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.
A major threat to global health

Drug-resistant infections affect the lives of billions worldwide

Current and future impact of AMR

1. child dies every 3 min from MDRO sepsis

1.27 million deaths attributable to bacterial AMR per year

28 million people living in poverty by 2050

US$ 1 trillion additional healthcare costs by 2050

7.5% decline in livestock by 2050

---

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

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

1 NO POVERTY  2 ZERO HUNGER  3 GOOD HEALTH AND WELL-BEING  6 CLEAN WATER AND SANITATION  9 INDUSTRY, INNOVATION AND INFRASTRUCTURE  10 REDUCED INEQUALITIES  12 RESPONSIBLE CONSUMPTION AND PRODUCTION  17 PARTNERSHIPS FOR THE GOALS

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

**Department of Surveillance, Prevention and Control (SPC)**
- Human health sector response

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

**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)

- 170 countries have AMR National Action Plan
- 166 countries reported on progress (TrACSS 2022)
- 109 of these 166: NAPs implementation is underway

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

- **127 countries** enrolled in GLASS
- **87 countries** provided data on AMR in 2022
- **57 countries** provided antimicrobial consumption data

**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**

- **30-50% reduction** by 2030 in total amount of antimicrobials used in agri-food system
- **Eliminate use** in animals and food production of medically important antimicrobials for humans
- **≥60%** of antibiotic consumption in humans is from **Access** group by 2030

**3rd 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**

- **14 countries** and 4 global programmes supported by MPTF
- **Demonstrated collaboration** on AMR: Quadripartite, governments, other stakeholders
- **New vaccine production** reduced antibiotic use & deaths in cattle (Theilioriosis, Zimbabwe)

**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.

**INCREASE IN COUNTRIES DEVELOPING AMR NAPS, BUT GAP IN THEIR IMPLEMENTATION W/ MONITORING**

- Developed NAP
- NAP implemented w/ monitoring

<table>
<thead>
<tr>
<th>Year</th>
<th>Developed NAP</th>
<th>NAP implemented w/ monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>2018</td>
<td>48%</td>
<td>13%</td>
</tr>
<tr>
<td>2019</td>
<td>60%</td>
<td>14%</td>
</tr>
<tr>
<td>2020</td>
<td>62%</td>
<td>16%</td>
</tr>
<tr>
<td>2021</td>
<td>72%</td>
<td>24%</td>
</tr>
<tr>
<td>2022</td>
<td>77%</td>
<td>24%</td>
</tr>
</tbody>
</table>

TrACSS 2017-2022,
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

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
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. 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

2. Supported by the 2 foundation steps:
   1. Effective governance
   2. Strategic surveillance and research information
**Methodology of the people-centred framework development**

1. Identification of people & health system needs
2. Identification of 119 AMR detailed interventions
3. Prioritization of the 119 AMR detailed interventions

<table>
<thead>
<tr>
<th>Working Group Criteria to prioritize interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitigates the burden and public health impact of AMR</td>
</tr>
<tr>
<td>Promotes health equity</td>
</tr>
<tr>
<td>Represents cost-effective investment</td>
</tr>
<tr>
<td>Can be feasibly implemented in resource-limited settings</td>
</tr>
<tr>
<td>Enables the implementation of other interventions in a stepwise manner</td>
</tr>
<tr>
<td>Available supporting evidence</td>
</tr>
</tbody>
</table>

**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

Reduced levels and slower development of AMR
Reduced mortality and morbidity due to AMR

Pillar 1: Prevention
- Implementation of IPC core components to mitigate AMR
- Universal access to improved WASH and waste management to mitigate AMR
- Access to vaccines and expanded immunization to manage AMR

Pillar 2: Access to essential health services
- AMR management included in health benefit package
- Uninterrupted supply of essential health products for AMR
- Integrated quality AMR management services to improve patient care

Pillar 3: Timely and accurate diagnosis
- Improved laboratory and diagnostic infrastructure to enable bacteriology and mycology testing
- Awareness, education and understanding of diagnostic options and diagnostic stewardship

Pillar 4: Appropriate and quality-assured treatment
- Up-to-date evidence-based treatment guidelines and AMS programmes
- Implementation of regulation to restrict non-prescription antimicrobial sales

Foundation: Effective governance:
- AMR governance and accountability in the human health sector in collaboration with other sectors

Foundation: Strategic surveillance & research information:
- National AMR surveillance network to generate quality data to inform patient care and action on AMR
- National antimicrobial consumption and use surveillance to inform patient care and action on AMR
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

- Strategic surveillance and research information (foundation step)
- Availability of laboratory consumables (supply chains, pillar 2)
- Coverage of diagnosis under insurance schemes (pillar 2)
- Developing up-to-date evidence-based treatment guidelines (pillar 4)
- Appropriate diagnostic infrastructure (pillar 3)
- Education on diagnostic stewardship (pillar 3)
- Implementation of AMS programmes (pillar 4)
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.
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

“AMR is an excellent example of strengthening health systems”
Integration with primary health care core & strategic levers

**Foundation: Effective governance**
- AMR governance and accountability in the human health sector in collaboration with other sectors

**Foundation: Strategic surveillance & research information**
- National AMR surveillance network to generate quality data to inform patient care and action on AMR
- Antimicrobial consumption and use surveillance to inform patient care and action on AMR

**Pillar 1: Prevention**
- Implementation of IPC core components
- Universal access to improved water, sanitation, and hygiene (WASH)
- Access to vaccines and expanded immunization

**Pillar 2: Access to essential health services**
- AMR included in health benefits packages
- Uninterrupted supply of essential antimicrobials, vaccines, and diagnostics for AMR
- Integrated quality AMR services to improve patient care

**Pillar 3: Timely and accurate diagnosis**
- Improved laboratory and diagnostic infrastructure to enable clinical bacteriology and mycology testing
- Awareness, education and understanding of diagnostic options and diagnostic stewardship

**Pillar 4: Appropriate and quality assured treatment**
- Up-to-date evidence-based infections treatment guidelines and antimicrobial stewardship programs (AMS)
- Implementation of regulation to restrict non-prescription antimicrobial sales

**People centred framework: 13 high level interventions**
- Political commitment and leadership
- Governance and policy frameworks
- Funding and allocation of resources
- Engagement of community and other stakeholders
- Purchasing and payment systems
- Medicines and other health products
- Primary healthcare workforce
- Physical infrastructure; Models of care; Systems for improving the quality of care; Monitoring and evaluation
Integration with pandemic preparedness/IHR core capacities

PEOPLE-CENTRED FRAMEWORK: 13 HIGH-LEVEL INTERVENTIONS

FOUNDATION: EFFECTIVE GOVERNANCE
- AMR governance and accountability in the human health sector in collaboration with other sectors

FOUNDATION: STRATEGIC SURVEILLANCE & RESEARCH INFORMATION
- National AMR surveillance network to generate quality data to inform patient care and action on AMR
- Antimicrobial consumption and use surveillance to inform patient care and action on AMR

PILLAR 1: PREVENTION
- Implementation of IPC core components
- Universal access to improved water, sanitation, and hygiene (WASH)
- Access to vaccines and expanded immunization

PILLAR 2: ACCESS TO ESSENTIAL HEALTH SERVICES
- AMR included in health benefit packages
- Uninterrupted supply of essential antimicrobials, vaccines and diagnostics for AMR
- Integrated quality AMR services to improve patient care

PILLAR 3: TIMELY AND ACCURATE DIAGNOSIS
- Improved laboratory and diagnostic infrastructure to enable clinical bacteriology and mycology testing
- Awareness, education and understanding of diagnostic options and diagnostic stewardship

PILLAR 4: APPROPRIATE AND QUALITY-ASSURED TREATMENT
- Up-to-date evidence-based infections treatment guidelines and antimicrobial stewardship programmes (AMS)
- Implementation of regulation to restrict non prescription antimicrobial sales

LEGAL INSTRUMENTS
FINANCING & HUMAN RESOURCES
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

INFECTION PREVENTION AND CONTROL
FOOD SAFETY
IMMUNIZATION

HEALTH SERVICES PROVISION
NATIONAL LABORATORY SYSTEM & BIOSAFETY AND BIOSECURITY

ANTIMICROBIAL RESISTANCE & ZOONOTIC DISEASE
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, WOAH 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 Road to UN General Assembly
High-Level meeting 2024

Haileyesus Getahun,
Director, Global Coordination and Partnership
Quadripartite (FAO/UNEP/WHO/WOAH) Joint Secretariat on AMR
AMR Division
The UNGA 2016 Political Declaration was a major milestone for the global AMR response

2014
The 1st Ministerial Conference on AMR

2015
Global Action Plan on AMR adopted at the World Health Assembly

2016
UN General Assembly Political Declaration September in 2016
OIE and FAO governing bodies endorsed Global Action Plan

2017
Interagency Coordination Group (IACG) on AMR was established

2018
WHO, FAO and OIE sign an MoU to strengthen their long-standing partnership, with a strong focus on AMR in a One Health context

2019
The IACG launched its report with recommendations, April 2019
Quadripartite Joint Secretariat (QJS) established and hosted by WHO
Political declaration on UHC calls for a UNGA High level dialogue on IACG recommendations
2nd Ministerial Conference on AMR

2020
AMR-GLG established

2021
April 29, high-level dialogue on AMR and the call to action

2022
UNEP joins FAO, WHO and WOAH to form the Quadripartite
3rd Ministerial Conference on AMR
Multi-stakeholder Partnership Platform launched

2024
UN General Assembly High-Level Meeting
Resolution adopted by the General Assembly on 5 October 2016

[without reference to a Main Committee 6/71/A.2]

71/9. 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 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 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;

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
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;
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;

Push mechanisms
- Basic research and preclinical
- CARB-X (Combating Antibiotic-Resistant Bacteria)
- GARDP (Global Antibiotic Research & Development Partnership)
- Impact Fund
- Novo Holdings

Pull mechanisms
- Registration & Market
- Subscription model
- Market-entry reward and monetary prizes
- Ongoing revenue incentives
- Exclusivity extension
- Accelerated approval and priority review voucher

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

Fixed fee aims to incentivise pharma groups to develop new drugs and curb over-prescribing.

Results from the pilot study
- The pilot study shows that the reimbursement model is effective and efficient 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;
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?

2016
- Consultation with member states on options (February)
- Secretariat Report on options to WHA (A69/24 Add.1)

2017
- 1st informal consultation with member states and partners on draft roadmap (Nov)
- Tripartite led

2018
- 2nd informal consultation with member states and partners (Oct)
- Tripartite + UNEP

2019
- Expedite process through stepwise approach
- Prioritise the implementation of existing standards
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.
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.
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 WOAH, 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, WOAH 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