



EFFECTIVELY REDUCING GLOBAL ANTIMICROBIAL RESISTANCE

Recommendations on the draft political declaration of the United Nations High-Level Meeting on Antimicrobial Resistance on 26 September 2024

Antimicrobial resistance (AMR) threatens human and animal life and the environment. It is caused by the improper production, use and disposal of antimicrobial agents as well as inadequate water treatment, sanitation and hygiene (WASH). In addition, recent studies have shown that the introduction of microplastics into the environment also promotes antimicrobial resistance (Nath et al 2023; Tuvo et al 2023). To effectively address existing and emerging resistance, integrated approaches such as "One Health" must be consistently applied in public policy.

Although antimicrobial use is lower in low-income countries than in high-income countries, AMR has a disproportionate impact on low-income countries. Sub-Saharan Africa and South Asia have the highest number of deaths from resistant pathogens in the world. The World Health Organisation (WHO) estimates that 1.27 million people worldwide die each year as a direct result of resistant pathogens. AMR contributes to the deaths of a further 4.95 million people (WHO 11/2023). Children under the age of five and women giving birth are particularly at risk of dying from antimicrobial resistance (WHO 03/2023). Refugees, migrants and other vulnerable groups are particular at risk. AMR exacerbates health inequalities.

People and animals living in poor, unhygienic conditions without access to clean water and hygienic faeces disposal are more susceptible to infectious diseases. At the same time, they are more severely affected by them. The healthcare and veterinary systems in these countries are often poorly developed and fragile. Antimicrobial resistance places an additional burden on already fragile systems. Some countries are facing a resurgence of infectious diseases that cannot be effectively treated with available antimicrobial agents.

At the same time, people in low-income countries do not have access to affordable, appropriate diagnostics and antimicrobial products for human and animal health due to patent regulations, low interest from the pharmaceutical industry and a lack of up-to-date research. Women, children and other vulnerable groups are also often discriminated against in access to these products. In addition, medicines, diagnostics and vaccines for many preventable infectious diseases associated with poverty are either unavailable or inadequate.

Push funding for research and development (R&D) is often insufficient for the development of new and improved products.

In addition to increased political and financial support for push funding, there is a need for pull incentives that must be aligned with existing instruments to ensure cost-effectiveness, sustainability and equitable access.

AMR threatens the achievement of many of the Sustainable Development Goals (SDGs) of the 2030 Agenda. The overarching goal of all actions must be to maintain the effectiveness of antimicrobials and ensure equitable access to antimicrobials for responsible use to protect human, animal and plant health.

Against this background, the German Government should work to ensure that the following is added to the draft ("Zero Draft") of the political declaration of the High-Level Meeting on AMR:

- The "One Health" approach must be applied consistently in the development and implementation of all programmes and policies. The human-centred perspective that prevails in the "Zero Draft" hinders the effective and sustainable fight against AMR.
- The human right to health must be prominently included in the declaration.
- Health equity must be mainstreamed so that no one is left behind in line with the 2030 Agenda. This includes full access to adequate antimicrobials and medicines for all, including women and children, people with disabilities and the elderly, migrants and refugees, LGBTQIA+, people with immunodeficiency diseases or immunosuppression and other vulnerable groups.
- In line with the "health in all policies" approach, AMR-sensitive measures and comprehensive barrier-free education need to be integrated and specifically promoted in all health-relevant areas, including in WASH and agricultural policies.
- Tackling AMR and its effects is an integral part of universal health coverage. The fight against AMR must be integrated into the development and expansion of healthcare systems.

Governance and Financing

- The HLM AMR must adopt a roadmap with specific targets and indicators that shows how antimicrobial resistance is to be contained or prevented by the next HLM AMR in 2029. The World Health Organisation (WHO), the World Organisation for Animal Health (WOAH), the Food and Agriculture Organisation (FAO), the United Nations Environment Programme (UNEP) and the signatory states are to report annually on the achievement of the targets
- The role of WHO and WOAH in setting standards, raising awareness and monitoring AMR needs to be strengthened to avoid further fragmentation of the global health architecture.
- Integrated, multi-sectoral databases with disaggregated data on vulnerable groups and appropriate AMR surveillance systems need to be established. At the same time, communication between human, veterinary and agricultural authorities and institutions needs to be established and strengthened. In this way, the use of antibiotics and the emergence of resistance can be recorded in the human healthcare sector, in aquatic and terrestrial livestock and in the agricultural sector.
- Access to antimicrobials must be documented. This is the only way to develop policies to identify and address access gaps. Such data collection can also be used to monitor progress towards agreed targets for reducing the use of antibiotics in humans worldwide.

- The financial, technical and political support that low- and middle-income countries (LMICs) will receive to combat AMR needs to be defined. This must include agreements on initiatives to improve access to and joint procurement of antimicrobials. There is also a need to strengthen supply chains, improve quality assurance and expand capacity development for the production of medical devices.
- The funding of research and development (R&D) must be strengthened through the provision of additional public resources. Research funds and the products resulting from this research must be made available to the general public at low cost in the sense of "public return on public investment". Research must also take place and be supported in the countries of the Global South. Public funding for research and development should systematically consider the gender dimension and the special conditions in the Global South.
- National regulations for sustainable, appropriate and optimal use of antimicrobial substances need to be developed, adopted and implemented. These must specify how to prevent the inappropriate use and discharge of antimicrobial substances into the environment.
- AMR strategies need to be integrated into emergency preparedness plans for disaster relief and humanitarian aid.

Access, Use and Information

- Access to effective, affordable, existing and new antimicrobial medicines in all dosage forms and diagnostics for humans and animals must be equitable. This must be ensured, particularly in low-income countries. Appropriate diagnostics must be made available for effective treatment of specific pathogens. To ensure this, approaches such as those of the Medicine Patent

Pool (MPP) or Unitaaid, which make newly developed medical products available to people on low incomes, should also be used in the area of antimicrobial resistance. This will require adequate funding, capacity building and strengthening of fragile supply chains.

- Healthcare workers in all three healthcare sectors need to be trained in antimicrobial stewardship (AMS), the rational and targeted use of antimicrobial agents. Healthcare professionals must be able to dispense antimicrobial medicines correctly and use them in a targeted and appropriate manner. To this end, an appropriate training infrastructure must be established and expanded.
- The capacity of microbiological laboratories needs to be expanded to improve clinical care and the responsible handling and control of the use of antimicrobial drugs. Access to high-quality diagnostic tests and quality-assured laboratories with adequate infrastructure, equipment and trained staff must be improved.

Research and Development

- The obligations arising from the TRIPS Agreement of the World Trade Organisation (WTO) must be implemented, if necessary, through appropriate waivers, in such a way that the production of necessary antimicrobial products in low-income countries is possible despite intellectual property rights.
- R&D needs to be increasingly promoted in local regions to better reflect the different resistance spectra. R&D must adopt a gender-responsive approach. The specific concerns of women, men, boys and girls must be explicitly addressed at every stage of research and product development. Data should be disaggregated by biological and social gender at every step and level of the R&D process.

These aspects should be formulated as objectives in an action plan.

- R&D in "alternative" technologies and therapies to classical antimicrobial treatment, such as phage therapy and vaccinations, needs to be expanded.
- Equal access needs to be addressed in R&D funding agreements. In addition to push and pull incentives, this includes setting affordable prices and transparency throughout the entire innovation process up to delivery. New pull incentives should be optimised for efficiency and effectiveness, for example through coordination with programmes such as the European & Developing Countries Clinical Trials Partnership (EDCTP) or the Global Antibiotic Research and Development Partnership (GARD-P).
- R&D must take a comprehensive approach that recognises the biological and social differences in populations to make treatments more effective, efficient and safe. R&D funding must consider the global burden of disease.

For example, R&D investment should be targeted at diseases with a significant global burden, such as tuberculosis and those with potentially severe consequences despite comparatively low levels of resistance, such as malaria and HIV. This will ensure that new treatments meet the needs of populations worldwide, particularly in low and middle-income countries.

Participation of Civil Society

- The role of civil society in the development, implementation and monitoring of measures must be strengthened. Community-based monitoring should be used to assess the situation or projects. Locally adapted, context-appropriate solutions can be co-promoted by civil society.

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