-driven and open research and development models based on the principle of de-linkage (divorcing price from research and development costs and sales volumes);
- Phase-out the use of antimicrobials for routine disease prevention in livestock, and end their use, altogether, for growth promotion;
- Build robust systems, in all countries, to monitor and report antibiotic use and resistance trends in humans and animals; and
- Improve public awareness to support an ecological understanding of human-bacteria interaction and behavior change around antibiotic use.⁶⁴

All the ARC members have endorsed the declaration, whose aim is to provide a set of shared principles to guide action in the areas of access, stewardship, innovation, the use of antibiotics in the animal, plant and environmental sectors, and the need for global leadership and coordination. Moreover, as explained in a recent article on the role of CSOs in tackling AMR, "ARC serves as a platform for members to discuss key policy issues related to AMR, share organizational expertise across sectors and countries, and mount collective responses

⁶⁰ Ibid.

⁶¹ South Centre, "Civil Society Workshop Sets up New Coalition on Antibiotic Resistance", (2014). Available from <<https://www.southcentre.int/question/civil-society-workshop-sets-up-new-coalition-on-antibiotic-resistance/>> [accessed 3 October 2019].

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

across policy forums, notably intergovernmental organizations such as WHO and the UN."⁶⁵ The ARC has continued growing in membership and has made significant efforts to include organizations based in developing countries. Recently, the ARC welcomed a Brazilian consumers' organization, the Instituto Brasileiro de Defesa do Consumidor (IDEC), Zimbabwe-based organization the Pan-African Treatment Access Movement as well as the European Public Health Alliance (EPHA).

In figure 1 below, there is a graphic representation of the areas covered by the ARC declaration. Box 1 lists all the signatories of the ARC declaration.

Figure 1

Antibiotic Resistance Coalition Declaration



Source: Antibiotic Resistance Coalition.⁶⁶

⁶⁵ Anthony D. So and Reshma Ramachandran, "The Role of Civil Society in Tackling Antimicrobial Resistance", in *Challenges to Tackling Antimicrobial Resistance Economic and Policy Responses*, Michael Anderson, Michele Cecchini, and Elias Mossialos eds. (Cambridge, Cambridge University Press, 2019), pp. 207–41. Available from <https://doi.org/10.1017/CBO9781107415324.004>.

⁶⁶ Antibiotic Resistance Coalition, "The Antibiotic Resistance Coalition". Available from <<https://www.ignitetheidea.org/arc>>. [Accessed 23 October 2019].

Box 1

Signatories of ARC declaration as of July 2020

ARC Members

1. Alliance to Save Our Antibiotics
2. American Medical Student Association
3. Center for Science and Environment
4. Center for Science in the Public Interest
5. Consumers' Association of Penang
6. Consumers International
7. European Public Health Alliance
8. Ecumenical Pharmaceutical Network
9. Food Animal Concerns Trust
10. IFARMA Foundation
11. Initiative for Health & Equity in Society
12. Institute for Agriculture and Trade Policy
13. Instituto Brasileiro de Defesa do Consumidor (IDEC)
14. Health Action International
15. Health Care Without Harm
16. Keep Antibiotics Working
17. MedAct
18. Natural Resources Defense Council
19. Pan-African Treatment Access Movement
20. People's Health Movement
21. Public Citizen
22. ReAct – Action on Antibiotic Resistance
23. Sahabat Alam Malaysia (Friends of the Earth Malaysia)
24. Society for International Development
25. South Centre
26. Sustainable Food Trust
27. Third World Network
28. Universities Allied for Essential Medicines
29. US Public Interest Research Group
30. What Next Forum

The ARC Engagement in Global Health Policy Processes

Since the formation of the ARC, its members have carried out actions nationally, while at the same time engaging at the global level in many ways. They have participated in global processes such as the World Health Assembly and have lobbied member states and other CSOs to make AMR a priority topic. They have pushed for ambitious commitments that would help advance the actions needed to tackle AMR. Thus, the ARC has made substantial submissions to the WHO and the tripartite agencies, such as the UN Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to help shape the guidance documents produced by the tripartite organizations. Through its submissions, the ARC has highlighted key issues such as the need for transparency in policy processes and the need to avoid conflict of interest in policy design. It has also advocated for the inclusion of the One Health perspective and the mobilization of financial and technical support for developing countries. Many of the ARC's interventions have also aimed at bringing attention to issues that may touch on commercial interests which could be considered challenging for governments to acknowledge.

For example, during the World Health Assembly (WHA) in 2014, Health Action International,⁶⁷ on behalf of the ARC, made a statement urging member states to support the adoption of the Global Action Plan on Antimicrobial resistance and to act on:

- End the use of antimicrobials for growth promotion and phase out use for routine disease prevention in livestock;
- Introduce comprehensive antibiotic resistance monitoring, including baseline surveys of availability and use of antibiotics;
- Strengthen the reference to innovation of new antibiotics, including through de-linking the costs of R&D from the price of health technologies; and
- Mention explicitly the need to ban direct to consumer promotion and curb all forms of advertising to doctors, veterinarians and farmers.

The actions called for by the ARC in the WHA statement, addressed some of the critical steps needed to address AMR that have been particularly controversial, such as phasing out the routine use of antimicrobials for prevention in livestock and banning direct consumer promotion of antibiotics to health professionals and veterinarians. The aim of this intervention by the ARC was to increase the attention given to those issues.

ARC members and other CSO allies⁶⁸ have also highlighted the importance of addressing AMR, particularly in the area of access and innovation. Some issues that have been highlighted by CSOs include documenting the lack of new antibiotics and the need to invest in new treatments, diagnostics and vaccines while at the same time ensuring that these will be made available to everyone in need. CSOs have also emphasized the need to look into alternative models to do research and development (R&D), so that the products that are developed respond to health needs and are affordable and accessible to everyone who needs them, while at the same time ensuring they can be used appropriately.⁶⁹

One way in which the ARC has worked to draw attention to innovation and access issues is through the organization of events, including one side event during the World Health Assembly in 2017. The event, “**Responding to the Challenge of Antimicrobial Resistance (AMR): Perspectives of Civil Society, Intergovernmental Organizations and Developing Countries.**”⁷⁰ brought CSO experts to provide their perspective to the member state representatives attending the Assembly. **The event was a joint effort of representatives of ReAct, Doctors Without Borders, Medicus Mundi International Network, Health Action International, and Drugs for Neglected Diseases Initiative (DNDi), and was moderated by the South Centre. It emphasized the need to increase efforts to invest in new medicines**

⁶⁷ Health Action International, "World Health Assembly: HAI and ARC Intervention on Antimicrobial Resistance, Including Antibiotic Resistance", HAI, 2014. Available from <<https://haiweb.org/world-health-assembly-hai-and-arc-intervention-on-antimicrobial-resistance-including-antibiotic-resistance/>> [accessed 20 February 2020].

⁶⁸ In this context “allies” refers to CSOs that may not have officially signed up to be part of ARC but that agreed with its principles

⁶⁹ Anthony D. So and Reshma Ramachandran, “The Role of Civil Society in Tackling Antimicrobial Resistance”, in *Challenges to Tackling Antimicrobial Resistance Economic and Policy Responses*, Michael Anderson, Michele Cecchini, and Elias Mossialos eds. (Cambridge, Cambridge University Press, 2019), 207–241. Available from <https://doi.org/10.1017/CBO9781107415324.004>.

⁷⁰ A report of the event can be found here : Mirza Alas, "Civil Society and South Centre Call for Urgent Actions to Tackle AMR and Ensure Access and New Innovation Models", SOUTH CENTRE NEWS ON AMR, 2017 <<https://www.southcentre.int/south-centre-news-on-amr-1-9-august-2017/>> [accessed 20 February 2020].

and stressed that those efforts had to be consistent with agreed-upon international principles for ensuring access, including guaranteeing affordability.⁷¹

Moreover, the ARC has also contributed to other global processes through its direct participation, as well as through submissions to all the public consultations that have come about as a result of setting up the UN Interagency Coordination Group (IACG). Its involvement has helped to highlight critical issues related to access to antimicrobials, the need for new innovation models, increasing transparency in global processes, avoiding conflicts of interest that can jeopardize the legitimacy of recommendations and actively advocating for including the needs of developing countries. The IACG was established in March 2017 by the UN Secretary-General in response to the implementation of the High-level Political Declaration on Antimicrobial Resistance, which was adopted in 2016. The IACG was co-chaired by the Deputy Secretary-General and the World Health Organization Director-General.⁷² The IACG group was comprised of "high-level representatives of relevant UN agencies, other international organizations, and individual experts across different sectors, including animal health, agriculture, environment, and others."⁷³ However, when the experts were first appointed, there was no appropriate civil society representation. The mandate of the IACG was to provide practical guidance to effectively address antimicrobial resistance, including options to improve coordination, taking into account the Global Action Plan on Antimicrobial Resistance, and to deliver a report to the UN Secretary-General with recommendations for global action on AMR.⁷⁴

In its submission to the IACG work plan, the ARC again stressed the importance of ensuring transparency, accountability and avoiding conflicts of interest, as well as increasing civil society participation.⁷⁵ It also made a call to mobilize financial resources and technical assistance to support the implementation of the National Action Plan.⁷⁶

However, the first public consultation that the IACG held in Paris in 2017 only had representation from the private sector and NGOs representing private-sector interests. The ARC sent a letter to the IACG co-chairs in January 2018, urging them to consider the inclusion of CSOs, and in particular, CSOs that would represent the public interest, rather than industry-driven ones such as representatives of pharmaceutical companies or agroindustry groups with a vested interest in the outcome of their deliberations. The ARC letter pointed out that "[t]his lack of civil society involvement in the first IACG public consultation is concerning. Without hearing from civil society on the use of antimicrobials in animal health and agriculture, the IACG will be unable to fulfill its objective to provide

⁷¹ The event also had presentations on national actions by representatives from the Ministry of Health and Family Welfare of India and the Ministry of Public Health of Thailand, who provided their perspectives on addressing AMR at the national level and the challenges faced by their countries.

⁷² UN News, "UN Announces Interagency Group to Coordinate Global Fight against Antimicrobial Resistance", *UN News*, 2017. Available from <<https://news.un.org/en/story/2017/03/553412-un-announces-interagency-group-coordinate-global-fight-against-antimicrobial#.WMurlE2V-UI>> [accessed 5 March 2020].

⁷³ United Nations Secretary-General, "Interagency Coordination Group on Antimicrobial Resistance", UN, 2017. Available from <<https://www.un.org/sg/en/content/sg/personnel-appointments/2017-03-17/interagency-coordination-group-antimicrobial-resistance>> [accessed 5 March 2020].

⁷⁴ World Health Organization, "About the UN Interagency Coordination Group on Antimicrobial Resistance", *Antimicrobial Resistance*, 2017. Available from <<https://www.who.int/antimicrobial-resistance/interagency-coordination-group/about/en/>> [accessed 5 March 2020].

⁷⁵ Antibiotic Resistance Coalition, "Public Consultation on UN Interagency Coordination Group Workplan", 2017. Available from <<https://static1.squarespace.com/static/5c3784843c3a534eadd60de4/t/5d6f2014ddc37d000143a8f8/1567563796519/Public+Consultation+on+UN+Interagency+Coordination+Group+Workplan++Antibiotic+Resistance+Coalition+submission.pdf>>.

⁷⁶ *Ibid.*

practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance."⁷⁷

The letter also noted that:

As agreed in the work plan and established as a priority in its fourth meeting, it is essential that the IACG seeks greater and continued engagement with stakeholders, allowing them to stay involved in IACG work.

We call on you to ensure that the IACG effectively implements this priority by reaching out more broadly to civil society organizations (CSOs) and faith-based organizations (FBOs).

The work of the IACG could be enriched through the yet-untapped resources of CSOs and FBOs, as sources of extensive knowledge of regional and national realities.⁷⁸

In June 2018, the UN Secretary-General announced the appointment of new members to the IACG expert group: "[the] UN Secretary-General has bolstered its ranks by appointing four new members with expertise in the areas of civil society, animal health and the environment."⁷⁹ Of the four new members, two, Dr. Anthony So and Ms. Sunita Narain, are representatives of civil society organizations, and both of these organizations are members of the ARC. Dr. So was also appointed as a co-convenor of the group.⁸⁰ This provided a clear signal that inputs from CSOs were essential and that there was a need of a broader inclusion of CSOs in the deliberations of the IACG. The ARC also showed that it was monitoring the IACG process, including how the meeting in Paris had lacked CSO participation, and pushing for more inclusive representation.

The ARC has also played a role in advocating for the adoption of and in supporting guidelines and recommendations by intergovernmental organizations that advance the public interest even when other sectors have opposed them. As an example, the ARC came together in support of the WHO guidelines on the use of medically important antimicrobials in food-producing animals.⁸¹ There were criticisms when the guidelines were published, mostly from the industry sector, including business associations.⁸² The ARC launched an online campaign via Twitter that reached over half a million people, the objective of which was to: "encourage the continued inclusion of animal health, agriculture and environment as central components in the fight against AMR; re-emphasize the need for the UN Interagency Coordination Group on AMR (IACG) to bring civil society's voice into the discussions of antibiotic use in food production; and advocate for the IACG adoption of the 2017 WHO guidelines on the use of medically important antibiotics in food-producing animals in its recommendations to the United Nations Secretary-General."⁸³

⁷⁷ Antibiotic Resistance Coalition, "Open Letter to IACG", 2018 <https://static1.squarespace.com/static/5c3784843c3a534eadd60de4/t/5e18ab6a1bf38d61806fe105/1578675051544/Letter+to+IACG_15+January+2018_ARC_with+Annex_Signatories.pdf>.

⁷⁸ Ibid.

⁷⁹ World Health Organization, "UN Secretary-General Appoints New Members to the UN Interagency Coordination Group on Antimicrobial Resistance", 2018 <<https://www.who.int/antimicrobial-resistance/interagency-coordination-group/new-members/en/>> [accessed 5 March 2020].

⁸⁰ Full list of IACG members can be found here : <https://www.who.int/antimicrobial-resistance/interagency-coordination-group/members/en/>

⁸¹ See the guidelines here https://www.who.int/foodsafety/areas_work/antimicrobial-resistance/cia_guidelines/en/

⁸² See Kathryn Clark, "Criticism for WHO Guidance on Using Antimicrobials in Food-Producing Animals", *Veterinary Record*, 181.November (2017), 530 <<https://doi.org/10.1136/vr.j5329>>.

⁸³ Antibiotic Resistance Coalition, "Stopping the Misuse of Antibiotics in Food Production: ARC Members Reach over Half a Million People", *ARC Newsletter*, 28 February 2018. Available from <<https://mailchi.mp/e37f81dd7d93/february-2018-arc-newsletter?e=ae0df862bc#WAAW>>.

The call for including the guidelines as part of the recommendations of the IACG group was also echoed in an opinion piece published in the *Bangkok Post*, which stated: "Recently civil society members of the Antibiotic Resistance Coalition and its partners urged the IACG to include the WHO guidelines on antimicrobials in food-producing animals in its report, engage in a more open process of policy deliberation, and host a civil society panel focused on antimicrobial use in animal health and agriculture."⁸⁴ These actions by ARC helped draw attention to the views of CSOs regarding essential measures to curb the use of antimicrobials in food production, and even though the guidelines may not be in widespread use, they are a valuable reference point. Several CSOs also issued a declaration outlining many of the critical issues regarding the use of antibiotics in food production and urging governments to support and implement the WHO guidelines.⁸⁵

Engagement with the IACG Recommendations

The Interagency Coordination Group published a draft set of recommendations for public consultation. As part of this process, the ARC submitted comments and participated in a teleconference called by the WHO. As part of its written submission, the ARC stressed the need to address issues regarding conflict of interest, the importance of integrating AMR action into an ongoing discussion of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) and remarked on the critical need to increase financing.⁸⁶

The ARC submission to the IACG on the issue of conflict of interest read as follows:

Conflicts of interest must be addressed at all levels of the recommendations where the industry is suggested to play a role or contribute in global governance, financing, and implementing interventions on stewardship or access.⁸⁷

Explicit safeguards against financial conflict of interest should be included in the recommendations. These safeguards should include structural mechanisms to differentiate between social responsibility and commercial interests.⁸⁸

On the subject of financing, the ARC submission emphasized the importance of "better channeling the existing funding that goes to AMR; applying an AMR lens to existing funding streams and approaches; and highlighting the need for new financing mechanisms."⁸⁹ Even though, not all the points raised by CSOs were considered in the final recommendations produced by the IACG, they did incorporate a substantial number of the observations raised by the ARC.

The ARC had also initially proposed including AMR as part of the SDGs though specific targets and indicators that would enable better monitoring and more effective efforts to address the phenomenon.⁹⁰ In early 2019, the World Health Organization proposed an indicator that would help track the presence of two WHO priority pathogens among hospital

⁸⁴ Anthony D. So, "Menace of Drug Resistance Growing", *Bangkok Post*, 1 February 2018. Available from <<https://www.bangkokpost.com/opinion/opinion/1405462/menace-of-drug-resistance-growing>> [accessed 3 March 2020].

⁸⁵ Alliance to Save Our Antibiotics, Centre for Science and Environment, and others, *Bangkok Declaration on Antimicrobial Resistance Food Systems and Farming*, Bangkok, 2019.

⁸⁶ Alliance to Save Our Antibiotics, Center for Science and Environment, and others, *Antibiotic Resistance Coalition (ARC) Response to the Public Consultation on the Draft Recommendations of the Interagency Coordination Group on AMR (IACG)*, 2019.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

patients, and in this way provide a method to measure the impact of AMR at the global level.⁹¹

Members of the ARC, including ReAct, submitted comments to the UN Inter-agency Expert Group on Sustainable Development Goals indicators (IAEG-SDG), expressing their support for including the proposed indicators on AMR and noting those would help monitor progress on the subject and link AMR directly with the SDGs.⁹² In an article published in support of the indicators, the authors explained that "tracking progress on AMR alongside the other SDG indicators is vital for enabling policymakers to understand how AMR affects their own nation's health, wellbeing and development."⁹³ Many CSOs also contributed by bringing the development dimension into the AMR discussions, in the hope of addressing structural issues and ensuring the overall strengthening of health systems. Several CSOs also joined online efforts to express their support for the indicators through social media campaigns.⁹⁴

CSOs National Campaigns on Addressing Antimicrobial Resistance

One of the critical areas where efforts of CSOs have had impact has been the mobilization of consumers' organizations through campaigns aiming to increase awareness, educate the public, provide reports and expose current food manufacturing practices. Many groups have been involved in these sorts of actions across the world, both in developing and developed countries.

Paragraph 28 of the ARC Declaration states that "Civil Society and consumer movements should target the supply chain by exposing and boycotting corporations that produce or provide food with routine use of antibiotics."⁹⁵ As part of these efforts, many members of the ARC have been involved in exposing corporate practices that are contributing to increasing antimicrobial resistance, and in raising consumers' awareness of the current way in which antibiotics are used in animal products. For example, in the US:

"Consumer groups have targeted restaurant chains and retail outlets to source food animal products raised without the routine use of antibiotics. An alliance of consumer groups has called upon the top 25 restaurant chains in the United States to make commitments in their procurement practices in this direction. Over the past three years, 14 of these companies have stepped forward to do so, particularly in sourcing poultry. However, much still needs to be done."⁹⁶

In 2017, Consumers International launched a campaign called #AntibioticsOffTheMenu, in which it called on multinational restaurant chains, including McDonald's, KFC and Subway to

⁹¹ Mirza Alas and Viviana Muñoz Tellez, "South Centre Supports the Inclusion of an Indicator on Antimicrobial Resistance to Monitor Progress on the Implementation of the Sustainable Development Goals", South Centre News on AMR, 2019 <<https://us5.campaign-archive.com/?u=fa9cf38799136b5660f367ba6&id=5a06b591f3>>.

⁹² ReAct-Action on Antibiotic Resistance, "AMR-Specific Indicator Proposed for Monitoring Sustainable Development Goals", (ReAct, 2019). Available from <<https://www.reactgroup.org/news-and-views/news-and-opinions/year-2019/amr-specific-indicator-proposed-for-monitoring-sustainable-development-goals/>>.

⁹³ Anthony D. So and Prateek Sharma, "Tracking Antimicrobial Resistance in the Sustainable Development Goals", *IISD SDG Knowledge Hub*, 2019 <<https://sdg.iisd.org/commentary/guest-articles/tracking-antimicrobial-resistance-in-the-sustainable-development-goals/>>.

⁹⁴ ReAct and The Idea Initiative at the Johns Hopkins Bloomberg School of Public Health, "Sustainable Development Goals Ignore a Major Threat", Idea Initiative. Available from <<https://www.ignitetheidea.org/sdg-amr>>.

⁹⁵ Antibiotic Resistance Coalition, "Declaration on Antibiotic Resistance" (Geneva, 2014) <<https://static1.squarespace.com/static/5c3784843c3a534eadd60de4/t/5d6dc8ad1c83ed0001142725/1567475886092/ARC+Declaration.pdf>>.

⁹⁶ Anthony D. So, "Menace of Drug Resistance Growing", *Bangkok Post*, 1 February 2018. Available from <<https://www.bangkokpost.com/opinion/opinion/1405462/menace-of-drug-resistance-growing>> [accessed 3 March 2020].

make commitments and stop serving meat from animals that had routinely been given antibiotics, particularly the antibiotics that formed part of the WHO list of important antimicrobials.⁹⁷

McDonald's then made a commitment to stop serving chicken in its restaurants that had been raised using the "most valuable antibiotics used in human medicine." McDonald's also stated that "[a]ntibiotics classed by the World Health Organization as Highest Priority Critically Important (HPCIA) to human medicine will be banned from use in chicken destined for restaurants."⁹⁸ However, many groups felt that this commitment was not enough.

The US Public Interest Research Group (US PIRG) launched a petition calling upon McDonald's "to extend its commitment beyond poultry and to set a timeline to phase out routine use of medically important antibiotics in beef and pork products it sources for its franchises"⁹⁹ US PIRG has worked closely with lawmakers from California and Maryland to help enact legislation that bans the routine use of medically important antibiotics at the state level. Moreover, it is now working with other states to pass similar legislation and to push changes at the federal level that will help curb the current inappropriate use of antibiotics in farms across the US.¹⁰⁰ It was also involved in the publishing of the Chain Reaction Report together with Consumer Reports, the Natural Resource Defense Council, the Antibiotic Resistance Action Center, the Center for Food Safety and the Food Animal Trust. The report provides scorecards ranking US top restaurant chains on their policies for antibiotic use in the beef supply chain while in previous editions of the report they had also looked at other food animal products, notably chicken.^{101 102}

In Chile, Oceana, an allied organization of the ARC, has been working since 2014 to obtain information from the country's national fishery and aquaculture services on the use of antibiotics in the salmon industry. Although this information should be provided in compliance with national legislation on transparency and the right to information, that has not been the case. The salmon industry has repeatedly refused to provide the information, and it was only after a court decision that Oceana got access to some of the data to help raise awareness and inform consumers.¹⁰³ The group is still working on requesting more recent information and pushing the industry to be more transparent about its salmon production practices.

In India, the Centre for Science and the Environment (CSE) did an investigation based on the observed commitments made by transnational corporations in the US. Its report, titled "Double Standards," looked into whether these commitments were also applicable in other parts of the world. However, it found that:

While much headway has been achieved globally in recent times on the elimination of antibiotic misuse for food-animal production, the situation in India remains largely

⁹⁷ Consumers International, "Get Antibiotics off the Menu", 2016 <<https://www.consumersinternational.org/take-action/antibiotics-off-the-menu/>> [accessed 5 March 2020].

⁹⁸ Consumers International, "Consumers International Welcomes McDonald's Improvement in Global Policy on Antibiotics", 25 August 2017. Available from <<https://www.consumersinternational.org/news-resources/news/releases/consumers-international-welcomes-mcdonald-s-improvement-in-global-policy-on-antibiotics/>> [accessed 5 March 2020].

⁹⁹ Anthony D. So, "Menace of Drug Resistance Growing", *Bangkok Post*, 1 February 2018. Available from <<https://www.bangkokpost.com/opinion/opinion/1405462/menace-of-drug-resistance-growing>> [accessed 3 March 2020].

¹⁰⁰ U.S.PIRG, "Stop the Overuse of Antibiotics", United States Public Interest Research Group, 2019 <<https://uspig.org/feature/usp/stop-overuse-antibiotics>> [accessed 5 March 2020].

¹⁰¹ Matthew Wellington, "How Top Restaurants Rate on Reducing Antibiotic Use in Their Beef Supplies", U.S.PIRG, 2019. Available from <<https://uspig.org/feature/usp/chain-reaction-v>> [accessed 5 March 2020].

¹⁰² For more information on the Chain Reaction Reports see <https://www.nrdc.org/resources/chain-reaction-how-top-restaurants-rate-reducing-antibiotics-their-meat-supply>.

¹⁰³ Cristian Arroyo, "Transparencia en la industria salmonera: Llegó la hora", *Oceana Chile*, 2019. Available from <<https://chile.oceana.org/blog/transparencia-en-la-industria-salmonera-llego-la-hora>> [accessed 5 March 2020].

unchanged. To understand India-specific policies and commitments to reduce or eliminate antibiotic use in meat supply chains of the fast food companies, CSE wrote to 12 companies serving fast food and managing 14 key brands in India. These include nine companies operating 11 multinational brands. Most of these brands are of US-based global giants and their counterparts in India are leading the Indian fast food industry. Three more brands are managed by three Indian companies. Among those companies that responded, none shared an India-specific time-bound commitment to reduce or eliminate antibiotics in the supply chain.¹⁰⁴

These findings from CSE on the practices of corporations outside the United States, where they have made commitments to consumers, has helped to expose how challenging it is to make sure those commitments hold in other parts of the world. The report has also helped to highlight the critical role that CSOs play in monitoring such commitments and in pushing for global changes.

¹⁰⁴ Chandra Bhushan, Amit Khurana, and Anaya Tewari, "Double Standards: Antibiotic Misuse by Fast Food Companies", (Centre for Science and Environment, 2007). Available from <http://cdn.cseindia.org/userfiles/double-standards-antibiotic-misuse-by-fast-food-companies-20171113.pdf>.

4. MONITORING AND ACCOUNTABILITY

CSOs Role in Oversight and Accountability for Commitments to Address AMR

As has been pointed out, CSOs play a critical role in campaigning, mobilizing public opinion, producing and sharing information, monitoring commitments and holding governments and other actors accountable to agreements and obligations, or in some cases pushing them to be more ambitious. CSOs are also important in monitoring and overseeing the implementation of health initiatives. The examples related to HIV and the implementation of the convention on tobacco control are excellent illustrations of their monitoring functions.¹⁰⁵ Many CSOs have already begun to monitor the implementation of the National Action Plans on Antimicrobial Resistance, as well as to scrutinize international organizations' and industry's progress on their commitments to address AMR.

One of the critical areas where the ARC has built its capacity has been in the creation of a network that can help strengthen transnational advocacy to pressure governments, companies and international organizations into continuing to address AMR as a priority issue.

Through engagements with multiple sectors including health professionals, farmers, consumers and others, the ARC has been able to monitor developments, but also to follow up on the implementation of commitments and set up campaigns to demand further actions.¹⁰⁶ The spaces of dialogue between CSOs and governmental representatives have helped to generate public awareness and public support of needed efforts at the national level.¹⁰⁷

Furthermore, it is critical to acknowledge that addressing AMR means involving communities and assessing their needs and realities. This is crucial in understanding the drivers of AMR and in designing appropriate interventions.¹⁰⁸ CSOs are uniquely positioned to provide insides on needed actions at the community level and to provide a broader understanding of the realities in many parts of the world.

In the submission from ARC regarding the IACG recommendations, it stated:

We commend the IACG for supporting civil society organizations (CSOs) and emphasizing their important role in monitoring and accountability in Recommendation C1. CSOs should receive increased political, financial and technical support for their efforts. CSOs also have an important role in ensuring transparency and accountability in the National Action Plan implementation process, so the recommendations should push for greater CSO involvement in the implementation of NAPs.¹⁰⁹

¹⁰⁵H. M. Mamudu and S. A. Glantz, "Civil Society and the Negotiation of the Framework Convention on Tobacco Control", *Global Public Health*, 4.2 (2009), 150–68. Available from <<https://doi.org/10.1080/17441690802095355>>.

¹⁰⁶ Reshma Ramachandran, "The Role of Civil Society in Ensuring Accountability in Addressing AMR: Lessons from the Antibiotic Resistance Coalition". Presentation at Expert Consultation on Monitoring and Evaluation of AMR Interventions, Washington, DC, 26-27 January 2017.

¹⁰⁷ Martin Khor, *The Global Threat of Antimicrobial Resistance and the Challenges and Needs of Developing Countries* (Penang, Malaysia, Third World Network, 2019).

¹⁰⁸ Nils Daulaire and others, "Universal Access to Effective Antibiotics Is Essential for Tackling Antibiotic Resistance", *Journal of Law, Medicine and Ethics*, 43.S3 (2015), 17–21. Available from <<https://doi.org/10.1111/jlme.12269>>.

¹⁰⁹Alliance to Save Our Antibiotics, Center for Science and Environment, and others, *ANTIBIOTIC RESISTANCE COALITION (ARC) RESPONSE TO THE PUBLIC CONSULTATION ON THE DRAFT RECOMMENDATIONS OF THE INTERAGENCY COORDINATION GROUP ON AMR (IACG)*, 2019.

Furthermore, in the Bangkok declaration, CSOs emphasized that "civil society has a role to play to turn the rising tide of drug-resistance infections by catalyzing change, mobilizing support and resources for implementation and ensuring [the] accountability of our food system."¹¹⁰ Even though the IACG and other international organizations have recognized the critical role of CSOs in monitoring and accountability, there have not been enough resources made available to support CSOs. Despite this challenge, many organizations continue to organize campaigns, participate, monitor and demand actions related to AMR.

Since 2015, the ARC has organized an annual dialogue with the WHO. In recent years, this conversation has also included representatives from FAO and OIE. Its purpose has been to provide an opportunity for members of the ARC to exchange views with AMR leadership at the WHO, FAO and OIE, to outline concerns and to push for more ambitious commitments in the global response to AMR.¹¹¹ The initiative from the ARC to hold regular meetings has also resulted in WHO reaching out to the ARC for consultation on different processes.

Supporting and Enhancing CSO Participation

International organizations and governments need to recognize the critical importance of CSOs and take advantage of opportunities to use and mobilize their expertise. This can, in turn, help to provide CSOs with the resources needed to enact and strengthen appropriate measures at the community level, where many of these organizations work, but also to continue to engage with farmers, practitioners and other key public interest actors.

Previous global health issues have shown that supporting CSOs technically and financially enhances their ability to coordinate and participate in crucial health policy processes and to support the implementation, monitoring and verification of commitments. Involving CSOs in governance structures, as in the case of HIV response, can be an opportunity for those involved in AMR work to provide ground-level expertise, but also to help monitor commitments and strengthen accountability. Lessons from the experiences in governance structures of CSOs engaged in HIV response can be applied to the antimicrobial resistance issue. Civil society has shown that it is a valuable source for the generation of information predominantly on community and population needs, and this contribution should be further enhanced.¹¹²

The UN Interagency Coordination Group has acknowledged the need for support to CSOs. In its recommendations, the IACG draws from existing examples of the structures that have supported CSOs in the past and outlines how they could be applied to make the CSO response to AMR more robust:

The IACG highlights the importance of providing political, financial and technical support to civil society organizations to enhance their engagement, including to work effectively with governments and to ensure that their efforts are aligned with and contribute to evidence-based national policies and approaches. Innovative approaches to financing the engagement of community-based organizations include the Collaborative Fund for HIV Treatment Preparedness, Global Fund Advocates Network, the Civil Society Challenge Facility of the Stop TB Partnership, and the Global Environment Facility's Small Grants Programme. These

¹¹⁰ Ibid.

¹¹¹ Anthony D. So and Reshma Ramachandran, "The Role of Civil Society in Tackling Antimicrobial Resistance", in *Challenges to Tackling Antimicrobial Resistance Economic and Policy Responses*, Michael Anderson, Michele Cecchini, and Elias Mossialos eds. (Cambridge, Cambridge University Press, 2019), 207–41. Available from <<https://doi.org/10.1017/CBO9781107415324.004>>.

¹¹² Erik Blas et al., "Addressing Social Determinants of Health Inequities: What Can the State and Civil Society Do?", *The Lancet* 372, no. 9650 (2008): 1684–89. Available from [https://doi.org/10.1016/S0140-6736\(08\)61693-1](https://doi.org/10.1016/S0140-6736(08)61693-1).

and other initiatives have successfully mobilized community action and ownership in their respective fields and have significant potential to do the same across sectors in response to antimicrobial resistance.¹¹³

Moreover, if policymakers engage CSOs, this would provide additional voices, generate more buy-in to their decisions, and enable them to deliver services quickly and responsively.^{114 115} Studies have also looked into the importance of addressing the knowledge and perception of patients and communities,¹¹⁶ and how critical it is to ensure the involvement of communities in education and awareness efforts where CSOs have extensive experience.¹¹⁷ As pointed out in a discussion paper by the IACG, CSOs can also help sustain and amplify efforts of communication to create awareness on AMR. Furthermore, CSOs can also push for collective action by mobilizing key actors such as health care professionals, veterinarians, students and farmers.¹¹⁸

The response to AMR must acknowledge the role that CSOs are playing and find better ways in which to engage their voices, expertise and experience. For this to happen, CSOs will need to be supported with technical and financial resources so they can use their strengths to push for further actions, even when some of those may go against financial or other interests.

¹¹³ Interagency Coordination Group on Antimicrobial Resistance (IACG), "No Time to Wait: Securing The Future From Drug-Resistant Infections, Report to the Secretary-General of the United Nations", (IACG, April 2019). Available from <https://www.who.int/docs/default-source/documents/no-time-to-wait-securing-the-future-from-drug-resistant-infections-en.pdf?sfvrsn=5b424d7_6>.

¹¹⁴The European Observatory on Health Systems and Policies, *Civil Society and Health Contributions and Potential*, Scott L Greer and others, eds. *Health Policy Series* (Copenhagen, World Health Organization, 2017)

¹¹⁵ Julia Smith, Kent Buse, and Case Gordon, "Civil Society: The Catalyst for Ensuring Health in the Age of Sustainable Development," *Globalization and Health* 12, no. 1 (2016): 1–6. Available from <https://doi.org/10.1186/s12992-016-0178-4>Smith, Buse, and Gordon.

¹¹⁶ Beverly Snell, *Factors That Get in the Way of Appropriate Use of Antimicrobial Medicines in Humans* (Penang, Malaysia, Third World Network, 2019).

¹¹⁷ Ibid.

¹¹⁸ Interagency Coordination Group, "Meeting the Challenge of Antimicrobial Resistance: From Communication to Collective Action", Discussion Paper, (IACG, July 2018). Available from <https://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG-Meeting-challenge-AMR-communication-to-collective-action-270718.pdf>.

5. CONCLUSIONS

As has been highlighted, CSOs play a critical role in monitoring, reporting, mobilizing and demanding actions to address health crises such as AMR. Moreover, CSOs have helped to produce a One Health response. CSOs are also fundamental in reporting non-compliance and demanding that authorities act to protect the public. They can use social mobilization to expose poor performance by governments or corporations in enacting and implementing regulations that protect public health. CSOs are also crucial providers of resources, expertise and new knowledge to policymakers and international organizations. They bring legitimacy to the health policy process and function as watchdogs. The involvement of CSOs at the local level can be beneficial by incorporating new knowledge, improving policymaking and monitoring governance functions.

At the global level, CSO involvement can help mobilize public opinion, produce and share information, monitor commitments and hold governments and other actors accountable to agreements and obligations, or in some cases, push them to be more ambitious. One of the critical areas where the ARC, for instance, has built its capacity has been in the creation of a network that can help strengthen transnational advocacy to pressure governments, companies and international organizations into continuing to address AMR as a priority issue.

To address AMR in all its complexity, CSOs must be involved, because they are well-positioned to provide insight on actions at the community level and can give a broader understanding of the realities in the ground.

International organizations and governments need to recognize the critical role that CSOs can play in addressing AMR and increase the financial and technical support offered to them, as well as take into account their valuable expertise. Ensuring appropriate support for CSOs can help to establish and strengthen appropriate measures at the community level, where many of these organizations work, as well as to expand engagement with farmers, practitioners and other important actors. Supporting CSOs in addressing AMR should be one of the priorities in the global response to AMR.

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SOUTH CENTRE RESEARCH PAPERS

No.	Date	Title	Authors
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International Environment House 2
Chemin de Balexert 7-9
POB 228, 1211 Geneva 19
Switzerland

Telephone: (41) 022 791 8050
E-mail: south@southcentre.int

Website:
<http://www.southcentre.int>

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