Understanding different stakeholders' priorities for an independent panel on evidence for action on AMR

Misbah Khan, Ayodele A. Akinyele, Emmanuel Olamijuwon, and Anthony McDonnell

Abstract

Antimicrobial resistance (AMR) is a growing global threat that demands coordinated, cross-sectoral action rooted in rigorous evidence and inclusive governance. In response to calls for an independent panel on evidence for action on AMR, this policy paper presents insights from a global consultation process involving 60 experts and stakeholders across human, animal, and environmental health, policy, academia, civil society, and industry. The findings highlight key considerations for the panel's formation, including the need for equitable representation, scientific and political legitimacy, sustained funding, and practical mechanisms to ensure evidence translation into action. Stakeholders advocate for a hybrid governance model, strategic partnerships rather than structural dependencies, and transparent, participatory processes. According to stakeholders, the panel must be context-sensitive, responsive to low- and middle-income country priorities, and capable of guiding both global coherence and locally meaningful implementation. This paper offers a roadmap for designing an independent panel that can credibly and effectively support the global response to AMR.

Acknowledgements

List of contributors

Aaron Aboderin, Abdurrahman Jibril, Aidan Hollis, Alison Holmes, Ana Luisa Pereira Mateus, Anahi Dreser, Anne-Sophie Jung, Ayako Ebata, Bhakti Chavan, Brooke Nichols, Canaan Tinashe Hodobo, Carine Naim, Christine Årdal, Cóilín Nunan, David Jenkins, Deepali Patel, Dirk Pfeiffer, Edna Mutua, Emelda Chukwu, Emma Berntman, Felix Liauw, Friday Okonofua, Gareth Morgan, Greg Frank, Hatice Beton, Iruka Okeke, James Anderson, Javier Guzman, JehanZeb Khan, Jennifer Cohn, Jeremy Knox, Jen Dow, Kevin Outterson, Luka Srot, Marc Mendelson, Marcelo Pillonetto, Marijn Verhoef, Mashkoor Mohsin, Mathieu Poirier, Melissa Laitner, Mike Sharland, Muhammad Zaman, Muna Abu Sin, Nicolas Fortané, Nilofer Khan Habibullah, Pauline Londeix, Pilar Garcia-Vello, Risa Morimoto, Rob Purdie, Rohit Malpani, Saudamini Dabak, Scott Weese, Sonia Sia, Sujith Chandy, Sunny Singh, Timothy Walsh, Vanessa Carter, Watipaso Kasambara, Will Hall, Yewande Alimi.

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1. Introduction

Antimicrobial resistance (AMR) is an escalating global health threat with profound implications for food security, ecosystems, economic development, and the resilience of health systems. As microbes adapt to evade the effects of existing treatments, the ability to manage infections, perform safe surgeries, and ensure effective veterinary and agricultural care is being compromised. This natural process, intensified by widespread overuse of antimicrobials and a lag in the development of new therapies, poses a multidimensional challenge across human, animal, and environmental health.

In 2021 alone, an estimated 1.14 million people died from drug-resistant infections, with disproportionate impacts in low- and middle-income countries (LMICs), where health systems are often under-resourced.[1] If current trends continue, AMR could contribute to as many as 39 million deaths globally between 2025 and 2050. Economic modelling by the Center for Global Development suggests that under a pessimistic scenario, global GDP could decline by up to US$ 1.67 trillion by 2050. Conversely, coordinated action and investment could generate nearly US$ 990 billion in economic gains over the same period.[2] These figures highlight the urgent need for structured, collective, and evidence-informed responses.

Independent science panels have played a crucial role in other global crises by consolidating evidence, guiding policy, and promoting international collaboration, yet AMR still lacks a dedicated, authoritative panel of this kind. In 2024, at the UN General Assembly's High-Level Meeting on AMR, member states called on the Quadripartite, a coalition comprising the World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organisation for Animal Health (WOAH), and United Nations Environment Programme (UNEP), to establish an independent panel for evidence for action on AMR by 2025.

The proposed panel represents a major opportunity to embed AMR more firmly within global governance frameworks, to align fragmented efforts, and to catalyse meaningful action across sectors. However, its success will depend on the design choices made now. Questions remain around how the panel will be structured, governed, funded, and integrated into the existing global health ecosystem. The challenge is not just to create another advisory body but to build a mechanism that is legitimate, independent, inclusive, and impactful.

To support this process, the Nigerian Academy of Sciences and the U.S. National Academy of Medicine are convening a strategic dialogue process, focusing on lessons learned from past international science panels and to explore critical design questions for the AMR panel. As a part of this dialogue, this paper presents independent insights from a global series of

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[1] Mohsen Sharma et al., *Global Burden of Bacterial Antimicrobial Resistance in 2019: A Systematic Analysis,* The Lancet 399, no. 10325 (2024): 629–655, https://doi.org/10.1016/S0140-6736(24)01867-1.

[2] A. McDonnell et al., *Forecasting the Fallout from AMR: Economic Impacts of Antimicrobial Resistance in Humans*, EcoAMR series (Paris and Washington, DC: World Organisation for Animal Health and World Bank, 2024), https://doi.org/10.20506/ecoAMR.3539.

stakeholder consultations. These included facilitated roundtables, in-depth interviews, and written submissions involving experts from across human and animal health, agriculture, environment, policy, industry, and civil society.

This paper synthesises those stakeholder insights. It highlights key trade-offs and design considerations, from governance structures and stakeholder representation to evidence synthesis, financing, and political positioning. While the panel's full mandate is yet to be defined, the reflections captured here offer a blueprint for what has the potential to become: a trusted, responsive, and globally relevant institution capable of turning evidence into action.

2. Methodology

Study Design

This paper is based on qualitative research conducted through a series of structured roundtables, one-on-one interviews, and written contributions. These activities were designed to capture a wide range of perspectives on the formation, purpose, and potential structure of an independent panel for evidence for action on AMR. A total of 9 virtual roundtables were held, each hosting between 4 and 10 participants, and lasting up to two hours. All sessions were moderated by a designated facilitator and followed a structured discussion guide.

Participants were invited to respond to the following core questions:

- What are your hopes and concerns for the independent panel?
- How should the panel be structured and governed?
- What research priorities should it address?
- How can the panel ensure inclusive sectoral and regional representation and stakeholder engagement?

In addition to roundtables, targeted individual interviews were conducted with participants who had specific expertise in AMR governance, global health diplomacy, or intergovernmental coordination. These interviews allowed for deeper exploration of strategic and technical issues that extended beyond the roundtable discussions.

Participant Selection

Participants were deliberately selected to ensure broad geographic and disciplinary representation. A longlist of individuals with demonstrated experience or interest in AMR-related fields- including human health, veterinary medicine, agriculture, environmental science, policy, industry, and civil society- was developed through professional networks, prior research collaborations, public conference lists, and online outreach. Additional participants were recruited through targeted invitations and snowball sampling.

Of the 171 individuals contacted, 60 contributed through roundtables, interviews, or written submissions. Written contributions included survey responses and short position statements

submitted via email. Participation was confirmed through an online registration process, and preparatory materials were shared in advance.

Participants were broadly categorised into the following stakeholder groups to ensure balanced representation in the analysis:

- Health research
- Veterinary and agricultural research
- Industry
- Policy influencers
- Product development partnerships
- Intergovernmental organisations
- Patient and civil society representatives

Ethics and Consent

All participants were informed of the study's purpose and invited to ask questions prior to participation. They were explicitly told that their anonymised insights could be included in public-facing outputs, including this policy paper. Ethics approval was obtained from the University of Ibadan and Boston University.

Setting

All roundtables and interviews were conducted via Zoom. Scheduling was based on mutual availability, and participants received meeting links following registration and confirmation.

Data Collection and Analysis

All discussions were recorded and transcribed with participants' consent. A thematic analysis was conducted using NVivo qualitative data analysis software. Key themes, areas of consensus, and points of tension were identified, with a particular focus on recurring issues raised across different stakeholder groups. The analysis was further informed by a review of relevant literature in areas identified as priorities by participants.

Limitations

While every effort was made to ensure geographic and sectoral diversity, participation was influenced by time zone differences, availability, and digital access. As such, certain regions or stakeholder groups, such as smallholder agricultural representatives or those from conflict-affected settings, may be underrepresented. The findings therefore reflect the views of those consulted and are not intended to be exhaustive.

3. Findings

3.1 Representation

Establishing an independent panel tasked to address a global health threat requires a focus on representation. But in the case of AMR, a transnational, cross-sectoral issue affecting humans, animals, plants, and the environment, what does representation look like?

Geographical Representation

Key takeaways:

Ensure meaningful LMIC participation, not just symbolic representation.

Address power imbalances by actively including marginalised and conflict-affected countries.

Stakeholder commentary emphasised the urgent need for conscious efforts to ensure meaningful geographical representation in the formation of the independent panel. Regional representation emerged as one of the most frequently discussed themes, accounting for over 14 percent of all stakeholder comments. Central to the commentary was a call to dismantle entrenched hierarchies in the global health architecture, where high-income and traditionally dominant countries have historically steered discourse and decision-making. Several stakeholders expressed concern that such dominance undermines equitable global collaboration and risks silencing countries most affected by AMR.

Power asymmetries, especially those tied to funding, influence, and global visibility, were flagged repeatedly. Participants warned that without structural reforms, certain states could continue to shape agendas, often through "anticipatory obedience" or self-censorship from others fearing political repercussions. Conflict-affected, small nations, and marginalised countries, with particular mentions of China and North Korea, were stated as being important actors to engage with as they also face significant AMR challenges.

The prioritisation of LMICs was a recurring and urgent theme. Participants noted that these regions disproportionately bear the burden of AMR due to weaker health systems, limited diagnostics, and fewer regulatory mechanisms. As such, according to comments, LMICs must not merely be included to satisfy quotas; experts, policymakers, and communities from the region must have the power to meaningfully influence decisions and shape the panel’s direction.

Beyond mere inclusion, stakeholders proposed practical approaches to promote equitable participation. These included:

- **Language empowerment** strategies, such as allowing the use of preferred languages and providing interpreters, to reduce communication barriers for non-

native English speakers.

- **Dedicated financing** and technical support to enable LMIC participation, recognizing that resource constraints often limit engagement.

- **Incorporating regional and socio-economic context**, with participants stressing that representativeness must go beyond national income categories to reflect diversity within countries, such as rural vs. urban, public vs. private healthcare systems, and formal vs. informal sectors.

Several pointed to models such as the IPCC as examples for building a diverse and multidisciplinary panel, though stakeholders were quick to caution that such frameworks often fall short in implementation. There was a consensus that the panel must go beyond symbolic representation to embed inclusivity as a guiding principle from the outset.

Ultimately, participants advocated for a deliberate and strategic design of the independent panel, one that centers the voices of those most affected, challenges traditional power dynamics, and reflects the rich diversity of global contexts. According to contributors, it is through such a foundation that the panel can gain legitimacy, drive impactful interventions, and foster global solidarity in addressing AMR.

Stakeholder Representation

Key takeaways:

Ensure broad, cross-sectoral participation by engaging stakeholders from health, agriculture, environment, private sector, civil society, and affected communities, including those often excluded.

Balance inclusivity with independence through structured engagement of industry and civil society, while safeguarding against conflicts of interest and undue influence.

Adopt a pragmatic One Health approach that is context-sensitive, avoids bureaucratic overlap, and recognises challenges in operationalizing cross-sector

Participants emphasised the importance of adopting a multi-sectoral approach for the independent panel by including academia, policymakers, non-state actors, the private sector, civil society, patients, and marginalised groups. This diversity is considered essential to ensure that discussions are inclusive and that the panel's recommendations are both relevant and effective.

Several comments proposed that the independent panel conduct comprehensive stakeholder mapping to identify, understand, and engage key actors involved in addressing AMR. This process would help incorporate a wide range of perspectives and ensure better coordination of efforts. It was further suggested that stakeholder mapping could serve as a foundation for forming technical working groups, prevent duplication of existing initiatives, and promote efficient use of resources.

One Health

Participants emphasised the importance of including experts and stakeholders across sectors such as human health, animal health, the environment, and agriculture, reflecting the interconnected nature of AMR. Many comments advocated for the panel to adopt a One Health approach to effectively address AMR, highlighting the need for transdisciplinary collaboration and representation. This approach was seen as essential for ensuring that policies are scientifically rigorous and responsive to the complexity of AMR across ecosystems. Stakeholders emphasised the value of engaging a wide range of expertise to capture the full scope of AMR's impacts and to inform more effective, context-sensitive solutions.

However, the One Health approach was also a source of contention. Some stakeholders shared concerns that, while the concept is well-intentioned, its implementation can be overly broad and complex. Several comments cited challenges in operationalizing One Health strategies in their own contexts, including difficulties in integrating data across sectors and aligning institutional priorities. These challenges were particularly noted in LMICs, where comprehensive approaches can be overwhelming and resource-intensive. Others expressed skepticism about the current evidence base supporting One Health as a top priority for the panel, pointing out that while cross-sectoral collaboration is ideal in theory, in practice it has often lacked measurable impact. There were also concerns around power dynamics among international agencies and potential inefficiencies due to bureaucratic overlap, especially when multiple large institutions with varying mandates are involved. This tension indicated the need for a clear, pragmatic framework that balances inclusivity with focused action.

Private sector or industry

The private sector was recognised by participants as a crucial stakeholder in addressing AMR. Many emphasised the need for active and structured engagement with industries such as human and veterinary pharmaceuticals, agriculture, and technology. Comments suggest that public-private partnerships are practical avenues for engaging the private sector, especially in areas like innovation, sustainability, and pharmaceutical development. However, several stakeholders caution that this engagement must be carefully managed to avoid the risk of undue influence, particularly from pharmaceutical companies, whose vested interests may not always align with public health goals.

Concerns were raised regarding the existing multi-stakeholder platforms, where the private sector has sometimes held a level of influence, reportedly impacting key outcomes, for instance, by opposing the establishment of antibiotic reduction targets in farming. These instances show the need to design governance structures that prevent conflicts of interest and maintain the independence of decision-making bodies.

To address these tensions, some suggest working with industry associations rather than individual companies, as a way to minimise direct corporate influence while still gaining sectoral input. Others advocate for clearly defined consultative processes that enable industry input without compromising the impartiality of the panel. Stakeholders consistently support the principle that any independent panel on AMR should remain free from private sector control or influence, even while ensuring that private sector perspectives are formally considered as part of a transparent and balanced consultation framework.

Participants stressed the importance of equitable and inclusive stakeholder representation across regions, sectors, and levels of influence. This includes acknowledging power

asymmetries, such as those between smallholder farmers and large agribusinesses, and ensuring that marginalised and community-level voices are not drowned out. A representative, independent panel must therefore be designed with intentional structures that promote diverse and balanced participation, safeguard against conflicts of interest, and ensure that AMR-related policies are guided by public health needs rather than private gain.

Civil society

Comments emphasised that civil society actors, including NGOs, patient advocates, migrant populations, and community representatives, are critical stakeholders whose active and meaningful engagement is essential to effectively address AMR. Participants highlighted that this engagement must go beyond symbolic inclusion, ensuring these voices are genuinely involved in decision-making processes. Their participation is vital to developing context-sensitive and comprehensive strategies that reflect the lived experiences and needs of affected communities. Importantly, contributors noted that this engagement must occur not only in LMICs, but also in high-resource settings, recognising that AMR challenges cut across socioeconomic and geographic boundaries.

Recognising the barriers faced by marginalised groups, participants called for deliberate strategies to support their inclusion. Recommendations included public consultations and proactive outreach to supplement formal committee structures. Comments also advocated for the direct inclusion of community and civil society representatives on the panel itself, to ensure authentic and continuous representation throughout its work.

Interdisciplinary Representation

Key takeaways:

AMR requires diverse expertise beyond biomedicine, including economics, social sciences, behavioural science, and lived experience, to ensure context-sensitive, effective, and sustainable responses.

Interdisciplinary inclusion must be intentional, balancing power across fields, embedding diverse knowledge in governance, and fostering collaboration through inclusive processes.

Behavioural and economic insights are essential for shaping realistic interventions, guiding investment, and addressing the everyday drivers of AMR in

Participants stressed that the independent panel must be grounded in interdisciplinary representation to effectively address the complexity of AMR. Approximately 12 percent of all stakeholder commentary focused on this theme, reflecting strong support for a broad disciplinary approach. Stakeholders emphasised that AMR is not solely a biomedical or microbiological issue, it intersects with economics, social sciences, environmental science, behavioural psychology, political science, and more. This diversity was viewed as essential not only for scientific rigour, but also for designing interventions that are practical, context-specific, and sustainable.

There was a strong call to break away from siloed thinking and disciplinary hierarchies, which many felt have limited the effectiveness of AMR governance and research.

Stakeholders advocated for the inclusion of researchers and practitioners from across the disciplinary spectrum, including those less traditionally involved in AMR work, such as ethicists, implementation scientists, humanists, engineers, and historians. This breadth of knowledge was viewed as crucial to capturing the full scope of AMR's impacts across societies, ecosystems, and economies.

Social sciences were repeatedly mentioned as particularly critical to understanding how AMR plays out in everyday life. Contributors pointed to the value of ethnographic insight, participatory approaches, and lived experience in uncovering barriers to care, social drivers of resistance, and the feasibility of proposed interventions. Stakeholders cautioned that without these perspectives, AMR responses risk being technically sound but socially disconnected.

To foster meaningful interdisciplinary engagement, practical recommendations included:

- Ensuring balance between clinical, environmental, social science, economic, and policy expertise.
- Integrating lived experience as a form of knowledge e.g., from patients, farmers, and frontline healthcare providers.
- Avoiding overrepresentation of biomedical voices and promoting shared decision-making across disciplines.
- Facilitating communication across expertise areas by designing collaborative processes that minimize technical jargon and promote mutual understanding.

Several participants referenced global bodies such as the IPCC as partial models for interdisciplinary structure, while again also acknowledging their limitations. There was a shared sense that the AMR panel must go further, embedding diverse disciplines not just in its membership, but also in its methods, governance structures, and research priorities.

Economic and Cost Analysis

Economic expertise was described as salient to the panel's credibility and influence. Participants emphasised the need to include economists, health financing experts, and analysts who can model system-wide costs and benefits. This includes both the direct and indirect economic implications of AMR, from healthcare expenditures and productivity loss, to broader impacts on food security, trade, and development. Several emphasised that this analysis must also be sensitive to the realities of LMICs where resource constraints demand tailored and cost-effective strategies. A strong economic evidence base was seen as essential to guiding policy decisions, setting priorities, and making the case for sustained investment.

Behavioural Science

Behavioural science was identified as another critical but underrepresented discipline. Stakeholders noted that many of the drivers of AMR, such as inappropriate prescribing, self-medication, and poor adherence, are fundamentally behavioural. Addressing them requires insight into the values, incentives, and structural barriers that influence human decision-making. Contributors called for the inclusion of behavioural scientists, anthropologists, and

psychologists to help design interventions that are not only effective but also socially acceptable and scalable.

Several participants stressed that behavioural science is key to crafting successful awareness campaigns and stewardship initiatives. Rather than relying on one-size-fits-all messages or placing blame on individuals, behavioural approaches can enable more empathetic, targeted strategies grounded in real-world contexts. It was recommended that behavioural expertise be integrated early in the panel's work and woven throughout all thematic areas, from innovation to implementation, to ensure solutions reflect how people actually behave, not just how interventions expect them to.

3.2 Governance

Intergovernmental, Independent, or Hybrid?

Key takeaways:

Each governance model carries trade-offs: Intergovernmental models offer legitimacy and uptake, independent models offer credibility and agility, and hybrid models aim to balance both.

A hybrid structure was widely favoured, combining scientific independence with structured political engagement through consultative or oversight mechanisms.

Core principles, regardless of model, must include transparency, balanced

The governance structure of the independent panel on AMR emerged as a central point of deliberation among stakeholders. Views diverged on whether the panel should be intergovernmental, independent, or structured as a hybrid body that combines features of both. Each model brings distinct advantages and trade-offs, and the choice of structure will fundamentally shape the panel's credibility, influence, and functionality.

Intergovernmental Model: Political Legitimacy and Uptake

An intergovernmental model, where the panel is formally embedded within or reports directly to governments, was viewed by some as critical for ensuring policy uptake. In this model, government representatives participate in oversight, review, or endorsement processes, lending political weight to the panel's findings. Approximately 18 percent of the comments referencing governance models either directly endorsed or positively discussed this approach. Proponents argued this could foster stronger country ownership, increase institutional stability, and make it easier to integrate panel outputs into national and global policy frameworks. However, concerns were raised about the risk of bureaucratic inertia and political interference. Some cautioned that placing the panel too close to government structures could compromise its independence, especially if contentious or commercially sensitive findings are at stake.

Independent Model: Scientific Credibility and Agility

Many stakeholders voiced strong support for an independent panel model, stressing the need for scientific autonomy free from political or commercial pressure. An approximate of 25 percent of the comments referencing governance models either directly advocated or positively mentioned an independent approach. Independence was linked to credibility, particularly in a field where powerful actors may resist scrutiny, and to agility, allowing the panel to respond quickly to emerging trends and evidence. Participants emphasised that such a model would enable the panel to set its own agenda, speak freely, and maintain methodological integrity. At the same time, some cautioned that a fully independent panel might struggle to gain political traction or secure sustainable funding if governments do not feel a sense of ownership or obligation. There is a risk, they noted, that an external body could be marginalized or ignored.

Hybrid Model: Balancing Authority with Independence

A widely supported middle ground was a hybrid model that combines the strengths of both approaches. Approximately 57 percent of the comments referencing governance models either directly endorsed or positively discussed a hybrid approach. In this configuration, the panel would be anchored by a scientifically independent core, responsible for evidence synthesis, agenda-setting, and producing outputs, with structured links to governments or multilateral institutions through an oversight or consultative body. This model was seen as best positioned to maintain scientific credibility while ensuring policy relevance, uptake, and political traction. Suggestions included:

- A scientific committee that operates independently but reports periodically to an intergovernmental or multi-stakeholder board;
- A technical secretariat with operational autonomy and coordination responsibilities;
- Clearly defined governance safeguards to preserve scientific neutrality while fostering meaningful political engagement.

A hybrid model was also seen as the most flexible option, allowing for adaptive governance and modular expansion (e.g., regional nodes, thematic working groups) without sacrificing coherence.

Core Design Principles Across All Models

Regardless of the model adopted, there was strong consensus on several non-negotiable governance principles:

- Transparency in structure, operations, and funding;
- Balanced and equitable representation, particularly from LMICs and across sectors;
- Clear delineation of roles between scientific, policy, and operational functions;
- Robust safeguards to protect independence and manage conflicts of interest;
- Institutional sustainability, including long-term funding and operational capacity.

Overall, the chosen governance model must enable the panel to produce credible, relevant, and actionable guidance, while engaging the right actors to drive global, regional, and local responses to AMR.

Managing Scope and Structure: Balancing Representation with Focus

While stakeholders strongly supported the need for a geographically representative, interdisciplinary, and cross-sectoral independent panel on AMR, many also cautioned against the risk of becoming too broad in scope or unwieldy in structure. Across discussions, concerns were raised that an overly expansive mandate could dilute focus, create inefficiencies, and hinder the panel's ability to generate actionable and coherent guidance.

Participants emphasised the need to strike a balance between inclusive representation and practical manageability. While many agreed on the value of bringing together diverse geographies, sectors and disciplines, they warned that attempting to encompass all possible perspectives within a single body could compromise the panel's clarity of purpose and effectiveness. In particular, the risk of forming a "collection of viewpoints that are not dialoguing" was repeatedly noted, with some pointing to past experiences where well-intentioned multi-stakeholder efforts failed due to a lack of internal coherence or coordination.

Concerns were also raised about the size and composition of the panel. Stakeholders acknowledged that it would be easy to identify more qualified individuals than a single panel could feasibly include, and cautioned against tokenistic inclusion or overrepresentation of certain sectors, particularly biomedical and clinical voices. To address this, many recommended the use of modular governance structures, such as thematic or regional working groups, technical advisory committees, and rotating membership models. These would enable broader participation without compromising the agility and functionality of the core panel.

There was also broad agreement that the panel must operate within clearly defined parameters, guided by a transparent and strategic Terms of Reference (ToR). This includes prioritisation of evidence, articulating scope, identifying priority thematic areas, and outlining mechanisms for decision-making and coordination across sectors. Several contributors advocated for drawing on models such as the IPCC for structural inspiration, while also learning from their limitations in implementing true interdisciplinarity and equitable participation.

Finally, participants stressed that the panel must remain grounded in implementation realities. There was a shared concern that without careful attention to structure, the panel could become overly conceptual or academic in its outputs, disconnected from the practical challenges faced by countries and communities in responding to AMR. A lean, well-organized design, rooted in inclusivity but committed to focused, action-oriented work, was seen as critical to the panel's success.

Panel Design Element	Potential Benefits	Associated Risks
Representation & Inclusivity	Diverse perspectives and lived experiences	Tokenism or symbolic inclusion without power
Panel Size	Broad expertise across sectors	Coordination challenges and inefficiency
Scope of Work	Holistic understanding of AMR	Dilution of focus and priority confusion
Disciplinary Breadth	Innovative, cross-cutting solutions	Fragmentation and communication barriers
Implementation Focus	Policies grounded in local realities	Outputs disconnected from real-world needs

Figure 1: Trade-offs in designing a representative independent panel

The Role of the Quadripartite: Strategic Partnership or Structural Host?

Key takeaways:

Quadripartite agencies are key partners, but not ideal hosts due to concerns over bureaucracy and sectoral dominance.

Stakeholders favour a strategic, not structural, role supporting the panel without controlling it.

The potential role of the Quadripartite agencies was a recurring point of discussion in relation to the governance and institutional home of the panel. Stakeholders acknowledged the critical leadership these agencies have played in advancing a One Health approach to AMR and their unique mandates across human, animal, food, agriculture and environmental health. For many, the Quadripartite represents a natural partner in any global effort to address AMR comprehensively. Their convening power, technical expertise, and normative authority were seen as valuable assets that could support the legitimacy and uptake of the panel's work.

However, there was also broad concern about the risks of embedding the panel too closely within the Quadripartite structure. Several participants described existing inter-agency coordination as slow, bureaucratic, and at times politically constrained. Others pointed to long-standing institutional hierarchies, particularly the dominance of human health and biomedical paradigms, which have at times sidelined other sectors or disciplinary perspectives. Some comments noted that past AMR initiatives under these agencies have faced challenges related to fragmentation, limited cross-sectoral integration, and uneven participation from LMICs.

Given these tensions, many stakeholders favored a strategic partnership model rather than a structural one. In this arrangement, the Quadripartite would support or collaborate with the panel, for example, by contributing data, providing technical input, participating in expert groups, or facilitating regional dialogues, without hosting or governing it directly. This would

allow the panel to maintain its institutional independence and agility, while leveraging the Quadripartite's reach and legitimacy.

There were also suggestions that the Quadripartite could play a facilitative or enabling role in the panel's early stages, helping to convene stakeholders, align frameworks, and coordinate funding, before stepping back to allow a more autonomous entity to evolve. Others envisioned the panel reporting to or being endorsed by a broader multilateral platform beyond the Quadripartite, such as the Global High-Level Ministerial Conference on AMR, a UN General Assembly mandate or a Conference of Parties (COP)-style process, to ensure broader political ownership and accountability.

Overall, while the Quadripartite is seen as an essential partner in the AMR ecosystem, most stakeholders advocated for a governance model that preserves the independence, inclusivity, and cross-disciplinary integrity of the panel. Constructive engagement, without structural dependency, was viewed as the most promising pathway.

Transparency and Accountability: Operational Principles for Trust and Impact

Key takeaways:

Transparency must be proactive, with clear processes for topic selection, evidence use, stakeholder input, and public communication.

Accountability should be multidirectional, focusing on relevance, responsiveness, and continuous improvement, not just reporting to institutions.

While representation, independence, and structure are essential elements of the independent panel's legitimacy, stakeholders made it clear that how the panel operates, particularly in terms of transparency and accountability, will ultimately determine its credibility and influence.

Rather than abstract ideals, transparency and accountability were framed by participants as practical tools for building trust, safeguarding fairness, and preventing the misuse or politicisation of the panel's work. Stakeholders emphasised that the panel's value will rest not only on who sits on it or what it recommends, but on how openly it works and to whom it is answerable.

Transparency: Building Visibility and Public Trust

Several contributors noted that lack of clarity around selection, procedures, and outputs in global panels often erodes stakeholder confidence and invites criticism. For the independent panel, transparency was seen as especially important due to the political sensitivities, cross-sectoral tensions, and vested interests that surround antimicrobial use.

Key areas where transparency was deemed essential included:

- Topic setting and prioritization: The rationale behind which issues the panel investigates should be published in advance and open to input.

- Methodology: Clear articulation of how evidence is gathered, evaluated, and translated into recommendations, avoiding any perception of selective reporting.

- Stakeholder input: Processes for public consultation and response to feedback should be visible, structured, and time-bound, rather than ad hoc or opaque.

- Dissemination: Outputs should be proactively communicated, not only in peer-reviewed publications but also through accessible formats for communities, policymakers, and practitioners.

Rather than being reactive, transparency was framed as a proactive practice, embedded from the outset and sustained through every phase of the panel's work.

Accountability: Ensuring Relevance and Follow-Through

Accountability was not interpreted by participants as simply reporting upwards to governments or institutions, but as a multi-directional commitment, to the global public, to affected communities, and to the evidence base itself.

Stakeholders proposed that the panel be held accountable through:

- Performance monitoring mechanisms that assess not just the quantity of outputs but their policy relevance and uptake.

- Public-facing progress assessments, including spotlight reports on high-burden contexts, or dashboards tracking country-level responses to recommendations.

- Reflexivity mechanisms, where the panel reviews its own methods and impact at regular intervals, adapting practices based on what is working and where gaps remain.

Importantly, there was also recognition that accountability must avoid punitive or compliance-based models. Instead, it should create a culture of shared responsibility, where progress is supported through collaboration, learning, and constructive challenge.

In short, transparency and accountability were not seen as secondary considerations, but as core operational values. According to contributors, they offer a way to protect the panel's legitimacy in politically sensitive environments, foster public and stakeholder confidence, and, crucially, ensure that the panel's work translates into meaningful, equitable impact on the ground.

Sustainability

Key takeaways:

Sustainable, multi-year funding is essential to support the panel's long-term functionality, ambition, and strategic planning ensuring it can move beyond symbolic outputs to meaningful impact.

Resourcing must extend beyond core operations, enabling critical functions such as policy engagement, knowledge translation, digital infrastructure

Funding and Resourcing: Enabling Functionality and Fair Participation

Stakeholders consistently emphasised that sustainable and strategic funding will be critical to the success of the independent panel. While the panel's authority will rest on its legitimacy and expertise, its operational capacity will be determined by how it is resourced, both in terms of financial stability and its ability to ensure inclusive and balanced participation.

Aligning Resources with Operational Needs

Participants highlighted the need for funding to reflect the panel's intended scope and functions. If the panel is expected to coordinate global evidence synthesis, conduct regular assessments, support regional dialogues, and engage in policy guidance, it must be resourced accordingly. A minimal funding model, they noted, would limit ambition and restrict the panel to symbolic outputs rather than meaningful influence.

To this end, stakeholders recommended that funding be designed not as one-off or ad hoc project support, but as part of a sustained, multi-year operational framework. This would allow the panel to plan strategically, maintain continuity, and build institutional memory over time.

Resourcing Diverse Functions Beyond Core Operations

Beyond supporting core activities, stakeholders urged that funding mechanisms account for a broader range of functions that are often under-resourced but critical to the panel's success. These include:

- Knowledge translation and policy engagement, ensuring evidence is communicated effectively and in formats that support uptake;
- Monitoring and learning, enabling the panel to track its own effectiveness and adapt its approach over time;
- Digital infrastructure, to support virtual collaboration, open access to findings, and real-time stakeholder engagement;
- Rapid response capacity, allowing the panel to address urgent AMR developments without awaiting new funding cycles.

By planning for these aspects early, the panel can avoid common pitfalls of global initiatives that are well-designed but under-equipped to deliver impact at scale.

Coordinated Financing for a Global Public Good

Some stakeholders believed that the independent panel should be understood, and funded, as a global public good. As such, it requires financing models that reflect shared responsibility. Rather than relying heavily on a small group of donors, contributors called for a coordinated approach that encourages broad-based contributions, pooled funding, and collective stewardship.

In addition, participants proposed that the panel could play a convening role in aligning donor investments around strategic priorities, particularly in areas that are currently underfunded. This would allow the panel to function not only as a generator or synthesiser of knowledge, but also as a catalyst for smarter resource allocation within the broader AMR ecosystem.

In summary, stakeholders recognized that credible, inclusive, and sustained engagement on AMR will require more than political will, it will require purposeful and forward-looking investment. How the panel is funded will shape not only what it can do, but also how equitably and effectively it does it.

The Current Political Climate: Navigating Volatility and Institutional Flux

Stakeholders consistently flagged the current geopolitical context as both a barrier and an impetus for the establishment of an independent AMR panel. There was widespread concern that escalating global tensions, shifting alliances, and increasing nationalisation of health and security agendas could threaten the visibility and prioritisation of AMR on international platforms. In particular, several highlighted the risk that defence and trade priorities may overshadow AMR, pushing it further down the global political agenda.

Participants stressed that in this climate, ensuring the panel's independence is paramount. Many warned that if the panel becomes entangled in state-driven or geopolitically influenced structures, it could lead to self-censorship, marginalisation of politically sensitive issues, such as AMR in conflict zones, and the exclusion of certain countries from global discourse.

The uncertainty around multilateralism and global institutional legitimacy was another key theme. Stakeholders noted that traditional distinctions between high- and low-income countries are being renegotiated, and that regional alliances and blocs may play a growing role in both the composition and uptake of the panel's work. There was a clear view that any governance model must be resilient to political disruption and capable of engaging meaningfully across geopolitical divides.

Finally, stakeholders noted that financing and institutional hosting arrangements are particularly sensitive in this political context. There were concerns about overdependence on any one government or agency, with calls to avoid scenarios where funding could be withdrawn or politicised. The panel's sustainability, they argued, depends on its ability to navigate an unstable political environment without compromising its impartiality, access, or long-term credibility.

Timeline for Establishment: Clarity, Sequencing, and Stakeholder Expectations

Stakeholders expressed growing frustration with the delay in establishing the independent panel on AMR, particularly given that the recommendation dates back to the 2019 *No Time to Wait* report. Several participants noted that five years have passed without visible progress, warning that continued inaction could erode credibility, reduce political attention, and lead to stakeholder disengagement.

While there was broad agreement that urgency is required, stakeholders emphasised that the timeline must also allow for meaningful consultation and proper design. The panel must not be rushed into existence without clarity of purpose, but equally, the process must not become drawn out or overly bureaucratic.

A number of stakeholders identified the upcoming ministerial meeting in Nigeria as a potential milestone around which to anchor political momentum. As well as suggesting that the ministerial be a potential mandating body, contributors mentioned that the meeting in Nigeria could serve as a target point to sign off on the panel's establishment and announce its scope, present governance structures, or formally launch the secretariat.

Beyond that milestone, some contributors supported the idea of a two-year phased process, during which foundational elements, such as governance frameworks, membership criteria, and operational infrastructure, could be finalised. There was a shared understanding that the panel should be built for the long term, with some recommending staggered membership terms to preserve institutional continuity.

To maintain credibility and transparency, stakeholders proposed that the timeline include:

- Clear, time-bound milestones;
- Public communication of progress;
- Visible deliverables, even in the early stages;
- And a realistic pathway from political commitment to operational launch.

3.3 Evidence

AMR constitutes a complex global issue that necessitates the strategic application of evidence to guide policy-making and intervention efforts. The proposed independent panel is expected to provide guidance based on strong, equitable, and actionable evidence. Stakeholder discussions brought to light crucial questions: where's the data? Whose data counts? How can we strike a balance between universal advice and the unique 'local context' of healthcare systems worldwide?

Evidence Gaps and Prioritization

Key takeaways:

Address evidence and surveillance gaps by investing in underrepresented sectors, regions, and settings, especially LMICs, primary care, and non-human domains while avoiding duplication of existing efforts.

Prioritisation must be transparent and context-sensitive, reflecting diverse country needs and ensuring that evidence agendas are not dominated by donor or

Evidence Gaps and Sectoral Imbalance

Stakeholders from across sectors consistently underscored the fragmented nature of the existing AMR evidence base, particularly in low-resource settings. The dominance of HIC-generated data constrains the applicability and relevance of findings to LMICs, where AMR burdens are often highest. In response, participants called for targeted investment in evidence generation in underrepresented regions and contexts, with a specific emphasis on the inclusion of local, community-level, and primary care data.

There was strong consensus that while having a focus on awareness-raising, there is a need to prioritise implementation research, especially in LMICs, centred on scalable, cost-effective, and context-appropriate interventions. Stakeholders highlighted the critical need for such research to inform system strengthening and practical decision-making, including around infection prevention, access to diagnostics, and medicines management.

Participants further noted that current evidence remains overly concentrated on human health, leaving substantial gaps in the veterinary, agricultural, plant, and environmental sectors. This imbalance undermines the development of a truly integrated One Health approach. Stakeholders urged that future evidence generation efforts take a broader, cross-sectoral lens and prioritise neglected areas such as antifungal use in crop production, biosecurity in animal farming, and the environmental transmission pathways of resistance.

Finally, several interviewees raised concerns about the overemphasis on drug discovery within AMR research agendas, urging a recalibration toward preventive strategies, access, behavioural drivers, and health systems capacity. The independent panel was encouraged to support prioritisation processes that recognise the wide range of needs and ensure that prevention and equitable access are given sufficient weight alongside innovation.

Evidence Prioritisation

There was broad agreement that the independent panel should play a central role in setting priorities for evidence synthesis and gap-filling. However, participants cautioned that the process of prioritisation must be explicitly defined and transparently governed. Questions were raised around who determines these priorities, through what mechanisms, and whose perspectives are most influential. Stakeholders noted that without intentional design, prioritisation risks reflecting donor interests or the technical biases of high-income countries, rather than the lived realities and pressing needs of countries facing the highest AMR burdens.

Multiple contributors emphasised that context matters: what constitutes a priority in one country may not apply in another. Stakeholders pointed to stark differences in national needs, mentioning, for example, how priorities in Norway may centre on maintaining access

to older antibiotics, whereas countries in sub-Saharan Africa might focus on stewardship for TB or malaria treatments. To reflect this diversity, several proposed the use of country-led or regionally informed processes to define impactful interventions, grounded in available resources and local realities.

There was strong support for prioritisation processes that are inclusive, structured, and outcomes-oriented, focusing not just on what is known, but on what is most actionable and what can deliver the greatest impact in a given context. Stakeholders also highlighted the need to bridge siloed technical domains, with one participant describing current systems as lacking the ability to support cross-sectoral decision-making on AMR.

In addition, participants cautioned against the risk of duplicating existing efforts by global institutions such as WHO, FAO, or regional initiatives. The panel was not seen as a vehicle for parallel processes but as one that could guide and complement existing work through coordination, visibility, and targeted support. It was therefore recommended that the panel's prioritisation work align closely with ongoing initiatives, adding value without overlap.

Data and Surveillance

Discussions amongst contributors also identified weaknesses in the global surveillance architecture for AMR. In particular, they indicated the underrepresentation of primary care, rural health systems, informal providers, and marginalised populations, settings where antibiotics are often first accessed and misused. This absence was described as a critical blind spot that distorts the understanding of AMR dynamics and undermines response efforts.

Participants also pointed to the lack of harmonised, high-quality surveillance systems that span human, animal, and environmental health. While initiatives like GLASS were acknowledged, they were widely seen as insufficient in both coverage and integration. Current systems were described as siloed, with poor interoperability and inadequate granularity for informing local action.

There were repeated calls for the development of shared, standardised, and inclusive global data infrastructures, capable of aggregating, harmonising, and disaggregating AMR data across settings and sectors. Such systems, stakeholders argued, must not only improve representation but also ensure that surveillance data feeds into decision-making and system strengthening, rather than serving only as academic or donor outputs. Diagnostics were identified as a key enabler for such data generation, seen not only as tools for therapeutic decision-making, but also for surveillance, system design, and monitoring intervention impact. Stakeholders stressed that efforts to improve surveillance must be underpinned by equitable financing models, technical assistance, and capacity building, especially for LMICs, where surveillance infrastructure is often weak. There was strong support for the independent panel to invest in data governance, including ethical frameworks, community ownership, and mechanisms to ensure transparency, contextual appropriateness, and trust.

Finally, participants flagged the need to map and align existing surveillance efforts to avoid duplication and fragmentation. They encouraged the panel to play a convening role in synthesising available data, coordinating between ongoing initiatives, and showing gaps, particularly in neglected sectors such as plant health, informal health systems, and local food production. There was a clear call for the independent panel to ensure that AMR data

systems are inclusive, representative, and purpose-built to inform both global and local policy responses.

Global Relevance and Local Context

Stakeholders highlighted persistent tensions between the drive for global standards and the realities of diverse local contexts. Participants cautioned that many international recommendations do not account for the wide variability in infrastructure, governance, and capacity between countries, particularly those in low-resource settings. Several pointed to instances where guidance, though technically sound, proved difficult or impossible to implement due to local constraints.

This disconnect raised concerns about the perceived legitimacy and usefulness of global processes. Stakeholders noted that overly standardised approaches can unintentionally marginalise local actors and fail to address context-specific challenges. There was a call for greater recognition that countries operate under different constraints and face different priorities, whether due to informal health systems, limited laboratory capacity, or fragile political environments.

However, a tension arose with calls for the panel to avoid overpromising and to be realistic about what it can deliver across varied contexts. It was suggested that while inclusivity is essential, trying to respond equally to every country or sector without acknowledging these differences could lead to diluted impact. The importance of explicitly identifying tensions and trade-offs, between upstream and downstream priorities, or between global coherence and local relevance, was underscored as necessary for credible and effective functioning.

Overall, stakeholders urged that the panel be structured to acknowledge diversity rather than override it, and to promote flexibility in how recommendations are interpreted and applied across contexts.

Evidence Generation vs. Assessment

Stakeholders offered varied perspectives on the panel's appropriate role in the evidence landscape, demonstrating a key tension between generating new knowledge and assessing what already exists. A number of contributors emphasised that the panel should focus on the critical appraisal, synthesis, and translation of existing evidence. They noted that while large volumes of AMR research are available, they are often fragmented, poorly coordinated, or inaccessible to decision-makers. In this view, the panel would be most effective as a neutral, independent assessor, bringing coherence and policy relevance to an otherwise dispersed evidence base.

Others, however, noted that in many areas, particularly where decision-making timelines are tight or where data are outdated, targeted evidence generation may be necessary. In such cases, the panel should have the capacity to fill specific gaps quickly and efficiently, particularly where no other actors are likely to respond in time.

Importantly, participants highlighted that the panel's added value would lie not in producing new research at scale, but in helping to set direction for where and how new research is needed. Stakeholders stressed that this role must be designed to avoid mission creep or role confusion and should not replace or replicate the work of existing technical agencies.

Finally, there was agreement that whichever role the panel plays, whether synthesiser, commissioner, or coordinator, its credibility will depend on clarity of function, consistency of scope, and transparency in how these functions are operationalised.

From Evidence to Action

Key takeaways:

Evidence must be action-oriented—timely, context-specific, and presented in accessible formats that support policy decisions, especially in LMICs.

Effective communication is essential, with simplified messaging, inclusive

Stakeholders consistently stressed that evidence must be geared toward enabling action, with 23 percent of stakeholder comments relating to evidence directly referencing concerns about the gap between evidence generation and its practical application or policy uptake. While high-quality data and analysis are essential, participants noted that these alone are insufficient unless translated into outcomes that inform and drive policy decisions. Several emphasised that existing evidence has often failed to result in practical change, particularly in LMICs, where challenges of interpretation, adaptation, and application are acute.

The gap between knowledge production and implementation was described as persistent. Contributors highlighted the need for targeted, policy-relevant outputs, including briefs, guidance, and tools designed to support national-level decision-making. It was also noted that evidence must be timely and contextually aligned, particularly with the operational constraints and cycles faced by governments.

There was broad agreement that unless evidence is clearly tied to implementation, it risks being perceived as detached or irrelevant, which in turn can erode trust and reduce uptake. Stakeholders urged that the panel's outputs focus on utility and usability, tailored to real-world conditions rather than academic or technical audiences alone.

Communication and Visibility

Stakeholders widely agreed that AMR continues to lack the public and political visibility afforded to other global threats like climate change. Many emphasised that how evidence is communicated is as important as the evidence itself. Without clear, accessible messaging, the panel's work risks remaining within expert circles, disconnected from the broader public and policy audiences it aims to influence.

Participants recommended the involvement of communication specialists within the panel structure to ensure that complex findings are translated into actionable, audience-specific formats. This included simplifying scientific language for non-technical audiences, producing public-facing reports, and using tools such as visual storytelling and targeted media engagement.

A recurring theme was the need to frame AMR in ways that resonate beyond health, such as linking it to economics, gender equity, or climate change. Doing so was seen as a strategy to increase political traction and draw attention from decision-makers who may otherwise

overlook AMR. There were also calls to identify a salient, evidence-based message or “rallying cry” for AMR, similar to “1.5°C” in climate discourse, to help drive collective action and visibility.

Stakeholders additionally pointed to the importance of language accessibility and inclusivity, particularly for LMICs. Suggestions included supporting communication in preferred languages and ensuring that recommendations are tailored to different cultural contexts and information needs.

Participants overall viewed communication not as an afterthought but as central to the panel’s success, with several warning that without effective public engagement, AMR risks remaining a technical issue, failing to reach the wider communities and constituencies necessary for meaningful change.

Metrics and Targets

Stakeholders broadly supported the use of metrics and targets to track progress on AMR but stressed that these must be carefully contextualised. While global benchmarks were recognised as useful for alignment and accountability, there was concern that rigid or standardised targets could have unintended consequences, particularly in settings where access to antimicrobials is still a pressing issue.

Participants noted that applying antibiotic reduction targets without considering existing access inequities risks distorting priorities or exacerbating treatment gaps. As such, stakeholders advocated for flexible metrics that allow space for country-level adaptation, reflecting differences in health systems, epidemiology, and capacity.

There was also strong support for the inclusion of qualitative indicators that capture progress in areas such as governance, behaviour change, and stewardship practice. These are often less visible in traditional reporting frameworks but were seen as essential for understanding the full picture of AMR control efforts.

Several contributors pointed out that many countries still lack baseline data needed to support meaningful target-setting. They called for investment in data collection and technical assistance to help establish realistic and credible starting points, particularly in LMICs.

Finally, stakeholders emphasised the importance of coherence, not just within countries, but also across institutions and sectors. The panel was seen as having a potential role in mapping existing indicators, identifying inconsistencies, and supporting alignment across the human, animal, and environmental domains. This harmonisation, they argued, should not come at the cost of national ownership or adaptability but should help create a shared language for progress while preserving relevance at the point of implementation.

4. Conclusion

The establishment of an independent panel on AMR is both an urgent necessity and a complex opportunity. AMR continues to evolve as a multidimensional threat affecting not only public health, but also agriculture, ecosystems, and global economies. While political momentum is building, success hinges on careful design choices that reflect the realities of implementation, the diversity of stakeholders, and the lessons of past international panels.

This consultation process has underscored that the panel must be more than symbolic. It must be independent yet politically anchored, representative yet functional, and evidence-driven yet action-oriented. Stakeholders consistently called for a panel that is inclusive in composition, transparent in process, and adaptive in structure. It must serve as a trusted and accessible source of knowledge, while also helping to shape priorities, align fragmented efforts, and support national and regional responses.

As the world stands at a critical juncture in the fight against AMR, the panel offers a mechanism to turn global concern into coordinated, evidence-informed action. Its success will not be determined by its launch alone, but by its ability to embed legitimacy, deliver impact, and foster collaboration across a fractured landscape.