

## Political Declaration of the High-level Meeting on Antimicrobial Resistance

We, Heads of State and Government and representatives of States and Governments, are assembled at the United Nations on 26 September 2024, in accordance with General Assembly resolution 78/269, to review progress on global, regional and national efforts to tackle antimicrobial resistance, to identify gaps and invest in sustainable solutions to strengthen and accelerate multisectoral progress at all levels, through a One Health approach, with a view to scaling up the global effort to build a healthier world based on equity and leaving no one behind, and in this regard we:

1. Recognize that antimicrobial resistance is one of the most urgent global health threats and development challenges and demands immediate action to safeguard our ability to treat human, animal, and plant diseases, as well as to enhance food safety, food security and nutrition, foster economic development, equity and a healthy environment, and advance the 2030 Agenda for Sustainable Development Goals,
2. Reaffirm that the 2030 Agenda for Sustainable Development offers a framework to ensure healthy lives, and recall commitments to fight malaria, HIV/AIDS, tuberculosis, hepatitis, the Ebola virus disease, neglected tropical diseases and other communicable diseases and epidemics that disproportionately affect developing countries, including by addressing growing antimicrobial resistance while reiterating that antimicrobial resistance challenges the sustainability and effectiveness of the public health response to these and other diseases as well as gains in health and development and the attainment of the 2030 Agenda,
3. Recall that within the broader context of antimicrobial resistance, resistance to antibiotics is a grave global challenge, and that effective, safe and affordable antibiotics are a prerequisite for providing quality, accessible and timely health-care services and are essential for the functioning of all health systems,
4. Recognize that while antimicrobial resistance affects people of all ages, knows no borders and is present in all countries, the burden is largely and disproportionately borne by developing countries and those in vulnerable situations, requiring global solidarity, joint efforts and international cooperation,
5. Note with concern that lack of access to appropriate, safe, effective and affordable antimicrobials and diagnostic tools, particularly in developing countries, is responsible for more deaths than antimicrobial resistance, while stressing that in 2019, 4.95 million deaths were associated with drug-resistant bacterial infections, including 1.27 million deaths directly attributable to bacterial antimicrobial resistance, 20 per cent of whom were children under five<sup>1</sup>, and that without a stronger response there will be an estimated average loss of life expectancy of 1.8 years globally by 2035<sup>2</sup>,
6. Note with further concern that, globally, antimicrobial resistance could result in US\$ 1 trillion of additional health-care costs per year by 2050 and US\$ 1 trillion to 3.4 trillion of gross domestic product losses per year by 2030<sup>3</sup>, and that treating drug-resistant bacterial infections alone could cost up to US\$ 412 billion annually, coupled with workforce participation and productivity losses of US\$ 443 billion<sup>4</sup>, with antimicrobial resistance predicted to cause an 11 per cent decline in livestock

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<sup>1</sup> [Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis - The Lancet](#)

<sup>2</sup> [GLG report: Towards specific commitments and action in the response to antimicrobial resistance](#)

<sup>3</sup> [Drug-resistant Infections: A Threat to Our Economic Future](#)

<sup>4</sup> Quadripartite Economics of AMR Study

production in low-income countries by 2050<sup>5</sup>,

7. Note with serious concern the severe shortcomings the COVID-19 pandemic has revealed at national, regional and global levels in terms of timely, effective prevention, preparedness, detection of and response to potential health emergencies, and consequently the challenges this creates for effectively tackling antimicrobial resistance, including in the capacity and resilience of all health systems, especially in developing countries,
8. Reaffirm that improving infection prevention and control measures, vaccination and water, sanitation and hygiene (WASH) could prevent more than 750,000 deaths each year from antimicrobial resistance in low- and middle-income countries alone, and that prioritizing good antimicrobial stewardship, universal health coverage, and equitable access to medicines, diagnostics and other health products, investment in infrastructure, education including public awareness campaigns and training will further act to prevent all infections,
9. Recognize the need to scale up multisectoral, cross-sectoral and inter-disciplinary efforts and the engagement of all relevant sectors to address antimicrobial resistance in human, animal and plant health, such as agriculture, environment, finance, manufacturing, research and development, and education to generate an effective whole-of-government and whole-of-society response, in line with a One Health approach,
10. Reaffirm the commitment to General Assembly resolution [71/3](#) of 5 October 2016 entitled “Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance” and note the report of the UN Inter-Agency Coordination Group on Antimicrobial Resistance and its recommendations to the Secretary-General of April 2019, as well as the Call to Action from the High-Level Interactive Dialogue on Antimicrobial Resistance in 2021,
11. Welcome the organization of the 2023 high-level meetings of the General Assembly on pandemic prevention, preparedness and response, on universal health coverage and on the fight against tuberculosis and recall their political declarations, which highlighted the importance of international cooperation, collaboration, equity and global solidarity in scaling up the global effort to leave no one behind and to build a healthier world for all,
12. Take note of the contributions by the Ministerial Conferences on Antimicrobial Resistance in 2014 and 2019 in the Netherlands, the Third Global High-level Ministerial Conference on Antimicrobial Resistance in 2022 in Oman, during which 47 Member States endorsed the Muscat Ministerial Manifesto, and Member State-led efforts, such as the First BRICS International Conference on Antimicrobial Resistance in 2024 in the Russian Federation, and the continuous commitment to have One Health and antimicrobial resistance as a priority of the G20 and G7,
13. Look forward to the upcoming 4th Ministerial Conference on AMR to be held in November 2024 in Saudi Arabia under the theme "From Declaration to Implementation - Accelerating Actions Through Multisectoral Partnerships for the Containment of AMR",
14. Acknowledge the need to leave no one behind and reach the furthest behind first, and to ensure equitable and timely access to quality essential health-care services and safe, effective, quality,

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<sup>5</sup> [Drug-resistant Infections: A Threat to Our Economic Future](#)

affordable essential medicines including antimicrobials, and vaccines, diagnostics, therapeutics and other health products, while respecting and promoting human rights, gender equality, sociocultural factors, and the dignity of the person and the principles of equality and non-discrimination, as well as supporting and empowering those in vulnerable situations, including women, newborns, children, youth, older persons, persons with disabilities, immunocompromised patients, people living with HIV/AIDS and those affected by tuberculosis, people of African descent, Indigenous Peoples, people living in fragile and conflict affected states and humanitarian settings, including those impacted by climate change and natural disasters, refugees, internally displaced persons and migrants, those living in poverty and extreme poverty in both urban and rural areas, and people living in slums, informal settlements or inadequate housing,

15. Recognize the profound socioeconomic challenges and financial hardships faced by people affected by antimicrobial resistance, including in obtaining an early diagnosis, in being subject to extremely long treatment regimens, with drugs that could involve severe side effects, as well as in securing integrated support, including from the community, and therefore affirm that all these people require integrated, people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination,
16. Commit to scale up action to be commensurate with the present burden of antimicrobial resistance, with the aim to reduce the global deaths associated with bacterial antimicrobial resistance by 10 per cent by 2030 against the 2019 baseline of 4.95 million deaths, and undertake to address the multifaceted and cross-cutting nature of antimicrobial resistance;

## **I. Governance**

17. Recognize that sustainable, efficient and accountable governance structures at local, national, regional and global levels are critical to an effective, coordinated and inclusive multisectoral response, including through a One Health approach, and note, from annual Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS) reporting, that while 178 countries have developed multisectoral national action plans on antimicrobial resistance, only 52 per cent of countries have a functioning multisectoral coordinating mechanism and only 68 per cent are implementing their action plans,
18. Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, including through addressing antimicrobial resistance, in accordance with national contexts, priorities and needs, and underscore the importance of political leadership for tackling antimicrobial resistance in and beyond the health sector in order to pursue whole-of-government, whole-of-society and community-based approaches, as well as the consideration of health-in-all-policies, equity-based and life-course approaches,
19. Recognize that although progress has been made in developing and implementing multisectoral national action plans on antimicrobial resistance, additional and sustainable financial and technical support is needed to build and strengthen capacity, especially in developing countries,
20. Recognize that armed conflicts have a devastating impact on health systems and antimicrobial resistance, leaving people, especially people in vulnerable situations, refugees, internally displaced

persons, and those living on occupied territories or conflict-affected areas, without full access to essential health care and exposing them to preventable diseases and other health risks, and exacerbate health needs, including for mental health and psychosocial support, rehabilitation, treatment for chronic diseases and others such as cancer, HIV/AIDS and tuberculosis,

21. Note the need to strengthen national and regional regulatory bodies to adopt effective regulatory frameworks, within the national and regional context and as appropriate, to promote effective implementation and accountability to achieve stable, well-functioning and harmonized regulatory systems for medicines, and to provide assistance and support to low- and middle-income countries upon their request,
22. Recognize the leading roles of the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme, as the Quadripartite organizations, and the work of the standing Quadripartite Joint Secretariat on Antimicrobial Resistance,
23. Recognize also the contributions to global antimicrobial resistance response, including from the Global Leaders Group on Antimicrobial Resistance, the Antimicrobial Resistance Multi-Stakeholder Partnership Platform, and other United Nations agencies and international organizations, where appropriate,

*Commitments:*

24. Ensure, by 2030, that all countries have developed or updated and are implementing multisectoral national action plans on antimicrobial resistance with national targets informed by analysis of existing capacities and priorities, with inclusive and effective national functioning multisectoral coordination mechanisms, and appropriate and sustainable human and financial resources, according to national contexts and priorities,
25. Request the Quadripartite organizations, in consultation with Member States, to update the Global Action Plan on Antimicrobial Resistance by 2026 to ensure a robust and inclusive multisectoral response, through a One Health approach, that aligns with current realities to drive greater impact against antimicrobial resistance, and request the Quadripartite to report biennially on progress made towards their specific and joint commitments;
26. Request the Quadripartite organizations to formalize the standing Quadripartite Joint Secretariat on Antimicrobial Resistance as the central coordinating mechanism to support the global response to antimicrobial resistance, according to the mandates and roles of the respective organizations;
27. Invite the Quadripartite Joint Secretariat to facilitate cooperation and exchange with relevant multilateral organizations, including the United Nations Development Programme (UNDP), the World Bank, the United Nations Children's Fund (UNICEF), and the World Customs Organization (WCO), on aspects of their mandates related to antimicrobial resistance;
28. Enhance existing frameworks and mechanisms, including but not limited to the Multistakeholder Partnership Platform, biennial ministerial conferences on antimicrobial resistance and other relevant conferences, in order to facilitate the multisectoral exchange of experiences and best practices and assessment of Member States' progress in implementing national action plans on antimicrobial

resistance, and which could also be an opportunity to promote the voluntary expansion of the donor base of the Antimicrobial Resistance Multi-partner Trust Fund;

29. Promote participatory, inclusive and transparent approaches to health governance for antimicrobial resistance at local, national, regional, and global levels, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, by involving all relevant stakeholders, such as local communities, health workers and care workers in the health sector, patients, survivors of antimicrobial resistant infections, farmers, animal health and environmental and ecosystem sector professionals, academia, volunteers, civil society organizations, humanitarian personnel, faith-based organizations, private sector and youth in the design, implementation and review of national action plans on antimicrobial resistance, to systematically inform decisions that affect health so that policies, programmes and plans better respond to needs, while fostering trust in health systems;
30. Invite the Quadripartite organizations to establish an independent panel for evidence for action against antimicrobial resistance in 2025 to facilitate the generation and use of multisectoral, scientific evidence to support Member States in efforts to tackle antimicrobial resistance, making use of existing resources and avoiding duplication of on-going efforts, after an open and transparent consultation with all Member States on its composition, mandate, scope, and deliverables;

## **II. Financing**

31. Recognize the need to maintain or, where necessary, increase sustainable investments at national, regional and global levels for strengthening national capacities for antimicrobial resistance prevention, surveillance and response, especially in developing countries, including low- and middle-income countries, which are subject to a disproportionate burden,
32. Recognize the need for countries to have in place prioritized, costed and funded multisectoral national action plans on antimicrobial resistance, and express concern that only 11 per cent of countries have dedicated funding in their national budgets for implementation of multisectoral national action plans on antimicrobial resistance,
33. Recognize that health financing requires global solidarity and collective effort and urge Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support and support to research, development and innovation programmes;

### *Commitments:*

34. Commit to sustainable financing and budgeted activities, as identified in the national action plans on antimicrobial resistance, for their effective implementation, in accordance with national contexts;
35. Strengthen sustainable financing through existing funding structures and promote the mobilization of financial resources and investments through national, bilateral and multilateral channels, in particular for developing countries, especially low- and middle-income countries, to support implementation of national action plans on antimicrobial resistance, as well as their monitoring and surveillance, in accordance with national contexts;

36. Facilitate sustainable funding from international cooperation to support the implementation of national action plans on antimicrobial resistance, with the target of achieving US\$ 100 million to catalyse the achievement of at least 60 per cent of countries having achieved funded plans by 2030, through, inter alia, diversifying funding sources and increasing the number of contributors to the Antimicrobial Resistance Multi-Partner Trust Fund;
37. Encourage existing financing mechanisms, including but not limited to the World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, Green Climate Fund, Pandemic Fund, Climate Health Fund, Global Environment Facility, Nature4Health, and the Global Biodiversity Framework Fund, to facilitate access to existing relevant funding sources or expand, as appropriate, their scope to include investments to increase access to effective antimicrobials, prevention of infections through vaccines, research and development of new antimicrobials, diagnostic tools or technologies, water, hygiene and sanitation, and infection prevention and control, surveillance, and support implementation of multisectoral national action plans on antimicrobial resistance and leverage procurement and market-shaping instruments such as Stop TB Partnership's Global Drug Facility and UNITAID;
38. Request the Quadripartite Joint Secretariat, in collaboration with relevant financial institutions, to map existing and catalytic funding, including from the private sector, philanthropic organizations, and development banks, in order to improve access to resources and leverage capacity-building and implementation of national action plans on antimicrobial resistance;

### **III. Access**

39. Recognize that equitable and timely access to effective antimicrobials, diagnostics and vaccines for human and animal health remains a challenge for developing countries, while access to existing and newly developed antimicrobials and complementary diagnostics remains uneven within and among countries,
40. Express concern that the supply of health products and technologies is dependent on manufacturing facilities concentrated in few countries and that the lack of national or regional production capacities, adequate infrastructure and logistics expertise to store, distribute and deliver diagnostics, medicines, vaccines and other health products and technologies, particularly in developing countries, among other factors, hampers efforts to achieve diagnosis, treatment and vaccination targets for several diseases, safely, efficiently, at the right time, especially in the context of health emergencies,
41. Note that the high prices and out-of-pocket expenditures for some health products and services, including for treating drug-resistant infections and diseases, and inequitable access to such products and services within and among countries, as well as financial hardships associated therewith, continue to impede progress towards mitigating the effects of antimicrobial resistance,

#### *Commitments:*

42. Accelerate efforts to achieve universal health coverage as a means to ensure access to essential health services as well as to strengthen veterinary services for the optimal prevention, diagnosis, and appropriate treatment of infections and antimicrobial stewardship measures;
43. Ensure equitable and timely access to and greater supply of antimicrobials, vaccines and diagnostics in developing countries, especially in low- and middle-income countries, in line with global lists of

essential medicines, including WHO Model List of Essential Medicines and the Global Essential Veterinary Medicines List, taking into account national contexts and updating country-aligned lists and treatment needs, as appropriate;

44. Encourage the Quadripartite organizations, in collaboration with relevant entities of the United Nations development system, within their respective mandates, and other stakeholders as appropriate, to coordinate efforts and take actionable steps to support global and regional access initiatives, to ensure effective infectious disease management including enhancing timely and equitable access to and affordability of quality antimicrobials, diagnostics, vaccines, and alternatives to the use of antimicrobials, while promoting their prudent, responsible, and sustainable manufacturing, appropriate use and disposal;
45. Call on the Quadripartite organizations, in collaboration with Member States upon their request and other stakeholders including private sector and partnerships, such as Global Antibiotic Research and Development Partnership (GARDP), through the SECURE initiative, and the Global Drug Facility, as applicable, to take steps to increase global access to and appropriate use of antimicrobials in settings with the highest unmet need, including by aligning regional and subregional medicine registration and reforming regulatory and policy pathways, as necessary, to accelerate authorization of safe and effective products, especially for new antimicrobials, and to consider implementing new, sustainable procurement models, such as pooled procurement, tiered pricing and by supporting measures to ensure the resilience of supply chains for health products;

#### **IV. Coordinated Multisectoral Response**

46. Recognize the need for collaborative and multisectoral efforts to address antimicrobial resistance through a One Health approach that fosters cooperation across human, animal and plant health, as well as environmental and other relevant sectors,
47. Acknowledge that increasing awareness and knowledge on antimicrobial resistance and all of its implications requires the sharing of good practices and findings, collaboration with the media and national and multisectoral actors and the allocation of sufficient resources for these activities across sectors,
48. Recognize that infection prevention and control across sectors, including through water, sanitation and hygiene (WASH), is essential to reduce the emergence, re-emergence and spread of antimicrobial resistance and note the importance of ensuring effective infrastructure and programmes in this regard based on scientific evidence,
49. Note the importance of improving the appropriate, prudent and responsible use of antimicrobials across human, animal and plant health, through integrated delivery of policies that promote disease prevention and antimicrobial stewardship,
50. Recognize the critical role that diagnostic tests and laboratory capacity play in reducing antimicrobial resistance, by facilitating the appropriate, prudent and responsible use of antimicrobials in all sectors, informing health care decisions, and improving patient care, while further recognizing the difficulties faced by developing countries, especially low- and middle-income countries, in accessing such tests,

*Commitments:*

51. Enhance and sustain targeted efforts, including through a One Health approach, to promote awareness of antimicrobial resistance and the appropriate use and disposal of antimicrobials, through education and training, social science approaches, communication and information campaigns, including through the media, behavioural change initiatives, the sharing of best practices and strengthening stewardship competencies and programmes across all relevant workforce sectors by integrating antimicrobial resistance modules in primary, secondary and tertiary education and training curricula through systematic public, private, stakeholder and community engagement, and in this regard acknowledge the importance of engaging patients and families as partners in promoting safe care, and working towards locally meaningful and sustainable solutions;
52. Promote the alignment of national action plans on antimicrobial resistance and national vaccination and immunization strategies, both in the human and animal health sectors;
53. Enhance the appropriate, prudent and responsible use of antimicrobials across sectors through better valuation of and investment in innovative, rapid, effective, validated and affordable diagnostics and laboratory systems, ensure the accessibility of quality testing, and promote the optimal utilization of these diagnostics across sectors;

***Human Health***

54. Reaffirm the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, and to enjoy the benefits of scientific progress and its application in order to advance towards universal access to quality, affordable, inclusive, equitable and timely prevention, diagnosis, treatment, care and awareness-raising related to antimicrobial resistance, and address its economic and social determinants,
55. Acknowledge the drivers of antimicrobial resistance, including infections of all types; lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment and prophylaxis guidelines; poor treatment adherence; inappropriate use of antibiotics, including during seasonal viral outbreaks; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; lack of adequate infrastructure, surveillance and monitoring systems, and affordable and effective diagnostic tests, including rapid and point-of-care tests; and lack of availability of and access to essential and quality-assured antimicrobials,
56. Note with concern the increasing burden of health care-associated infections, including sepsis, often caused by antibiotic-resistant pathogens, which compromise patient and health care provider safety with an increased risk of spreading drug-resistant infections to the community,
57. Recognize the need to prioritize and fund the implementation of measures to prevent and control infections, thereby reducing the need for antimicrobials, including through infection prevention and control programmes, vaccination, routine immunization and enhancing accurate and timely diagnosis of infections through, inter alia, strengthening laboratory and digital capacities and the use of diagnostic and surveillance data to inform treatment,



58. Recognize also that the provision of safe water, sanitation, hygiene, waste and electricity services is fundamental for preventing the emergence, re-emergence and spread of antimicrobial resistance, while noting with concern that 22 per cent of the world's health-care facilities lack basic water services and at least half lack basic hygiene services,
59. Acknowledge that drug-resistant tuberculosis is one of the key components of the global challenge of antimicrobial resistance, and express grave concern that the scope and scale of multidrug-resistant and extensively drug-resistant tuberculosis illness and mortality place an additional burden on health and community systems, especially in low- and middle-income countries, and thereby pose a critical challenge that could reverse the progress made against the disease, against antimicrobial resistance and towards the Sustainable Development Goals,
60. Recognize the impact of high-burden resistant pathogens, and that antimicrobial resistance undermines the effective treatment of bacterial, viral, fungal and parasitic infections, including sexually transmitted infections, as well as routine medical procedures such as surgery, neonatal care, cancer treatment and control and organ transplants, and take into account the lessons learned and best practices from addressing HIV, tuberculosis and malaria, as well as neglected tropical diseases,
61. Note with concern the need to significantly reduce global levels of maternal, perinatal, neonatal, infant and child mortality and morbidity caused by antimicrobial resistant infections and increase access to quality health-care services, including vaccination, for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth, including through providing antenatal and postnatal care, sufficient numbers of skilled birth attendants and adequately supplied birthing facilities,

*Commitments:*

62. Ensure that minimum requirements for national infection prevention and control programmes in healthcare facilities are in place to provide adequate protection and safety for patients, health workers and visitors, through, inter alia, implementation of WHO's global strategy on infection prevention and control (2023), the Immunization Agenda 2030, the WHO water, sanitation and hygiene strategy 2018–2025, and the WHO global patient safety action plan 2021- 2030, with the goal of achieving their respective targets, such as 100 per cent of countries having basic water, sanitation, hygiene and waste services in all health care facilities and 90 per cent of countries meeting all WHO's minimum requirements for infection prevention and control programs at national level by 2030;
63. Invest in sustainable and resilient health systems, based on a primary health care approach, to support universal access to essential health services and promote the timely and equitable supply of quality and affordable vaccines, diagnostics and treatments, including antimicrobials, and ensure their appropriate use including by applying or adapting the WHO Access, Watch and Reserve (AWaRe) classification of antibiotics within national contexts;
64. Ensure, by 2030, that the use of WHO Access group antibiotics is expanded from the 2023 global target, and in that regard, taking into account national contexts, aim to achieve at least 70 per cent overall human antibiotic use globally, through investing in and strengthening stewardship programmes,

***Agriculture & Animal Health***

65. Acknowledge the drivers that lead to inappropriate antimicrobial use in animals and plants, including lack of regulation and guidance of over-the-counter use of antimicrobials; lack of evidence-based standard treatment guidelines; lack of affordable diagnostic tests; lack of veterinary oversight; substandard and falsified antimicrobial medicines, and stress the need to strengthen systems to address them,
66. Acknowledge the impact of antimicrobial growth promoters on antimicrobial resistance and the particular need to phase out the use of medically important antimicrobials for this purpose, as well encourage the prudent and responsible use of antimicrobials when used prophylactically based on an ambitious, incremental, and country-specific approach building upon the Codex Alimentarius Antimicrobial Resistance Standards, including the Code of Practice and relevant WOAHA guidance, as appropriate,
67. Acknowledge the need to prioritize and fund the implementation of measures to prevent and control infections and ensure prudent, responsible and evidence-based use of antimicrobials in animal health, taking into account the WOAHA list of priority diseases and FAO RENOFARM (reduce the need for antimicrobial on farms) initiative, including by enhancing accurate diagnosis of infections through strengthening laboratory and digital capacities and increasing surveillance; promote good animal husbandry and agriculture practices, manure treatment and integrated pest management in the plant health sector; increasing the number of veterinarians and veterinary professionals and paraprofessionals; and promoting animal health, including through regulated access to quality antimicrobials and the supply of safe, effective and affordable veterinary medicines and vaccines,
68. Acknowledge further the bi-directional spread of zoonotic disease and antimicrobial resistance between humans and animals,

***Commitments:***

69. Strive to meaningfully reduce, by 2030, the quantity of antimicrobials used globally in the agri-food system from the current level, taking into account national contexts, by, inter alia, investing in animal and plant health to prevent and control infections, reducing the need for and inappropriate use of antimicrobials, including through investing in and promoting alternatives to antimicrobials and increasing implementation of stewardship guidance, taking into account the Codex Alimentarius and standards, guidance and recommendations of the World Organisation for Animal Health;
70. Commit to ensure that the use of antimicrobials in animals and agriculture is done in a prudent and responsible manner in line with the Codex Alimentarius Antimicrobial Resistance Standards and the standards, guidance and recommendations of the World Organisation for Animal Health;
71. Encourage FAO and its relevant governing bodies to undertake work, in consultation with member states and all relevant stakeholders, to develop further global guidance to prevent and reduce the use of antimicrobials in plant agriculture, building on the work of Codex Alimentarius Antimicrobial Resistance Standards and relevant International Plant Protection Convention guidance;
72. Ensure, by 2030, that animal vaccination strategies are defined with an implementation plan, including with international cooperation, taking into account WOAHA's list of priority diseases for

which vaccines could reduce antimicrobial use, and FAO guidance on vaccine quality control and field implementation, according to national contexts and based on scientific evidence;

73. Invest in animal health systems to support equitable access to essential veterinary services, improve animal health and appropriate management practices to prevent infections, and promote the timely supply of quality and affordable essential veterinary medicines, vaccines and diagnostics, and improve veterinary oversight of antimicrobial use in animals at national level;

### ***Environment***

74. Underscore that environmental factors contribute to the development and spread of antimicrobial resistance and the need for priority actions to prevent and address the discharge of antimicrobials and their metabolites into the environment from a wide range of sectors and services, including sanitation and sewage, waste, wastewater, healthcare, pharmaceutical manufacturing, crop production and terrestrial and aquatic animal production,
75. Acknowledge the need to strengthen the capacity of health systems for monitoring and minimizing the health impacts of and the adverse effects of climate change on antimicrobial resistance through adequate preventive measures, preparedness, timely response and effective management of natural disasters, and to develop health measures and integrate them into plans for adaptation to climate change as appropriate,
76. Recognize that pharmaceutical production, including manufacturing operations and waste and effluent generation and management, can impact the evolution and spread of antimicrobial resistance in the environment and further recognize the need for consistency in national regulatory oversight as well as coordinated global action,

### ***Commitments:***

77. Strengthen health systems through comprehensive primary and secondary antimicrobial resistance prevention strategies, such as stewardship programmes and environmental management of air, water, plants, soil, food and vectors for improved human, animal and plant health and the environment, taking into account the adverse effects that climate change may have on increased antimicrobial use;
78. Address research gaps and promote knowledge generation on the environmental aspects of antimicrobial resistance, including identifying appropriate methods for environmental surveillance, to inform the integration of environmental aspects in the development and implementation of national action plans on antimicrobial resistance as well as priority-setting and policy-making on antimicrobial resistance, including legislation, regulations, and guidance to catalyse preventative and mitigation action to address key pollution sources and prevent contamination of the environment with antimicrobials and their metabolites,

## **V. Research and Development, Training, Innovation and Manufacturing**

79. Note with concern that the current measures to prevent, contain, and reduce antimicrobial resistance are inadequate, including on transmission and exposure pathways and illness from antimicrobial resistant pathogens in humans, animals, and plants, and that the research and development pipeline for vaccines, diagnostics, therapeutics, especially antimicrobials and alternatives to the use of antimicrobials, to prevent and address antimicrobial resistance, especially antibiotics, are insufficient,

80. Recognize that affordability and equitable access to existing and new antimicrobial medicines, vaccines and diagnostics should be a global priority which takes into account the needs of all countries, in line with WHO's global strategy and plan of action on public health, innovation and intellectual property, taking into consideration its internationally agreed follow-up processes;
81. Recognize the importance of sustained, resilient and sustainable manufacturing of existing antibiotics, including through investing in local and regional manufacturing capacities, to meet the demands within both human and veterinary medicine, as well as encourage continued production and delivery of these products to meet market demands,
82. Acknowledge the need to remove trade barriers, strengthen supply chains, facilitate the movement of medical and public health goods, and diversify manufacturing capacities across regions, especially during pandemics and other health emergencies among and within countries,
83. Note with concern that the lack of investment, poor professional incentives and declining employment opportunities, amongst other factors, are leading to an increasing number of researchers leaving the field of antimicrobial resistance research, resulting in a loss of vital scientific and research talent and a drain on invaluable and much-needed knowledge and expertise,
84. Recognize the benefits of public-private partnerships in the development of and access to antimicrobials, vaccines, diagnostics and alternatives to antimicrobials and in contributing to supply chain sustainability, and take note of the work of the Combatting Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) and the Global Antibiotic Research and Development Partnership (GARDP);
85. Note with further concern the dangers of sub-standard, counterfeit and falsified human and veterinary medical products, as well as plant protection products, including pesticides, that can lead to increased antimicrobial resistance,

*Commitments:*

86. Explore, encourage and promote a range of innovative incentives and financing mechanisms for multisectoral health research and development to address antimicrobial resistance, and a stronger and transparent partnership between the public and the private sectors as well as academia and the scientific community, acknowledging the important role played by the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility, as well as appropriate incentives, including push and pull incentives, in the development of new health products and technologies, while ensuring that mechanisms are in place for equitable access, particularly in developing countries;
87. Promote the transfer of technology and know-how and encourage research, innovation and commitments to voluntary licensing, where possible, in agreements where public funding has been invested in the research and development of antimicrobials, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements;

88. Improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts, to address the global concern about the high prices of some health products and in this regard encourage the World Health Organization to continue its efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products;
89. Recognize the important role played by the private sector in research and development of innovative medicines and continue to support voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, facilitate equitable and affordable access to new tools and other results to be gained through research and development;
90. Recognize the need to support developing countries to build expertise and strengthen local and regional production of vaccines, medicines, diagnostics and other health technologies in order to facilitate equitable access, recognizing that the high prices of some health products and the inequitable access to such products impede progress towards addressing antimicrobial resistance, particularly for developing countries;
91. Prioritize the sustainable production of antimicrobials, including through developing and incentivising the adoption of manufacturing standards to reduce the risk of developing antimicrobial resistance and aquatic ecotoxicity in the environment resulting from manufacturing operations;
92. Undertake and enhance targeted measures, including activities identified by the WHO Member State Mechanism on Substandard and Falsified Medicines, to address the trade in sub-standard, counterfeit and falsified medicines, through, inter alia, improving supply chain management and strengthening regulatory and surveillance capacity,
93. Promote the development of research strategies and innovation programmes and their integration into national action plans on antimicrobials resistance, taking into consideration national contexts, as well as the Quadripartite One Health Priority Research Agenda and the WHO Global Research Agenda for Antimicrobial Resistance in Human Health;
94. Strengthen national capacities by investing in the training, development, recruitment and retention of a competent and skilled workforce in human, animal, and plant health and the environment, as relevant, especially in low- and middle-income countries, as well as through capitalizing on antimicrobial resistance expertise from the Quadripartite organizations and their regional offices, collaborating centers, and relevant Secretariat departments,
95. Undertake measures to address the growing shortage of researchers and medical specialists and restore, build, and invest in the scientific talent that can spearhead an effective response to antimicrobial resistance;

**VI. Surveillance and Monitoring**

96. Note that important progress has been made in strengthening surveillance on antimicrobial resistance, including the establishment of global surveillance systems for antimicrobial resistance and antimicrobial use across sectors, while acknowledging that the disparities in the capacities of surveillance systems and that gaps in data and data sharing are hindering a comprehensive One Health response,
97. Recognize the need to strengthen cross-sectoral data sharing at national, regional and global levels, including through innovative surveillance approaches, in conformity with the respective data protection regulations, to improve monitoring, evaluation and forecasting of antimicrobial resistance trends,

*Commitments:*

98. Strengthen national capacities for sustainable, sector-specific, integrated and interoperable surveillance systems for antimicrobial resistance and antimicrobial use, standards of diagnostics, laboratory information systems and networks, and other infrastructure to support collection of nationally representative data on prevalence, antimicrobial resistance patterns, re-emerging disease surveillance, mortality and morbidity attributable to antimicrobial resistance, data on antimicrobial use across sectors and monitoring of water, sanitation and hygiene in healthcare facilities and community settings and the environment, and to share relevant information on emerging trends to inform decision making at all levels;
99. Encourage all countries to report quality surveillance data on antimicrobial resistance and antimicrobial use by 2030, through existing global surveillance systems, including the Global Antimicrobial Resistance and Use Surveillance System (GLASS), Global Database for Antimicrobial Use in Animals (ANIMUSE), and International FAO Antimicrobial Resistance Monitoring (InFARM) platform, for use in the Quadripartite Global Integrated System for Surveillance of Antimicrobial Resistance and Antimicrobial Usage (GISSA);
100. Improve access to diagnosis and care, so at least 80 per cent of countries can test resistance in all bacterial and fungal GLASS pathogens by 2030;
101. Invite the Quadripartite organizations to consider, within existing resources, the development of a science- and risk-based system to analyse antimicrobial residues and resistance in the environment, complementary to, and, where appropriate, interacting with existing global surveillance systems,
102. Improve monitoring and evaluation of the implementation of multisectoral national action plans on antimicrobial resistance by building country-level technical capacity and ensure that 95 per cent of countries participate in the annual Tracking Antimicrobial Resistance Country Self- Assessment Survey (TrACSS) by 2030,

**VII. Follow up**

103. Request that the Quadripartite organizations (FAO, UNEP, WHO, WOA) continue to provide, in a timely manner, quality and effectively disseminated normative guidance and technical support to countries for building sector-specific and joint, coordinated responses to antimicrobial resistance in

collaboration with partners, including funding entities, private sector, civil society and affected communities, and to lead biennial global reviews of the response to antimicrobial resistance, including national capacities for antimicrobial resistance prevention, surveillance and response;

104. Further request relevant United Nations entities to continue to provide, in a timely manner, support to Member States, upon their request, in order to build capacity, strengthen health systems and promote financial sustainability, training, recruitment, development and retention of human resources to address antimicrobial resistance;
105. Request the Secretary-General to provide, in consultation with the Quadripartite organizations and other relevant agencies, a progress report on the implementation of the Political Declaration on antimicrobial resistance during the eighty-first session of the General Assembly, which will serve to inform the high-level meeting to be convened in 2029;
106. Decide to convene a high-level meeting on antimicrobial resistance in 2029 in New York, aimed to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress on addressing antimicrobial resistance by 2030, the scope and modalities of which shall be decided no later than the eighty-third session of the General Assembly, taking into consideration the outcomes of other existing health-related processes.