
Project:

AMR NETWORK

Designing a Coordinated One Health Response to Antimicrobial Resistance in Canada



Network Model Options

A Virtual Town Hall Series // Summary of Findings // Nov. & Dec. 2020

1. Introduction

This project is conducting a series of broad consultations with stakeholders from across Canada and from across One Health. The purpose of these discussions is to explore the various aspects of how an antimicrobial resistance (AMR) network should be organized.

Our previous sessions focused on candidate network functions; this set of sessions focused on conversations specific to network structure, with a keen focus on two particular model options.

This ‘Summary of Findings’ document reports on what we heard throughout our Series 2 consultations. It is not intended to draw conclusions about which model is best. Instead, this report highlights the different nuances and implications of each model option in the words of our town hall participants. These nuances and implications have been distilled into 15 key findings, which comprise the majority of this document.

Like our Series 1 ‘Summary of Findings,’ the contents of this document will inform the development of the project’s final network recommendations, which will be submitted to the Public Health Agency of Canada (PHAC) and others by March 31, 2021.

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2. How the Consultations Were Designed and Unfolded

Invitations were sent to approximately 600 stakeholders from all across Canada and all across One Health. More than 80 people participated in the live sessions and a small handful submitted written feedback.

In a discussion document distributed prior to the session, we proposed two models — one that embraces distributed collaboration and one that takes a more top-down approach. The two network model options discussed in our ‘Series 2 Town Hall’ sessions — the distributed collaboration model and the lead-entity model — are nuanced and complex. While they are similar in many ways, they are distinctly different in many others. We framed our discussions around these differences, asking participants to play on the extremes and to try to stay out of the middle, recognizing how challenging it might be to do so.

The crux of our conversations in this consultation series centred around five questions:

1. How comfortable are you with each model option to help advance the AMR action plan? What are some specific points of interest or contention from your perspective?
2. Is one model option better suited than the other to achieve success in a variety of different areas (legitimacy, flexibility, equitable access to healthcare, investments, etc.)?
3. How should the leadership members be appointed? And should a different process be used in the initial setup of the network vs. future appointments?
4. Should the network be accountable for implementing the forthcoming Pan-Canadian Action Plan (PCAP) and/or owning and updating it on a go-forward basis?
5. What additional wisdom or advice can you offer regarding AMR governance in Canada?

Presenting models that exist as polar opposites was useful for stimulating discussion, but not for decision-making. This was by design. Each model is fundamentally connected to a different theory of change, and these theories have implications on what the network does, how it operates, and what its priorities are. We found that participants tended to gravitate towards one model or the other based upon their sense of how change occurs in complex arenas, such as AMR.

The five key questions posed by session facilitators provided the framework for what, in many cases, were hour-long discussions. However, some people challenged phrasing and even suggested that the set of questions made some assumptions. While we have noted these comments for future reference, analysis of the qualitative data garnered from these consultations has shown us that the questions asked generated sufficient discussion.

Participants hailed from all regions of Canada except for the territories and represented a range of sectors and disciplines. The graphs below indicate how Series 2 participants identified their place on the One Health spectrum:



As expected in consultations of this nature, stakeholders came to the table with self-interests and personal opinions. We not only embraced this, but encouraged it. Oftentimes, these individual world views were in conflict with those of other participants, which led to lively discussion and helped push the conversations along. This also helped participants see things from new perspectives.

Many of the participants who staunchly preferred one model over the other conceded that the alternative could still be useful in the AMR space under certain circumstances. Meanwhile, many participants reflected that they arrived at the session biased toward one model but left intrigued by the other.

While absolutely supporting the notion of a network, participants acknowledged the degree of change that might result from the introduction of the network, regardless of the model chosen. As such, they called for a thoughtful process to ensure that current successes are protected and ideally enhanced.

Finally, several participants wondered — and some even voiced frustration — about when the PCAP might be published. Some took these conversations a step further and suggested that regardless of when the PCAP is released, additional work will be required to drill it down to a further level of detail.

3. Key Findings

We have synthesized our Series 2 consultations into 15 key findings and provided a summary of what we heard for each one. In no particular order, they are:

#1

THE NETWORK MODEL ITSELF IS NOT THE ISSUE

While all participants were actively engaged in the conversation, there were some who observed that framing the question as “Model A vs. Model B” was, in some ways, misleading.

Participant Observations:

- The model itself is less important than the culture that surrounds it.
- Achieving buy-in is more important than solidifying the inner workings of the governance process.
- Either model (or potentially any model) would be a step in the right direction. It was argued that leadership is required, and it matters less what it looks like.
- What holds Canadian AMR stakeholders back has nothing to do with the model of governance, but with the degree to which stakeholders are honest and transparent with each other.
- Sectors have different and sometimes conflicting ideologies and agendas that won't be easily overcome by a new governance body, regardless of what it looks like.
- A phased approach might be optimal. Specifically, several participants were proponents of beginning with a lead-entity model to establish leadership, trust, and legitimacy, but gradually transitioning into a more distributed model over time.
- The different model options would potentially be beneficial in different ecosystems. For example, some suggested that the distributed model would function very well in the animal health realm but struggle to achieve success on the human health side. This notion led some to suggest hybridization, wherein a lead-entity approach is taken at the highest level of the network, but that oversight style varies within different sectors.



#2

THE PARTICIPANTS BROUGHT DIFFERENT ASSUMPTIONS AND WORLD VIEWS TO THE CONVERSATION

Participants' perceptions about how change occurs — some leaning toward more directive approaches while others favoured participative grassroots approaches — often coloured their assessment of the strengths and weaknesses of the two models.

Many participants made assumptions about the level of power that the network will have, as well as the degree to which having certain powers is good or bad. For example, some stakeholders from the animal and agri-food sector assumed it could have regulatory power while some researchers assumed it would have granting or funding powers.

The term 'network' was also loaded for some participants. Some defined it as analogous to working groups that come together and provide advice or make decisions but don't necessarily 'do' anything, although these participants do recognize the importance of

influencing decisions through broad stakeholder input. However, other participants envisioned that the network would actually undertake projects. For them, ensuring that participants were equipped to act was important. These different interpretations or presuppositions of overall network function were present in all sessions.

For some, the idea of behavior change was missing from the conversation, and noted that behavior change is complex, requiring multiple approaches. In their view, whatever model is developed needs to be nimble, allowing bottom-up idea generation while also embracing a structure that can enable large system change.

Finally, participants noted that it will be important for the network to be able to accommodate projects at multiple levels of scale — those of national scale, as well as those that have a smaller scope focused on delivering value to a particular region, community, or area.



WHILE THERE WAS A CLARION CALL FOR “LEADERSHIP,” PARTICIPANTS HELD VARYING DEFINITIONS OF THE TERM

Throughout these consultations, the term ‘leadership’ was used extensively — indeed, the need for strong leadership in the AMR space in Canada was perhaps the one thing on which everyone agreed. However, it was also apparent that different people meant different things when they discussed ‘leadership.’

Additional Observations:

- We heard a clear desire for inclusive leadership that listens, consults, and coordinates interests within the AMR community. There was a general sense that either model could be adapted to deliver this type of leadership. While the distributed collaboration model is inherently stronger in this regard, the lead-entity model could leverage advisory groups and strong consultative practices to deliver inclusive leadership as well.
- Leadership is about charting a path forward that others will follow.
- Good leadership needs to come from all levels of the proposed network — the board, the management, and the staff. Poor leadership at any of these levels will erode trust and confidence in the network.

- Participants talked about three possible approaches to network leadership:
 1. One that is directive and authoritative, makes bold decisions, determines priorities, and drives people to act in the interests of the entire One Health spectrum instead of the interests of their own sector. The degree to which this leadership approach is feasible in the Canadian context, given the federated nature of the country, is unclear.
 2. One that sets out a clear focus and then lets people and organizations determine their own course of action to achieve the defined objective. Some people discussed the concept of nudging — instead of pushing people down a path unwillingly, leadership could take a more suggestive approach.
 3. One that assumes that improving access to information and increasing awareness alone is sufficient and would bring different groups together and give them the necessary tools and know-how to collaborate effectively.
- We heard that AMR leadership currently exists in silos, which is not overly helpful in a One Health context. As such, the ability for a single leader to achieve credibility across all sectors is going to be an immense challenge, and one of the network design considerations needs to be how to connect existing leaders from across the various silos.

- It was noted that the distributed collaboration model may be able to facilitate distribution of leadership, potentially to different locations with a particular focus. For example, agricultural issues might best be led out of a Veterinary University within a model of national networking.

#4

A KEY CONSIDERATION FOR THE NETWORK DESIGN WILL BE HOW IT SUPPORTS THE DEVELOPMENT OF STRONG RELATIONSHIPS

Trust, legitimacy, and representation were among the most important topics for a lot of participants, and many people argued that governance would not work without these aspects. Trust was described as intricately linked to the idea of relationships, and a key point in the design of the network will be how it supports the development of strong relationships.

Additional Observations:

- Different domains across One Health use different jargon, making it difficult to rapidly develop shared understandings.
- The network needs to be seen as legitimate both in the eyes of the members, and by external parties such as government or funders. It is often challenging to achieve both simultaneously.
- While the distributed model may inherently earn trust from stakeholders, having so many different voices can lead to a breakdown in external legitimacy. In any case, most participants agreed that there is a very delicate balance between earning trust from constituents and appearing legitimate in the eyes of external audiences.
- Building trust could be challenging in either model. Some participants noted that if people feel as if they don't belong or don't have a voice — a risk they associated with the lead-entity model — then trust-building could similarly falter.
- There are gaps in who is currently involved in AMR work in Canada, and it was suggested that all stakeholders should see themselves represented within the leadership and the mandates of the network, across sectors, regions, languages, and cultures.
- A frequently cited example of currently underrepresented groups include the First Nations, Métis, and Inuit populations.
- Regardless of whether this network is separate from or an extension of the government, buy-in at the provincial, territorial, and federal levels will be integral to establishing legitimacy. There were conflicting views about how governments would view the legitimacy of the different models. Some suggested that, when working with government, a single locus of control would likely garner more trust and legitimacy. Others wondered if groundswell from across the country would be more effective at gaining government support.

#5

FOR WHAT AND TO WHOM THE NETWORK IS ACCOUNTABLE IS A COMPLEX AND NUANCED CONVERSATION WITH SEVERAL INTERRELATED IDEAS

While all participants grasped the concept of accountability, we heard a range of interpretations regarding for what and to whom the network should be accountable. For example:

- There is a difference between *accountability of the network* and *accountability to the network*. We have included in this section findings related to the former, and in the next section we note findings related to the latter.
- Given that the conversation was about a network that will be comprised of multiple members, it was not always clear whether participants were speaking about accountability in terms of what the network staff does or what the members do.



- Participants frequently had challenges differentiating between how they thought the accountability should work in an ideal network versus how they thought it should be designed to work in the real world.
- Participants used the term “own the plan (PCAP)” as a proxy for accountability, but often meant quite different things as they used that term. Accountability can be thought of on three levels:
 1. Accountable for undertaking specific actions. Otherwise described as “doing the work.”
 2. Accountable for ensuring that work is underway in all areas of the plan without necessarily doing the work itself, while also measuring and reporting on the status of overall PCAP implementation. More simply, “overseeing and reporting on the action plan.”
 3. Accountable for refreshing the plan over time to ensure that it continues to focus on high-value and high-impact areas of work, “maintaining its relevance over time.”

Participant observations related to ‘doing the work’ and ‘overseeing and reporting on the action plan:’

- There was a strong desire for someone to take control and ‘make sure’ the plan happens. Participant views varied about whether this could or should be the network or whether this role is more properly placed with government.



- The network should be accountable for rolling out the forthcoming action plan — “if it’s not the network, then who?” was common rhetoric. The actions contained within the plan do not fall under the mandate of any single government agency or department, so overall fulfillment will likely never happen unless a specialized group is held accountable for it. This requires the network to have a very clear mandate, very clear reporting measures, and a very clear commitment to transparency. It was also suggested that the notion of implementation inherently requires power and authority, but there was uncertainty about where this power would come from.
- The network should not be accountable for ensuring implementation of the action plan, as a network is reliant on its members to carry out its actions and so it is difficult to hold the network itself accountable. Accountability needs to rest at the level the work is undertaken.
- The situation is nuanced — there are lots of things that could be done by the network and there are others that shouldn’t be. It was argued, however, that in these latter areas, the network could still try to spark action through influence.
- Plans such as the PCAP have major global implications, which in turn creates international accountabilities for the network. As such, its implementation is best left to the government.
- Regarding the model options, it was suggested that if the network were to be held accountable for implementation, the distributed collaboration model would be most effective at driving action, but that the lead-entity model would be more effective at holding stakeholders accountable.

Participant observations related to ‘maintaining relevance’ of the plan over time:

- As we have all witnessed during the COVID-19 experience, priorities can shift in an instant. As such, there was considerable discussion about what happens when the action plan inevitably becomes out-of-date. Four broad options were suggested:
 1. The network should regularly update the action plan, as government bureaucracy has been categorically slow in that regard. It was suggested that having a more dynamic document would likely result in more action. We also heard that any updating should be led by the people who understand AMR the best — not the government.

2. The network should eventually take the pen on future iterations of the action plan, but this current version should remain in government hands.
3. The network should make strong evidence-based recommendations for changes to the action plan to government, but leave the approval solely in the government's hands.
4. Refreshing the plan should be the sole responsibility of government. Three primary arguments were made for this position:
 - The plan is a public policy document and therefore within the purview of government alone.
 - Since the government started this plan, it should be the government that finishes it.
 - Transferring responsibility to the network could inadvertently enable the government to abdicate its responsibility in the AMR space.



The other notion that was reflected in this conversation was a recognition that network participants may well undertake AMR-related work that is not a current focus of the overall network, and the network will have extremely limited influence over this.

Some suggested that the models themselves provided sufficient accountability:

- In the distributed collaboration model, the increased number and diversity of network participants likely means that it would be more difficult to hold participants accountable; however, at the same time, participants in this model would only participate when they have aligned goals, so it is possible that accountability may be inherent.
- In the lead-entity model, accountability may be easier to achieve as the network will partner or engage with those whose interests are already aligned in relation to a given initiative. This, however, will likely come at the cost of inclusivity.

#6 THE NETWORK DESIGN NEEDS TO FOSTER ACCOUNTABILITY TO ENSURE NETWORK MEMBERS FOLLOW THROUGH ON THEIR COMMITMENTS

There was a strong sense that network participants — whether that means individuals or organizations (or both) — must be accountable to the network. This means that the network must have mechanisms in place to focus the efforts of its members, to elicit firm commitments, and to ensure that commitments are upheld. This responds to the expressed fear that, without accountability mechanisms in place, network initiatives will risk appearing voluntary or becoming side-of-the-desk tasks.

However, we also heard questions about the degree to which strong control mechanisms will be feasible in the Canadian AMR context, given the large and diverse ecosystem comprised of members that have varying (and sometimes conflicting) accountabilities. It was also noted that, for many potential members, AMR is a peripheral focus and not part of their day-to-day responsibilities, which could impact levels of commitment.

We heard that the Canadian context is different than some other countries, where a centralized dictate from government can be enforced.

#7 REGARDING STAKEHOLDER ENGAGEMENT, THE MAJORITY OF PARTICIPANTS PREFERRED INCLUSIVITY OVER EFFICIENCY

It was noted throughout these consultations that effective engagement of stakeholder groups across the full spectrum of the network will be vital to gaining input into ideas, to getting volunteers for action, and to fostering an environment of learning and collaboration.

That said, there was an overwhelming sentiment amongst participants that it is time for action and that the network needs to expedite — but not force — relationship-building so that stakeholders can begin working together.

Participants largely agreed that any network model would improve the current state of engagement across the AMR community, recognizing that each model would apply different approaches to stakeholder engagement. Doing this in an inclusive way was seen as innately easier in the distributed collaboration model, so much of the conversations focused instead on how to do this using a lead-entity model.

Additional Observations:

- There is a need for a range of perspectives and a diversity of considerations.
 - Given the sheer magnitude of voices involved in the AMR conversation, some groups currently feel drowned out or excluded. It was therefore suggested that the network could play an equity-balancing role, ensuring that all voices are heard.
- Government is a special case.
 - Governments will play a significant role in network success, and there was unanimous agreement on the need to engage all levels of government, and the various departments within each level.
 - A lead-entity approach was argued to be more applicable here — an oversight body that can engage government using one voice.
 - A federally sponsored network may have little influence over provincial or territorial governments and may need to rely on the federal government to bring them to the table. At the same time, FPT relationships are complex and the network cannot be expected to resolve long-standing issues — instead, the network should recognize the reality of the situation and focus on AMR.
- Considerations for each model:
 - The distributed collaboration model was generally viewed as more respectful and inclusive, and having better trust-building and inviting attributes, which it was argued could foster a reciprocal culture of engagement and participation.
 - The lead-entity model is less broad-based and is subject to the risk of having imbalanced engagement. For example, academics may be heavily involved while practitioners are not. This could result in a network that is skewed in one direction and not representative of the activities and priorities that exist across the entire

community. Participants mentioned possible ways to overcome this, which included having multiple advisory committees comprised of a diversity of representatives, or leveraging ‘champions’ at the grassroots level to increase collaboration and engagement.

- At the end of the day, we heard that engagement in either model will be hard work and will likely require considerable resources.

#8

THE DEGREE TO WHICH THE DISTRIBUTED MODEL HAS BEEN USED IN CANADA (AND THE SUCCESS OR LACK THEREOF) IS UNCLEAR

Both models received considerable attention, but we heard a range of views specific to the distributed collaboration model.

Additional Observations:

- There is a history of launching distributed/collaborative networks within the One Health domains both in Canada and internationally and it was argued that some have had limited success.
- The reasons for any lack of success may relate more to a lack of proper resourcing of the secretariat or coordination function more than to the notion of a distributed network.
- The animal and agri-food sectors have been successfully using a distributed model for quite some time, and lessons from these sectors could be applicable to the other One Health domains and in developing a broader One Health network.

#9

THERE IS A STRONG DESIRE FOR CLEAR IMPLEMENTABLE PRIORITIES, BUT THE ROLE OF THE NETWORK IN ESTABLISHING THESE PRIORITIES IS LESS CLEAR

It is important to distinguish between identifying possible priority actions and selecting priority actions. We heard a clear sense that the network should play a strong role in identifying priorities but there was less consensus on whether the job of making the final decision about whether something is an actual priority is an appropriate role for the network.

A key challenge for this network is the breadth of perspectives across One Health and the resulting complexity of identifying, synthesizing, and setting priorities.

Additional Observations:

- Participants generally agreed that the distributed model would be better for identifying priorities, but the lead-entity would be better at setting them.
- There was some resistance to placing so much responsibility in the hands of a small group of people in the lead-entity model, but also a concern that the distributed collaboration model may be rudderless with too many conflicting voices involved. Despite this, it was noted that teamwork typically produces stronger results.
- We heard that representing One Health will be challenging with a high risk of appearing biased; anybody appointed to work on priorities would come to the table with the “human nature” to look out for their own region, sector, interests, and peers. This led to some discussion about how — especially in the lead-entity model — priorities should be identified and set.
- It was noted that it will be important for the network to be nimble and flexible with priorities, so that it can respond to changing circumstances and situations — for example, COVID-19.
- Both the identification and setting of priorities should be informed by the global picture. This could also enable the network to be Canada’s conduit to international priority discussions.
- Irrespective of the model, the network should develop a thorough understanding of the work that is already underway in Canada before it even begins considering priorities.
- The network needs to be alert to the risk of mission capture, where priorities are determined by large funders or the availability of resources rather than evidence and information.

#10

THE NOTION OF DUPLICATION, WHETHER BENEFICIAL OR WASTEFUL, SHOULD INFORM THE NETWORK DESIGN

While there was an overall consensus amongst participants that the network should aim to reduce duplication in the AMR space, participants differed on both the best way to reduce duplication and, in many cases, the areas of duplication that should be focused upon.

Meanwhile, others noted that having some duplication may in fact be a good thing, in that it allows innovation to occur while respecting the diverse realities that exist across One Health and across Canada.

Additional Observations:

- The areas of duplication that participants focused on included the number of organizations whose work touches on the same part of AMR, the potential for multiple and potentially conflicting approaches, the fact that AMR is frequently not the primary business for these organizations, and inconsistencies between geographies and disciplines.
- The concept of reducing duplication led many to value the lead-entity model, assuming it would be more effective in standardizing approaches to AMR. Others gave thought to designing the staff/secretariat function of a more distributed network to ensure it would be equipped to reduce duplicative practices across the country.
- We also heard concerns that duplication could actually be increased by establishing another entity to work in the AMR arena. It was argued that there are already a plethora of government and non-governmental organizations working around AMR and the network itself could duplicate work that is already happening.
- There were questions about the degree to which existing duplication impedes progress, and how well does any proposed organizational design realistically reduce non-useful duplication? Investing in reducing redundancy may not be a useful allocation of resources.

#11

THE QUALITY, SKILLS, AND CULTURE OF THE MANAGEMENT AND STAFF OF THE NETWORK WILL BE CRITICAL TO LONG-TERM SUCCESS — PERHAPS EVEN MORE SO THAN THE MODEL

The staff, including management, will play a key role as the glue that holds otherwise disparate groups together across the network.

Additional Observations:

- Participants placed high value in transparency and collaboration; it was said that whoever sits in these positions should be capable of inspiring others to participate in the network.
- The staff of the network must strike a balance between scientific credibility and administrative expertise.

- Success in either model is highly dependent on the skills and aptitude of whomever is named to the senior executive role. This individual will need to be a very experienced leader that has a strong, facilitative, collaborative, inclusive, and respectful approach to management – not somebody who’s authoritarian, narrow-minded, or unwilling to innovate.
- Having somebody in leadership who has demonstrated the ability to work across One Health and to gain the trust of different types of stakeholders was considered to be an asset. It was cautioned that it may be difficult for a leader with an animal health background to gain the respect of people on the human health side of things, and vice versa.
- Recruitment of such a leader may prove to be challenging, with participants suggesting that it may be difficult to find qualified people who are interested in becoming the face of the network.
- Staff roles such as ‘collaboration officers’ may be a productive way to manage relations between such diverse intellectual and cultural communities.
- To be effective, the staff function must be properly resourced. It was also recommended that the leadership and staff of the network should be physically distributed — using satellite offices, for example — to enhance accessibility for stakeholders across the country.

- The majority of participants argued for a primarily representative board, suggesting that the network needs a large governing body that consists of members from the different One Health domains, members from different sectors, and members from different regions, all while being mindful of equity, diversity, and inclusion.
- Fewer — but vocal — participants argued that it is important that the governors bring certain skill sets to the table, noting that merit-based appointments would enable that.
- Generally, participants gravitated toward processes that were more inclusive, arguing that this is likely to lead to more meaningful engagement.
- Four possible processes were identified:
 1. Invitation: Inviting people who have demonstrated excellence or leadership in a particular field.
 2. Nomination: Having members recommend their peers.
 3. Application: Standard job posting, advertised online.
 4. Election: Stakeholders announce their candidacy and members vote.
- We also heard the suggestion that, since healthcare is essentially provincially directed in Canada, governors representing this sector should be identified through provincial/territorial means.

Participant observations related to deciding who should be appointed:

- Whoever funds the network would likely have the most say in who is appointed to these positions.
- The network should elect the board — “the network knows what the network needs.”
- The network should be seen as independent from government, because there is currently a lack of trust in government to appoint the best people. It is also incredibly important to not have politics drive appointment decisions.
- Appointments could perhaps come from a number of different places — some from funders, some from government, and some from the community.
- Bottom-up processes where network members contribute to decision-making would be much more palatable for stakeholders, even if it is government or funders who make the final appointment decisions.



WE HEARD A NUMBER OF SUGGESTIONS REGARDING THE CRITERIA AND PROCESS FOR APPOINTMENTS TO THE GOVERNING BODY

Regardless of the model, there will be a governing body for the network — a board, a coordinating council, a steering committee — and this governing body may have sub-committees or advisory bodies to inform it. There was extensive discussion about the mechanics of appointments to this governing body, with the distinction made between processes to identify potential governors and processes to decide who should be appointed.

Participant observations related to identifying potential governors:

- There was considerable discussion surrounding the criteria for appointments to the governing body.



Project Team Observations & Participant Suggestions:

- The term efficiency was used to describe two areas:
 1. Efficiency of collaboration: Connecting stakeholders, fostering partnerships, and coordinating work
 2. Efficiency of implementation: Making things happen, driving change, and measuring progress
- Participants commented that the AMR community is not currently efficient in either respect, and that a network could be just the thing to remedy that. It was argued that it is realistically going to require hundreds of members to drive change at a meaningful scale, but that working with such a massive and diverse group may inherently have adverse effects on efficiency. In this respect, there was some preference toward the lead-entity model — “it seems more about getting business done.”
- The distributed collaboration model may create imbalance with over-engagement in some areas of the action plan and zero or little engagement in others, which, in turn, hurts efficiency.
- Some feared that the bureaucracy of a new entity could lead to inefficiency, and that it may use up precious AMR resources on administration instead of implementation.
- Regarding effectiveness, participants weighed breadth versus depth. It was argued that it is less important to have a little bit of impact in a lot of places than it is to have a lot of impact in a few key areas.
- To maximize both efficiency and effectiveness, it was suggested that the network’s first order of business should be to recognize the work that is already happening so that it can identify gaps and then develop plans to help fill those gaps.
- Some focused on measuring effectiveness and efficiency over time, noting that the network may be far more effective in the long-term than it is in the short-term (or vice versa).
- Participants also held strong and disparate opinions about which model would be most responsive and nimble.
- While people largely argued that speed is important, they acknowledged that there is considerable tension between being quick and making mistakes, which would ultimately hinder speed in the long run.
- There was also discussion about whether or not being faster in some areas than others is a good thing. On the one hand, it was argued that moving things along with momentum is how progress is achieved. However, on the other hand, it was argued

Other Observations:

- There was considerable discussion about whether or not appointments should have a different process at the network’s outset. It was suggested that a robust, representative steering committee — similar to the one steering this network recommendations project — could be struck to oversee the early years.
- The concept of turnover for governors was also discussed, with participants noting that having the same leadership in place too long can lead to complacency, but having it change over too frequently can result in disorganization.
- Participants noted that the board structure — for example, establishing advisory and sub-committees — could be designed in ways that address some of the representation concerns and to ensure that the Board is hearing not just from a few individuals, but from the various different forces that are at work in AMR in Canada.
- Another suggestion was to apply a co-chair model that captures representation from the human, animal, and environmental health domains.

#13

THERE WAS GENERAL AGREEMENT ON THE CHARACTERISTICS OF A HIGH-PERFORMING NETWORK

We heard a desire for the network to be efficient, effective, responsive, and nimble, all while acting with a sense of urgency and transparently managing conflicts of interest.

that leaving certain areas behind may only serve to sow more disconnect in the country, thereby undermining the entire point of this network. Participants noted that this is where nimbleness should come in — that the network should be able to pivot to meet the emerging needs of the different groups it represents.

- Some feared that the establishment of a new entity may inadvertently disrupt existing work, hurting momentum in the short-term. It was also suggested that a new entity could cause work to stop or slow to a crawl while stakeholders await direction from the top. With that in mind, it was noted that the distributed model may be better suited to hit the ground running.
- There was an overwhelming sense of disappointment regarding the level of urgency that exists in the AMR space today. Many voiced frustrations over years of talking with little to show for it. As a result, some participants were less fussed about what the model might look like, as long as it was capable of showing urgency.
- We heard that conflict of interest is critically important — how it's managed, how it's recognized, how it's declared, and what processes are in place to help avoid the conflict or the perception of conflict. Conflict of interest should be thought about in the broadest terms across all sectors including non-industry and government participants.
- Conflict of interest consideration may inform membership. One intriguing example was the question of having international members on working groups, which could prevent the necessary level of transparency and raise concerns about trade considerations.

#14

THE NETWORK MUST BE ABLE TO SPEAK WITH COMMON VOICE, BUT THIS WILL BE CHALLENGING GIVEN THE DIVERSITY OF THE AMR COMMUNITY

Participants identified Canada's lack of a common and prominent voice as the reason that the country struggles to be seen as a leader in AMR response internationally. Further, participants suggested that the existing independent and distributed nature of the community has thus far failed to spur the federal government into taking meaningful action. As such, it was argued that having all sectors, all One Health domains, and all regions focusing on the same priorities will improve external legitimacy, accelerate progress, and overall network organization.

While both models are likely to struggle in this regard, generally there was more wariness regarding the distributed model — “you could end up with too many voices singing, and not necessarily from the same song sheet.” It was argued that this could result in confusion at the policy level, throughout the general public, and even across One Health.

An alternative view was that concentrated leadership will not have as much of a voice as a distributed model.

#15

FUNDING MATTERS

Because coordination, stakeholder engagement, and implementation all require a lot of time, energy, and resources, participants were quick to argue that long-term funding will be key to the long-term success of the network.

Project Team Observations & Participant Suggestions:

- Getting funding was perceived to be easier for the lead-entity model because it is more closely aligned with the federal and international levels. However, some participants suggested that the distributed collaboration model has potentially more funding at its disposal because of its vast number of potential collaborators.
- It was recommended that, should the network employ a distributed model, its member organizations should seek funding for work — not the network itself.
- Some worried about AMR being the government's flavour of the day — that elections or public pressure could change government focus and thereby change funding allocated to this network. There was also discussion about whether one government may prefer to fund a lead-entity model while the next may prefer a distributed model.
- It was suggested that whichever model enables broad representation and participation will likely attract the most funds.
- Some participants wondered whether the operating cost of the network would be a key factor in choosing a network design.
- We heard a perception that a lead-entity model may be more likely to ensure provincial/territorial funding than a distributed model.
- Participants suggested that it would be important to know if the choice of the model would influence industry investment.

4. Thank You!

Thank you to everybody who participated in these consultations or provided written feedback. Your input, questions, and concerns have strengthened our understanding of the landscape and values of the Canadian One Health ecosystem.

The input garnered from this series of consultations, coupled with what we garnered from our 'Series 1' sessions, will inform the development of the recommendations that we ultimately put forth.

For more information, please visit amrnetwork.ca.



Have more to say?

If you didn't make it to a town hall session — or did, but have more to contribute — it's not too late to make suggestions or voice concerns. Connect with us online at amrnetwork.ca/contact and we'll ensure any additional feedback is incorporated as we move forward.

Workshop Feedback

Many people who participated in our Series 2 consultations provided feedback following the discussions. Here is some of what we heard:

- "Good, free flowing discussion. The facilitator did a good job trying to stimulate the conversation or refocus it back on providing thoughts on the models presented."
- "While there was some good info circulated on the two models, it was not clear why these two were chosen or what other options were considered."
- "It is a good start, but there is so much complexity to this that to say it is sufficiently done would be an overstatement."
- "The intro and discussion were clear and focused. I felt it was an effective use of time."
- "The documentation provided before the meeting was very good. Facilitation was smooth and effective."
- "The session was well organized and facilitated. Instructions were clear and timing was good."
- "A few more minutes reviewing the models at the outset would have been helpful."
- "The introduction to the model options was done very quickly and included a lot of information presented in a fast manner."
- "Having small group discussions was key to the success of this session. If we had instead had these conversations as a larger group, we would not have heard everyone. This gave everyone the chance to speak up."



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