

# Designing an Independent Panel on Evidence for Action against AMR

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*An independent panel on evidence for action against AMR is needed to review science and raise AMR's political profile. Photo: Shutterstock*

## INTRODUCTION

In 2019, the United Nations' Interagency Coordination Group for Antimicrobial Resistance (AMR) called for three bodies to support global efforts to address AMR. Two of these have already been created: the Global Leaders Group (GLG) to drive political action (1) and the AMR Multi-Stakeholder Partnership Platform (MSPP) to foster cooperation among diverse AMR stakeholders across One Health sectors (2). However, the third body, an independent panel on evidence for action against AMR (IPEA), has not yet been established.

The upcoming United Nations General Assembly (UNGA) High-Level Meeting (HLM) on AMR presents a historic opportunity to lay the groundwork for establishing an IPEA. A well-designed IPEA with a clear mandate could play a vital role in global AMR governance by providing evidence-informed recommendations to promote

## KEY TAKEAWAYS

1. An independent panel on evidence for action against antimicrobial resistance (IPEA) is needed to develop equitable and evidence-informed AMR policies as a global public good for Member States.
2. Lessons from the Intergovernmental Panel on Climate Change (IPCC) highlight the importance of legitimacy, independence, timely reporting, and cost-efficiency.
3. An IPEA should use an equity-based approach to enhance global coordination, build a real-time evidence base, and monitor global progress in addressing AMR.
4. Two governance models for an IPEA are explored: an intergovernmental approach and a fully independent approach.

equitable AMR interventions (1). Drawing on lessons from the Intergovernmental Panel on Climate Change (IPCC) (Box 1), this briefing note outlines core functions that an IPEA would serve, explores two potential governance models for its implementation, and reflects on the potential benefits of an IPEA.

### BOX 1. LESSONS FROM THE IPCC

1. **Legitimacy and Credibility:** An IPEA must establish legitimacy and credibility to invite engagement from Member States and relevant AMR One Health stakeholders.
2. **Independence from Political and Commercial Influence:** An IPEA should create a ‘firewall’ to protect its scientific review processes from external political and commercial interference.
3. **Timeliness of Reporting:** An IPEA needs to provide timely reports to keep up with the rapidly evolving AMR evidence base. Faster review processes, including living systematic reviews and integration of AI tools can keep policymakers informed with the latest evidence.
4. **Cost-Effectiveness and Efficiency:** An IPEA should use less bureaucratic and costly structures for rapid evidence synthesis, leveraging existing research networks and collaborating centres in AMR.

### CORE FUNCTIONS OF AN IPEA

An IPEA can play several key functions to improve the global governance of AMR. First, it can facilitate global coordination and cooperation by bringing together experts from various fields to build a comprehensive scientific evidence base. This should include academic representation from all One Health disciplines, as well as engagement with civil society organizations and other non-state AMR stakeholders. Second, by synthesizing evidence across disciplines, an IPEA can provide policymakers with actionable recommendations tailored to specific ecological and socio-economic contexts (2), addressing issues like antimicrobial access, stewardship, and innovation. Third, an IPEA can strengthen accountability by contributing to monitoring global progress towards AMR goals and targets, identifying gaps in policy implementation, and recommending a range of policy options for varying country contexts (3). Fourth, an IPEA would integrate equity considerations and guidelines into its reviews and recommendations, ensuring that AMR policies address the needs of populations in situations of heightened vulnerability to AMR (4).

Similar to the IPCC’s impact on climate change awareness, an IPEA has the potential

to raise much-needed understanding of AMR through public engagement and media outreach, fostering a global political movement for AMR action (5). Building an IPEA will enhance and supplement the existing evidence synthesis work of Quadripartite members and generate political attention for their work. Coordination with ongoing AMR initiatives by UN Quadripartite members, such as the WHO’s Strategic and Technical Advisory Group for Antimicrobial Resistance (STAG-AMR), will be needed to ensure policy synergies and prevent the IPEA from taking on responsibilities of entities already active in AMR governance.

In fulfilling its mandate, the IPEA will need to explore AI driven solutions for evidence synthesis to address the exponential increase in AMR data and research (6). The rapid increase in AMR evidence also implies a need for more efficient knowledge synthesis, which is feasible through the use of technology-assisted living systematic reviews. AI is anticipated to be an increasingly valuable tool to support high-quality systematic and living reviews (7). Such living reviews should be maintained as an accessible global public good and focus on diverse country- and sector-specific needs for high-quality evidence within existing policy windows.

Finally, because its core purpose is to produce global public goods (Box 2), an IPEA could serve an important function in supporting low- and middle-income countries (LMICs) to address AMR as effectively and efficiently as possible. People living in LMICs are disproportionately affected by AMR due to higher rates of infectious diseases and limited access to healthcare and other social infrastructure (8). Because the drivers of AMR are not the same across socio-economic contexts, an IPEA should ensure that evidence syntheses consider cost-effective strategies tailored to resource-constrained settings and promote prevention-focused social infrastructure including access to water, sanitation and hygiene (WASH), expanded vaccination programs, and better access to antimicrobials (8). Regardless of its governance model, an IPEA must be inclusively designed with LMIC leadership to monitor global progress in addressing AMR and mobilize resources for the countries and populations that have the greatest need.

## TWO GOVERNANCE MODELS FOR AN IPEA

There are two general approaches to designing an IPEA: an intergovernmental approach and a fully independent panel approach (Figure 1).

The intergovernmental approach (Option A) is similar to that of the IPCC, where Member States fund an IPEA, select an Expert Panel and Working Groups to adjudicate the evidence base, and establish a Secretariat to provide strategic direction for the IPEA. This model ensures financial and political support, provides a clear legal mandate, and fosters country ownership and coherence between the IPEA's recommendations and Member States' priorities. However, this approach risks political interference in the scientific adjudication process, a concern raised in the context of the IPCC (9), and requires broad political agreement to be established, potentially delaying implementation.

**Option A**

Intergovernmental Approach

**Member States**

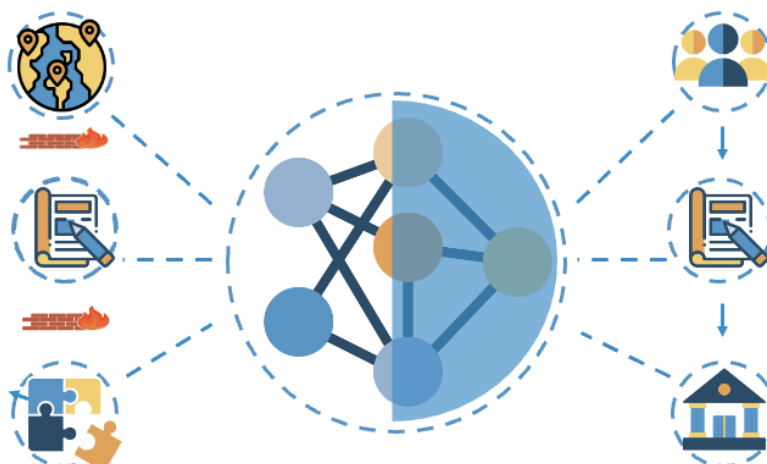
- Establishing/funding
- Responding to reports
- Implementing recommendations

**Secretariat + Expert Panel**

- Policy synthesis/recommendations
- Technical support
- Horizon scanning

**Working Groups + Support Units**

- Evidence synthesis
- Policy Options identifications



**Option B**

Fully Independent

**Board of Governors**

- Establish funding/advocacy

**Editorial Expert Panel**

- Policy recommendations
- Technical support
- Horizon scanning

**Research institute/network**

- Evidence synthesis
- Policy options identifications
- Policy synthesis

Figure 1. Two Governance Models for an IPEA

A key aspect of this model is that Working Groups on AMR emergence, transmission, and mitigation, and their associated Technical Support Units, need to be protected by institutional firewalls separating Member States and corporate actors from the Expert Panel and Secretariat. The Working Groups provide an initial assessment of the scientific literature on AMR, building the evidence base on AMR and policy recommendations, while the Expert Panel conducts horizon scanning to identify policy needs and synthesize the policy recommendations developed by the Working Groups into targeted policy options for government decision-makers. In this model, the Secretariat provides technical support to the Expert Panel and is responsible for liaising and disseminating policy reports to Member States. Coordination with existing structures (e.g. STAG-AMR) would be facilitated given that this option would be designed within the context of relevant intergovernmental organizations and agencies.

Alternatively, a fully independent panel (Option B) can be initially funded by a coalition of committed countries and non-state funders, gaining credibility through a Board of Governors comprised of high-level AMR leaders and scientific experts. This model has the potential for more independent evidence curation and development of policy options and can start without widespread agreement on the need for an IPEA by Member States.

In Option B, the Board of Governors is responsible for selecting the members of the Editorial Expert Panel based on expertise across One Health sectors, as well as geographic representation, diversity, and equity criteria. The Editorial Expert Panel is charged with overseeing and coordinating research activities, developing specific policy recommendations, and communicating findings to the Board of Governors.

Evidence is curated and synthesized, and policy options are developed by an independent network of AMR experts hosted at relevant research institutions. Such an AMR evidence collaboration could initially be built on existing structures, such as WHO Collaborating Centres, Cochrane Collaboration Centres, and other relevant academic institutions and networks. The Board of Governors is also responsible for actively disseminating reports to policymakers, civil society groups, and the public through the World Health Assembly, news media, and other relevant forums.

Without direct government coordination or a broad legal mandate, there is a higher risk of the IPEA failing to secure long-term dedicated funding and producing recommendations that are not relevant to the needs of UN Member States. This may lead to a failure to raise AMR's political profile or successfully catalyze policy adoption. Even though countries are less able to exert direct political influence under a fully independent approach, there is still a need to develop firewalls between funders, political and commercial actors, and for the independent IPEA to safeguard the credibility and legitimacy of the panel.

## BOX 2. BENEFITS FOR MEMBER STATES

- **Cost-Effective Evidence Generation:** An IPEA can provide high-quality, globally recognized evidence on AMR, reducing the need for costly, duplicative in-country research and evidence reviews. This is similar to the success of WHO's Essential Medicines List in providing critical guidance and the IPCC's role in climate action, which has become an invaluable resource for LMICs.
- **Improving Access:** Particularly in LMIC contexts, where there is a pressing need for improving access to antimicrobials, an IPEA can serve as a key advocate for promoting better access to antimicrobials and track global progress over time.
- **Representation:** An IPEA should be designed inclusively through LMIC leadership in global AMR policy making and offer a platform for underrepresented populations to have their voices heard, ensuring that findings are rooted in local knowledge and context, thus promoting equitable outcomes in AMR.

## CONCLUSION

Effective global action against AMR requires translating rigorous scientific evidence into policy. Despite on-going calls to establish an IPEA as a science-policy interface, no such entity currently exists. Recent announcements by individual countries, such as the UK and others committing up to £10 million to create a global science panel for AMR, signals growing recognition that an IPEA is vital to mitigating AMR (10). The upcoming UNGA HLM on AMR represents a historic opportunity for the international community to commit to an IPEA and decide on a governance model. Both proposed governance models will require a robust evidence synthesis and translation machinery, which should be designed before the panel's official launch to jumpstart its impacts. The IPCC was developed from existing independent networks and informal collaborations of climate change science that existed for years before IPCC's inception (11). A similar process is possible within an IPEA context, where an initial independent panel built on AMR research networks is gradually converted into an intergovernmental panel as support amongst UN Member States grows. Establishing an IPEA will help address crucial gaps in global efforts to manage AMR, including catalyzing global coordination, generating real-time evidence-based policy guidance, monitoring global progress, and raising public awareness.

To move forward, the international community must include language calling for the establishment of the IPEA along with a clear mandate in the political declaration emerging from the UNGA HLM later this year. Follow-on political negotiations can then guide the IPEA's design and establish a timeline to make the IPEA fully operational, ideally by the end of 2025. A unified and authoritative evidence base is essential to inform effective AMR policymaking and recognizing the need to establish an IPEA is a critical first step in the realization of this vision.



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