

## **Antimicrobial resistance: accelerating national and global responses**

**Draft resolution proposed by Australia, Brazil, Canada, Chile, China, Ecuador, Egypt, the European Union and its 27 Member States, Georgia, Indonesia, Japan, Kenya, Kuwait, Malaysia, Mexico, Norway, Oman, Panama, Philippines, Qatar, Saudi Arabia, South Africa, Switzerland, Thailand, United Kingdom of Great Britain and Northern Ireland and United States of America**

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General;<sup>1</sup>

(PP2) Recalling resolution WHA68.7 (2015), in which the Health Assembly adopted the global action plan on antimicrobial resistance<sup>2</sup> and urged Member States, inter alia, to develop and implement national action plans that are aligned with the global action plan;

(PP3) Recognizing the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance (2016) (United Nations General Assembly resolution 71/3), and the commitment therein to develop multisectoral national action plans in line with the global action plan on antimicrobial resistance adopted by the Health Assembly in resolution WHA68.7;

(PP4) Noting the contributions to addressing antimicrobial resistance of the global high-level ministerial conferences on antimicrobial resistance in 2014 and 2019 in the Kingdom of the Netherlands, and in 2022 in the Sultanate of Oman, which resulted in the endorsement by 47 Member States of the Muscat Ministerial Manifesto on Antimicrobial Resistance; and welcoming the forthcoming fourth Global High-Level Ministerial Conference on Antimicrobial Resistance in the Kingdom of Saudi Arabia in November 2024, and the high-level meeting of the General Assembly on antimicrobial resistance, which will take place in September 2024;

(PP5) Recalling the recommendations made by the ad hoc inter-agency coordination group on Antimicrobial Resistance, established by United Nations General Assembly resolution 71/3 (2016), to

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<sup>1</sup> Document A77/5.

<sup>2</sup> “Antimicrobial resistance” refers to the resistance of bacterial, viral, parasitic and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections.

the United Nations Secretary General in April 2019 and resolution WHA72.5 (2019), in which the Health Assembly requested the Director-General to ensure a unified and non-duplicative effort;

(PP6) Noting the establishment of the Antimicrobial Resistance Multi-Stakeholder Partnership Platform to catalyze global action by fostering cooperation between a diverse range of relevant stakeholders at all levels; the contributions of the One Health Global Leaders Group on Antimicrobial Resistance to raising political importance and visibility of, and accelerating actions on, antimicrobial resistance; the work of the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme); the One Health High-Level Expert Panel; the Antimicrobial Resistance Multi-Partner Trust Fund; and the ad hoc Codex Intergovernmental Taskforce on Antimicrobial Resistance;

(PP7) Acknowledging the growing urgent global risk of antimicrobial resistance, rising incidence of resistant infections, and loss of effectiveness for an increasing number of antimicrobials, driven by factors such as inappropriate use of antimicrobials in the human health, food production, animal health, and environment sectors;

(PP8) Further acknowledging drivers of antimicrobial resistance, including lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment guidelines; excessive use of antimicrobials during the COVID-19 pandemic; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; lack of affordable diagnostic tests, including rapid and point-of-care tests; and inadequate availability of and access to essential and quality-assured antimicrobials;

(PP9) Noting the importance of infection prevention and control programmes in health care facilities, and noting with concern the increasing burden of health care-associated infections, often by antibiotic-resistant pathogens, which harm patients and health care providers and usually spread to the community; and recognizing that at least half of the world's health care facilities lack basic hand hygiene services;

(PP10) Noting that, as at December 2023, 178 WHO Member States had developed multisectoral national action plans on antimicrobial resistance, but Tracking Antimicrobial resistance Self-Assessment Survey (TrACSS) 2023 data show only 27% of Member States monitored and implemented their national action plans effectively and only 11% of Member States had allocated national budgets for implementation; and noting further that achievements were hampered by the lack of multisectoral and health-sector coordination, implementation capacities and availability of technical and funding support;

(PP11) Noting also that the WHO Access, Watch and Reserve (AWaRe) classification of antibiotics provides evidence-based guidance and can be applied to improve antibiotic prescribing and dispensing for the most common clinical infections in children and adults;

(PP12) Recognizing that the Global strategy on infection prevention and control, adopted by the Health Assembly through decision WHA76(11) in May 2023, requires full implementation by WHO Member States in order to achieve its vision that “by 2030, everyone accessing or providing health care is safe from associated infections”;

(PP13) Noting that in his progress report to the Seventy-sixth World Health Assembly,<sup>1</sup> the Director-General highlighted the need to accelerate the implementation of national action plans on antimicrobial resistance and proposed the development of a WHO strategic and operational framework on addressing drug-resistant bacterial infections in the human health sector;

(PP14) Noting also that the WHO Secretariat has developed WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, which, inter alia, cover the needs for a national and global concerted response, and set out priorities for: (a) prevention of infections; (b) universal access to affordable, quality diagnosis and appropriate treatment of infections; (c) strategic information, science and innovation, for example surveillance of antimicrobial resistance and antimicrobial consumption and use, and research and development for vaccines, diagnostics and treatments; and (d) effective governance and financing of the human health sector response to antimicrobial resistance – all of which will support a broad, health system-wide response to antimicrobial resistance;

(PP15) Noting further that the WHO Secretariat conducted a global online consultation of the draft WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, and that the consultation results were considered by the Executive Board at its 154th session;

(PP16) Noting also that the United Nations General Assembly in its resolution 76/257 (2022) decided to hold a high-level meeting of the General Assembly on antimicrobial resistance in 2024, in collaboration with the Quadripartite organizations and with the support of the One Health Global Leaders Group on Antimicrobial Resistance,

(OP)1. CALLS UPON the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme) at national, regional and global levels to continue working with their Member States on collaborative efforts to address antimicrobial resistance through a One Health approach, and to ensure alignment and collaboration with other United Nations agencies and international organizations, where appropriate;

(OP)2. WELCOMES the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035;<sup>2</sup>

(OP)3. URGES Member States:<sup>3</sup>

(1) to fully engage in the preparation of the high-level meeting of the General Assembly on antimicrobial resistance in 2024, including the development of a concise and action-oriented, consensus-based political declaration, which may include measurable and relevant targets and indicators, and to participate in this high-level meeting at the highest level, preferably at the level of Heads of State and Government;

(2) to continue strengthening their national multisectoral governance mechanisms for the oversight, monitoring and improvement of the performance of national action plans on

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<sup>1</sup> Document A76/37, D.

<sup>2</sup> See document A77/5.

<sup>3</sup> And, where applicable, regional economic integration organizations.

antimicrobial resistance; to provide funding support for the implementation of such plans; and to strengthen multisectoral collaboration with relevant partners at national, regional and global levels, to address antimicrobial resistance in a synergistic way;

(3) to apply, in their national action plans, the four strategic priorities of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 (prevention of infections that give rise to the use of antibiotics; universal access to affordable, quality diagnosis and appropriate treatment of infections; strategic information, science and innovation; and effective governance and financing); to establish ambitious yet achievable objectives, targets and indicators and timelines for their achievement; to provide funding for effective implementation; to strengthen monitoring and evaluation systems in the national action plan; to integrate the core package of interventions in the WHO’s people-centred approach to addressing antimicrobial resistance in human health in universal health coverage benefit packages; to participate in the Tracking Antimicrobial resistance Country Self-assessment Survey (TrACSS) to monitor progress of national action plan implementation; and to undertake all the above-mentioned actions in accordance with the national context;

(4) to strengthen prevention of antimicrobial resistance through, inter alia, implementation of WHO’s global strategy on infection prevention and control (2023), the Immunization Agenda 2030, and the WHO water, sanitation and hygiene strategy 2018–2025, and by monitoring and addressing substandard and falsified antimicrobial agents;

(5) to strengthen the capacities and standards of laboratories, including in respect of a trained workforce and systems of surveillance for antimicrobial resistance; to participate in the WHO’s Global Antimicrobial Resistance and Use Surveillance System (GLASS); to monitor antimicrobial consumption and use in the human health sector and inform health facility and national policy decisions to improve antimicrobial stewardship; to collect nationally representative data on prevalence and profiles of antimicrobial resistance, and mortality attributable to antimicrobial resistance; and to undertake all the above-mentioned actions in accordance with the national context;

(6) to promote timely and equitable supply of quality and affordable essential vaccines, diagnostics and antimicrobials, and ensure their appropriate use including by applying the WHO Access, Watch and Reserve (AWaRe) list; to strengthen diagnosis, infection prevention and control and water, sanitation and hygiene (WASH) services in health care facilities; to support access to services by patients; and to undertake all the above-mentioned actions in accordance with national context;

(7) to increase coverage of national immunization programmes and maximize their benefits for infection prevention, including reducing the risk of secondary infections and supporting antimicrobial stewardship efforts;

(8) to support targeted awareness-raising measures, including communication and information campaigns and behavioural change initiatives for both health care workers and communities; to strengthen antimicrobial stewardship competencies in health care professionals; to build the technical competency of the health workforce by integrating antimicrobial resistance modules in pre- and in-service education and training curricula; to sensitize the general public to the importance of appropriate use of antimicrobial agents; and to undertake all the above-mentioned actions in accordance with the national context;

(9) to support innovative initiatives that foster research and development for new vaccines, diagnostic tools, antimicrobials, therapeutics, and alternatives to traditional antibiotics, including basic, applied and implementation research and research on novel approaches to infection prevention and control and antimicrobial stewardship; to preserve the effectiveness of the existing antimicrobial medicines through collaboration with academic institutions, civil society organizations and the private sector through appropriate mechanisms; and to promote the local production of antimicrobials and other health products to address antimicrobial resistance;

(10) to strengthen international cooperation in addressing antimicrobial resistance, especially to enhance implementation capacities;

(OP)4. REQUESTS the Director-General:

(1) to provide support and guidance to Member States in the preparations for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

(2) to support the negotiations of the political declaration and proceedings of the 2024 high-level meeting of the United Nations General Assembly on antimicrobial resistance by producing an updated report on progress, achievements and challenges in implementation of national action plans, including multisectoral and multistakeholder coordination mechanisms, and proposing solutions, as technical inputs; and to coordinate Member States briefing sessions to facilitate informed discussions;

(3) to continue to work with the Quadripartite organizations and other relevant United Nations and international organizations to address antimicrobial resistance through multisectoral approaches and in line with a One Health approach, including to align and reduce duplication of efforts and to prepare for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

(4) to provide technical support to Member States upon request on the application of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 in national action plans; to establish ambitious yet achievable national objectives, targets and indicators in line with the four strategic priorities; to apply the WHO's people-centred approach for addressing antimicrobial resistance in the human health sector and the WHO Access, Watch and Reserve (AWaRe) classification to improve antimicrobial stewardship, and estimate attributable mortality from antimicrobial resistance;

(5) to support Member States, upon request, in mobilizing domestic and international funding for implementing national action plans on antimicrobial resistance, and facilitate learning and sharing experiences and good practice across Member States;

(6) to continue providing support for strengthening Member States' capacities through capitalizing antimicrobial resistance expertise from the countries, WHO regional offices, WHO collaborating centres, and relevant Secretariat departments, including but not limited to the WHO Academy;

(7) to support Member States, upon request, in their participation in the WHO Global Antimicrobial Resistance and Use Surveillance System, including to monitor antimicrobial resistance and antimicrobial consumption and use in the human health sector, and to inform policy at health care facility and national levels;

(8) to continue submitting consolidated biennial reports on progress achieved in implementing this resolution to the Health Assembly, as requested in resolutions WHA68.7 and WHA72.5, with reports to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

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