

## Report of the 13<sup>th</sup> Meeting of the Global Leaders Group on Antimicrobial Resistance

April 24, 2026

**Interim Chair of the GLG: Hon. Jakob Forssmed, Minister for Social Affairs and Public Health, Sweden**

**GLG members present:** *Hon. Jakob Forssmed (of Sweden, Interim Chair); Dr Ahmed Bin Mohammed Bin Obaid Al Saidi (of Oman); Hon. Beatrice Atim Odwong Anywar (of Uganda); Prof. Chukwu Onyebuchi (of Nigeria); Dr Ernst Kuipers (of The Netherlands); Mr Fernando Lugris (of Uruguay); Dr Jamie Jonker (of USA)*

**GLG ex-officio members:** *Dr Tedros Adhanom Ghebreyesus (WHO); Dr Emmanuelle Soubeyran (WOAH); Dr QU Dongyu (FAO, pre-recorded remarks); Ms Inger Andersen (UNEP, pre-recorded remarks).*

**Apologies:** *Hon. Anahit Avanesyan (of Armenia), Hon Dr Maria Panayiotou (of Cyprus), Hon Mekdes Daba (of Ethiopia), Ms Umy Mwalimu (of Tanzania)*

**Process of the meeting:** The 13th official meeting of the Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) was held virtually by Zoom on April 24, 2026, from 14:30 - 16:00 CEST. The meeting was chaired by the Interim Chair, Hon. Jakob Forssmed. The official agenda for the meeting comprised: (1) General update from the Secretariat; (2) 5th High-Level Ministerial Meeting on AMR; (3) Strengthening global AMR governance; and (4) Independent Panel for Evidence for Action against AMR (IPEA).

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### 1. Opening remarks by the Interim Chair

Opening the meeting, Minister Forssmed stressed the GLG's role in sustaining political momentum, promoting accountability, and supporting countries in translating commitments into action, with a focus on stronger cooperation, governance, and multisectoral response. He noted that the [GLG Action Plan](#) is clear in its emphasis on stronger global cooperation, stronger governance and a well-coordinated multisectoral response. Hon. Minister Forssmed highlighted progress since the last meeting, including contributions to the 2024 UNGA AMR Political Declaration, work on establishing the Independent Panel for Evidence for Action against Antimicrobial Resistance (IPEA), and advocacy for the AMR Multi-Partner Trust Fund, as well as GLG engagement at the One Health Summit in Lyon, which emphasized action over new commitments. He outlined three priorities for the meeting: preparations for the 5th High-Level Ministerial Meeting in Nigeria, strengthening global AMR governance, and identifying priority topics for the IPEA work programme.

### 2. Opening remarks by the Quadripartite principals

Dr Emmanuelle Soubeyran of WOAHA thanked the Interim Chair and GLG members for their advocacy and commitment to preserving the effectiveness of antimicrobials. She reiterated that AMR is an urgent cross-sector global threat and emphasized the major economic losses due to the impact on animal health and livestock production systems. She noted that AMR is estimated to cause up to US\$5.2 trillion cumulative GDP losses by 2050. She emphasized the critical role of prevention and surveillance and reducing the need for antimicrobials through improved farm practices, biosecurity and innovation.

In pre-recorded remarks, Dr QU Dongyu of FAO emphasized that AMR is driven by daily decisions in agrifood systems, how food is produced and how land, water animals and ecosystems are managed. He noted that feeding the world and tackling AMR are not separate challenges. FAO is supporting action through the RENOFARM initiative to reduce antimicrobials need at farm level, and through forthcoming global meetings focused on practical solutions in agrifood systems. He called for political will, financing, and continued support to the AMR Multi-Partner Trust Fund, particularly for countries most in need.

In pre-recorded remarks, Ms Inger Andersen of UNEP emphasized that the 5<sup>th</sup> High-Level Ministerial Meeting on AMR in Nigeria is a critical opportunity for the Troika - Nigeria, Saudi Arabia and Oman - to shape a more ambitious and inclusive global AMR agenda. She called for stronger engagement of environment and agriculture ministries, improved coherence and accountability in global AMR governance, sustainable financing, and better integration of environmental dimensions.

Dr Tedros Adhanom Ghebreyesus of WHO joined later in the meeting and emphasized that AMR remains among the most urgent global health challenges. He noted that the priority now is translating commitments into measurable country impact as the 2030 deadline approaches. He underscored the updated Global Action Plan on AMR, which will be considered by the World Health Assembly, and highlighted its strengthened One Health approach with emphasis on prevention, surveillance, stewardship, governance and environmental dimensions. He also noted that the establishment of the IPEA, stressing that it must be independent, inclusive and policy relevant. Dr Tedros emphasized that the 5th High-Level Ministerial Meeting offers an opportunity to strengthen global governance, coherence, alignment and accountability.

### **3. Agenda item 1: General update from the Secretariat**

*The GLG reviewed the Secretariat update and agreed to continue advocacy for the updated Global Action Plan on AMR, establishment of the IPEA, and implementation of other UNGA Political Declaration commitments; maintain engagement on the Abuja Ministerial Meeting, including advocacy for participation by ministers across One Health sectors; and support AMR financing through available mechanisms.*

Dr Jean-Pierre Nyemazi presented the update and highlighted progresses across the GLG priorities, including sustained political action and governance; system transformation to prevent and mitigate AMR; surveillance and monitoring; financing; innovation and equitable access; and environmental dimensions of AMR. Key updates included progress on the updated Global Action Plan on AMR, ongoing establishment of the IPEA, continued advocacy around World AMR Awareness Week, engagement with the One Health Summit in Lyon, and regional advocacy including the Americas Regional Meeting on AMR.

Dr Nyemazi noted that the Quadripartite has released the ninth round of the Tracking AMR Country Self-Assessment Survey (TrACSS), recorded participation from 184 countries participating, meeting the UNGA target of 95% annual country participation. He also highlighted the launch of the Quadripartite guidance on One Health integrated surveillance of AMR and antimicrobial use, noting the earlier contribution of the GLG Task Force on Integrated Surveillance and the importance of continued GLG advocacy for implementation. Regarding AMR financing, the Secretariat noted that progress remains slower than needed. GLG members have continued to advocate for the AMR Multi-Partner Trust Fund, including in media and national-level engagement. Although a replenishment roundtable will not take place during the Abuja Ministerial Meeting, the Secretariat emphasized the continued value of using the meeting and related side events to promote the MPTF and give visibility to its contribution.

The Secretariat also noted the ongoing process to fill GLG vacancies and the continued engagement of the Quadripartite principals in identifying a new Chair.

#### **4. Agenda item 2: 5th High-Level Ministerial Meeting on AMR**

*The GLG discussed preparations for the 5th High-Level Ministerial Meeting on AMR and emphasized the need for timely access to the draft agenda and outcome document to inform strategic input by GLG. The Secretariat will coordinate with Nigeria, share materials as available, and convene an information session if needed.*

Introducing the agenda item, Minister Forssmed noted that the Secretariat had briefed him on the work undertaken by Nigeria to ensure a successful conference. He emphasized that the Ministerial Meeting provides an important opportunity for the GLG to offer strategic input and, most importantly, to advocate within national and global networks for strong participation and support for the meeting outcomes.

The Secretariat reported that it had been in direct contact with Nigeria and proposed reaching out again to the organizing team. It also proposed sharing the programme and draft outcome document with GLG members in writing as soon as they become available to allow for written comments and organizing an additional information session or ad hoc meetings with the organizers.

The meeting agreed that information sessions would be valuable, while emphasizing that GLG members need timely access to substantive documents, including the agenda and draft outcome document to provide meaningful strategic input before the meeting and support high-level participation.

#### **5. Agenda item 3: Strengthening governance of the AMR response**

*The GLG discussed and agreed to develop a concept note for a dedicated ministerial-level session on strengthening global AMR governance at the 5th High-Level Ministerial Meeting on AMR. The office of the interim Chair will oversee this activity and facilitate approval by Nigeria and the Troika. GLG members willing to contribute will be consulted.*

Introducing the agenda item, Minister Forssmed noted progress in establishing the global AMR architecture, including the GLG, MSPP, Quadripartite and the emerging IPEA, while highlighting the need for greater coherence, clearer roles and stronger alignment and accountability. He emphasized that the Abuja Ministerial Meeting provides a key opportunity to advance this discussion and proposed the establishment of a small ad hoc working group to prepare the session. He also noted ongoing mapping of AMR governance structures by ReAct to identify gaps and avoid duplication. He stressed the importance of situating AMR governance within the broader global health and geopolitical context and noted that existing tools, including the updated GAP, IPEA and increased financing, provide a foundation for reducing AMR-related mortality, with a need to strengthen accountability at all levels.

GLG members supported a dedicated session on global AMR governance at the Ministerial Meeting, including as a starting point for a longer-term discussion linked to broader global health architecture reform. They emphasized that AMR governance should be lean, fit for purpose and focused on roles, accountability, alignment, information-sharing and priorities, with structure following function. They also highlighted the need to strengthen coherence among existing governance mechanisms, clarify relationships between global, regional and national structures, avoid duplication and maximize impact across partners, while ensuring broad engagement including civil society, the private sector and existing stakeholders. AMR governance should be embedded within the evolving global health architecture and reflect a multisectoral approach beyond the health sector.

## **6. Agenda item 4: Independent Panel for Evidence for Action against AMR**

*The GLG discussed potential priority areas for the future work programme of the IPEA and directed the Secretariat facilitate a GLG member-led process to develop key recommendations on potential priority areas for consideration by the IPEA once established.*

Ms Jacqueline Alvarez of UNEP, provided an update on progress in establishing the IPEA, noting that key governance and operational documents are nearing finalization. These documents include the terms of reference, operational modalities, conflict-of-interest policy, and procedures for developing the work programme. She outlined a proposed structure comprising a 30-member standing Expert Committee supported by ad hoc expert groups, with expertise in One Health and the science–policy interface. The panel will retain four core functions: assessment, horizon scanning, knowledge management and policy support. Topics may be submitted by UN Member States and other stakeholders and assessed based on criteria including burden and scale, trends, relevance and urgency.

The discussion related to this agenda item, GLG emphasized the need to strengthen country ownership and awareness of the IPEA and to clearly communicate its role, structure and added value. Clarity is required on operational modalities, including a robust conflict-of-interest policy, transparent processes for determining the work programme, and stronger links with existing multilateral mechanisms and national implementation. Securing Member State buy-in is essential, including ensuring balanced participation in submissions and avoiding processes that disadvantage countries with limited capacity to respond quickly. Existing platforms, including the Multistakeholder Partnership Platform (MSPP), should be used for consultation and communication to avoid duplication. Countries, particularly low- and middle-income countries, must play a central role in setting priorities.

The IPEA should focus on high-impact, policy-relevant issues, address critical knowledge gaps and deliver practical solutions for countries. AMR remains a cross-sector challenge requiring sustained political attention and a stronger focus on implementation, including prevention measures such as biosecurity, WASH, vaccination, improved animal husbandry, reducing antimicrobial use in animals for growth promotion, reducing the need for antimicrobials through prevention measures, responsible and prudent use, and environmental dimensions such as wastewater.

Additionally, key priorities should include strengthening data systems, integrated One Health surveillance, cost-effective interventions, and addressing financing gaps. The IPEA should support country ownership by responding to country needs and generating policy-relevant evidence that informs implementation across sectors.

## **7. Close of the meeting**

In closing, Minister Forssmed summarized the priorities ahead. He urged GLG members and invited participants to support a productive outcome at the World Health Assembly on the updated Global Action Plan on AMR and continue outreach. He also noted the need to prepare for the Nigeria Ministerial Meeting, including establishing an ad hoc group on governance and continued advancing the IPEA with a strong work plan.

The Interim Chair thanked GLG members, experts, invitees and Secretariat colleagues for their participation and closed the meeting.

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