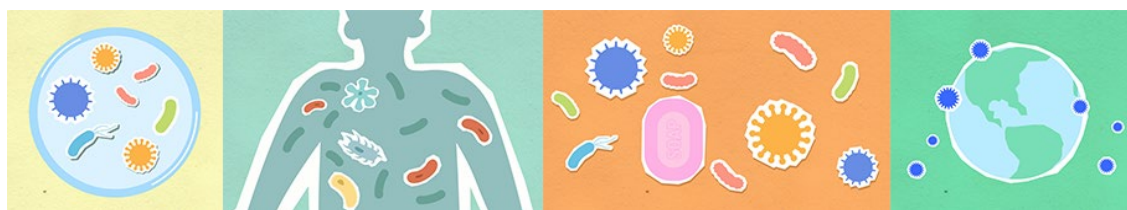


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**The United Nations High-level Meeting on Antimicrobial Resistance on September 26, 2024: Uniting to Enable the Global Response to the Silent Pandemic**

**By Viviana Munoz Tellez**

The “silent pandemic” of antimicrobial resistance (AMR) is getting worse and requires a global response built on international cooperation and solidarity. On 26 September 2024, the United Nations (UN) General Assembly will hold a second High Level Meeting on Antimicrobial Resistance.(1) The dedicated meeting is a new effort to bring urgent attention by leaders for increased action on the growing risk of untreatable infections becoming more widespread and of increasing mortality.

Access to antimicrobials is critical for the treatment of infections and reducing their spread. Ensuring access to antimicrobials is hence a central component of healthcare. However, misuse and overuse of antimicrobials promote AMR. Given that antimicrobials are used in human health, but also in animal health and agriculture, and that AMR can spread through multiple interconnected pathways among humans, animals, plants and the environment, efforts are needed across multiple sectors involving multiple stakeholders that may have different concerns and conflicting interests.(2)

Estimating the global burden of AMR is difficult due to gaps in data and comparability, yet there is mounting evidence of worldwide emergence and spread of infections caused by bacteria that are resistant to commonly used antibiotics. The death toll attributed to bacterial AMR in 2019 has been estimated at 1.27 million in 2019.(3) A recent study using statistical modelling estimates 1.91 million deaths attributable to AMR and 8.22 million deaths associated with AMR annually could occur globally by 2050, totalling more than 39 million deaths (attributable to AMR).(4) These estimates point to the urgency of policy measures, but don't provide guidance for what interventions should be prioritized in differentiated national contexts. For this, a UN High Level Meeting can bring reflections from a multiplicity of governments, institutions and stakeholders.

**The High Level Meeting on Antimicrobial Resistance** on 26 September 2024 will be held during the general debate of the UN General Assembly at its 29th session. The agreed modalities(5) for the meeting provide that it will be held from 10 a.m. to 6 p.m., with an opening segment, a plenary segment, and in parallel two multi-stakeholder panels, with the themes “addressing the urgent antimicrobial resistance crisis across the human, animal, plant and environmental sectors through equity, access, building awareness and innovation” and “addressing human health, animal health, agri-food systems and protecting the environment to tackle antimicrobial resistance, through surveillance, capacity building, sustainable resources, financing and investment”, respectively. Many stakeholders from across sectors in human health, animal health, food production systems, plant health and the environment are making the trip to New York for a chance to be heard by high-level delegations.(6)

A political declaration is expected to be adopted as an outcome of the High-Level Meeting on AMR. Its text has gone through various negotiation rounds, with a final version transmitted by the co-chairs of the process to the President of the General Assembly on 9 September, with the understanding that the draft can achieve consensus among Member States.(7)

## **The Political Declaration of the High Level Meeting on AMR in 2024**

The High-Level Meeting and its resulting declaration is an opportunity to bring a global spotlight to the crisis of AMR. The political declaration should be read as a follow up to the declaration of 2016 (8) and as complement to the various resolutions, guidance and tools from relevant intergovernmental institutions and commitments made in different multilateral, regional and national contexts. The declaration is not an end point and will require further elaboration of commitments, particularly for the mobilisation of both financial and technical resources for response to AMR, taking concrete measures to ensure access to antibiotics, vaccines and diagnostics(9), progress on the environmental dimensions of AMR, and targets on reduction of inappropriate use of antimicrobials in animals including banning their use for growth promotion and restricting use to veterinary medical use. Recommendations from the Global Leaders Group (GLG) on AMR(10) and from the Quadripartite organisations,(11) among others, can continue to inform next step processes. After the High-Level Meeting on AMR, the next opportunity to do so will be at the 4th Ministerial Conference on AMR to be held in November 2024 in Saudi Arabia, and the updating of the Global Action Plan on AMR to further guide and catalyse policy action to address AMR.(12)

The following are some of the **highlights of commitments** in the 2024 political declaration on AMR:

**Global target on reduction of deaths associated with bacterial antimicrobial resistance:** A global target is established to reduce global deaths associated with bacterial AMR by 10 per cent by 2030 against the 2019 baseline of 4.95 million deaths. This target provides a benchmark for the international community to measure progress resulting from the mix of actions being taken in diverse geographies by governments and stakeholders.

**Solidarity underpinning global response on AMR:** Recognition that while AMR affects people of all ages, knows no borders and is present in all countries, the burden of AMR is largely and disproportionately borne by developing countries and those in vulnerable situations, requiring global solidarity, joint efforts and international cooperation.

**Targets in National Action Plans on AMR:** All countries to develop, update and implement multisectoral national action plans on AMR with national targets and functioning multisectoral coordination mechanisms by 2030, according to national contexts and priorities. The declaration notes that while 178 countries have developed multisectoral national action plans on AMR, only 52 per cent of

countries have a functioning multisectoral coordinating mechanism and only 68 per cent are implementing their action plans.

**Prioritizing infection prevention and control measures, vaccination and water, sanitation and hygiene (WASH):** Recognize the need to prioritize and fund the implementation of measures to prevent and control infections, thereby reducing the need for antimicrobials, in human and animal health. Countries commit to ensure that minimum requirements for national infection prevention and control programmes in healthcare facilities are in place, with the goal of achieving the respective targets under existing global strategies and plans, such as 100 per cent of countries having basic water, sanitation, hygiene and waste services in all health care facilities and 90 per cent of countries meeting all the World Health Organization (WHO)'s minimum requirements for infection prevention and control programs at national level by 2030. Countries commit to promote the alignment of national action plans on AMR and national vaccination and immunization strategies, both in the human and animal health sectors.

It is acknowledged that measures to prevent and control infections in animal and plant health include enhancing accurate diagnosis of infections through strengthening laboratory and digital capacities and increasing surveillance, promoting good animal husbandry and agriculture practices, manure treatment and integrated pest management in the plant health sector, and increasing the number of veterinarians and veterinary professionals and paraprofessionals.

**Accelerate efforts for access to existing and new antimicrobials and diagnostic tools:** It is recognised that affordability and equitable access to existing and new antimicrobial medicines, vaccines and diagnostics should be a global priority, and that more people are dying due to the lack of access to appropriate, safe, effective and affordable antimicrobials and diagnostic tools to treat infections, particularly in developing countries, from antimicrobial resistance. Countries commit to invest in sustainable and resilient health systems, based on a primary health care approach, to support universal access to essential health services and promote the timely and equitable supply of quality and affordable vaccines, diagnostics and treatments, including antimicrobials. Countries commit to accelerate efforts to achieve universal health coverage as a means to ensure access to essential health services as well as to strengthen veterinary services for the optimal prevention, diagnosis, and appropriate treatment of infections and antimicrobial stewardship measures. Countries also commit to improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell and gene-based therapies

and other health technologies across the value chain, to address the global concern about the high prices of some health products. The Quadripartite organizations are asked to take steps to increase global access to and appropriate use of antimicrobials in settings with the highest unmet need in collaboration with Member States upon their request and other stakeholders including private sector and partnerships, such as the Global Antibiotic Research and Development Partnership (GARDP), through the SECURE initiative, and the Global Drug Facility.

The importance of regulated access to quality antimicrobials for animal health and of the supply of safe, effective and affordable veterinary medicines is also recognised.

**Appropriate antibiotic use in human health:** Countries commit to ensure appropriate antibiotic use including by applying or adapting the WHO Access, Watch and Reserve (AWaRe) classification of antibiotics within national contexts. Countries also commit to ensure, by 2030, that the use of WHO Access group antibiotics is expanded from the 2023 global target, and in that regard, taking into account national contexts, aim to achieve at least 70 per cent overall human antibiotic use globally, through investing in and strengthening stewardship programmes.

**Reduce the use of antimicrobials in agriculture and animal health:** It is acknowledged that the use of medically important antimicrobials used for growth promotion in agriculture needs to be phased out and the prudent and responsible use of antimicrobials when used prophylactically is encouraged, though no specific commitments are made. Countries commit to strive to meaningfully reduce, by 2030, the quantity of antimicrobials used globally in the agri-food system from the current level, taking into account national contexts, by, inter alia, investing in animal and plant health to prevent and control infections, reducing the need for and inappropriate use of antimicrobials. Countries also commit to ensure that the use of antimicrobials in animals and agriculture is done in a prudent and responsible manner in line with the Codex Alimentarius Antimicrobial Resistance Standards and the standards, guidance and recommendations of the World Organisation for Animal Health (WOAH). Countries commit that by 2030 animal vaccination strategies are defined with an implementation plan, including with international cooperation. The Food and Agriculture Organization (FAO) is encouraged to undertake work to develop further global guidance to prevent and reduce the use of antimicrobials in plant agriculture.

**Addressing the environmental dimensions of AMR:** The declaration underscores the need for priority actions to prevent and address the discharge of antimicrobials and their metabolites into the environment from a wide range of sectors and services, including sanitation and sewage, waste, wastewater, healthcare, pharmaceutical manufacturing, crop production and terrestrial and aquatic animal production. Countries commit to address research gaps and promote knowledge generation on the environmental aspects of antimicrobial resistance, including identifying appropriate methods for environmental surveillance, to inform the integration of environmental aspects in the development and implementation of national action plans on antimicrobial resistance.

**Support for local and regional production:** The declaration recognizes the need to support developing countries to build expertise and strengthen local and regional production of vaccines, medicines, diagnostics and other health technologies in order to facilitate equitable access, recognizing that the high prices of some health products and the inequitable access to such products impede progress towards addressing AMR, particularly in developing countries.

**Strengthen work force:** Countries commit to strengthen national capacities by investing in the training, development, recruitment and retention of a competent and skilled workforce in human, animal, and plant health and the environment, especially in low- and middle-income countries, as well as through capitalizing on AMR expertise from the Quadripartite organizations and their regional offices, collaborating centers, and relevant Secretariat departments, as well as the WHO Academy. Countries also commit to undertake measures to address the growing shortage of researchers and medical specialists and restore, build, and invest in the scientific talent that can spearhead an effective response to AMR.

**Research and development and transfer of technology:** Countries commit to explore, encourage and promote a range of innovative incentives and financing mechanisms for multisectoral health research and development to address AMR. Countries also commit to promote the transfer of technology and know-how and encourage research, innovation and commitments to voluntary licensing, where possible, in procurement agreements where public funding has been invested in the research and development of antimicrobials. They also commit to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase

global supply through facilitating transfer of technology within the framework of relevant multilateral agreements.

There is recognition of the importance of sustained, resilient and sustainable manufacturing of existing antibiotics, including through investing in local and regional manufacturing capacities, to meet the demands within both human and veterinary medicine, as well as to encourage continued production and delivery of these products to meet market demands.

**Funding for National Action Plans on AMR:** Countries commit to sustainably finance budget activities in their national action plans on AMR for their effective implementation (only 11 percent of countries currently have this dedicated funding in their national budgets). Commitment is made to strengthen sustainable financing through existing funding structures, promote the financial mobilization for developing countries, increase the number of contributors to the Antimicrobial Resistance Multi-Partner Trust Fund. A target of achieving USD 100 million is set, hoping this can catalyse the achievement of at least 60 percent of countries (117) having achieved funded plans by 2030. In 2023, the Antimicrobial Resistance Multi-Partner Trust Fund supported some activities in 14 countries and since its inception in 2019 has received USD 34 million from 5 contributors. This is far from the needed investment, which has been estimated at USD 45.8 billion per year.<sup>(13)</sup> Investing now in AMR can avert the US\$ 1 trillion of additional health-care costs per year by 2050 and US\$ 1 trillion to 3.4 trillion of gross domestic product (GDP) losses per year by 2030, and workforce participation and productivity losses of US\$ 443 billion. The Quadripartite Joint Secretariat is requested to map existing and catalytic funding, in collaboration with relevant financial institutions.

**Update of the Global Action Plan on AMR:** By 2026, the Quadripartite organizations (the World Health Organization (WHO), the World Organization for Animal Health (WOAH), the UN Food and Agriculture Organisation (FAO) and the UN Environment Programme (UNEP)) are requested to update the Global Action Plan on AMR adopted in 2015 through a One Health approach.

**Establishment of an Independent Panel for Evidence for action against AMR:** The Quadripartite organizations are invited to start a consultation process with all Member States on the composition, mandate, scope and deliverables for establishing an independent panel for evidence for action against AMR in 2025 to facilitate the generation and use of multisectoral, scientific evidence to support Member States in efforts to tackle antimicrobial resistance.

## Endnotes:

- (1) The first High Level Meeting on AMR took place in 2016, followed by the adoption of a declaration. See UN General Assembly Resolution A/RES/71/3, Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance, adopted on 6 October 2016, available from <https://digitallibrary.un.org/record/845917?v=pdf>.
- (2) See V. Munoz Tellez, *Antimicrobial Resistance: Optimizing Antimicrobial Use in Food-Producing Animals*, Research Paper, No. 201 (Geneva, South Centre, 2024). Available from <https://www.southcentre.int/research-paper-201-27-june-2024/>.
- (3) Murray *et al.*, “Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis”, *The Lancet*, Volume 399, Issue 10325, pp. 629 – 655.
- (4) Naghavi *et al.*, “Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050”, *The Lancet*, September 16, 2024. The attributable burden to AMR is defined using a counterfactual in which all drug-resistant infection are replaced by equivalent drug-susceptible infection. The associated burden is defined using a counterfactual in which all drug-resistant infections are replaced by no infection.
- (5) See United Nations General Assembly, Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly, available from <https://www.undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F78%2F269&Language=E&DeviceType=Desktop&LangRequested=False>.
- (6) A multi-stakeholder hearing was organised on 15 May, but as an in-person only event and lacking financial support for participation; many stakeholders particularly from the Global South were not represented to contribute to the on-going preparatory process for the high-level meeting on AMR. See <https://www.un.org/pga/78/multi-stakeholder-hearing-on-antimicrobial-resistance/>.
- (7) See Letter from the President of the General Assembly on AMR final text of Declaration at <https://www.un.org/pga/78/2024/09/09/letter-from-president-of-the-general-assembly-on-amr-final-text-of-the-declaration/>.
- (8) For analysis of the Political Declaration on AMR of 2016, see V. Muñoz Tellez, “The Value Added of the UNGA High Level Political Declaration on AMR”, Policy



Brief, No. 45 (Geneva, South Centre, 2017) available at <https://www.southcentre.int/policy-brief-45-october-2017/>.

(9) See M. Balasegaram, V. Muñoz Tellez, “Achieving sustainable access to antibiotics is more than just a last mile challenge”, *Nature Reviews Microbiology*, Vol. 22 (2024), pp. 593–594 (2024) at <https://doi.org/10.1038/s41579-024-01083-5>.

(10) See Global Leaders Group on AMR Report, April 2024, available from <https://www.amrleaders.org/resources/m/item/glg-report>.

(11) See “Quadripartite Key Recommendations and Priorities for the 2024 UNGA High-Level Meeting on Antimicrobial Resistance (AMR) - A Policy Brief”, 29 May 2024, available from <https://www.unep.org/resources/policy-and-strategy/quadripartite-key-recommendations-and-priorities-2024-unga-high-level>.

(12) See Anthony So, *Catalyzing Policy Action to Address Antimicrobial Resistance: Next Steps for Global Governance*, Research Paper, No. 208 (Geneva, South Centre, 2024). Available <https://www.southcentre.int/research-paper-208-10-september-2024/>.

(13) See Annex to the GLG Report: Building the Investment Case for Action Against AMR, April 2024, available at <https://www.amrleaders.org/resources/m/item/annex-to-the-glg-report>.

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