Target Setting –
Differential for LMICs

International Workshop on LMIC Priorities to inform 2024 HLM on AMR

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

HLM on AMR in 2024 - an opportunity to transform the AMR response

Only if we draw on lessons from 2016 political declaration as well as the 2023 HLMs
Lessons from the 2016 political declaration

1. Reaffirm that the blueprint for tackling antimicrobial resistance, including the development of resilient health systems, progress towards the goal of universal health coverage; treatment optimization of infections acquired in common settings, evidence-based and guided by the principles of affordability, efficiency and equity, and should be considered as a shared responsibility.

5. Recognize that the above achievements are now gradually being integrated into national and regional strategies with the involvement of all relevant stakeholders at all levels.

6. Recognize that national conditions and priorities play a crucial role in determining the content and outcomes of multisectoral national policies, regulations and regional initiatives, taking into account legislation and jurisdictional responsibilities.

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Commitments from the 2016 political declaration and implementation

<table>
<thead>
<tr>
<th>Commitments</th>
<th>Specific actionable language included</th>
<th>Specific stakeholders mentioned</th>
<th>Primarily accountable stakeholder</th>
<th>Overall progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Countries to develop NAPs based on GAP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>2. Support development and implementation of NAPs</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>Yellow</td>
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<tr>
<td>3. Mobilize adequate, predictable and sustainable funding</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Red</td>
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<td>4. Surveillance, monitoring and regulatory frameworks</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Yellow</td>
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<tr>
<td>5. Awareness and behavioral change</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Red</td>
</tr>
<tr>
<td>6. Multisectoral One Health approach</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Red</td>
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<td>7. Global Development Stewardship Framework</td>
<td>x</td>
<td>✓</td>
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<td>Green</td>
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<tr>
<td>8. Establish the Interagency Coordination Group (IACG)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Green</td>
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Commitments with **specific language** and **primary accountable stakeholder** have higher chance of implementation after the political declaration.
### Analysis of the political Declarations of the 2023 Health related HLM

<table>
<thead>
<tr>
<th>2023 Health HLM</th>
<th># pages</th>
<th># articles</th>
<th># articles that reaffirm, recall, recognize, express concern, note, acknowledge</th>
<th># articles with time-bound commitment</th>
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<tbody>
<tr>
<td>PPPR</td>
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<td>UHC</td>
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<td>(3 reiterating existing UN resolutions)</td>
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<td>TB</td>
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<td>84</td>
<td>42</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(5 reiterating existing UN resolutions)</td>
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Negative coverage of the 2023 Health HLMs

Richard Horton
@richardhorton1

Political declarations at the UNGA: what a sad tale of decline. The result of this week’s theatrical charade? Three missed opportunities. What a tragic waste.

The Lancet
Offline: Political declarations— clichés and lies
Let me concede this point: writing political declarations for intergovernmental meetings is a demanding and often

Negative coverage of the 2023 Health HLMs

World leaders fell short in preventing the next pandemic with @UN #PRHLM political declaration underscores the missed opportunities • calls for ambitious commitments for a #pandemicproof future.

Read the statement

UN General Assembly 2023: Political declaration on pandemics approved, critics call it ‘rhetoric’

‘From Vegetables to Potatoes to Shoes’: Experts Express Frustration at UN Declarations on Pandemics, Universal Health Coverage and Tuberculosis

United Nations • 13/09/2023 • Kerry Culminan

The outcome of the High Level Meeting on Pandemic Prevention, Preparedness and Response @UNGA underplays the seriousness of the crisis the world experienced with the Covid-19 pandemic. Read the @South_Centre statement: southcentre.int/sc-statement-l...
UNGA HLM 2024 outcome document must be bold and specific with greater accountability for action in the response to escalating AMR threat

The crisis of antimicrobial resistance (AMR) threatens a century of progress in human medicine, and the health of animals, plants, and the environment, as well as our economies and livelihoods. As this report emphasizes, the impact of AMR is visually staggering, and the world has been far too slow to act. We now have a narrow window of opportunity to mount a coordinated and multisectoral response to AMR of the scale and with the urgency it demands.

The commitment to tackling AMR must be personal, local, national and global. The high-level Meeting on AMR to be held by the United Nations General Assembly in September 2024 presents us with a unique opportunity for specific commitments and action.

I hope that this report and its recommendations contribute to the world charting a far more determined course in the response to AMR, and that my fellow heads of state and government will see this opportunity for greater effort and action against AMR at country level, where the impact and needs are greatest. By responding aggressively to the many threats posed by AMR, we will also help to build a safer, healthier, more prosperous and equitable world.

Mia Amor Molleur
Chair, Global Leaders Group on Antimicrobial Resistance
Prime Minister of Barbados

GLG report provides 10 Recommendations—time-bound, specific responsibility and targets

Uncontrolled AMR is expected to lower life expectancy and lead to unprecedented health expenditure and economic losses

- There would be an average loss of 1.8 years of life expectancy globally.
- Greater health expenditures, with total expenses to treat resistant bacterial infections alone to reach US$ 412 billion annually up to 2035.
- Increased morbidity and mortality from drug-resistance infections will lead to lower workforce participation and productivity losses of US$ 443 billion per year.
- AMR interventions across sectors are expected to cost an average of US$ 46 billion per year with a return of between up to US$13 for every US$1 spent by 2050.

Read more in the CLG report: Towards specific commitments and action in the response to antimicrobial resistance
Financing for Implementation of Multisectoral NAPs on AMR and R&D

1. Request the Secretary General to urgently establish, in consultation with relevant stakeholders, an ad hoc group composed of governments, development banks, civil society and private sector including philanthropy representatives to define approaches and concrete measures needed for adequate, dedicated, predictable, and sustainable financing from domestic and external sources to address antimicrobial resistance, including research and development.

2. Existing financing instruments (including of the World Bank, Global Fund, AMR Multi-partner Trust Fund, Green Climate Fund, Pandemic Fund, Climate Health Fund, Global Environment Facility, Nature4Health, Global Biodiversity Framework Fund) should expand their scope to include AMR and/or increase investments to support implementation of multisectoral NAPs on AMR, especially in LMICs.
Accountable, Effective and Functional Multisectoral Governance

3. Request the Secretary-General, in close collaboration with the Quadripartite and other relevant stakeholders, to convene an Independent Panel on Evidence for Action against Antimicrobial Resistance by 2025, in a One Health context to monitor and provide Member States with regular reports on the science and evidence related to AMR, its impacts and future risks, and to recommend options for adaptation and mitigation.

4. The Quadripartite Organizations should urgently update the 2015 Global Action Plan on AMR to ensure a robust, multisectoral One Health response and drive greater impact against AMR.

5. All countries should establish a national core multisectoral coordinating body for AMR with appropriate human and financial resources and mandate to engage relevant ministries with accountability, monitoring, and reporting mechanisms.

6. Member States should formalize the standing Quadripartite Joint Secretariat on AMR as a key coordinating mechanism of the global One Health response to AMR, drawing on the mandates and roles of the Quadripartite and other relevant organizations in each sector.
All countries should strengthen human resources, diagnostic, laboratory, and other infrastructure capacity to support sustainable sector-specific and integrated surveillance systems and the use of data for action and, by 2030, report quality-assured AMR and AMU surveillance data through global surveillance systems (GLASS, ANIMUSE and InFARM).
By 2030, all countries should develop and have in place national plans, legislation and/or regulations, to prevent contamination of the environment with antimicrobials and their metabolites, including from manufacturing, and integrate environmental dimensions into multi-sectoral National Action Plans on AMR.
Preventing Infection and Reducing Antimicrobial Need

By 2030, all countries should implement strategies in all sectors to prevent infections and reduce the need for antimicrobials across sectors, including infection prevention and control; water, sanitation and hygiene (WASH); vaccination, biosecurity and good animal husbandry practices; pollution control, waste and wastewater management; and ensuring equitable access to diagnostics and antimicrobials, and the development of alternatives to antimicrobials.
Targets to Accelerate Progress and Transform Systems

Deaths caused by bacterial AMR

- By 2030, reduce global deaths due to bacterial AMR by 10%

Antibiotic stewardship and responsible use in humans:

- By 2030, ACCESS group antibiotics comprise at least 80% of overall human antibiotic consumption

Antimicrobial use in agri-food systems:

- By 2030, reduce the quantity of antimicrobials used in the agri-food system globally by at least 30-50% from the current level
- By 2030, eliminate the use of medically important antimicrobials for human medicine in animals for non-veterinary medical purposes, or in crop production and agri-food systems for non-phytosanitary purposes

Based on these global targets, GLG recommends that all countries should develop national, outcome-oriented, sector-specific targets with clear goals and timelines.
Thank you

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https://www.qjsamr.org/