



# We need a global, legally binding antibiotic treaty – now!

To save millions of lives we must change the way we use antibiotics globally. No one country can do the job alone. Support the international campaign for an antibiotic treaty!

There is a strong case for a new treaty on antimicrobial resistance (AMR). Ongoing international efforts are insufficient to effectively address the transboundary, cross-sectoral, and collective action required to address the challenges of AMR. In the light of mounting evidence of the harm caused by drug-resistant infections, the process of creating an AMR treaty must be framed as a strategic aim in a mission-oriented project to prevent and address the dramatic, global repercussions of AMR. Past treaty-making efforts offer valuable insights into how a diplomatic campaign for a new treaty can lead to a global transformation in how antimicrobials are used, developed and distributed.

The international campaign for an antibiotic treaty works to ensure that all national governments, international organizations and industry:

- ➔ Recognize that AMR is a threat to global public health;
- ➔ Recognize that a new international legal framework is needed to strengthen AMR control and ensure equitable access for everyone across the globe;
- ➔ Implement measures to support negotiations on a new international agreement to secure antibiotics for all.

Achieving these goals requires bold global advocacy and communication initiatives to mobilize and coordinate action towards a clear goal across borders and sectors. *The International Campaign for an Antibiotic Treaty is a cross-sectoral civil society initiative established by several Norwegian NGOs from the health, environment, international development, and food and agriculture sectors.* We call on the cancer community and other civil society groups to join the campaign to advance the political process towards an effective policy tool for controlling AMR.

## The solution: A new antibiotic treaty

As a cross-sectoral problem, it is clear that the solution to the AMR health crisis requires global mechanisms that effectively encourage nations to act according to long-term global interests.

Existing political and legal frameworks have so far not been enough to solve the problems of misuse and overuse of antibiotics globally. A new and legally binding antibiotic treaty can provide a solution.



## The Norwegian Cancer Society's work with AMR

In June 2017, a global campaign, *The Biggest Threat to Cancer*

### Guiding elements of an antibiotic treaty

**Access:** Provisions to ensure equitable global distribution and needs-based access to antimicrobials and preventive measures

**Regulations:** Regulation of the production, marketing, sale and use of antimicrobials across sectors.

**Prohibitions:** Prohibitions of practices that are especially harmful, such as prophylactic and growth-enhancing use of antimicrobials

**Innovation:** Finance mechanisms for research, developments of antimicrobials and preventive measures

**Implementation:** Provisions to reward countries that implement control measures (and penalize countries that decides not to join the treaty)

*Patients*, was launched with then Minister of Health, Bent Høie, to raise awareness of AMR and to mobilize support for government-driven initiatives to slow its development. This global campaign was the first of its kind under the auspices of a patient organization. On World Cancer Day in 2018, the Norwegian Cancer Society opened its exhibition *Hanging by a thread*, which was later shown at WHO Europe's HQ in Copenhagen and also in Stockholm and Brussels.

The Norwegian Cancer Society has engaged with AMR because one in five cancer patients will need antibiotics in their treatment. Resistant bacteria are a major threat to cancer treatment and will set back decades of progress. Patients receiving cancer immunotherapy will be at risk of dying from uncomplicated bacterial infections.

In most things we do, it is the user and patient point of view we take to give the "case a face" – regardless of diagnosis. This is our strength and why we are constantly asked to participate in councils and committees. ■