

---

## **Antimicrobial resistance**

### **Report by the Director-General**

#### **Introduction**

1. Antimicrobial resistance remains an urgent global health and sustainable development challenge. Bacterial resistance was associated with an estimated 4.71 million deaths in 2021, including 1.14 million attributable deaths.<sup>1</sup>
2. WHO leads the global human health sector response to antimicrobial resistance and, with the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme and the World Organisation for Animal Health (WOAH), referred to as the “Quadripartite organizations”, coordinates the global multisectoral response.
3. In 2024, Member States adopted enhanced commitments to address antimicrobial resistance, including World Health Assembly resolution WHA77.6 on accelerating national and global responses and the political declaration of the United Nations high-level meeting on antimicrobial resistance (New York, 26 September 2024).<sup>2</sup>
4. This report responds to the request in resolution WHA77.6 for a consolidated progress update and presents a draft decision for consideration by the Health Assembly on updating the 2015 global action plan on antimicrobial resistance.

#### **Accelerating national and global responses to antimicrobial resistance: progress in implementing resolution WHA77.6**

##### **United Nations high-level meeting on antimicrobial resistance**

5. With the other Quadripartite organizations, the WHO Secretariat supported preparations for the high-level meeting.

---

<sup>1</sup> Global Burden of Disease 2021 Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050. *Lancet* 2024; 404: 1199-1226.

<sup>2</sup> United Nations General Assembly resolution 79/2.

6. The political declaration adopted by the General Assembly includes enhanced commitments for sector-specific and multisectoral action spanning governance; financing; coordinated multisectoral response; research and development, training, innovation and manufacturing; and surveillance and monitoring.

7. As regards human health, the declaration includes quantitative targets to be achieved by 2030:

- global deaths associated with bacterial antimicrobial resistance reduced by 10% (from the 2019 baseline);
- at least 70% of human antibiotic use globally from the “Access” group in the WHO AWaRe (Access, Watch, Reserve) classification, as an indication of more appropriate use of antibiotics;
- at least 80% of countries can test resistance in all Global Antimicrobial Resistance and Use Surveillance System (GLASS) bacterial and fungal pathogens, as an indication of improved access to diagnosis;
- encourage all countries to report quality surveillance data on antimicrobial resistance and antimicrobial use, through existing global surveillance systems including GLASS;
- achieve targets in global strategies and plans for infection prevention and control; immunization; water, sanitation and hygiene; and patient safety; such as 100% of countries having basic water, sanitation and hygiene services in all healthcare facilities and 90% of countries meeting all WHO’s minimum requirements for infection prevention and control programmes at national level.

### **WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035**

8. In resolution WHA77.6, the Health Assembly welcomed the WHO strategic and operational priorities to address drug-resistant bacterial infections, 2025–2035<sup>3</sup> to guide an accelerated response in the human health sector. These priorities are fully aligned with WHO’s Fourteenth General Programme of Work, 2025–2028, and provide the basis for achieving the human health targets in the political declaration. They encompass the WHO people-centred approach to addressing antimicrobial resistance and its core package of 13 interventions for integration in health systems. Working across divisions and the three levels of the Organization, WHO provides leadership, public goods for health and differentiated country support to help countries accelerate progress on the four strategic priorities as described below.

9. Priority 1 – prevention of infections: the Secretariat is supporting countries in implementing infection prevention and control core components and advocacy, education and monitoring, as outlined in the Global action plan and monitoring framework on infection prevention and control (IPC), 2024–2030.<sup>4</sup> It is supporting countries to strengthen water, sanitation and health (WASH), waste management and surveillance, especially in healthcare facilities and communities and for

---

<sup>3</sup> See document A77/5.

<sup>4</sup> [Global action plan and monitoring framework on infection prevention and control \(IPC\), 2024–2030](#) (accessed 12 March 2025).

pharmaceuticals waste, and has included antimicrobial resistance in relevant WASH guidelines. Alongside efforts to ensure universal access to all relevant vaccines, the Secretariat is shaping and promoting research to inform the role of vaccines in reducing antimicrobial resistance, including analyses of vaccine pipelines and estimates that vaccines could potentially avert over 10% of deaths associated with antimicrobial resistance and considerably reduce antibiotic use.

10. Priority 2 – universal access to affordable, quality diagnosis and appropriate treatment of infections: alongside overall efforts to accelerate progress towards universal health coverage, including access to quality and timely diagnosis and to essential medicines, the Secretariat has established a global antimicrobial resistance diagnostic initiative to strengthen bacteriology and mycology laboratory capacity and services. It is supporting countries to expand access to new and existing antibiotics, including by enhancing forecasting, mitigation of antibiotic shortages and new antibiotic introduction, and to strengthen antimicrobial stewardship to reduce inappropriate use of antimicrobials, including adapting and adopting the AWaRe antibiotic guidance.

11. Priority 3 – strategic information, science and innovation: the Secretariat supports countries in collecting, analysing, reporting and using data on antimicrobial resistance and antimicrobial use. In 2024, 130 countries were enrolled in GLASS and 104 countries submitted national antimicrobial resistance data, while 74 countries submitted antimicrobial use data at least once between 2021 and 2023. National reporting coverage for bloodstream infections increased by an average of 22.7% annually between 2016 and 2024 and the Secretariat is developing a strategic approach to improve estimates of antimicrobial resistance burden across routine surveillance, national surveys, other data sources and modelling. To guide research, product development and public health action, the Secretariat is promoting and tracking prioritized research agendas in human health and One Health, alongside priority pathogen lists and analyses of product pipelines and research and development incentives.

12. Priority 4 – effective governance and financing: the Secretariat provides guidance and support for countries to effectively implement their antimicrobial resistance national action plans, including new approaches to mainstream antimicrobial resistance interventions in primary healthcare, access relevant funding, and address health inequalities. It develops guidance and materials for the inclusion of antimicrobial resistance in training curriculums for health workers and in school health programmes, and raises awareness among the public and policy-makers through global, regional and country campaigns and advocacy, including the annual World AMR Awareness Week. To maximize reach and impact, WHO works with groups such as the WHO Task Force of AMR Survivors, the Global AMR Media Alliance, the Quadripartite Working Group on Youth Engagement and parliamentarian networks.

## **Global coordination and Quadripartite partnership**

13. WHO hosts the Quadripartite Joint Secretariat on antimicrobial resistance as the central coordinating mechanism supporting the global response. Shared work areas include, for example: coordinated advocacy and campaigns; integrated surveillance; the One Health priority research agenda; the WHO List of Medically Important Antimicrobials;<sup>5</sup> strengthening of regulatory agencies across sectors; and support for the Global Leaders Group on Antimicrobial Resistance and the Antimicrobial Resistance Multi-Partner Trust Fund.

---

<sup>5</sup> [WHO List of medically important antimicrobials](#). Geneva: WHO; 2024.

14. The Quadripartite alliance supported the conducting of the Fourth Global High-level Ministerial Conference on Antimicrobial Resistance (Jeddah, Saudi Arabia, 15–16 November 2024), and will support Nigeria in conducting the fifth Ministerial Conference in 2026.

### Monitoring and reporting

15. The Secretariat administers the annual Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS) on behalf of the Quadripartite alliance. In 2024 a record 186 countries responded.

16. As requested in resolution WHA77.6, the Director-General provided an update in August 2024 on the implementation of national action plans, based on TrACSS data, and human health considerations for the United Nations high-level meeting.<sup>6</sup>

17. The Secretariat consulted Member States and other stakeholders and is finalizing the proposed monitoring framework and indicators for the strategic and operational priorities, including to ensure alignment with targets in the political declaration of the United Nations high-level meeting.<sup>7</sup>

### Challenges and way forward

18. TrACSS data for 2024 show that over 170 countries have national action plans on antimicrobial resistance. Of these countries, 67% report implementing their plan but only 29% report costing, budgeting and monitoring implementation. Member States report that financing, technical capacity and awareness are key constraints, especially in low- and middle-income countries. The Secretariat also faces resource constraints in responding to Member States' requests for technical assistance.

19. The Secretariat will, in consultation with Member States, focus on the following actions.

(a) Providing support for countries to accelerate implementation of antimicrobial resistance national action plans, with an emphasis on achieving efficiencies and impact by mainstreaming core interventions in health sector planning, strategies and financing.

(b) Achieving efficiencies through closer coordination of support by the Secretariat and partner organizations, building on mapping and prioritization across divisions and headquarters, regional and country teams of outputs and deliverables contributing to antimicrobial resistance results, and the first WHO Antimicrobial Resistance Partners Forum in March 2025.

(c) Enhancing global governance, as requested of the Quadripartite organizations in the political declaration of the United Nations high-level meeting, including establishing a new independent panel for evidence for action and updating the global action plan on antimicrobial resistance.

---

<sup>6</sup> [Status of antimicrobial resistance national action plan implementation 2022–2023 and specific human health considerations ahead of the high-level meeting on AMR to be held at the 79th session of the United Nations General Assembly](#) (accessed 12 March 2025).

<sup>7</sup> The [monitoring framework](#) will be made available prior to the Seventy-eighth World Health Assembly.

## Update of the global action plan on antimicrobial resistance

20. The global action plan on antimicrobial resistance was adopted by the Sixty-eighth World Health Assembly in 2015.<sup>8</sup> It was subsequently adopted by the governing bodies of FAO and WOA and welcomed by the United Nations Environment Assembly. The political declaration of the 2016 high-level meeting of the United Nations General Assembly on antimicrobial resistance reaffirmed the global action plan as the blueprint for addressing antimicrobial resistance globally.<sup>9</sup>

21. The global action plan has helped to guide countries in developing, implementing and monitoring their multisectoral national action plans on antimicrobial resistance. To support accelerated implementation, each of the Quadripartite organizations has established sector-specific priorities in the context of the global action plan and One Health approach.

22. In the 10 years since the adoption of the global action plan, considerable evidence and learning have been generated on the public health and economic burdens of antimicrobial resistance and on the implementation of national action plans. For example, the Director-General submitted progress reports to the Health Assembly at its seventieth, seventy-second, seventy-fourth, seventy-sixth and seventy-eighth sessions, drawing on, inter alia, the annual TrACSS surveys; the report of the Interagency Coordination Group on Antimicrobial Resistance to the United Nations Secretary-General (2019); the comprehensive review of the global action plan conducted by the WHO Evaluation Office (2021); and the first Quadripartite biennial report on implementing the Global Action Plan (2023).

23. Recognizing the accumulated evidence and changes in contexts, the 2024 United Nations political declaration includes a request to the Quadripartite organizations, in consultation with Member States, to update the global action plan by 2026 to ensure a robust and inclusive multisectoral response, through a One Health approach, that aligns with current realities to drive greater impact against antimicrobial resistance.

24. Key considerations for this update include ensuring that up-to-date guidance is available for countries as they revise and implement their national action plans and offering a consolidated framework and vision for addressing antimicrobial resistance to 2030 and beyond. It is envisaged the update would outline strategic directions and guidance for systems strengthening to preserve access to effective antimicrobials, including to address inequalities, and supportive regional and global actions. It would reflect sector-specific priorities and the most recently available evidence and experience regarding multisectoral actions and coordination. Its overall aims would include achieving, by 2030, the targets and commitments in the 2024 United Nations political declaration.

25. The Secretariat, with the other Quadripartite organizations, has prepared plans to develop the updated global action plan. In keeping with the respective organizational mandates and roles, it is proposed to submit the draft updated global action plan to the Executive Board at its 158th session in January 2026 for consideration by the Seventy-ninth World Health Assembly in May 2026, and subsequently to the governing bodies of the other Quadripartite organizations for consideration and adoption by their Members.

---

<sup>8</sup> See resolution WHA68.7 (2015).

<sup>9</sup> United Nations General Assembly resolution 71/3.

26. The Secretariat and other Quadripartite organizations have developed plans for inclusive consultations of all relevant stakeholders, focused on identifying priority areas requiring updating in the global action plan and on implementation challenges, best practices and opportunities. The Secretariat hosted an initial information session with Member States in March 2025. It is proposed that further briefings and consultations be conducted at the regional and global levels and across sectors so that a diverse range of country contexts and perspectives are included. It is envisaged that an outline document for the draft updated global action plan will be made available online for public feedback.

### **Action by the Health Assembly**

27. The Health Assembly is invited to note the report and to consider the following draft decision:

The Seventy-eighth World Health Assembly, having considered the report by the Director-General,<sup>10</sup>

Decided to request the Director-General to update the global action plan on antimicrobial resistance, in consultation with Member States and relevant stakeholders and in collaboration with the Quadripartite alliance, and submit it to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session.

---

---

<sup>10</sup> Document A78/8.