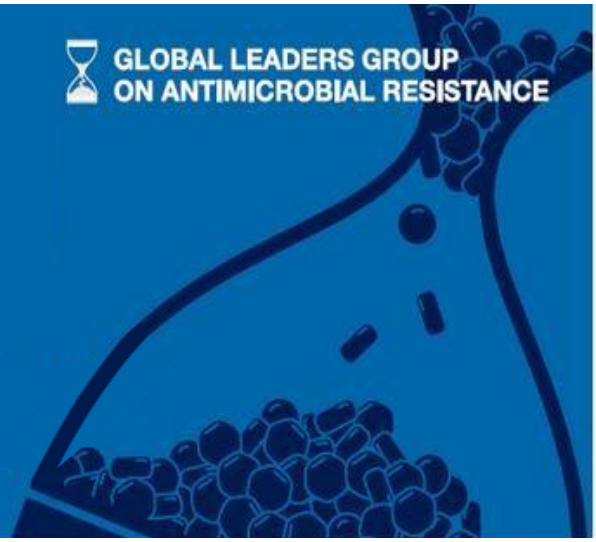
# UNGA POLITICAL DECLARATION ON AMR : Moving from commitment to action




An event co-hosted by the Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID)

Vienna, Austria, 11 April 2025

## Overview

For the third successive year, the Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) and the European Society for Microbiology and Infectious Diseases (ESCMID) co-hosted an AMR Science-Policy Forum on the sidelines of ESCMID Global, one of the most important annual, international meetings in clinical microbiology and infectious diseases.
The theme of the 2025 Forum was selected to focus presentations and discussion on how science and evidence can guide policy actions to support translation of commitments and targets in the 2024 United Nations General Assembly (UNGA) Political Declaration on AMR into action and results. The Forum comprised two sessions involving presentations and panel discussions. In the first session, participants explore how science can inform policy settings to support implementation of sector-specific targets on AMR in the 2024 UNGA on AMR. The second session examined how policy can guide action in the AMR response, focusing on the work of the Quadripartite organizations to establish an Independent Panel on Evidence for Action on AMR and to update the Global Action Plan on AMR, as requested by Member States.

## Opening remarks

Opening the Forum and welcoming participants, ESCMID President Robert Skov highlighted the importance of interaction between scientists and policy makers in the field of AMR: “Policy makers need to think science, and scientists to think policy”. He expressed his hope that the Forum would contribute to maintaining momentum following the 2024 UNGA high-level meeting on AMR, including on national efforts to adopt and reach new targets. On behalf of the GLG, Professor Lothar Wieler noted that the Forum provided a valuable opportunity to strengthen links between efforts at the political level and in the scientific community to translate the commitments in the 2024 UNGA political declaration on AMR into action. He specifically emphasized the role of scientists in 1) identifying best practices in national action plan implementation; 2) better understanding routes of AMR transmission; 3) surveillance, including genomic sequencing; 4) development of new antimicrobials, alternatives and diagnostics; and 5) supporting relevant work by the Quadripartite organizations. Policy makers can 1) help to make AMR a global and national priority; 2) finance and coordinate the response; 3) implement policies and regulations to accelerate innovation, access and stewardship; and 4) build capacity and infrastructure, especially in LMICs. Overall, he said, the 2024 political declaration will only be a watershed in the AMR response if policy makers and scientists work together in common cause.

In pre-recorded remarks, Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, noted that the Forum illustrates the importance of health policy makers having the best available information to implement interventions to prevent or mitigate AMR. He urged Forum participants to sustain their commitment to the AMR field in the face of current resource constraints in global health and development.

Robert Skov (ESCMID President), Tedros Adhanom Ghebreyesus (WHO DG), Lothar H. Wieler (GLG)

## Session 1: Science to inform policy: Implementing UNGA targets on AMR

The session was co-chaired by Professors C.O. Onyebuchi Chukwu (GLG) and Holger Rohde (ESCMID, EAASC). Prof. Chukwu noted that the GLG was working together with the Quadripartite organizations to move the agenda in the political declaration forward. The panel explored what is needed to reach targets set out in the 2024 UNGA political declaration on AMR.

**Reducing human deaths related to AMR by 10 per cent by 2030 is feasible through scale-up of key interventions and strengthened surveillance and reporting**

**Joe Lewnard**, Professor of Epidemiology at the University of California (Berkley), presented modelling on the number of human deaths that could be "programmatically preventable" with current key interventions for AMR, noting that the scale-up of infection prevention control (IPC); universal access to high-quality water sanitation and hygiene (WASH), and vaccination (focusing on RSV and rotavirus) could prevent 337,000, 183,000 and 95,000 deaths respectively, making the target of reducing deaths by 10 per cent by 2030 achievable.

**Yvan Hutin** of the WHO AMR Division discussed the key contribution to achieving this target of action under strategic priorities endorsed in 2024 by the World Health Assembly: 1) "PHC for UHC"; 2) results-based management; 3) increasing the coverage of prevention, diagnosis and treatment; and 4) mainstreaming AMR into health planning and financing. He highlighted the importance of reaching the targets in the political declaration that 80 per cent of countries report to the WHO GLASS surveillance system for AMR in human health and 90 per cent respond to the TrACCS survey, as well as the need to strengthen basic data systems in countries, such as vital statistics.

**Achieving the target of 70% global antibiotic use in the WHO *Access* group requires both a population health policy framework and stewardship in health care settings**

**Michael Sharland**, Professor of Pediatric Infectious Diseases at St George's Hospital, University of London, said he hoped that the high-level meeting will be seen as a strategic shift towards recognizing that a key scientific question is how to achieve sustainable levels of global antibiotic use that allow population health to be treated without further increasing drug resistance. He emphasized that achieving the 70% target for use of the Access group at national level requires a strong focus on antibiotic policy (addressing population-level exposure), in addition to stewardship (patient- and hospital-level use). Key policy dimensions include steps to achieve universal access and robust medicines management. Overall, policy should seek to define optimal levels of sustainable antibiotic use based on population need and disease burden.

**The economic case for the AMR response can be strengthened with a focus on broader health system gains and "treatability" of disease**

**Chantal Morel** from the University of Berne called for an increased focus on the economics of AMR. She noted that only around 11 per cent of NAPs globally are adequately funded, in part because of the underestimation of the broad benefits of NAPs implementation for health system strengthening. New targets could help to reframe the AMR response in countries along these lines. Dr Morel proposed that the "treatability" of disease could serve as a key indicator for the AMR response because reducing the economic burden of AMR is about altering the treatability of infections (and "untreatability" is a proxy for morbidity and mortality). Elements of treatability include access to medicines, their susceptibility to treatment, and a health system's diagnostic and prescribing capacity.

**Reducing antimicrobial use in the agri-food sector is critical and achievable with current interventions**

**Junxia Song** from the Food and Agriculture Organization (FAO) of the United Nations described how misuse and overuse of antimicrobials drive AMR in agri-food systems. FAO estimates that while global use of antimicrobials in livestock could increase up to 30 per cent by 2040 and cause animal production losses of US $1 billion on current trends, coordinated efforts and a package of interventions could reduce use by nearly 60 per cent. Dr Song emphasized that the political declaration target of meaningful reductions in antimicrobial use in the sector depends on reducing the need for antimicrobials and strengthening animal health and food production systems through "five G's": 1) good animal health services; 2) good production practices, including nutrition, hygiene, farm waste management; 3) good alternatives, including vaccination, pro/prebiotics; 4) good incentives for farmers; and 5) good connections, including community and industry engagement.

**Adapting global targets requires close attention to country context**

**Tochi Okwor**, Chair of the Nigerian AMR Coordination Committee, discussed the setting of targets for AMR at the national level. This requires recognition of health systems and data gaps and other constraints and involves asking where deaths occur and who is affected; auditing elements such as current antimicrobial access and use and compliance with IPC and other guidelines; and counting the right things and everyone. She emphasized the need for an equity lens and "shining the light where the drivers of AMR are". Implementation to reach targets requires embedding key approaches in health and agri-food systems: 1) strategic information; 2) equity, including ensuring access to services; 3) accountability and inclusion; 4) evidence, including to prioritize interventions.

Top Left to right: Prof C.O. Onyebuchi Chukwu (GLG) , Prof Joe Lewnard (UC Berkley), Yvan Hutin (WHO), Chantal Morel (ESCMID)
Bottom left to right: Mr Holger Rohde (ESCMID), Michael Sharland (ESCMID), Junxia Song (FAO), Tochi Okwor (CDC Nigeria)

**Panel discussion:**

The following issues were raised in the panel discussion:

- **Data for action**: Functioning health information systems are important, including for vital statistics, and effective use of sentinel surveillance where necessary. Local burden of disease estimates are key for adapting global targets to local context, even where existing data are not perfect. Antimicrobial resistance and use data, and core indicators of prevention, including WASH, IPC and vaccination, are also important. Overall, good coordination of and

communication around surveillance and common data systems and standards among sectors are key to informing One Health policy and practice.

- **Building the evidence base**: The best evidence for addressing AMR relates to proximate clinical interventions such as drug choice, vaccination and WASH, and there is a need for better data on the effectiveness of stewardship and other interventions, including through better modelling at country level. Policy considerations should always be built into scientific research.
- **Prioritizing and making the case for AMR**: The fact that many interventions to address AMR - including vaccination and WASH infrastructure - have multiple benefits and are cost effective needs to be better communicated to policy makers. All parts of government need to take responsibility for addressing barriers and taking action in the AMR response.
- **Financing**: The AMR Multi-Partner Trust Fund is a key mechanism for catalysing responses at country level. AMR financing should also be integrated across relevant areas of development, including primary health care and universal health coverage ("PHC for UHC"), essential medicines policy, food security and climate.

## Session 2: Policy to drive action: Establishing the Independent Panel on Evidence for Action against AMR and updating the Global Action Plan on AMR

This session was co-chaired by Professors Lothar Wieler (GLG) and Annelies Zinkernagel (ESCMID). It explored progress made and next steps with regard to two key requests made by UN Member States in the 2024 political declaration on AMR: the development of a new Global Action Plan (GAP) on AMR, which needs to be informed by the latest scientific evidence, and the establishment of an Independent Panel on Evidence for Action Against AMR (IPEA).

**Jean-Pierre Nyemazi**, Acting Director of the Quadripartite Joint Secretariat (QJS), noted that the QJS Secretariat coordinates the joint work on AMR of FAO, UNEP, WHO and WOAH, and presented an update on progress with regard to the IPEA and GAP update.

### Progress in establishing the IPEA

Establishment of an IPEA on AMR has been recommended on several occasions since 2019 and Member States requested the Quadripartite organizations to establish it in the 2024 UNGA political declaration on AMR. Since the UNGA high-level meeting on AMR last September, the four organizations have o developed a roadmap for its establishment, including mapping of key stakeholders, developing a stakeholder engagement strategy, conducting a landscape analysis of similar science-policy panels, planning a consultation process, and determining resource needs. The landscape analysis focuses on key elements of the panel, including governance structures, functions, costs and operating models, and provides key background on establishing, governing and running an independent, scientifically credible, policy-relevant and politically legitimate body.

### Progress in updating the GAP

The current GAP on AMR was developed in 2015 and endorsed by the World Health Assembly, as well as by the governing bodies of FAO, UNEP and WOAH. It had significant impact, inspiring the development of NAPs on AMR in 178 countries. The 2024 UNGA political declaration on AMR requested that the Quadripartite organizations work with Member States to update the GAP. The updated plan will specifically aim to include governance of the AMR response; the environmental dimensions of AMR; increased attention to diagnostics, laboratory capacity and surveillance; financing, workforce development and systems-wide approaches; and targets and metrics from the 2024 UNGA political declaration on AMR. Steps in developing the new plan include a landscape analysis, regional and Member State consultation, and open public consultation process. A final draft will be available in late 2025, with adoption by all Quadripartite governing bodies expected by Q4 2027.

### The experience of the Intergovernmental Panel on Climate Change (IPCC)

**Mr Abdallah Mokssit**, Secretary of the IPCC, began by noting that at the last COP meeting, 90 per cent of policy makers raised the work of the IPCC, highlighting its impact and visibility. The panel was established in 1988 under the auspices of the World Meteorological Organization (WMO) and UNEP. It has since published various landmark reports, including the first report in 1994 leading to the creation of the UN Framework Convention on Climate Change.

Factors in the success of the IPCC include a clear definition of its role and functions, including assessment of research, while not doing research; neutrality on policy (recommending rather than dictating) which has given the panel's work wide credibility among policy makers and governments; and multidisciplinary approaches. In terms of structure, the panel is composed of 195 Member States, who appoint a focal point. Hundreds of scientists contribute to the work voluntarily.

In developing its reports, the panel follows a clear algorithm involving continuous interaction and negotiation between policy makers and scientists. The final version of a report is drafted by scientists and approved by governments. The panel pays close attention to providing policy makers with succinct and digestible summaries of its findings, including policy briefs and summaries and pocket-size "accordion cards" that contain key findings and messages.

**Panel discussion:**

For the panel, the two speakers were joined by Thomas Tangden (ReACT), Javier Yugueros-Marcos (WOAH) and Sabiha Essack (University of KwaZulu Natal). The following issues were raised in the panel discussion:

- **Overall approach to IPEA**: Establishing the IPEA should involve a focus on "six P's": people (credible experts and AMR champions across sectors and disciplines); process; principles (including transparency, multidisciplinary, relevance and shared responsibility); protocols (e.g. using well-established methods of assessment); policies (translating evidence to make health, economic, social and political cases that are adaptable to different contexts); and practices.
- The IPEA could also:
    - Assess and summarize evidence and support in a way that can be applied to resource prioritization and policy development;
    - Identify knowledge gaps, especially in LMICs;
    - Advise on appropriate research methodologies;
    - Ensure that it is well-connected to governments and their needs to help drive implementation;
    - Include a focus on social science and anthropology;
    - Ensure clear roles, definitions, and accountability; trust between stakeholders; respect for opinions and knowledge; and transparency; and avoid duplication of the work of others.
- **Elements of the updated GAP:** One Health can be seen fundamentally as communication and coordination across sectors, and this should be emphasized for governments in the GAP update. Because the "biggest challenge in the AMR field is the natural resistance to change", the GAP should include a focus on and be informed by socio-behavioural sciences and not neglect the importance of community-driven interventions.

Thomas Tangden (ESCMID), Sabiha Essack (ESCMID), Lothar H. Wieler (GLG), Abdalah Mokssit (IPCC), Jean-Pierre Nyemazi (QJS), Annelies Zinkernagel (ESCMID), Javier Yugueros-Marcos (WOAH)

## Closing

ESCMID President Robert Skov and GLG Member Lothar Wieler thanked the speakers and the audience for their participation and invited those present to a networking reception immediately following the Forum.