GROUP OF 77 AND SOUTH CENTRE CONVENING ON THE FUTURE OF ANTIMICROBIAL RESISTANCE RESPONSE IN DEVELOPING COUNTRIES

Meeting Report

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25 September 2024, New York

The South Centre and the Permanent Mission of Uganda to the United Nations (UN) in New York, Chair for the Group of 77 and China, organized a breakfast meeting on 25 of September 2024 on “The Future of Antimicrobial Resistance Response in Developing Countries” in New York, with participants from the missions in New York and from capitals of countries of the Group of 77.

The participants included senior authorities from Ministries of Health and other policy makers and participants from countries. These included Equatorial Guinea, El Salvador, Grenada, Guyana, India, Kenya, Malaysia, Nicaragua, Oman, Panama, Philippines, South Africa, Timor-Leste and Uganda.

The meeting provided a platform to consider progress and gaps that impede the accelerated implementation of national action plans on antimicrobial resistance (AMR) across sectors, and to discuss how to advance international collaboration and resource mobilization. The program for the meeting consisted a high-level opening, a presentation based on the recent South Centre publication on **Catalysing Policy Action on AMR**, and a roundtable discussion. A summary of the meeting statements and discussion is provided below.

Opening Session

The meeting was opened by **Dr. Viviana Muñoz Tellez, Coordinator of the Health Programme of the South Centre**, who welcomed participants on behalf of the South Centre and the Executive Director, Prof. Carlos Correa. She noted that the Mission of Uganda in New York had played a key role in coordinating the Group of 77 and China joint position on antimicrobial resistance in New York and thanked Her Excellency Ambassador Adonia Ayebare and Ms. Amina Gurhan for co-hosting the event, and for the attendance of Her Excellency Honorable Dr. Jane Ruth Aceng, Minister of Health of Uganda.

Dr. Muñoz noted that the South Centre has over a decade of experience in providing policy advice, negotiation and technical assistance on AMR, including providing support to the Group of 77 and China in the run up to the United Nations General Assembly (UNGA) High Level Meeting on AMR in 2016 and 2024. Today, with the compounding challenges we face, we must draw from the legacy of resilience and solidarity among countries of the Global South. There has never been a more important opportunity to increase collaboration among G77 countries. Antimicrobial resistance is not a distant threat. It is happening now, and the **most affected are and will be the people in the Global South.** It is important that **South voices are heard** in the UNGA High Level Meeting on AMR. The meeting, and the political declaration to be adopted, should bring more needed attention at the highest level to do what is needed to address AMR. Antimicrobial resistance is a "**silent pandemic**", and as such affects not only human health, and it is also a **development challenge**, with impacts on and the **need of coordinated responses from the human health, animal health, agriculture and environment sectors.** Working collectively, we can still turn the tide.

The South Centre has a dedicated work theme on antimicrobial resistance and has had the privilege to work with the Group of 77 and China in New York, and the delegations in

Geneva to the World Health Organization (WHO), in the World Organisation for Animal Health (WOAH) and the Food and Agriculture Organization (FAO), and in the Group of Twenty (G20) Working Group on health, to advance the global AMR agenda from a development perspective. **Developing countries have made progress in addressing AMR, but there is still much more to be done**.

The South Centre works in coordination with many partners, including ReAct Africa, a prominent organisation in the African continent focused on AMR -of which several members were present in the meeting-, with whom we join efforts to organise a large annual conference on AMR in Africa.

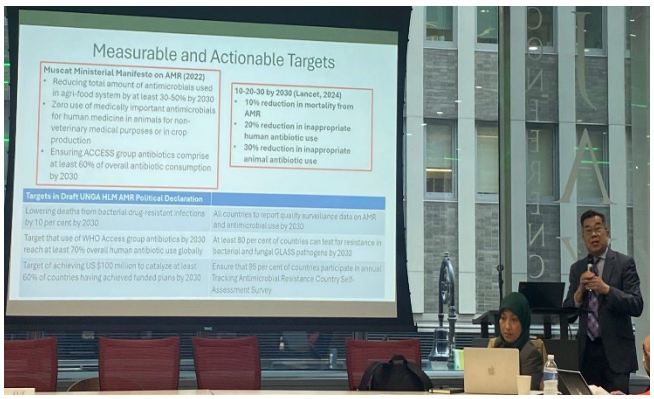
The Honorable **Dr. Jane Ruth Aceng, Minister of Health of Uganda**, gave welcoming remarks and outlined her priorities towards the goal of ensuring a healthier future where antimicrobial treatments remain effective and accessible for all.

Dr. Aceng mentioned that this gathering provided us with a unique opportunity to **assess our progress**, identify existing gaps, and plan a course forward. Our collective goal must be to **refine our national action plans** to ensure that they not only are **comprehensive, but also adaptable to our specific needs and circumstances**. The South Centre's role in advancing South-South cooperation and providing invaluable policy and technical support cannot be overstated. The South Centre's dedication is essential in navigating the complexities of AMR and fostering international collaboration.

Dr. Aceng focused on some key priorities during the discussion: Number one, **accelerating national action plan implementation**. We must address the barriers impeding the effective execution of our action plans, ensuring they are tailored for our unique challenges and capabilities. For countries that have not yet developed the national action plans, we should support them in creating these plans expeditiously. Number two, **advancing research and innovation.** Investment in newer **diagnostic technologie**s is vital for precise and rapid identification of resistant pathogens, which is essential for guided therapy and improved patient outcomes. Number three, **strengthening global partnerships**. Enhancing **international collaboration** will enable us to leverage collective expertise and resources, facilitating a more effective global response to antimicrobial resistance. Number four, **mobilizing resources**. Securing sustainable funding and investment is critical for supporting AMR initiatives and ensuring their long-term success. Number five, **building and sharing capacity.** Empowering countries with the necessary tools, skills, and human resources and fostering knowledge exchange are fundamental for a unified global response.

Dr. Aceng called to use this opportunity to share insights, propose solutions, and commit ourselves to a collective effort in overcoming antimicrobial resistance. Our goal should be to ensure a healthier future where antimicrobial treatments remain effective and accessible for all. She then thanked the participants for their dedication and for the opportunity to contribute to this critical dialogue.

The next speaker was **Prof. Anthony D. So,** MD, MPA, Distinguished Professor of the Practice and Director, Innovation+Design Enabling Access (IDEA) Initiative, **Johns Hopkins Bloomberg School of Public Health**. He was also the co-convener of the Interagency Coordination Group on Antimicrobial Resistance that was convened by the UN Secretary-General.



Professor So was invited to make a presentation based on the South Centre Research Paper "**Catalyzing Policy Action to Address Antimicrobial Resistance: Next Steps for Global Governance,"** written by Professor So. A summary of Dr. So's presentation follows.

Since the first UN General Assembly High-Level Meeting on Antimicrobial Resistance eight years ago, we now have more robust estimates of the human toll from bacterial, drug-resistant infections. The *Lancet* GRAM study estimated that in 2019, 1.27 million lives were lost, more than the lives claimed by HIV/AIDS, breast cancer, or malaria. Disproportionately, this AMR burden falls on South Asia as well as Sub-Saharan Africa, where more than half of this toll was among children under 5. This disparity between regions makes it clear that the strategy to tackle AMR differs across countries.

Better Care, not just novel antibiotics, averts more AMR-related deaths

A recently published *Lancet* study projects that between 2022 and 2050, global deaths attributable to AMR will climb by 70%. These investigators, also responsible for the *Lancet* GRAM study, laid out two different scenarios by which we might respond to this public health challenge: 1) a Gram-negative drug scenario, whereby novel antibiotics come to market and reduce the burden from these difficult-to-treat infections by 50%, and 2) a Better Care scenario that focuses on making improvement in healthcare systems, including access to existing antibiotics, as well as preventative interventions, from promotion of improved antibiotic stewardship to new vaccines. Under the Better Care scenario, as many as 92 million cumulative deaths attributed or associated with AMR could be averted between 2025 and 2050. While these are not mutually exclusive approaches, the number of deaths attributable to AMR averted under the Better Care

scenario is five times greater than those saved by investing in novel antibiotics to treat Gram-negative infections. Importantly, the interventions under the Better Care scenario could potentially bolster efforts for universal health care and pandemic preparedness and response.

Measurable and Actionable Targets

Unlike other disease areas, from HIV/AIDS to tuberculosis (TB) and malaria, we have been slow in arriving at global goals by which we might track accountability on AMR. In 2022, the last Ministerial Conference on AMR resulted in 47 countries endorsing the Muscat Ministerial Manifesto on AMR. These countries committed to both measurable and actionable targets for reducing antimicrobial use in the agri-food system and to a health sector target as well:

- Reducing total amount of antimicrobials used in agri-food system by at least 30-50% by 2030

- Zero use of medically important antimicrobials for human medicine in animals for non-veterinary medical purposes or in crop production

- Ensuring ACCESS group antibiotics comprise at least 60% of overall antibiotic consumption by 2030

These prior efforts do not lay out clearly how global goals would translate into country-level commitments.

The UNGA High-Level Political Declaration puts forward a limited set of measurable targets. The key one is the global goal of lowering deaths from bacterial, drug-resistant infections by 10 per cent by 2030. However, translating how individual National Action Plans will independently contribute - in proportion (or not) to their level of consumption of antimicrobials, AMR burden or financial resources - to a shared global goal is not clear from the Political Declaration. For the healthcare delivery system, the target to ensure ACCESS group antibiotics are widely available is slightly more ambitious (at least 70% of overall human antibiotic use globally). For the agri-food system, the quantifiable targets from the Muscat Ministerial Manifesto were entirely dropped from the Political Declaration. Other concrete targets adopted in the language of the Political Declaration included:

- There is a general commitment that all countries report quality surveillance data on AMR and antimicrobial use by 2030, which would certainly be welcomed.

- At least 80 per cent of countries should be able to test for resistance in bacterial and fungal pathogens in the GLASS, or Global Antimicrobial Resistance and Use Surveillance System, by 2030. All but seven countries have indicated that they have this capability, at least to some degree, though there is surely room to improve.

- Another goal is that 95 per cent of countries participate in the annual Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS).

Given that 96% of WHO Member States participated in the TrACSS this past year, these are not exceptionally ambitious goals. However, neither has been the financing behind the commitments in the UN Political Declaration. The only financing commitment was an aspirational goal to mobilize US$100 million to catalyze efforts to ensure that 60% of countries will have achieved funded National Action Plans on AMR by 2030. The US$100 million might go towards the UN Multi-Partner Trust Fund on AMR that has supported Quadripartite agency work with countries. To date, the Trust Fund has raised only US$34 million since its start over 5 years ago.

Innovation and Access to Health Technologies

The global community is divided over how and how much to incentivize pharmaceutical manufacturers to bring novel antibiotics to market. The industry, particularly in high-income countries, is seeking more pull incentives that pay for the outputs of research and development (R&D), such as higher reimbursement for antibiotics, extended market exclusivity like that adopted in the United States, transferrable extended exclusivity like that proposed in the European Union, and subscription programs that would guarantee higher returns to manufacturers. Unlike a subscription program where the buyer receives a discounted price on Amazon or can consume like a binge watcher on Netflix, the subscription programs proposed to support bringing antimicrobial drugs to market actually are top-up financing for drug companies.

Another approach would be to bolster push incentives, those that pay for inputs of R&D. These include R&D grants, services that support efforts to bring promising drug candidates to first-in-human clinical trials, the support of clinical trial platforms, product development partnerships like the Global Antibiotic Research and Development Partnership (GARDP) that works on antibiotic R&D. This is beginning to connect with other emerging developments, notably renewed interest in local production and pooled procurement. Connecting these efforts would help complete what we call an end-to-end approach for innovation and access.

Investing in Preventative Interventions and Better Care

Of course, tackling AMR is much more than investing in new antibiotics. It takes preventative measures, from diagnostics and vaccines to improved hand hygiene, stewardship in healthcare facilities and environmental hygiene. As noted, a better care approach comprised of such measures, as well as access to existing antibiotics, averts the most AMR-related deaths, several-fold more than just bringing novel antibiotics to address the more difficult-to-treat Gram-negative infections.

Designing and implementing an AMR intervention package, largely of preventative measures, provides a clear and cost-effective, even cost-saving, way forward. The Organisation for Economic Co-operation and Development (OECD) looked into this for its members, largely high-income countries. In a 2017 report, the OECD found that a comprehensive intervention package that addresses AMR both in hospitals and clinics through improved hygiene and stewardship and also in communities through delayed prescriptions, mass media campaigns and rapid diagnostic tests could come to just $2 per capita a year. Such an investment would avert 47,000 deaths a year in OECD countries, and the public health package could pay for itself in under a year and save $4.8 billion a year in OECD countries. Of note, these are largely preventative interventions, closer to the better care, not the novel antibiotics approach.

In low- and middle-income countries (LMICs), as opposed to high-income OECD countries, the AMR package might take a different form, perhaps with even greater linkage to WASH (water, sanitation, hygiene) interventions and improved vaccinations. Putting together a compelling, cost-effective and even cost-saving package would make a huge contribution to country-level efforts to address AMR, and it might be sold as a social vaccine. The Quadripartite has taken steps to build upon the OECD approach and extended the modeling globally. They came up with a proposal of investing $46 billion each year on a broader package of AMR interventions, but argued that it would bring a return of between US$7 and US$13 for every US$1 spent by 2050.

Even before the pandemic, the World Bank projected that, if AMR goes unchecked, up to 24 million more people could be forced into extreme poverty by 2030. Under the high AMR-impact scenario, this could amount to a 3.8% loss of annual gross domestic product (GDP) by 2050, with an annual shortfall of $3.4 trillion by 2030. The Bank had concluded that "putting resources into AMR containment now is one of the highest-yield investments countries can make."

By investing just $9 billion a year in low- and middle-income countries, as the World Bank proposed, we could help avert trillions of dollars of potential economic losses. Half of this $9 billion would go into **health system infrastructure**, and the other half into **AMR containment.** Importantly, such commitments would have **co-benefits for universal health care as well as pandemic preparedness and response**. Significant returns on this investment would accrue to LMICs, but over 80% of these returns would benefit upper middle and high-income countries, the very countries that would be best positioned to make this global investment. COVID-19 took us like a tsunami, and antimicrobial resistance is like a rising tide. The key will be to get the world to make the needed commitments and mobilize the needed resources before the high tide comes in.

Dr. So's presentation was followed by an open discussion.

Open Discussion among Group of 77 Delegations

Participants referred to the complexity of addressing AMR, as compared to a single disease or pathogen, and the need for a cross-sectoral one health approach. Several participants shared progress in their national action plan development and implementation.

Despite progress, several participants noted continued gaps and challenges in implementing national action plans and shared lessons and recommendations. The challenges include gaps in laws and regulations and poor enforcement regarding the use of medically important antibiotics in farm animals as well as the sale and dispensing of antibiotics in variety stores and pet shops without prescription, which contributes to the irrational use and increase the risk of acquiring substandard medicines.

There are also competing priorities with addressing antimicrobial resistance from other public health issues that governments are currently confronted with.

Several participants noted the continued challenge of the lack of local data on the AMR burden. This is a problem as it undermines the political will, leading to the low prioritization of AMR and resulting in inadequate actions and insufficient resource allocation to combat this critical threat.

Improving antimicrobial stewardship and AMR surveillance systems in human and veterinary healthcare was also highlighted by many participants as a priority for early detection and for guiding interventions. There is need for enhanced infrastructure, capacity-building and knowledge-sharing, including genomics, molecular diagnostics, and bioinformatics. Some participants noted the need to transition from solely laboratory-based approaches to a combination of laboratory and case-based systems to understand the burden of antimicrobial resistance. It was also noted that efforts on AMR surveillance should follow a one health approach to link human health, animal health and the environment, and increasing integration and interoperability to effectively tackle the interconnected nature of AMR.

Participants also highlighted the importance of infection prevention and control, which is lagging in many health systems in both human health and animal health. Prevention is more cost-efficient than managing antimicrobial resistance. An example was provided on the cost of managing drug-resistant TB, which in the case of South Africa was noted to consume a third of the TB budget even though there is a low number of cases of drug resistance as compared to the overall burden of TB infection.

There are major challenges, in particular, concerning shortage of resources, either financial or human, gaps in policy and capacities, as well as weaknesses in the health systems. Participants noted the need to advocate for sustainable financing mechanisms.

The lack of access to antibiotics and to diagnostic tests was also highlighted as a significant problem. There was a call by participants to seek ways to increase the availability and affordability of rapid diagnostic tests for clinicians to be able to effectively treat the patient, to adequately prescribe and thereby to prevent a patient from going to a pharmacy to get antibiotics without diagnostic or prescription. It was also noted that affordability of diagnostics to the patient is key, as the high cost of existing diagnostics specially when payment is out-of-pocket and not financed by government, also drives the inappropriate use of antibiotics in the human health sector. The improvement of health systems, towards achieving universal health coverage would have a significant impact on the capacity to contain AMR.

Whole-of-society education, and community engagement was also noted as a key priority, to increase the awareness on proper use of antibiotics and change the behaviour of patients, clinicians, pharmacists, veterinarians, among others. Communities lack understanding of the risks of antimicrobial misuse and overuse.

Improving prescription practices for antibiotics is also an area requiring intervention. In many countries it is possible to obtain antibiotics from private pharmacies without prescription which can facilitate misuse, for example when used to self-treat a viral infection for which antibiotics are not needed, or when the course of antibiotics is not taken correctly. Some countries also have a scarcity of pharmacies and healthcare facilities, particularly in rural areas, which leaves patients without adequate professional guidance, increasing their susceptibility to irrational use of antibiotics.

In addition to multi-sectoral collaboration, it was noted that it is helpful for AMR to be supported by higher level authorities in government, above all the ministries, to drive policy, resource allocation and inter-ministerial collaboration. The Ministry of Health cannot solely take the lead. Another challenge is to bring the environmental sector on board, and to produce more evidence to identify what interventions should be done in this area. Some important interventions are improving waste management, from hospital facilities, pharmaceutical production, and human and animal activities.

All participants agreed that countries should establish target indicators. Targets are important so that there is measurement on what is being accomplished, and these should be part of the National Action Plans on AMR. Countries such as Philippines and India shared that they have new National Action Plans that now include a monitoring and evaluation framework and indicators to assess progress and effectiveness in achieving the national and global goals.

Several participants noted that establishing targets at the global level, as advanced in the Political Declaration from the High Level Meeting on AMR of 2024, was positive. Importantly, the participants reflected that it is necessary that at country level, specific targets are set at the national, state and district levels, according to the context and

identified priorities for AMR containment. It was recognised that this poses a challenge for a uniform tracking of global progress, to enable comparability across different countries. Some participants suggested that a uniform guidance should be developed to assist countries in developing their national targets that align with and promote the achievement of global targets.

Participants also highlighted the need to work collaboratively in the regions and across regions, sharing information on existing initiatives. Requests were made to continue discussions within the Group of 77 and China on AMR.

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