INTRODUCTION: AMR Belongs in the Pandemic Instrument

Susan Rogers Van Katwyk
Kevin Outterson

Follow this and additional works at: https://scholarship.law.bu.edu/faculty_scholarship

Part of the Health Law and Policy Commons
INTRODUCTION: AMR Belongs in the Pandemic Instrument

Susan Rogers Van Katwyk1 and Kevin Outterson2

1: YORK UNIVERSITY IN TORONTO, ONTARIO, CANADA, 2: BOSTON UNIVERSITY, BOSTON, MA, USA.

Keywords: Antimicrobial Resistance, Pandemic Instrument, One Health, Global Health Law.

Abstract: In the wake of COVID-19, the World Health Organization established an Intergovernmental Negotiating Body to negotiate a new instrument for pandemic prevention, preparedness, and response. This special issue of the Journal of Law, Medicine & Ethics brings together multidisciplinary scholarship to address the question of whether antimicrobial resistance should be included in this new instrument. Drawing from disciplines including law, anthropology, history, public health, public policy, economics, and veterinary medicine, this special issue explores the inclusion of AMR within the Pandemic Instrument from three perspectives: first, through the lens of global AMR governance, second, from the perspective of technical governance challenges and opportunities affecting the global ability to address AMR and future pandemics, and third, from the perspective of pandemic instrument mechanisms for strengthening global AMR governance. Each paper makes a concrete recommendation with respect to the importance of including AMR within the scope of the pandemic instrument.

AMR is accurately described as a serious threat to global health and wellbeing, with 1.27 million deaths attributable to bacterial AMR and a further 3.68 million deaths associated with bacterial AMR in 2019, a “health problem whose magnitude is at least as large as major diseases such as HIV and malaria, and potentially much larger.” This burden falls disproportionately on low- and middle-income regions of the world, and especially children under five, threatening achievement of several Sustainable Development Goals. AMR reflects social gradients, such as poverty and the lack of access to infection prevention and aggravates inequalities by disproportionately falling upon the poorest amongst us.

AMR is also an important health issue in high-income countries — one that has been exacerbated by COVID-19. The Centers for Disease Control and Prevention estimated more than 35,000 died in the...
Resistance is a natural evolutionary response to the presence of antimicrobial drugs driving selection in the ecosystem. Humans have intervened by introducing vast quantities of antimicrobial drugs into human, industrial, and agricultural systems, and hence into the global environment, necessitating a One Health approach. But instead of holistic approaches, global health initiatives have frequently been organized in silos driven by biological taxonomy (and the availability of funding streams). If the pandemic instrument is limited to viral diseases and ignores other microbial threats like bacteria, another silo will have been constructed, missing the opportunity for important cross-linkages between bacterial and viral diseases such as WASH, surveillance, equitable access, food safety and security, health system strengthening, infection prevention, animal welfare, and priority setting (Figure 1).

Given the many positive co-benefits described in Figure 1 by the Global Leaders Group on AMR, a compelling case must be articulated before excluding bacterial infections, in human history have included pandemics such as the plague. In addition to acknowledging the pandemic potential of bacterial infections, it is crucial to recognize that (1) antibiotics are an essential resource for responding to pandemic emergencies that must be protected, and (2) that the use of
antibiotics during pandemic emergencies exacerbates the AMR threat. While antibiotics saved the lives of many who contracted secondary bacterial infections during the COVID-19 pandemic, their use also precipitated a 15% increase in both resistant hospital-onset infections and deaths during the first year of the COVID-19 pandemic in the United States. Developing a treaty focused on pandemic preparedness and response that neglects to prepare or respond for the growing challenge of resistance is ill-advised.

Instead of looking to the full range of human behaviors for solutions, most of the COVID-19 research funding has gone to creating new medical countermeasures. AMR research has followed a similar pattern. For such problems rooted in both microbiology and complex human behavior, multidisciplinary approaches seem advisable. The Pandemic Instrument offers an opportunity to address this imbalance through a suite of new, and synergistic, governance strategies that go beyond funding for medical countermeasures.

We are pleased to offer this peer-reviewed selection of papers exploring the advisability of including AMR within the pandemic instrument, drawing from disciplines such as law, anthropology, history, public health, public policy, economics, and veterinary medicine. These papers explore the inclusion of AMR within the pandemic instrument from three perspectives: first, through the lens of global AMR governance, second, from the perspective of technical governance challenges and opportunities affecting the global ability to address AMR and future pandemics, and third, from the perspective of pandemic instrument mechanisms for strengthening global AMR governance. Each paper makes a concrete recommendation with respect to the importance of including AMR within the scope of the pandemic instrument.

Acknowledgements
The editors wish to thank Erin Wolter (Boston University Law, 2024) and Fiona Emdin (Dahdaleh Research Fellow at the Global Strategy Lab) as well as the editorial team at ASLME for their supporting bringing together this special issue.

Note
This work was supported by the Canadian Institutes of Health Research [#149542], the Social Sciences & Humanities Research Council [#895-2022-1015], and the Wellcome Trust [222422/Z/21/Z]. The funding bodies were not involved in the study design, data collection, analysis, interpretation or writing.

References
11. Id.
12. See CDC, supra note 5.