HEALTH DIPLOMACY ALLIANCE

FROM EVIDENCE TO POLICY

ESTABLISHMENT OF THE INDEPENDENT PANEL ON EVIDENCE FOR ACTION AGAINST AMR

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SCOPE AND FUNCTIONS

The Quadripartite Organizations have made a timely decision to establish the Independent Panel on Evidence for Action Against AMR (IPEA, hereafter the Panel). The Panel's primary role is to assess existing challenges and highlight areas where evidence-informed approaches can achieve significant impact, while also conducting horizon scanning to identify emerging or neglected issues.

The Panel should conduct this function as **a non-policy-prescriptive advisory body** and focus on providing guidance and evidence that support Member States in their decision-making on antimicrobial resistance (AMR). It should also serve as a central hub for knowledge and tools—facilitating access to research, fostering dialogue between scientists and policymakers, and promoting the use of adaptable methodologies in diverse contexts.

By maintaining its non-policy-prescriptive role, the Panel can strengthen the application of evidence, support more targeted action, and enhance coordination across stakeholders without duplicating existing efforts.

GOVERNANCE AND INSTITUTIONAL FRAMEWORK

The Plenary will serve as the governing and decision-making body of the Panel, with a One Health approach guiding its critical work to combat AMR.

Its mandate and scope should be precisely defined, including its connection with the Secretariat and any subsidiary bodies, to increase openness and avoid decision-making overlap. The inclusion of **eight members** in each regional group serves as a starting point proposal; nonetheless, this number is insufficient if the aim is to achieve proper participation at both regional and sub-regional levels throughout the diverse domains of work. It is recommended to develop a more efficient and representative number of members to ensure the inclusion of all relevant perspectives and experiences, as well as clearly defined nomination procedures, term durations, and rotation mechanisms.

The **observers' roles and right**s should be properly specified, providing access to meetings, exchanges, and appropriate documentation while also encouraging the participation of Indigenous Peoples, local communities, and vulnerable groups.

September 2024
79th UNGA Political Declaration called on the Quadripartite organizations to establish IPEA

January-May 2025
Landscape Analysis, stakeholder mapping, engagement strategy and partnerships

February-September 2025
Broad consultations, analysis of submissions and document preparation

May-September 2025
Develop methodology and policy recommendations framework

May-December 2025
Final consultation and launch of the IPEA

March-December 2025
Communication strategy, media engagement and digital outreach

Eligibility criteria should be simplified, participative, and practical to ensure effective implementation. Transparency and accountability must be built into all procedures, with systems that allow stakeholders to offer evidence, share knowledge, or express concerns to the Plenary.

Implementing these measures will strengthen a governance framework that is inclusive, functional, and capable of allowing evidence-informed decision-making in a credible and effective way, in full accordance with the One Health principles.

One suggested addition is a section on how to organize the evidence prioritization process, which includes establishing precise standards for selecting work program items or emerging problems that require attention. This would support focused and efficient work.

Additionally, suggest making stakeholder engagement methods stronger by explaining how observers, experts, and other relevant partners can actively participate in discussions by giving feedback and advice, beyond passive attendance.

The Plenary should include measures for flexibility so that it can adapt its activities and quickly respond to new AMR issues. Lastly, we urge that all functions focus on openness and responsibility by keeping detailed records of decisions, reasons, and follow-up on suggestions. This will help maintain credibility, inclusivity, and effectiveness in supporting action based on evidence.

DIPLOMACY

The Panel's effectiveness and global impact will be significantly enhanced through a strategic and collaborative partnership with the Multistakeholder Partnership Platform on AMR (MSPP), the WHO Civil Society Task Force on AMR, and the Global Leaders Group on AMR, convened under the Quadripartite framework.

The Panel and other key global AMR platforms must have close diplomatic relations in order to guarantee priority alignment, maximize resource utilization, and prevent effort duplication. Through regular exchanges of data, evidence summaries, and policy recommendations, the Panel can support the other platforms in translating knowledge into impactful interventions and policy coherence at global, regional, national, and local levels.

Moreover, the Panel's **non-policy-prescriptive** advisory role makes it uniquely positioned to build trust among stakeholders and facilitate inclusive, transparent consultations. This diplomatic function is vital for bridging differing perspectives, advancing consensus on emerging or contentious AMR issues, and enabling agile responses to evolving challenges.

It is necessary to strengthen diplomatic advocacy to promote equitable participation of low- and middle-income countries, Indigenous Peoples, and vulnerable communities within processes of all global AMR platforms, thereby ensuring voices from all regions and sectors inform global AMR policy and action.

FINANCING

The Panel has received early pledges from the European Commission (€2.5 million) and governments including the United Kingdom and Saudi Arabia (each committing about £10 million). These pledges signal political momentum but do not provide a sustainable financing model.

The Panel's financing must reflect its mandate as an independent, evidence-based body. Financing should be guided by independence, flexibility, and equity. To this end, contributions should be pooled into a single financial mechanism, **free of earmarks or conditions**. Financing should allow the panel to begin with a lean structure and expand gradually as credibility and resources increase. Also to be considered is that resources must target gaps in low- and middle-income countries to avoid bias toward high-income contexts.

Every discussion in our current climate must acknowledge the existence of constraints. Donor budgets are limited, and voluntary contributions remain unpredictable. To that end, efficiency is paramount: duplication with existing AMR bodies would lead to waste resources.

Private sector contributions can be valuable for investment in IT infrastructure and knowledge dissemination with a transparent and accountable monitoring mechanism.

The early pledges should be consolidated into a Multi-Partner Trust Fund (MPTF). This would pool contributions, ensure predictable financing, and allow equity-based allocation. All financial flows should be reported publicly and subject to independent external review.

In the launch period, the Panel must maintain a lean structure and deliver initial outputs. Over time, the panel can expand its expert base, establish ad hoc groups, and strengthen its secretariat. A trust fund anchored in independence, flexibility, and equity will allow IPEA to operate credibly and sustainably.

SCOPE

ONE HEALTH APPROACH

A **One Health approach** must be explicitly incorporated into the Panel's scope of work, given its central importance in preventing and mitigating AMR. One Health recognizes the interdependence of human, animal, plant, environmental, and ecosystem health, enabling a fuller understanding of how resistant organisms emerge, spread, and persist. By integrating these links, the Panel can promote sustainable and equitable solutions that are applicable across regions and contexts.

AMR exemplifies the need for One Health: resistant pathogens circulate through hospitals, agricultural and aquaculture systems, food, soil, wastewater, and broader ecosystems. This interconnectedness complicates treatment of infections, increases cross-species transmission risks, and heightens the likelihood of preventable morbidity and mortality. Without a One Health perspective, strategies to address AMR risk remaining fragmented and incomplete.

To ensure One Health is operationalized across the full spectrum of interventions, the Panel's scope should incorporate:

- Evidence on antimicrobial use and stewardship across human, animal, and plant health systems.
- Surveillance data linking human, animal, food, and environmental reservoirs of resistance.
- Infection prevention and control measures that span healthcare, livestock, aquaculture, food safety, and environmental hygiene.
- WASH interventions addressing both household- and community-level determinants of AMR.
- Integrated analyses of policy, regulation, and incentives to reduce misuse and improve access to antimicrobials across sectors.
- Mechanisms to foster cross-sectoral collaboration and dialogue among researchers, policymakers, civil society, and industry.

By embedding One Health into its work, the Panel can generate integrated evidence that supports coordinated, multisectoral action—ultimately ensuring that interventions to contain AMR are comprehensive, equitable, and sustainable.

ROLE OF QUADRIPARTITE ORGANIZATIONS

The Panel's scope of work should be grounded within the broader framework established by the Quadripartite Joint Secretariat on AMR and the One Health Joint Plan of Action, which was launched to strengthen global coordination under the One Health initiative. This joint platform draws on the mandates of its four members—the World Health Organization (WHO), the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization (FAO), and the United Nations Environment Programme (UNEP)—to guide a coherent, cross-sectoral response to AMR.

Its mission emphasizes technical support, multisectoral collaboration, and shared accountability in implementing solutions, providing a strong foundation for the Panel's role.

To build on this, the Panel should incorporate core elements of the Quadripartite approach into its scope:

- Developing and promoting a shared vision and common goals for AMR evidence and action.
- Supporting global and national governance structures by offering evidence-based inputs in line with the Quadripartite coordination role.
- Strengthening multisectoral linkages by engaging health, agriculture, veterinary, environmental, and food safety systems through evidence synthesis.
- Facilitating evidence that informs coherent policy mixes across sectors while avoiding fragmentation.
- Ensuring its outputs complement, rather than duplicate, existing efforts, thereby reinforcing the integrated coordination architecture created by the Quadripartite.

By aligning closely with the Quadripartite mandates and incorporating its collaborative vision, the Panel can maximize its relevance, strengthen the global governance framework on AMR, and reinforce One Health as the organizing principle guiding evidence generation and uptake.

EVIDENCE AND DATA COLLECTION

Strengthening data collection and surveillance should be a central component of the Panel's scope, given their critical role in understanding and addressing AMR. Reliable evidence on infections and drug-resistant bacteria is essential, yet harmonizing data from different member states continues to be a challenge. Systems such as GLASS provide a foundation, but reporting standards vary widely, making comparability and integration difficult.

The Panel could help highlight pathways to streamline data collection and information-sharing, including matching data on antimicrobial use with resistant pathogens.

To ensure this work is impactful, the Panel should incorporate:

- Analysis of opportunities to harmonize surveillance standards across regions while ensuring feasibility for low- and middle-income countries.

- Guidance on strengthening medical technologies and innovations that improve data generation and evidence use.

- Support for the Quadripartite to develop and adopt common global standards for surveillance that are practical and resource-sensitive.

- Recommendations that new data collection systems be accompanied by monitoring and evaluation to ensure efficiency, productivity, and corrective feedback.

By embedding these priorities, the Panel can help strengthen the global architecture for AMR surveillance and evidence use, enabling more effective and equitable responses.

INNOVATION AND ACCESS

Timely, sustainable access to quality-assured vaccines, diagnostics, and antimicrobials is critical to preventing and mitigating AMR. Yet access remains unequal: delayed diagnosis drives misuse, distribution is poorly monitored, many antibiotics are counterfeit or substandard, and the R&D pipeline for new agents is dwindling. Innovation and access are therefore priority areas, underscored in the 2024 High-Level Political Declaration on AMR, the Jeddah Commitments, and WHA Resolution 77.6.

The Panel's mandate to synthesize multisectoral evidence, identify gaps, and recommend integrated policies must have innovation and access at the core. This includes evidence on Infection Prevention and Control, WASH, and equitable access to vaccines in humans and animals to reduce preventable infections and antimicrobial reliance.

It also requires analysis of diagnostics, including antimicrobial sensitivity testing, to guide rational prescribing. Health system use of existing antimicrobials should be assessed through surveillance and stewardship mechanisms such as GLASS, AWaRe, TrACSS, InFARM, ANIMUSE, as well as OTC sales, prescribing practices, and regulatory frameworks. A One Health approach spanning human, animal, and environmental sectors is essential.

Sustainable access further requires evidence on procurement and distribution through platforms like GAVI, the Global Fund, and UNICEF; voluntary and compulsory licensing; and financing innovation and manufacturing ecosystems, including infrastructure and workforce.

Agreements on technology transfer, pathogen-access, and benefit sharing—alongside R&D models such as Product Development Partnerships, medicine repurposing, and incentive mechanisms—must be analyzed to identify access enablers and barriers.

Innovation trends should be examined through GERD, World RePORT, clinical trials, and WIPO IP registrations. Additional data on diagnostic capacity, essential medicines lists, stock-outs, product pricing, and UHC are equally critical. In parallel, evidence from UNODC, Interpol, the MEDICRIME Convention, WHO Prequalification, and national quality labs can inform assessments of counterfeit and substandard medicines.

Member States, including those in conflict-affected and climate-stressed settings, need integrated, triangulated evidence across regions and sectors to design effective AMR policies. The Panel should consolidate data on innovation and access from the last mile upward, synthesize a global ecosystem picture, identify evidence gaps, and guide high-impact data generation to sustain progress against AMR.

HEALTH DIPLOMACY ALLIANCE

RECOMMENDATIONS

Inclusive and Transparent Governance

Create a Plenary as the main decision-making body with clearly defined membership criteria, nomination, rotation processes, and strong regional and One Health sector representation. Include observers such as Indigenous Peoples, local communities, and vulnerable groups with active participation rights beyond passive attendance. Ensure openness through publicly accessible decision records and regular stakeholder feedback mechanisms to inform agenda-setting and evidence prioritization.

Sustainable, Equitable, Independent Financing

Establish a pooled Multi-Partner Trust Fund (MPTF) consolidating donor contributions free from earmarks, enabling flexible and equitable resource allocation with prioritized support for low- and middle-income countries. Private sector investment can be important for inclusion and representation of all regions in the evidence and policy translation process as well as in establishing IT infrastructure. Beginning with a lean operational model and scaling expertise and capacity as credibility grows while ensuring transparency, accountability, and monitoring of financial flows is vital for sustainable and efficient functioning of the Panel.

One Health Approach and Cross Sectoral Collaboration

Integrate One Health comprehensively across all Panel activities—covering human, animal, plant, environmental, and ecosystem health systems—to guide multisectoral evidence synthesis and policy recommendations. Strengthen cross-sectoral engagement and coordination with the Quadripartite and diverse stakeholders to promote sustainable, equitable AMR interventions reflecting interlinked health domains.

HEALTH DIPLOMACY ALLIANCE

RECOMMENDATIONS

Harmonized Surveillance and Integrated Evidence

Promote global harmonization of AMR surveillance standards with resource-sensitive, context-appropriate approaches for different countries. Support robust data sharing, integration, and crediting practices linking antimicrobial use and resistance data across sectors. Facilitate innovation in diagnostics and data technologies alongside systematic monitoring, evaluation, and feedback mechanisms to ensure evidence quality and impact.

The mechanism should apply a One Health approach to capture the interdependence of human, animal, and environmental health. One Health expertise must be embedded in all relevant decision-making processes.

Innovation and Equitable Access

Champion synthesis of evidence on innovation gaps, regulatory frameworks, procurement, manufacturing, and equitable access to vaccines, diagnostics, and antimicrobials in diverse settings.

Provide evidence-based policy recommendations addressing technology transfer, quality assurance, and sustainable financing. Promote integrated stewardship strategies to optimize antimicrobial use across One Health sectors.

Monitoring, Evaluation Transparency and Conflict of Interest Mechanism

Publish regular public reports detailing Panel decisions, reasons, outputs, and impact assessments reviewed by independent experts. Align evaluation metrics with global AMR frameworks like the Global Action Plan and TrACSS.

Enforce robust conflict of interest policies, including mandatory disclosure, public transparency, and independent ethics oversight to maintain credibility, trust, and independence throughout all Panel functions.

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