

## Antimicrobial resistance

### Draft resolution proposed by Argentina, Australia, Canada, Chile, Germany, Israel, Kenya, Oman, Panama, Switzerland, United Kingdom of Great Britain and Northern Ireland and United States of America

The Executive Board,

Having considered the report on antimicrobial resistance,<sup>1</sup>

RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following draft resolution:

The Seventy-second World Health Assembly,

(PP1) Having considered the report by the Director General “Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Antimicrobial resistance (AMR)”;

(PP2) Recalling A/RES/71/3, the United Nations General Assembly (UNGA) Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance, and acknowledging the establishment of the Interagency Coordination Group (IACG) on AMR to provide practical guidance for necessary approaches to ensure sustained and effective global action to address AMR;

(PP3) Recognizing [the importance of addressing growing antimicrobial resistance, as outlined in the 2030 Agenda for Sustainable Development and of combating AMR as one of the global health priorities (Bangladesh)] / [that combating AMR is [one of the global health priorities] / [a global health priority (EU, Canada)]] / [a priority for global health (EU, Uruguay)] (Suggestion to remove reference to priority (Brazil, Uruguay));

(PP4) [Noting with concern that the current lack of access to health services and access to antimicrobial medicines in developing countries contributes to more deaths than antimicrobial resistance and (India)] / [Deeply concerned (del India)] that the increasing number and global [distribution] / [spread (Ecuador)] of pathogens resistant to antimicrobial[s] [drugs (del EU)] are among the most critical threats to global public health and economic development, affecting countries at all levels of income, [but especially those developing and less-developed countries

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<sup>1</sup> Document EB144/19.

whose health system capacities to deal with AMR are limited (Ecuador)] and directly risk reversing the significant strides made in public health and towards achieving the Sustainable Development Goals, (consider deleting para (Uruguay));

[(PP4 *bis*) Recognizing that the overarching principle for addressing AMR is the promotion and protection of human health within the framework of One Health approach and (India)] Reiterating the need to address AMR through a coordinated, multi-sectoral, One Health approach, including to address the impact on human health and antimicrobials in animals and the environment (EU)] (reserve Brazil);

(PP5) Acknowledging the threat posed by resistant pathogens to the continuing effectiveness of [antimicrobials (EU)] / [medications (del EU)] and the implications for the treatment of serious [infectious (EU)] diseases, including bacterial diseases such as tuberculosis, as well as malaria and HIV/AIDS[, as well as health [service (del US)] / [facility (US)] associated infections (EU)]; and the potential impact [of AMR on the interconnected areas of human health, animal health and the environment (Canada)] / [on [public (EU)]/ [human (del EU)] health from antimicrobials in animals and the environment (del Canada)], [which necessitates a One Health approach taking into account appropriate and respective multi-sectoral representation (del EU)] [and pressing need for investing in high-quality research and development, including basic research by academies and small- to medium-sized enterprises, for new antimicrobials, diagnostic technologies, vaccines and alternative preventive measures across the One Health agenda while promoting affordable and equitable access to existing and new antimicrobials, diagnostic technologies and vaccines (EU, India)], (consider deleting para (Uruguay));

(PP6) Recalling resolution WHA68.7 on the adoption of the Global Action Plan to Combat Antimicrobial Resistance (AMR GAP), [which lays out five strategic objectives (improve awareness and understanding of AMR; strengthen knowledge through surveillance and research; reduce the incidence of infection; optimize the use of antimicrobial agents; and develop the economic case for sustainable investment),] [Chair recommends moving yellow text to footnote] and noting the progress made in establishing the WHO Global Antimicrobial Resistance Surveillance System;

[(PP6 *bis*) Acknowledging the positive effect of vaccination and other infection prevention measures, such as WASH, in reducing AMR; that vaccines can play a critical role in preventing multidrug resistant infections and that vaccination can also have other benefits in AMR reduction strategies, such as reducing the need to use antibiotics by preventing bacterial infections, reducing the misuse of antibiotics by preventing viral diseases, and further recognizing that AMR national action plans should include more comprehensive strategies that include interventions to promote vaccination;

(PP6 *ter*) Recognizing the need to maintain the production capacity of relevant older antibiotics and promoting their prudent use, (EU)] (propose to delete para (Uruguay));

(PP7) Recalling further the Food and Agriculture Organization of the United Nations (FAO) resolution 4/2015 on AMR, the World Organization for Animal Health (OIE) Resolution No. 36 Combating Antimicrobial Resistance through a One Health Approach: Actions and OIE Strategy, and the United Nations Environment Programme (UNEP) resolution UNEP//EA.3/Res.4 Environment and health;

(PP8) Anticipating the recommendations of the IACG and the follow-on report of the UN Secretary-General on the implementation of the UNGA Political Declaration on AMR to the 73rd General Assembly;

(PP9) Noting the importance of providing opportunities for Member States to engage meaningfully with and provide input into reports, recommendations, and actionable items from WHO, FAO, and OIE, along with engagement with UNEP and the IACG aimed at combating AMR;

(PP10) Reaffirming the global commitment to combat AMR with continued, high-level, political efforts as a coordinated international community, emphasizing the critical need to accelerate Member States' development, and implementation of their national action plans (NAPs);

1) Welcomes the new tripartite agreement on AMR, and encourages the Tripartite Agencies and UNEP to establish a clear coordination for its implementation and to align reporting to their governing bodies on progress under the joint work plan according to their respective mandates;

2) URGES Member States,<sup>1</sup> [in accordance with national priorities and context](EU) [as appropriate], to:

(1) remain committed at the highest political level to combating AMR, using a One Health approach, and to reducing the burden of disease, mortality, and disability associated with it;

(1bis) to actively engage in the follow up to the report referred to in ARES 71.3;

(2) increase efforts to implement the actions and the strategic objectives of the AMR GAP, and take steps to address emerging issues;

(2bis) Consider reserving for human use those antimicrobials that are critically important antimicrobials for human use;<sup>2</sup>

(3) strengthen efforts to develop, implement, monitor, and update multi-sectoral, adequately resourced national action plans (NAPs);

(3bis) participate in the annual Tripartite AMR Country Self-Assessment Survey;

(4) [enhance [international] cooperation] [cooperate] at [[global,] [regional and sub-regional][, national and subnational] level[s]] to [continue efforts and] take [further] concrete action[s] towards combatting AMR [through maximizing health system investments and, where possible, ] [while] leveraging limited resources, including where appropriate through twinning programs that build on [evidence-based data, best practices, and innovation] [innovation and best practices];

<sup>1</sup> And regional economic integration organizations.

<sup>2</sup> WHO List of Critically Important Antimicrobials.

3) INVITES international, regional, and national partners, including civil society, the private sector, and other relevant stakeholders to:

(1) [continue to contribute to the accomplishment of the five strategic objectives of the AMR GAP guided by and in support to Member States in implementation of multi-sectoral NAPs];

[continue to [support member states in the implementation of NAPs] assist member states in implementation of NAPs in line with the strategic objectives of the AMR GAP];

(2) coordinate efforts in order to avoid duplication and gaps and leverage resources more effectively;

(3) [increase investment in new tools to address AMR, [ including innovative approaches to research and development] including but not limited to medicines, vaccines, and diagnostics;[and in new tools and approaches [across sectors] [in all sectors] to address AMR following a holistic one health strategy as well as through coordinated, responsible, sustainable and innovative R&D mechanisms;]]

(4) [consider AMR priorities in funding and programmatic decisions, [including innovative ways to mainstream AMR relevant activities in existing international development financing;] ]

4) REQUESTS the Director-General to:

(1) Accelerate the implementation of the actions and advance the principles defined in the AMR GAP, through all levels of WHO including through a comprehensive review to enhance current work to ensure that AMR activities are well coordinated, including with relevant UN agencies and other relevant stakeholders, and efficiently implemented across WHO;

(2) Significantly enhance support and technical assistance to countries in collaboration with relevant UN agencies on developing, implementing, and monitoring their multi-sectoral NAPs, with a specific focus on those who have yet to finalize a multi-sectoral NAP;

[(4.2bis) Emphasize the need for the NAPs to include the collection, reporting, and analysis of data on sales and use of antimicrobial in human and veterinary medicine as a deliverable which would be integrated in the WHO indicator reporting;] (EU)

(3) [Recognize AMR as [one of the risks] [a risk] (Brazil) to the achievement of various relevant outputs and goals of WHO's 13th General Programme of Work], and thereby] (Uruguay) [M]ake available adequate resources[, where possible,] (Brazil) across the Programme Budget for combatting AMR, and ensure they are used efficiently including through effective coordination with other UN organizations;

(4) Inform Member States [regularly] (Bangladesh) on WHO's work with the Tripartite and UNEP, to ensure a coordinated effort on work streams, including the Tripartite and UNEP work plan for AMR and the Tripartite Plus progress on developing and implementing multi-sectoral approaches at the animal, human, and environment interface;

(5) Consult regularly with Member States, and other relevant stakeholders, to adjust the process and scope of the Global Development and Stewardship Framework [as called for in paragraph 4.7 of WHA Resolution 68.7 and paragraph 13 of the Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance] (Uruguay) [Chair recommends moving yellow text to a footnote], considering the work of the IACG to ensure a unified and non-duplicative effort;

(6) [Collaborate with the World Bank and other financial institutions, OECD, and regional economic communities, to continue to make and apply the economic case for sustainable investment in AMR, keeping Member States informed and encouraging policy makers to increase priority given to investments in AMR;] [reserve India]

[6 Alt India – to help 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, and vaccines, and other technologies and strengthening of 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 on ensuring public return on investment];

7. [To facilitate, [to elaborate, in consultation with the UN Secretary-General and the Director-General of FAO, options India] in consultation with the UN Secretary General and the Tripartite and UNEP [options for] a [Member state] process [within WHO (Suisse) [to allow them to consider the report (India)] development of allow Member States to consider the report on the implementation<sup>1</sup> referred to in UNGA Resolution 71.3.] Uruguay [EU reserved about type of, any, process]

Reserve Japan, [highlight reaffirm political will Canada]

For reference – EU ALT text that above edits were added to:

To facilitate, in consultation with the UN Secretary-General and the Tripartite and UNEP, the development of a process to allow Member States to consider the report referred to in UNGA Resolution 71.3.

(7) BIS – [To maintain and systematically update the list of the critically important antimicrobials for human use.] EU[and promote universal access to those medicines India] on the list] [Reserve Uruguay]

(8) Submit consolidated biennial reports on progress achieved in implementing this resolution and resolution WHA 68.7 to the Seventy-fourth, Seventy-sixth, and Seventy-eighth World Health Assemblies, through the Executive Board, incorporating this work into existing AMR reporting, to allow for Member State review and evaluation of efforts.

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<sup>1</sup> UNGA 71/3 para 15: "... and also request the Secretary-General to submit for consideration by Member States by the seventy-third session of the General Assembly a report on the implementation of the present declaration and on further developments and recommendations emanating from the ad hoc inter-agency coordination group, including on options to improve coordination, taking into account the global action plan on antimicrobial resistance."