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What the Independent Panel for Evidence for Action Against AMR Can Learn from Other Health Panels

 Suzanne Edwards and Maple Goh

Abstract

The forthcoming Independent Panel for Evidence for Action against Antimicrobial Resistance (IPEA) offers a critical opportunity to strengthen global coordination and accelerate action on AMR. Limited systematic analysis of existing health-related panels constrains the ability to draw lessons that could inform its optimal design, something this paper aimed to address. Seventeen panels from an initial list of 30 were identified, selecting six diverse examples for in-depth review. Data from academic and grey literature was extracted and structured across seven analytical categories. Findings suggest that IPEA's success may rely less on structural design and more on strategic positioning within the global AMR and health landscape. Key to its effectiveness will be balancing independence with intergovernmental legitimacy, coordinating and leveraging existing bodies and establishing credibility through high-impact science, innovative data use, timely, actionable synthesis of existing knowledge, closure of gaps, and inclusive, globally representative expertise. As other health panels adapt to shifting global realities, their experiences offer valuable insights for designing an IPEA that is independent, credible, and anchored—while also being future-proofed from the outset: lithe, inclusive, adaptable and action-oriented.

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Foreword

With over a million people dying each year due to antimicrobial resistance (AMR), the crisis is at an inflection point. The High-Level Meeting on AMR at the UN General Assembly in September 2024 proposed the creation of an Independent Panel for Evidence for Action against AMR (IPEA). This is the final piece of a governance architecture first envisaged by the United Nations Interagency Coordination Group on Antimicrobial Resistance, which set out the case for a permanent, independent evidence function in its 2019 report *No Time to Wait*. The panel's early design will determine whether it can successfully turn evidence into lasting action and meet urgent goals, including cutting AMR mortality by 2029.

To this end, the Center for Global Development commissioned a mapping and comparative analysis of other health and health-related panels to understand how they are governed, how they protect independence, how they mobilise and synthesise knowledge, how they are financed, how they adapt over time, and what kinds of outputs land with decision-makers. The aim is not to prescribe a single blueprint, but to learn systematically from best practice and from past missteps to give IPEA the strongest possible start, with eyes open to the real-world trade-offs that any institution must navigate.

This paper is helpfully organised around the core operational questions that any AMR panel must answer, moving thematically rather than by case study. It first examines **governance**, asking what blend of executive, expert body, and secretariat will enable timely and accountable decision-making. It then tackles **independence**, detailing how scientific, political, and financial autonomy can be defined and safeguarded in practice. The section on **mandate** addresses where the panel should sit on the science-to-policy continuum and how priorities should be set. A chapter on **funding** explores diversified, sustainable models that keep the panel credible over time. **Knowledge handling** considers how academic, operational, and local evidence will be scoped, synthesised, peer-reviewed, and communicated. **Adaptability** looks at the mechanisms, such as monitoring, evaluation, and mid-course reviews, that allow course-correction. Finally, the **outputs** section assesses which products, like reports, tools, and shared repositories, will be most useful to policy and implementation audiences.

Although commissioned to inform work on AMR and the forthcoming IPEA, the framework and questions here are relevant to any health panel under consideration; from pandemic preparedness to One Health and beyond. This is careful, practical work: it distils lessons that are specific enough to guide immediate choices, yet broad enough to travel. If we learn from best practice, anticipate known pitfalls, and build for adaptability from day one, we can give AMR—and the people whose lives depend on effective action—the institutions they deserve.

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Introduction

High-level science-policy interface panels aim to synthesize, assess, and clarify multidisciplinary knowledge and play a critical role in bridging the gap between complex evidence and actionable policy. However, they are often embedded in traditional notions of expertise as neutral or consensus-driven, yet there is increasing acknowledgement that these are more usefully conceived as contested arenas where knowledge and power intersect to shape policy responses under uncertainty (Straßheim, 2024). Despite their growing importance, they are not an elixir in themselves (Turnhout et al., 2021), and there remains a paucity of systematic analysis of how such panels are organized, financed, governed, and sustained, particularly in the health sector (Hobeika et al., 2023).

Pressing global challenges are increasingly framed as either ‘global public goods’ or ‘multisectoral nexus’ issues. The former highlights transboundary benefits that depend on collective action and cross-institutional cooperation, while the latter focuses on the interconnectedness of systems, where actions in one domain affect others, requiring integrated governance. Examples include the governance of water, energy, food, climate, health, and biodiversity. These challenges share common characteristics such as high uncertainty, trade-offs, and transboundary tensions, and in recent years, have prompted the emergence of and growth in actors and institutional arrangements in an attempt to address the issues in these fields, now associated with fragmentation and unclear authority (Straßheim, 2024).

The knowledge gap resulting from the dearth of systematic analyses is especially salient as the global community prepares to launch such a panel: the Independent Panel for Evidence for Action against Antimicrobial Resistance (IPEA), designed as the fourth and final component of the emerging global governance arrangements, proposed nearly a decade ago by the Interagency Coordination Group (IACG) on antimicrobial resistance (AMR) (United Nations Interagency Coordination Group on Antimicrobial Resistance, 2019), to address the pressing global challenge presented by growing AMR. To be effective, IPEA must navigate a dense and complex landscape to secure institutional legitimacy, scientific rigor, financial sustainability, and equitable global participation. In a period of global transition and governance adaptation that is particularly and currently acute in global health.

While environmental and climate sciences have long benefited from robust scientific advisory bodies (e.g., the IPBES and IPCC), precedent in the health sector remains more limited. Health panels often emerge through different institutional pathways (e.g., resolutions vs. agency mandates), face more direct geopolitical and equity-related pressures, and typically operate with fewer resources. This paper conducts a mapping and comparative analysis of panels and similar science-policy interface initiatives to distill key strengths and limitations in their design. By examining selected independent panels across diverse health and health-related contexts, it aims to provide actionable insights to inform the effective structuring and establishment of the forthcoming IPEA on AMR, highlighting what works, what doesn’t, and how to avoid common pitfalls.

Summary and recommendations

The IPEA's success may hinge less on internal structural nuances, as there is limited variation across panels addressing pandemics, One Health, climate, radiation, and pollution. Instead, its success likely hinges more on strategic positioning within the AMR governance and broader global health ecosystem. To be effective, the IPEA must adopt a dynamic model—one that is independent, yet inter-governmentally anchored to ensure legitimacy, while proactively coordinating with existing bodies to avoid both duplication and isolation. The panel's foundational work must be oriented around a core deliverable: identifying and prioritizing interventions that will reduce AMR mortality globally by 2029. Building and maintaining the IPEA's credibility and relevance will require: (a) leveraging high-impact scientific outputs and innovative data tools to capture alternative data forms, (b) addressing knowledge weaknesses and gaps and rapidly synthesizing knowledge, and (c) integrating inclusive, globally representative knowledge and expertise from the outset. Considerations for the formation of the IPEA, across seven categories, based on the six health panels reviewed, are summarized below:

Governance

IPEA's success will hinge on clear governance arrangements. A critical decision is whether its executive will be embedded within the GLG, QJS, or biennial Ministerial structure, or function as a fully independent intergovernmental body, as exemplified by the IPPR. Regardless of the model, transparency, clear lines of accountability, and an effective secretariat will be essential. A three-tier structure—executive, expert, and secretariat—should be adopted, with safeguards to preserve scientific integrity and operational autonomy.

Independence

Independence must go beyond scientific autonomy to encompass governance and financing. IPEA should be structurally autonomous or, at a minimum, operate with decision-making authority that is shielded from political interference. Safeguards should be built into its founding documents, selection processes, and procedures to protect against conflicts of interest and ensure global inclusivity and credibility.

Mandate

IPEA must have a clearly defined and focused mandate that positions it meaningfully along the science–policy continuum. Its scope should be sufficiently strategically articulated to ensure actionable impact but broad enough to remain relevant across AMR's multisectoral dimensions. Initially, tying its priorities to an updated Global Action Plan on AMR could help align efforts and clarify downstream policy and implementation pathways.

Funding

Long-term success will depend on securing sustainable and diversified funding from the outset. Relying solely on core UN agency contributions or a narrow donor base, as seen in other panels, risks financial instability. IPEA should establish a dedicated funding mechanism (e.g., a trust fund) and pursue a comprehensive resource mobilization strategy that includes government, philanthropic, and in-kind support, while ensuring conflict of interest management and equity for LMIC stakeholders.

Knowledge Handling

IPEA must integrate diverse forms of knowledge, including traditional, local, and emerging evidence sources, while leveraging high-impact scientific outputs and using innovative data tools to fill knowledge gaps. Latest methods and technology should be employed to ensure the breadth of knowledge inclusion does not compromise the rapidity or rigorousness of synthesis. Clear and transparent procedures for scoping, synthesis, peer review, and conflict resolution should be published and regularly reviewed.

Adaptability

To maintain relevance over time, IPEA must build in mechanisms for self-assessment, monitoring, and continuous improvement. A mid-term strategic review process and embedded M&E frameworks should be planned from the outset. Long-term relevance and resilience will require a proactive set-up, enabling it to preempt shifting political, scientific, and governance landscapes without compromising its mission.

Outputs

IPEA's outputs should go beyond traditional scientific and policy reports. A diverse portfolio of tools—including databases, policy briefs, and interactive platforms—will increase usability and reach. A centralized, publicly accessible “evidence for action” repository—that brings together existing resources with the panel's outputs—could enhance transparency, democratize access to synthesized knowledge, and serve as a global reference point for AMR policy and implementation efforts.

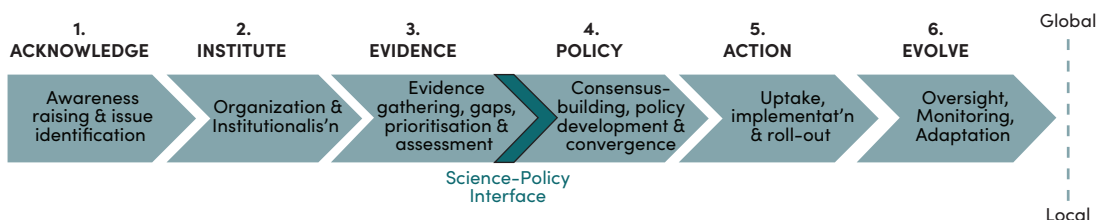
Methods

1. **Initial Scoping:** A diverse range of sources and methodologies was employed to identify potential health panels, resulting in an initial list of approximately 30 panels, commissions, or similar entities.

Inclusion Criteria (descending order of weighting)	Exclusion Criteria
<ul style="list-style-type: none"> • Field – Health Focus; direct or indirect relevance • Form – representation across the spectrum from fully intergovernmental (IG) to independent (IP) • Operational Duration – varying levels of maturity to ensure an evidence base for assessment • Function – proximity to, and clarity of location along, the Science-Policy Interface (meeting at least one criterion) – see Figure 1 (below) 	<ul style="list-style-type: none"> • Fixed, short-term, temporary mandates (<2 years) • Overly narrow focus or technical mandate or pre-specified concrete outcome • Not international i.e., regional or national • Entirely institutionally separate

2. **Screening Process:** An initial screening eliminated around a dozen panels based on predefined exclusion criteria (see table). Most excluded panels had a narrow technical focus, lacked global scope, or operated under a very time-limited mandate. A long list of 17 panels underwent further research, screening, and characterization to ensure the final selection represented diversity across three key inclusion criteria: Field, Form, and Functions.

FIGURE 1. Conceptualization of the stages ('issue life-cycle') in mounting a global response to a challenge with the "interface" (blue) highlighted along a stylized science-policy continuum



Source: Authors' own.

3. **Data Extraction:** This process identified six panels as the analytical foundation. Data collection combined academic databases (Web of Science, PubMed, Google Scholar) and grey literature (Google, Perplexity [AI engines]) using terms like governance, evaluation, and assessment. Internal documents (reports, websites) were subsequently reviewed. Extracted data was organized into a framework along the seven analytical categories.

1 For older, larger, panels; cost-benefit for inclusion was considered specifically if there was an unclear governance target for the Sci-Pol. function.

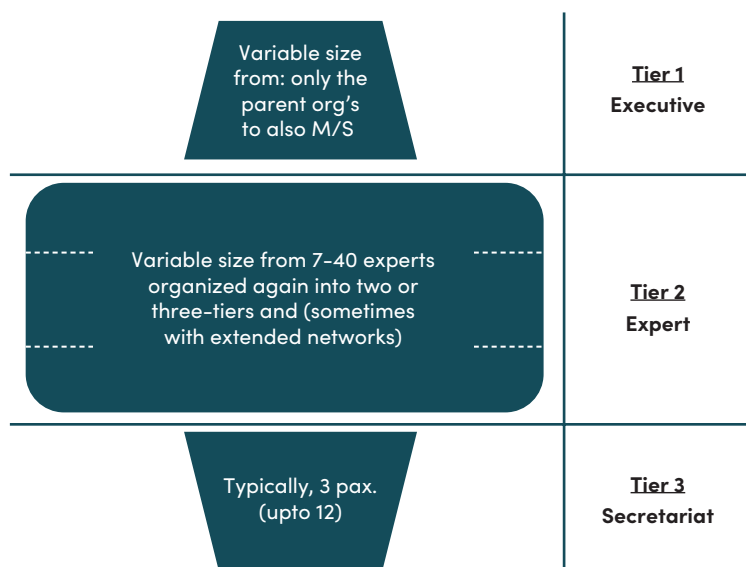
4. **Analysis & Synthesis:** The extracted data for the six panels were analyzed by comparing patterns across the seven categories: governance, independence, mandate, funding, knowledge handling, adaptability, and outputs. A summary of the panels across the categories can be found in Table 1. Synthesis focused on identifying commonalities, strengths, weaknesses, and notable practices.

Results

Summary profiles of the six shortlisted health panels can be found in Table 1, providing an overview of their governance, independence, mandate, funding, knowledge handling, adaptability, and outputs.

Governance

FIGURE 2. Conceptualisation of the ‘typical’ panel organizational structure & tiering



Source: Authors' own synthesis, based on appendix 3.

Similar to high-profile panels outside the health domain (IPCC, IPBES) and mature health panels (FCTC, CAC) not shortlisted for this paper despite their roles as effective models for addressing transnational public health challenges², five of the 6 panels observe the common three [or four]-tier governance structure with distinct executive, expert, and secretariat components (Figure 2). The executive, the oversight body/tier similar to a private company's Board, is often named the

2 The WHO Framework Convention on Tobacco Control (FCTC) and the Codex Alimentarius Commission (CAC) did not meet the inclusion criteria of being 'proximate to the science-policy interface' or having a clear governance target for the science-policy function.

steering committee, executive council, or similar, and typically comprises a relatively small number of senior representatives from the parent organizations. The exception to this is the IRP, which is chaired by its parent organizations but includes around 25 member states. Similarly small in their composition is the secretariat function that provides administrative support for, and facilitates the work of, the Tiers above. Although for many (HLPE, IRP, OHHLEP) of the panels of ‘institutional origin’, the secretariat and the executive function often sit within the same entity, it is not always clear what safeguards are in place to ensure independence from its institutional parent. Two secretariat exceptions are notable, the first was that of the IPPR, which had a larger and operationally independent secretariat (although it was based on-site at WHO), the second is the OHHLEP, whose secretariat rotates between its four parent organizations³. The Science Policy Interface (“expert” function), the focus of his paper, is sandwiched in between and summarized in Appendix 1.

Focusing on the ‘expert function,’ we see similarities in organization across our pool, structured either as two-tier (IRP, OHHLEP) or three-tier (HLPSE, ICNIRP, IPPR) systems for conducting core scientific/policy synthesis. Two key aspects are notable: 1) The breadth of the base of expertise incorporated into the panel’s central work varies significantly; 2) The upper tier of the three-tier expert panels, compared to two-tier panels, tends to be smaller, potentially more senior, and not always directly engaged in the work. In contrast, the larger two-tier expert panels are more likely to undertake the technical and scientific work directly, with a greater emphasis on scientific profiles of their members than the broader and more ‘high-level’ (international profile, leadership skills, political influence, etc.) skill sets of the latter. Significant to the IPEA will be these considerations of acknowledging the importance of ‘science translation’ and uptake, and the trade-off between ‘seniority’ & ‘availability’.⁴ Who fills which roles across the governance structure is one of the critical and pressing issues for the IPEA. One option for the IPEA would be to leverage existing bodies, such as the Global Leaders Group (GLG), HLPE-FSN, ICNIRP, and IPR’s documented selection process details that panel members are largely (or in ICNIRP and IPPR’s case exclusively) proposed or recommended by the expert tier Chairs or from within the executives or steering groups. For the IPR, this is preceded by a ‘scoping’ conducted by the secretariat and followed by a ‘call for interest’. OHHLEP also employs a ‘[public] call for interest’ (although it is through ‘quadripartite discussion’ that the selection is made). The use of a comprehensive exercise for scoping, [widely disseminated] public calls for interest and rolling reviews [now IRP practice]—or perhaps even proactive scouting and outreach to candidates who would not necessarily put themselves forward would help broaden the pool of candidates considered and safeguard against entrenching biases, established power/professional networks and ‘group think’ (see “adaptability” section).

3 Recent indications are that OHHLEP’s rotating secretariat model is still maturing, and clarity has recently been sought—from the panel—on how the overlapping mandates and responsibilities will be managed among Quadripartite agencies.

4 Common across panels is the provision that experts are unpaid and participate in their ‘individual’ and not professional capacity.

TABLE 1. Overview of the shortlisted panels focusing on the seven key parameters analyzed in this paper

Name	Governance	Mandate	Independence	Funding	Knowledge Handling	Adaptability	Outputs/-comes
HLPE-FSN (High-Level Panel of Experts on Food Security and Nutrition)	CFS (hosted by FAO, WFP, IFAD)	Broad, evolving scope on food security and nutrition; synthesizes evidence to inform CFS policy	Low structural independence; governed within CFS	UN agency core funding + voluntary gov & NGO contributions	Transparent, inclusive procedures; draws on over 2,000 multidisciplinary experts; uses non-traditional knowledge	Continuous but slow adaptation; evaluation found underutilized potential	Formal reports shape CFS policy convergence (e.g., land tenure, nutrition)
IRP (International Resource Panel)	UNEP	Initially focused on science, now policy engagement and tools in environmental resource use. Current priority area: SRM for health, well-being, prosperity & equity	Moderate; UNEP-led but consultative governance	UNEP + diverse donor funding (some private), with explicit caps	Structured planning and peer-reviewed outputs; strong prioritization and workstreams	Proactive adaptation since 2018; introduced strategic planning and performance reviews	Global Material Flows Database, SCP-HAT, referenced in EU Green Deal, UNEA, G20
ICNIRP (International Commission on Non-Ionizing Radiation Protection)	IRPA (independent NGO), aligned with WHO/IARC	Narrow, focused: scientific guidelines for protection/prevention exposure Effects of electromagnetic field (EMF) & non-ionizing radiation (NIR) on human health	High operational autonomy, but under scrutiny for industry links	Public donations only (controversy on transparency)	Documented processes, but criticized for lack of inclusion and alleged data cherry-picking	Minimal evolution; faces criticism and has a competing panel (ICBE-EMF)	Guidelines adopted by 100+ countries; used by WHO/EU
OHHLEP (One Health High-Level Expert Panel)	Quadripartite (WHO, FAO, WOAAH, UNEP)	Evolving; aims to shape One Health governance across health-environment domains	Advisory only; embedded within Quadripartite	UN agency-led; unclear if independent vehicle exists	Broad interdisciplinary membership; moderate transparency; flexible working groups	Modest adaptation between Terms I & II; unclear long-term trajectory	Definition of “One Health” globally adopted; influence still emerging
ECHO (European Climate & Health Observatory)	EC (DG CLIMA, SANTE) + EEA	Regional aggregator: links climate indicators to health risks	Not independent; embedded within EU institutions	EC core; conditional in-kind partner contributions	Aggregates existing datasets; limited primary synthesis	Biennial work program shifts; still too early to assess long-term evolution	Public portal of indicators, case studies, vulnerability maps
IPPR (Independent Panel for Pandemic Preparedness and Response)	WHO (secretariat), created by WHA resolution	Time-bound mandate: post-COVID assessment & reform recommendations	Highest structural independence of panels reviewed	Solely WHO core funding; large temporary secretariat	Highly consultative, rapid synthesis from evidence base; town-halls, submissions	Too short-term for institutional evolution; risks non-uptake of recommendations	Influenced WHO reform debates, equity, accountability framing

Notes: **CFS**: Committee on World Food Security; **FAO**: Food and Agriculture Organization of the United Nations; **WFP**: World Food Programme; **IFAD**: International Fund for Agricultural Development; **NGO**: Non-Governmental Organization; **UNEP**: United Nations Environment Programme; **SCP-HAT**: Sustainable Consumption and Production Hotspot Analysis Tool; **UNEA**: United Nations Environment Assembly; **WHO**: World Health Organization; **IARC**: International Agency for Research on Cancer; **EMF**: Electromagnetic Fields; **ICBE-EMF**: International Commission on the Biological Effects of Electromagnetic Fields; **EU**: European Union; **WOAH**: World Organisation for Animal Health (formerly OIE – Office International des Epizooties); **WHA**: World Health Assembly; **SRM**: Sustainable Resource Management.

Independence

Independence can refer to a number of dimensions: (1) structural, (2) political, (3) scientific, or (4) operational. Among the panels reviewed, the IPPR stands out for its high level of structural autonomy and explicit commitment to independence in its founding mandate. The forthcoming IPEA is also envisioned as an independent panel of experts, as noted in the 2024 UN General Assembly Political Declaration. In Quadripartite framing, “independence” refers primarily to scientific credibility, transparency, and freedom from undue influence, even within an intergovernmental structure. This means IPEA must uphold its scientific and operational autonomy, particularly in evidence synthesis, even if it is embedded within broader AMR governance mechanisms such as the GLG, MSPP, or the Tripartite Plus Alliance. Clarity on how independence will be safeguarded within this governance context will be essential to its credibility.

In contrast, all other panels reviewed are ultimately accountable to, and/or with a mandate to serve or strengthen parent organizations, often while trying to achieve independence of their science as a core value. Their founding, therefore, weakens their structural independence and limits their ability to claim a high-level, autonomous position in the global governance architecture. While many panels implement safeguards such as governance transparency, conflict of interest safeguards, stakeholder engagement, and transparent disclosure and accountability practices, these efforts tend to emphasize scientific independence, rather than full structural or political autonomy. Therefore, for the IPEA to meet its mandate and maintain legitimacy, its independence must be defined and upheld across its scientific work, governance arrangements, and financing mechanisms from the outset. Indeed, the ability of the IPEA to navigate the conundrum of its science needing to be relevant or close (policy relevant) yet not too close (to risk politicization) (De Donà & Linke, 2023) will be a critical determinant of its success.

IPEA’s independence will also be determined by the extent to which it can determine its priorities and focus areas. Presently, many of the health panels in this paper largely receive their tasks in a top-down manner with little autonomy of scope and focus (see later section). Furthermore, as the scientific knowledge around AMR grows, so too does the complexity of the governance landscape. Coordination, both within multilateral systems and beyond, is increasingly essential. This has been acknowledged—and guardrails set—at the founding of many panels, particularly the more recently created ones. Similar to the IPCC, the HPLE-FSN and OHHLEP, the IPEA is not mandated to undertake new research (United Nations General Assembly, 2024) and has been cautioned against duplicating efforts. However, experience from panels like HLPE-FSN and IRP indicates that the risk for the IPEA lies less in duplication, more in insufficient engagement beyond parent institutions.

For IPEA, the goal should be to achieve both non-duplication and sustained and meaningful collaboration across the AMR ecosystem. Engagement should extend beyond the Quadripartite and traditional multilateral channels to include existing intergovernmental fora, national stakeholders, civil society, and regional actors. An interesting and inclusive model is from ECHO, which has ‘Skin in

the Game' conditions for partners such as other international organizations or specialized agencies, i.e., the requirement for the partner organizations to propose and commit to delivering actions (via in-kind contributions) that are part of the workplans and that contribute to the [strategic objectives](#) (Europe Climate and Health Observatory, 2022). Evaluations of the HLPE-FSN and IRP underscore this need. HLPE's 2017 review found a limited visibility beyond the Rome-based agricultural organizations (including the CFS, WFP, IFAD, and FAO), and in 2018, the IRP initiated reforms to enhance its reach and impact. Similarly, while OHHELP acknowledged the importance of broader collaboration, it lacks a clear mandate and mechanism for engaging beyond the Quadripartite. A 2023 study (Hobeika et al., 2023) highlighted precisely the risk of not having broader mechanisms for engagement and warned that the value of the panel would be diminished if it remained siloed.

Mandate

FIGURE 3. Authority levels at inception of various health panels

Level 1	UNGA Resolution	e.g., IPEA
Level 2	Treaty Between UN M/S	e.g., FCTC
Level 3	Resolution of the M/S assembly of a UN agency	
Level 4	Agreement between UN agencies/org's	e.g., QJS
Level 5	Decision within a UN member organization	e.g., IPPRR
Level 6	Effort outside of the UN system	e.g., OHHELP

Source: Authors' own synthesis, based on appendix 4.

Among the basket of panels covered here, no health panel has been created from a UN General Assembly (UNGA) Resolution—a formal voted decision under the UN Charter—as an independent intergovernmental body in the way the IPBES was nor via a Treaty-based (legally enshrined supranational decision-making mechanism origin of the Conference of the Parties of the FCTC). However, the forthcoming IPEA was catalyzed into creation via an IACG recommendation that subsequently became a UNGA Political Declaration⁵—a consensus-driven statement—reflecting collective priorities⁶ of UN member states, and the IPPR was created from a World Health Assembly Resolution—a non-legally binding but formal decision or declaration adopted by the decision-making body of the WHO.

5 2024 United Nations General Assembly [Political Declaration](#) on Antimicrobial Resistance (adopted on 26 September 2024).

6 Adopted by consensus during the High-Level Meeting on AMR, meaning all 193 UN Member States implicitly endorsed it unless they formally dissented.

All the other included health panels (Appendix 4) HLPE-FSN, IRS, ICNIRP, ECHO & OHHLEP were developed as specialized initiatives by their respective founding bodies to address specific mandates—a more similar inception to the IPCC which was done so by World Meteorological Organization (WMO) and the United Nations Environment Programme (UNEP) and only subsequently endorsed [in contrast to the others in this ‘inception category’] by a UN resolution (Resolution 43/53 1988). So, while the mode of inception alone is an insufficient stamp of authority, it is certainly a foot up the ladder for legitimacy and long-term standing.

In addition to considerations on the provenance of the origins of a panel, three of the panels examined had a particularly clear and concrete mandate, which helps stakeholders understand their role and supports the panels to focus limited resources to deliver for maximum impact while meeting external expectations. For ICNIRP, this focus was defined by having a primary output: the development of scientific guidelines. IPPR’s scope was set but significantly limited by its time-bound nature. ECHO’s mandate is a concrete preceding step in the science policy continuum. In contrast, the remaining three panels—HLPE, IRP, and OHHLEP—have shown an evolving scope, mandate, and role over time. Insights from how these three panels have navigated and meaningfully defined and anchored themselves, creating a viable mandate amidst the huge breadth of the fields in which they operate and the ‘demand-based’ nature of their work, which may be particularly illustrative for the IPEA.

Panels vary widely in how their priorities are set. Most follow formalized, top-down, and demand-driven processes. For instance, HLPE-FSN operates under a strategic framework determined by the CFS, with multi-year planning and structured reviews that ensure strong institutional alignment. Similarly, since 2018, the IRP has employed a rigorous prioritization process, structuring its work into defined streams with clear objectives, engagement strategies, and deliberate panel composition. In contrast, OHHLEP initially adopted a reactive, needs-driven model without a long-term strategy. While it has since introduced some structure, its scope remains broad and loosely defined, perhaps reflecting the inherently complex and evolving nature of One Health governance. These variations raise a central question for IPEA: Should its workstreams be determined through formal intergovernmental processes (as in the IPCC or HLPE-FSN) with outlines approved years in advance, should the panel retain greater autonomy to set its own agenda—or, perhaps a pragmatic compromise—a hybrid of these two models where intergovernmental and expert panel processes come together to determine workstreams and focus areas.

Panels also differ in their positioning along the science-policy continuum. HLPE provides scientific inputs to inform CFS-led policy processes. The IRP, lacking a direct policy counterpart, has expanded from upstream science to a more comprehensive role spanning science, policy translation, and implementation. OHHLEP’s role is less defined, situated between advisory and coordination functions, but without a clear policy uptake mechanism, highlighting the risks of ambiguity when institutional interfaces are vague.

For IPEA, ensuring a clear science-policy continuum positioning (Figure 1), strategic clarity, and a defined interface for policy influence will be essential. This is critical not only for impact but for preserving the integrity of its scientific mission in a politically complex and resource-constrained environment. IPEA's scope must reflect its positioning within the global AMR architecture, avoid duplication, and ensure it adds clear value. The extent that the strategic prioritization of the IPEA will be based on the forthcoming update to the 2015 Global Action Plan on AMR (GAP-AMR).⁷ A spectrum of strategic options exists for defining its scope, from a narrow focus on evidence synthesis and horizon scanning, through a broader role, encompassing coordination, policy analysis, and to a more phased approach, starting narrow and expanding. Anchoring its mandate to a five-year strategy, co-developed through a consultative process, may offer a way to balance flexibility with focus. Its workstreams should be aligned to anticipated policy uptake pathways, and its outputs tailored to the decision-making needs of various stakeholders—global, regional, and national. In line with the UNGA Political Declaration and Quadripartite roadmap, the IPEA's initial mandate will need to include the prioritization of interventions, both immediate and longer-term, with the explicit objective of reducing AMR mortality by 2029 (United Nations General Assembly, 2024). This clear and time-bound deliverable should guide the panel's agenda-setting processes and serve as a north star for its early outputs.

Funding

A key theme that should not be overlooked is the widespread financing and sustainability challenges faced by all health and health-related panels (Figure 2). This issue is particularly evident in larger, long-standing panels, all of which—those over five years old—formally acknowledge financial difficulties. This suggests that sustaining funding becomes harder after the initial momentum of a panel's launch fades. Outside of the reliance on core UN agency contributions (voluntary or mandatory), a further and common limitation across all panels is a narrow funding base for additional contributions. To address funding shortfalls, panels adopt varied strategies with differing degrees of assertiveness—from 'encouragements' to 'formal requirements', remaining unclear whether stricter approaches yield better results. Appendix 2 summarizes the limited publicly available data on panel finances, including the two more mature health panels (CAC and FCTC) for comparison. Overall, transparency is poor, and while most are likely not considered separate legal entities, greater transparency should be considered valuable.

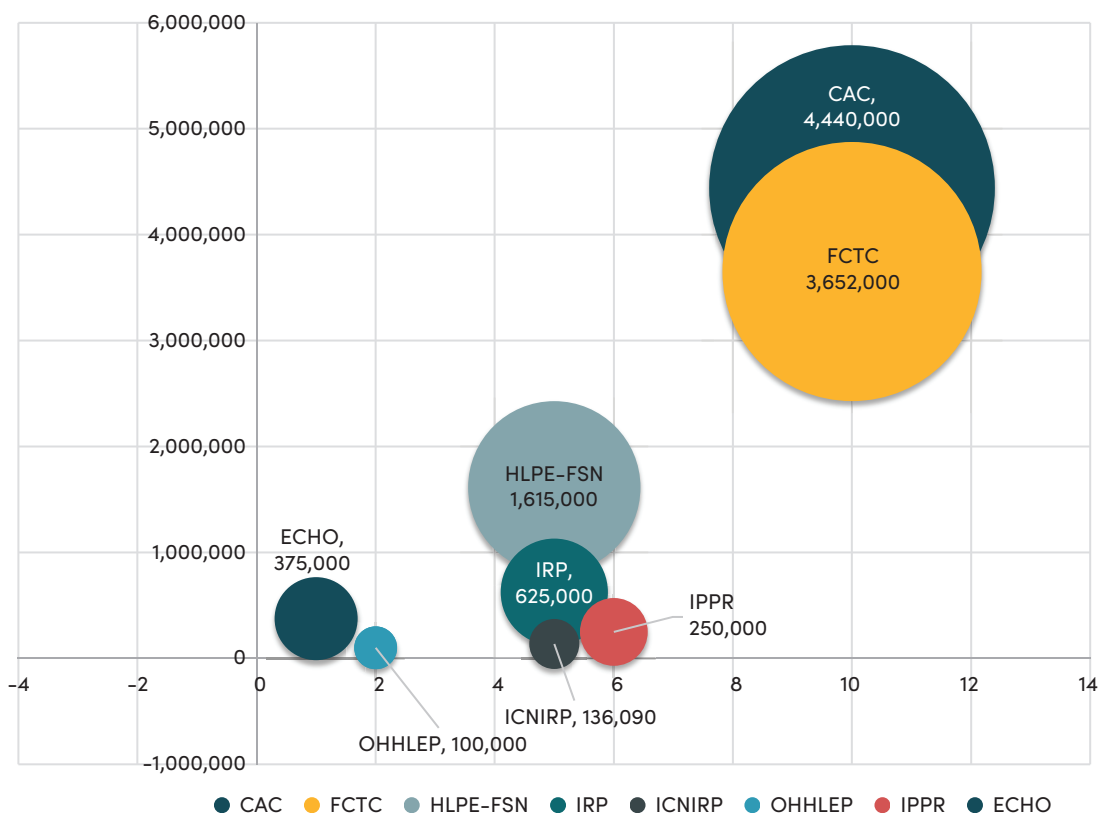
However, achieving sustainability is not solely about increasing and diversifying income. Equally important is the prudent management of available resources. Efficiency should be embedded in IPEA's architecture from the beginning, guiding decisions around partnerships, structure, and convening; a precondition for this will be far greater transparency than we traditionally have precedent for. First, in addition to its mandate, it will also be enlightened self-interest for the IPEA to avoid duplication the efforts of existing AMR initiatives. Instead, it should position itself to draw from, coordinate with, and amplify these efforts. Integration, rather than redundancy, is key to

7 2024 UNGA Political Declaration tasked the Quadripartite with updating & aligning the GAP by 2026.

cost-efficiency and added value. Second, the question of secretariat hosting offers an opportunity to optimize for operational efficiency. Rather than defaulting to a single institutional host or adapting to a rotating host, IPEA could select a secretariat through an open, transparent, competitive, or invitation-based process. This would facilitate the identification of the host best equipped to deliver administrative and technical support efficiently and cost-effectively. In addition to the previously mentioned benefits from leveraging existing governance structures for its oversight would be the resulting efficiency gains.

Finally—and in the same operational efficiency light—the IPEA could adopt a pragmatic approach to its convening model as it has no existing obligations in this regard. It could consider leveraging one or more existing AMR convening fora, and coupling this with virtual collaboration and asynchronous consultations should be the norm, minimizing travel-related expenditures while enhancing accessibility and participation from underrepresented regions.

FIGURE 4. Estimated annualized costs/incomes (USD m) by the known number of core or additional funder



Returning to ‘income’ from expenditure, only two current panels (IRP and HLPE-FSN), along with CAC and FCTC, accept non-governmental (NG) contributions. This trend may reflect a necessity to become more open to diverse funding sources. Notably, all but one of these four older panels have

a dedicated funding mechanism, suggesting this may be a prerequisite for establishing a broader donor base and practically receiving donations from non-governmental sources. Beyond increasing government contributions, some success and more innovation have been seen in attracting NG funding and in-kind support, and conflict of interest then becomes an additional feature to be managed. A few panels have explicitly made certain activities dependent on securing new funds, and some have made “resource mobilization” a central function of their secretariat.

From the outset, the IPEA must prioritize securing sustainable, diversified financing at a scale aligned with its ambition and scope, reducing reliance on the same limited donor pools seen in other health panels (Figure 2). Given global public and multilateral fiscal constraints, innovation and, as a minimum, a dedicated funding vehicle will be critical.

Adaptability

Despite the criticality of a clear role and position, since panels often span multiple decades, their ability to evolve and adapt, both to shifting external expectations and internal (institutional and field-specific) changes, is essential for maintaining relevance and authority. Interestingly, one key tool for supporting such adaptation—internal evaluation—is often absent or only conducted reactively, typically following a crisis once a decade or so. Appendix 5 attempts to rank the panels on this parameter. For many of the longer-standing ones, it is difficult to assess the full extent of their evolution since inception, as few have updated foundational documents such as statutes, rules of procedure, or terms of reference. The ‘adaptability and responsivity assessment’ starts with IRP as the most adaptable, followed by HLPE, OHHLEP, ECHO, and IPPR (although, as so new this parameter is less relevant for the latter three), yet insightful insights on how these panels have adapted—albeit often reactively—can be found in the appendix. For the HLPE-FSN, a shift toward greater inclusivity around 2018 is argued to have compromised effectiveness, as its slow, consensus-based model attracted criticisms for limiting its speed (report topics are defined 5 years ahead), efficiency, and responsiveness, demonstrating the tricky practical balances here. Still, it appears that the end of the last decade marked an inflection point for many, triggering a new trajectory. These shifts, however, seem largely reactive and are only now slowly starting to be underpinned by embedded M&E mechanisms that enable regular, proactive, and incremental adaptation.

To take just one parameter where we have seen some of the strongest adaptations over the decades, is panel composition. Across the board, the more recent rounds of panel selections have adopted much broader, more inclusive profiles of both individual experts and the panel in its totality, comprising a more diverse and globally representative pool of experts. These shifts have occurred reactively; IPEA could do so proactively. All of them—since their founding—have included various ‘intents’ (shall reflect, consideration will be given, about an [appropriate balance], attention shall be paid) within their foundational documents regarding geographic representation, technical expertise, and gender balance. Many have subsequently publicly acknowledged that, despite this,

their panels have historically had an overly narrow composition; implicitly, the OHHLEP also acknowledged this between its first two terms.

This was particularly a finding of the evaluations that happened in 2017/8 for HLPE and IRP. Since then, some interesting practices and trends have emerged, for example, the IRP now specifies the underrepresented constituencies that it wants to fill. A recent advertisement (Meiattini, 2025) for the SC of the HLPE subordinates traditional scientific competencies to skills such as strong experience in managing groups or networks of experts, extensive communication and interpersonal skills, leadership skills, capacity to attract and draw expert networks, drawing from their international recognition by peers. The IRP, in its latest work plan, strongly indicates not only the need to 'involve social scientists (as opposed to other natural science disciplines)' and more 'generalists' able to cross-fertilize across groups through their broader skills base but also that the expertise itself needs to be "better matched" to a specific task or deliverable. Overall, a more considered approach to the diversity of knowledge and skills required to optimize these panels in a way that represents more of how the real world functions.

Knowledge handling

Knowledge handling or management refers to all the scientific, data, and knowledge processes prior to the outputs, including such considerations as mobilization, capture, inputs, processing, synthesizing, assessment, and the scientific methods, procedures, and safeguards to ensure integrity. Starting with knowledge inputs, most panels draw on both quantitative (e.g., statistical analyses, datasets) and qualitative (e.g., academic literature, stakeholder insights) evidence. Many also maintain an extended network of experts. For example, HLPE-FSN engages over 2,000 experts (although laudable, this is still ten times less than IPCC) across constituencies and incorporates non-traditional knowledge through local consultations and case studies. In comparison, ICNIRP has been criticized for excluding emerging or even peer-reviewed evidence. Panels differ in how they address data gaps and diversity. A key challenge for the IPEA will be ensuring that: 1) the absence of evidence is not mistaken for the absence of effect; and 2) dispersed and diverse sources of knowledge, including those outside traditional and academic channels, are meaningfully incorporated⁸ (High Level Panel of Experts on Food Security and Nutrition, 2010, 2025; International Resource Panel, 2016). This latter point presents a challenge as inclusion of diverse forms of knowledge goes beyond the use of technologies and methods; it requires a cultural shift in what is recognized as credible and legitimate knowledge.

Regarding knowledge synthesis, or the scientific method, most panels, on paper, adhere to robust, transparent standards for ensuring scientific quality. HLPE-FSN, IRP, and OHHLEP outline detailed processes for evidence synthesis, peer review, and managing scientific disagreement. HPLE-FSN

⁸ For example, socio-economic insights (e.g., behavioral sciences, health impacts, economics, equity disparities), and local knowledge, policy frameworks, emerging tools like big data analytics and scenario modeling project future risks and solutions.

includes open consultations at two stages of its report cycle, while IRP requires a structured scoping, terms of reference, and planning process before work begins.⁹ Notably, HLPE-FSN is the only panel to have made visible the link (and risk) between resource constraints and its potential to undermine performing ‘comprehensive analysis’.

However, the extensive presence of strong procedures does not necessarily equate to credible practice. For example, despite formal processes, ICNIRP has faced criticism for perceived bias, data exclusion, and failure to meet scientific quality standards (Nordhagen & Flydal, 2023; Nyberg et al., 2024). This highlights that both adherence to procedure and external perception of credibility are critical.

For the IPEA, a central design challenge will be balancing inclusive, high-quality evidence gathering with the need for timely, actionable synthesis—a tension that panels like HPLE-FSN have struggled to resolve effectively.

Panels differ widely in how outputs are selected and delivered. At the IPCC, reports are commissioned by governments, ensuring alignment with policy priorities but limiting scientific autonomy. This is similar to the HLPE-FSN, which remains constrained, limited to producing reports for the CFS that are similarly defined many years in advance. While this ensures alignment, it restricts responsiveness and innovation. In contrast, panels like the IRP and OHHLEP have greater freedom to set their agendas (Food and Agriculture Organization et al., 2023), allowing them to respond more flexibly to emerging issues. The IRP, by comparison, has expanded from reports to practical tools such as the Global Material Flows Database and SCP-HAT, supporting broader policy and implementation efforts. ECHO curates diverse outputs, such as indicators, country profiles, and case studies, into a centralized and user-friendly evidence portal that policymakers access directly.

Again, for the IPEA, a hybrid model could have merit (in this case, a hybrid model for agenda-setting [as opposed to a hybrid composition of the executive]) whereby the processes for determining the focus areas involve both political and technical/scientific input. The executive could request specific reports to support its longer-term strategic vision, ensuring policy relevance, while the panel retains the ability to pursue additional work independently, particularly that which may arise from horizon scanning efforts, and therefore be able to initiate work more responsively based on emerging trends and needs. This balance would support both credibility and responsiveness. IPEA could also move beyond traditional reports by establishing a publicly accessible “evidence for action” repository. Such a platform could centralize tools and curated knowledge, improving transparency and global reach without duplicating existing efforts.

⁹ Aligns with its strategic workplan and requires comprehensive details on purpose, scope, urgency, complexity, policy relevance, expertise, beneficiaries, lead authors, resource needs, timelines, and outreach strategies.

Outputs

Monitoring and evaluation (M&E) of panel functioning is gradually gaining prominence. The IRP was the first among the reviewed panels to incorporate M&E—as an accountability function—into its formal workplan (2022), suggesting a shift toward more systematic tracking of influence and effectiveness (UN Environment Programme & International Resource Panel). Panel impact can span multiple domains: Scientific (‘clarification of the evidence base, filling gaps, synthesizing and bringing data forward’); Policy (formulation, acceleration and convergence); Anticipatory Governance (horizon scanning, scenario modelling); Political (awareness raising, harm reduction, coordination/collaboration), and Stakeholder Trust and public awareness. This raises a key question for the IPEA: what are the outputs, and what level of outputs would be ideal? For example, the evidence synthesis, the intervention recommendations, the research gaps, and the recommendations for investment or for the reorientation of investment are all interesting possibilities for the IPEA to explore.

Examples from the panels illustrate these pathways. The IPPR played a critical role during the post-COVID period, framing reforms around accountability and equity. The ICNIRP helped harmonize exposure standards globally, with its guidelines adopted by over 100 countries. OHHLEP had early success with the global uptake of its “One Health” definition. The HLPE-FSN directly influenced policy convergence in areas such as responsible agricultural investment, with countries like Senegal incorporating recommendations into national strategies. Meanwhile, the IRP has had a broad impact through accessible, high-profile tools and assessments, such as the *Global Resources Outlook* and the *Global Material Flows Database*, cited widely in the European Green Deal, UNEA, G7, and G20 policy discussions.

Conclusions

The forthcoming IPEA on AMR represents a critical opportunity for strengthening global coordination and accelerating progress against AMR. Lessons from existing high-level panels—spanning pandemics, One Health concerns, non-ionizing radiation, climate-related health impacts, and the health effects of resource use, extraction, and pollution. Through these, are highlight both best practices and pitfalls in governance, funding, knowledge handling, and impact. As many of these panels undergo reorientation in response to shifting global dynamics, their experiences offer valuable insights for designing a panel that is not only independent and credible but also inclusive, adaptable, and action-oriented from the outset. Appendix 1 distills these lessons to inform IPEA’s foundational choices, which must balance scientific autonomy with intergovernmental relevance, and avoid duplication while fostering deep, sustained collaboration across the AMR ecosystem.

Key initial questions for the IPEA to address based on the experience of prior health panels

1. In what form will the IPEA's governance structure be established, and how will it draw on or incorporate the existing AMR governance structures and convening fora to enable operational launch by the end of 2025 and be equipped to receive a mandate from Member States by 2026?
2. What is the optimal panel composition and governance structure for the IPEA? How can a more proactive, inclusive, and equitable approach to panel member selection and role-matching be achieved from the outset? What selection procedures and safeguards should be in place to ensure transparency, accountability, and a meaningful balance between seniority, availability, and diversity? How can the IPEA's independence be protected, scientific, institutional, and operational, even if embedded in broader AMR governance?
3. How will the IPEA be positioned along the science-policy continuum to ensure its outputs, particularly for the 2029 final report for UNGA, are actionable, policy-relevant, and credible? What consultation and prioritization mechanisms will guide the panel's initial 5-year strategy and ensure its recommendations directly address AMR mortality?
4. Who, how, and what will determine the mandate, scope, and focus of the panel? Will this be through a hybrid arrangement where the multilateral hosts or intergovernmental structure sets the broad strategy, yet the expert panel also has the possibility to bring forward and influence the focus areas?
5. What transparency mechanisms, resource mobilization strategy, and funding vehicles should be established now (e.g., trust fund)?
6. How can a 'for tomorrow, not for yesterday' approach to knowledge incorporation and synthesis be instilled from the outset? What would be an M&E framework and independent evaluation rhythm that would optimally support 'adaptation and adjustment' for enduring relevance and efficiency?

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Appendices

APPENDIX 1. Summary of the positive and negative learnings for each of the included panels

Panel Name Health-Related Panel	Positive Learnings (could be taken-forward by IPEA)	Negative Learnings (to be integrated into the design process by IPEA)
HLPE-FSN High Level Panel of Experts on Food Security and Nutrition	<ol style="list-style-type: none"> 1. Similar to IPEA not mandated to conduct new research’ tasked with synthesizing 2. Rules of Procedure doc, quite detailed/transparent for Scientific process and scenarios, i.e., works well at level of the ‘doing’ 3. Inclusive, broad participation: pluralism, equitable participation, and inclusion of diverse forms of knowledge cannot be ensured, a new platform could do more harm than good. operates by consensus, negotiating policy documents line by line—until everyone agrees. 	<ol style="list-style-type: none"> 1. Hierarchy: questionable independence from hosts (FAO webpage; not evaluated). Possibly weak ‘panel selection/review mechanisms’ (small pool of countries, becoming more diverse but not v. high-level) 2. Limited visibility globally nor ‘downstream effectiveness’ i.e., efforts/ability to follow-through (uptake) 3. “Adapt or die”; perhaps has not overcome constraints sufficiently 4. Limited ‘types’ of outputs 5. Resource constraints
IRP International Resource Panel	<ol style="list-style-type: none"> 1. ‘Resonant Breadth & Problem Statement’ for the AMR IPEA; lack of understanding; lack of clear, accessible, and actionable scientific information as a basis for developing policy and Policy Incoherence. 2. 1 yr probation period: not a problem with the members but there ‘availability to contribute in a very substantive manner to the pro-bono work of the Panel’. 3. Still struggling to diversify \$\$ from limited pool despite ‘Expected’ financial contributions from OECD and ‘strived’ from other (implicit that LMICs are underrepresented) 	<ol style="list-style-type: none"> 1. Adapting & Evolving: McKinsey strategic approach working on its prioritization (HIPA’s) and impact (Engagement strategy); refining selection procedures to overcome shortfalls and composition (‘matching’ & non-Sci skills); M&E just added 2. Highly consultative strategic process (albeit in lieu of evaluations) 3. Permanent products/outputs: able to leverage from 1st decade
ICNIRP International Commission on Non-Ionizing Radiation Protection	<ol style="list-style-type: none"> 1. Political Success: Must have been effective [although maybe that was WHO unit] in the early years at fostering global dialogue and forging global standards convergence. They never claimed to be ‘Policy interface’ they were only ever a ‘Scientific Commission’ (Trojan Horse) 2. Output success: Guidelines & Recommendations found around the world – still in place in EU and WHO 3. ‘Activity clause’: utmost importance that all members are actively involved in the work of the Commission. Therefore, a membership may be terminated before the end of the term upon a vote by the Commission at any commission meeting if a member fails, without an excuse, to participate in two consecutive commission activities (such as commission and standing committee meetings, document preparations, etc.) 	<ol style="list-style-type: none"> 1. Difficulties of ensuring against conflicts of interest. 2. Need to ensure scientific integrity 3. Too slow to evolve

APPENDIX 1. (Continued)

Panel Name Health-Related Panel	Positive Learnings (could be taken-forward by IPEA)	Negative Learnings (to be integrated into the design process by IPEA)
OHHLEP One Health High-Level Expert Panel	<ol style="list-style-type: none"> 1. Expertise diversity: Term II – extreme/impressive cross-disciplinarity/diversity of expertise, fill a relatively small pool of experts globally... . 2. ‘Active [& min.] participation clause’ (albeit quite weak – only meeting participation) in ToRs (III Membership/Terms of office and selection Art. 13 & 17 at least two-thirds of the Experts should be present at a session. 3. Started small and concrete. 	<ol style="list-style-type: none"> 1. Vague positioning: exchange of information between OHHLEP and these AMR bodies 2. Unclear mandate along the Sci-Pol interface 3. Risk of Being ST/Tactical vs. LT strategic. Terms are quite short (2 yrs) and focus is on Work Plans – could consider a longer-term strategic framework (like IRP).
ECHO European Climate & Health Observatory	<ol style="list-style-type: none"> 1. Broad country participation (>38?) despite being ‘regional’ > ‘Skin in the Game’ condition for partners: requirement for the partner organizations is to provide concrete in-kind contributions and activities that contribute to the strategic objectives (propose actions/commit to deliver them). 2. Clear benefits for National (sub-national) stakeholders 3. Valuable examples of effectively leveraging partnerships 4. Strategy and Vision articulated 5. Central Data Portal/Resource Catalogue 	<ol style="list-style-type: none"> 1. Multiple some shifts in priorities between work programs 2. Relatively limited learnings across the other parameters assessed due to the slightly different focus, structure and mandate
IPPR Independent Panel for Pandemic Preparedness & Response	<ol style="list-style-type: none"> 1. The most ‘independent’ of the panels included and seemed to have full autonomy in practice 2. Impressively inclusive and consultative for such a short-lived panel – leveraged innovative mechanisms to achieve this 3. Likely helped by having the support of a secretariat twice the size of the next largest secretariat of the panels included in this study 4. Enabled across the full cycle, supported keeping recommendations on the agenda 5. Likely effectively leveraged the existing evidence base 	<ol style="list-style-type: none"> 1. The most ‘high-level’ of the panels included but the relatively limited uptake and action (from its own monitoring reports/assessments) may indicate a risk of ‘high-level’ policy people being too far removed from or lacking authority with the current practitioners

APPENDIX 2. Summary of the financial information in the public domain, including the two more mature health panels (CAC and FCTC) for comparison

	Funding Model & Contributors	Transparency Around Financials	Dedicated Funding Mechanism	Identified Funding From Non-HIC's	Acknowledgment of Financial Struggles	Resource Mobilization Strategy/ Investigating New Sources	Notable Practices/Models
HLPE-FSN	UN agencies (especially FAO) & voluntary government contributions & non-government via dedicated vehicle	No (integrated into FAO/CFS)	YES: Multi-donor voluntary trust fund	2 listed over 15 years	YES	Weak; at level of CFS	“Encouraged contributions”
IRP	UN agencies (UNEP) Government, Partner & Private contributions (annual cap with private not allowed to exceed public)	YES	No	‘Somewhat limited’ (and in-kind?)’	YES	YES – previously over 50% dependence on one donor (EU)	“Required contributions” (OECD) and “Strived for contributions (non-OECD) esp. in-kind (strategic partners)
ICNIRP	Direct public & government donations only (NB: some controversy around private sector conflict of interest)	YES	No	No	No – deficits yes	No	Questions have been raised over if the achievements could have been possible on only the disclosed data.
OHHLEP	UN agencies (QUAD) plus possible additional governmental contributions	No	No	N/A	No	No	(Public acknowledgement (report) visibility to ‘in kind’ contributions
ECHO	Core funding from EC – mostly [conditional & concrete] in-kind from partner organizations	Limited	No (existing vehicles)	N/A	No	No	To be a partner one must propose actions in the Observatory’s 2-year workplans & commit to deliver
IPPR	Solely relied on UN agency (WHO) core funding	No	No	N/A	No	In-kind or other funding was prohibited	
<i>Indicative inclusion for comparison:</i>							
CAC	UN agencies, Government & partner contrib’ns via dedicated vehicle	Limited	YES: Codex Trust Fund, CTF	14 x LMIC’s (matched participation funding)	YES	No	Employs formal expressions of gratitude & encouragement to M/S
FCTC	UN assessed & voluntary contrib, ODA & philanthropic inc; New Vehicles	Limited	NEW FCTC Investment Funds	3 x LMICs direct contributions	YES ¹⁰	YES	FCTC Article 5.6 “calls on Parties to ‘cooperate to raise financial resources

10 <https://tobaccocontrol.bmj.com/content/31/2/335>.

APPENDIX 3. Deep-dive on the ‘expert’ function of the governance of the health panels

HLPE-FSN	Three-tier: Comprises a Steering Committee (SC), multiple issue-based Project Teams (PTs), and a broad expert network (over 2,000 multidisciplinary experts across diverse stakeholder groups). The SC, composed of 10–15 global experts with two-year mandates (renewable once), holds full responsibility and flexibility to establish and manage PTs, methodologies, and work plans. Each PT is led by a Team Leader (who may or may not be an SC member) overseeing the drafting.
IRP	At most two-tier. The Panel, 35–40 eminent scientists serve 4-year terms (renewable twice – up to 12 yrs), conduct scientific studies and assessments directly based-on organization into Working Groups, external peer-review utilized. Broader network of expertise drawn-on not for the technical work but, since 2018, but to input 4-yearly highly consultative Strategic Planning Exercise/thorough, impact-driven, and inclusive consultation process of around 180+ stakeholders.
ICNIRP	Three-tier: the Main Commission (C), the Scientific Expert Group (SEG), and Project Groups (PGs). The C is the central governance body consisting of at least 7 and up to 14 independent experts serving 4-year renewable terms. The SEG functions as a broader pool of specialized experts appointed by the C to provide additional expertise as required. From this pool, the C forms temporary PG’s (7 x listed for the 2022–2024 work plan), composed of 8–15 experts to do the work.
OHHLEP	At most two-tier. Up to 30 Experts with expertise in at least one of the three pathways of change, serve for a period of 2-years and shall be eligible for reappointment. They conduct the work themselves Chair is limited to 2 x terms. Initially (term I) organized 4 x working groups (WGs) with dedicated participation of specific OHHLEP members; later transformed into thematic groups open to all interested panelists. The second tier appears to be an <i>ad hoc</i> possibility to draw-on others for support, either: the Quadripartite itself, external individuals (in the form of “Observers”) or external experts or stakeholders for specialized knowledge or broader consultation.
IPPR	Three-tier but smaller, looser & more transient structure due to limited-duration including a much larger (11–12 pax) secretariat than seen above. The two co-Chairs at the head of the Independent Panel of 13 members that drew-on broader expertise and knowledge through by participation in open town-hall ‘Exchange’ meetings. 100+ submissions received through web portal.

APPENDIX 4. Context, history, inception mode, and characterization of the panels

Panel/ Characterization	History	Current Immediate Governance Context	Parent, Host, Executive	Nature of Initiation
HLPE-FSN <i>Scientific Advisory</i>	The Committee on World Food Security (CFS) was established in 1974 by the FAO as an intergovernmental platform to review and follow up on food security policies. In response to the 2008 food crisis, the CFS underwent major reform in 2009, becoming a more inclusive, multi-stakeholder platform.	Present institutional arrangements including CFS, the scientific bodies of the Rio Conventions and the CGIAR system	FAO, WFP, IFAD >CFS	HLPE created in 2009 as part of the reform of the CFS when it transitioned from UN intergovernmental body to a multi-stakeholder platform
IRP <i>From Science to Science-Policy Panel</i>	Need growing from the 1992 United Nations Conference on Environment and Development; the growing evidence base was the more recent catalyst with organizations like OECD, UN & EC lamenting no unified sci. body to consolidate global knowledge	IPCC, IPCC for Land (proposed) IPBES, MA, GEO, POPRC, and TEEB ¹¹	UNEPS	Launched at the WSF in 2007 by UNEPS supported by EC & at least 3 x nat. champs
ICNIRP <i>Science-Based Guideline Development</i>	Emerged from a decades-long evolution within International Radiation Protection Association (IRPA). From WG (1974) then committee (International Non-Ionizing Radiation Committee (INIRC) 1977) & finally independent ICNIRP since '92.	WHO (EMF Project), IARC, IRPA & the newly created Int. Commission on the Biological Effects of Electromagnetic Fields (ICBE-EMF)	IRPA	IRPA ratified the creation of ICNIRP as an independent scientific body during the 8th IRPA International Congress (Montreal 1992).
OHHLEP <i>Advisory Body</i>	COVID-19 catalyzed an anyway growing movement to strengthen zoonotic spillover and pandemic preparedness and One Health governance.	Space in flux, with talk of an independent panel being created & uncertainty if Pandemic Treaty (via WHO Art.19 powers)/ accord & fund. Other actors include OHHLEP, IPPR & GPMB.	UN quadripartite organizations: FAO, WHO, WOH (OIE), UNEP	A proposal by FRA & DEU at the Paris Peace Forum in 2020 endorsed by Quadripartite (FAO, UNEP, WHO, WOH) leadership which created the OHHLEP in May 2021

11 In contrast the SPP, was mandated in 2022 by the United Nations Environment Assembly (UNEA) Resolution 5/8.

APPENDIX 4. (Continued)

Panel/ Characterization	History	Current Immediate Governance Context	Parent, Host, Executive	Nature of Initiation
ECHO <i>Knowledge Aggregator & Sharing Platform</i>	European Environment and Health Task Force (EHTF) and the Lancet Countdown (2016) collaborative IPCC-aligned research initiative were forerunners of sorts. Lancet Countdown Europe (2021) cooperates with ECHO (providing indicators to ECHO's tools inc; early warning systems and health vulnerability assessments.	A GAP on Climate Change & Health (draft under WHA consideration) aligned with WHO's 2025–2028 WP. COP28 ('23) Declaration on Climate & Health lacks binding targets. Advocacy continues for a Global Health Threats Council (IPPR 2021 proposal).	Partnership framework lead by: EC (DG CLIMA, SANTE) & the EU Environment Agency (EEA)	ECHO was established in 2021 as part of the EU Adaptation Strategy (<i>Forging a Climate-Resilient Europe by 2050</i>) adopted by the EC. Launched under the existing European Climate Adaptation Platform (Climate-ADAPT) to centralize data on climate-health linkages.
IPPR <i>Evidence-Based Actions</i>	Periodic investigations of previous outbreaks particularly (SARS 2003, Ebola 2014) with broader or longer-term initiatives i.e., GOARN, IHR Review Committees, GPMB	IPPR itself is central (recs, assessments, structural reform advocacy) to shaping the evolving landscape of global PR	Funded and supported by WHO, operated independently, with authority	Member states, led by the EU, during the 73rd World Health Assembly Resolution 73.1 (May 2021) mandated an independent evaluation of the global pandemic response, leading to the creation of the IPPR.

APPENDIX 5. Ranking of panels by perceived responsiveness and adaptability to change

<p>More</p> <p>Less</p>	<p>IRP; impressive attempts since 2018 to adapt/evolve/address shortcomings and become more focused (to be verified¹²) but maybe too late as alternative higher-level panel being created amidst broader flux in its' governance context. IRP is the only one who has feedback to the panel whereby the composition of the panel has now evolved to the needs and requests.</p> <p>HLPE; An incremental but continuous process of adaptation displayed over the years but perhaps an 'over correction' to inclusivity around 2018 that has is argued has undermined its effectiveness through its slow and consensus-based model that determines five years ahead the topics of its reports. 2017 evaluation indicate the 'potential of the panel was not fully exploited' despite effectively bridge[d] the gap between science and policy, thereby enhancing the legitimacy of CFS policy recommendations' also now amidst broader flux in its governance context.</p> <p>OHHLEP*; Despite being new, already see quite some changes and evolutions between term I & term II in a number of aspects (particularly scope of work and diversity of members) does not seem much more clarity on mandate.</p> <p>ECHO*; While coherent strategy laid out – quite some shifts between biennium Work Programmes in the thematic priorities and key actions. Too little info to assess organizational shifts.</p> <p>ICNIRP; the slowest to adapt to changing expectations and stakeholder misgivings such that a competing panel now created</p>
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Note: *Relatively new to see much 'adaptation'/IPPR to short-term to assess.

12 Needs verifying by interview to confirm what is seen from desk research is reflected in reality.