Antimicrobial resistance

Draft resolution proposed by Argentina, Australia, Canada, Chile, China, Israel, Kenya, Oman, Panama, Russian Federation, South Africa, Sri Lanka, Switzerland, United States of America, and Member States of the European Union

The Executive Board,

Having considered the report on antimicrobial resistance,¹

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 and recommendations for necessary approaches to ensure sustained and effective global action to address AMR;

(PP3) Recognizing the importance of addressing growing antimicrobial resistance to contribute to the achievement of the 2030 Agenda for Sustainable Development;

(PP4) Reiterating the need to address AMR through a coordinated, multisectoral, One Health approach;

(PP5) 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

¹ Document EB144/19.
economic case for sustainable investment), and noting the progress made in establishing the WHO Global Antimicrobial Resistance Surveillance System;

(PP6) Recognizing the pressing need for investing in high-quality research and development, including basic research for antimicrobials, diagnostic technologies, vaccines and alternative preventive measures across sectors, and ensuring adequate access to those in need of quality, safe, efficacious and affordable existing and new antimicrobials, diagnostic technologies and vaccines, while promoting effective stewardship;

(PP7) Acknowledging the threat posed by resistant pathogens to the continuing effectiveness of antimicrobials, especially for ending the epidemics of HIV/AIDS, tuberculosis, and malaria;

(PP8) Acknowledging the positive effect of immunization, including vaccination, and other infection prevention and control measures, such as WASH, in reducing AMR;

(PP9) Recognizing the need to maintain the production capacity of relevant older antibiotics and promoting their prudent use;


(PP11) Noting the importance of providing opportunities for Member States to engage meaningfully with and provide input into reports, recommendations, and relevant actions from WHO, FAO, and OIE, along with engagement with UNEP and the IACG aimed at combating AMR;

(PP12) 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) with a One Health approach,

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, to:¹

(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;

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

¹ And regional economic integration organizations.
(3) Further enhance the prudent use of all antimicrobials, and consider developing and implementing clinical guidelines and criteria according to which critically important antimicrobials should be used, in accordance with national priorities and context, in order to slow the emergence of drug resistance and sustain the effectiveness of existing drugs;

(4) Conduct post market surveillance of antimicrobials and take appropriate action to eliminate substandard and falsified antimicrobials;

(5) Strengthen efforts to develop, implement, monitor, and update multisectoral, adequately resourced national action plans (NAPs);

(6) Participate in the annual Tripartite AMR Country Self-Assessment Survey;

(7) To develop or strengthen monitoring systems which will contribute to the annual Tripartite AMR Country self-assessment survey and to participation in the GLASS, and use this information to improve implementation of the NAPs;

(8) Enhance cooperation at all levels for concrete action towards combatting AMR, including through health systems strengthening, capacity building, and research and regulatory capacity and technical assistance, including, where appropriate, through twinning programs that build on best practices, emerging evidence and innovation;

(9) Support technology transfer on voluntary and mutually agreed terms for controlling and preventing antimicrobial resistance;

3. INVITES international, regional, and national partners, and other relevant stakeholders to:

(1) Continue to support member states in the development and implementation of multisectoral NAPs in line with the five strategic objectives of the AMR GAP;

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

(3) Increase efforts and enhance multistakeholder collaboration to develop and apply tools to address AMR following a One Health approach, including through coordinated, responsible, sustainable and innovative approaches to R&D, including but not limited to quality, safe, efficacious and affordable antimicrobials, and alternative medicines and therapies, vaccines and diagnostic tools, WASH, including infection prevention and control measures;

(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 multisectoral NAPs, with a specific focus on those who have yet to finalize a multisectoral NAP;

(3) Support Member States to develop and strengthen their integrated surveillance systems, including emphasizing the need for the NAPs to include the collection, reporting, and analysis of data on sales and use of antimicrobials as a deliverable which would be integrated in the WHO indicator reporting;

(4) Keep Member States regularly informed on WHO’s work with the Tripartite and UNEP, as well as other UN Organizations to ensure a coordinated effort on work streams, and their progress on developing and implementing multisectoral approaches;

(5) Consult regularly with Member States, and other relevant stakeholders, to adjust the process and scope of the Global Development and Stewardship Framework considering the work of the IACG to ensure a unified and non-duplicative effort;

(6) to support member states to 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) 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;

(8) 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 Secretary-General’s report requested in UNGA Resolution 71.3;

(9) To maintain and systematically update the WHO list of Critically Important Antimicrobials for human medicine;

---

1 As called for in paragraph 4.7 of resolution WHA68.7 and paragraph 13 of the Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance.

2 Paragraph 12b of UNGA Resolution 71/3.
(10) Submit consolidated biennial reports on progress achieved in implementing this resolution and resolution WHA68.7 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.