

Civil Society as a Driving Force in the Global AMR Response

High-Level Event at the European Economic and Social Committee (EESC), organized by the WHO Civil Society Task Force on AMR and European Public Health Alliance

Brussels | 31 March 2026

Summary

The high-level event “Civil Society as a Driving Force in the Global AMR Response”, held on 31 March 2026 at the European Economic and Social Committee (EESC) in Brussels, convened civil society leaders, academic networks, European Union institutions, and other key stakeholders to examine how civil society can accelerate progress against antimicrobial resistance (AMR). Co-organised by the WHO Civil Society Task Force on AMR and the European Public Health Alliance (EPHA), the event took place alongside the Task Force’s Steering Committee meeting, providing a timely link between global AMR governance and EU policy processes.

Discussions underscored that AMR is not solely a technical or scientific challenge, but a systemic one, shaped by governance, equity, food systems, and health system resilience within a One Health framework. While the 2024 UN General Assembly High-Level Meeting on AMR and other recent commitments signal growing political attention, speakers consistently highlighted persistent gaps between commitments and implementation.

The WHO Civil Society Task Force on AMR was presented as a key mechanism for structured, inclusive engagement between WHO and civil society across all regions. Its mandate emphasizes co-design rather than consultation, accountability for implementation of National Action Plans, and a strong equity lens. Three priority workstreams were highlighted: a global campaign on access to penicillin, community-led monitoring and accountability, and coordinated civil society engagement and resourcing.

Panel discussions illustrated the unique value that civil society brings to the AMR response: providing real-world insight into implementation barriers, sustaining accountability, bridging sectors, and translating policy into people-centred action. Particular attention was given to the underrepresentation of patient voices in AMR discourse and the need to strengthen health literacy and use lived experience to inform policy and practice.

EU-focused discussions highlighted progress in policy coordination, monitoring, and emergency preparedness, while acknowledging challenges in implementation and systematic civil society engagement. Speakers emphasized the importance of integrating civil society perspectives across EU institutions and sectors to operationalize One Health effectively.

In closing, the event reaffirmed that civil society is a strategic driver of the global AMR response. Sustained collaboration between WHO, EU institutions, the EESC, and civil society will be essential to translate global commitments into accountable, equitable, and effective action at national and community levels.



Background and Context

Antimicrobial resistance (AMR) remains one of the most pressing and complex global public health challenges, threatening the effective prevention and treatment of infections, increasing healthcare costs, and undermining health system resilienceⁱ. Addressing AMR requires coordinated, multi-sectoral action across human, animal, and environmental health in line with the One Health approach.

Civil society organizations play a critical role in advancing the AMR agenda by amplifying community voices, translating global commitments into local action, fostering accountability, and supporting equitable and people-centred responses. The [WHO Civil Society Task Force on AMR](#), launched in 2025, brings together over 80 civil society organizations across all WHO regions and represents a growing platform for structured

with WHO and other stakeholders on AMR governance, policy, and implementation.

Against this backdrop, a high-level event entitled “Civil Society as a Driving Force in the Global AMR Response” was convened at the European Economic and Social Committee (EESC) in Brussels. The event was co-organised by the WHO Civil Society Task Force on AMR and the [European Public Health Alliance \(EPHA\)](#), and held on the margins of the Steering Committee meeting of the WHO Civil Society Task Force on AMR.

The EESC, as the institutional home of organised civil society within the European Union, provided a fitting setting to connect global civil society leadership with EU institutions and stakeholders.

Objectives of the Event

The event aimed to:

- Showcase the value proposition of civil society in advancing the global AMR response.
- Introduce the mandate, structure, and priorities of the WHO Civil Society Task Force on AMR to a Brussels-based policy audience.
- Foster dialogue between civil society, EU institutions, and other stakeholders on strengthening AMR policy and implementation.
- Identify pathways for collaboration, accountability, and follow-up at EU, national, and global levels.

Opening and Setting the Scene

The event opened with welcoming remarks from Mr Stoyan Tchoukanov, President of the EESC NAT Section (Nature, Agriculture, Rural Areas). He highlighted the EESC's role as the "House of Civil Society" and its mandate to bridge organised civil society and EU institutions through consensus-based policy advice.

Drawing on both institutional experience and personal perspective as a farmer, Mr Tchoukanov emphasized the systemic nature of AMR and the interconnections between agriculture, food systems, environmental sustainability, and human health. He underlined that misuse of antibiotics in any part of the system ultimately affects everyone, particularly future generations.

Ms Milka Sokolović, Director General of EPHA and Steering Committee Member of the WHO Civil Society Task Force on AMR, framed AMR as a threat that is well understood but insufficiently acted upon. She noted increasing recognition of One Health within EU institutions, but persistent fragmentation in implementation. Civil society, she stressed, should be seen not as an add-on or

stakeholder among many, but as a driver of change connecting policies with people, holding institutions accountable, and translating commitments into practice.

WHO Civil Society Task Force on AMR: Mandate and Priorities

Ms Katherine Urbáez, Co-Chair of the WHO Civil Society Task Force on AMR, presented an overview of the Task Force's rationale, structure, and strategic direction.

She described AMR as a complex crisis linked to poverty, inequality, and climate change. While recent years have seen significant political commitments, including the 2024 UN General Assembly High-Level Meeting on AMRⁱⁱ, persistent governance and implementation gaps remain.

The Task Force brings together more than 80 civil society organizations across all WHO regions and operates through a 12-member Steering Committee and thematic working groups. Its core principles include inclusiveness, transparency, alignment with WHO norms, and a strong equity and justice lens.

Three priority workstreams were highlighted:

1. Global Civil Society Campaign on Access to Penicillin, addressing persistent shortages of essential first-line antibiotics even after 100 years of its discovery.
2. Community-Led Monitoring and Accountability for AMR, strengthening transparency, local ownership, and implementation of National Action Plans.
3. Coordinated Civil Society Engagement and Resourcing, focusing on sustainable financing and meaningful participation of civil society in global and regional AMR governance processes.

Theory of Change for Civil Society Mobilisation

Prof Anthony So, Steering Committee Member of the Task Force, introduced a theory-of-change perspective for civil society mobilisation on AMR, drawing lessons from HIV/AIDS activism and global health financing.

He emphasized that AMR presents unique challenges: balancing access and stewardship, navigating intersectoral complexity, and addressing a problem that affects both high- and low-income countries. He framed the Task Force's work through three pillars-Action, Accountability, and Advocacy- and stressed the need for explicit, testable pathways linking civil society interventions to measurable outcomes.

Panel Discussion: Civil Society's Value Proposition in the Global AMR Response

Moderated by Ms Tracie Muraya, Co-Chair of the WHO Civil Society Task Force on AMR, the panel brought together perspectives from WHO, civil society networks, advocacy organizations, and patient leadership.

Key themes included:

- Early and meaningful engagement of civil society: Dr Benedikt Huttner (WHO) highlighted the importance of involving civil society from the outset as implementation partners, not merely as consultees. Civil society was identified as crucial for understanding real-world barriers, improving feasibility of National Action Plans, and sustaining accountability.
- Managing diversity and building coalitions: Ms Jaisalmer de Frutos Lucas (AMR Stakeholder Network) stressed that diversity within civil society brings competing, but not necessarily conflicting, interests. Effective facilitation, clear problem definition, and trusted spaces were identified as prerequisites for collective action.

- Accountability and measurable outcomes: Dr Andrea Caputo (ReAct Europe) shared lessons from the *From People to Leaders* campaign, noting that clear goals, participatory processes, and cultural adaptation enabled broad coalition-building. Preliminary findings from a survey being done in the lead up to the 5th ministerial meeting indicated persistent accountability gaps and limited community engagement in AMR governance.
- Centering patient voices: Ms Neda Milevska Kostova (AMR Patient Alliance) emphasized that AMR often remains invisible within patient experiences because it accompanies other conditions. She highlighted the need for better health literacy, use of patient-reported experience data, and compelling narratives to elevate AMR within patient advocacy spaces. Her message that *"we did not inherit antibiotics from our ancestors; we borrowed them from our children"* resonated strongly throughout the discussion.

EU Stakeholder Perspectives: Policy, Implementation, and Civil Society

A second panel, moderated by Ms Milka Sokolović, examined how civil society engagement interfaces with EU policy and implementation.

- EU policy coordination and One Health: Ms Ariane Vander Stappen (DG SANTE) described ongoing efforts to operationalize One Health across multiple Directorates-General, underlining structured monitoring, a forthcoming progress report to the Council by 2027, and the role of civil society in awareness-building and accountability.
- Emergency preparedness and medical countermeasures: Dr Matteo Nocchi (DG ECHO) outlined EU investments in medical stockpiling, emergency medical teams, and evacuation mechanisms. He acknowledged that engagement with civil

society remains more limited in emergency preparedness and highlighted the need for



stronger, more direct connections.

- Institutionalised civil society engagement: Mr Stoyan Tchoukanov reaffirmed the EESC's role in representing organised civil society and ensuring cross-sectoral dialogue, including agriculture, trade, and environmental health, within the One Health framework.

Closing Reflections and Way Forward

The event concluded with reflections from Dr Yan Hutin, Director of Antimicrobial

Resistance at WHO. He highlighted the 2024 UN political declaration on AMR as a critical turning point, but stressed that implementation and accountability now depend on sustained engagement.

He reaffirmed that civil society is a strategic driver of the AMR response- reaching communities, sustaining political pressure, and bringing equity into decision-making. The WHO Civil Society Task Force on AMR was presented as a genuine partnership mechanism to co-shape WHO's work and connect global commitments to country-level action.

Europe, he noted, has a particular responsibility given its policy influence and strong civil society ecosystem. Sustained collaboration between EU institutions, the EESC, WHO, and civil society will be essential to anchor global commitments in EU and national policies.

Conclusion

The event underscored that addressing AMR requires more than technical solutions, it requires inclusive governance, accountability, and people-centred implementation. Civil society is not peripheral to this effort but central to translating commitments into lasting impact.

The discussions highlighted concrete opportunities for collaboration, reinforced the strategic role of the WHO Civil Society Task Force on AMR, and set the stage for continued engagement between global and European stakeholders to advance the AMR agenda.

^{i i} World Health Organization | Antimicrobial resistance [Internet] Available from: <https://www.who.int/health-topics/antimicrobial-resistance>

ⁱⁱ UN General Assembly High-Level Meeting on antimicrobial resistance 2024 [Internet] Available from: <https://www.who.int/news-room/events/detail/2024/09/26/default-calendar/un-general-assembly-high-level-meeting-on-antimicrobial-resistance-2024>