

Environmental AMR & policy considerations

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AMR Global Context

Start as scientific – medical technical concern

- Research
- Professional guidelines, clinical surveillance
- Professional & civil society advocacy

Start of high-level awareness

- 2010 WHO, FAO, OIE (Tripartite) + UNEP
- 2015 AMR Global Action Plan
- Diplomatic engagement & 2016 UN High Level Meeting
- National Action Plans, Industry support
- Adoption of key concepts: one health, focus on antibiotics

But more needed

Institutionalization of AMR as a priority

- Internalization within key entities
- Implementation of existing plans & policies

Other

- Consistent strategic relationship with other global agendas
- Full inclusion of environmental aspects
- Sustainable “ecosystem” for antibiotics & alternatives
- Greater indirect public support

Key Policy Related Questions

1. What proportion of AMR (affecting people) is attributable to the environment (beyond health practices / agriculture-food)?

- *How to allocate resources*

2. Pathways? Mechanisms?

- *Most effective strategies & cost effective interventions*

Environmental AMR

- Is there a “real” concern?
- What is an adoptable perspective for countries?
 - *Credibility*
 - *Practicality*

Is there a real concern? Yes.

Environmental certainties

- Oldest incubator of AMR
- Ongoing, heavy, increasing antibiotic contamination
- Other major changes potentially related to increased AMR

Other Policy-related Considerations

- Scale of AMR is global but patterns are local
- Variable willingness / capacity of national & subnational entities to act
 - (Lack of) champions, competing priorities, finances & other restraints, unsupportive institutional culture
- Where possible, essential to join AMR with other agendas

Policy Options

1. Continue research and hold
2. In parallel - implement policies & actions to limit antibiotic environmental contamination
 - *Use opportunities provided by other agendas*
 - *Chemical pollution reduction, biodiversity, food security*
3. Go further