



Advancing Equity in Global Preparedness and Response to Antimicrobial Resistance and Pandemics

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PROGRAMME

15:00 – 15:10	Opening
15:10 – 15:30	Global Commitments on Antimicrobial Resistance: outcomes of the UN High Level Meeting
15:30 – 16:00	Global Commitments on Pandemic Prevention, Preparedness and Response (PPPR) State of play of the WHO treaty negotiations
16:00 – 16:15	Coffee break
16:15 – 16:50	Advancing the Response to Antimicrobial resistance with an equity lens <ul style="list-style-type: none">• Governance: global to local accountability frameworks and target setting• Coordination and integration with existing programmes• Stakeholder engagement in design and implementation of National Action Plans
16:50 – 17:00	Wrap up



Global Commitments on Antimicrobial Resistance

Outcomes of the UN High Level Meeting 2024

The silent pandemic of antimicrobial resistance

- In 2019, 4.95 million deaths were associated with drug-resistant bacterial infections, including 1.27 million deaths directly attributable to bacterial antimicrobial resistance, 20 per cent of whom were children under 5
- Over 39 million deaths directly attributable to bacterial antimicrobial resistance are expected to occur between 2025 and 2050
- 92 million cumulative deaths attributed or associated with AMR could be averted between 2025 and 2050 by **improving health systems**: prevent infections (i.e. vaccination, WASH), infrastructure (health facilities, laboratory capacity), workforce, diagnostic capacity, and access to appropriate antimicrobials with stewardship.

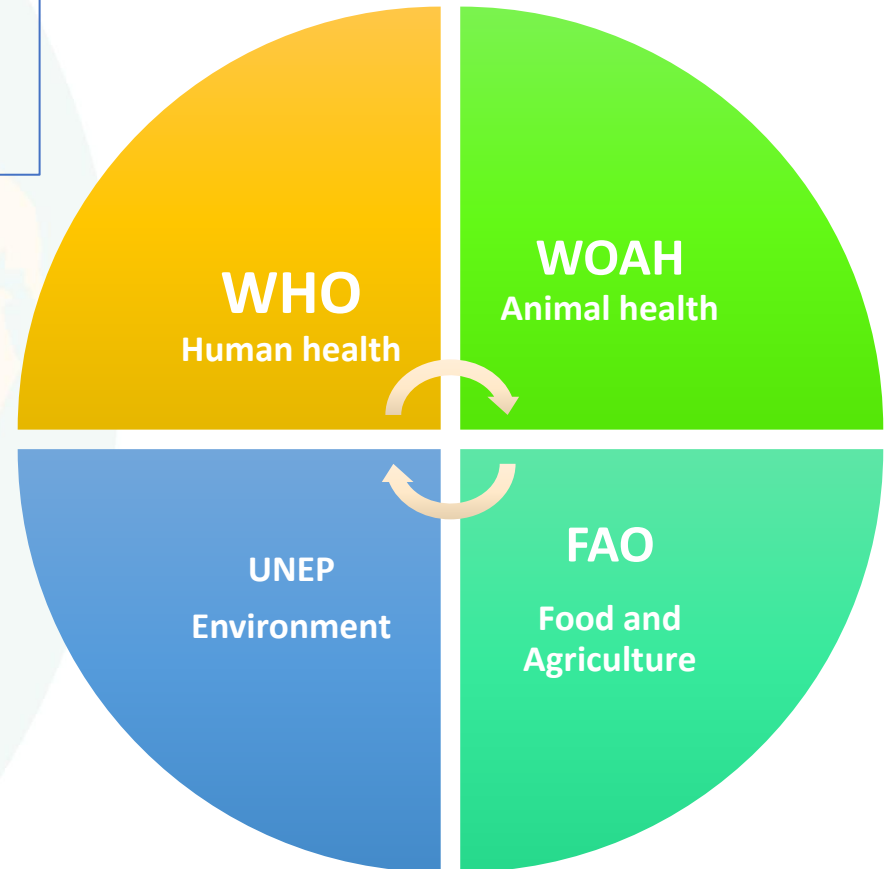
Global Action Plan on AMR - 2015

Countries should develop their own national action plans on antimicrobial resistance in line with the global plan

Multisectoral collaboration

Key objectives:

- Improve awareness through effective communication, education and training
- Strengthen knowledge, surveillance and research
- Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures
- Optimize the use of antimicrobials, good practices, intl. standards
- Develop the economic case, invest in new medicines, diagnostic tools, vaccines



Current status

- As of September 2024, while 178 countries have developed multisectoral national action plans on antimicrobial resistance
- 52% per cent have a functioning multisectoral coordinating mechanism
- 68% are implementing their national action plans
- 11% of countries have dedicated funding for the implementation of their action plans
- Estimated funding need for AMR US\$ 63 billion dollars a year, return on investment of 28:1

UN High Level Meeting on AMR 2024: Commitments

- Lower deaths from bacterial drug-resistant infections by 10% by 2030
- By 2030, that all countries have developed or updated and are implementing multisectoral national action plans on antimicrobial resistance
- 95% of countries participate in annual tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS) by 2030
- All countries to report quality surveillance data on AMR and antimicrobial use by 2030
- At least 80% of countries can test for resistance in bacterial and fungal GLASS pathogens by 2030, by improving access to diagnostic and care

UN High Level Meeting on AMR 2024: Outcomes

- Use of WHO Access group of antibiotics by 2030 reach at least 70% overall human antibiotic use globally
- Invite the Quadripartite to establish an independent panel for evidence for action against antimicrobial resistance in 2025 to facilitate the generation and use of multisectoral, scientific evidence to support Member States in efforts to tackle antimicrobial resistance, after an open and transparent consultation with all Member States on its composition, mandate, scope and deliverables
- Facilitate sustainable funding from international cooperation to support the implementation of national action plans, with the target of achieving US100 million to catalyze at least 60% of countries having achieved funded action plans by 2030, through, inter alia, diversifying funding sources and increasing the number of contributors to the Antimicrobial Resistance Multi-Partner Trust Fund


Ministerial High Level Meetings on AMR

MUSCAT MANIFESTO 2022

- Reduce the total amount of antimicrobials used in agrifood systems by at least 30-50% by 2030
- Preserve critically important antimicrobials for human medicine, ending the use of medically important antimicrobials for growth promotion in animals
- Ensure 'Access' group antibiotics represent at least 60% of overall antibiotic consumption in humans by 2030

JEDDAH COMMITMENTS 2024

- Support Quatripartide process for the establishment of an Independent Panel for Evidence on Action Against AMR in 2025
- Support Quatripartide actions to achieve the 2030 goals of the UNGA Political Declaration on AMR and request to incorporate strategies for achieving these goals in the next Global Action Plan (GAP) on AMR and its associated monitoring framework and call on UNEP through the Quadripartite to set a surveillance system for environment
- Set Troika System for the Ministerial HLMs on AMR, next to be held in 2026 in Nigeria



Global Commitments on Pandemic Prevention, Preparedness and Response

State of play of the WHO treaty negotiations

The Broader Framework for Health Emergency Preparedness and Response

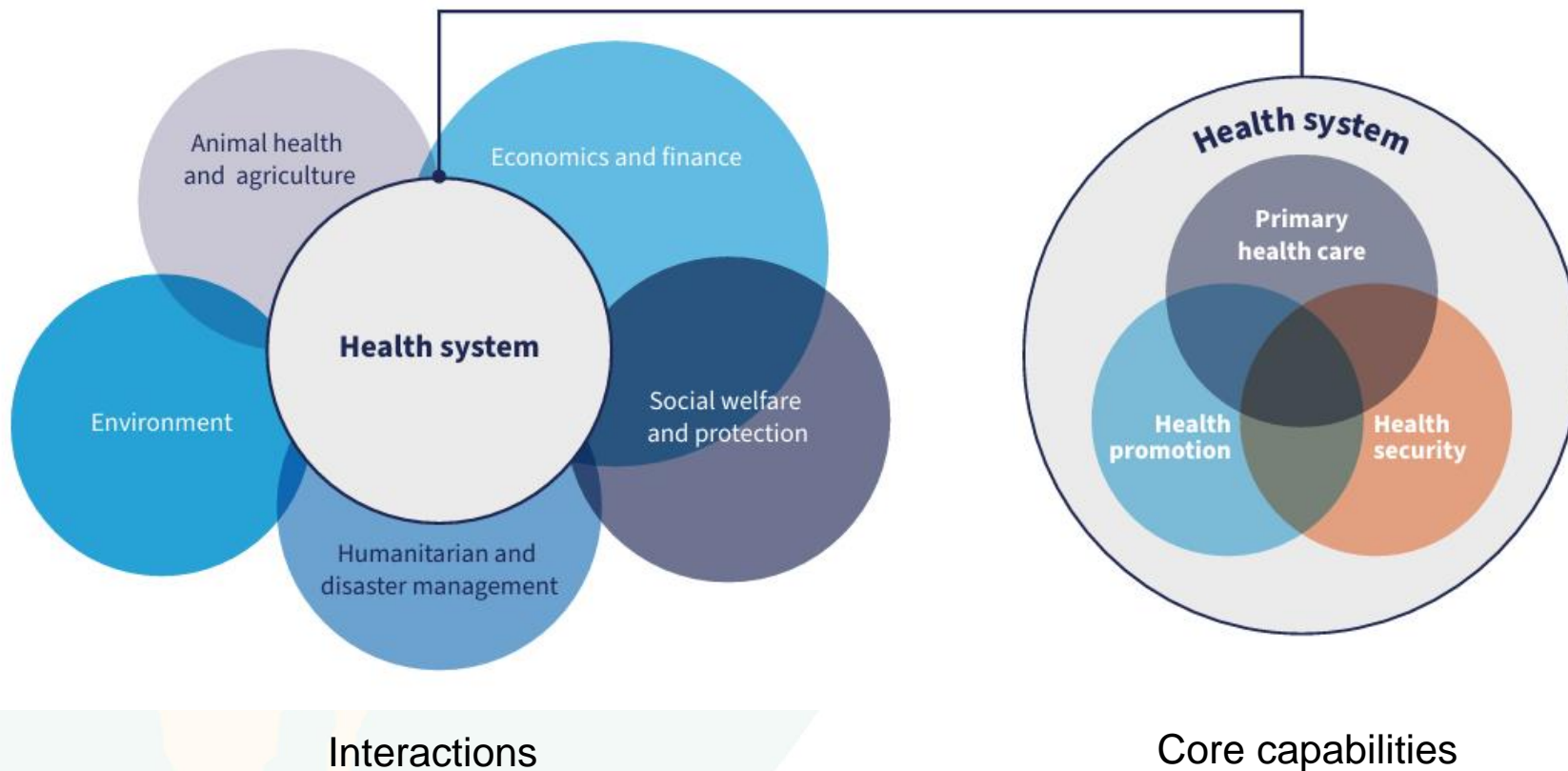
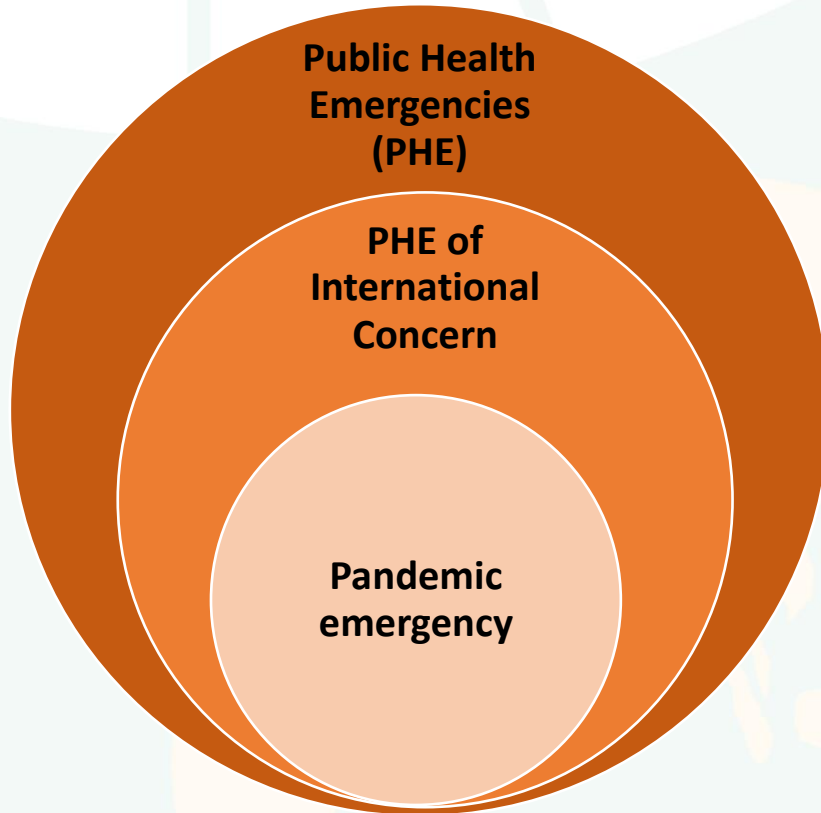


Figure 2, in [Strengthening health emergency prevention, preparedness, response and resilience](#). Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

Public Health Emergencies and Pandemics



International Health Regulations (2005):

A “**public health emergency of international concern**” means an extraordinary event which is determined

- (i) to constitute a public health risk to other States through the international spread of disease; and
- (ii) to potentially require a coordinated international response

International Health Regulations as amended 2024:

A “**pandemic emergency**” means a public health emergency of international concern that is caused by a communicable disease and:


- (i) has, or is at high risk of having, wide geographical spread to and within multiple States; and
- (ii) is exceeding, or is at high risk of exceeding, the capacity of health systems to respond in those States; and
- (iii) is causing, or is at high risk of causing, substantial social and/or economic disruption, including disruption to international traffic and trade; and
- (iv) requires rapid, equitable and enhanced coordinated international action, with whole-of-government and whole-of-society approaches.

Five PHEIC declared by WHO since IHR (2005):

H1N1 influenza (2009) Polio (2014)
Ebola (2014) Zika virus (2016)
Covid-19 (2020) Mpox (2022)

Pandemic Instrument Negotiations: Stocktaking





Advancing the Response to Antimicrobial resistance with an equity lens

Governance: global to local accountability frameworks and target setting

UNEP

WHO

FAO

WOAH

Global
AMR
governance

Global
Leaders
Group

Multi-
Stakeholder
Platform

Independent
Panel for
Evidence on
Action AMR

Can setting targets accelerate progress in the global response to AMR?

- Enhance accountability
- Advance equity and solidarity
- Countries can contribute differently to global targets. Gradual approach for ownership
- Foster synergies among health programmes and initiatives

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Local accountability Frameworks and Target Setting

Strengthening Health Systems to Support AMR Responses

Francesca Chiara, AMR Consultant

Why Strengthening Health Systems is Critical to Reducing AMR?

Robust health systems provide the infrastructure and capacity needed to address the multiple factors driving AMR.

- **Infection Prevention:** Hygiene, sanitation, and vaccination measures reduce infections and antibiotic demand.
- **Rational Antimicrobial Use:** Improved diagnostics and stewardship ensure antibiotics are used appropriately, preventing overuse and misuse.
- **Surveillance:** Robust systems monitor AMR trends and antimicrobial use, guiding policy and action.
- **Equitable Access:** Access to quality-assured antibiotics, reduces reliance on counterfeit, over the counter antibiotics or substandard drugs.
- **Resilience:** Prepared systems prevent misuse of antibiotics during health crises, maintaining AMR as a priority.

Elements of Complementarity: Integrating AMR into National Health Strategies

- Integrating **AMR National Action Plans (NAPs)** into countries **National Health Strategies**, ensures alignment with **Universal Health Coverage (UHC)** and the **Sustainable Development Goals (SDGs)**.
- UHC focuses on ensuring all individuals and communities receive the health services they need without financial hardship. Its alignment with AMR includes:
 - **Equitable Access**
 - **Health System Resilience**
 - **Healthcare Workforce**
 - **Financial Protection**

WHO's People-Centred Approach to AMR

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



Pillar 1: Prevention

6. Universal access to WASH and waste management to mitigate AMR
7. Implementation of IPC components to mitigate AMR
8. Access to vaccines and extended immunization to manage AMR



Pillar 2: Access to essential health services

9. AMR diagnosis and management health services are affordable for all
10. Uninterrupted supply of quality-assured, essential antimicrobials and health products for AMR



Pillar 3: Timely, accurate diagnosis

11. Good-quality laboratory system and diagnostic stewardship to ensure clinical bacteriology and mycology testing



Pillar 4: Appropriate, quality-assured treatment

12. Up-to-date evidence-based treatment guidelines and programmes for antimicrobial stewardship
13. Regulation to restrict sales of non-prescription antimicrobials

Foundational step: Strategic information through surveillance and research

3. National AMR surveillance network to generate good-quality data for patient care and action on AMR
4. Surveillance of antimicrobial consumption and use to guide patient care and action on AMR
5. AMR research and innovation including behavioural and implementation science

Foundational step: Effective governance, awareness and education

1. AMR advocacy, governance and accountability in the human health sector, in collaboration with other sectors
2. AMR awareness-raising, education and behaviour change of health workers and communities

Strengthening Governance for AMR with a One Health approach

- Effective governance is essential to align diverse stakeholders, set priorities, allocate resources, and ensure accountability across these sectors.
- A **One Health** approach to AMR governance fosters cross-sectoral collaboration, acknowledging the interconnectedness of human, animal, and environmental health.

Principles of Effective AMR Governance

- **Coordination:** Establishing national and regional governance mechanisms to harmonize efforts across ministries (e.g., health, agriculture, and environment) and international organizations.
- **Integration:** Embedding AMR priorities into broader health systems strengthening, universal health coverage, and climate action plans to ensure sustainability.
- **Inclusivity:** Involving diverse stakeholders, including civil society, academia, and private sectors, to ensure comprehensive representation and buy-in. Regional initiatives are essential for capacity building, resource mobilization, and knowledge-sharing, especially in LMICs.

Progress in the implementation of a multisectoral One Health approach

- **One Health Governance:** Of the 178 countries that have developed AMR NAPs, 20% have fully integrated multisectoral governance mechanisms, while only 10% lack such structures. The remaining 70% have established multisectoral working groups to coordinate their NAPs.
- **Monitoring and Evaluation (M&E):** Approximately half of countries have monitoring and evaluation mechanisms integrated into their NAPs.
- **Global Variations:** The status of governance and M&E mechanisms varies by region. High-income countries tend to have more robust frameworks, while low- and middle-income countries face challenges in establishing sustainable systems due to resource constraints.

The AMR Response: One Health Stakeholders

- Stakeholder collaboration ensures comprehensive AMR strategies, leveraging expertise and resources from diverse sectors including:
- **Government Agencies** (Health, Agriculture, Environment)
- **Healthcare Providers and Veterinary Services**
- **Academia and Research Institutions**
- **Pharmaceutical, Manufacturing and Supply Industry**
- **Civil Society Organizations**
- **Farmers and Food Producers**
- **Environmental Stakeholders**



(From Atwell et al., 2017)