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Driving action on antimicrobial resistance (AMR) in 2024

Policy briefing

Photographer: Abhishek N. Chinnappa/Wellcome

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Introduction

Antimicrobial resistance (AMR) is one of the biggest infectious disease challenges the world faces. Without action, the pathogens that cause infections can evolve and develop resistance to the treatments we use to control them. This could lead to common infections becoming untreatable and medical procedures, such as surgeries or chemotherapy, becoming too risky. The impact of our collective failure to tackle AMR is already being felt.

AMR caused at least 1.27 million deaths globally in 2019 and was indirectly linked to a further 3.7 million deaths. These figures are expected to increase substantially over the next two decades, with low- and middle-income countries (LMICs) likely to be disproportionately affected. Children in sub-Saharan Africa are already 58 times more likely than those in high-income countries to die from AMR¹. Failing to address AMR will not only result in lives lost, as estimates suggest it could push millions of people into extreme poverty by 2050².

With the stakes this high, global leaders must use the UN General Assembly (UNGA) High Level Meeting (HLM) on AMR in September 2024 to urgently improve the governance and pace of the response to AMR.

The world is not at a standing start. Notable progress has been made in some areas over the past 15 years but, overall, the global response remains too weak and fragmented to match the escalating challenge of AMR. Previous efforts have resulted in political attention and commitments, but

these have not translated into sustained, consistent action at either the national or global level. To counter this, effective governance structures and guiding targets must be established.

To deliver a more ambitious and globally coherent approach to tackling AMR at the HLM, political leaders must:

- 1. Set a bold, unifying goal for a reduction in the global burden of AMR and establish a follow-up pathway to develop more detailed targets** that can guide progress at a sector and country level. The HLM should not itself be setting detailed targets, but can and should set the political ambition for action, and start the process to develop more granular, context-specific targets.
- 2. Establish a panel for scientific evidence and action on AMR**, to assess and monitor evidence on drug-resistant infections, contribute to the development of granular targets, and provide countries with reports and recommendations for action.
- 3. Initiate mechanisms to regularly convene states to review progress, update targets and maintain political momentum.** This should also provide the forum for countries to review and translate the findings of the evidence panel into actionable guidance.

Background to this report

This short paper sets out Wellcome's ideas for how to drive this necessary change in 2024, with the intention that these should support discussions with and between governments in the months leading up to the UNGA HLM. To understand the opportunities for a course correction in the response to AMR during 2024 and beyond, and opinions about these, the Wellcome Trust commissioned Boston Consulting Group (BCG) to synthesise expert views and analyse evidence from existing policy initiatives.

In early 2024, BCG interviewed 54 individuals whose feedback was then anonymised. These individuals represented different perspectives at country, regional and global levels, including agencies, implementing partners, advocacy organisations, and the private sector. BCG also assessed 17 global and regional policy initiatives with monitoring and accountability structures in place from across and outside global health. This analysis, combined with Wellcome's own insights from our engagement as a significant funder in the AMR field, has helped shape our conclusions and proposals in this paper, and Wellcome has drawn together the final report on this basis.

15 years of progress tackling AMR

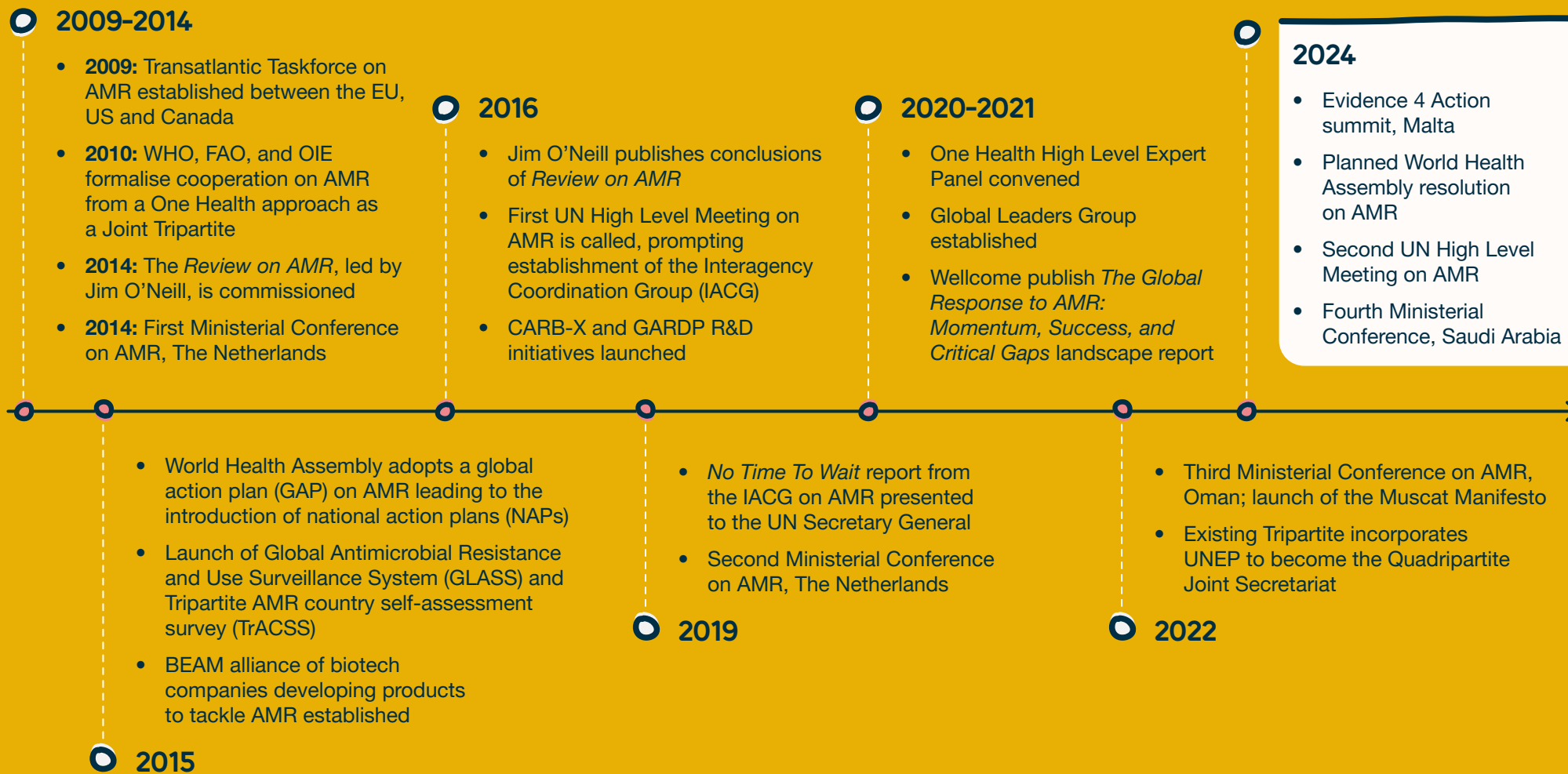


Figure 1. Selected milestones in the global AMR response

Building on what has come before

A range of important global initiatives have been put in place over the past 15 years to build and coordinate the global AMR response (Figure 1), resulting in progress in a number of areas:

Key milestones include:

- Countries developing National Action Plans;
- UN agencies formalising cooperation through the One Health Quadripartite, and;
- The recurrence of AMR on G7 and G20 agendas.

However, these initiatives have had relatively limited impact. **Crucially, there is still an absence of effective global governance and accountability, meaningful global targets for action, or a shared vision on the outcomes needed across countries.**

If the global community continues to rely only on the initiatives already in place, without a more robust response structure, it is extremely unlikely that countries will lastingly alter the trajectory of AMR. Instead, global political buy-in and attention will remain fragile. Countries will continue to move at different paces, with some setting ambitious goals for domestic action, while others remain unable to fully implement their NAP. This lack of international cohesiveness in the face of a truly transnational, multisectoral challenge will prevent effective prioritisation, and ensure that the impact of the global response remains less than the sum of its parts.

Underpinning these is a more fundamental challenge; that there is no means to synthesise the evidence available on AMR at a global level, preventing policymakers from properly understanding the progress of the AMR pandemic or what action they should prioritise. While data on the burden and spread of AMR continues to be mixed, data collection and analysis is constantly improving, and this should systematically be used as a guide to action.



When addressing other complex challenges in global health or beyond, experience has shown the value of creating structures to guide prioritisation of action, ensure multiple countries and sectors are acting in concert and create indicators by which to measure progress. The global response to HIV/AIDS, for example, was transformed in the early 2000s by focused commitments made via the UN, with structured, target-driven follow-up. Efforts across other areas of global health such as polio, tuberculosis (TB), and malaria have all benefited from the political focus and guidance afforded by similarly structured mechanisms. Now is the time to introduce similar structure to the global AMR response.

A new era for action on AMR

Several high-level political events make 2024 a unique year to renew political attention and establish strong governance mechanisms for addressing AMR.

- In May, AMR will return to the World Health Assembly (WHA) agenda for the first time since 2019, when WHO Member States assessed progress since the 2015 Global Action Plan. This year, Member States will agree a resolution signalling health priorities and WHO-led action ahead of the HLM.
- In September, the UN General Assembly will host the second ever HLM on AMR (following the first in 2016) and agree a political declaration that could redefine the future global response.
- In November, national leaders can capitalise on the growing momentum and support follow up of the political declaration at the Fourth Ministerial Conference on AMR in Saudi Arabia.

The HLM on AMR provides a critical opportunity to strengthen collective action for a more effective global response. The meeting itself, and the political declaration it delivers, can provide a powerful and unambiguous mandate for more ambitious action.

The urgency of the AMR crisis requires engagement and representation from Member States at the highest levels by either empowered senior ministers or heads of government. Negotiations at head of government level, such as the Paris Agreement or regionally based mechanisms like the African

Leaders' Malaria Alliance, have previously unlocked tangible action and increased public profile of important issues.

But the political escalation of AMR at the UN in 2024 will not by itself be enough to drive change.

The experience following the first HLM on AMR in 2016 showed that a lack of commitment to tangible action limited the impact of the political declaration agreed then. While the UN is the ideal forum to provide a robust mandate for action by all countries, it is not the right setting for countries to negotiate the full details of a future response to AMR that spans across multiple sectors.

However, the subsequent Ministerial Conference in Saudi Arabia, and parallel processes such as the G7 and G20, will be well placed to immediately capitalise on the focus the HLM provides. Together, these forums provide an opportunity to lay the foundations of stronger global AMR governance and consolidate political support for this.

Using forums like these for follow up, countries should ensure that the HLM defines a clear pathway for strengthening global action. This must include mandated actions and initiatives, with clarity on who is responsible for their delivery and commitments to implementation by the end of 2025.

Here, we set out three crucial substantive elements that the HLM political declaration should include.



In 2018, Wellcome commissioned IDEO, a global design company, to explore human behaviour when seeking and prescribing antibiotics. The team visited over 30 high street pharmacies in Kenya and India to get to grips with the reality of antibiotic availability

The HLM on AMR provides a critical opportunity to strengthen collective action for a more effective global response.

How to drive action: our recommendations



Recommendation 1

Countries should use the HLM political declaration in September to set a bold, unifying goal for a reduction in the global burden of AMR. This should be the beginning of a pathway to develop a wider set of robust global targets for progress on AMR.

The HLM should not itself be setting detailed targets, but can and should set the political ambition, and mandate a process to develop more granular, context-specific targets. The unifying goal should not be seen as a perfect single measure of progress, but a political commitment that unifies diverse actors and stimulates action.

Agreeing on a unifying global goal based, for example, around a timebound reduction in lives lost to AMR, could mobilise political support and unite Member States and other stakeholders on a shared vision. Similar approaches in other global policy areas have successfully acted as a “rallying cry” for action, for example the 1.5°C target for climate change or 95-95-95 for HIV/AIDS.

Current data collection means it is only possible to estimate levels of mortality, and model what is possible for collective action to achieve. Comparably, the 1.5°C target for climate change represented a consensus on what was achievable, informed by evidence.

This overarching goal should then be the basis of work following up from the HLM to establish more detailed sector specific targets, as well as guiding countries to set national-level targets for progress. These more detailed targets will then be the basis

by which countries and global organisations can track progress towards the unifying goal.

Recommendation 2

The HLM political declaration should initiate the creation of a panel for scientific evidence and action on AMR, with a clearly defined mandate and timescale for establishment. The panel should consist of experts from diverse geographies and disciplines, tasked with aggregating and analysing the latest data.

A scientific evidence panel for AMR should be responsible for synthesising evidence and identifying data gaps. It should also support countries to identify priority actions and feed into a parallel mechanism to turn evidence into action, assess progress, and set technical targets and indicators to track progress.

The panel should consider a wide range of issues and specialisms relating to AMR, including:

- The link between AMR and other critical endemic diseases with high rates of drug resistance, such as TB.
- Evidence related to enablers for action, such as resource needs for NAP implementation at a country level, where there is currently limited evidence.

In 2019, the Interagency Coordination Group (IACG) on AMR, convened by the UN Secretary General, recommended that an Independent Panel for

Evidence for Action (IPEA) on AMR should be established. Despite strong consensus from global stakeholder organisations and individuals, this has not been implemented, in part due to the Covid-19 pandemic diverting political attention.

Previous analysis found that the complexity of AMR, as well as limited availability of data, has led to inaction by policymakers.³ Improving the availability of evidence on AMR, and providing an actionable synthesis for policy makers, will therefore help drive progress by countries and at a global level.

The success of the Intergovernmental Panel on Climate Change (IPCC) serves as an example of the significant impact that a dedicated evidence body can have. The IPCC's role in consolidating and communicating scientific findings has been instrumental in directing global efforts. The IPCC also has a significant public profile, supporting the public case for the urgency of climate action.

Countries should consider where the panel should be situated and its specific governance structure. There is also an open question as to whether it is established as an intergovernmental body (like the IPCC) or in a format independent of national governments. Either approach has benefits and drawbacks. Ultimately though the most important question will be how the panel can be established in a way which ensures scientific integrity and credibility and delivers impact.

An evidence panel for AMR will deliver most value if it is integral to the process of monitoring progress against agreed global targets and has a clear role in directly guiding and informing action by countries. These things depend more on its mandate and ways of working than on whether it exists as an intergovernmental or fully independent body.

Recommendation 3

The UNGA HLM must establish a mechanism that regularly convenes states to review progress, updates targets, and maintains political momentum.

Global action on AMR is currently coordinated through sporadic meetings, such as at the WHA or the UN General Assembly. A standing mechanism is needed for countries and other stakeholders to:

- Review progress on AMR, including via new and more holistic targets.
- Guide priority-setting and consider whether updated targets might be appropriate, based on an assessment of the evidence (provided by the evidence panel discussed above) and with sensitivity to country contexts.
- Provide additional profile to, and public awareness of, action on AMR by regularly convening senior political stakeholders.

More broadly, this mechanism would provide a way for all stakeholders to regularly share knowledge, address challenges, and explore opportunities for collaboration. It would also allow the process of AMR follow up to rely less on recurring meetings at UNGA where issues compete for attention.

Such mechanisms are already in place for other issues, including the “Conferences of the Parties” (COPs) for climate and tobacco control and the ‘Meeting of Parties’ in the case of the Montreal Protocol. Although these conventions are legal mechanisms resulting from treaties, it would not be necessary to establish an equivalent legal mandate for regular structured convenings on AMR – a simple mandate from UN member states would be sufficient.

The coming months should be used to explore how such a mechanism to “convene, review, and guide” could best be established alongside an evidence panel and in alignment with existing global health and One Health architecture. Consideration should be given to establishing a light-touch secretariat that could both facilitate regular engagement and provide technical assistance to Member States. As with the IPEA, funding could initially be secured through a coalition of funders, and possibly hosted within an existing body such as a member of the Quadripartite.



- 1 Antimicrobial Resistance Collaborators. (2022). Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *The Lancet*; 399(10325): P629-655. DOI: [https://doi.org/10.1016/S0140-6736\(21\)02724-0](https://doi.org/10.1016/S0140-6736(21)02724-0)
- 2 World Bank Group (2017) Drug-resistant infections: a threat to our economic future. <https://www.worldbank.org/en/topic/health/publication/drug-resistant-infections-a-threat-to-our-economic-future>
- 3 Wellcome. (2020). The Global Response to AMR: Momentum, success, and critical gaps. <https://cms.wellcome.org/sites/default/files/2020-11/wellcome-global-response-amr-report.pdf>

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