

For the **Task Force on Fiscal Policy for Health** see <https://www.bloomberg.org/program/public-health/task-force-fiscal-policy-health/>

Gathering the evidence and informing public debates are the only ways to assess the arguments that hinder and delay effective public health interventions such as health taxes. This is one of the reasons I have agreed to co-chair the Task Force on Fiscal Policy for Health with Michael Bloomberg that will engage the public, finance ministries, and others in exploring the literature and evidence. It is gratifying to see the *Lancet* Taskforce on NCDs and economics provide more evidence for us to dispel notions that are outdated, misleading, or simply wrong.

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I declare no competing interests.

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## Global governance of antimicrobial resistance

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Ensuring future generations have access to antimicrobials is high on the agenda for many heads of state, and almost all Ministers of Health. Following the UN General Assembly's 2016 High-Level Meeting on antimicrobial resistance (AMR), an ad-hoc Interagency Coordination Group (IACG), co-chaired by the UN Deputy Secretary-General and the Director-General of WHO, was tasked with providing guidance to political leaders on approaches needed to promote sustainable action on AMR.<sup>1</sup>

Failure to tackle AMR threatens the attainment of various Sustainable Development Goals (SDGs)—including those on poverty reduction, reduced inequalities, clean water, and sanitation—and progress already made will be lost.<sup>2,3</sup> With just over 12 months remaining until the IACG is due to report back to the UN Secretary-General, its recommendations must seek to improve the global governance of AMR for the long term while supporting the development of a “21st-century UN”.<sup>4</sup>

The rising threat of AMR in human beings is neither new nor rare; drug-resistant infections are already estimated to cause 700 000 annual deaths globally.<sup>5</sup> A leading concern is multidrug-resistant tuberculosis that resulted in 240 000 deaths worldwide in 2016.<sup>6</sup> The emergence of resistance is a natural phenomenon but is accelerated by a complex combination of human activity in health care, agriculture (including animal husbandry, aquaculture, and crops), and environmental contamination.<sup>7,8</sup>

The costs of not addressing the rising rates of AMR could lead to an annual reduction in global gross domestic product of 3.8% by 2050.<sup>3</sup> Low-income and middle-income countries (LMICs) are set to be hit the hardest, and will almost certainly experience increased poverty and inequality as a result of AMR.<sup>3</sup> Further, the appropriate and inappropriate use of antimicrobials, particularly antibiotics, leads to resistance that takes human lives. However, in many countries lack of access to safe and affordable antimicrobials results in an increased mortality

burden; an estimated 5·7 million deaths annually are the result of a lack of access to antibiotics.<sup>9</sup>

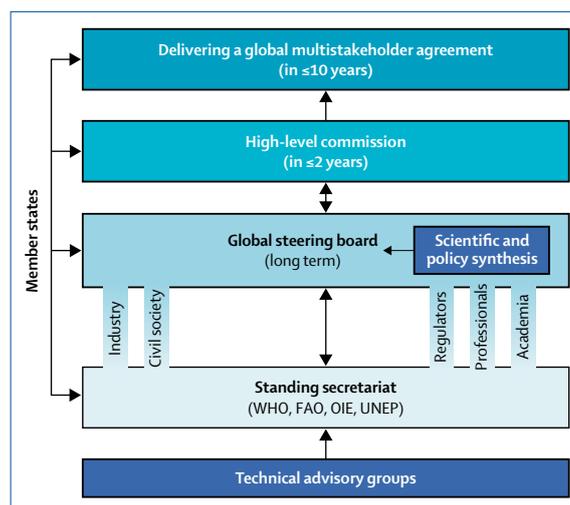
There is an emerging consensus that efforts to contain the threat of AMR should focus on four key objectives. First, ensure appropriate use of antibiotics in both human and animal health, over time eliminating the unnecessary use of antibiotics in agriculture. Second, eradicate untreated effluent in both animal and human health. Third, improve prevention of AMR with infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) programmes in all sectors. Finally, ensure that all who need them have appropriate access to a regulated supply of quality-assured, affordable antimicrobials.<sup>10</sup> These global objectives should be supported by the appropriate development and stewardship of new diagnostics and vaccines, as well as new antibiotics and alternatives.

The Tripartite Collaboration on AMR is the current UN-focused governance arrangement, comprising WHO, the Food and Agriculture Organization of the United Nations (FAO), and the World Organisation for Animal Health (OIE). However, there are limitations with this governance arrangement. Global public goods such as antimicrobials can only be preserved if all countries cooperate. A multistakeholder, multisectoral, and truly global response to AMR is required. This response needs to be reinforced by stronger global governance that has a mandate across health, agriculture, and the environment and is supported by a well resourced secretariat.<sup>11</sup> This approach would include four elements. First, an effective mandate to encourage countries to make binding national commitments with support provided to strengthen capacity, capability, and funding for alternatives to antimicrobials and innovations in LMICs. Second, a process for reporting on these commitments. Third, the capacity, ability, and authority to advocate for AMR. Fourth, the ability to mobilise all stakeholders, including the private sector, civil society, and philanthropic actors.

To inform the recommendations of the IACG to the UN Secretary-General, a small initial meeting of stakeholders was convened at Leeds Castle in the UK under the leadership of Dame Sally Davies, Chief Medical Officer (CMO) for England, member of the IACG, and Chair of the subgroup on SDG alignment, global governance post 2019, and the UN role and responsibilities. Representatives included the Tripartite authorities, the private sector, and academic and multilateral experts.

The meeting concluded that a future international legal agreement is urgently needed to lock in long-term international standards and norms across the private and public sectors and ensure that antibiotics are available for future generations.<sup>12</sup> Reaching such an ambitious legal agreement will take leadership, skill, and perseverance from a wide range of actors. The group recommended that this might best be supported by the development of a multisector, multistakeholder Global Steering Board (figure) to be hosted in an existing organisation, led by a time-limited High-Level AMR Commission. Under this model, the international legal agreement would be designed through collaboration of the Commission and members states, and then enforced by the Global Steering Board and the Tripartite Collaboration on AMR.

The High-Level AMR Commission would be led by political, industry, and civil society leaders, and would be supported by the efforts of the Global Steering Board. The Board will undertake the following functions: deliver programmes of work aligned to key priorities; monitor and report progress, course correct, and challenge overall progress; connect stakeholders and professional groups across the private, public, and civil society sectors; and strengthen existing efforts of the Tripartite—in addition to the UN Environment Programme (UNEP) that will continue to provide normative guidance, drive standards, and monitor country-by-country data. The work of the Board would



**Figure: Global governance for antimicrobial resistance proposal**  
 FAO=Food and Agriculture Organization of the United Nations; OIE=World Organisation for Animal Health; UNEP=UN Environment Programme.

be supported by an expert advisory panel, similar to the Intergovernmental Panel on Climate Change, to provide independent advice on multisector scientific and policy questions to inform the setting of an appropriate suite of global goals to contain the threat of AMR, analogous to the climate change target of limiting global temperature rise to 2°C above pre-industrial levels.

The danger of AMR moving across borders demands the strengthening of global governance arrangements; no country can avoid the consequences if antimicrobials become ineffective. Effective action is only possible if all countries, agencies, and other actors organise ourselves across national boundaries. The focused set of priorities for AMR governance, the international legal process needed to deliver on these, and the supporting High-Level AMR Commission and Global Steering Board that we propose are only part of the solution. A truly global response to reduce the threat of AMR requires everyone to play their part. We welcome discussion on what the functions of the Global Steering Board could be.

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## REPLACE: a roadmap to make the world trans fat free by 2023

Cardiovascular disease is the leading cause of death globally, accounting for one in every three deaths,<sup>1</sup> with nearly half of deaths in lower-income countries among people younger than 70 years.<sup>2</sup> WHO has identified the elimination of industrially produced trans fat (an artificial product contained in partially hydrogenated

oils) from the food supply as an effective and cost-effective intervention to prevent cardiovascular disease.<sup>3</sup> Industrially produced trans fat causes an estimated 540 000 deaths each year worldwide.<sup>2</sup> This chemical is toxic to people even at low levels of intake: trans fat clogs arteries and increases the risk of myocardial

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