GLOBAL LEADERS GROUP
ON ANTIMICROBIAL RESISTANCE

Implementing the GLG action plan and priorities

Update from the GLG Secretariat

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Director Quadripartite Joint Secretariat on AMR
WHO

Outline of presentation

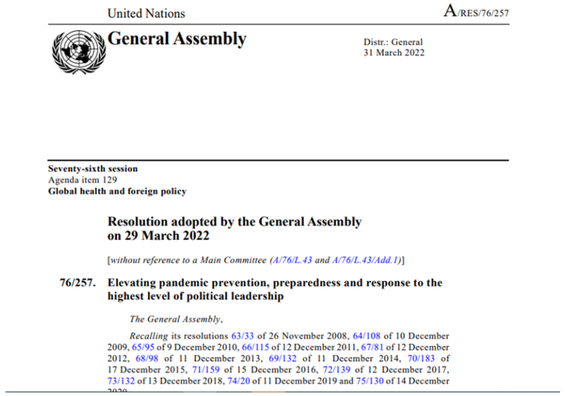
1. Key achievements and challenges of the six priorities
2. Building the case for AMR investment and financing
3. Opportunities
4. Conclusion

Key achievements and challenges of the GLG priorities

Key Priority 1: Sustained political action

Long term KPI: Development of an international instrument that positions AMR as a major global challenge and monitors its impacts

Achievements



United Nations A/RES/76/257

General Assembly

Distr.: General
31 March 2022

Seventy-sixth session
Agenda item 129
Global health and foreign policy

Resolution adopted by the General Assembly on 29 March 2022

[*without reference to a Main Committee* (*A/76/L.43* and *A/76/L.43/Add.1*)]

76/257. Elevating pandemic prevention, preparedness and response to the highest level of political leadership

The General Assembly,

Recalling its resolutions 63/33 of 26 November 2008, 64/108 of 10 December 2009, 65/95 of 9 December 2010, 66/115 of 12 December 2011, 67/81 of 12 December 2012, 68/98 of 11 December 2013, 69/132 of 11 December 2014, 70/183 of 17 December 2015, 71/159 of 15 December 2016, 72/139 of 12 December 2017, 73/132 of 13 December 2018, 74/20 of 11 December 2019 and 75/130 of 14 December

High-Level Meeting on AMR UNGA 2024 secured

Key asks from the Global Leaders Group on Antimicrobial Resistance to G7/G20 countries

GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE

1. Commit to fully fund their own national action plans on AMR.
2. Contribute to fund multi-sectoral national action plans of resource-limited countries through support to existing financial structures.
3. Financially support the Multi-Partner Trust Fund for AMR.
4. Support financial incentives and mechanisms for the development of new antimicrobials (particularly antibiotics), vaccines, diagnostics, waste management tools, and safe and effective alternatives to antimicrobials, with a defined timeline.
5. Follow through on their existing AMR commitments and monitor their progress annually.

G7 UK 2021

G7 GERMANY

G20 INDONESIA 2022

Specific commitments from G7 & G20 emerging

Why antimicrobial resistance must be a substantive element of the international instrument on pandemic prevention, preparedness and response

Position Statement by the Global Leaders Group on Antimicrobial Resistance

April 2022

About the Global Leaders Group on Antimicrobial Resistance

The Global Leaders Group on Antimicrobial Resistance is comprised of world leaders and experts from across sectors working together to accelerate political action on antimicrobial resistance (AMR) based on the One Health approach. Its mission is to collaborate globally with governments, agencies, civil society and the private sector to advise on and advocate for political action for the mitigation of drug-resistant infections through responsible and sustainable access to and use of antimicrobials. The GLG is co-chaired by Their Excellencies Sheikh Hasina, Prime Minister of Bangladesh, and Mia Amor Mottley, Prime Minister of Barbados, and is jointly supported by the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), the United Nations Environment Programme (UNEP) and the World Health Organization (WHO).

About AMR

AMR occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines, making infections harder to treat and increasing the risk of disease spread, severe illness and death. In addition to its impact on human health, AMR poses threats to the health of terrestrial and aquatic animals, plants and environmental ecosystems, as well as to food safety and food security. Its potential to

H.E. Sheikh Hasina
Prime Minister of Bangladesh

H.E. Mia Amor Mottley
Prime Minister of Barbados

Co-Chairs, Global Leaders Group on Antimicrobial Resistance

- Many of the approaches and interventions needed to prevent, prepare for and respond to pandemics have co-benefits for the response to AMR (See figure below). Addressing AMR and pandemic prevention, preparedness and response together

AMR in INB for Pandemic Accord

Heads of Gov engaged

- **CHOGM 2022**
- **UNGA 2022**

Key Priority 1: Sustained political action

Long term KPI: Development of an international instrument that positions AMR as a major global challenge and monitors its impacts

Challenges

- Translating political buy-in into concrete action.
- Ensuring AMR is substantially included in the Pandemic Accord
- Translating global momentum into national commitment
- Ensuring AMR consistently high on the global health and development agenda

Key Priority 2: Transforming systems

Long term KPI: Number of countries in which the use of medically important antimicrobials for growth promotion is eliminated.

Achievements

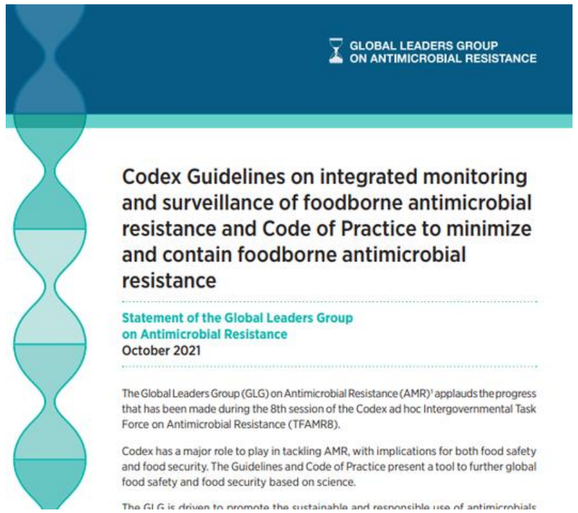
World leaders and experts call for significant reduction in the use of antimicrobial drugs in global food systems

24 August 2021 | Departmental news | Geneva, Nairobi, Paris, Rome | Reading time: 8 min (2035 words)

The Global Leaders Group on Antimicrobial Resistance- today called upon all countries to significantly reduce the levels of antimicrobial drugs used in global food systems. This includes stopping the use of medically important antimicrobial drugs to promote growth in healthy animals and using antimicrobial drugs more responsibly overall.

The call comes ahead of the UN Food Systems Summit which takes place in New York on 23 September 2021 where countries will discuss ways to transform global food systems.

Global consensus on the reduction of AMU in agri-food systems in the making



GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE

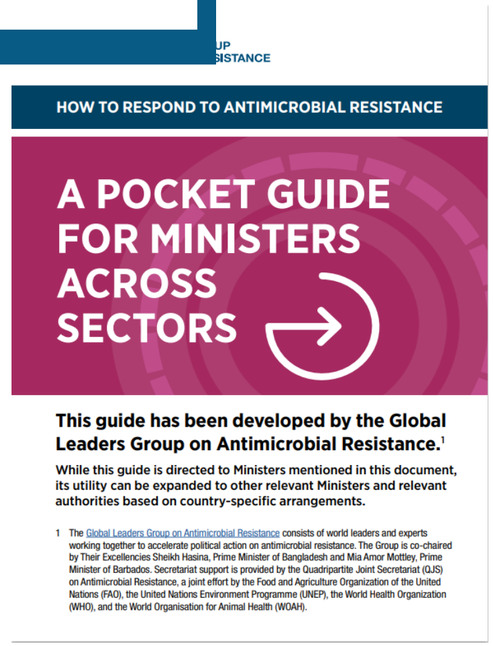
Codex Guidelines on integrated monitoring and surveillance of foodborne antimicrobial resistance and Code of Practice to minimize and contain foodborne antimicrobial resistance

Statement of the Global Leaders Group on Antimicrobial Resistance
October 2021

The Global Leaders Group (GLG) on Antimicrobial Resistance (AMR)[1] applauds the progress that has been made during the 8th session of the Codex ad hoc Intergovernmental Task Force on Antimicrobial Resistance (TFAMR8).

Codex has a major role to play in tackling AMR, with implications for both food safety and food security. The Guidelines and Code of Practice present a tool to further global food safety and food security based on science.

Catalyzed the successful conclusion of 5y Codex negotiations



HOW TO RESPOND TO ANTIMICROBIAL RESISTANCE

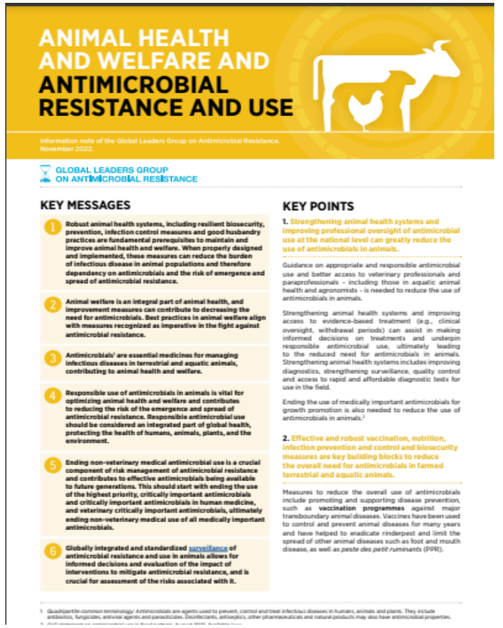
A POCKET GUIDE FOR MINISTERS ACROSS SECTORS

This guide has been developed by the Global Leaders Group on Antimicrobial Resistance.[1]

While this guide is directed to Ministers mentioned in this document, its utility can be expanded to other relevant Ministers and relevant authorities based on country-specific arrangements.

1 The Global Leaders Group on Antimicrobial Resistance consists of world leaders and experts working together to accelerate political action on antimicrobial resistance. The Group is co-chaired by Their Excellencies Sheikh Hasina, Prime Minister of Bangladesh and Mia Amor Mottley, Prime Minister of Barbados. Secretariat support is provided by the Quadripartite Joint Secretariat (QJS) on Antimicrobial Resistance, a joint effort by the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO), and the World Organisation for Animal Health (WOAH).

3rd Ministerial Conference with high number of Ministers of Health (28) and Agriculture (14) and AMR targets



ANIMAL HEALTH AND WELFARE AND ANTIMICROBIAL RESISTANCE AND USE

Information note of the Global Leaders Group on Antimicrobial Resistance. November 2022.

GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE

KEY MESSAGES

1. Robust animal health systems, including resilient biosecurity, prevention, infection control measures and good husbandry practices are fundamental prerequisites to maintain and improve animal health and welfare. When properly designed and implemented, these measures can reduce the burden of infectious disease in animal populations and therefore dependency on antimicrobials and the risk of emergence and spread of antimicrobial resistance.
2. Animal welfare is an integral part of animal health, and improvement measures can contribute to decreasing the need for antimicrobials. Best practices in animal welfare align with measures recognized as imperative in the fight against antimicrobial resistance.
3. Antimicrobials[1] are essential medicines for managing infectious diseases in terrestrial and aquatic animals, contributing to animal health and welfare.
4. Responsible use of antimicrobials in animals is vital for optimizing animal health and welfare and contributes to reducing the risk of the emergence and spread of antimicrobial resistance. Responsible antimicrobial use should be considered an integrated part of global health, protecting the health of humans, animals, plants, and the environment.
5. Ending non-veterinary medical antimicrobial use is a crucial component of risk management of antimicrobial resistance and contributes to effective antimicrobials being available to future generations. This should start with ending the use of the highest priority, critically important antimicrobials and critically important antimicrobials in human medicine, and veterinary critically important antimicrobials, ultimately ending non-veterinary medical use of all medically important antimicrobials.
6. Globally integrated and standardized surveillance of antimicrobial resistance and use in animals allows for informed decisions and evaluation of the impact of interventions to mitigate antimicrobial resistance, and is crucial for assessment of the risks associated with it.

KEY POINTS

1. Strengthening animal health systems and improving professional oversight of antimicrobial use at the national level can greatly reduce the use of antimicrobials in animals.

Guidance on appropriate and responsible antimicrobial use and better access to veterinary professionals and paraprofessionals – including those in aquatic animal health and agronomists – is needed to reduce the use of antimicrobials in animals.

Strengthening animal health systems and improving access to evidence-based treatment (e.g., clinical oversight, withdrawal periods) can assist in making informed decisions on treatments and underpin responsible antimicrobial use, ultimately leading to the reduced need for antimicrobials in animals. Strengthening animal health systems includes improving diagnostics, strengthening surveillance, quality control and access to rapid and affordable diagnostic tests for use in the field.

Ending the use of medically important antimicrobials for growth promotion is also needed to reduce the use of antimicrobials in animals.[2]

2. Effective and robust vaccination, nutrition, infection prevention and control and biosecurity measures are key building blocks to reduce the overall need for antimicrobials in farmed terrestrial and aquatic animals.

Measures to reduce the overall use of antimicrobials include promoting and supporting disease prevention, such as vaccination programmes against major transboundary animal diseases. Vaccines have been used to control and prevent animal diseases for many years and have helped to eradicate rinderpest and limit the spread of other animal diseases such as foot and mouth disease, as well as peste des petit ruminants (PPR).

Robust animal health systems and animal welfare

Key Priority 2: Transforming systems

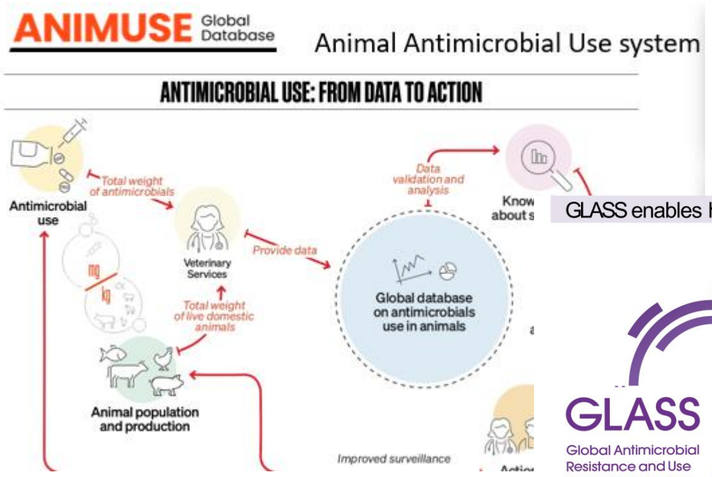
Long term KPI: Number of countries in which the use of medically important antimicrobials for growth promotion is eliminated.

Challenges

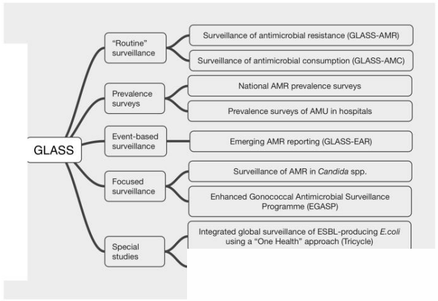
- Prevention is neglected - no WASH, bio-security and access to vaccines;
- Lack of alternatives to antimicrobials to curb use and resistance development
- Private sector is a key player, but effective public private partnerships needed
- Implementation of the updated CODEX Code of Practice and surveillance guidance

Key Priority 3: Surveillance

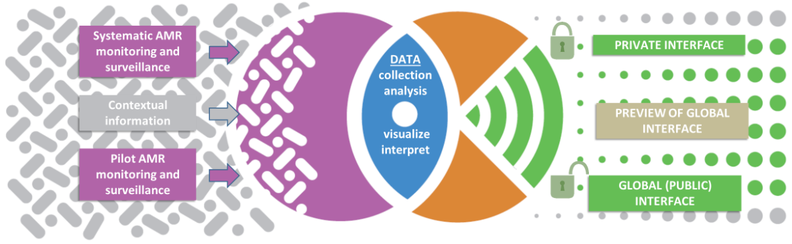
Long term KPI1: Number of countries with integrated surveillance platforms for AMU/AMR
Long term KPI2: Number of countries with national targets on AMU in agri-food systems



GLASS enables harmonized global reporting of national AMR and AMC data



InFARM- The International FAO Antimicrobial Resistance Monitoring data platform



Core objective is to support countries in the collection, analysis, visualization and interpretation of AMR data in animals

https://tinyurl.com/2p8j6ptc

Achievements

The Quadripartite Organizations established the Technical Group on Integrated Surveillance on Antimicrobial use and resistance

26 January 2023 | Departmental news | Reading time: 2 min (470 words)

The Quadripartite organizations, made up of the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), World Health Organization (WHO), and the World Organisation for Animal Health (WOAH), have established the Quadripartite Technical Group on Integrated Surveillance on antimicrobial use and resistance.

The Technical Group will advise the Quadripartite Organizations and the Global Leaders Group on Antimicrobial Resistance (AMR) on needs, scope and form of integrated surveillance to support capacity building of countries on surveillance of antimicrobial use (AMU) and resistance.

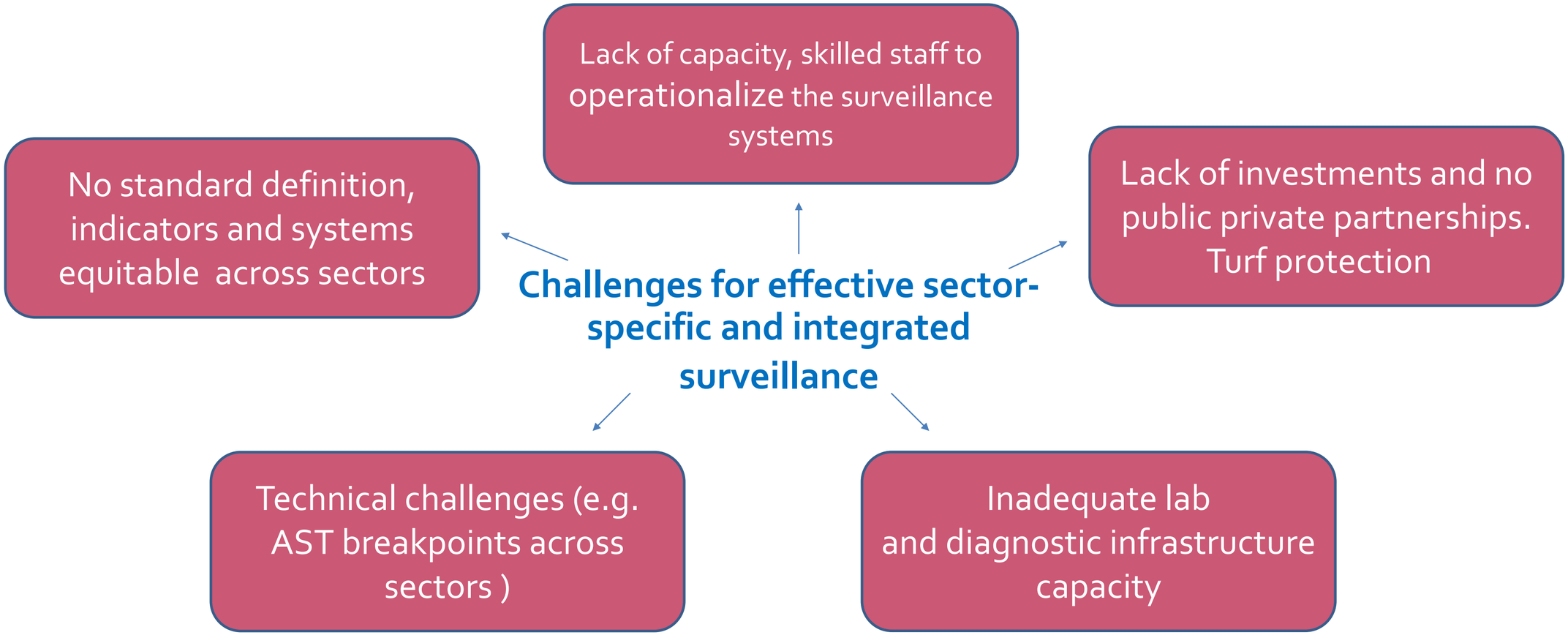
"Countries have different priorities and approaches to how antimicrobials are used and monitored and how AMR surveillance should be conducted in the agrifood systems. The mandate of the Technical Group to

GLG task force and QPT technical group on integrated surveillance established and information note published

Key Priority 3: Surveillance

Long term KPI1: Number of countries with integrated surveillance platforms for AMU/AMR
Long term KPI2: Number of countries with national targets on AMU in agri-food systems

Challenges

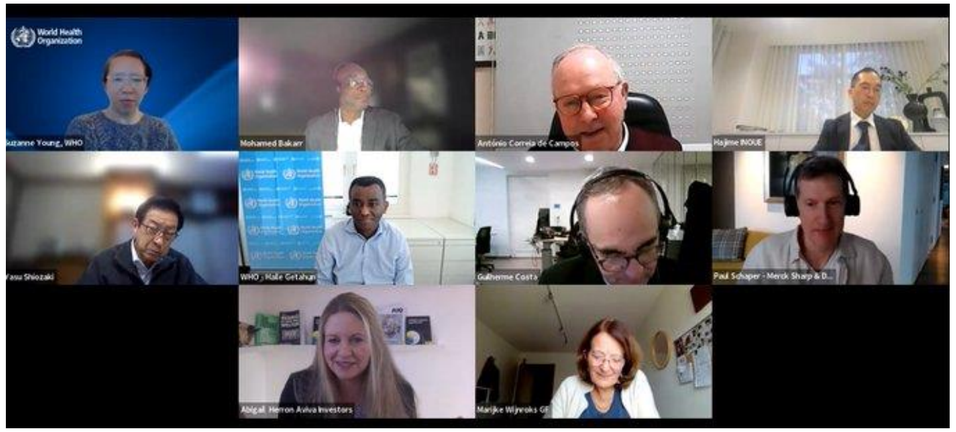


Key Priority 4: Financing

Long term KPI:. At least 50% of all countries have funded and implemented national action plans on AMR (Baseline: 14% of all countries based on TrACCS 2019-20 data)

Achievements

Key and specific asks for G7 and G20



Engagement with major financing mechanisms on opportunities to support the AMR response

What is the cost of inaction and action for AMR including return of investment

Tool box to countries to develop their national investment cases

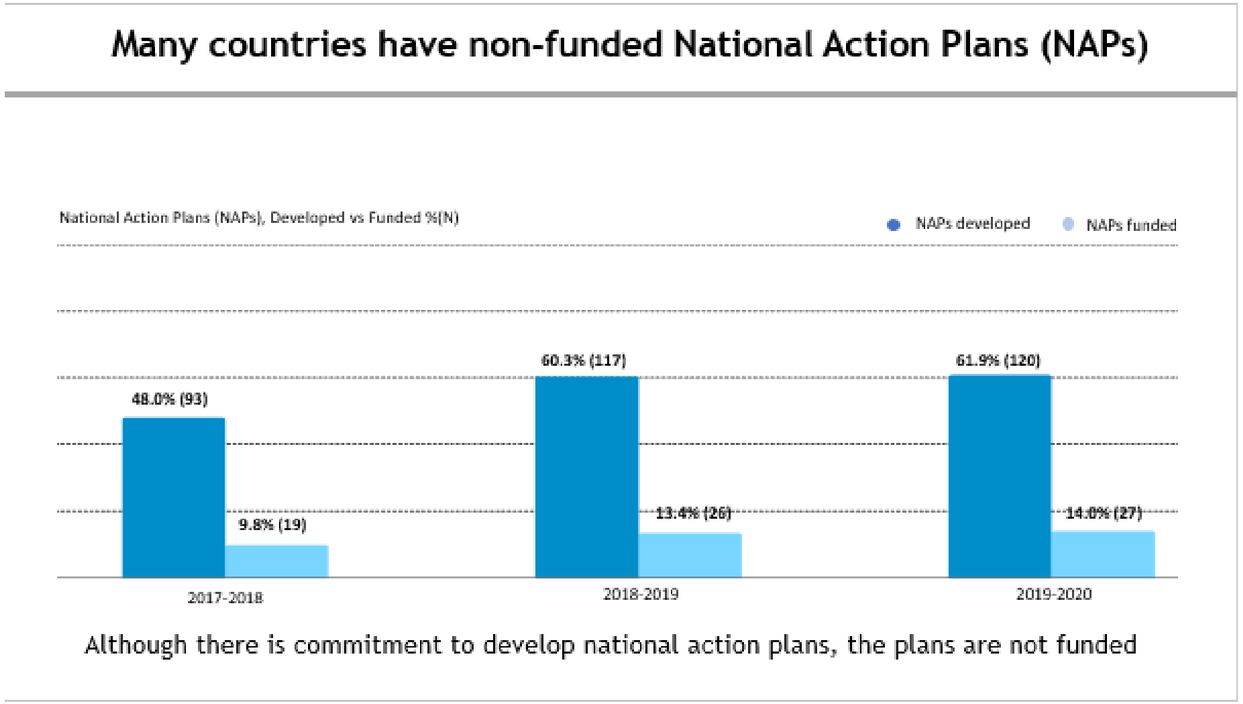
QPT commenced AMR economics work across sectors

In time for the UNGA 2024 outcome negotiations

Key Priority 4: Financing

Long term KPI:. At least 50% of all countries have funded and implemented national action plans on AMR (Baseline: 14% of all countries based on TrACCS 2019-20 data)

Challenges



Only 10-20% countries with NAPs made provision for funding

Funding is recognized as the greatest challenge by a survey among implementers of NAPs from countries

Key Priority 5: Research & Development

Long term KPI: Number of countries with government commitment to specific push and/or pull incentives for development of new antimicrobials, vaccines, diagnostics, waste management tools, and/or safe and effective alternatives to antimicrobials.

Achievements

Push mechanisms

Basic research and preclinical

AMR ACTION FUND

CARB-X
Combating Antibiotic-Resistant Bacteria

GARDP
Global Antibiotic Research & Development Partnership

repair impact fund
novo holdings

Pull mechanisms

Registration & Market

Subscription model

Market-entry reward and monetary prizes

Ongoing revenue incentives

Exclusivity extension

Accelerated approval and priority review voucher

Antibiotic resistance + Add to myFT

UK launches world-first 'subscription' model for antibiotic supply

Fixed fee aims to incentivise pharma groups to develop new drugs and curb overprescription

Under the deal being struck by the NHS with Pfizer of the and Shionogi US of Japan, the drug companies will be paid a fixed fee of £10mn a year.

Results from the pilot study

The pilot study shows that the reimbursement model is appropriate and effective to ensure the availability of certain antibiotics. Through it, Sweden gained access to several new medicines and also earlier than other comparable European countries.

Key Priority 5: Research & Development

Long term KPI: Number of countries with government commitment to specific push and/or pull incentives for development of new antimicrobials, vaccines, diagnostics, waste management tools, and/or safe and effective alternatives to antimicrobials.

A multitude of pull incentives

There are also some other mechanism at national level under discussion such as in Japan

2012 GAIN ACT: **Market exclusivity**
2018 REVAMP Act – **TEV** not implem.
Leg. proposal **Reimbursement model**
PASTEUR: **Subscription model**

Reimbursement model

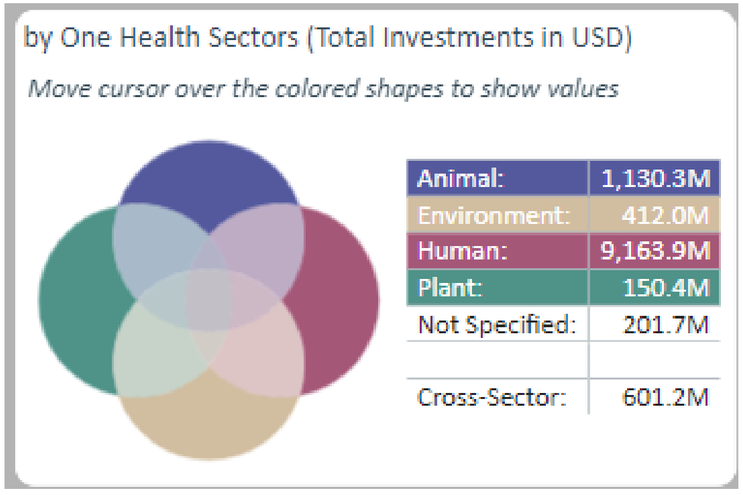
TEV – not implemented yet

2019 Pilot: **subscription model and reimbursement model**

Pilot: **market entry rewards and reimbursement model**

Reimbursement model

R&D investments in the non-human health sector are very weak



Challenges

THE POST'S VIEW

Opinion | Congress should not wait around for the end of the antibiotic era

By the Editorial Board

January 18, 2023 at 4:50 p.m. EST

A call for Congress to explore two approaches for new antibiotic development: The Pasteur Act tabled since 2020 and the creation of a new non-profit entity.

Key Priority 6: Environment

Long term KPI: Environmental AMR containment efforts are included in national action plans on AMR in all countries.

Achievements

World leaders and experts call for action to protect the environment from antimicrobial pollution

2 March 2022 | Departmental news | Geneva, Nairobi, Paris, Rome | Reading time: 9 min (2352 words)

The Global Leaders Group on Antimicrobial Resistance today called on all countries to reduce the amount of antimicrobial waste entering the environment. This includes researching and implementing measures to safely dispose of antimicrobial waste from food, human health and animal health systems, and manufacturing facilities.

The call comes ahead of the UN Environment Assembly which takes place in Nairobi and online from 28 February to 2 March 2022 where countries will discuss the world's most pressing environmental challenges.

The Global Leaders Group on Antimicrobial Resistance includes heads of state, government ministers, and leaders from private sector and civil society. The group was established in November 2020 to accelerate global political momentum, leadership and action on antimicrobial resistance (AMR) and is co-chaired by Their Excellencies Mia Amor Mottley, Prime Minister of Barbados, and Sheikh Hasina, Prime Minister of Bangladesh.

Antimicrobial drug waste is polluting the environment

The Global Leaders Group's call to action calls for all countries to improve measures for the management and disposal of antimicrobial-containing waste and runoff from manufacturing sites, farms, hospitals and other sources.

Antimicrobials given to humans, animals and plants are entering the environment and water sources (including drinking water sources) via wastewater, waste, run-off and sewage and through this spreading drug-resistant organisms and antimicrobial resistance.

This could fuel a rise in the emergence and spread of 'superbugs' that are resistant to several types of antimicrobial drugs [1]. It could also harm organisms in the environment.

Reducing the amount of antimicrobial pollution entering the environment is crucial to conserving the effectiveness of antimicrobial medicines

ANTIMICROBIAL RESISTANCE AND THE CLIMATE CRISIS

Information note of the Global Leaders Group on Antimicrobial Resistance. October 2021.

GLOBAL LEADERS GROUP ON ANTIMICROBIAL RESISTANCE

KEY MESSAGES

1. The climate crisis and antimicrobial resistance - the ability of microbes to resist the drugs designed to inhibit or kill them - are two of the greatest and most complex threats currently facing the world. Both have been exacerbated by, and can be mitigated with, human action.
2. The climate crisis is impacting human health, animal health, food, plant and environment eco-systems in numerous ways, and many of these impacts could affect antimicrobial resistance.
3. Evidence suggests that changes occurring in the natural environment due to the climate crisis are increasing the spread of infectious disease, including drug-resistant infections.
4. High usage of antimicrobial drugs across sectors exacerbates antimicrobial resistance. The increasingly severe impacts of the climate crisis, such as more frequent and severe extreme weather events, will likely result in an increased use of antimicrobial drugs in humans, animals and plants.
5. As these two crises continue to grow, the impacts on economies, lives, and livelihoods are expected to be significant and devastating, particularly for low-and middle-income countries and small island developing states.
6. More financing, political advocacy and coordinated global action are needed to better understand and respond to the converging threats of antimicrobial resistance and the climate crisis before it is too late.
7. The links between antimicrobial resistance and the climate crisis have been neglected and require significantly more attention, including in national action plans on antimicrobial resistance. There is currently no global initiative focused specifically on the intersection of these two crises.

1. The climate crisis[1] is already affecting patterns of infectious disease and worsening existing health challenges, which may lead to an increase in the use of antimicrobial drugs and antimicrobial resistance.

Many diseases are climate-sensitive and changes in environmental conditions and temperatures may lead to an increase in the spread of many bacterial, viral, parasitic, fungal, and vector-borne diseases in humans, animals and plants. Increased prevalence of disease could result in an increase in the improper use of antimicrobial drugs, which could exacerbate antimicrobial resistance. For example, the climate crisis is a key driver of changes in the spread and distribution of helminths (parasitic worms which can cause severe illness and death in humans and animals) in livestock, with large-scale outbreaks of helminths becoming increasingly common.[2] The climate crisis is also affecting human and animal habitats and ranges, which may increase the risk of human exposure to some vector-borne diseases.[3] In Europe, for example, sand flies (which can transmit the disease *leishmaniasis*) are at present mainly found in the Mediterranean region, but with the climate crisis sand fly species are expected to expand their range into central and northern Europe.[4]

In 2019, nearly half of the world's population was at risk of malaria.[5] Climatic changes, such as more extreme weather events which bring increased rainfall, temperature and humidity may also increase the incidence of malaria in areas where it is already present and lead to it spreading into new areas.[6] As drug resistance for some vector-borne diseases is increasing, climate crisis-associated diseases such as malaria may become harder to contain and treat because the antimicrobial medicines relied on for treatment are becoming less effective. Malaria parasites have already demonstrated resistance to almost every antimalarial drug currently available.[7]

1 The term 'climate crisis' refers to global warming and climate change. Climate change refers to changes that alter the global atmosphere composition and are directly or indirectly attributed to human activity (UNFCCC [1992]. Available here.) The effects of this include increases in global temperatures and in the frequency and intensity of extreme weather events (IPCC [2018]. Available here.)
2 Fox, N et al. (2016). 'Climate-driven 'tipping-points' could lead to sudden, high-intensity parasite outbreaks'. Royal Society Open Science. Available here.
3 Gonzalez, C et al. (2010.) 'Climate Change and Risk of Leishmaniasis in North America: Predictions from Ecological Niche Models of Vector and Reservoir Species'. Plos Neglected Tropical Diseases. Available here.
4 Koch, L et al. (2017). 'Modeling the climatic suitability of leishmaniasis vector species in Europe'. Nature Scientific Reports. Available here.
5 WHO. 'Malaria'. [webpage]. Available here. (Accessed 24 September 2021)
6 Fernando, S. 'Climate-change and malaria: A complex relationship'. UN Chronicle. Available here.
7 WHO (2001). 'Drug-Resistance in Malaria'. Available here.

Tripartite to Quadripartite with UNEP

Bracing for Superbugs:

Strengthening environmental action in the One Health response to antimicrobial resistance

First ever UNEP Report, 2023

Key Priority 6: Environment

Long term KPI: Environmental AMR containment efforts are included in national action plans on AMR in all countries.

Challenges

- Global Action Plan of 2015 is still active and used as template for NAPs
- Lack of coordinated, robust, prioritized and financed research agenda
- Mainstreaming AMR into environmental-related aspects and vice versa.
- Limited understanding of the actions to be further implemented.

Building a compelling case of AMR financing and investment

Development funding is critical to address global health challenges

Examples of development funding

PEPFAR

- Established in 2003 by President Gorge Bush
- Invested nearly 100B for HIV/AIDS treatment, prevention and research
- Saved 21 million lives and works in 50 countries

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

- G8 committed for ATM in 2000
- Kofi Anan championed it
- Established in 2002
- Disbursed 50B USD to 155 countries and saved 44M lives
- Now mobilizes 4B USD every year (92% from governments)

Examples of development funding

GLOBAL FINANCING FACILITY

WORLD BANK GROUP

Global Environment Facility

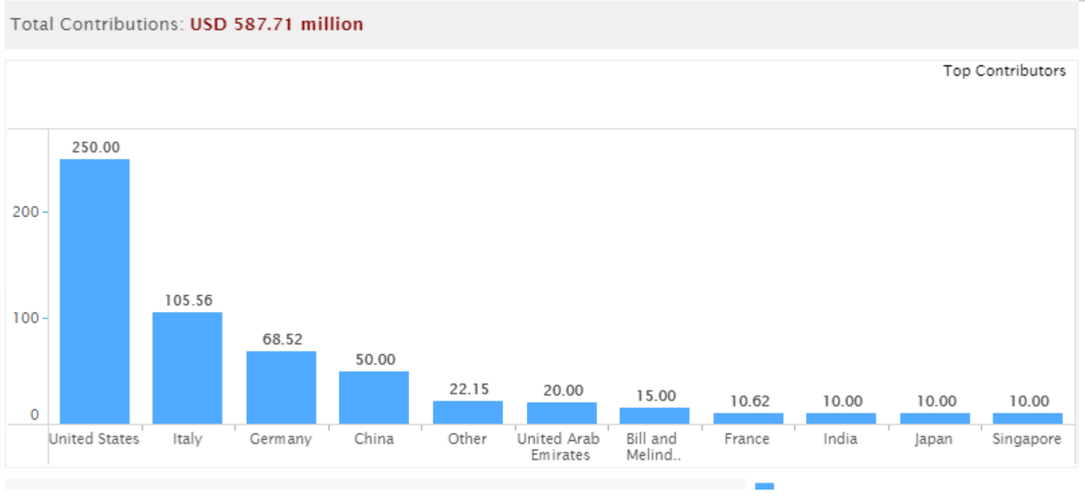
gef

- Financing facility to catalyse domestic government resources, IDA and IBRD funds
- Focus on reproductive, maternal, newborn, child, and adolescent health
- Established in 2015 and support 36 countries

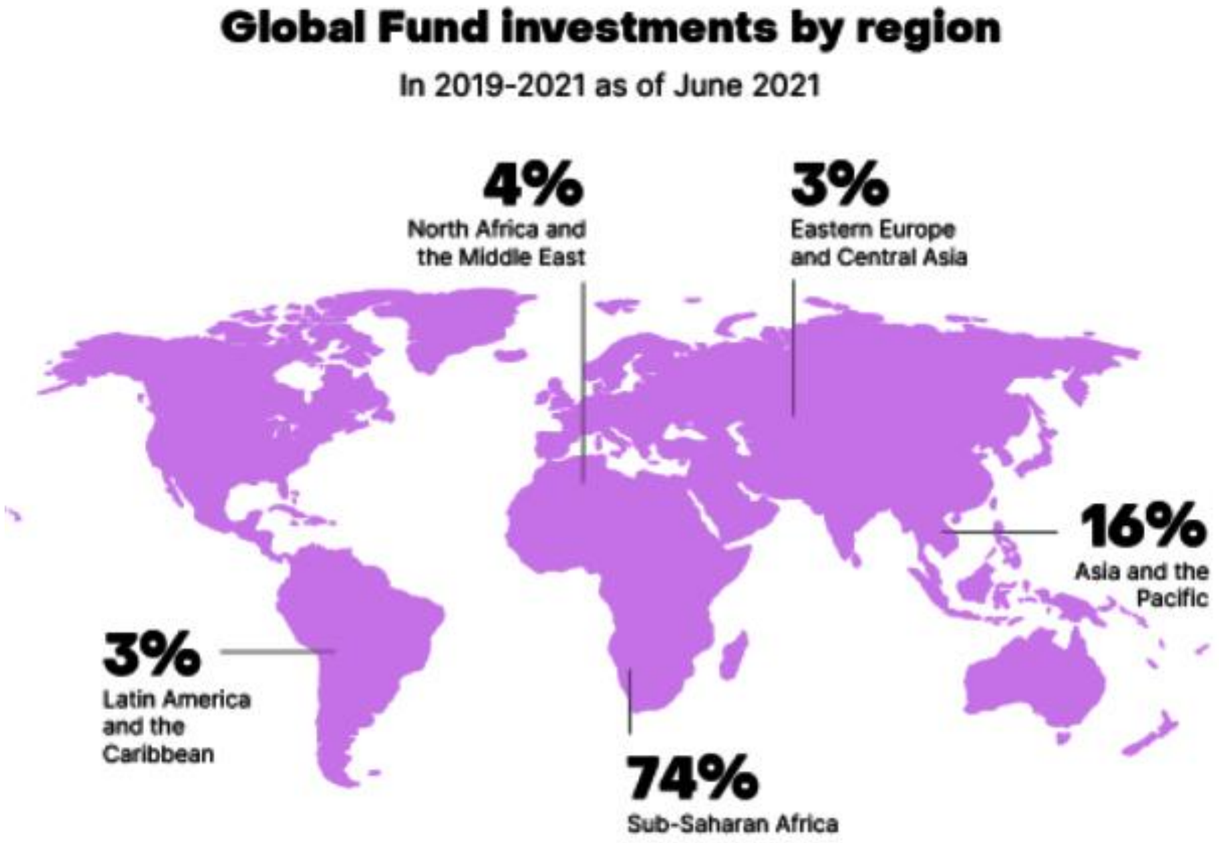
- Serves as a financial mechanism for developing countries to implement several environmental conventions.
- Established in 1992 and has 184 member countries

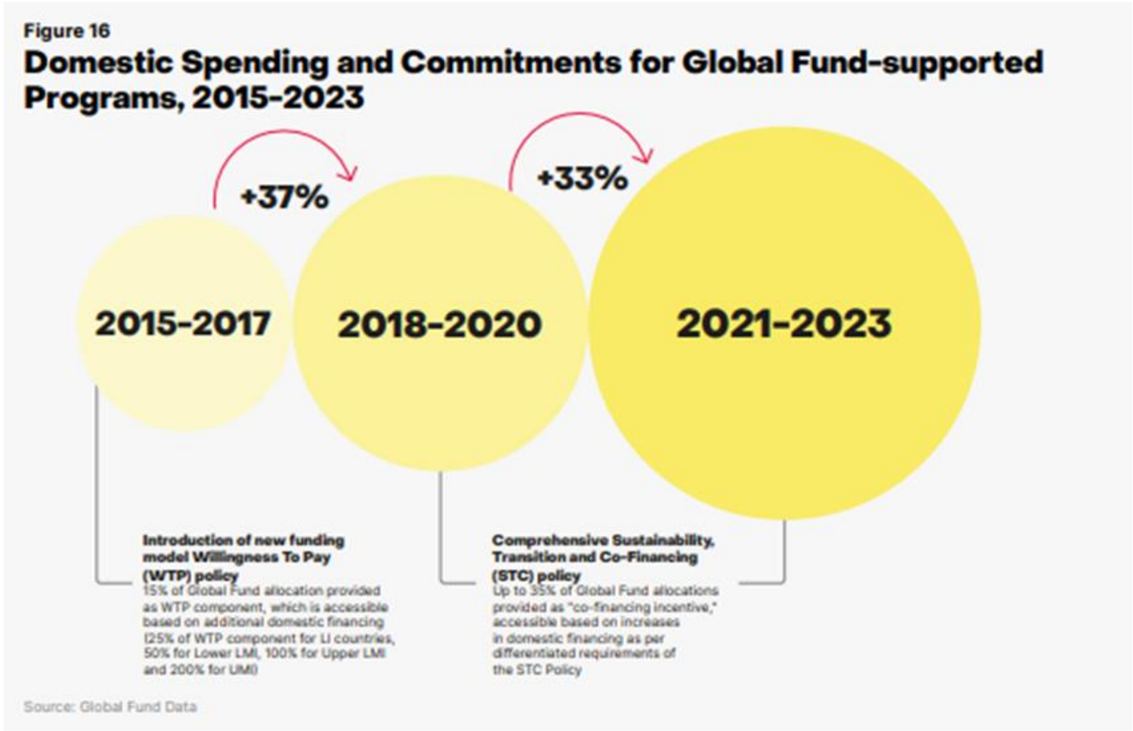
The Pandemic Fund

FOR A RESILIENT WORLD



Development funding enhances domestic spending by countries





The Fleming Fund – the only AMR dedicated development fund

The Fleming Fund

- The Fleming Fund is £265 million UK aid programme supporting up to 25 countries across Africa and Asia.

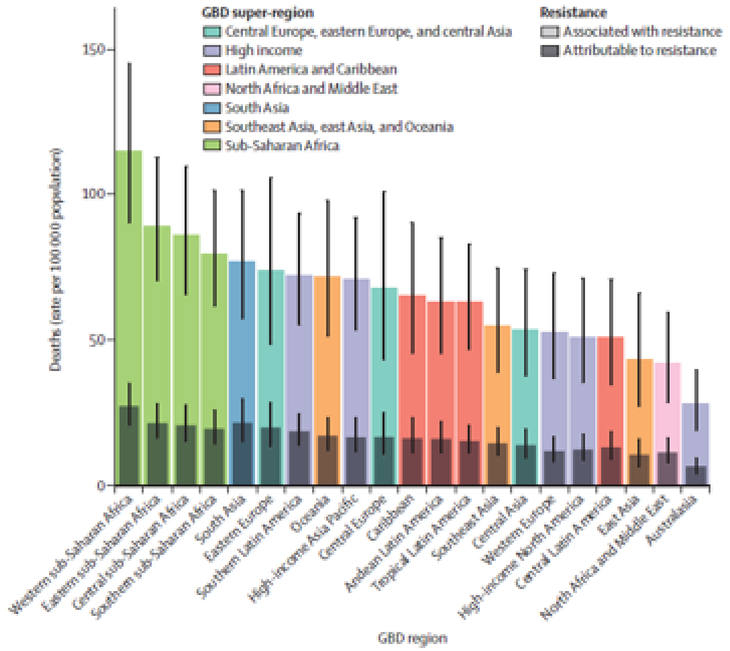
- The Fleming Fund drove LMICs to collect and **share globally high-quality surveillance data** on AMR

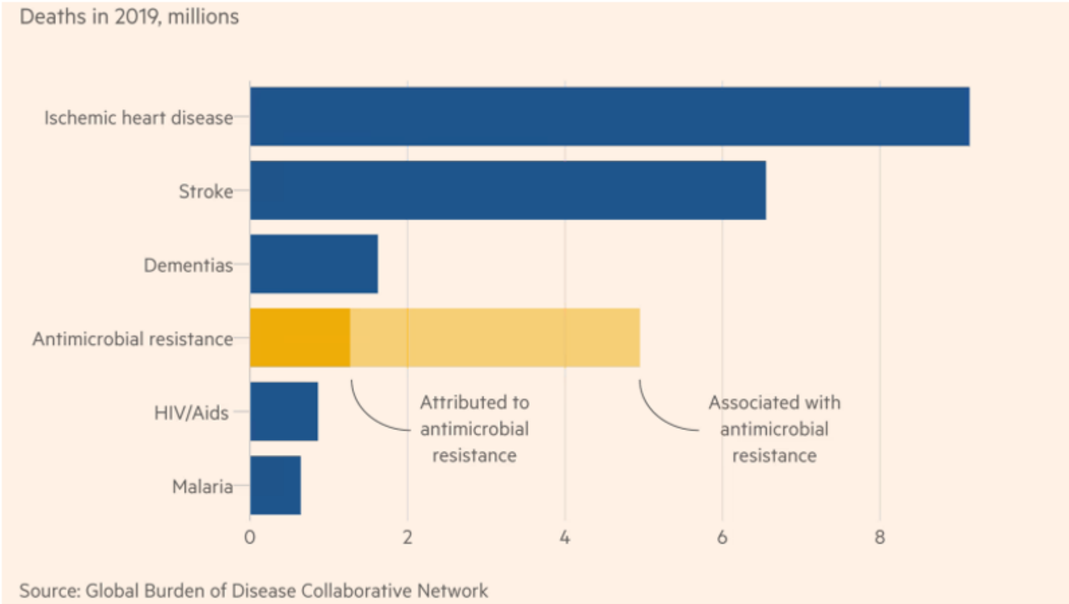
There are good reasons for a development funding for AMR

Bacterial antimicrobial resistance is a major cause of mortality and morbidity all over the world

- **4·95 million** (3·62–6·57) **AMR Associated deaths**
- **1·27 million** (0·911–1·71) **AMR attributable deaths**

The greatest burden is in LMICs





Building the case for financing the AMR response

Goal: Determine the cost and benefits of AMR response across different sectors to inform global, regional and country prioritization and resources mobilization

Expected Outcomes

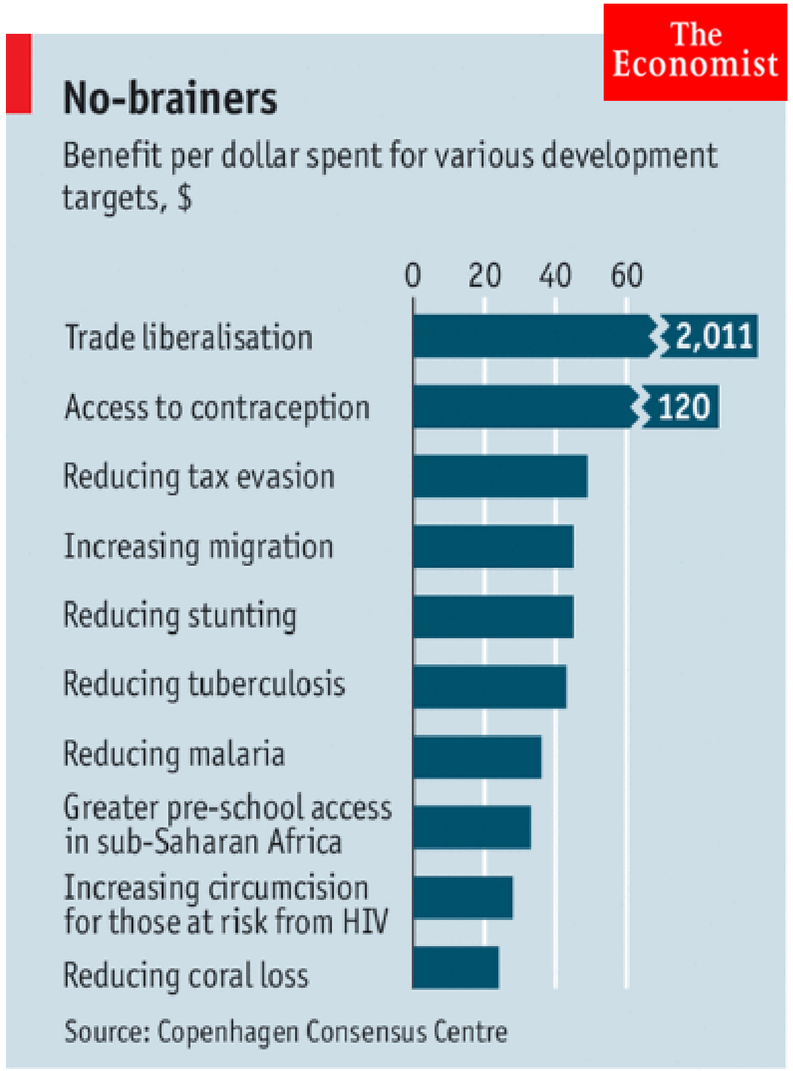
An Estimate of **AMR economic impact** across sectors (**cost of inaction**)

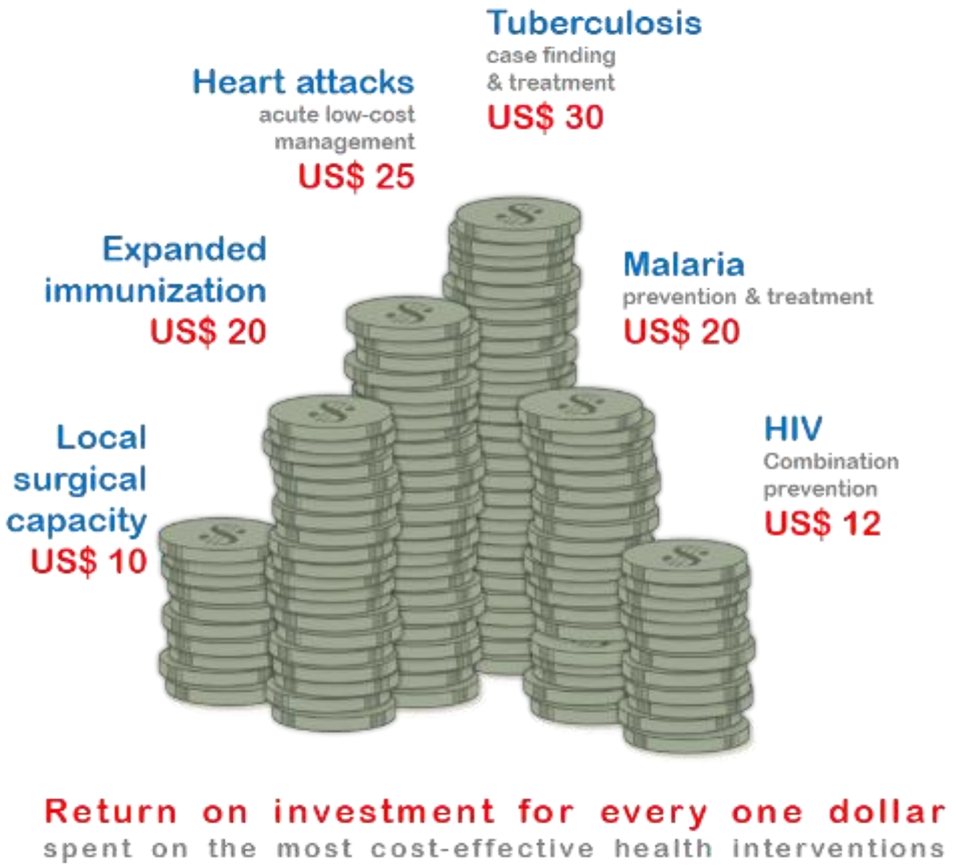
A **package of AMR priority interventions** across sectors

An **estimate of the costs (cost of action) and return on investment of AMR actions** across sectors

A **toolbox for developing a Country investment case** to support multisectoral NAP implementation

Return of investment for AMR interventions to build compelling case is in the making





Opportunities

All roads to UNGA 2024 HLM on AMR for specific commitments including financing mechanism for AMR

United Nations A/RES/76/257

General Assembly

Distr.: General
31 March 2022

Seventy-sixth session
Agenda item 129
Global health and foreign policy

Resolution adopted by the General Assembly on 29 March 2022

[*without reference to a Main Committee (A/76/L.43 and A/76/L.43/Add.1)*]

76/257. Elevating pandemic prevention, preparedness and response to the highest level of political leadership

The General Assembly,

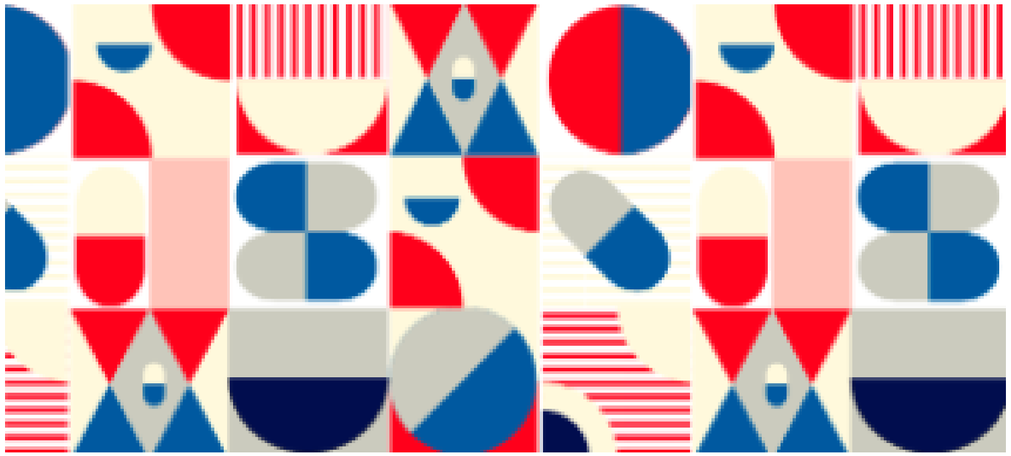
Recalling its resolutions 63/33 of 26 November 2008, 64/108 of 10 December 2009, 65/95 of 9 December 2010, 66/115 of 12 December 2011, 67/81 of 12 December 2012, 68/98 of 11 December 2013, 69/132 of 11 December 2014, 70/183 of 17 December 2015, 71/159 of 15 December 2016, 72/139 of 12 December 2017, 73/132 of 13 December 2018, 74/20 of 11 December 2019 and 75/130 of 14 December 2020

17. Recognizes the threat posed by antimicrobial resistance, inter alia, to pandemic prevention, preparedness and response, welcomes in this regard the High -level Interactive Dialogue on Antimicrobial Resistance, held in 2021, decides to hold a high-level meeting in 2024 on antimicrobial resistance, and requests the President of the General Assembly to appoint two co-facilitators to present options and modalities for the conduct of such a meeting, including potential deliverables, **in collaboration with the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme, and with the support of the One Health Global Leaders Group on Antimicrobial Resistance;**

Implications for the upcoming GLG Report (cost of inaction and specific commitments)

The Partnership Platform for AMR is launched and is being constituted

AMR Multi-Stakeholder Partnership Platform - Creating a movement for change through engaging multiple actors and voices



18/08/2021

The Tripartite organizations (FAO, OIE, WHO) invite partners to join public discussion on the establishment of the AMR Multi-Stakeholder Partnership Platform

Why a new Platform?

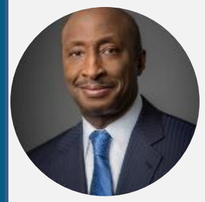
Antimicrobials (including antibiotics, antivirals, antifungals and antiparasitics) play a crucial role in the health of humans, animals, plants and the environment, as well as in food safety and food security. However, antimicrobial resistance (AMR) is an ever-increasing global threat, driven by overuse and misuse of antimicrobials in the human, animal, and plant sectors. Drug-resistant diseases result in an estimated 700,000 human deaths globally per year and could cause 10 million deaths annually by 2050. If no action is taken, AMR could force up to 24 million people into extreme poverty by 2030[1]. Good hygiene, biosecurity measures, and strong environmental controls are effective counter-mechanisms that must be implemented at scale across all sectors.

Goal: Bring together civil society, government and private sector for a shared vision

Conclusions

- The GLG action plan and its KPIs as well as the focused approach facilitated major achievements;
- Lack of funding and a financing instrument for implementation of NAPs is a major bottleneck for progress;
- The UNGA HLM 2024 opportunity should be used for transformational commitments and GLG should play a catalytic role.

Thank you for all who supported the work of the GLG



Former Members

- Chair and Vice-Chair
- GLG Members
- Principals of the Quadripartite
- GLG Technical Team and Advisors
- Senior management of the Quadripartite
- GLG Secretariat Staff
- QJS Liaison officers from Quadripartite
- Quadripartite Technical Core Team on Surveillance and Economics

Session 1: Discussion points

- The updated rolling action plan for finalisation

- Suggestions on how to consistently ensure the inclusion of AMR in the Pandemic Accord as member states engage in negotiations

- Feedback on the proposal of the Secretariat to revise the timing of the GLG report so that it will include the cost of inaction as well as specific commitments for consideration by member states in time for the negotiations on political declaration