



Workshop summary

The emerging global crisis of antimicrobial resistance

Towards a research agenda for International Relations

This one-day workshop was held at the University of Sheffield on Monday 29 February 2016. The workshop, sponsored by the Economic and Social Research Council, brought together leading scholars on the international politics of health from the UK and overseas to discuss and map out the contours of a potential International Relations (IR) research agenda on antimicrobial resistance (AMR).

Some of the participants had carried out previous research on the AMR issue, others applied the insights they had derived from the study of other areas of health and IR. A series of background papers were circulated in advance and participants were asked to prepare their answers to three questions prior to the workshop:

- How, if at all, does your prior research relate to the challenge of AMR?
- What broader lessons from the study of global health might also be relevant to the challenge of AMR?
- What key research questions, and what conceptual and methodological approaches, might IR more generally bring to the issue of AMR?

During the discussion participants identified and then elaborated seven IR-derived themes around which it was felt there is a potential disciplinary contribution to the ongoing discussions over AMR as a policy challenge. Whilst it was noted that some existing work has been carried out on many of these themes, significant scope for further research was acknowledged:

1. International cooperation

First, it was noted that successful action to address the AMR challenge will require inter-state collective action and coordinated international responses. It was suggested that IR research may have important insights into the difficulties and possibilities of such cooperation from work both within health (e.g. IR work on the global infectious disease surveillance system and on pandemic preparedness) and from IR's engagement with other sectors (e.g. climate change, global finance).

The importance of international summits to making progress on global collective action problems was discussed, including IR's analysis of issues of free riding and tragedies of the commons in analogous policy spheres (e.g. climate change summits).

The role of the BRICS economies – countries who are emerging as important global actors, but also have rapidly increasing consumption of

antimicrobials – was highlighted as a particular research priority, tying in with a broader IR research agenda on the rise of the BRICS states in global governance.

2. Global (Health) Governance: institutions and policy

Second, there was discussion around IR's potential contribution in relation to previous work around global governance (again, both within and beyond health) and global policy-making processes aimed at tackling cross-border problems.

Building on previous work on Global Health Governance, participants felt that IR has a good deal to contribute, drawing on work around the creation and design of international institutions (traditional multilateral institutions as well as public-private partnerships and other forms of governance mechanisms); 'forum shopping' and the pros and cons of the various fora within which the AMR issue might arise; agenda-setting and policy advocacy; norm creation and dissemination; the strengths and weaknesses of different forms of agreement (e.g. international treaties vs. other forms of agreement); and the design of mechanisms to improve accountability and compliance.

Following on from the discussions over the BRICS countries (above), a number of other key global governance actors were identified and discussed including the World Health Organization, the Food and Agriculture Organization; regional organizations and bodies such as the G7/8 and G20.

3. States and markets

Third, a number of aspects of the AMR issue that relate to work on International Political Economy (IPE) were highlighted and discussed. The political economy of pharmaceutical production was one focus of conversation, with previous research having insights to deliver in terms of originator and generic pharmaceutical producers, competition and regulation issues, and attempts by states to stimulate pharmaceutical innovation in particular fields. On the latter point, for example, it was noted that the findings from work in IR/IPE on the incentivization of pharmaceutical R&D for biodefence purposes might have applicability to the AMR issue.

In addition, ongoing work in IR/IPE and global health has begun to address a range of other pertinent issues, including around international data sharing, counterfeit and sub-standard medications; and the consequences of global trade policies for health.

4. Ethics and global justice

Fourth, IR has previously engaged with questions around justice and equity in access to medicines (for example around antiretroviral treatments for HIV) – themes which also apply to the AMR debate where, for much of the world's population, the lack of access to antimicrobials constitutes a greater health threat (at least in the short-medium term) than the development of resistant pathogens.

This highlights the fact that there are particular AMR challenges in low- and middle-income countries, and in some cases these are distinct from the problems facing the developed world. For participants, this raised the challenge of designing policy responses that serve a variety of needs (including innovation, conservation and access) in way that ensures that global inequalities in health are reduced rather than exacerbated. The role of Development Assistance for

Health in attempting to meet these different needs was considered, and the fact that inequalities in access are not only national but also within societies (as a function of gender, social status etc) was considered.

5. Global-national-local dynamics

Fifth, AMR is a multi-scalar challenge necessitating the better understanding of relationships between the international, national, local and individual levels. Participants agreed that action is required at all levels (e.g. international agreements; national regulations; doctor-patient interactions; individual behaviours) in ways that are mutually reinforcing rather than in tension with one another.

It was generally felt that, whilst it has methodological and conceptual tools that could help unpack these relationships, IR has not traditionally been strong in its engagement with the relationships between these levels. Whilst IR does have a track-record in addressing some parts of this challenge (for example around global-national policy alignment), for some participants this raised the prospect not only that IR could contribute to discussions over AMR, but also that doing so could provide important insights for other areas of IR.

6. International security

Sixth, the relationship between AMR and questions of national and international security was discussed. It was noted that this has increasingly become part of the discourse around AMR – witnessed in the statements of Dame Sally Davies and others – and that this is an area in which IR scholars have a great deal to contribute.

Existing work on the security implications of infectious disease outbreaks, for example, has led to a debate over whether ‘securitization’ is a positive development (galvanizing policymakers to devote attention and resources to an issue) or whether it can also have downsides (for example around mal-prioritization; exacerbating stigma and discrimination; and leading to authoritarian emergency-driven government responses). The politics of securitizing ‘future emergencies’ was (similar to climate change) seen as a particularly fruitful avenue for enquiry within an IR framework, as was ongoing work on the ‘pharmaceuticalization of security’ and its impact on contemporary security practices.

7. IR as an ‘inter-disciplinary discipline’

Finally, there were discussions around the general ‘comparative advantages’ of IR as a discipline in understanding the issues around AMR. It was argued that IR brings a set of ‘core concepts’ – for example power, interests, (in)equalities, rights and justice – that should be central to discussions of AMR.

At the same time, it was noted that IR has a long and successful history of inter-disciplinary engagement with other social sciences and with the natural sciences. As a heterodox discipline with fluid boundaries and a plurality of theoretical and methodological approaches, it was suggested that IR could have an important part to play in breaking down boundaries and fostering interdisciplinary collaborations across a wide range of areas of academic and policy activity.

List of participants:

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