

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 – EU ADD**] and national efforts to tackle antimicrobial resistance, **[through a One Health approach to – NOR ADD]** identify gaps and invest in **[adequate and sustainable – EU ADD]** solutions to **[strengthen and – EU ADD]** accelerate progress in **[multisectoral, – G77, EU DEL]** global, regional and national **[multisectoral – EU ADD]** responses, **[with a view to scaling up the global effort – EU DEL]** to build a healthier world **[based on equity and leaving no one behind – G77 ADD]** **[and secure our future together – G77 DEL]** **[within the framework of a One Health approach – G77 ADD]**, and in this regard we:

1. Recognize that **[addressing – CANZ ADD]** antimicrobial resistance **[is an international health threat that – UK ADD]** **[where resistance to antibiotics is the greatest and most urgent global risk, – EU ADD]** demands urgent action to safeguard our ability to treat human, animal, and plant diseases, **[as well as ensuring food safety and food security, – G77, CANZ DEL]** **[to protect human health, ensure food safety and security, - CANZ ADD]** **[and – G77 ADD]** **[fostering foster – CANZ REPLACE]** economic development and equity, **[environmental [and biodiversity – EU ADD]** protection, **– G77, CANZ DEL]** **[protect our environment – CANZ ADD / mitigating against the impacts of climate change – UK ADD]** and **[advancing advance – CANZ REPLACE]** the 2030 Agenda for Sustainable Development Goals, *(Source: No Time to Wait: Securing the Future from Drug-Resistant Infections (IACG Report to the SG, 2019))*

[1bis. Recall that within the broader context of antimicrobial resistance, resistance to antibiotics is one of the most urgent global health risk, and that effective efficient and safe antibiotics are a prerequisite for providing quality and affordable health care services and basic and advanced medicines, including care for children, and in particular, newborns, – G77 ADD]

[1bis2. Recall that within the broader context of antimicrobial resistance, resistance to antibiotics is the greatest and most urgent cross-border health threat and further recognize that effective antibiotics are a prerequisite for providing quality health care, including routine medical procedures such as surgery, neonatal care, cancer treatment and organ transplant and are essential for the functioning of all health systems; - EU ADD]

[1bis3. Also recognize that the overarching principle for addressing antimicrobial resistance is the promotion and protection of human health within the framework of a One Health approach and emphasize that this requires coherent, comprehensive and integrated multisectoral action, as human, animal, and environmental health are interconnected, (Source: A/RES/71/3 p10 chapeau, verbatim through “interconnected) – HOLY SEE ADD]

2. Recognize further that **[antimicrobial resistance affects people – EU DEL]** **[infections caused by antimicrobial resistant micro-organisms threaten and affect persons – EU ADD]** of all ages, in particular **[children and older persons, as well as – HOLY SEE ADD / children, aging populations and – UK ADD]** those in **[low-resource settings and – US ADD]** **[the most – EU ADD]** vulnerable situations **[new-born babies, children, immunocompromised patients and the elderly) – EU ADD]**, and **[knowing no borders – EU ADD]** is present in **[all – G77 ADD]** countries **[of all income levels, – G77 DEL]** with the burden largely and disproportionately **[felt borne – EU REPLACE]** **[particularly – US ADD]** by **[developing countries, – US DEL]** **[especially – US, G77 DEL]** **[low- and middle- income countries, – G77 DEL]** **[fragile and conflict affected states, and humanitarian settings – UK ADD]** **[which are the most impacted, – EU ADD]** *(Source: The Lancet Series on AMR: The need for sustainable access to effective antibiotics, May 2024)*

[2ALT. Recognize further that while antimicrobial resistance affects people of all ages and is present in countries of all income levels, the burden is largely and disproportionately felt by certain population groups and developing countries, especially low- and middle- income countries, (Source: new) – CANZ ADD]

3. Note with concern the present and ever-increasing [urgent global – EU DEL] [risk **threat – CANZ REPLACE / levels – EU REPLACE**] of antimicrobial resistance, [of which – CANZ DEL] [while **noting that lack of access to effective antimicrobials kills more people than does antimicrobial resistance. Noting that – CANZ ADD**] drug-resistant bacterial infections alone [contributes **is estimated to contribute – EU REPLACE**] to [5 **4.95 – RUS REPLACE**] million human deaths and [kills **kill – EU REPLACE**] 1.27 million people a year, about 20 per cent of whom are children under five, and that without a stronger [**coordinated – EU ADD**] response [than we are mounting today – **CANZ, EU DEL**], there will be an estimated average loss of life expectancy of 1.8 years globally by 2035, [while [noting **stressing – HOLY SEE REPLACE**] that lack of access to effective [, **safe and affordable – EU ADD**] antimicrobials [, **diagnostic tools – MEX ADD**] [**in the developing countries – G77 ADD**] kills more people than [does – EU DEL] antimicrobial resistance [**does – EU ADD**], – **CANZ DEL**] (Source: GRAM Study) [**G77 RESERVES**]

[3ALT. Note with concern the present and ever-increasing urgent global risk of antimicrobial resistance, of which drug-resistant bacterial infections were associated with 4.95 million human deaths, about 20 per cent of whom were children under five, and attributable to 1.27 million deaths in 2019, and that without a stronger response than we are mounting today, there will be an estimated average loss of life expectancy of 1.8 years globally by 2035, while noting that lack of access to appropriate and effective treatment of infections kills more people than does antimicrobial resistance, (Source: new) – US ADD]

[3bis. Recognize that as long as antimicrobials are used in humans, animals and crops, resistance will develop, and while it cannot be eradicated, it can be managed by slowing down resistance development through achieving sustainability in prevention, innovation, access and use of antimicrobials; emphasize that effective antimicrobials should be seen as a common global resource and preserving their effect is a joint responsibility of all countries; – EU ADD]

4. Note with further concern that [**globally – US ADD**] antimicrobial resistance could result in [**US\$ – US ADD**] 1 trillion [United States Dollars – **US DEL**] of additional health-care costs [**and up to 11 per cent loss in livestock production in some countries – CANZ ADD**] by 2050 and [**US\$ – US ADD**] 1 trillion to 3.4 trillion dollars of gross domestic product losses per year by 2030, and that treating resistant bacterial infections alone could cost up to US\$ 412 billion annually, coupled with workforce participation and productivity losses of US\$ 443 billion, [**and that AMR is predicted to cause an 11 per cent decline in livestock production in low-income countries by 2050, – UK ADD**] (Source: Quadripartite Economic Study) [**G77 RESERVES**]

[4bis. Note with serious concern the severe shortcomings the COVID-19 pandemic has revealed at the national, regional and global levels in preparedness for, timely and effective prevention and detection of, and response to potential health emergencies, including in the capacity and resilience of health systems, especially in developing countries; – G77 ADD]

5. [Recognize **Reaffirm – EU REPLACE**] the need to prioritize [the prevention of infections – **EU DEL**] [**infection prevention and control measures as well as stewardship – EU ADD**], including through

[universal health coverage, equitable access to medicines and health products, investment in infrastructure, – G77 ADD] vaccination, water, sanitation and hygiene (WASH), **[education, public awareness campaigns – G77 ADD]** **[and [other – US ADD]** infection prevention and control measures, **– EU DEL]** **[which align with Sustainable Development Goal 6 and – UK ADD]** which could prevent more than 750,000 deaths each year from antimicrobial **[resistance resistant pathogens – US REPLACE]**, (Source: *The Lancet Series on AMR: The need for sustainable access to effective antibiotics, May 2024*) **[RUS RESERVES]**

6. Recognize the need to **[scale up multisectoral, cross-sectoral and inter-disciplinary efforts and the engagement of all relevant sectors, such as – US DEL]** **[emphasize a One Health inter-disciplinary effort engaging all relevant sectors, including – US ADD]** human **[and veterinary medicine – EU DEL]**, **[animal and plant health, social sciences, – EU ADD]** agriculture, **[plant – UK ADD]** finance, environment, manufacturing, development, **[investment – MEX ADD]** research **[and development in science – MEX ADD]**, education **[, training – EU ADD / , training, patients, civil society, private sector, financial institutions, – UK ADD]** and consumers, **[patients and the general public, – EU ADD]** to generate an effective **[and synergistic – EU ADD]** whole-of-government and whole-of-society response **[to antimicrobial resistance – G77 ADD]**, **[including – UK DEL]** **[towards – JPN, CANZ, UK DEL]** **[through – CANZ ADD / through taking – UK ADD]** a **[n inclusive and collaborative – CANZ ADD]** One Health approach **– US, EU DEL]** **[in line with the One Health approach as defined by the One Health High Level Expert Panel (OHHLEP), and support the work of the Quadripartite organizations – EU ADD]**, (Source: *Implementing the global action plan on AMR: First Quadripartite biennial report*)

[6bis. Recognize the imperative to continue raising awareness of antimicrobial resistance issues among decision makers during international events, fora and negotiations, – EU ADD]

7. 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 Call to Action from the High-Level Interactive Dialogue on Antimicrobial Resistance in 2021, **[and the recommendations put forward by the Ad-hoc UN Inter-agency Coordination group in 2019, – EU ADD]** (Source: *new*)

[7bis. Also 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 and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and neglected diseases affecting developing countries in particular, 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 (Source: A/RES/71/3 p2) – G77 ADD]

8. Welcome the organization and recall the political declarations 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, which highlighted the importance of **[international – G77 ADD]** cooperation, **[collaboration – UK ADD]** equity and **[global – G77 ADD]** solidarity in scaling up the global effort to leave no one behind and to build a healthier world for all, (Source: *A/RES/78/280, PP45*)

[8bis. Welcome 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" – G77 ADD]

[8bis2. Welcome the First BRICS International Conference on AMR held on 30-31 May 2024 under the theme “Antimicrobial Resistance: as a Global Challenge to the National Well-Being of BRICS. Reality and Innovation”; – RUS ADD]

9. Acknowledge the need to ensure that no one is left behind, with an endeavour to reach the furthest behind first, and to [ensure – EU DEL] [promote and enable – EU ADD] [equitable – G77 ADD] access to quality [essential – G77 DEL] health[-care – G77 ADD] [and veterinary – CANZ, UK ADD] services and safe, effective, quality, affordable [essential – G77, HOLY SEE DEL] medicines, [including antimicrobials – EU ADD] vaccines, diagnostics [, therapeutics – G77 ADD] and [the safe deployment of – UK ADD] [other – G77 ADD] health technologies [are available for humans and animals – UK ADD], while respecting and promoting human rights [, gender equality – EU ADD] and the dignity of the person [, animal welfare – CANZ ADD] and the principles of equality and non-discrimination, as well as empowering those who are [vulnerable or – G77, RUS DEL] in vulnerable situations, including [families – RUS ADD] women, children, youth, persons with disabilities, people living with HIV/AIDS [tuberculosis – UKR ADD / and those affected by tuberculosis – G77 ADD], older persons, people of African descent, Indigenous Peoples, [people affected by armed conflict, – UKR ADD] refugees, internally displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, [people living in fragile and conflict affected states and humanitarian settings – UK ADD] people living in slums, informal settlements or inadequate housing [recognizing that dire situations resulting from crises such as poor health conditions, climatic events or conflicts favour antimicrobial resistance – EU ADD]; (Source: A/RES/78/4, para 48)

[9bis. Recognize that the keys to tackling antimicrobial resistance are the prevention and control of infections in humans and animals, including immunization, monitoring and surveillance of antimicrobial resistance, sanitation, safe and clean water and healthy environments; investing in strong health systems capable of providing universal health coverage; promoting access to existing and new quality, safe, efficacious and affordable antimicrobial medicines based on diagnostic tests; sustained research and development for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies; promoting affordable and accessible health care; and resolving the lack of investment in research and development, including through the provision of incentives to innovate and improve public health outcomes, particularly in the field of antibiotics; (Source: A/RES/71/3, p9) – MEX ADD]

[9bis2. Recognize that structural inequity, stigma, racism and discrimination, including against women, inadequate investment in, and inequitable access to prevention, diagnosis, treatment remain key roadblocks to ending AMR infections, that people with AMR may suffer from stigma and all forms of discrimination and that barriers to the enjoyment of human rights need to be addressed through comprehensive political, legal and programmatic actions; (Source: A/78/L.4, P10) – UKR, CANZ ADD]

[9ter. Recognize the profound socioeconomic challenges and financial hardships faced by people affected by AMR, 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; – CANZ ADD]

10. In this regard, we commit to scale up action to be commensurate with the present [threat **challenge – G77, RUS REPLACE]** of antimicrobial resistance, [especially in developing countries, – G77 ADD] with the [specific – US ADD] aim to reduce the global deaths caused by bacterial antimicrobial resistance by 10 per cent by 2030 against the baseline of [4.95 million associated deaths in – US ADD] 2019, and undertake to address the [multifaceted **crosscutting – G77 REPLACE]** nature of antimicrobial resistance, through: (Source: *Global Leaders Group report: Towards specific commitments and action in the response to antimicrobial resistance*) [G77 RESERVES]

Governance

11. Recognize that [sustainable and accountable – G77 DEL] governance structures at national, regional and global levels are critical to an effective, coordinated and inclusive multisectoral response, [including a **One Health approach – UK ADD]** and note, from annual Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS) reporting, that while [178 **177 – CANZ REPLACE]** 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 – EU ADD]**; (Source: *TrACSS data 2023*)

12. 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 – G77 ADD]** addressing antimicrobial resistance, in accordance with national contexts and [priorities **needs – EU REPLACE]**, and underscore the importance of political leadership for [combatting **counteracting – EU REPLACE]** antimicrobial resistance in and beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, [community-based **approaches, – EU ADD]** as well as health-in-all-policies approaches, equity-based approaches and life-course approaches [, **should be considered – US ADD]**; (Source: *based on A/RES/78/4, Para 9*)

[12bis. Recognize that armed conflicts have a devastating impact on health systems and AMR in particular, 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. (Source: based on A/RES/78/280 p30) – UKR ADD]

13. Recognize the need for international cooperation [and **global solidarity – G77 ADD]** to support efforts to build and strengthen capacity to [design – EU ADD / establish, implement, – CANZ ADD] review, [share **best practices – UK ADD]** [and – CANZ, UK ADD] update [and implement – CANZ DEL] national action plans on antimicrobial resistance [especially – EU ADD] in developing countries, including through [basic services like **WASH in healthcare facility and community settings, – JPN, EU ADD]** technical [and financial – G77 ADD] support [for health, agriculture [veterinary – EU ADD] and environment – G77, CANZ DEL] [such as – G77 ADD] workforce training and enhancing laboratory [and digital – EU ADD] capacity [across **One Health sectors – CANZ ADD]** [and **support for research, development and innovation programmes – HOLY SEE ADD]**; (Source: *based on A/RES/78/4, p88*)

14. Note the need to strengthen national and regional regulatory bodies to adopt effective regulatory frameworks, within national context and as appropriate, **[to promote effective implementation and accountability in place to strengthen country efforts to combat antimicrobial resistance, – US ADD]** and to achieve stable, well-functioning and **[harmonized aligned – CANZ REPLACE]** regulatory systems for human **[and , – CANZ, EU REPLACE]** animal **[and plant – CANZ ADD]** medicines **[and for plant protection products – UK ADD / and for pesticides – EU ADD / as well as environmental health and food security – MEX ADD]** **[across sectors – CANZ DEL]**, **[to ensure integral, safe, quality-based and effective approaches for all; – MEX ADD]** **[including innovation; and to make available assistance and support to LMICs upon their request to help strengthen their regulatory frameworks, – UK ADD]** *(Source: WHO's five-year plan to help build effective and efficient regulatory systems: Delivering Quality-Assured medical products for all, 2019–2023; Global Leaders Group recommendations to address the antibiotic pipeline and access crisis in human health)*
15. Recognize the leading role of the **[Quadripartite, which is made up of the Food and Agriculture Organization of the United Nations, the – UK ADD / Quadripartite organizations composed of the – EU ADD]** World Health Organization **[(WHO) – EU ADD]**, **[as the primary specialized agency for health, and the strengthened cooperation and collaboration among World Health Organization, – G77 ADD]** **[the Food and Agriculture Organization of the United Nations [(FAO) – EU ADD], – UK DEL]** the World Organisation for Animal Health **[(WOAH) – EU ADD]** and the United Nations Environment Programme **[(UNEP) – EU ADD]**, **[its One Health Joint Plan of Action (2022-2026), – EU ADD]** and the work of the standing Quadripartite Joint Secretariat on Antimicrobial Resistance, *(Source: based on A/RES/78/280 p14)*
16. Recognize also the contributions to global antimicrobial resistance response, including from **[BRICS, the Shanghai Cooperation Organisation, – RUS ADD]** the Global Leaders Group on Antimicrobial Resistance, the Antimicrobial Resistance Multi-Stakeholder Partnership Platform, **[communities affected by AMR – CANZ ADD]** and other United Nations agencies and international organizations, **[such as Unitaid, Gavi the Vaccine Alliance, The Global Fund or StopTB, - EU ADD]** **[where appropriate – CANZ DEL]**, *(Source: The Quadripartite Joint Secretariat on AMR Progress Report, 2024)*

Commitments:

17. Ensure all countries **[have developed – EU DEL] [are implementing budgeted – EU ADD] [and costed – US ADD] [prioritised – UK ADD]** multisectoral **[and One Health – UK ADD]** national action plans to address antimicrobial resistance, **[that include identified reliable sources of funding, and are informed by analysis of existing capacities, including legal, – US ADD]** with functioning multisectoral **[and sector-specific – JPN, EU DEL]** coordination mechanisms **[and an implementation and policy accountability framework, to oversee access to, quality of, and appropriate use of, medically important antimicrobials, and enhance timeliness and quality of diagnosis or detection of AMR in human health, animal health, and plant health sectors – US ADD]** by **[2030 2026 – EU REPLACE]**, **[according to national contexts and priorities – G77 ADD]** *(Source: based on A/RES/71/3, para 12(a), TrACSS data 2023)*

- [17bis. All countries have conducted legal mapping of national legal instruments (e.g., constitutions, legislation, arrêtés, decrees, regulations) necessary for addressing the global threat of AMR across sectors by 2030; (Source: new) – US ADD]**
18. Establish or strengthen an inclusive **[and effective – G77 ADD]** national multisectoral coordinating **[body mechanisms – UK REPLACE]** across **[human, animal, plant [and – US DEL] environmental – CANZ DEL] [One Health – CANZ ADD] [, finance and other relevant – US ADD]** sectors for antimicrobial resistance, **[including through engagement with relevant ministries and stakeholders – G77 ADD] [with [appropriate – US DEL] [and sustainable – EU ADD] human and financial resources and mandates to engage relevant ministries and stakeholders, – G77 DEL] [including civil society and the private sector, - MEX ADD]**(Source: TrACSS data 2023)
 19. Request the Quadripartite organizations **[, in consultation with Member States, – G77 ADD] [to – UK DEL] [provide a focused – UK ADD / consider the need to – EU ADD] update [of – UK ADD] the Global Action Plan on Antimicrobial Resistance [through a Member States consensus-driven process – US ADD] by 2026 [including global targets on AMR – NOR ADD] [by adding an additional section on the environment – UK ADD] to ensure [the effective implementation of – EU ADD] a robust [and inclusive – G77 DEL] multisectoral One Health response **[in coordination with other relevant international entities, – EU ADD] [that aligns with current realities – UK DEL] [based on current evidence – UK ADD] to drive greater impact against antimicrobial resistance [and request the Quadripartite to report jointly on progress made towards their specific commitments in respective strategies, actions plans and resolutions by 2026 and then bi-annually – EU ADD];** (Source: Quadripartite Key Recommendations and Priorities for the 2024 UNGA High-Level Meeting on AMR)**
 20. Formalize the standing Quadripartite Joint Secretariat on Antimicrobial Resistance as the **[key central – G77 REPLACE]** coordinating mechanism of **[the global One Health response to – G77 DEL] antimicrobial resistance, [through rapid admission of UNDP and UNICEF by 2025, and with biennial UN progress reports to UNGA, - UK ADD] [drawing on according to – G77 REPLACE] the mandates [and roles – G77 DEL] of the respective organizations, and other relevant organizations in each sector [, and request annual reports be provided to Member States – US ADD] [and call upon the Secretary General to monitor cross UN working on AMR, profiling it as an exemplar of the Secretary General’s reform agenda – UK ADD];** (Source: Global Leaders Group Report: Towards specific commitments and action in the response to antimicrobial resistance; Quadripartite Joint Secretariat on AMR Progress Report 2024) **[EU RESERVES]**
 21. Promote participatory, inclusive **[and transparent – G77 ADD]** approaches to health governance for antimicrobial resistance **[at national, regional, and global level – G77 ADD]**, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, **[where appropriate, – RUS ADD]** involving all relevant stakeholders, including local communities, **[farmers, human and veterinary – UK ADD]** health workers and care workers in the health sector, **[the animal health sector – CANZ ADD] [patients, [AMR – CHE, EU ADD] survivors – G77, RUS DEL] [of antimicrobial resistant infections – US ADD], [farmers, animal health and environmental and ecosystem sector professionals, – EU ADD] [volunteers, – RUS DEL] [animal health experts, – G77 ADD] civil society organizations [, private sector – CHE, ISR, CANZ ADD] 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 **[are more effective, including at the local community level, – G77 ADD] [build capacity and – UK ADD] [better respond to individual and community health needs, – G77 DEL] while fostering trust in health systems;** (Source: based on A/RES/78/4 p104)**

- [21bis. Call on multilateral organisations such as the United Nations Development Programme (UNDP), the World Bank and the United Nations Children’s Fund (UNICEF) or any other relevant organisation to cooperate closer with the Quadripartite on relevant aspects of their core missions linked to the fight against AMR such as poverty reduction, water, sanitation and hygiene, sustainable food production systems, and preparedness. And request the Quadripartite Joint Secretariat to facilitate such cooperation and exchange; – EU ADD]
- [21ter. Request the development and implementation within existing resources, of a transparent monitoring framework for independent assessment of member states’ progress with verifiable data. Also request the framework to include mechanisms for regular and open reporting from each of the respective quadripartite organizations for member states’ stocktaking of the efficiency of their efforts. Such a framework should be developed by an ad hoc task force with representative participation from the quadripartite as well as other relevant multilateral organizations, member states and non-state stakeholders taking into account existing regional monitoring frameworks and report back a proposal to the UNGA in 2025; – EU ADD]
22. [Recommend **Decide – CHE REPLACE**] [considering – JPN ADD] the establishment by 2025 of an Independent Panel on Evidence for Action against Antimicrobial Resistance, through the Quadripartite organizations, [with a clear mandate, scope, deliverables, and adequate resources – CANZ ADD] to monitor trends [, identify gaps – NOR ADD] and provide Member States with regular guidance on the science, data, and evidence across all sectors related to antimicrobial resistance [and to update or suggest targets to facilitate global cooperation and action – CHE ADD], (Source: *No Time to Wait: Securing the Future from Drug-Resistant Infections (IACG Report to the SG, 2019)*) [G77 RESERVES; RUS DELETE; US MOVE PARA TO 68bis]
- [22ALT. Recommend the establishment, by mid-2025, following appropriate consultation prior to this date with all Member States on detailed design and mandate, of an Independent Scientific One Health Panel on Evidence for Action against Antimicrobial Resistance, supported by but independent of the Quadripartite organizations, with strong and equal participation from low and middle income countries, to monitor trends and provide directly to Member States, regular guidance on the science, data, and evidence, including most impactful and value for money interventions, across all sectors related to antimicrobial resistance, and to draft global targets for Member State consideration, and provide evidence to help inform national targets; the panel should provide its first report to Member States no later than September 2026; (Source: new) – UK ADD]
- [22ALT2. Recommend the establishment by 2025 of an Independent Panel on Evidence for Action against Antimicrobial Resistance, including representation across the entire One Health spectrum including independent experts from human, animal and plant health, the environment, food and feed production and food safety sectors, as well as human and social scientists, within existing resources and respecting their dedicated mandates, through the Quadripartite organizations, considering the work and information provided by the Global AMR R&D Hub and other relevant international initiatives, to assess existing evidence and provide Member States with regular guidance on policy recommendations and to identify significant research gaps across all sectors related to antimicrobial resistance and to update or suggest targets to facilitate global cooperation and action; – EU ADD]
- [22bis. Improve monitoring and evaluation of the implementation of multisectoral national action plans on antimicrobial resistance by building country-level technical capacity and with the aim

that 95 per cent of countries participate in the annual Tracking Antimicrobial Resistance (AMR) Country Self- Assessment Survey (TrACSS) by 2030, (Source: new) – US MOVE P82 TO P22bis]

[22bis2. Request the development of a voluntary Member State-owned framework – “the Framework”, which will provide for improved Member State governance through better communication, peer-to-peer knowledge exchange (including on best practice), and voluntary monitoring and reporting of progress across all sectors: human, animal, plant, and environment; and serve as the forum through which the proposed independent One Health science panel can both engage and report to Member States; supported by the expanded Quadripartite Secretariat; and request that the UN Secretary General to invite Member States to form a representative (including by geography and income level) working group no later than the end of 2024 that can develop, in regular consultation with all Member States, and then pilot a voluntary framework beginning no later than September 2025, with regular updates to all Member States; we ask for a formal report to UNGA in 2026; - UK ADD]

Financing

23. Recognize the urgent need [to increase – EU DEL] [for adequate and substantial – EU ADD] sustainable investments at national, regional and global levels for [human and animal – UK ADD] [health – EU DEL] systems [, based on a primary health care approach, to deliver high-quality health services to people for prevention, diagnosis and appropriate treatment of infections, and thereby – CHE ADD] strengthening [, reform and transition toward sustainability across all sectors, – EU ADD] to improve [Member States’ countries – G77 REPLACE] capacities for antimicrobial resistance [measurement, – UK ADD] prevention and response, [while acknowledging the disproportionate burden on – G77, JPN DEL] [especially in – G77 ADD] [developing countries, – US, JPN DEL] [and – G77, US, JPN, EU DEL] [especially – G77, JPN, EU DEL] [including – G77 ADD / in particular – EU ADD] [low- and middle-income countries – JPN DEL] [, which are subject to a disproportionate burden – G77 ADD], (Source: *Drug-Resistant Infections: A Threat to Our Economic Future*, World Bank, 2017)

[23bis. States are strongly urged to refrain from promulgating and applying any unilateral economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development, particularly in developing countries. (As stated in the 2030 Agenda for Sustainable Development (Source: A/RES/70/1) – G77 ADD]

24. Recognize the need for countries to have in place prioritized, fully costed and funded multisectoral [and One Health – UK ADD] 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, (Source: new; TrACSS data 2023)

25. Recognize further that while [developing – CANZ, US DEL] [low- and middle-income – US ADD] countries have made progress in implementing multisectoral national action plans on antimicrobial resistance, [additional sustainable – EU REPLACE] financial [and technical – G77 ADD] support [including through the Pandemic Fund, – EU ADD] is needed to sustain actions at the local, national [and , – EU REPLACE] regional [and global – EU ADD] levels [toward addressing needs across all One Health sectors – US ADD], (Source: TrACSS data 2023)

Commitments:

26. [Commit to **Promote – G77 REPLACE / Work to – JPN REPLACE**] [dedicated **dedicate – JPN REPLACE / sufficient – UK REPLACE**] financing in national budgets [, **according to national circumstances – EU ADD**] for national action plans on antimicrobial resistance [**and their effective implementation – EU ADD**], [with the goal of at least 60 per cent of countries having achieved this by 2030 – **G77 DEL**]; (Source: TrACSS data 2023)
27. [Mobilize – **US, CANZ DEL**] [**Strengthen sustainable financing, including through the mobilization of domestic – US ADD / Ensure existing funding structures – CANZ ADD**] [diverse – **JPN ADD**] [financial resources, – **CANZ DEL**] [, **using national or existing international funds, – EU ADD**] [in particular for developing countries, – **US, CANZ DEL**] [**and in line with the Bridgetown agenda and global reforms to international financing institutions and multilateral development banks, noting the World Bank’s Global Challenge Programmes on pandemic preparedness and waters and their relevance for AMR, including investment in human and animal health systems – UK ADD**] to support implementation of national action plans on antimicrobial resistance, [**as well as its monitoring and surveillance, – MEX ADD**] in accordance with [individual country **national – CANZ REPLACE**] contexts; (Source: new) [**RUS DELETE**]
- [27ALT. **Commit to significantly intensify mobilization of additional, catalytic, adequate, predictable, and sustained financial resources and investments through national, bilateral, multilateral channels including international cooperation, financial and technical assistance, debt financing as appropriate in particular for developing countries, to support implementation of national action plans on antimicrobial resistance, in accordance with individual country contexts; – G77 ADD**]
- [27bis. **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 (Source: A/RES/78/4 p.88) – G77 ADD**]
- [27ter. **Commit 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 (Source: A/RES/78/3 p.40) – G77 ADD**]
28. [Strengthen the financing for and – **CANZ, EU DEL**] [leverage – **EU DEL**] [**Call on more countries to commit to – EU ADD**] the Antimicrobial Resistance Multi-Partner Trust Fund to support the implementation of national action plans on antimicrobial resistance [**in low- and middle-income countries – UK, EU ADD**] [, **including by committing to provide, from developed countries to developing countries, at least 100 million USD per year; – G77 ADD**] [whilst ensuring that the fund reflects the priorities of all member states, including contributing to prevention efforts – **JPN ADD**] (Source: AMR MPTF gateway)
29. Call on existing financing instruments, [**as appropriate, – G77 ADD**] including but not limited to the World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, [Green Climate Fund, – **JPN DEL**] Pandemic Fund, [Climate Health Fund, – **UK DEL**] [Global Environment Facility, – **JPN DEL**] Nature4Health, [and – **G77 DEL**] [the Global Biodiversity Framework Fund – **JPN DEL**] [, **and the Stop TB Partnership – G77 ADD**] to [**facilitate access to**

existing relevant funding sources and/or – US ADD] expand [, as appropriate, – CANZ ADD] their scope [, to strengthen capacity to prevent and mitigate the emergence, spread, and impact of antimicrobial resistance – US ADD] to include investments [in increasing to increase – US REPLACE] access to [the appropriate treatment of infections though the right – US ADD] effective antimicrobial[s – US DEL] [for the appropriate duration – US ADD], prevention of infections through vaccines, [research and development of new antimicrobials, diagnostic tools or technologies, – MEX ADD] water, hygiene and sanitation, and infection prevention and control, [surveillance, – UK ADD] and support implementation of multisectoral [and One Health – UK ADD] national action plans on antimicrobial resistance [, while recognizing respective mandates and sectors – G77 ADD] [and call on procurement and market-shaping instruments such as Stop TB Partnership’s Global Drug Facility and UNITAID to be leveraged as a means to support access to AMR medicines and diagnostics (Source: A/RES/78/5, p37) – UKR ADD]; (Source: Global Leaders Group report: Towards specific commitments and action in the response to antimicrobial resistance) [RUS RESERVE]

[29ALT. Call on existing financing instruments to expand their scope to include investments in increasing access to effective antimicrobials, prevention of infections through vaccination, water, hygiene and sanitation, and infection prevention and control, and diagnostics and support implementation of multisectoral national action plans on antimicrobial resistance; – EU ADD]

[29bis. Underline further that affordability and access to existing and new antimicrobial medicines, vaccines and diagnostics should be a global priority and should take into account the needs of all countries, in line with the World Health Organization global strategy and plan of action on public health, innovation and intellectual property, and taking into consideration its internationally agreed follow-up processes; – G77 ADD]

[29bis2. Call on existing financial instruments to track, map and articulate all current and future finance available for antimicrobial resistance (including in upcoming replenishment plans); to ensure their programmes contain AMR “markers” so as to track AMR spend; and to provide a mechanism for coordination to improve Member States’ access to financing, with a clearing house function that collects information about existing financing possibilities to help Member States make the best use of available funds according to their needs; and call upon the World Bank to coordinate this endeavour, to establish a working group by the end of 2024, and to launch the clearing house function no later than UNGA 2025; (Source: new) – UK ADD]

[29bis3. Request the development and establishment of a mechanism for coordination of catalytic, existing funding, including private sector, philanthropic organisations and development banks, to improve access to resources and leverage capacity-building and implementation of NAPs in low- and middle-income countries. Such a mechanism should be developed under the leadership of the quadripartite; – EU ADD]

Access

[30pre. Note that lack of access to WASH in healthcare facilities is barrier for implementation of IPC measures such as hand hygiene, cleaning, and disinfection of the environment. Many of these infections are drug resistant, and the widespread risk of infection also drives overuse of antibiotics not only to treat but also to prevent infections; – JPN ADD]

30. Recognize that [ensuring **promoting – EU REPLACE**] [**fair and – UK ADD**] [equitable – JPN DEL] access to [**quality health-care services including – US ADD**] [[**effective essential – JPN, UK REPLACE**] antimicrobials [and , – EU REPLACE] diagnostics [**and vaccines – EU ADD**] remains a challenge for [**all countries, especially for – EU ADD**] [developing **low- and middle-income – UK REPLACE**] countries, while access to – US DEL] [the development of – CHE, US, EU DEL] [**existing and – US ADD**] [new – CHE DEL] [**newly developed – CHE ADD**] antimicrobials [and complementary – EU DEL] diagnostics remain[s a challenge for **low- and middle-income countries and – US ADD**] uneven within and among countries; [**and recognize that access to essential quality veterinary medicines, vaccines and diagnostics for animals remains a challenge, particularly in LMICs – UK ADD**] [**considering the 5.7 million deaths annually due to a lack of access to antibiotics, while regulation and control resources are needed to also limit over-the-counter sales and trafficking of antimicrobials – EU ADD**]; (*Source: based on WHA76.5*)

[30ALT. Recognize that ensuring equitable access to effective antimicrobials, vaccines, and diagnostics remains a challenge within and among countries; (*Source: new*) – CANZ ADD]

31. Note that the high [prices of – CANZ DEL] [**out-of-pocket expenditures for – CANZ ADD**] some [**relevant – US ADD**] health [products – CANZ DEL] [**technologies and services – CANZ ADD**], [**including antimicrobials – US ADD**] and inequitable access to such products within and among countries, as well as financial hardships associated with [high prices of – CANZ DEL] [**some – US ADD**] health [products – CANZ DEL] [**technologies and services, and lack of financial risk protection for all throughout the life course, especially for the poor and those in vulnerable situations – CANZ ADD**], continue to impede progress towards mitigating the effects of antimicrobial resistance, (*Source: based on A/RES/78/4, para 26*) [**EU RESERVES**]

[31ALT. Note that barriers to antimicrobial access include: unpredictable and fragmented market with unclear and low volume, supply chain instability, insufficient distribution, limited registration of antibiotics (*Source: GARDP*) – CHE ADD]

[31bis. Recognise that addressing the numerous causes for lack of access to effective antibiotics, vaccines and diagnostics in countries requires taking broader public health driven end-to-end approach to address all problems throughout the traditional research and development and access model incl. addressing R&D prioritisation, lack of data sharing and scientific collaboration, weak clinical trial infrastructure, financial incentives, requirements for market authorisation and registration, production and procurement in a manner which enables sustainable access to effective antibiotics for all as an outcome; – G77 ADD]

[31bis2. Commit to protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, and the right 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 AMR, and address its economic and social determinants; (*Source: A/RES/78/5, P39*) – UKR ADD]

[31bis3. Commit to strengthen global R&D response by taking an end-to-end approach which leverages public investments in antibiotic R&D for improved access outcomes including by aligning investments to the WHO's Priority Pathogens List, require publication of all results including results from failed research, support measures to reduce clinical trial costs such as establishing global clinical trials networks, require public global registration plan for end

products, require affordable access plans for developing countries including through voluntary licensing and local production, and initiate the development of global independent standards for sustainable production; – EU ADD]

[31bis4. 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 achieving universal health coverage, particularly for developing countries; (Source: A/RES/78/4 p77, verbatim) – HOLY SEE ADD]

Commitments:

32. Accelerate efforts to achieve universal health coverage **[and strengthen veterinary services – CANZ ADD]** as a means to **[ensure promote – EU REPLACE]** access to **[essential health [-care – G77 ADD]** services **[including sexual and reproductive health-care services that are – EU ADD]** needed for **– HOLY SEE DEL]** **[primary healthcare and the antimicrobials needed to ensure – HOLY SEE ADD]** the prevention, diagnosis, and appropriate treatment of infections and antimicrobial stewardship measures **[and increase efforts to ensure access to essential veterinary services needed for the prevention, diagnosis, and appropriate treatment of infections and antimicrobial stewardship measures for livestock – UK ADD]; (Source: based on A/RES/78/4)**

[32bis. Recognize the importance of refraining from promulgating and applying any unilateral economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of universal health coverage, particularly in developing countries; (Source: based on A/RES/70/1, para 30) – RUS ADD]

33. Promote greater **[and – JPN DEL]** **[more – G77, JPN DEL]** **[equitable – JPN DEL]** access to **[quality health-care services including – US ADD]** **[essential – G77, HOLY SEE DEL]** **[oral – G77, CHE, US, HOLY SEE, JPN, EU DEL]** **[antibiotics – US, EU DEL]** **[antimicrobials – US ADD / antimicrobials, including antibiotics, vaccines – EU ADD]** and diagnostics, **[under proper antimicrobial stewardship measures to preserve their effectiveness, – JPN ADD]** especially in **[low- and middle-income developing – G77 REPLACE]** countries, **[including – UK ADD]** **[by establishing global [and national – UK DEL] lists of essential medicines – G77, HOLY SEE DEL]** **[using existing – JPN, G77, UK DEL]** **[tools, – G77, UK DEL]** **[diagnostics and vaccines for humans and animals – G77 DEL]** **[by establishing open and transparent dialogue as well as constructive collaboration with the private sector, aiming towards preventing financial hardship and struggle, especially for those in vulnerable situations; – MEX ADD]** **[, which countries can adapt to identify and address national access gaps – UK ADD]; (Source: WHO Model List of Essential Medicines - 23rd list, 2023)**

[33bis. 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 achieving universal health coverage and addressing antimicrobial resistance, particularly for developing countries; (A/RES/78/4, p77) – G77 ADD (moved + edited from 73)]

[33bis2. Enhance cooperation at the local, national, regional and global levels, including through health system strengthening, capacity-building, including for research and regulatory capacity,

and technical support and ensure equitable access to affordable, safe, effective and quality existing and new antimicrobial medicines, vaccines and diagnostics as well as effective and integrated stewardship and surveillance on emergence and spread of antimicrobial resistance, (Source: based on A/RE/78/4 p98) – HOLY SEE ADD]

34. Encourage the Quadripartite organizations, in collaborations with relevant entities of the United Nations development system, within their respective mandates, and other stakeholders as appropriate, to coordinate efforts and take [actionable – HOLY SEE DEL] steps to [significantly – JPN DEL] expand and support regional and global [access – US DEL] initiatives, [for humans and animals, including during humanitarian emergencies, – UK ADD] to ensure [effective infectious disease management including – US ADD] timely, equitable and global access to and affordability of quality [essential – HOLY SEE DEL] antimicrobials, diagnostics, vaccines, and alternatives to antimicrobials, while [also – JPN DEL] ensuring the prudent, responsible, and sustainable manufacturing, use and disposal of antimicrobials [and diagnostics – US ADD], (Source: based on A/RES/78/4 p98) [G77 RESERVES]

[34ALT. Encourage the Quadripartite organizations, in collaborations with relevant entities of the United Nations development system, especially Unitaaid and UNDP within their respective mandates, and other stakeholders as appropriate, to continue supporting regional and global access initiatives, to promote timely, equitable and global access to and affordability of quality essential antimicrobials, diagnostics, vaccines, and alternatives to the use of antimicrobials, while also ensuring the prudent, responsible, and sustainable manufacturing, use and disposal of antimicrobials, limiting discharges into the environment and encourage the Member States, with the guidance of the Quadripartite, to establish appropriate policy and legal framework for the development and authorisation of innovative therapeutic approaches, such as phage therapy; – EU ADD]

35. Call on the [technical agencies of the United Nations (including the – UK ADD] World Health Organization[], international financial institutions and multilateral development banks as well as the development finance institutions – UK ADD], in collaboration with Member States [, and the other Quadripartite organizations (World Organization for Animal Health, Food and Agriculture Organization, and United Nations Environment Programme) – US ADD] upon their request and private sector stakeholders, [such as GARDP through the SECURE initiative, and the Global Drug Facility, – EU ADD] to take steps to increase global [equitable – CANZ ADD] access to [and appropriate use of – US ADD] [essential – JPN ADD] antimicrobials [, diagnostics, vaccines, alternatives to antimicrobials, and other medical countermeasures needed for effective infectious disease management – US ADD] [under proper antimicrobial stewardship measures to preserve their effectiveness – JPN ADD] [in settings with the highest unmet need, – CANZ DEL] including by [, as appropriate to their respective roles and mandates, – US ADD] [harmonizing – CANZ DEL] [, where appropriate, aligning – CANZ ADD] regional and subregional medicine registration [, production – G77 ADD] [and reforming regulatory pathways – CANZ DEL] to accelerate authorization of safe [, quality-based – MEX ADD] and effective products, [especially for new antimicrobials – MEX ADD] and to consider implementing new, sustainable [public – EU DEL] procurement models, such as pooled procurement, [tiered pricing – UK ADD] and by supporting [regional manufacturing – EU ADD] measures to ensure the resilience [and the adaptation – EU ADD] of supply chains for [medicines and – EU DEL] [diagnostics – US, EU DEL] [medical devices – US ADD / health products – EU ADD] [, and promote financial support to these efforts – G77 ADD] [and strengthening distribution channels, especially for populations in remote areas –

MEX ADD]; (Source: WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035)

[35bis. Ensure that country's public health system have access to quality antibiotics and diagnostics based on an updated country-aligned Essential Medicines List (EML) and treatment needs; – G77 ADD]

[35bis2. Call on the Quadripartite to work with World Customs Organization on helping countries to strengthen regulation and control of antimicrobials distribution circuit at national and regional scale; – EU ADD (flexible on placement, could be in p75)]

Coordinated Multisectoral Response

36. Recognize the need for collaborative and multisectoral efforts to address antimicrobial resistance **[and increase its awareness must be intensified through continuous sensitization, teaching and training and – MEX ADD]** [, including inter alia, – G77 ADD] through [a the – EU, MEX REPLACE] **[integration and effective implementation of the – EU ADD]** One Health approach that fosters cooperation between [the – EU DEL] human health, animal health [, environment – EU ADD] and plant [health sectors – EU REPLACE], as well as [environmental and – G77, EU, RUS DEL] other relevant sectors **[and recognizes the importance of gender equality, socio-economic and sociocultural factors in the coordinated multisectoral response – EU ADD]**; (Source: based on A/RES/78/4 p41)

[36bis. 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 provision of sufficient financing for these activities across sectors; (Source: A/RES/71/3, p11 (g)) – MEX ADD]

37. Recognize that infection prevention and control **[measures and biosecurity – CANZ ADD]** **[including safe water, sanitation, hygiene (WASH) especially in healthcare settings and immunization, – US ADD]** across sectors [, like WASH, are – CANZ ADD] [, in particular in communities, – EU ADD] [is – CANZ DEL] essential to **[prevent infections and – US ADD]** reduce **[the emergence, re-emergence and spread of – EU ADD]** antimicrobial resistance and note the importance of ensuring effective infection prevention and control **[and biosecurity – CANZ ADD]** infrastructure and programmes **[including through the evidence-based approach – ROK ADD]**; (Source: based on WHA75.13)

38. Note the importance of [optimizing **improving – CANZ REPLACE**] the **[prudent and responsible – CANZ ADD]** use of antimicrobial medicines across human, animal and plant health, **[including reducing unnecessary use, – UK ADD]** through integrated delivery of policies that promote **[disease prevention and – UK ADD]** antimicrobial stewardship, (Source: WHO Policy Guidance on Integrated Antimicrobial Stewardship Activities) **[EU RESERVES]**

[38ALT. Note the importance of integrated delivery of policies that promote antimicrobial stewardship and responsible, appropriate and prudent use of antimicrobials across human, animal and plant health, and noting the vital role of prevention in enabling stewardship; – EU ADD]

39. Recognize the critical role that **[availability and appropriate use of – US ADD / accessible, rapid and affordable – UK ADD]** diagnostic tests plays in the fight to reduce antimicrobial resistance, [in reducing the risk of inappropriate – US DEL] **[by informing health care decisions, enabling appropriate – US ADD]** antimicrobial use and improving [patient health – CANZ REPLACE] care **[and the difficulties faced by developing countries in accessing such tests – G77 ADD];** (Source: based on WHA76.5) **[EU RESERVES; CANZ RECOMMENDS MOVING TO R&D SECTION]**

[39ALT. Recognize the critical role that diagnostic tests play in the containment of antimicrobial resistance, in improving prudent, appropriate and responsible use of antimicrobials in all sectors including in ambulatory practices; – EU ADD]

Commitments:

[40pre. Work with multilateral organisations and other relevant stakeholders to remove the barriers to water, sanitation, and hygiene at the community level, – EU ADD]

40. Promote **[and strengthen – MEX ADD]** the integration of **[human and animal – MEX ADD]** immunization **[for humans and animals – UK ADD]** into **[antimicrobial resistance – US ADD]** national action plans **[on antimicrobial resistance – CANZ, EU ADD]** **[and the essential importance of immunisation in the prevention of antimicrobial resistance, – UK ADD]** and ensure alignment with national immunization strategies **[, both in the animal and human health sectors – EU ADD];** (Source: Global Action Plan on AMR) **[CANZ RECOMMENDS MOVING TO HUMAN HEALTH SECTION]**

[40bis. Accelerate the implementation of effective and appropriate vaccination, water, sanitation, hygiene and infection prevention and control measures across sectors and through support for communities that focus on behavior change and scientific evidence-based prevention including through training and education, with the goal of reducing overall disease; – US ADD]

41. **[Enhance – CANZ DEL]** **[Improve access to and – CANZ ADD]** the appropriate use of antimicrobials **[for humans and animals – UK ADD]** through **[the implementation of antimicrobial stewardship programmes and – EU ADD]** **[better valuation of and – US DEL]** investment in **[the development of new and improvement of existing – HOLY SEE ADD]** innovative, rapid, **[effective, validated – CANZ ADD]** and affordable **[essential – JPN ADD]** diagnostics **[for antimicrobial resistance – CANZ DEL]** and laboratory systems, **[ensure – US, EU DEL]** **[and promote – US ADD / , promote and enable – EU ADD]** the accessibility of quality testing, and **[promote – US DEL]** the optimal utilization of these diagnostics **[both in the animal and human health sectors – EU ADD];** (Source: based on WHA76.5) **[CANZ RECOMMENDS MOVING TO R&D SECTION]**

42. Enhance and sustain targeted efforts to promote antimicrobial resistance awareness and the appropriate use and disposal of antimicrobials through **[a the – EU REPLACE]** One Health approach, through education, **[training, – UK ADD]** communication and information campaigns, behavioral change initiatives, **[including through the media, – G77 ADD]** the sharing of best practices and strengthening stewardship competencies **[and stewardship programmes – EU ADD]** **[in the human and animal health [and environment – CHE ADD] workforces, – CANZ DEL]** **[and – CANZ, US DEL]** **[including – US ADD]** **[across One Health workforce sectors – CANZ ADD]** by integrating antimicrobial resistance modules in primary, secondary and tertiary education and training curricula through systematic public **[, private – G77 ADD]** and community engagement and working towards locally meaningful **[, adequate – EU ADD]** and sustainable solutions; **[we note the importance of**

and call for support for civil society organisations in this respect; – UK ADD] (Source: based on WHA77.X OP8)

Human Health

43. Acknowledge the drivers of antimicrobial resistance, including **[lack of infection prevention control, including access to water, sanitation, and hygiene; – US ADD / lack of water, sanitation and hygiene services in healthcare facilities, – EU ADD]** lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment **[and prophylaxis – EU ADD]** guidelines; **[poor treatment adherence – CANZ ADD]** [excessive **inappropriate (including excessive) – EU REPLACE]** use of antimicrobials **[in some countries – UK ADD]** during **[viral seasons and epidemics such as demonstrated by – EU ADD]** the COVID-19 pandemic; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; **[lack of strong surveillance and monitoring systems; – US ADD]** lack of affordable **[effective – CANZ ADD]** diagnostic tests **[incomplete or inaccurate detection and diagnosis of antimicrobial-resistant infections; – US ADD]** including rapid and point-of-care tests **[inadequate infrastructure – EU ADD]; [insufficient use of diagnostic data to inform treatment; – US ADD]** and inadequate availability of and **[proper – JPN ADD]** access to [essential and – HOLY SEE DEL] quality-assured antimicrobials **[for uninterrupted treatment – CANZ ADD] [under necessary antimicrobial stewardship measures – JPN ADD];** (WHA77.X PP8; WHO News Release: WHO reports widespread overuse of antibiotics in patients hospitalized with COVID-19, April 2024)

44. Note **[the importance of infection prevention and control programmes in health care facilities, and note – G77 ADD]** with concern the increasing burden of [health care-associated infections, such as sepsis, often by antibiotic-resistant pathogens, which harm patients and health care providers [and usually spread – EU DEL] **[and compromise patient safety with an increased risk of spreading – EU ADD]** to the community, **[and recognize that at least half of the world’s health care facilities lack basic hand hygiene services, – G77 ADD]** (Source: based on WHA77.X PP9)

[44ALT. Note with concern the increasing burden of infections in both community and healthcare settings that are caused by antimicrobial-resistant pathogens and note that antibiotic resistant infections, including sepsis, harm patients; (Source: based on WHA77.X PP9) – US ADD]

[44bis. Recognize the need to prevent and control sepsis and to increase timely access to correct diagnosis in order to provide appropriate antibiotic therapy; (Source: based on WHA 70.7) – EU ADD]

45. Acknowledge that drug-resistant tuberculosis is a key component 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 **developing – G77 REPLACE]** 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 and that there is a profound gap in access to quality diagnosis, treatment and care for those affected, and there is still a low treatment success rate for those who are treated; – UKR ADD]** (Source: based on A/RES/78/5, p25)

46. Recognize the impact of high-burden resistant pathogens **[, especially in developing countries, – G77 ADD]** and that antimicrobial resistance undermines the effective treatment of bacterial, viral, fungal and parasitic infections, including sexually transmitted infections, **[as well as cancer prevention and control – US, JPN DEL] [undermining the provision of care such as surgery and cancer control – US ADD / and healthcare-acquired infections among cancer patients, – JPN ADD]** and take into account the lessons learned and best practices from addressing HIV, tuberculosis and malaria, **[as well as neglected tropical diseases, – MEX ADD] [particularly with regards to the need to eliminate stigma and discrimination and the need to protect and fulfil human rights of those affected – CANZ ADD]** (Source: *First Quadripartite Biennial Report; 2024 WHO Bacterial Priority Pathogens List*)
- [46bis. Welcome the ambitious commitments made towards ending tuberculosis and AIDS by 2030; (Source: based on A/RES/78/5 and A/RES/75/284) – G77 ADD]**
47. [Take measures **Note with concern the need – US REPLACE / Recognize the need – CANZ REPLACE]** to significantly reduce **[and/or ensure low levels of – UK ADD]** maternal, perinatal, neonatal, infant and child mortality and morbidity caused by **[antimicrobial resistance bacterial infections – EU REPLACE]** and increase access to quality health-care **[services – HOLY SEE DEL] [, including vaccination for – EU ADD]** for newborns, infants and children, as well as all **[women persons – US REPLACE]** 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 **[with water, sanitation and hygiene measures and safe waste management – HOLY SEE ADD]**; (Source: based on A/RES/78/4, p63)
48. Recognize the need to prioritize and fund the implementation of measures to prevent **[and control – G77 ADD]** infections **[and reduce the need for antimicrobials, including through [quality accessible primary health care and robust – UK ADD] infection prevention and control – G77 DEL] [measures – CANZ ADD], [such as – US, CANZ DEL] [evidence-based use of antimicrobials, – G77 ADD] [vaccination, – CANZ DEL] [routine immunization – US DEL] [water, sanitation, and hygiene, hand hygiene, – US ADD] and enhancing accurate [and timely – CANZ ADD] diagnosis of infections through, inter alia, laboratory strengthening [and the use of diagnostic data to inform treatment – US ADD]**; (Source: *Global Immunization Agenda 2030*)
49. Recognize also that the provision of safe water, sanitation, hygiene, waste and electricity services is fundamental for preventing the emergence **[re-emergence – EU ADD]** and spread of antimicrobial resistance, including health care-associated infections, 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, **[and recognize that armed conflict is an aggravating factor in the development and transmission of antimicrobial resistance, and that high casualties, suboptimal prevention control, environmental pollution from infrastructure destruction and heavy metals release from explosives can increase the risk of antimicrobial resistance in conflict zones and humanitarian settings; - UK ADD][and in this regard acknowledge the importance of engaging patients and families as partners in safe care, using scientific evidence and patient experience to improve safety and instilling a safety culture – RUS ADD]**, (Source: based on A/RES/78/4 p54 and WHA77.X PP9) **[EU MOVE TO 48pre]**

Commitments:

50. Ensure that minimum requirements for national infection prevention and control programmes are in place in healthcare facilities **[, from primary care units to specialized facilities, – MEX ADD]** to provide adequate protection and safety **[to for – HOLY SEE REPLACE]** patients, health care **[service – MEX ADD]** workers and visitors, 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 **[, which calls for 100 per cent of countries to have basic water, sanitation, hygiene and waste services in all health care facilities and have 90 per cent of countries meeting all WHO’s minimum requirements for infection prevention and control programs at national level by 2030 – US ADD]; (Source: based on WHA77.X OP4 [WHO Global patient safety action plan 2021- 2030 – EU ADD])**

[50bis. Strengthen international cooperation to support efforts to finance, build, strengthen and maintain capacity in developing countries to improve water, sanitation, hygiene, waste and electricity services in health-care facilities; (Source: based on A/RE/78/280 OP17) – HOLY SEE ADD]

[50bis2. Promote the uptake of all available and appropriate vaccines as critical interventions for children and adults to prevent infections, reduce the need for antibiotics, and slow the spread of AMR in alignment with the WHO immunization agenda 2030; – US ADD]

[50bis3. Commit to address tuberculosis prevention, diagnosis, treatment and care in the context of child health and survival, as an important cause of preventable childhood illness and death, including among children with HIV and as a co-morbidity of other common childhood illnesses, especially pneumonia, meningitis and malnutrition; to enable child-friendly policies and an integrated, family-based approach to tuberculosis care and services, address the vulnerabilities faced by children affected by tuberculosis, support their caregivers, in particular women and the elderly, and provide related social protection; to promote equitable access to child-friendly formulations of medicines to optimize the prevention and treatment of drug-sensitive and drug-resistant tuberculosis among children, including through addressing national regulatory and policy barriers; (Source: A/RES/73/3, para 28, verbatim) – RUS ADD]

51. Invest in sustainable health systems, based on a primary health care approach, to support universal **[and equitable – EU ADD]** access to essential health **[-care – G77, HOLY SEE ADD]** services and promote the timely and equitable supply of quality and affordable essential vaccines, diagnostics and **[treatments, including – UK ADD]** antimicrobials, **[including appropriate formulations of medicines for children (Source: e.g., A/RES/78/6 p37) – HOLY SEE ADD]** and ensure their appropriate use including by applying **[or adapting – CANZ ADD]** the WHO Access, Watch and Reserve (AWaRe) **[list – CANZ DEL]** **[classification of antibiotics within national contexts – CANZ ADD]; (Source: based on WHA77.X OP6)**

52. **[Ensure – CANZ DEL]** **[Take measures with the aim that – CANZ ADD]**, by 2030, that WHO Access group antibiotics **[comprise at least [80 70 – UK REPLACE] per cent of – G77 DEL]** **[has significantly expanded the current – G77 ADD]** overall human antibiotic use globally; *(Source: based on GLASS-AMC data and WHO AWaRe Antibiotic Book)* **[JPN DELETE PARA]**

[52ALT. Ensure, by 2030, that inappropriate use of antimicrobials is reduced by 20 percent against a baseline of 2019 while striving for universal access to ACCESS group antimicrobials; – US ADD]

[52bis. Request to establish and commit to national targets tailored to countries respective context, aiming to contribute to achieving these global commitments. The measurement and accountability framework can be used to inform context-specific target-setting by countries, informed by both quantitative and qualitative strategic information; (Source: WHA document A77/5 + EU Non-paper for a UNGA Political Declaration on AMR) – EU ADD]

[52ter. Request the WHO in collaboration with the quadripartite and other relevant UN agencies, to initiate regular point prevalence studies in countries to provide representative data on actual patients' access to appropriate antibiotics; – EU ADD]

Agriculture & Animal Health

[53pre. Acknowledge the drivers of antimicrobial resistance, including climate change, humanitarian crises, lack of regulation and guidance of over-the-counter use of antimicrobials; over-prescription by animal health workers; lack of evidence-based standard treatment guidelines; 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; – EU ADD]

53. Acknowledge the need to strengthen systems to address the drivers [that lead to – CANZ DEL] [misuse – CANZ, US DEL] [unnecessary use – US ADD] [of for – CANZ REPLACE] [antimicrobials antimicrobial use – CANZ REPLACE] in animals and plants, including [reducing – G77 DEL] [ensuring evidence-based – G77 ADD] non-veterinary and non-phytosanitary use of [medically important – US ADD] antimicrobials in animals, crop production, [and agri-food systems – CANZ DEL] [increasing veterinarians and veterinary professionals, ensuring access to quality antimicrobials, increasing surveillance, and addressing animal health and welfare – CANZ ADD], (Source: Global Action Plan on AMR; FAO Action Plan on AMR 2021-2025; Bracing for Superbugs, UNEP 2023; WOAHA Terrestrial and Aquatic Animal Health codes) [EU RESERVES]

[53ALT. Acknowledge the need to strengthen animal health systems to address the drivers that lead to unnecessary use of antimicrobials in animals; and recognise that the use of antimicrobials in plants and phytosanitary practices, without appropriate standards, controls, and stewardship, increases antimicrobial resistance (Source: new) – UK ADD]

[53ALT. Urge to strengthen food systems to address the drivers that lead to misuse and overuse of antimicrobials in animals and plants and the need to eliminate use of antimicrobials; – EU ADD]

[53bis. Acknowledge the drivers of antimicrobial resistance in the veterinary sector, including lack of regulation of over-the-counter use of antimicrobials, lack of easily accessible professional advice; over-prescription by animal health practitioners; lack of evidence-based standard treatment guidelines; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; immature regulatory systems for veterinary medicines, the need for global strategy, and standards to promote and sustain good regulatory practice for veterinary medicines regulators; lack of affordable diagnostic tests, including rapid and point-of-care tests; and inadequate availability of and access to essential and quality-assured veterinary medicines and vaccines; – UK ADD]

54. Note the need to phase out [all the – EU REPLACE] use of [medically important – EU DEL] antimicrobials for growth promotion [by 2028 – EU ADD] [and routine prophylactic use in healthy

animals, – US, CANZ DEL] [by 2030, – UK ADD] [and encourage the responsible and prudent use of medically important antimicrobials when used prophylactically – CANZ ADD] based on an ambitious, incremental, and country-specific approach [that formally integrates human, animal and environmental dimensions taking into consideration Quadripartite Organizations' guidance – EU ADD] in accordance with Codex [Code of Practice – CANZ ADD] [CXC 61-2005 – JPN ADD] principles 12 to 15 and relevant WOAHA guidance, as appropriate, [including to support the [Quadripartite – CANZ DEL] creation of [national – CANZ ADD] veterinary antimicrobial use and categorization guidance that formally integrates human, animal and environmental dimensions, – US DEL] [while noting the importance of food and economic security; – UK ADD] (Source: *Global Action Plan on AMR; FAO Action Plan on AMR 2021-2025; Foodborne antimicrobial resistance: Compendium of Codex standards*) [G77 RESERVES]

55. Acknowledge the need to prioritize and fund the implementation of measures to prevent infections and [reduce the need for – G77 DEL] [ensure evidence-based use of – G77 ADD] antimicrobials in animal health according to the WOAHA list of priority diseases and FAO RENOFARM (reduce the need for antimicrobial on farms) initiative [and support the prudent, appropriate and responsible use of antimicrobials in animal health – EU ADD], including enhancing accurate diagnosis of infections, [enhancing the veterinary workforce, access to essential veterinary medicines and vaccines, ensuring a secure supply of safe, effective and affordable veterinary vaccines for major livestock diseases, – UK ADD] through laboratory strengthening, good animal husbandry and agriculture practices, [including promoting welfare-friendly practices, - EU ADD] [education and training – UK ADD] manure treatment and integrated pest management in the plant health sector, [and educating and training an appropriate number of veterinary professionals and supporting the education of other animal health professionals, – US ADD]; acknowledge that good animal husbandry, including animal welfare, supports good animal health, reducing the need for antimicrobial use; – UK ADD] (Source: *FAO Action Plan on AMR 2021-2025; WOAHA Ad hoc group reports 2015 and 2018*)

[55bis. Increase adoption of country-level appropriate vaccination, improved agricultural biosecurity practices, and improved husbandry practices, including reducing animal stress and improvement of animal nutrition in livestock through increased involvement of veterinary professionals in animal care and shifts producer focus from response to preventative management practices with evidence-based training and education, with the goal of improving overall animal health and resiliency to reduce disease; (Source: new) – US ADD]

[55ter. Ensure a 50 per cent increase of the proportion of countries addressing on-farm biosecurity measures and taking infection prevention and control measures as appropriate and as provided in the WOAHA Terrestrial and Aquatic Animal Health Codes; (Source: new) – US ADD]

[55quat. Acknowledge the close emotional and therefore physical relationships humans and companion animals have with one another and thus, the possibility of spread of zoonotic microbial disease and AMR determinants between the two species. To mitigate this risk infection prevention and controls such as vaccination and good hygiene practises should be applied across both humans and companion animals; –CANZ ADD]

Commitments:

56. Reduce, by 2030, the quantity of antimicrobials used in [the agri-food system – UK DEL] [animals and plants – UK ADD] globally by at least 30 per cent from the current level [while investing in and

promoting alternatives to antimicrobials – UK DEL] [, **by implementing measures to strengthen animal health systems. Invest in surveillance, which will enable measurement of reductions and their impact on antimicrobial resistance – UK ADD**]; (Source: *Global Action Plan on AMR*; 8th ANIMUSE Report, 2024; *Global Leaders Group report: Towards specific commitments and action in the response to antimicrobial resistance*) [G77 RESERVES; RUS DELETE]

[56ALT. **By 2030, increase by 30 per cent implementation of programs for improving animal health and antimicrobial stewardship for domesticated animal species; (Source: new) – US ADD**]

[56ALT2. **Strengthen antimicrobial stewardship programs and practices and invest in and promote alternatives to antimicrobials to progressively reduce or eliminate inappropriate use of antimicrobials in animal health and agriculture while maintaining appropriate use; – CANZ ADD**]

[56ALT3. **Reduce, by 2030, the quantity of antimicrobials used in the agri-food system on a global level. To that end, Member States establish and follow up on national targets tailored to their respective contexts, aiming to contribute to the global reduction of the quantity of antimicrobials used in the food system by at least 30 per cent from the current level while investing in and promoting animal health and alternatives to the use of antimicrobials and develop a standardized measurement method, including defining measurement units for reporting and specifying the relevant data to be used in tracking progress, and taking into account the efforts already conducted in each country; (Source: *Global Action Plan on AMR*) – EU ADD**]

57. [Eliminate **Avoid – EU REPLACE**], by 2030, the **[approved – US ADD]** use of **[medically important – EU DEL]** antimicrobials **[for human medicine – EU DEL]** in animals for **[non-veterinary medical non-medical veterinary – US REPLACE]** **[purposes uses – EU REPLACE]**, **[and [promote its prudent use – JPN ADD]** in crop production– **UK DEL]** **[and agri-food systems for non-phytosanitary purposes – UK, EU DEL]** [, **while investing in and promoting safe and efficacious alternatives to medically important antimicrobials – US ADD** **[and in parallel ensure that antimicrobials are used for prophylaxis in animals only under strictly limited circumstances as agreed in international standards – EU ADD]**; (Source: *Global Action Plan on AMR*; *WOAH's List of Antimicrobial Agents of Veterinary Importance*; *Global Leaders Group report: Towards specific commitments and action in the response to antimicrobial resistance*) [G77 RESERVES; CANZ RECOMMENDS SPLITTING PARA]

[57bis. **Eliminate, by 2030, the use of medically important antimicrobials for human medicine in crop production, and call on the FAO to lead work with all relevant partners and in consultation with Member States to develop global guidance for the prudent and responsible use of antimicrobials in plant agriculture; (Source: *Codex Alimentarius*) – UK ADD**]

[57bis2. **Ensure that veterinarians and veterinary paraprofessionals are at the forefront of national and regional efforts to improve animal health and welfare and the stewardship of antimicrobial products; (Source: *Strategy on Antimicrobial Resistance and the Prudent use of Antimicrobials, WOA*H) – CHE ADD**]

58. Ensure, by 2030, that animal vaccination strategies are defined **[with a funded implementation plan, – UK DEL]** **[including with international cooperation, – G77 ADD]** according to **[national contexts and to – G77 ADD]** **WOAH's list of priority diseases [and other diseases – CHE ADD]** for which vaccines could reduce **[the need for – US ADD]** antimicrobial use, and FAO guidance on vaccine

quality control and field implementation [**ensure international agreement on vaccination strategies for major diseases of animals that will facilitate safe trade and reduce antimicrobial usage and an internationally acceptable system to verify the quality, safety and efficacy of veterinary vaccines for those diseases – UK ADD**]; (Source: *WOAH Ad hoc group reports 2015 and 2018*)

[58ALT. Ensure, by 2030, that animal vaccination strategies are in place based on scientific guidance to reduce infectious diseases that require antimicrobial treatment in animals. This should take into account the WOA’s list of priority diseases for which vaccines could reduce antimicrobial use, and FAO guidance on vaccine quality control and field implementation; – EU ADD]

[58bis. 100 per cent veterinary oversight of medically important antibiotics in animals; (Source: new) – US ADD]

[58ter. Conduct scientific research to inform risk assessments, improve best practices, and promote knowledge regarding antimicrobial resistance risk mitigation in agriculture and animal health; (Source: new) – US ADD]

[58bis2. Invest in sustainable animal health systems, to support access to essential veterinary services and promote the timely and equitable supply of quality and affordable essential veterinary medicines, vaccines and diagnostics; and utilise the WOA Performance of Veterinary Services Pathway for the sustainable improvement of national Veterinary Services and Aquatic Animal Health Services; – UK ADD]

[58ter2. Support the appropriate use of antimicrobials in animals by establishing a Vet Access, Watch and Reserve (AWaRe) list and guidance and work towards an equivalent percentage Access target for animals. (Source: new) – UK ADD]

Environment

59. **[Underscore the environmental dimensions – EU DEL] [Acknowledge the role of the environment as source of and in the spread of – EU ADD] [and public health threat posed by discharge of antimicrobials and their metabolites into the environment and the need for a range of – CHE ADD] [antimicrobial resistance and the need for – CHE DEL] [multisectoral – EU ADD] priority actions to prevent and address key pollution sources from a wide range of sectors, practices, and services, including poor sanitation, sewage, community and municipal waste, wastewater, healthcare services, pharmaceutical manufacturing discharges, [intensive – G77, US DEL] [crop production and terrestrial and aquatic animal production – US DEL] [agriculture and fisheries – US ADD], (Source: *Bracing for Superbugs, UNEP 2023; Foodborne antimicrobial resistance: Compendium of Codex standards*)**

[59bis. Foster research deciphering the role of the environment in the spread of antimicrobial resistance and aiming to determine the maximum resilience capacity of ecosystems, especially in the context of the triple planetary crisis, in particular climate change, – EU ADD]

60. Acknowledge the need to strengthen the capacity [of health systems – US DEL] for monitoring and [minimizing **adapting – EU REPLACE**] the public health impacts of [the adverse effects of – G77 **ADD**] climate change on antimicrobial resistance through [a **One Health approach, – US ADD**] 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, (Source: *based on A/RES/78/280, OP30*) **[RUS DELETE]**

Commitments:

61. Strengthen health systems through comprehensive [primary and secondary prevention strategies, such as stewardship – EU DEL] programmes and environmental management of air, water, [plants, – MEX ADD] soil, food and vectors for improved human, animal [and environmental – RUS DEL] health, [including efforts to minimise the risk associated with increased disease in humans and animals induced by climate change, recognizing that this is also likely to increase antimicrobial use – UK ADD]; (Source: *FAO Reduce the Need for Antimicrobials on Farms for Sustainable Agrifood Systems Transformation*)

[61ALT. Minimize the impacts of the risk of environmental drivers on antimicrobial resistance across sectors by implementing primary and secondary prevention strategies and effective environmental management of air, water, soil, food and vectors for improved human, animal and environmental health, (Source: new) – US ADD]

62. [Ensure – US DEL] [Address research gaps and conduct environmental surveillance to inform – US ADD] the development [and implementation – G77 ADD] of national plans, legislation [and – US DEL] regulations [, or guidance – US ADD] [for surveillance and – US DEL] to [prevent limit – EU REPLACE] contamination of the environment with antimicrobials and their metabolites [in particular through pharmaceutical manufacturing discharges – EU ADD], (Source: *Bracing for Superbugs, UNEP 2023; TrACSS data 2023*) [JPN DELETE PARA]

63. Ensure the integration of environmental [and climate change – UK ADD] considerations [, as appropriate, – G77, RUS ADD] into multisectoral national action plans on antimicrobial resistance, [including research to support hazards analyses and risk assessments, – US ADD] and address antimicrobial resistance in environment-related plans such as national chemical pollution, [including heavy metals, – US ADD] waste management programmes, national biodiversity [(and climate change planning, – RUS DEL] [environmental assessment and monitoring, education and awareness, development of standards and guides, – MEX ADD] and support these efforts at the international level – G77 DEL]; (Source: *Bracing for Superbugs, UNEP 2023; Global Leaders Group report: Towards specific commitments and action in the response to antimicrobial resistance*) [EU MOVE TO 61pre]

64. Conduct [scientific research to inform – US ADD] risk assessments and promote knowledge generation [regarding environmental transmission and exposure pathways – US ADD], including scientific research on the environmental aspects of antimicrobial resistance, to support and inform priority-setting and policy-making processes and to catalyze preventative and mitigation action to address key pollution sources, including identifying and targeting priority antimicrobial resistant-relevant pollutants [and pollution sources, pathogens and genes – EU ADD]; (Source: *UNEA 3/4*)

[64ALT. Develop scientific risk assessment methodologies and framework for the effect of antimicrobials in the environment on human, animal and plant health, and promote knowledge generation, including scientific research on the environmental aspects of antimicrobial resistance, to support and inform priority-setting and policy-making; – JPN ADD]

[64bis. Encourage implementation of the Codex Alimentarius Antimicrobial Resistance Standards. (Source: new) – US ADD]

Research and Development, Innovation and Manufacturing [EU SUGGESTS TO SPLIT SECTION]**[Research and Development – EU ADD]**

[65pre. Recognize that the current tools and measures to prevent, contain, and reduce the incidence and prevalence and circulation of antimicrobial resistance, and the current therapeutic solutions (available or in the therapeutic pipeline) are far insufficient to control and tackle AMR, and that innovative solutions are urgently needed, – EU ADD]

65. Note with concern the inadequate [research and development pipeline for – EU DEL] [finance of **transdisciplinary and One Health research and development needed for – EU ADD**] vaccines, diagnostics, antimicrobials, and alternatives [to antimicrobials – UK ADD / to the use of antimicrobials especially to the use of antibiotics, and to develop innovative tools and methods, including social innovation – EU ADD] to prevent and address antimicrobial resistance [in humans and all animals – UK ADD], especially antibiotics, [and recognize that urgent action is required to [promote sustainable research and development of these products, – ISR ADD] ensure equitable access to and appropriate use of new and existing antibiotics and [complementary – G77, ISR DEL] diagnostics which are critical to saving lives from deadly infections and minimizing the emergence of [novel – JPN ADD] antimicrobial resistance [to such antibiotics – JPN ADD] – EU MOVE TO 66pre], (*Source: WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035*) [US SPLIT PARA]

[65ALT. Note with concern the insufficient research on evaluating transmission pathways and illness from antimicrobial resistant pathogens in humans, animals, and plants; insufficient research in areas to inform the adoption of best practices including in risk communication and community engagement, agricultural practices to mitigate the risks of antimicrobial resistance, and environmental transmission and exposure pathways; and the inadequate research and development pipeline for vaccines, diagnostics, antimicrobials, and alternatives to prevent and address antimicrobial resistance, especially antibiotics and antifungals; (*Source: new*) – US ADD]

[65bis. Recognize that urgent action is required to ensure equitable access to and appropriate use of new and availability of existing antibiotics and antifungals and complementary diagnostics and treatments which are critical to saving lives from deadly infections and minimizing the emergence of antimicrobial resistance, (*Source: new*) – US ADD]

[65bis2. 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, at the right time, safely and efficiently, especially in the context of health emergencies, (*Source: based on A/RES/78/280 PP43*) – HOLY SEE ADD]

[Commitments – EU ADD]

[65bis3. Support research and innovation across sectors to better understand the drivers of antimicrobial resistance (including the social drivers), to design innovative tools, techniques and interventions aiming to prevent the inappropriate use of antimicrobials or the emergence, re-

emergence and spread of antimicrobial resistance, and to identify new therapeutic solutions or to improve the current therapeutic solutions; – EU ADD]

[65ter. Promote the development of strategic agendas for research and innovation programmes into the National Action plans, based on the Quadripartite One Health priority research agenda and the WHO global research agenda for AMR in human health; – EU ADD]

[Innovation and Manufacturing – EU ADD]

[66pre. Recognize that urgent action is required to promote/enable equitable access to and responsible, appropriate and prudent use of new and existing antibiotics and diagnostics which are critical to saving lives from deadly infections and curbing the emergence, re-emergence and spread of antimicrobial resistance, – EU ADD (*moved + edited from 65*)]

66. Recognize the benefits of public-private partnerships **[such as CARB-X and the Global Antibiotic Research and Development Partnership, – CHE ADD]** in the development of **[and access to – CHE ADD]** antimicrobials, **[vaccines, diagnostics and alternatives to antimicrobials – UK ADD]** **[and in contributing to supply chain sustainability – US ADD]**, as well as addressing **[regulations and – MEX ADD]** barriers that disincentivize market entry **[and in contributing to supply chain sustainability, – US DEL]** (*Source: Global Leaders Group on AMR: Recommendations to Address the Antibiotic Pipeline and Access Crisis in Human Health*)

[66ALT. Recognize the benefits of public-private partnerships such as that of GARDP and WHO in the joint initiative ‘SECURE’, as key actors in applying an end-to-end approach to the development of antimicrobials, to improve access to existing and novel antibiotics including by co-developing models, together with countries and regions, for an introductory pathway that promotes and enables timely, equitable and sustainable access to old and novel antibiotics, in particular, but not exclusively, in developing countries, as well as addressing barriers in the development of antimicrobials, as well as promoting market shaping action and in contributing to supply chain sustainability – EU ADD]

[66bis. Note with concern that the lack of investment, poor professional incentives and declining employment opportunities, are leading to an increasing number of researchers leaving the field of AMR research, resulting in a loss of vital scientific and research talent and a drain on invaluable and much-needed knowledge and expertise (*Source: Leaving the Lab, Tracking the Decline in AMR R&D Professionals, AMR Industry Alliance*) – CHE ADD]

67. Note with further concern the dangers of sub-standard, counterfeit and falsified human and veterinary medical products **[and pesticides that result in inadequate treatments and put patients at high risk and – EU ADD]** that can lead to increased antimicrobial resistance, (*Source: based on WHA77.X, PP8*)

68. Recognize that **[, among many other environmental factors, – ISR ADD]** pharmaceutical production, including manufacturing operations and waste and effluent generation **[and management – MEX ADD]**, can impact the **[transmission evolution – EU REPLACE]** and spread of antimicrobial resistance in the environment and further recognize that there is lack of consistency in national regulatory oversight as well as lack of coordinated global action **[to address these issues – US ADD]**, (*Source: Bracing for Superbugs, UNEP 2023*) **[RUS MOVE TO ENVIRONMENTAL CLUSTER]**

[68bis. Recommend the establishment by 2025 of an Independent Panel on Evidence for Action against Antimicrobial Resistance, that consists of representation of expertise across the One Health spectrum and through the Quadripartite organizations, to monitor trends and provide Member States with regular updates and technical guidance on the state of science, data, and evidence across all sectors related to antimicrobial resistance risk and risk mitigation including in traditionally underrepresented areas of research needed to address AMR such as applied research in risk communication and community engagement, agricultural biosecurity practices, and environmental transmission and exposure pathways. (Source: new) – US ADD (moved + edited from P22)]

[68bis2. Recognize the importance of sustained, resilient manufacturing of existing antibiotics, such as penicillins, in all relevant strengths and formulations, as well as encouraging continued production and delivery of these products to meet market demands, - EU ADD]

[68ter. Support global initiatives to guide research, development and strategies to prevent and control antimicrobial resistance and to support the development of antibiotics for the most difficult-to-treat infections, as well to promote the coordinate of a range of pull incentives, to be able to create a global pulling effort; – EU ADD]

Commitments:

69. Explore, encourage [and , – CANZ REPLACE] promote [and strengthen – CANZ ADD] a range of innovative [collaboration, – MEX ADD] [and/or existing – CANZ ADD] incentives and financing mechanisms for [human, animal and plant – MEX ADD] [health One Health – CANZ REPLACE] research and development [to combat antimicrobial resistance – US ADD / regarding AMR – EU ADD], 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 antibiotics – EU REPLACE], while recognizing the need for increasing public [and animal – US ADD] [health One Health – CANZ REPLACE] -driven research and development [which takes into account the One Health elements of antimicrobial resistance, and – UK ADD] that is [needs-driven and – CANZ DEL] evidence-based, guided by the core principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility, [and considered as a shared responsibility, – JPN DEL] as well as appropriate incentives, [designed to promote and enable affordable and equitable access to end products, – EU ADD] including push and pull incentives [, where appropriate – EU ADD] [and innovative market-based approaches – US ADD], in the development of new health products and technologies, [while ensuring that mechanisms are in place for equitable access [and appropriate use – US ADD] [and an adequate distribution chain – MEX ADD], particularly in [developing low- and middle-income – US REPLACE] countries – JPN, EU DEL] [encourage Member States to share information on incentives put in place for research and development so that Member States may align such incentives for maximum impact; encourage Member States to include access provisions in publicly funded R&D; we call for greater research into the behavioural and social factors underpinning AMR – UK ADD]; (Source: based on A/RES/78/4, p73)

[69bis. Foster stronger regional capacities for research and development, 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, (Source: based on A/RES/78/280 OP6) – HOLY SEE ADD]

70. Promote **[where possible, – CANZ ADD] [, on mutually agreed terms, – UK ADD]** the **[voluntary – CHE, ISR, EU ADD]** transfer of technology and know-how **[on mutually agreed terms – CHE, ISR, EU ADD / on voluntary and mutually agreed upon terms – US, CANZ ADD]** and encourage **[research, innovation – CANZ DEL] [and commitments – ISR DEL]** to voluntary licensing, **[where possible, – ISR, CANZ DEL] [and consistent with national law and policy, – CANZ ADD]** **[in agreements – CANZ DEL]** where public funding has been invested in the research and development of antimicrobials, **[vaccines, diagnostics and other treatments, – UK ADD]** to strengthen local and regional capacities for **[the – ISR DEL] [sustainable – ISR ADD]** 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 **[voluntary – CHE, EU ADD]** transfer of technology **[on mutually agreed terms – CHE, EU ADD / on voluntary and mutually agreed upon terms – US, CANZ ADD]** **[within the framework of – CANZ DEL] [in a manner consistent with – CANZ ADD]** relevant multilateral agreements; **[Support global non-profit initiatives which negotiate collaboration and licensing agreements with pharmaceutical companies, in order to improve access in regions with high morbidity and mortality due antibiotic resistance, like the Global antibiotic research and development partnership (GARDP); – EU ADD]** (Source: A/RES/78/4, p74) **[JPN DELETE PARA]**
71. Improve availability, affordability and efficiency of health products by **[increasing promoting – UK REPLACE]** 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 – CANZ DEL] [applicable law and national contexts – CANZ ADD]**, 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 **[, pharmaceutical companies – G77 ADD]** and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products; (Source: A/RES/78/4, p75) **[JPN, EU DELETE PARA]**
- [71bis. Commit to increase international cooperation to advance AMR research and innovation, including by fostering and coordinating research and clinical trials, providing funding for collaborative research and clinical trials, supporting transparent and rapid reporting of research and clinical trial results, promoting data-sharing, encouraging open innovation approaches, voluntary licensing and technology transfer, where possible in agreements where public funding has been invested, in order to ensure maximal return on public investment in scientific progress, (A/RES/78/5, P72) – UKR ADD]**
72. Recognize the important role played by the **[public and – EU ADD]** private sector in research and development of innovative medicines **[and new antimicrobials – EU ADD]** and **[increase support for the implementation of “delinkage” – EU ADD]** **[continue to support voluntary initiatives and incentive mechanisms – EU DEL]** that separate the cost of investment in research and development from the price and volume of sales, **[and continue to support voluntary initiatives and incentive mechanisms that better reward the development of medicines contributing in significantly decreasing the AMR burden and – EU ADD]** **[facilitate equitable and affordable access to new tools and other results – JPN DEL]** to be gained through research and development; (Source: A/RES/78/4, p76)

73. Recognize the need to **[facilitate equitable access to vaccines, medicines, diagnostics and other health technologies through measures which may include the – CHE ADD]** support **[of – CHE ADD]** developing countries to build expertise and strengthen local and regional production **[of [essential – JPN ADD] [human and veterinary – UK ADD]** vaccines, medicines, diagnostics and other health technologies in order to facilitate equitable access, **– CHE DEL]** **[recognizing that the high prices of [some – EU DEL] health products [(including antibiotics) – EU ADD]** and the inequitable access to such products impede progress towards addressing antimicrobial resistance, particularly for developing countries **– JPN DEL];** *(Source: based on A/RES/78/4, para 77)* **[G77 MOVE to 33bis.]**

[73bis: 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 the growing AMR crisis; (Source: Leaving the Lab, Tracking the Decline in AMR R&D Professionals, AMR Industry Alliance) – CHE ADD]

[73bis. Commit to strengthening the material and technical base of laboratories conducting research in the field of studying antibiotic resistance of bacteria; – RUS ADD]

74. Prioritize the sustainable production of antimicrobials through **[developing and strengthening [the adoption of – CHE ADD]** manufacturing standards **– UK DEL]** **[incentivising the adoption of existing manufacturing standards or developing new standards (including codes of conduct for the private sector), – UK ADD]** **[and existing schemes – CHE ADD]** to reduce the risk of developing **[antibiotic antimicrobial – US REPLACE]** resistance **[and aquatic ecotoxicity – EU, RUS DEL]** in the environment resulting from manufacturing operations; *(Source: new)* **[G77 RESERVES]**

[74bis. Urge to introduce the molecular diagnostic methods in the study of markers of resistance to antimicrobial drugs in bacteria, including PCR methods and whole-genome sequencing; – RUS ADD]

75. Undertake **[and enhance targeted – CHE ADD]** measures **[including activities identified by the WHO Member State Mechanism on Substandard and Falsified Medicines, – CANZ ADD]** to address the trade in sub-standard, counterfeit and falsified **[drugs – UK DEL]** **[human and veterinary medicines – UK ADD]**, including through **[improved improving – JPN REPLACE]** **[and – JPN, US DEL]** supply chain management and through strengthening regulatory **[and surveillance – CHE ADD]** capacity, *(Source: based on WHA77.X OP4)*

[75bis. Establishment of measures to ensure effluent from antibiotic manufacturing is at or below defined risk-based limits; – US ADD]

Surveillance and Monitoring

76. 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 – UK ADD]** use across sectors, while acknowledging that the disparities in the capacities of **[collaborative – UK ADD]** surveillance systems **[at global, regional and national levels; – UK ADD]** and **[that – UK ADD]** gaps in data and data sharing are hindering **[a the – EU REPLACE]** comprehensive **[response across human and animal health as well as the required – UK ADD]** One Health response, *(Source: GLASS report 2022)*

77. Recognize the need to strengthen cross-sectoral data sharing at national, regional and global levels **[in conformity with the respective data protection regulations – EU ADD]** to improve **[monitoring and – EU ADD]** forecasting of antimicrobial resistance trends **[and explore innovative surveillance approaches, as well as making data available to the public and researchers – EU ADD]**; (Source: WHO, FAO, OIE, UNEP Strategic framework for collaboration on antimicrobial resistance)

Commitments:

78. Strengthen capacities for sustainable[, sector-specific and **[integrated interoperable – US REPLACE]** **[One Health – UK ADD]** surveillance systems for **– EU DEL]** **[surveillance systems and sector-specific and integrated analyses of – EU ADD]** antimicrobial resistance and use, standards of diagnostics, laboratory information systems **[and networks – MEX ADD]**, and other infrastructure to support collection of **[high quality and – US ADD]** nationally representative data on prevalence, antimicrobial resistance patterns, **[re-emerging disease surveillance – MEX ADD]** and mortality and morbidity attributable to antimicrobial resistance and data on antimicrobial use across sectors to inform national policymaking; **[recognising the benefits to global health of integrating and ensuring the compatibility of AMR surveillance with wider animal and human disease surveillance systems, including for pandemic preparedness – UK ADD]**; (Source: based on WHA77.X OP5)

[78bis. Improve monitoring of WASH in healthcare facilities and community settings to aid efforts for IPC; – JPN ADD]

79. **[Strongly – G77, US, UK, RUS DEL]** **[urge – UK, US, RUS DEL]** **[Recommend that – US ADD / Encourage – RUS ADD]** **[all countries to – UK DEL]** **[Routinely – UK ADD]** report quality-assured **[nationally representative – UK ADD]** surveillance data on antimicrobial resistance and use **[by 2030 – UK DEL]**, 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, among others; **[aim to increase the quantity and quality of data reported to these systems; and strongly urge all countries to make publicly available, where resource allows, reports on the integrated monitoring and surveillance programme(s) data across humans, animals, plants, crops, food and the food production environment at the national level – UK ADD]** (Source: Global Action Plan for AMR)
80. 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; (Source: based on TrACSS data 2023) **[JPN DELETE PARA]**
81. Call on United Nations Environment Programme to **[consider – UK DEL]** **[research gaps that need to be filled to – US ADD]** **[the development of develop – US, UK REPLACE]** a **[science- and risk-based – US ADD]** surveillance system for antimicrobial resistance in the environment **[, complementary to, and, where appropriate, interacting with, existing global surveillance systems; and call on humanitarian agencies and organizations, including but not limited to UNICEF, WHO, UN WOMEN, WFP, UNHCR, UNDP, and FAO, to better integrate antimicrobial surveillance and mitigation measures into their work in fragile and conflict affected states and humanitarian settings, recognizing that populations in fragile and conflict affected zones are**

especially vulnerable to antimicrobial resistance – UK ADD]; (Source: new) [G77 DELETE PARA]

[81ALT. Call on United Nations Environment Programme to initiate, within existing resources and structures the development of a surveillance system for antimicrobial resistance and resistance determinants such as residues in the environment covering in particular wastewater, soil, sewage and manure, including methodology that matches each of the different objectives with environmental surveillance, in coordination with existing global initiatives for environmental surveillance, e.g. the Global wastewater and environmental surveillance for public health (GLOWACON); – EU ADD]

[81bis. Call on FAO to strengthen the collection of data on the use of antimicrobials in plants and crops, and Member states to commit to collect data on the use of antimicrobial in plants/crops; – EU ADD]

82. Improve monitoring and evaluation of the implementation of multisectoral national action plans on antimicrobial resistance by building country-level technical capacity [, **including through know-how and technology transfer – G77 ADD**] and ensure that 95 per cent of countries participate in the annual Tracking Antimicrobial Resistance (AMR) Country Self- Assessment Survey (TrACSS) by 2030, (Source: based on TrACSS data 2023) [US MOVE TO P22bis.]

[82bis. Strongly urge all countries to measure a One Health indicator for antimicrobial resistance in humans, animals and the environment, as defined by the Tricycle program, capable of understanding the dynamics of the emergence, re-emergence and spread of antimicrobial resistance between the different sectors; – EU ADD]

[Training and Awareness – EU ADD]

[82ter. Recognize the need to create a common culture of antimicrobial resistance containment, to share expertise and best practices in order to concretely and better implement the One Health approach, and to make sure that human, animal and environmental health professionals benefit from research collaborations, (Source: new) – EU ADD]

[*Commitments*: - EU ADD]

[82quat. Reinforce human, animal and environmental health professionals' training in the relevant fields, but also awareness to the One Health approach, especially in low- and middle-income countries that need a trained workforce; - EU ADD]

[82quinq. 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 – EU ADD]

Follow up

83. Request that the Quadripartite organizations (FAO, UNEP, WHO, WOAHA) 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, civil society and affected communities, and to lead periodic global reviews

of the response to antimicrobial resistance; (Source: based on A/RES/78/4 p106 and WHO, FAO, OIE, UNEP Strategic framework for collaboration on antimicrobial resistance) **[G77 RESERVES]**

[83ALT. Request that the Quadripartite organizations (FAO, UNEP, WHO, WOA) within their mandates continue to support countries in 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 lead biannual global reviews of the response to antimicrobial resistance; quality and effectively disseminated normative guidance and technical support and follow up progress towards the targets and commitments defined in the present declaration; – EU ADD]

84. Further request relevant United Nations entities to continue to provide, in a timely manner, support to **[Member – G77 DEL]** States, upon their request, **[and in line with the UN Sustainable Development Cooperation Framework – CANZ ADD]** in order to build capacity, strengthen health systems and promote financial sustainability, training, recruitment, development and retention of human resources to address antimicrobial resistance, (Source: A/RES/78/4, p106)

85. Request the Secretary-General to provide, **[within existing resources, – EU ADD]** in consultation with the Quadripartite and other relevant agencies, a progress report **[on reduction of the global burden on AMR – NOR ADD]** during the eighty-first session of the General Assembly, including recommendations on the implementation of the present declaration, **[as well as international cooperation and financing opportunities for developing countries, - G77 ADD]** which will serve to inform the high-level meeting to be convened in **[2029 2027 – US REPLACE]**; (Source: based on A/RES/78/4, p108)

86. Decide to convene a high-level meeting on antimicrobial resistance in **[2029 2027 – US REPLACE]** 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 eighty-first – US REPLACE]** session of the General Assembly, taking into consideration the outcomes of other existing health-related processes. (Source: based on A/RES/78/4, p109) **[JPN RESERVES]**