

Awareness-raising on Antimicrobial Resistance:

Report of global consultation meetings

28-30 June | 5-7 July 2022



Background

The drivers of antimicrobial resistance (AMR) cut across the human, animal, plant, and environmental health sectors. Addressing AMR requires a holistic and multi-sectoral approach referred to as a One Health approach. Raising awareness about AMR, its drivers, its impact, and its solutions should happen more collaboratively and collectively across sectors. With planning and collaboration, AMR awareness-raising activities undertaken in one sector can complement awareness-raising objectives in other sectors.

The Food and Agriculture Organization of the United Nations (FAO), the UN Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH, founded as OIE) also known as the Quadripartite organized a global consultation for awareness-raising on AMR. Two meetings were held to allow for broad global participation and to accommodate different time zones. The meetings were conducted virtually from 28 to 30 June 2022 and from 5 to 7 July 2022. Each had exactly the same agenda and process and the same questions were discussed during group work.

The consultations brought together representatives from around the world and across key AMR stakeholder groups. Individuals who registered for the workshops represented 96 countries and 150 government and non-government agencies and organizations. There were 160 representatives from the human health sector, 131 from animal health and food systems and 15 from environmental health. A total of 200 individuals participated in the consultation meetings. Participants were nominated by countries, regions, UN agencies, international organizations, civil society organizations, quadripartite headquarters, and regional offices. Patient advocates, academia and the private sector were also represented.

General objective of the meeting

- ▶ To develop a common approach to raising awareness on AMR

Specific objectives of the meeting

- ▶ To review the 4 Ps (public, policymakers, prescribers, and pharmacists) population segments and identify the awareness resources and tools needed to reach them effectively
- ▶ To agree on the core elements required to support a common approach, common language and common messaging for awareness raising across human, animal, plant and environmental health stakeholders
- ▶ To identify opportunities for joint awareness activities and continued collaboration and harmonization across sectors

Methodology

Both meetings were organized over three days with facilitated group discussions and plenary presentations. The workshop agenda was designed to encourage group discussions, exchange of ideas, conclusions, and key takeaways. Participants were divided into working groups. Pre-assigned group chairs and rapporteurs were provided with working guides, tools, and templates. Selected experts from the animal, human, plant, and environmental sectors were invited to share their experiences and provide relevant multi-sectoral reflections before the group work. This was meant to provide participants with a tangible example of awareness-raising work when they went into the groups. At the end of group presentations, pre-assigned speakers provided synthesis and reflections on key findings and takeaways which emerged during the presentations.

The group discussions focused on finding opportunities for multisectoral collaboration considering common audiences and common activities that can complement sector-specific work throughout the year. Each day of the consultation was dedicated to addressing one of the three objectives of the meeting. On the first day, participants identified the common audiences optimally suited for multi-sectoral AMR awareness activities. On the second day, they identified key factors necessary to develop a common approach, common language and common messages to reach these audiences. On the last day, participants concluded their discussions by proposing opportunities for joint, multisectoral awareness activities to reach the identified audiences.

Common Audiences for joint AMR awareness-raising

On the first day, participants were asked to think about the common audiences that need to be targeted for AMR awareness work, including and beyond the 4Ps (Public, Prescribers, Pharmacists and Policymakers).

The participants identified the following common audiences that need to be targeted for AMR awareness work:

- ▶ Children/students/youth: Targeting school children and students from primary school to university is essential. They form a potential demographic for future health care providers and consumers.
- ▶ Community leaders: opinion leaders, religious leaders and traditional leaders are also another audience to target. They are quite influential leaders and gatekeepers especially in low and middle-income countries.
- ▶ Engaging the media: The media is influential and can play a role in appealing to people's values, so that they take part in the AMR response.
- ▶ Parliamentarians and policymakers: it is important to sensitize law makers and policy makers especially in government ministries, so that they understand the economic impact of AMR and the potential return on investment of budget allocations to AMR. Local governments can also play the role of AMR and One Health response champions.
- ▶ Civil society organizations are also important audiences and have the capacity to disseminate messaging to grassroots communities. They are also important in terms of linkages with policymakers and advocacy.
- ▶ Community health workers for human and animal health are important audiences as they work at grass-root level and interact more with the community than other health workers.
- ▶ Informal dispensers and prescribers in the communities should be involved. This is particularly important in low- and middle-income countries, where they form larger free prescriber group of people.
- ▶ Environmentalists and environment specialists who work on managing the environment are important as environmental safety is one of the key components of the AMR One Health Spectrum.
- ▶ The laboratories and the researchers also have an important role to play. These are audiences that need to be sensitized to the importance of generating data on AMR and really contributing to strengthening the evidence base that we have for AMR action.
- ▶ Influencers and multipliers - The role of local and national influencers and multipliers is widely recognized.
- ▶ Farmers in livestock and crop production can play a key role in reducing the need for antimicrobials.
- ▶ Patients are important target audience. Their carers and guardians are also important as they make decisions for their patients as well.
- ▶ Private sector: for instance, trader and consumers associations, waste disposal companies, health insurance groups, food value chain stakeholders and others.
- ▶ It is important always to keep in mind equity and the vulnerable populations within the broader community and general population groups. How can we best cater to the needs of these vulnerable groups such as displaced/refugee populations or others? One suggestion is to work more with NGOs.

Following the plenary sessions and discussions, the groups were further requested through polling to prioritize the common audiences from the proposed list.

The top priority target audiences for joint AMR awareness-raising (annex 1) were:

- 1 Children/students/youth
- 2 Media
- 3 Parliamentarians
- 4 Policy makers/regulators

Important areas for joint awareness-raising

For these common audiences, participants were requested to identify important areas for joint awareness-raising. These included:

- ▶ Focus on appropriate /rational use of antimicrobials in all sectors.
- ▶ Going back to the basics, simplifying and explaining why AMR is an important and urgent problem; in simple language and terms that can be understood easily.
- ▶ Better messaging and information about the policies, guidelines, and regulations in place and enforcement of the existing laws and regulations.
- ▶ Joint messaging from the Quadripartite, especially to policymakers and governments. The messages will be stronger if we deliver them together.
- ▶ Continuous messaging and continuous awareness activities to create an enabling environment that is conducive for behavioral change.
- ▶ Having enough evidence and data for joint awareness raising

Following the group discussions and plenary sessions, the participants were again requested through polling to prioritize important areas for joint AMR awareness-raising activities.

The participants recommended the following 4 priority areas for joint awareness-raising (annex 2):

- 1 **Appropriate /rational use of antimicrobials**
- 2 **Need for one health coordination at national level**
- 3 **The basics of AMR and explaining AMR in a simple way**
- 4 **Regulation and enforcement of antibiotic sales without prescription**

Common approach to AMR awareness-raising across human, animal, plant, and environmental health sectors

Building on the first day's discussion, participants were tasked to identify key factors necessary to develop a common approach to AMR awareness raising across sectors. Important factors and considerations were identified for developing a common approach to awareness raising. These included:

- ▶ Engage the target audience early and follow a participatory approach. Pilot and test messages and strategies with them to ensure continuous improvement.
- ▶ Know your audiences. Collect and use behavioral and social insights (e.g., community culture, beliefs, values, health system etc.).
- ▶ Tailor awareness strategies and messages to specific audiences.
- ▶ Agree on common definitions, language, and terminologies for AMR across sectors.
- ▶ Ensure joint coordination of awareness across sectors.
- ▶ Develop joint awareness messages that reflect all sectors' objectives/priorities.
- ▶ Generate data and evidence to achieve the intended targets.
- ▶ Mainstream AMR awareness into existing programmes and share learning from other successful programmes e.g., COVID awareness, TB, HIV and other public health programmes.
- ▶ Link AMR and AMR awareness to critical priorities like Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) and other priorities in the agricultural, animal and the environmental sectors is very important.
- ▶ In addition to focusing on what works, learn also about opposing interests, counter arguments and doubts from the other sectors and prepare to address those thoughts and arguments.

Following the group discussions and plenary sessions, the participants were again requested through polling to prioritize the key factors.

The top priorities to develop a common approach to awareness raising are (annex 3):

- 1 Engage the target audience in a participatory approach
- 2 Agree on common definitions of AMR terms across sectors
- 3 Develop joint awareness messages that reflect all sectors' objectives and priorities
- 4 Tailor awareness strategies to specific audiences
- 5 Ensure joint coordination of awareness across sectors

Important considerations to develop common language and messaging across the shared audiences

The group also identified important considerations to develop common language and messaging targeting the common audiences. The list included:

- ▶ Engage experts from other areas such as communications, media, advertising, marketing, and social and behavioural sciences.
- ▶ Use human interest and tell stories.
- ▶ Develop positive and hopeful messages on interesting and appealing topics.
- ▶ Focus on the social and economic impact of AMR: the impact of doing nothing and the return on investment from allocations to AMR.
- ▶ Develop more inclusive One Health materials.
- ▶ Communicate across all sectors, using the same language and messages.
- ▶ Focus and simplify messages and contextualize generic messages.
- ▶ Use strong ambassadors, multipliers, and influencers.
- ▶ Diversify platforms and channels.
- ▶ Share data and evidence with the common audiences.
- ▶ Focus on prevention messages.

The participants prioritized the following considerations to develop common language and messaging across the shared audiences (annex 4):

- 1 Engage experts in other areas such as communications, advertising, and marketing
- 2 Use human interest and tell stories
- 3 Develop positive and hopeful messages on interesting and appealing topics
- 4 Identify specific, shared audiences for focused messages
- 5 Focus on the social and economic impact of AMR: the cost of doing nothing and the return on investment from allocations to AMR

Opportunities for joint awareness activities

Building on the preceding two days' conversations and deliberations, participants concluded their discussions on the last day by proposing opportunities for joint, (multi-sectoral awareness activities to reach identified audiences.

- ▶ Identify One Health stakeholders and ensure continuous engagement:
 - Involve them in implementation, monitoring and evaluation of awareness activities.
 - Utilize existing One Health platforms.
 - Build AMR coalitions at parliamentary level. Go beyond advocacy and involve them as key stakeholders in AMR work so that parliamentarians themselves see it as their responsibility.
 - Communicate more frequently about AMR than just during World Antimicrobial Awareness Week (WAAW) annually.
 - Advocate for the prioritization of awareness-raising, along with other AMR interventions to ensure sufficient human and financial resources.
 - Include health promotion and communication focal points in AMR committees.
 - Consider engaging Ministry of Education in AMR multisectoral coordination periodically.
- ▶ Conduct joint media briefings and media engagement with all One Health entities on a more continuous basis.
- ▶ Develop joint pre-service training curricula that addresses students in medicine, veterinary science and pharmacology.
- ▶ Document experiences from WAAW and share experience from other successful campaigns.
- ▶ Use multisectoral partnerships platforms where they exist and leverage and bring together existing networks that cover One Health.
- ▶ Engage and coordinate at the local level with a One Health perspective. Take advantage of existing collaboration at the local administrative level that may be relevant to One Health.
- ▶ Utilise high-level advocacy opportunities from events organized by the Quadripartite, Partners and Member States including at international conferences and meetings.
- ▶ Integrate AMR awareness into internationally recognized days and campaigns. Showcase AMR at global sporting events (e.g., World Cup football). Consider new AMR awards (such as for the Oscars or Olympics), and competitions to show the positives of what AMR champions are doing.
- ▶ Piggy-back on already successful, widely known topics that are in the news and on policy agendas; for instance, environmental health and climate change, food insecurity, pollution and health equity.

Collaboration and harmonization

The group also made recommendations to improve continued collaboration and harmonization across human, animal, plant, and environmental health sectors.

- ▶ Maintain joint One Health AMR plans and budgets and mobilize resources together.
- ▶ Establish multi-sectoral coordination committees with outreach to the community and the public.
- ▶ Harmonize and enforce legislation and regulations.
- ▶ Create shared database / knowledge management systems to share awareness activities and initiatives.
- ▶ Ensure frequent communication among AMR multisectoral committee members on awareness.
- ▶ Engage communication specialists from all relevant ministries.
- ▶ Harmonize language and messaging; bring experts on board to improve communication strategies, design and messages.
- ▶ Build human resource capacity for developing and implementing AMR awareness activities.
- ▶ Keep AMR awareness on local authorities' agenda. Use existing local committees and take advantage of established coordination with community leaders.
- ▶ Monitor and evaluate the impact of all awareness-raising activities to understand what works and what does not work.

The rich exchanges during the consultations highlighted the need for continued collaboration. Workshop participants were asked if they wish to be part of a growing community of practice to raise AMR awareness. The overwhelming majority of participants responded that they wanted to be part of a community of practice and stay connected (annex 5). The Quadripartite will build this community of practice and engage the group to continue contributing to the AMR awareness agenda.

Conclusion and next steps

The global consultation meetings brought together diverse stakeholders from across the globe representing diverse sectors across human, animal, plant, and environmental health to specifically discuss AMR awareness. The workshops were highly interactive. The deliberations from both consultations showed a clear global convergence of thinking around the core areas of AMR awareness raising in terms of the common audiences, the common areas of work, the common approaches, and the priorities. The discussions brought to light important ideas for shaping the AMR awareness agenda across human, animal, plant, and environmental health sectors. There was a strong consensus on the need for One Health stakeholders to work together.

There is a clear consensus to prioritize awareness work with children and youth, media, parliamentarians, and policy makers. Working together systematically on these priority audiences will have positive short- and long-term impact on AMR awareness raising across sectors. Key considerations to develop a common approach to AMR awareness includes engaging the target audiences in a participatory approach; going back to the basics of AMR and communicating simply in a way that is understood by all; ensuring simplicity, consistency, and clarity of messages; agreeing on common definitions, language, and terminologies of AMR across sectors, and ensuring joint coordination of awareness across sectors.

Many cross-cutting opportunities were also identified for joint, multisectoral awareness activities. These include joint pre-service training curricula that address all students who will go on dispense or prescribe antimicrobials; joint media briefings and media engagement on a more frequent and year-long basis; bringing together existing networks that cover One Health; showcasing AMR at global sporting events and competitions and creating specific AMR awards for champions; and integrating AMR awareness into internationally recognized days and campaigns. Recommendations were also made to improve continued collaboration and harmonization across human, animal, plant, and environmental health sectors. These included joint One Health AMR plans and budgets and resource mobilization; harmonizing and enforcing legislation and regulations; establishing multi-sectoral coordination committees; engaging communication specialists from all relevant ministries; and building human resource capacity for further developing and implementing AMR awareness activities and strategies.

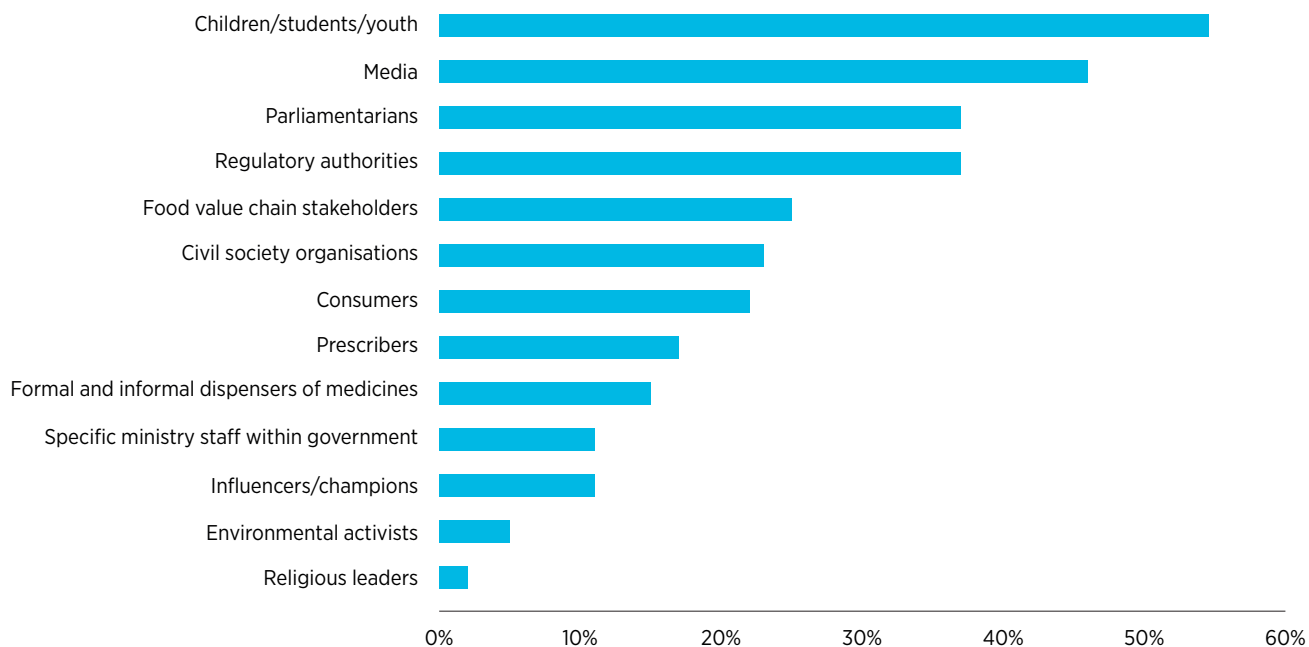
The quadripartite is committed to establishing and supporting a community of practice to raise awareness on AMR. This will enable a growing network to stay connected and contribute to the AMR awareness agenda. The Quadripartite will also organize a global webinar to disseminate and publicize the findings from the global consultation meetings. This will further enlarge this community and make others aware of the rich discussions and deliberations during the consultation.

Annexes

Annex 1:

COMMON AUDIENCES THAT NEED TO BE TARGETED FOR AMR AWARENESS WORK

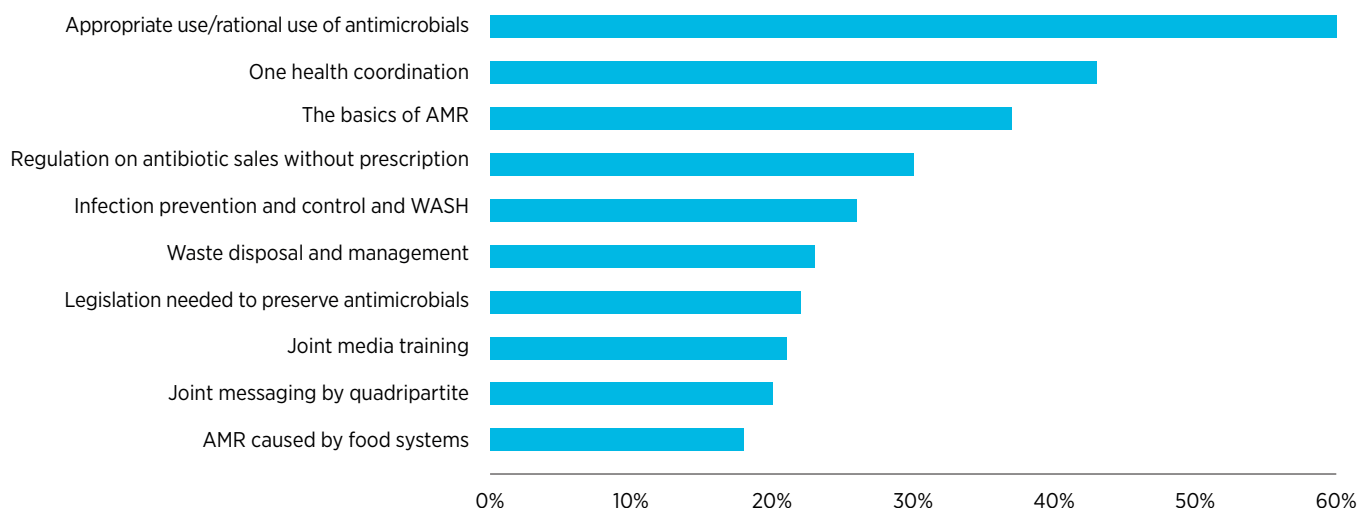
Which three of these audiences should be prioritized for joint AMR awareness raising work?



Annex 2:

IMPORTANT AREAS FOR JOINT AMR AWARENESS-RAISING ACTIVITIES

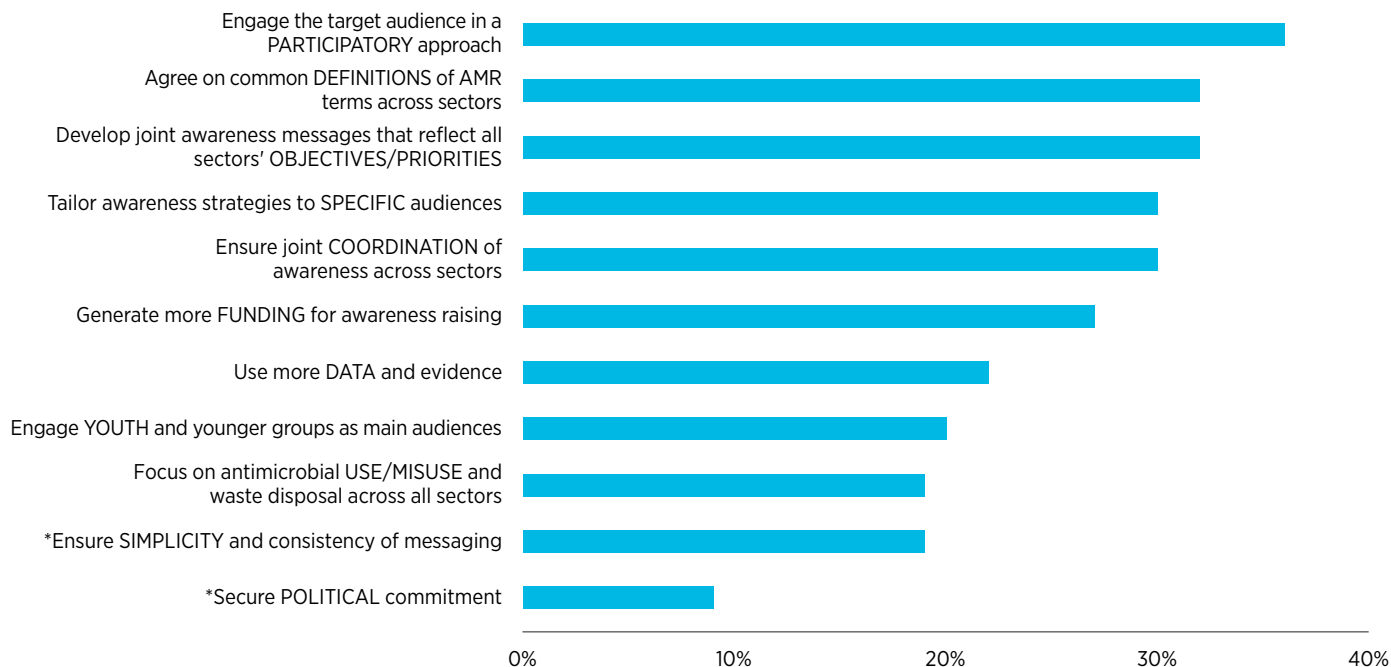
Which three areas should be prioritized for joint AMR awareness work?



Annex 3:

KEY FACTORS TO DEVELOP A COMMON APPROACH TO AMR AWARENESS RAISING ACROSS SECTORS

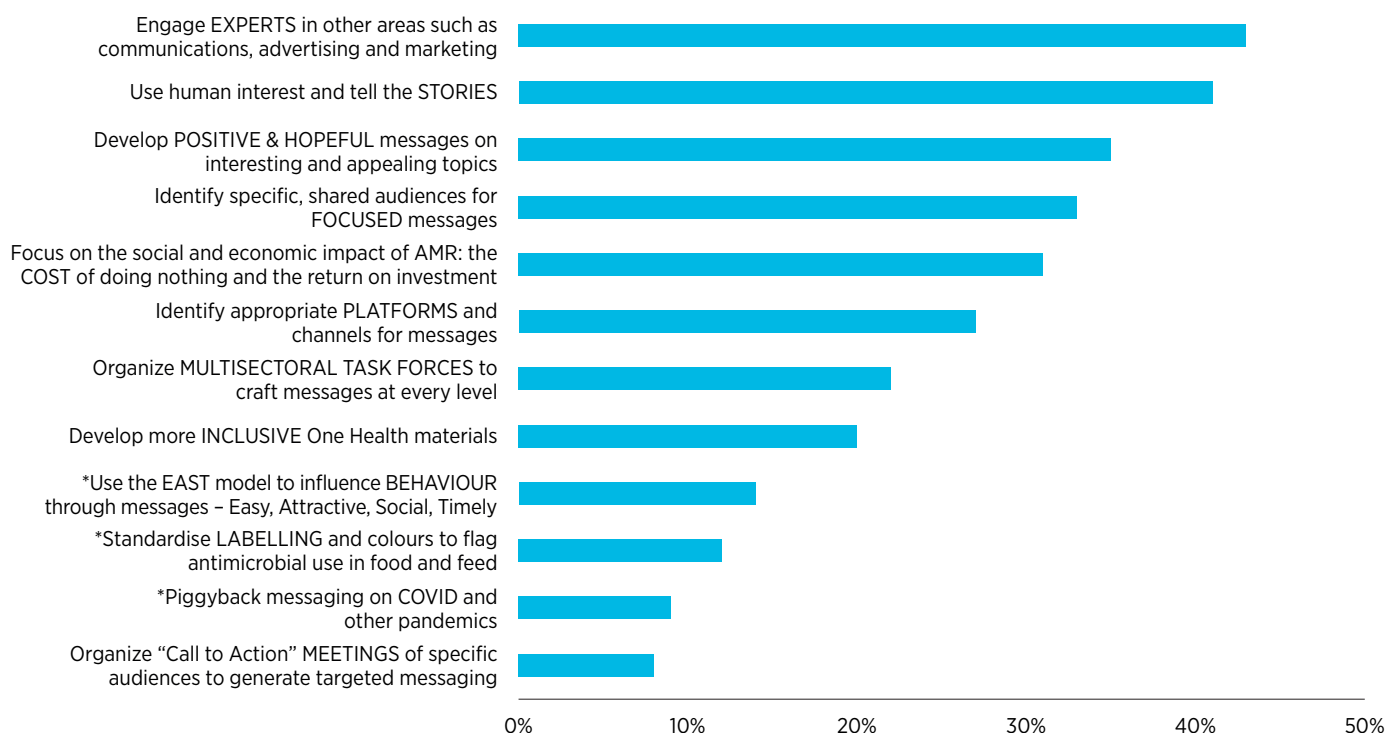
To develop a common approach to awareness raising, we should:



Annex 4:

IMPORTANT CONSIDERATIONS TO DEVELOP COMMON LANGUAGE AND MESSAGING ACROSS THE SHARED AUDIENCES

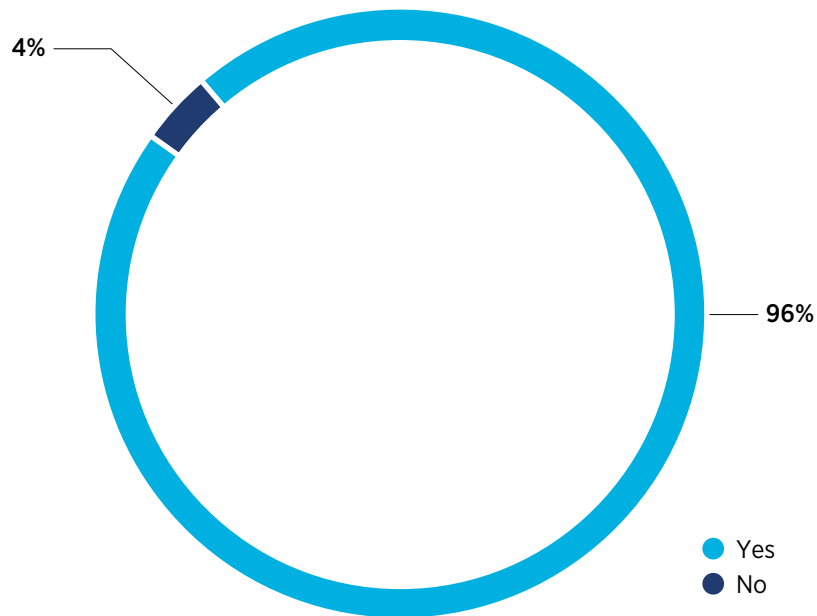
To develop common language and common messaging, we should:



Annex 5:

RESPONSES TO BE PART OF AMR AWARENESS COMMUNITY OF PRACTICE

Would you wish to be part of a growing AMR awareness community of practice and stay connected?



Annex 6: Workshop Agenda

GLOBAL CONSULTATION: AWARENESS RAISING ON ANTIMICROBIAL RESISTANCE Quadripartite Working Group on AMR Awareness

28-30 June 13.00-16.00 CEST

DAY 1: 28 June Priority audiences and how to reach them?	DAY 2: 29 June What constitutes a common approach?	DAY 3: 30 June Opportunities for joint awareness activities
<p>13.00–13.15 Welcome and greeting from a representative of each AMR Quadripartite Dr Irene Labia Ouoba (FAO) Ms Rachel Richardson (UNEP) Dr Maha Talaat Ismail (WHO) Dr Jane Lwoyero (WOAH)</p> <p>13.15–13.25 ▶ Meeting objectives Mr Thomas Joseph (QJS)</p> <p>13.25–13.40 Group work introduction: ▶ Common audiences for AMR awareness-raising: 4 Ps and beyond Dr Lucía Escati (WOAH) Sarah Nehrling (Facilitator)</p> <p>13.40–14.40 Group work</p> <p>14.40–14.45 5 min break</p> <p>14.45–15.45 ▶ Presentations to plenary Group rapporteurs</p> <p>15.45–15.55 ▶ Reflections and synthesis Dr Nathalie El-Omeiri (PAHO)</p> <p>Day 1 close Ms Sarah Nehrling (Facilitator)</p>	<p>13.00–13.05 Welcome and Day 1 recap Ms Sarah Nehrling (Facilitator)</p> <p>13.05–13.15 ▶ Experience-sharing (5-7 min) Ms Niniola Williams (Drasa Trust)</p> <p>13.15–13.30 Group work introduction: ▶ What does a common approach to awareness entail? Dr Lianne Gonsalves (WHO) Sarah Nehrling (Facilitator)</p> <p>13.30–14.35 Group work</p> <p>14.35–14.40 5 min break</p> <p>14.40–15.40 ▶ Presentations to plenary Group rapporteurs</p> <p>15.40–15.55 ▶ Reflections and synthesis Dr Walter Fuller (WHO)</p> <p>Day 2 close Ms Sarah Nehrling (Facilitator)</p>	<p>13.00–13.05 Welcome and Day 2 recap Sarah Nehrling, event facilitator</p> <p>13.05–13.15 ▶ Experience-sharing (5-7 min) Dr Martha Gyansa-Lutterod, Ghana</p> <p>13.15–13.30 Group work introduction: ▶ Joint activities in action: who and what does it take? Ms Rachel Richardson (UNEP)</p> <p>13.30–14.15 Group work</p> <p>14.15–14.20 5 min break</p> <p>14.20–15.15 ▶ Presentations to plenary Group rapporteurs</p> <p>15.15–15.40 ▶ Reflections and synthesis Dr Pilar Ramon-Pardo (PAHO)</p> <p>15.40–15.45 ▶ Upcoming joint awareness event: WAAW 2022 Ms Fallon Bwatu Mbuyi (FAO)</p> <p>15.45–16.00 ▶ Thank yous and meeting close Mr Thomas Joseph (QJS)</p>

GLOBAL CONSULTATION: AWARENESS RAISING ON ANTIMICROBIAL RESISTANCE Quadripartite Working Group on AMR Awareness

5-7 July 9.00-12.00 CEST

DAY 1: 5 July Priority audiences and how to reach them?	DAY 2: 6 July What constitutes a common approach?	DAY 3: 7 July Opportunities for joint awareness activities
<p>09.00–09.15 Welcome and greeting from a representative of each AMR Quadripartite agency Dr Mary Joy Gordoncillo (<i>FAO</i>) Ms Kakuko Nagatani-Yoshida (<i>UNEP</i>) Dr Stephan Jost (<i>WHO</i>) Dr Chantanee Buranathai (<i>WOAH</i>)</p> <p>09.15–09.25 ▶ Meeting objectives Mr Thomas Joseph (<i>WHO</i>)</p> <p>09.25–09.40 Group work introduction: ▶ Common audiences for AMR awareness-raising: 4 Ps and beyond Ms Fallon Bwatu Mbuyi (<i>FAO</i>) Sarah Nehrling (<i>Facilitator</i>)</p> <p>09.40–10.40 Group work</p> <p>10.40–10.45 <i>5 min break</i></p> <p>10.45–11.45 ▶ Presentations to plenary Group rapporteurs</p> <p>11.45–11.55 ▶ Reflections and synthesis Dr Emmanuel Kabali (<i>FAO</i>)</p> <p>Day 1 close Ms Sarah Nehrling (<i>Facilitator</i>)</p>	<p>09.00–09.05 Welcome and Day 1 recap Ms Sarah Nehrling (<i>Facilitator</i>)</p> <p>09.05–09.15 ▶ Experience-sharing (5-7 min) Ms Vanessa Carter, <i>South Africa</i></p> <p>09.15–09.30 Group work introduction: ▶ What does a common approach to awareness entail? Dr Lianne Gonsalves (<i>WHO</i>) Ms Sarah Nehrling, <i>Facilitator</i></p> <p>09.30–10.35 Group work</p> <p>10.35–10.40 <i>5 min break</i></p> <p>10.40–11.40 ▶ Presentations to plenary Group rapporteurs</p> <p>11.40–11.55 ▶ Reflections and synthesis Dr Ana Luisa Pereira Mateus (<i>WOAH</i>)</p> <p>Day 2 close Ms Sarah Nehrling (<i>Facilitator</i>)</p>	<p>09.00–09.05 Welcome and Day 2 recap Ms Sarah Nehrling (<i>Facilitator</i>)</p> <p>09.05–09.15 ▶ Experience-sharing (5-7 min) Dr Lisa Morgans, <i>United Kingdom</i></p> <p>09.15–09.30 Group work introduction: ▶ Joint activities in action: who and what does it take? Ms Fallon Bwatu Mbuyi (<i>FAO</i>)</p> <p>09.30–10.15 Group work</p> <p>10.15–10.20 <i>5 min break</i></p> <p>10.20–11.25 ▶ Presentations to plenary Group rapporteurs</p> <p>11.25–11.40 ▶ Reflections and synthesis Dr Jorge Pinto Ferreira (<i>FAO</i>)</p> <p>11.40–11.45 ▶ Upcoming joint awareness event: WAAW 2022 Dr Diriba Mosissa (<i>WHO</i>)</p> <p>11.45–12.00 ▶ Thank yous and meeting close Mr Thomas Joseph (<i>WHO</i>)</p>

Annex 7: Acknowledgements

Overall organisation of the meetings

Fallon Bwatu Mbuyi (FAO), Lucía Escati (WOAH), Lianne Gonsalves (WHO), Diriba Mosissa (WHO), Rachel Richardson (UNEP), Sajni Shah (UNEP), Naomi Vollet (WHO), and Sarah Nehrling (Garabam Consulting, event facilitator) under the overall guidance of Thomas Joseph (WHO).

First meeting

28-30 June 2022

Group Chairs:

Nathalie El Omeiri (PAHO), Freddy Eric Kitutu (Makerere University, Uganda) Kapon Otridah (WHO), Arseny Polyakov (WOAH), Tenaw Tadege (FAO), Cecilia Westerdahl (WOAH)

Group rapporteurs:

Lucía Escati (WOAH), Omotayo Tirimidhi Hamzat (WHO), Lyne Iyadi (WOAH), Ismaila Kane (FAO), Tapiwanashe Kujinga (Pan-African Treatment Access Movement), Mark Obonyo (FAO)

Presenters:

Fallon Bwatu Mbuyi (FAO), Lucía Escati (WOAH), Lianne Gonsalves (WHO), Thomas Joseph (WHO), Rachel Richardson (UNEP)

Experience sharing:

Martha Gyansa-Lutterod (Ministry of Health, Ghana), Niniola Williams (DRASA Health Trust, Nigeria)

Reflections and synthesis:

Nathalie El Omeiri (PAHO), Walter Fuller (WHO), Pilar Ramon-Pardo (PAHO)

Second meeting

5-7 July 2022

Group Chairs:

Carmela Barcelona (WHO), Domingo Caro (FAO), Vanessa Carter (Health communication and social media, South Africa), Ana Luisa Pereira Mateus (WOAH), Mohamed Sirdar (WOAH)

Group rapporteurs:

Claire Brandish (Commonwealth Pharmacists Association), Mary Joy Gordoncillo (FAO), Nahoko Ieda (WOAH), Miguel Salazar (UNEP), Jiani Sun (WHO)

Presenters:

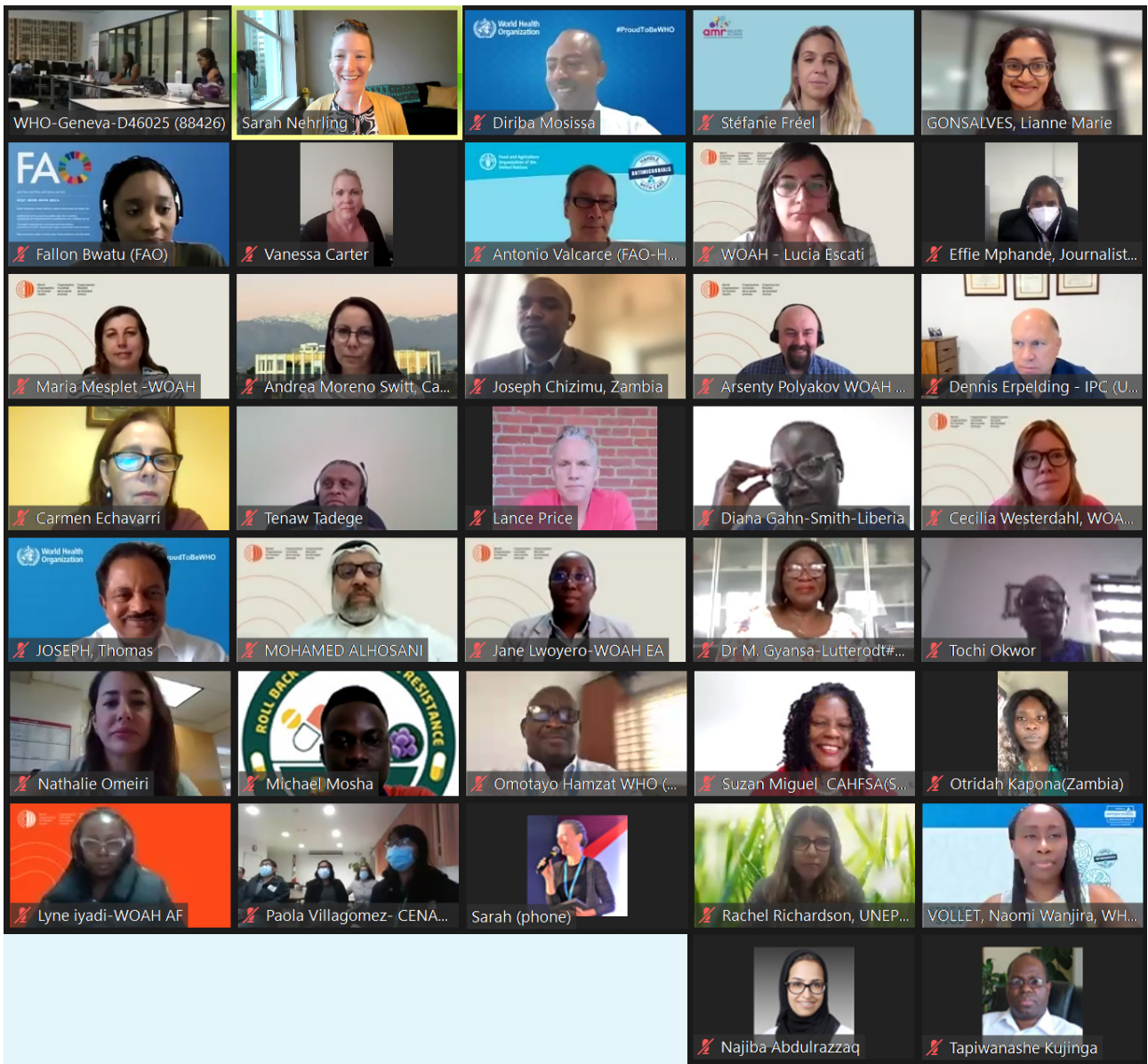
Fallon Bwatu Mbuyi (FAO), Lianne Gonsalves (WHO), Thomas Joseph (WHO), Diriba Mosissa (WHO)

Experience sharing:

Vanessa Carter (Health communication and social media, South Africa), Lisa Morgans (Innovation 4 Agriculture, UK)

Reflections and synthesis:

Jorge Pinto Ferreira (FAO), Emmanuel Kabali (FAO), Ana Luisa Pereira Mateus (WOAH)



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