



# Antimicrobial Resistance:

## Briefing to WHO Member States

**22 March 2023**

13:00-14:30 CET Zoom



# Agenda

- **AMR landscape and achievements**

Dr Hanan Balkhy, Assistant Director-General, AMR Division

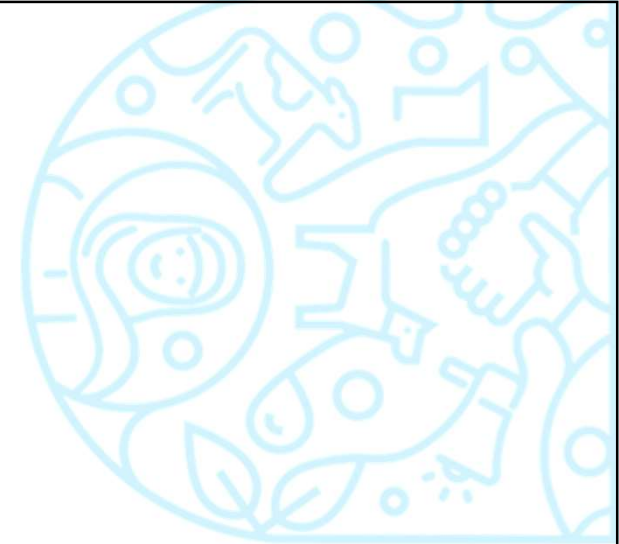
- **Update on the AMR programmatic approach**

Mr Anand Balachandran, Unit Head, AMR National Action Plans and Monitoring  
Dept of Surveillance, Prevention and Control, AMR Division

- **The Road to UN General Assembly High-level Meeting 2024**

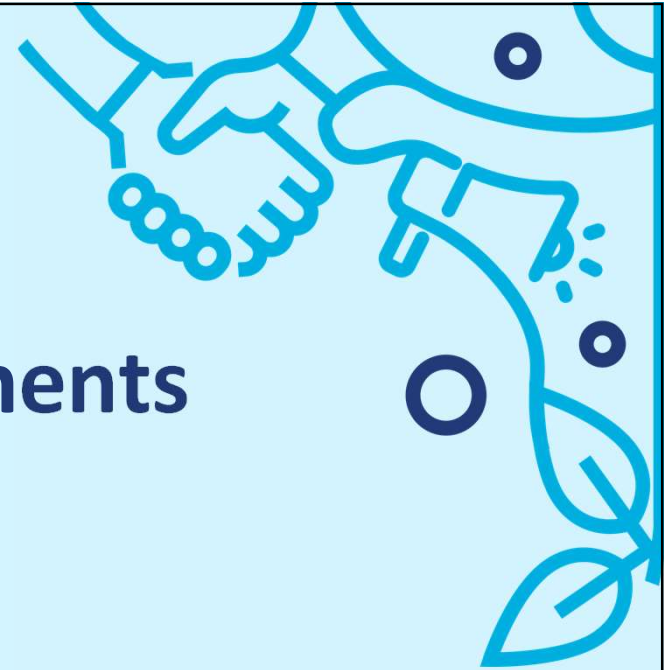
Dr Haileyesus Getahun, Director, Global Coordination and Partnerships,  
Quadripartite (FAO/UNEP/WHO/WOAH) Joint Secrétariat on AMR AMR Division

- **Q&A**



# AMR landscape and achievements

Hanan Balkhy,  
Assistant Director-General  
AMR Division



- **Antimicrobial Resistance (AMR)** occurs when bacteria, viruses, fungi and parasites change over time, and no longer respond to medicines.
- AMR makes infections harder to treat and increases the risk of disease spread, severe illness and death.
- WHO has declared AMR as one of the top 10 global public health threats facing humanity.



#### Antimicrobial resistance now a leading cause of death worldwide, study finds

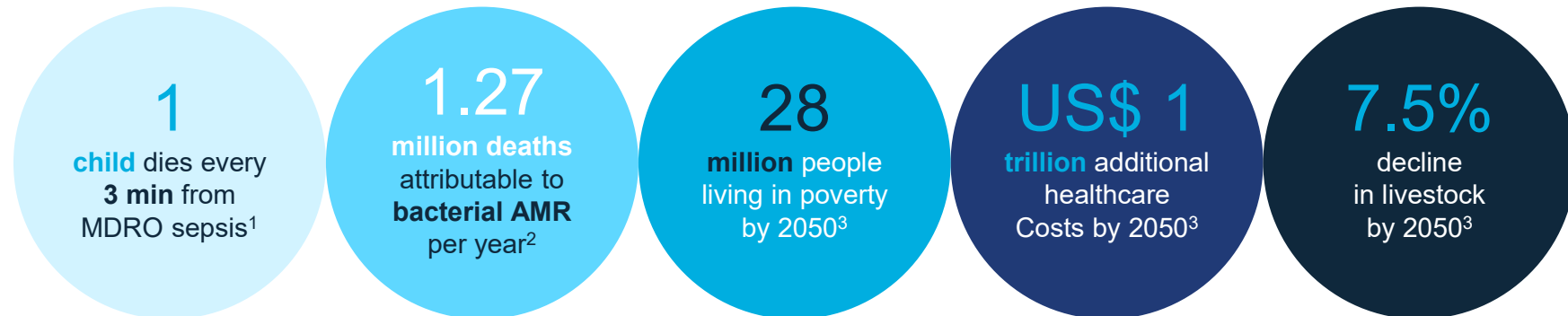
Lancet analysis highlights need for urgent action to address antibiotic-resistant bacterial infections



# A major threat to global health

Drug-resistant infections affect the lives of billions worldwide

## Current and future impact of AMR



1. Ramanan Laxminarayan et al. Access to effective antimicrobials: a worldwide challenge. Lancet. 2016; 387: 168-175 / <https://www.reactgroup.org/news-and-views/news-and-opinions/year-2020/new-react-film-children-at-risk-the-threat-of-antibiotic-resistance/>; 2. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. The Lancet 2022 <https://www.sciencedirect.com/science/article/pii/S0140673621027240?via%3Dihub>; 3. <https://www.worldbank.org/en/topic/health/publication/drug-resistant-infections-a-threat-to-our-economic-future>



## Global burden of AMR (estimates for 2019)



- **1.27 million deaths per year are directly caused** by bacterial AMR.
- **4.95 million deaths per year are associated with** bacterial AMR (more than HIV, TB and Malaria combined).
- **1 in 5 deaths** caused by AMR occurred in **children under the age of five** – often from previously treatable infections.
- **6 Priority bacterial pathogens** account for >70% of the AMR deaths

Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. Lancet. 2022 Feb 12;399(10325):629-655. doi: 10.1016/S0140-6736(21)02724-0. Epub 2022 Jan 19. Erratum in: Lancet. 2022 Oct 1;400(10358):1102. PMID: 35065702; PMCID: PMC8841637.

# One Health response to AMR: WHO leads human health

A sustained Global/National One Health Response is essential to tackle antimicrobial resistance and achieve the Sustainable Development Goals



Humans



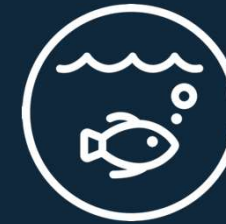
Food & feed



Plants & crops



Environment



Terrestrial &  
aquatic animals



Food and Agriculture  
Organization of the  
United Nations



World Organisation  
for Animal Health  
Founded as OIE



UN  
environment  
programme



World Health  
Organization

# WHO's Antimicrobial Resistance Division

Leading, guiding and facilitating the Organization's global response to AMR, based on **Global Action Plan on AMR**, the **13th General Program of Work** and the **SDGs**

## Department of Global Coordination and Partnership (GCP)

➤ Multisectoral action and coordination

### TECHNICAL UNITS

- Impact Initiatives and Research Coordination
- Tripartite Joint Secretariat
- Antimicrobial Stewardship and Awareness

## Department of Surveillance, Prevention and Control (SPC)

➤ Human health sector response

### TECHNICAL UNITS

- National Action Plans and Monitoring & Evaluation
- Control & Response Strategies
- Surveillance, Evidence & Laboratory Strengthening



## AMR activities contribute to all three triple billion targets and the Director-General's five priorities

1 billion more people  
benefitting from universal  
health coverage



1 billion more people  
better protected from  
health emergencies



1 billion more people  
enjoying better health  
and well-being



Promoting  
health

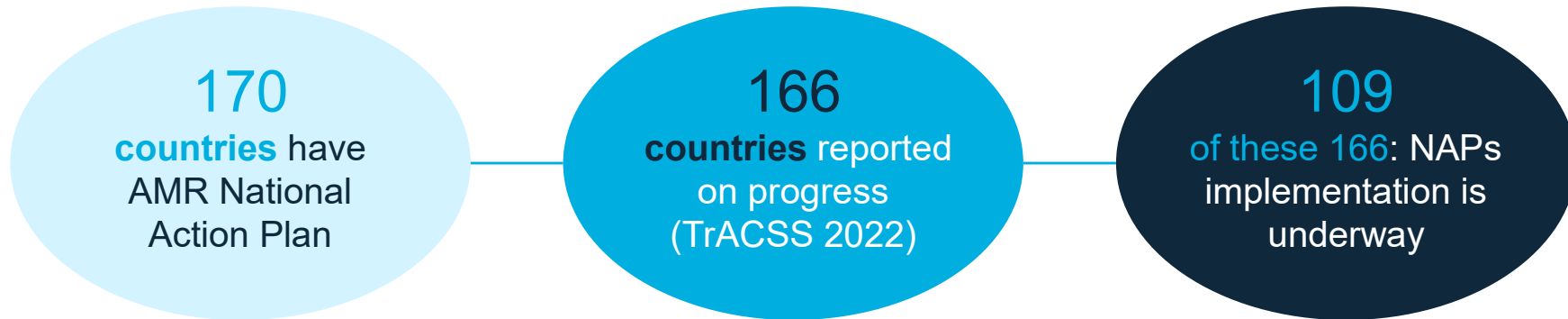
Protecting  
health

Providing  
health

Powering  
health

Performing  
for health

## Key achievements (1): AMR National Action Plans (NAPs)

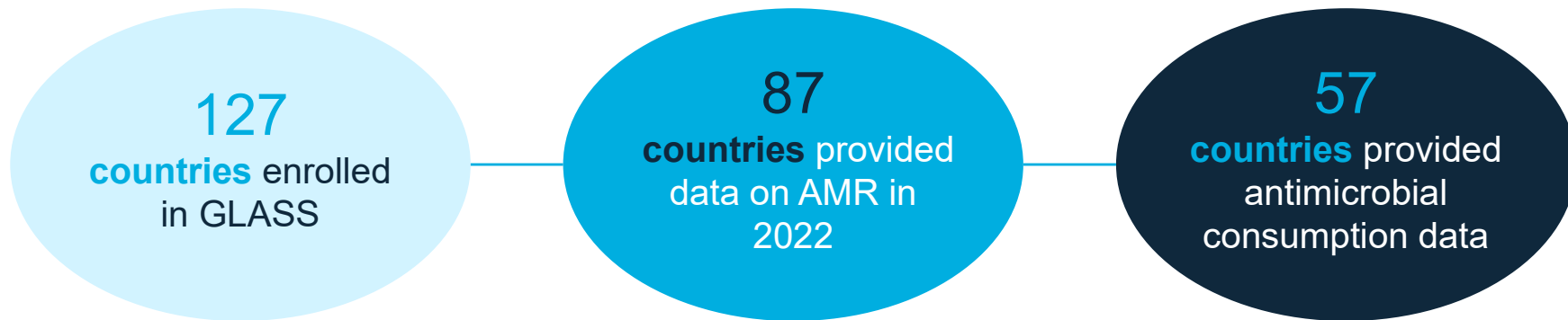


### WHO Secretariat:

- developed guidance and provided specific technical support to countries to develop, implement and monitor NAPs
- delivered capacity-building on multi-sectoral governance and NAPs costing/budgeting
- supported data collection, analysis and publication on NAPs implementation (including TrACSS)

**Urgent gaps: Financing & governance for countries to accelerate NAPs implementation**

## Key achievements (2): AMR Surveillance



### WHO Secretariat:

- established Global AMR Surveillance System (GLASS) in 2016
- provides guidance and technical support for countries to collect and report data
- developed the methodology for National AMR Prevalence Surveys to complement routine surveillance
- established and supported regional surveillance networks and laboratory strengthening efforts

**Urgent gap: Nationally representative data – national AMR prevalence surveys**

## Key achievements (3): Antimicrobial stewardship

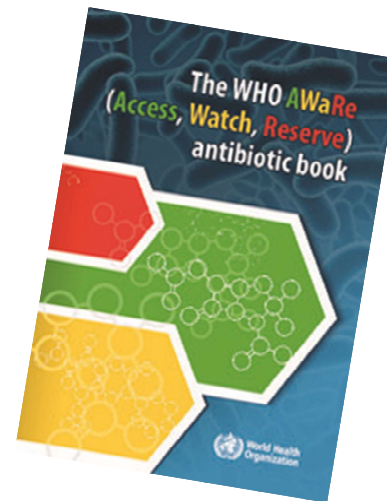
More countries with  
**policies to  
optimize  
antimicrobial use**

**Clinical  
guidelines** for  
appropriate use of  
antibiotics

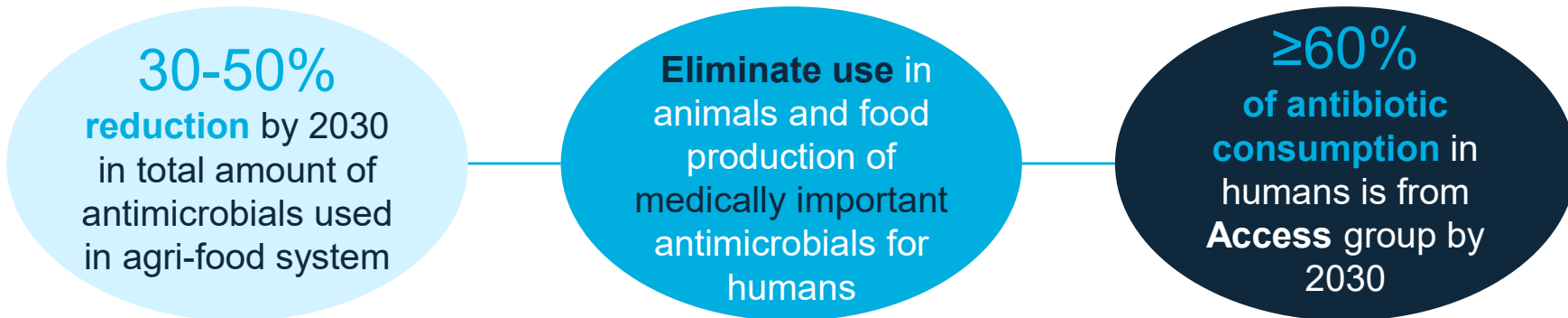
appropriate  
antimicrobials  
**reviewed in  
national  
medicines lists**

### WHO Secretariat:

- developed appropriate guidance (e.g. AWaRe Antibiotics Handbook)
- provides technical support for country-specific policies and guidelines
- region-specific tools, webinars and assessments



## Key achievements (4): Targets to preserve antimicrobials



**3<sup>rd</sup> High-Level Ministerial Conference on AMR** hosted by Sultanate of Oman, November 2022; **47 countries** have signed up to groundbreaking international targets in the **Muscat Declaration**

### WHO Secretariat:

- collaborated on political advocacy with the Global Leaders Group on AMR, the AMR One Health Quadripartite organizations, and the Government of Oman
- provided technical expertise on targets to preserve critically important antimicrobials
- supported ministerial participation and One Health collaboration across human and agri-food sectors

## Key achievements (5): One Health AMR support for countries



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization



World Organisation  
for Animal Health

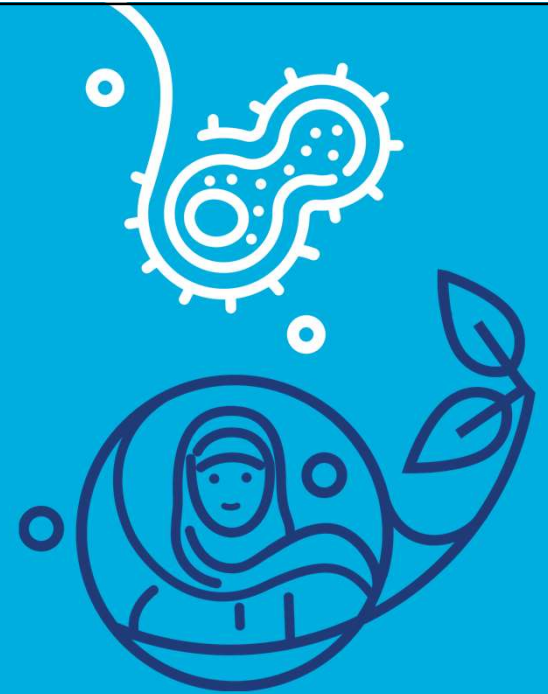
### WHO Secretariat:

- with Quadripartite partners, co-designed, raised funds (\$27.5M) and oversees AMR One Health Multi-Partner Trust Fund (MPTF)
- hosts MPTF Coordinator, and has taken on Chair of MPTF Steering Committee for 2023

**Urgent need:** With partners, identify and strengthen funding and One Health coordination to support implementation of AMR national action plans, including future role of MPTF

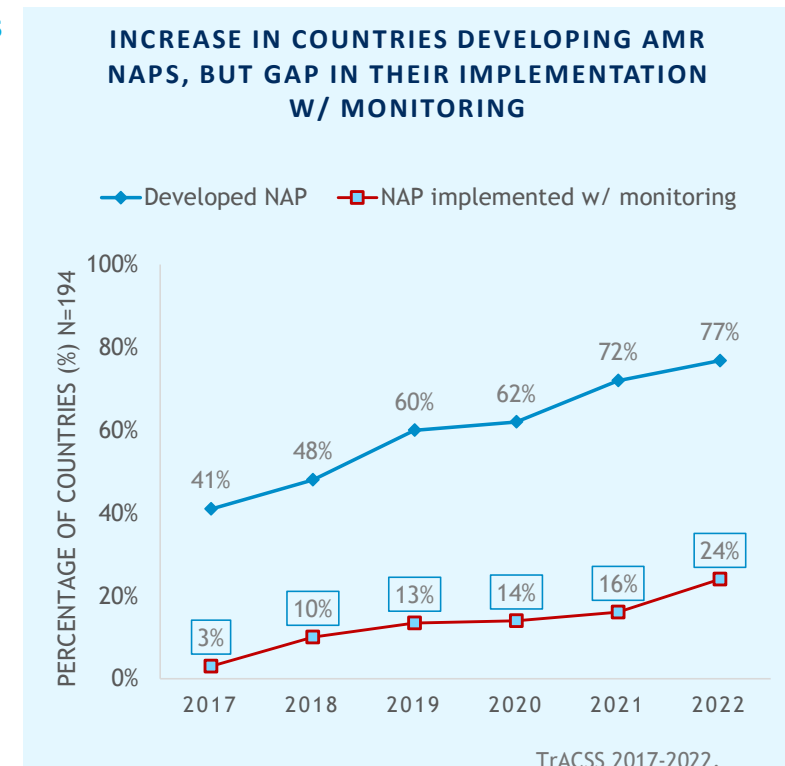
# Update on the AMR programmatic approach

Anand Balachandran,  
Unit Head, AMR National Action Plans and Monitoring  
Dept of Surveillance, Prevention and Control,  
AMR Division



## Context: AMR NAPs and need for a programmatic approach

- Following the Global Action Plan on AMR in 2015, **170 countries** have now developed a national action plan (NAP) on AMR.
- Implementation of NAPs is fragmented, ad-hoc, siloed, not costed and budgeted, not resourced - **only 24% countries** say their NAP is being implemented effectively, and only **10% have allocated financing** in their national budgets.
- Interdependence of various AMR interventions is not being considered in NAP implementation.
- A more **comprehensive and programmatic approach** is needed **putting people and their needs at the centre of the AMR response**.
- To address this gap for the human health sector, WHO is developing **the people-centred framework for AMR** for policy makers, and managers of AMR activities.





Introduction to  
**the People-centred framework to  
address AMR in the human health  
sector**

**The core interventions and their  
integration into health systems  
and pandemic preparedness**



## Goals: the People-centred framework for addressing AMR

- **Focus on people and communities, their needs and barriers**
- **Enhance sustainable implementation** of evidence-based human health AMR interventions that are mainstreamed into
  - Health system strengthening efforts (PHC, UHC)
  - Health security agenda (pandemic preparedness and response initiatives, IHR core capacities).
- **Reduce the negative impact of AMR on patients** in terms of morbidity, mortality, and disability, and sustain effectiveness of antimicrobials.
- **Leaving no one behind** - ensuring equitable access to preventative services, timely and quality diagnosis, treatment, and care for all key and vulnerable populations.
- **Engagement of the community** in the AMR prevention and response activities.
- **Inform NAP AMR revisions** – Provide a framework for countries that are now developing their **NAP 2.0**



## Root cause analysis: People's needs and challenges along the journey seeking AMR related health services



### PEOPLE CHALLENGES

- Lack of clean water
- Poor sanitation
- Lack of awareness on hand hygiene and immunization

- Poor health education
- Out-of-pocket expenditure on health
- Poor access to health services locally

- Loss to follow-up
- Out-of-pocket expenditure on health
- Poor access to diagnostic services locally

- Inappropriate self-medication
- Incomplete treatment cycle



### PREVENTION OF INFECTION



### ACCESS TO HEALTH SERVICES



### DIAGNOSIS



### ACCESS TO TREATMENT



### SYSTEM CHALLENGES

- Weak immunization programs
- Lack of clean water, sanitation and safe waste management
- Poor IPC practices

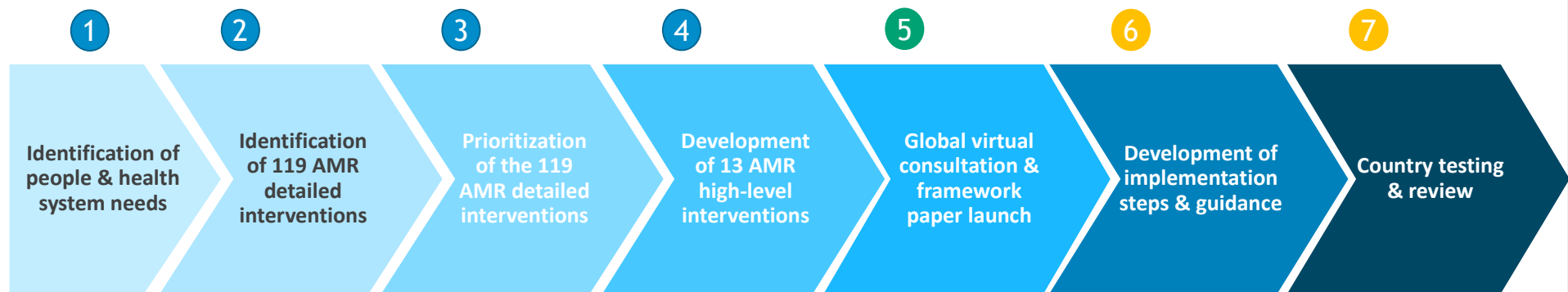
- Weak health insurance schemes
- Insufficient access to healthcare facilities and trained health workers
- Weak referral systems

- Diagnostic delays
- Stock-outs of essential diagnostics
- Poor quality and standards of diagnostic services

- Stock-outs of essential antibiotics
- Weak regulation of over-the-counter treatment
- Lack of quality-assured standardised treatment regimen

### The 4 pillars of the people-centred framework

## Methodology of the people-centred framework development



- Formation of WHO multidisciplinary Technical Working Group (WG) covering the various AMR related disciplines of the people-centred framework
- Including colleagues from the global, regional, and country levels of the organization
- Regular consultations for inputs and reaching consensus

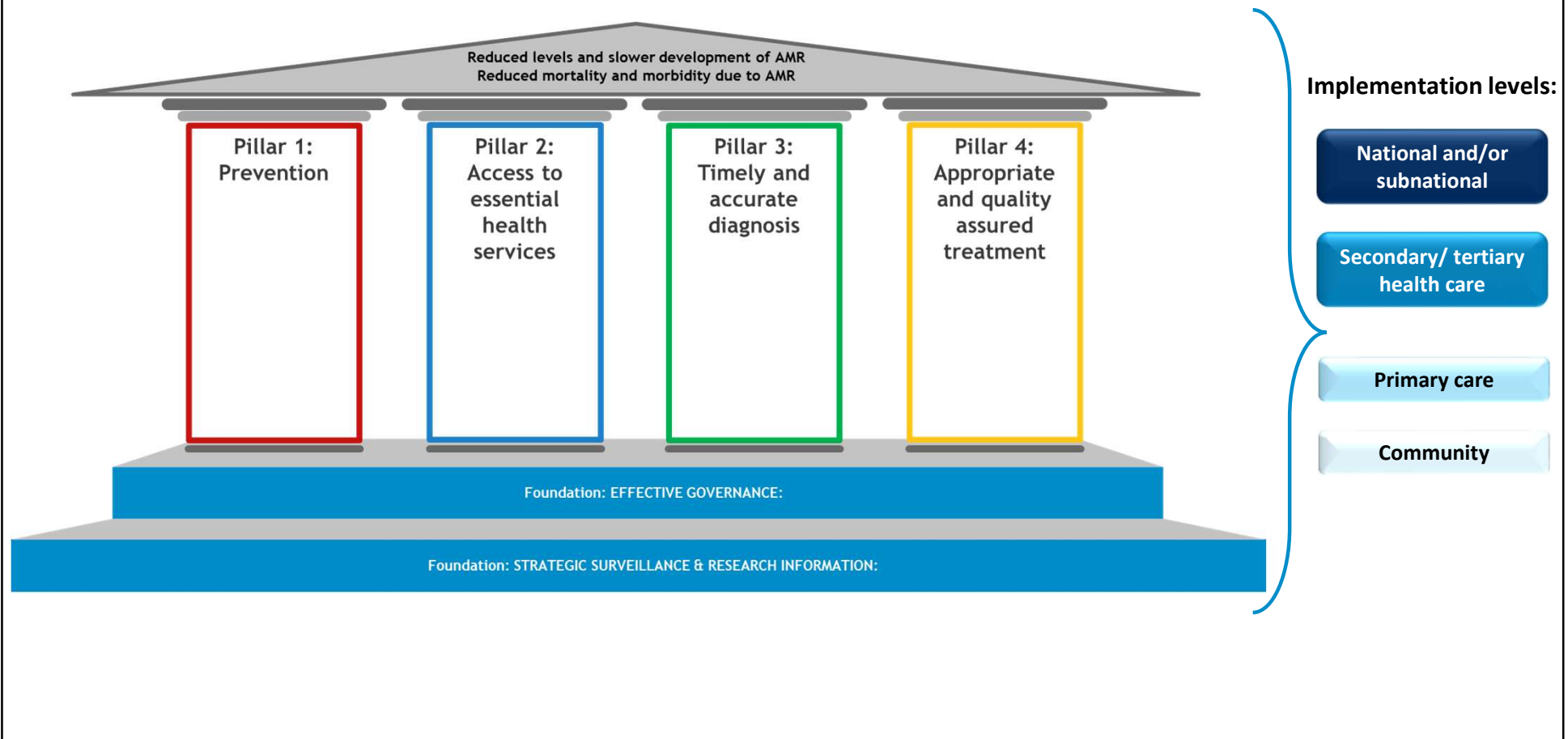
## Methodology of the people-centred framework development

1

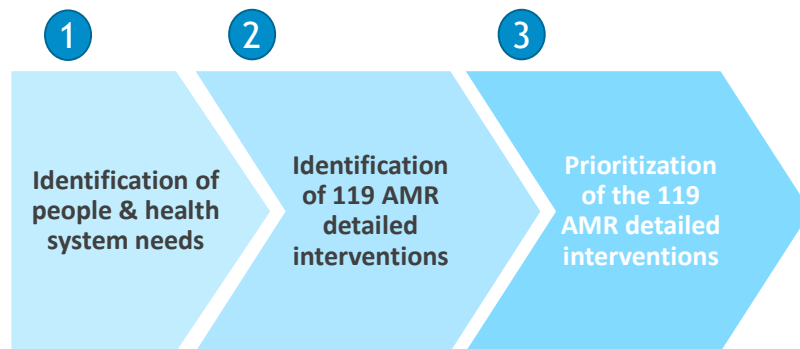
Identification of  
people & health  
system needs

- The **4 pillars defined** based on the AMR People's journey:
  1. Prevention of infections;
  2. Access to essential health services;
  3. Timely and accurate diagnosis; and
  4. Appropriate and quality assured treatment
  
- Supported by the **2 foundation steps**:
  1. Effective governance
  2. Strategic surveillance and research information

## Structure of the People-centred framework



## Methodology of the people-centred framework development



### Working Group Criteria to prioritize interventions

Mitigates the burden and public health impact of AMR

Promotes health equity

Represents cost-effective investment

Can be feasibly implemented in resource-limited settings

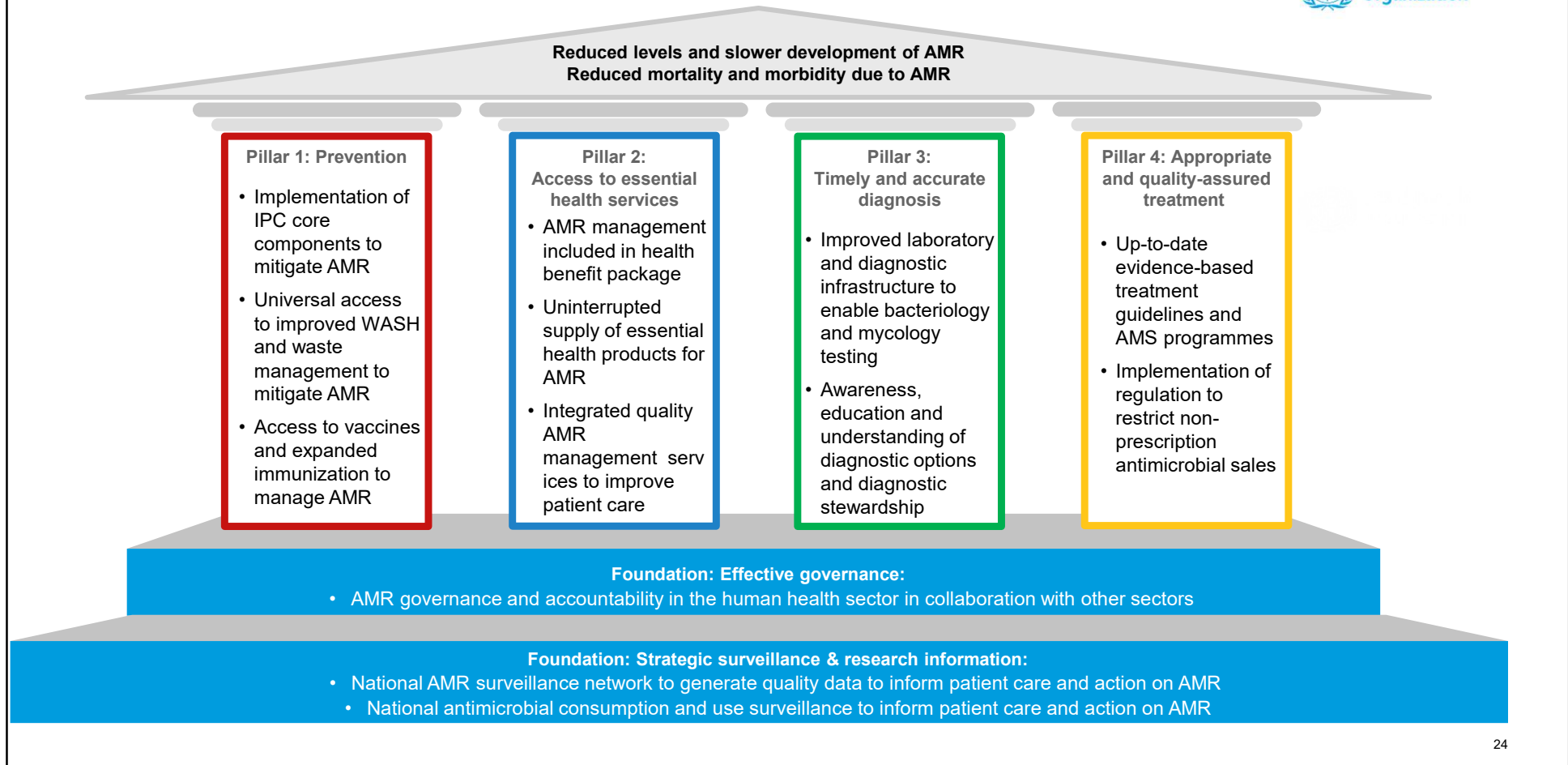
Enables the implementation of other interventions in a stepwise manner

Available supporting evidence

**Step 2.** The Working Group identified 119 detailed interventions across the four implementation levels based on desk review and expert opinion

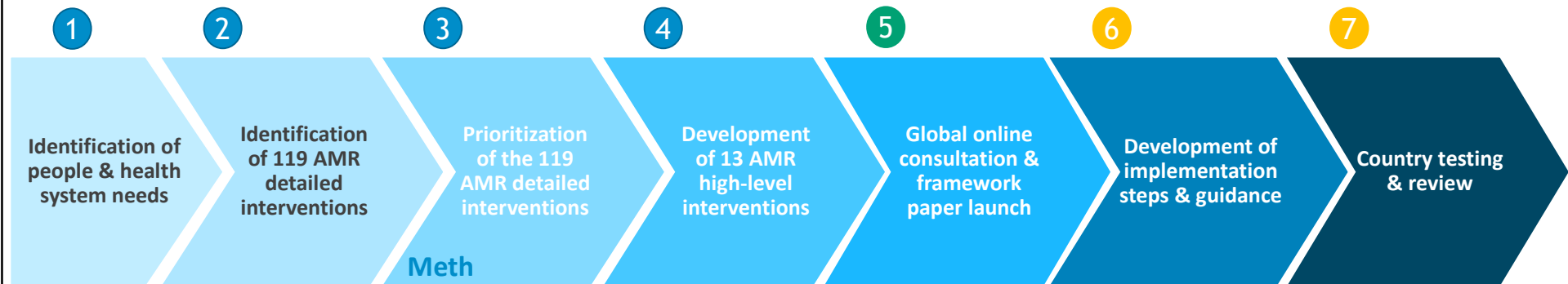
**Step 3.** The Working Group prioritized the interventions based on defined criteria and expert opinion

## AMR High-level Interventions of the PCF: 10 core & 3 foundation





## Methodology of the people-centred framework development

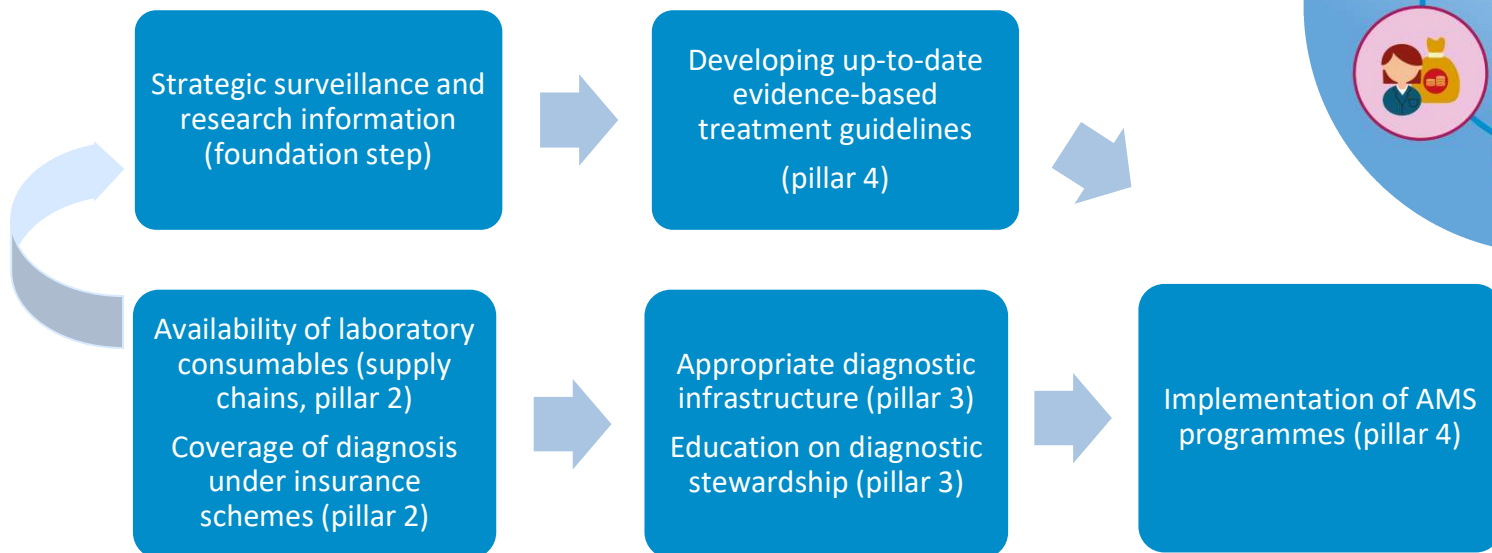


- **Currently (step 5):** Global online consultation from 14 February – 14 March 2023:
  - ✓ Consolidation of feedback
  - ✓ Publication of the PCF framework
- **Steps 6 & 7** will be focused on development of stepwise guidance for intervention & country level pilots

## Interdependent high-level interventions

- ✓ Interventions are interdependent and reinforce one another
- ✓ Implementation of one enables implementation of another

### Examples



## Engagement of communities and key vulnerable populations

- **Awareness & Participation:** The proposed framework will provide opportunities for engaging communities and community-led organizations in raising greater awareness, and designing, delivering and monitoring these interventions.
- **Equity:** Community engagement can foster equitable access to and utilization of services and improve quality of care through greater accountability.
- **Leave no one behind:** It can also help develop solutions to address inequities, human rights and gender-related barriers, especially those faced by key vulnerable populations, including migrants and refugees.

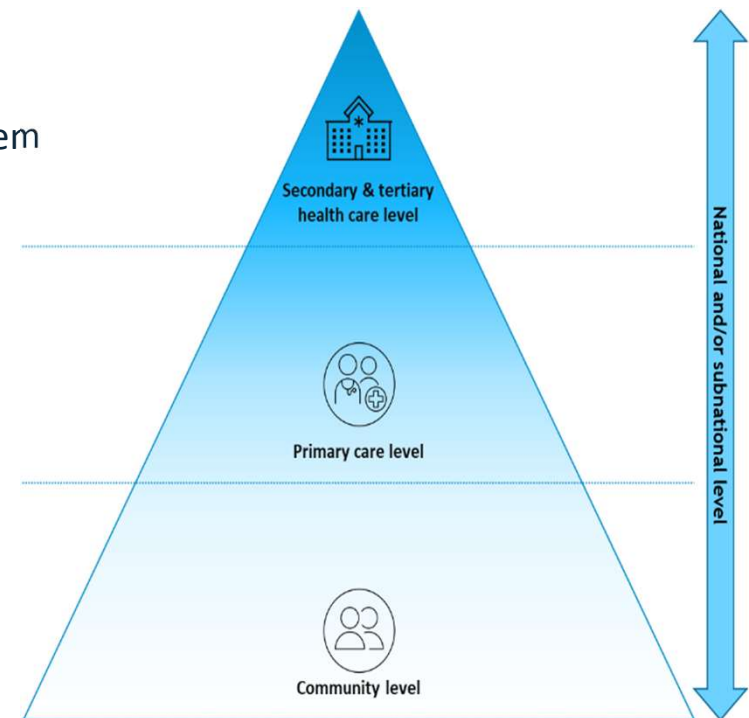


### COMMUNITY ENGAGEMENT

A health promotion guide for universal health coverage in the hands of the people

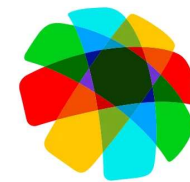
## Step-by-step implementation guidance

- The paper suggests the priority steps for sustainable implementation of each of the 13 high-level interventions at country level:
  - ✓ short summary of the specific people and health care system needs
  - ✓ system prerequisites to enable implementation
  - ✓ priority implementation steps
  
- The **priority implementation steps** are a compilation of interventions:
  - ✓ Often starting at the national and/or subnational level
  - ✓ Spanning across the community, primary care and secondary/tertiary health care level
  - ✓ The order of steps may vary based on the country context



## Integration with primary health care and health emergency preparedness

- **Strengthening health system capacity** will support containment efforts of AMR and vice versa
- **Integration of AMR interventions into health sector strategies, programmes and budgets** ensures sustainability and efficiency in the use of resources and health workforce
- **Mainstreaming AMR response** into existing health system strengthening, UHC, and pandemic preparedness efforts
- Opportunities to access **existing funding streams** at the country level
- The **AMR people-centred framework** helps identify the areas of synergy to strengthen the health system and the AMR response at the same time



**The  
Pandemic  
Fund**

FOR A RESILIENT WORLD



WORLD BANK GROUP

### First round of funding:

Three Areas of Focus:

1



Surveillance

2



National Laboratory Systems

3



Human Resources



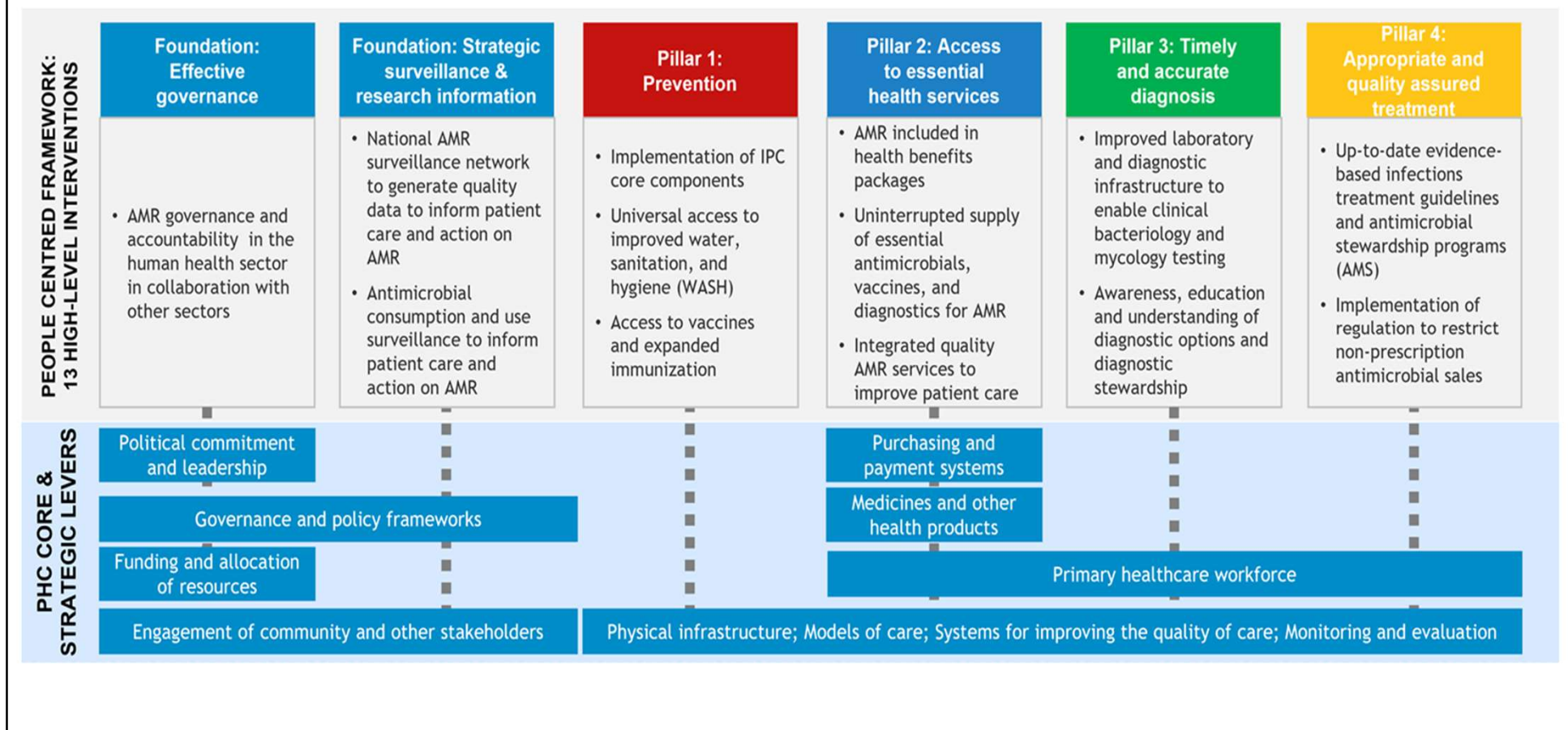
THE  
GLOBAL  
FUND



**The Global Fund's  
New Strategy:  
Opportunities for AMR**

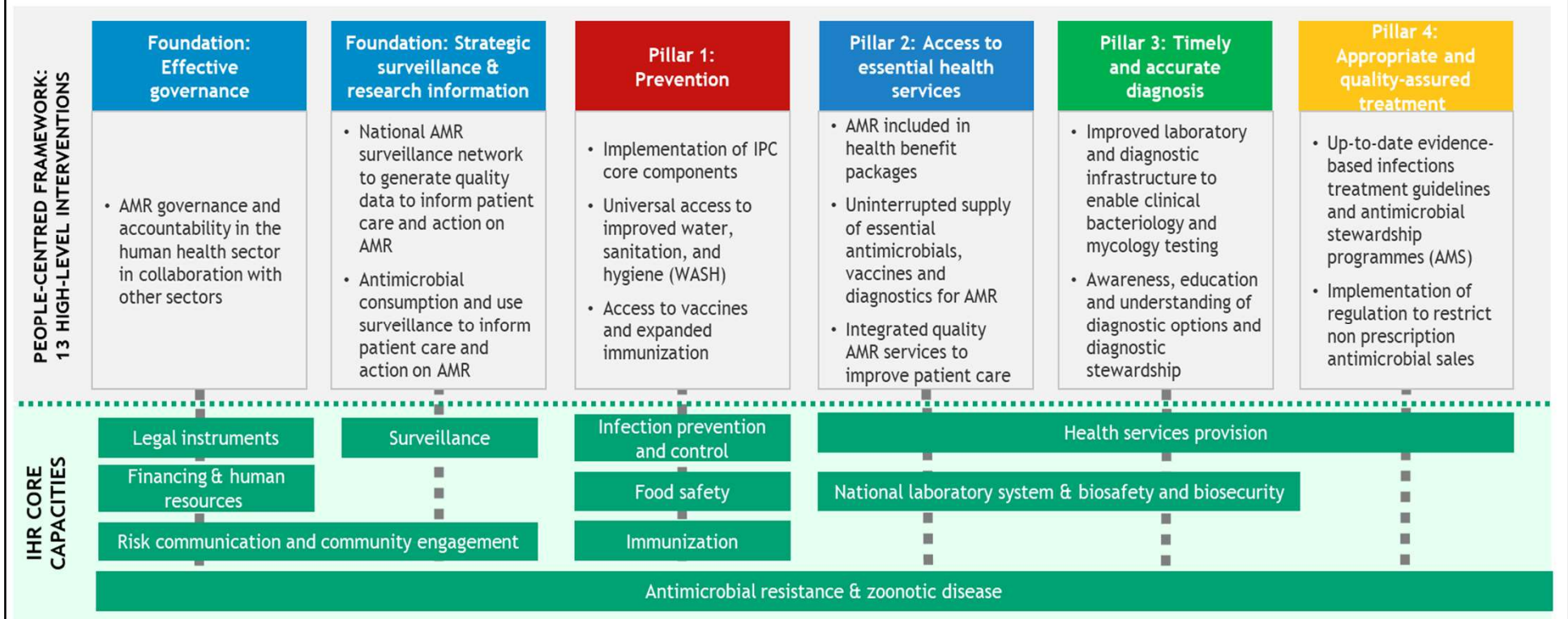
*“AMR is an excellent example of strengthening health systems”*

## Integration with primary health care core & strategic levers



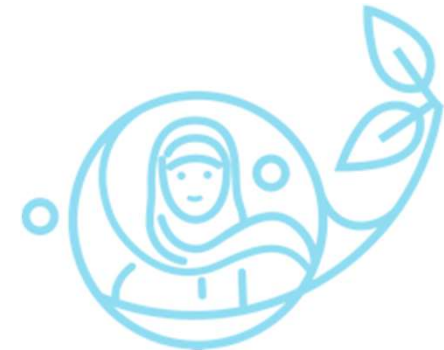


# Integration with pandemic preparedness/IHR core capacities



## Conclusions and way forward

- **Move from a focus on AMR as a biological phenomenon** (drug resistance) to addressing the health needs and expectations of people and communities along the AMR people journey.
- Foster meaningful **engagement of communities and community-led organizations** in the AMR response and address inequities.
- **Opportunities to secure broader funding for AMR response** through multilateral financing mechanisms (the UHC Partnership, the Global Fund - RSSH, the World Bank, and the Pandemic Fund).
- **Opportunities for Operational research projects in countries** to measure impact and cost-effectiveness of local interventions.
- A new framework to **integrate AMR interventions in PHC/UHC health systems** strengthening initiatives plans and budgets, and **Health emergency preparedness and response plans** and budgets and **develop AMR NAP 2.0** (human health sector)





## Next steps

- **Development of a costed WHO strategic and operational framework on addressing drug-resistant bacterial infections in the human health sector** (similar sector-specific strategies have already been developed by FAO, WOAHA and UNEP)
- **Dedicated global financing to provide technical assistance and accelerate the implementation and monitoring of AMR national action plans through a core package of interventions** – and roll out of the people centred approach – G7, G20, UNGA
- **Country-level advocacy and support** for integration of core AMR interventions into UHC/PHC plans, and health emergency preparedness and response strategies (HEPR) – and in Pandemic Fund, Global Fund (RSSH, C19RM proposals)



### The Global Fund's New Strategy: Opportunities for AMR



# The Road to UN General Assembly High-Level meeting 2024

Haileyesus Getahun,  
Director, Global Coordination and Partnership  
Quadripartite (FAO/UNEP/WHO/WOAH) Joint Secrétariat on AMR  
AMR Division





United Nations

A/RES/71/3



General Assembly

Distr.: General  
19 October 2016Seventy-first session  
Agenda item 127

### Resolution adopted by the General Assembly on 5 October 2016

[without reference to a Main Committee (A/71/L.2)]

#### 71/3. Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance

*The General Assembly,*

Recalling its resolutions 70/183 of 17 December 2015 and 70/297 of 25 July 2016, in which it decided to hold a high-level meeting on antimicrobial resistance on 21 September 2016,

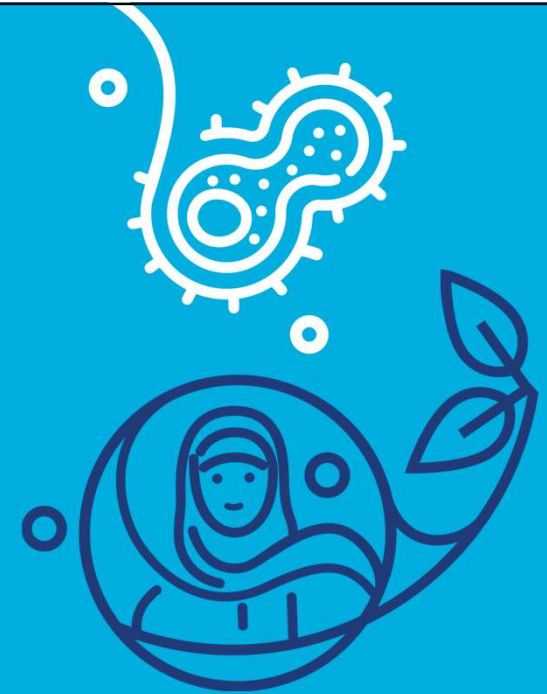
Adopts the following political declaration approved by the high-level meeting of the General Assembly on antimicrobial resistance on 21 September 2016:

#### Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance

We, Heads of State and Government and representatives of States and Governments, meeting at United Nations Headquarters in New York on 21 September 2016, in accordance with General Assembly resolution 70/183 of 17 December 2015, in which the Assembly decided to hold a high-level meeting in 2016 on antimicrobial resistance:

1. Reaffirm that the blueprint for tackling antimicrobial resistance is the World Health Organization global action plan on antimicrobial resistance<sup>1</sup> and its five overarching strategic objectives developed by the World Health Organization in collaboration with, and subsequently adopted by, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health;

2. Also reaffirm that the 2030 Agenda for Sustainable Development<sup>2</sup> offers a framework to ensure healthy lives, and recall commitments to fight malaria, HIV/AIDS, tuberculosis, hepatitis, the Ebola virus disease and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance

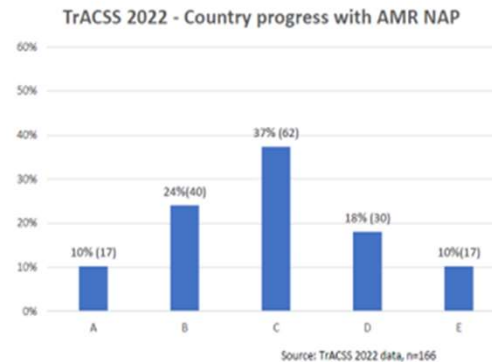


# Commitments from the 2016 political declaration on AMR

## 1. Develop multisectoral national action plans

(a) Develop, in line with World Health Assembly resolution 68.7, 1 multisectoral national action plans, programmes and policy initiatives, in line with a One Health approach and the global action plan on antimicrobial resistance, including its five overarching strategic objectives, with a view to implementing national measures for strengthening appropriate antibiotic use in humans and animals: to support the implementation of such plans, national and international collaboration is needed to assess resource needs and to provide sustained technical and financial investment in shared research, laboratories and regulatory capacities, as well as professional education and training, with a view to safeguarding human health, animal health and welfare and the environment;

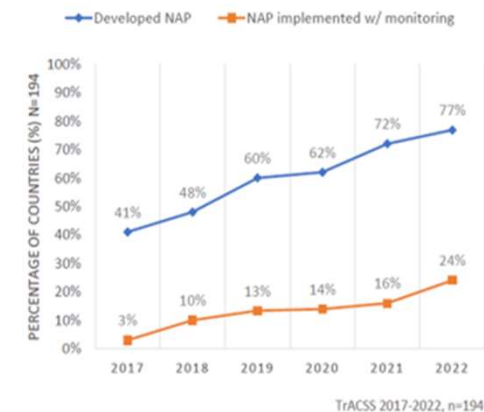
### AMR National Action Plans (NAP)



**149 (90%)** countries have developed a NAP (B-E):  
 ✓ **109 (66%)** are implementing their NAPs (level C-E)  
 ✓ **17 (10%)** have made financial provision for AMR NAPs in national budgets (level E)

Source: Global results of Tracking AMR country Self Assessment Survey (TrACSS) 2022

### INCREASE IN COUNTRIES DEVELOPING AMR NAPs, BUT GAP IN THEIR IMPLEMENTATION W/ MONITORING



# Commitments from the 2016 political declaration on AMR

## 2. WHO and stakeholders to support implementation of national action plans

14. Call upon the World Health Organization, in collaboration with the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, regional and multilateral development banks, including the World Bank, relevant United Nations agencies and other intergovernmental organizations, as well as civil society and relevant multisectoral stakeholders, as appropriate, to support the development and implementation of national action plans and antimicrobial resistance activities at the national, regional and global levels;



**Antimicrobial Resistance Multi-Partner Trust Fund**  
Countering antimicrobial resistance with a 'One Health' approach

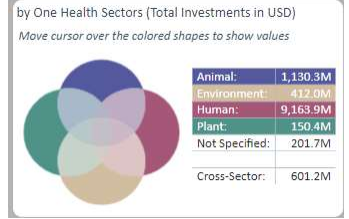




# Commitments from the 2016 political declaration on AMR

## 3. Mobilize adequate, predictable and sustainable funding

(b) Mobilize adequate, predictable and sustained funding and human and financial resources and investment through national, bilateral and multilateral channels to support the development and implementation of national action plans, research and development on existing and new antimicrobial medicines, diagnostics, vaccines and other technologies and to strengthen related infrastructure, including through engagement with multilateral development banks and traditional and voluntary innovative financing and investment mechanisms, based on priorities and local needs set by governments, and ensuring public return on investment;



Antibiotic resistance [+ Add to myFT](#)

### UK launches world-first 'subscription' model for antibiotic supply

Fixed fee aims to incentivise pharma groups to develop new drugs and curb overprescription

### Push mechanisms

Basic research and preclinical



### Pull mechanisms

Registration & Market

Subscription model

Market-entry reward and monetary prizes

Ongoing revenue incentives

Exclusivity extension

Accelerated approval and priority review voucher



**Antimicrobial Securement Project,**  
Ministry of Health, Labour and Welfare, Japan  
**FY 2023 initial budget proposal 1.1 billion yen**



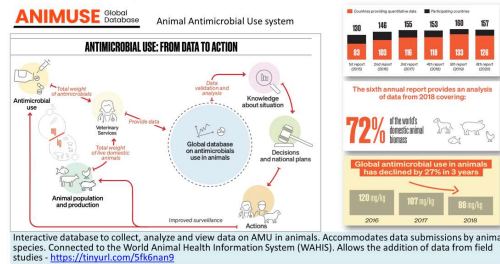
### Results from the pilot study

The pilot study shows that the reimbursement model is appropriate and effective to ensure the availability of certain antibiotics. Through it, Sweden gained access to several new medicines and also earlier than other comparable European countries.

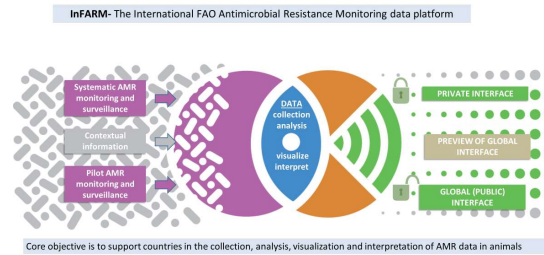
# Commitments from the 2016 political declaration on AMR

## 4. Surveillance, monitoring and regulatory frameworks

(c) Take steps to ensure that national action plans include the development and strengthening, as appropriate, of effective surveillance, monitoring and regulatory frameworks on the preservation, use and sale of antimicrobial medicines for humans and animals that are enforced according to national contexts and consistent with international commitments;



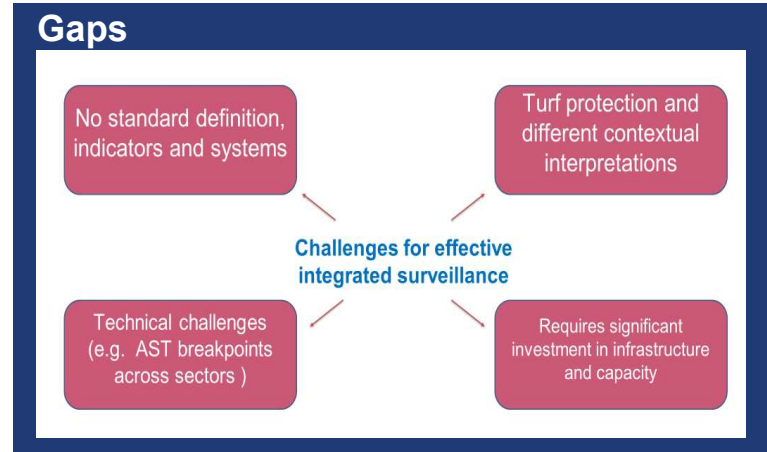
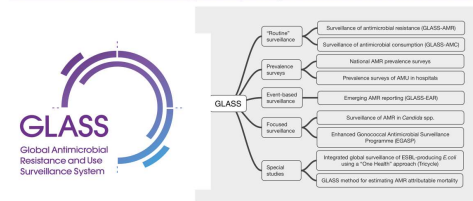
Interactive database to collect, analyze and view data on AMU in animals. Accommodates data submissions by animal species. Connected to the World Animal Health Information System (WAHIS). Allows the addition of data from field studies - <https://tinyurl.com/5fx6nan9>



Core objective is to support countries in the collection, analysis, visualization and interpretation of AMR data in animals



GLASS enables harmonized global reporting of national AMR and AMC data



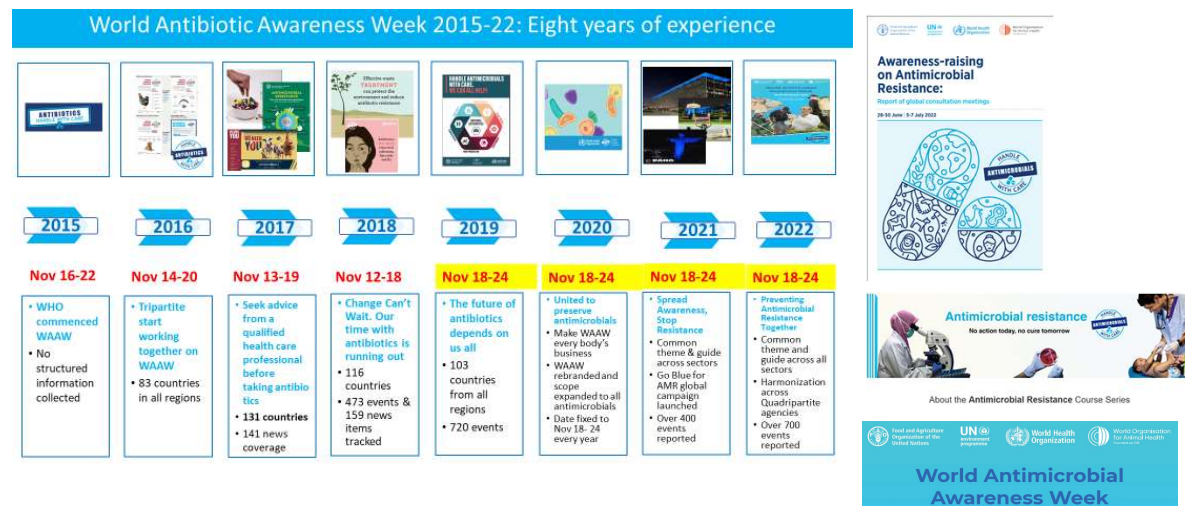


# Commitments from the 2016 political declaration on AMR

## 5. Awareness and behaviour change

(d) Initiate, increase and sustain awareness and knowledge-raising activities on antimicrobial resistance in order to engage and encourage behavioural change in different audiences; promote evidence-based prevention, infection control and sanitation programmes; the optimal use of antimicrobial medicines in humans and animals and appropriate prescriptions by health professionals; the active engagement of patients, consumers and the general public, as well as professionals, in human and animal health; and professional education, training and certification among health, veterinary and agricultural practitioners; and consider, as appropriate, innovative approaches to increase consumer awareness, giving attention to local conditions and needs;

- WAAW - collaboration and harmonization across the Quadripartite agencies with common theme and guidance
- Online training course on integrated stewardship activities on the AMR channel of the OpenWHO platform
- Curriculum change for health care worker competencies
- Global consensus on AMR awareness across the Quadripartite sectors (engaging CSO and youth groups)



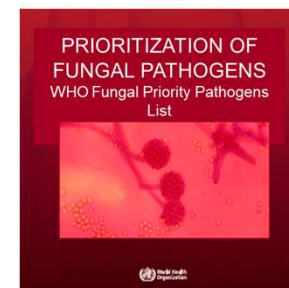
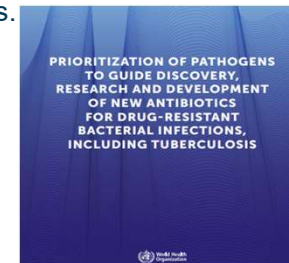
# Commitments from the 2016 political declaration on AMR

## 6. Multisectoral One Health approach

(e) Support a multisectoral One Health approach to address antimicrobial resistance, including through public health-driven capacity-building activities and innovative public-private partnerships and incentives and funding initiatives, together with relevant stakeholders in civil society, industry, small- and medium sized enterprises, research institutes and academia, to promote access to quality, safe, efficacious and affordable new medicines and vaccines, especially antibiotics, as well as alternative therapies and medicines to treatment with antimicrobials, and other combined therapies, vaccines and diagnostic tests;

### Progress:

- One Health recognizes health of humans, animals, plants, and environment are closely linked.
- The QPT is providing capacity-building support to member countries
- There is strengthened engagement across One Health sectors.
- Partnership platform was launched
- Covid 19 pandemic recognized

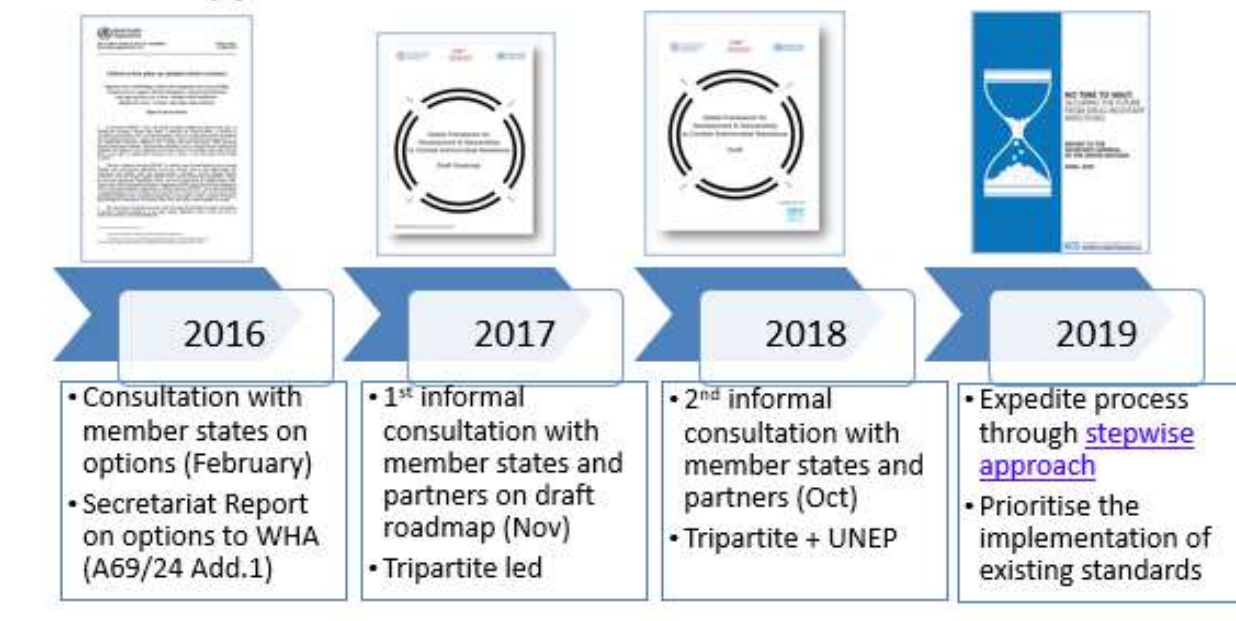


# Commitments from the 2016 political declaration on AMR

## 7. A global development stewardship framework

13. Call upon the World Health Organization, together with the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, to finalize a global development and stewardship framework, as requested by the World Health Assembly in its resolution 68.7, to support the development, control, distribution and appropriate use of new antimicrobial medicines, diagnostic tools, vaccines and other interventions, while preserving existing antimicrobial medicines, and to promote affordable access to existing and new antimicrobial medicines and diagnostic tools, taking into account the needs of all countries and in line with the global action plan on antimicrobial resistance;

### What happened since then?



# Commitments from the 2016 political declaration on AMR

## 8. Establish the Interagency Coordination Group

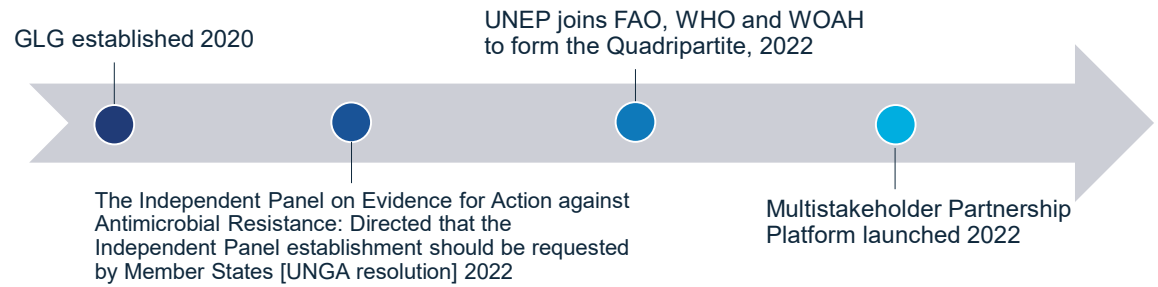
15. Request the Secretary-General to establish, in consultation with the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, an ad hoc inter-agency coordination group, co-chaired by the Executive Office of the Secretary-General and the World Health Organization, drawing, where necessary, on expertise from relevant stakeholders, to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance, and also request the Secretary-General to submit a report for consideration by Member States by the seventy-third session of the General Assembly on the implementation of the present declaration and on further developments and recommendations emanating from the ad hoc inter-agency group, including on options to improve coordination, taking into account the global action plan on antimicrobial resistance.

**Recommendation E2: The IACG recommends the urgent establishment of a One Health Global Leadership Group on Antimicrobial Resistance, supported by a joint Secretariat managed by the Tripartite agencies (FAO, OIE and WHO), to:**

- a. Maintain urgency, public support, political momentum and visibility of the antimicrobial resistance challenge on the global agenda;
- b. Advocate for action, including support for the expanding work of the Tripartite agencies (FAO, OIE and WHO), UN Environment and other international and regional entities;
- c. Monitor and report on progress, gaps and accountability in the global response to antimicrobial resistance;
- d. Advocate for multi-stakeholder engagement by facilitating a partnership platform with the participation of Member States, UN agencies, international and intergovernmental organisations and regional entities, civil society, the private sector, researchers and other key stakeholders to develop and work towards a shared global vision, goals and coordinated action on antimicrobial resistance;
- e. Provide advice and guidance on reports of the Independent Panel on Evidence for Action against Antimicrobial Resistance (recommendation E3);
- f. Monitor and advocate for the inclusion of antimicrobial resistance and a One Health "lens" in investments and programmes of major financing instruments for agriculture, health, development, food and feed production and other relevant areas (recommendation D1).



**Recommendation E3: The IACG requests the Secretary-General, in close collaboration with the Tripartite agencies (FAO, OIE and WHO), UN Environment and other international organizations, to convene an Independent Panel on Evidence for Action against Antimicrobial Resistance in a One Health context to monitor and provide Member States with regular reports on the science and evidence related to antimicrobial resistance, its impacts and future risks, and to recommend options for adaptation and mitigation.**



## Specific and tangible commitments for the UNGA political declaration in 2024

### Rolling and very early GLG discussions for consideration

- **Financing:** Global financing instrument and domestic resource allocation mechanism to implement sector-specific and multisectoral NAPs and novel investment approaches for R&D of new antimicrobials (particularly antibiotics), vaccines, diagnostics, waste management tools, and safe and effective alternatives to antimicrobials, and to ensure equitable access to them.
- **Accountable governance:** Effective and functional multisectoral governance with formal and accountable global and national structures to implement AMR response across sectors.
- **Surveillance for action:** Strong sector specific and integrated AMR/U surveillance systems and enhanced information sharing for action in all sectors.
- **Transformed systems:** Effective and transformed human health, agri-food and animal health systems.
- **Environment:** AMR addressed as part of biodiversity and climate solutions.
- **AMR and pandemic preparedness and response (PPR):** Strong link between AMR and PPR and effective implementation of the WHO pandemic accord (provided it is finalized and includes adequate provisions on AMR).
- **Targets:** Evidence- and outcome-oriented targets for actions that can drive change across sectors.



Seventy-sixth session  
 Agenda item 129  
 Global health and foreign policy

**Resolution adopted by the General Assembly  
 on 29 March 2022**

[without reference to a Main Committee (A/76/L.43 and A/76/L.43/Add.1)]

**76/257. Elevating pandemic prevention, preparedness and response to the  
 highest level of political leadership**

*The General Assembly,*

*Recalling its resolutions 63/33 of 26 No  
 2009, 65/95 of 9 December 2010, 66/115 of 12  
 2012, 68/98 of 11 December 2013, 69/13;  
 17 December 2015, 71/159 of 15 December  
 73/132 of 13 December 2018, 74/20 of 11 Dece  
 2020,*

*Reaffirming its resolution 70/1 of 25 S*

17. *Recognizes* the threat posed by antimicrobial resistance, inter alia, to pandemic prevention, preparedness and response, welcomes in this regard the High-level Interactive Dialogue on Antimicrobial Resistance, held in 2021, decides to hold a high-level meeting in 2024 on antimicrobial resistance, and requests the President of the General Assembly to appoint two co-facilitators to present options and modalities for the conduct of such a meeting, including potential deliverables, in collaboration with the World Health Organization, the Food and Agricultural Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme, and with the support of the One Health Global Leaders Group on Antimicrobial Resistance;

## The Quadripartite Joint Secretariat on AMR

**Purpose:** Consolidated cooperation between FAO, UNEP, WHO and WOA, drawing on their core mandate and comparative advantages to address the wide range of needs of the global response against AMR.

**Hosted** by WHO with full time liaison officers in FAO, WOA and UNEP.

**Manages** the daily activities of the joint work of the Quadripartite organizations on AMR across One Health.



## Conclusions

The **UNGA 2016 Political Declaration** was a major milestone for the global AMR response and galvanised political action in areas with specific commitments.

However, major gaps remain, and AMR contributes to **5M human deaths** every year.

The **UNGA HLM on AMR in 2024** offers a unique opportunity to bend the tide of AMR with tangible and specific commitments to catalyze actions in countries including on financing and targets.





# Questions and answers

