

Meeting Minutes: TATFAR Video Conference

September 14, 2021

9:00-11:00 am EST/ 3:00-5:00pm CEST

DAY 1: open format conference day (with public web-streaming)

9am-11am EST/3-5pm CEST

1. Opening of the meeting

John Ryan as chair

John Ryan (DG SANTE) provided opening remarks and noted appreciation for everyone's participation in the taskforce's September 2021 two-day video conference. John Ryan (DG SANTE) explained to participants that that the first day was intended to be open format conference day for external partners and TATFAR collaborators, while the second day was meant to be closed session for TATFAR collaborators only for the adoption of the TATFAR Work Plan 2021-2026.

John Ryan (DG SANTE) welcomed formal addresses from TATFAR partner countries, a Keynote address from Professor Dr. Lothar H. Wieler, President of the German Robert Koch Institute and member of the Antimicrobial Resistance (AMR) Global Leaders Group (GLG), and a presentation from the TATFAR Secretariat on the taskforce's progress and work from the last five-year implementation period.

John Ryan (DG SANTE) also welcomed colleagues from UK and noted their plans to participate in both days of the TATFAR video conference. The UK just officially accepted TATFAR membership and will participate in working groups listed in the 2021-2026 workplan. The UK's strong commitment to combating AMR through robust reduction programs and ongoing collaboration with the EU, the U.S., Canada, and Norway are not only an asset to the taskforce's success, but also a tremendous opportunity for greater leadership and impact through our common AMR efforts. John Ryan (DG SANTE) also highlighted that the taskforce would plan to work with our UK colleagues in the coming months to determine their level of participation for action areas listed in the new workplan. John Ryan also welcomed colleagues from Japan who observed both days of the video conference.

Larry Kerr (DHHS) expressed gratitude to EU colleagues for hosting the September video conference and thanked everyone again for joining the first day of the meeting. He highlighted that the open format session for day 1 of the conference provides external partners the opportunity to gain more insight into the taskforce's work to-date, how TATFAR fits into other international initiatives, and opportunities for how future work can help advance domestic priorities to combat AMR.

2. Formal opening address by the EU

Commissioner Stella Kyriakides (by video message)

Commissioner Stella Kyriakides welcomed participants and acknowledged TATFAR's achievements. She affirmed that she hopes to see the global pandemic treaty and global agreement realized soon. Next year the European Commission plans to come forward with reinforced actions on AMR, following-up on the 2017 EU One-Health Action Plan. She also highlighted three main elements:

- 1) COVID-19 should be mobilized against the fight against AMR. All TATFAR partners have a role to play with the impact on AMR.
- 2) AMR and the broad context of One Health are integral elements in the taskforce's global agreement.
- 3) The EU is dedicated to ongoing commitments to combat AMR and looks forward to continued work and collaborations under TATFAR.

3. Formal addresses by TATFAR partners

EU, Norway, UK, and US

Prior to starting formal addresses, John Ryan explained that Canada is in the middle of an election season, hence no formal address is possible. However, he expressed gratitude that that officials from Canada were available to listen to the proceedings of the meeting.

a. U.S.

Loyce Pace, Director, Office of Global Affairs, U.S. Department of Health and Human Services

Loyce Pace (DHHS) acknowledged we are still in the midst of the pandemic and affirmed commitment to strengthening global public health. She outlined developments in the U.S. since launch of the 2015 National Action Plan for Combating Antibiotic Resistant Bacteria. She highlighted that the United States Government (USG) looks forward to working through the One Health spectrum and our own national action plan, but also the new TATFAR workplan.

Loyce Pace (DHHS) explained that TATFAR's work has helped accelerate domestic work. The U.S. invests heavily in One Health but recognizes that further commitments need to be made. She noted excitement towards future work with traditional stakeholders and outside partners to develop therapeutics and vaccines. She noted that TATFAR's work has spearheaded public health awareness campaigns, collaborations on various surveys, and assisted in how the USG responds to emerging and concerning AMR trends through research. TATFAR keeps AMR high on the global health security agenda. The USG continues to learn from the COVID-19 pandemic and impacts on AMR. She also noted that AMR is a silent pandemic and looks forward to what is possible around innovations and research to combat this infectious disease threat.

John Ryan (DG SANTE) responded that it will be important for TATFAR partners to keep various stakeholders informed on the taskforce's work. He appreciated Loyce Pace's note on a silent pandemic and the Commission would like to take account the mutual interest of all TATFAR partner countries to work together on various elements to combat AMR.

b. Norway

Widar Skogan, State Secretary, Ministry of Agriculture and Food (by video message)

Widar Skogan (State Secretary, Norwegian Ministry of Agriculture and Food) affirmed that AMR is one of the biggest global health threats today and strong commitments are needed by all global players. He acknowledged how TATFAR has facilitated the sharing of information across partners and complemented work completed so far.

Dr. John-Arne Røttingen, Ambassador for Global Health, Norwegian Ministry of Foreign Affairs

Dr. John-Arne Røttingen (Ambassador on Global Health, Norwegian Ministry of Foreign Affairs) shared examples of their work on sequencing and how surveillance of sewage has been used for early detection of antimicrobial resistance. He explained that the COVID-19 pandemic has improved point prevalence survey methods and surveys. TATFAR's continued work on point prevalence surveys will be critical for the next implementation

period. Additionally, TATFAR's work on incentives has really enabled frank dialogue to stimulate innovation. The modelling work has already been a pivotal group to help elevate AMR work.

John Ryan (DG SANTE) thanked Dr. John-Arne Røttingen for comments and showed appreciation towards Norway's contributions on TATFAR's work.

c. United Kingdom

David Kennedy, Director General, Food, Farming and Biosecurity System

David Kennedy (Director General for Food, Farming and Biosecurity System in the UK's Department for Environment, Food & Rural Affairs (Defra)) was pleased to join TATFAR as member and looked forward to learning from others and sharing experiences. He shared an overview of recent AMR developments in the UK and follow-up actions from the upcoming G7 meeting hosted by the UK. They look forward to close collaboration and cooperation in delivering the 2021 work-plan.

David Kennedy noted that UK includes a One Health approach in their national action plan. The UK has interest in global collaboration around AMR. He highlighted that Dame Sally Davies serves as UK Special Envoy on AMR and has pushed to address resistance as part of the Global Leaders group. The UK currently works on various groups specific to IPC, surveillance, and capacity building in low-and-middle income countries. The UK also has a voluntary approach to strengthen the drug pipeline and develop sustainable environmental interventions. The UK is also working on financial incentives and products related to supply change.

John Ryan (DG SANTE) responded that he looks forward to discussing UK's involvement in the workplan during the second day of the conference.

4. Keynote address: "The current AMR landscape and perspectives on tackling AMR"

Prof. Dr. Lothar H. Wieler, President of the German Robert Koch Institute and member of the AMR Global Leaders Group

Prof. Dr. Lothar H. Wieler (President of the German Robert Koch Institute and member of the AMR Global Leader's Group (GLG)) affirmed that AMR has been a priority for their institute for many years, particularly since launch of the German national action plan on AMR. He outlined the multiple sectors and their interplay in driving AMR. He highlighted milestones in the global efforts to address AMR and the need for public support, visibility, and funding for AMR. The GLG has been tasked with just that. He shared the priorities of the AMR GLG; political action, transforming eco-systems, improved surveillance and monitoring, financial resources, innovation for new medical countermeasures and better understanding of environmental pathways. The group is also advocating for a new high-level UN meeting on AMR. He shared perspectives for TATFAR, promoting financing on AMR, advocating for a high-level meeting on AMR at UNGA in 2024 or 2026, advocating for global and national targets for sustainable antimicrobial use.

John Ryan (DG SANTE) supported TATFAR and GLG collaboration on future work. The taskforce has a wide scope of work with various partner countries involved. John Ryan (DG SANTE) noted that the taskforce would also appreciate AMR GLG's perspective on the new TATFAR 2021-2026 workplan. Larry Kerr (DHHS) noted the pandemic preparedness and prevention work across the AMR GLG is very critical. He looks forward to possible engagement with AMR GLG in the future to enhance and elevate TATFAR's work.

During the Q&A session he informed that advocacy and prevention are a key element of the AMR GLG work. He urged for opportunities of the COVID-19 pandemic to be used to realize more surveillance activities. Policy makers respond when presented with data, so it's key to have strong evidence base.

Peter Beyer (WHO) commented that the outcomes of surveillance are easy targets and it's important to have quality data. Pandemic preparedness is used to help provide sound information to help combat AMR. In many countries, surveillance systems can be very scattered, and we should work to harmonize data systems.

Christine Årdal (NIPH) asked if the GLG had ideas regarding how to ensure that effective antibiotics are accessible where needed and how to learn from the world's delayed rollout of COVID-19 vaccines to low and middle-income countries (LMICs)? Prof. Dr. Lothar H. Wieler responded that access to antimicrobials is critical, especially in LMICs.

5. TATFAR progress from the last work plan

TATFAR Secretariat at U.S. CDC

Focusing on TATFAR progress from the last work plan, Stephanie Gumbis from the TATFAR Secretariat gave an overview of TATFAR progress to date. She thanked the European Commission for hosting the conference and welcomed the UK as new official members of TATFAR. She noted that TATFAR was created in 2009 as a technical collaboration.

Stephanie Gumbis (CDC) outlined the three main areas, namely (1) Improve appropriate therapeutic use of antimicrobial drugs in medical and veterinary communities, (2) Prevent healthcare- and community-associated drug-resistant infections, and (3) Develop strategies for improving the pipeline of new antimicrobial medicines. She informed that the TATFAR progress report 2016-2020 was published today and is available on the [TATFAR website](#).

Stephanie Gumbis (CDC) noted that TATFAR's key success is to help support global and domestic efforts in surveillance, economic incentives for marketing new antibiotics, coordination of methods to publish resources, and considering alignments and harmonization of data to identify unmet needs. TATFAR has also worked to improve communication on emerging and concerning AMR trends. The taskforce plans to prioritize a One Health focus for its next five-year implementation period.

John Ryan (DG SANTE) responded that it is important for TATFAR to bring national awareness to AMR. He noted that currently TATFAR is a small-scale manageable taskforce, but there needs to be further discussion on how to scale up in the future years. Larry Kerr (DHHS) commented that the new Secretary for Health for the U.S. Department of Health and Human Services (HHS) has highlighted his priorities for the next implementation, including the environment, financial incentives, and impact of COVID-19 and intersection between and AMR and enhanced preparedness/prevention in the future.

During the Q&A session, Prof. Dr. Lothar H. Wieler commented that surveillance of AMR from sewage water is very interesting work and can be used for the analyses of several indicators not only for AMR but also for pathogens. The wastewater surveillance work coupled with modelling can be a highly informative tool to combat AMR.

Marianne van der Sande (Utrecht University) asked if the TATFAR working group focused on wastewater surveillance has considered attention towards low resource settings. Individuals in LMICs don't always have clean water and proper sewage systems. She suggested for TATFAR to focus more towards LMICS as the workplan doesn't seem to be applicable for most of the world.

John Ryan (DG SANTE) responded that TATFAR may want to examine their interface for the taskforce's next implementation period. TATFAR could engage in dialogue with G7 and G20 to see how to integrate with LMICs and link with World Health Organization's work. However, TATFAR work should remain with likeminded partner countries.

Larry Kerr (DHHS) responded that the Global Health Security Agenda (GHSA) action package on AMR focuses on LMICs. Lynn Filpi (DHHS) responded that TATFAR and GHSA conducts AMR work that is interconnected. TATFAR is a technical taskforce that works to advance domestic and global developmental efforts. She noted that DHHS has been co-chairing this action package together with the Netherlands and could consider bringing in technical experts from this group to hear their perspectives and international thoughts. TATFAR and GHSA have their own unique roles but are intersected.

John Ryan (DG SANTE) noted that the EU has just launched their [EU Health Emergency preparedness and Response Authority \(HERA\)](#). The platform is set up to strengthen Europe's ability to prevent, detect, and rapidly respond to cross-border health emergencies, by ensuring the development, manufacturing, procurement, and equitable distribution of key medical countermeasures. This is modeled after U.S. Biomedical Advanced Research and Development Authority (BARDA) to address issues with supply chain and pharmaceutical development. These challenges have a direct influence on AMR and health emergency and response initiatives.

6. Closing of the meeting

Sandra Gallina, Director-General of the European Commission's Directorate-General on Health and Food Safety (DG SANTE)

Sandra Gallina (DG SANTE) closed the meeting by emphasizing the COVID-19 pandemic has demonstrated how health has a huge impact in our personal lives and the economy. She supports negotiations on the global pandemic treaty, highlighting the need to avoid duplication and any such treaty should include AMR. COVID-19 has created a certain momentum and new tools, such as HERA, which will help us be better prepared. She informed of EU initiatives, such as reserving certain antimicrobials for human use.