

# AMR in the human health sector in the Asia-Pacific region: a joint position paper for the United Nations High-Level Meeting on AMR in September 2024

**We**, the Ministers of Health and representatives from countries and areas in the Asia-Pacific region, namely, Australia, Bangladesh, Bhutan, Cambodia, Democratic People's Republic of Korea, Fiji, India, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Maldives, Micronesia (Federated States of), Mongolia, Nauru, Nepal, New Zealand, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga and Vanuatu, have come together on the occasion of the Seventy-seventh World Health Assembly held in Geneva, Switzerland in May 2024 to take action on antimicrobial resistance (AMR) in the Asia-Pacific region;

**Mindful** that the United Nations General Assembly High-Level Meeting on AMR in September 2024 represents a vital opportunity to draw attention to the urgent need for increased political commitment to accelerate national, regional and global responses to AMR;

**Welcoming** World Health Assembly resolution ([WHA77 document A77/A/CONF./1](#), proposed by Thailand) that calls upon the Quadripartite organizations, namely the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme and the World Organisation for Animal Health, to continue working with Member States on collaborative efforts to address AMR through a One Health approach and to adopt the [WHO Strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035](#) as presented ([Provisional agenda 11.8 Antimicrobial resistance: accelerating national and global responses](#)) at the May 2024 session of the World Health Assembly;

**Noting with concern** that among the estimated 1.27 million global deaths attributable to AMR in 2019, over half were in the Asia-Pacific region; that sepsis was the immediate cause of death or a contributing factor in more than 1 million deaths in the WHO South-East Asia Region, with 68% caused by bacterial infections; that the health and economic burden of AMR in the WHO Western Pacific Region is projected to reach as high as 5.2 million AMR-related deaths and US\$ 148 billion in excess economic costs between 2020 and 2030; and that rising rates of antimicrobial-resistant infections impact the achievement of multiple Sustainable Development Goals;

**Recognizing** that factors such as economic development, sociodemographic change, access to quality and affordable health-care services, a trained and competent workforce, and regulation of antimicrobials in the human, animal, agriculture and environment sectors vary greatly across the Asia-Pacific region as well as within countries and for underserved communities, and contribute to misuse and overuse of antimicrobials, putting people at increased risk of antimicrobial-resistant infections;

**Recalling** that 13 years have passed since the health ministers from the WHO South-East Asia Region issued the 2011 [Jaipur Declaration on Antimicrobial Resistance](#) and eight years have passed since the 2016 Tokyo Meeting of Health Ministers on Antimicrobial Resistance in Asia; that the Jaipur Declaration and [Tokyo Communiqué](#) noted that AMR is a growing health, economic and social burden in the Asia-Pacific region, requiring urgent action; and in 2017 the Association of Southeast Asian Nations (ASEAN) reaffirmed the commitment expressed in the Tokyo Communiqué in the [ASEAN Leaders' Declaration on Antimicrobial Resistance \(AMR\): Combating AMR through One Health Approach](#);

**Noting** that in the WHO South-East Asia Region, in 2010, Member States endorsed the *Prevention and Containment of Antimicrobial Resistance* ([SEA/RC63/R4](#)); in 2014, the Regional Director identified AMR as the regional flagship area; and in 2015, Member States endorsed *Antimicrobial Resistance* ([SEA/RC68/R3](#)) urging the inclusion of AMR as one of the top priorities on their national health agendas and the development and implementation of multisectoral national action plans on AMR; and in 2014, in the WHO Western Pacific Region, Member States endorsed the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* to agree upon priority areas for responding to AMR, and in 2019, endorsed the *Framework for accelerating action to fight antimicrobial resistance in the Western Pacific Region* as an action guide to tackle AMR;

**Acknowledging** that progress has been made since the 2016 Tokyo Meeting of Health Ministers during which the Asia-Pacific One Health Initiative on AMR (ASPIRE) was launched to jointly identify and tackle challenges posed by AMR in the Asia-Pacific region; Japan has been hosting the annual Tokyo AMR One Health Conference to advance the ASPIRE initiative, and working groups have been established in four priority areas, namely (1) Surveillance system and laboratory network; (2) Health-care management; (3) Antimicrobial access and regulation; and (4) Research and development; and goals and workplans have been developed;

**Recognizing** that, since 2016, all 11 countries in the WHO South-East Asia Region have developed national action plans on AMR, eight of which have been updated and more than 90% of which are being implemented; all 11 countries responded to the Tracking AMR Country Self-Assessment Survey (TrACSS) in 2023; all have multisectoral coordination mechanisms on AMR, two countries have included financial provision for implementation of national action plans on AMR in their national plans and budget, and 10 countries have established a national AMR surveillance system; 11 countries are enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS-AMR), of which eight reported data on bacteriologically confirmed infections in 2023; seven countries are enrolled in the Global Antimicrobial Resistance and Use Surveillance System Antimicrobial Consumption surveillance (GLASS-AMC), which monitors antimicrobial consumption, and four countries reported data in 2023;

**Further recognizing** that, since 2016, 22 of 27 countries in the WHO Western Pacific Region are implementing national action plans on AMR, of which eight have been updated; among 22 countries that responded to the TrACSS in 2023, 19 have multisectoral coordination

mechanisms, five countries have included financial provision for implementation of national action plans on AMR in their national plans and budget, and 12 have established a national AMR surveillance system; 11 countries and one area are enrolled in GLASS-AMR and nine countries and one area reported data on bacteriologically confirmed infections in 2023; 15 countries and one area are enrolled in the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS) and seven countries and one area reported data in 2023; and six countries are enrolled in GLASS-AMC;

**Mindful** that despite progress on developing national action plans on AMR, the greatest challenge to implementing the plans faced by most countries, particularly low- and middle-income countries, is a lack of sustainable domestic funding, including dedicated funding within each sector to enable sectoral ownership and sustainable implementation of actions to contain AMR, compounded by limited sources of external funding;

**Noting** that many countries in the Asia-Pacific region and in particular Pacific island countries and areas face additional challenges to tackling AMR, including the converging threats of AMR, climate change and noncommunicable diseases; lack of a competent and sustainable workforce; limited advocacy around and awareness of AMR; limited capacity for surveillance in multiple sectors with fragmented health (and other) information systems leading to insufficient data; and inequitable access to quality health-care services, essential diagnostics and antimicrobials;

**Noting also** that integration of AMR activities in national health systems, universal health coverage (UHC) mechanisms and health emergencies programmes vary across the Asia-Pacific region, as do regulation and enforcement, infection prevention and control (IPC) and antimicrobial stewardship practices in multiple sectors;

**Recognizing** that multisectoral One Health approaches are needed to address the multiple drivers of AMR, minimize the impacts of AMR and attain optimal health for humans, animals, plants and the environment, but are challenging to implement;

**Emphasizing** that the variability in context and capacity across the Asia-Pacific region and within countries and areas requires tailored approaches to fighting AMR by applying the [\*WHO strategic and operational priorities\*](#) and the [\*People-centred approach to addressing antimicrobial resistance in human health\*](#) together with sustained, holistic approaches to addressing health system challenges;

**Welcoming** WHO's leadership and promotion of health and safety in collaboration with multiple stakeholders, convening of forums for sharing of experience, and technical support for programme implementation through its regional and country offices and by harnessing specific expertise through its collaborating centres;

**Anticipating** that the United Nations General Assembly High-Level Meeting on AMR will recognize the specific needs, challenges and opportunities faced by countries and areas in the Asia-Pacific region, and that these should be reflected in the political declaration,

**Express our determination** to accelerate action on AMR in the human health sector over the next five years by harnessing political commitment and developing and strengthening capacity to implement all components of national AMR responses in a holistic, integrated and sustainable manner, concentrating on:

- (1) Targeted awareness-raising on the risks of AMR and behavioural change on appropriate use of antimicrobials in all sectors and among multiple stakeholders to increase collective involvement in the AMR response with the understanding that AMR is “everyone’s business”;
- (2) Establishing and strengthening national surveillance and monitoring systems for AMR, antimicrobial consumption and antimicrobial use, and encouraging cross-sectoral sharing and coordinated analysis of surveillance data in accordance with the One Health approach;
- (3) Implementing the core components of IPC as part of national and facility-level IPC programmes, and monitoring adherence to and effectiveness of IPC measures;
- (4) Implementing national antimicrobial stewardship programmes, ensuring national and local evidence-based antimicrobial use policies and guidelines are developed and updated in a timely manner to meet clinical needs, using monitoring and surveillance results to inform action;
- (5) Establishing legislation and strengthening risk-based regulation and enforcement on the production, distribution and prescription as well as online and over-the-counter sales of antimicrobials for use in the human, animal and plant sectors;
- (6) Ensuring availability and affordability of quality-assured essential diagnostics and antimicrobials and addressing in-country and cross-border issues related to substandard and falsified medicines;

**Commit to:**

- (1) Fostering Asia-Pacific regional leadership and political commitment in fighting AMR and enhancing global health security in collaboration with the food and agriculture, animal and environment sectors through a One Health approach, including through active participation in the United Nations General Assembly High-Level Meeting on AMR;

- (2) Recognizing that the extreme urgency of tackling AMR can be addressed through adequate and sustainable financial provision in national budgets in all relevant sectors, integrating AMR in existing programmes including systems-strengthening programmes as appropriate, training and deployment of a sufficient workforce and exploring innovative funding mechanisms for low- and middle-income countries to supplement and synergize domestic funding to tackle AMR, as appropriate;
- (3) Capitalizing on opportunities for networking and exchange of information and ideas, by holding the annual Tokyo AMR One Health Conference in person in 2025 as a forum to demonstrate leadership and political commitment from the Asia-Pacific region in fighting AMR and to further advance the ASPIRE initiative,

**Declare** our intention to accelerate regional and national actions to fight AMR in the human health sector by:

- (1) Implementing the relevant provisions of the resolution “Antimicrobial resistance: accelerating national and global responses” to be adopted at the World Health Assembly in May 2024;
- (2) Strengthening the effectiveness of multisectoral and multi-stakeholder coordination mechanisms to oversee the implementation of national action plans on AMR and ensure costed and budgeted operational plans;
- (3) Embedding activities that mitigate AMR as integral components of strong health systems, in health-care facilities, primary health care and in the community;
- (4) Placing more emphasis on/paying more attention to prevention through water, sanitation and hygiene (WASH) and IPC measures, and immunization;
- (5) Ensuring that patients can access affordable diagnosis, treatment and care for antimicrobial-resistant infections in an equitable manner by including essential diagnostic tests and antimicrobials in financing mechanisms such as UHC health benefit packages;
- (6) Systematically including awareness-raising, education and practical training on AMR in pre- and in-service curricula for all health-care worker disciplines;
- (7) Establishing and strengthening monitoring and evaluation (M&E) of the AMR response by establishing clear, measurable and context-appropriate targets and indicators for key activities and outputs, strengthening M&E of national action plans on AMR, and participating in TrACSS;

(8) Promoting the four components of the ASPIRE initiative:

**Surveillance system and laboratory networks:** Strengthen laboratory and data management standards, workforce capacity and quality assurance as essential components of national AMR surveillance systems that generate high-quality data on AMR, antimicrobial consumption, antimicrobial use and health-care-associated infections to inform policy and clinical management, and by encouraging the reporting of national data to GLASS-AMR, GLASS-AMC and WPRACSS.

**Health-care management:** Optimize clinical care of patients through training of physicians, clinical pharmacists and health-care workers from other disciplines in (i) implementing good clinical practice including diagnostic stewardship, (ii) preparing for and responding to outbreaks of antimicrobial-resistant pathogens, (iii) planning, developing and implementing IPC programmes and (iv) establishing, strengthening and implementing antimicrobial stewardship programmes, including training of prescribers, dispensers and users, using national/local surveillance data.

**Antimicrobial access and regulation:** Apply and adopt the *Medically Important Antimicrobials List* or equivalent criteria established in a national list where available, the [WHO AWaRe \(Access, Watch, Reserve\) classification of antibiotics](#) and *The WHO AWaRe (Access, Watch, Reserve) antibiotic book* in the development and/or revision of essential medicines lists (or their equivalents) and national antimicrobial guidelines to support implementation of national antimicrobial stewardship programmes.

Ensure equitable access to safe, effective, quality and affordable essential antimicrobials by strengthening and enforcing regulations on the production, distribution, prescription and sale of antimicrobials, building on existing regional regulatory networks and encouraging regional collaboration, and limiting the entry of substandard, falsified and/or unregistered/unlicensed antimicrobials into supply chains; strengthen procurement and supply management systems and prevent inappropriate disposal of antimicrobials from contaminating water sources and the environment.

**Research and development:** Foster collaboration and partnerships with academia and other stakeholders to support research initiatives into novel vaccines, diagnostics and antimicrobials, including through push-pull incentive mechanisms as appropriate, as well as research into cross-sectoral drivers of AMR. Promote technology sharing for development and manufacture of vaccines, diagnostics and antimicrobials on a voluntary and mutually agreed basis.

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