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Leveraging the Antimicrobial Resistance Declarations of 2024 to Reduce the Burden of Drug-Resistant Infections

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ABSTRACT

In 2024, two significant events highlighted the global concern about antimicrobial resistance (AMR). AMR is a pressing global health issue, imperiling public health, economic stability, and societal well-being. The 79th United Nations General Assembly (UNGA) in its special session on AMR and the 4th Ministerial Meeting on AMR have emphasized the need for collective action and international cooperation to mitigate the impact of AMR. The UNGA Declaration has set some targets including reducing global deaths associated with bacterial AMR by 10% by 2030 and enhancing the antimicrobial usage from the World Health Organization (WHO) AWaRe (Access, Watch, Reserve) Access category to 70% by 2030. Accomplishing these targets requires enhancing the inter-ministerial and inter-sectoral collaboration within countries, and the development of strategies reflected in national action plans (NAPs) tailored to each country's unique dynamics. There are several important commitments made that now need to be implemented, including increased support to countries to develop funded NAPs, the establishment of an Independent Panel on Evidence for Action against AMR, capacity building for local manufacturing of vaccines, therapeutics, diagnostics and essential supplies, developing a new Global Action Plan on AMR by 2026 with a focus on a people centered approach, and advancing cross-sectoral behavioral change interventions. However, these fell short of ambition, particularly in key areas such as financing, reduction of misuse and overuse of antimicrobials in human and animal health and the environment as a vector for AMR. This Policy Brief reviews the new commitments on AMR made in 2024 under the light of current challenges in developing countries and advances recommendations to accelerate progress on AMR.

KEYWORDS: Antimicrobial Resistance (AMR), United Nations General Assembly Political Declaration of the High-level Meeting on Antimicrobial Resistance, Jeddah Commitments, National Action Plans (NAPs), One Health Approach, Global Action Plan on AMR 2026, Independent Panel on Evidence for Action against AMR, Technology Transfer, Conflict Areas

KEY MESSAGES

- The UNGA Declaration has set a target to reduce global deaths associated with bacterial AMR by 10% by 2030. Achieving this goal necessitates a country-based analysis of the AMR burden and the development of strategies tailored to each country's unique dynamics.
- The UNGA Declaration committed to facilitate sustainable funding from international cooperation to support the implementation of NAPs on AMR, with the target of achieving US$ 100 million to catalyze the achievement of at least 60% of countries having achieved funded plans by 2030.
- Given the heightened risk of AMR spread in settings where fundamental services like water, sanitation, and infection and prevention control are lacking or inadequate, it is imperative to focus on preventive interventions in low-resource settings, including vaccination for immunity to vaccine preventable infections.

En 2024, deux événements importants ont mis en lumière les préoccupations liées à la résistance aux antimicrobiens (RAM), qui constitue un problème de santé mondial urgent mettant en péril la santé publique, la stabilité économique et le bien-être de la société. La session spéciale de la 79e Assemblée générale des Nations unies consacrée à la résistance aux antimicrobiens et la quatrième réunion ministérielle organisée sur ce thème ont souligné la nécessité, pour en atténuer l'impact, de mettre en place une action collective et une coopération internationale. La déclaration publiée à l'issue de l'Assemblée générale fixe un certain nombre d'objectifs, qui vise notamment à réduire de 10 %, d'ici à 2030, le nombre de décès liés à la résistance aux antimicrobiens dans le monde, et à améliorer l'utilisation des antimicrobiens dans le cadre de l'initiative AWaRe (Accès, À surveiller, Réserve) de l'Organisation mondiale de la santé (OMS) à 70 % d'ici à 2030. Pour atteindre ces objectifs, il convient de renforcer la coopération interministérielle et intersectorielle dans les pays et d'élaborer, dans le cadre de plans d'action nationaux, des stratégies adaptées à chacun d'eux. Plusieurs engagements importants ont été pris et doivent

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maintenant être mis en œuvre, notamment un soutien accru aux pays pour qu'ils élaborent des plans d'action disposant des financements nécessaires , la création d'un groupe indépendant chargé de recueillir des données probantes en vue de renforcer l'action contre la RAM, l'amélioration des capacités locales de fabrication de vaccins, de produits thérapeutiques, de diagnostics et de fournitures essentielles, l'élaboration d'un nouveau plan d'action mondial sur la RAM d'ici à 2026 mettant l'accent sur une approche centrée sur les personnes, et la promotion d'initiatives intersectorielles visant à modifier les comportements. Toutefois, ces engagements n'ont pas été à la hauteur des ambitions, en particulier en ce qui concerne les financements, la réduction de l'utilisation abusive et excessive des antimicrobiens dans la santé humaine et animale et l'environnement, qui constitue l'un des principaux facteurs contribuant à leur résistance. La présente note de synthèse examine les nouveaux engagements pris en 2024 afin de lutter contre la résistance aux antimicrobiens à la lumière des défis actuels dans les pays en développement et formule des recommandations pour accélérer les progrès dans ce domaine.

MOTS-CLÉS: *Résistance aux antimicrobiens (RAM), Déclaration politique de la réunion de haut niveau de l'Assemblée générale des Nations unies sur la résistance aux antimicrobiens, Engagements de Djedda, Plans d'action nationaux (PAN), Approche Une seule santé, Plan d'action mondial pour combattre la résistance aux antimicrobiens 2026, Groupe indépendant chargé de recueillir des données probantes en vue de renforcer l'action contre la RAM, Transfert de technologies, Zones de conflit*

En 2024, dos acontecimientos importantes pusieron de relieve la preocupación mundial por la resistencia a los antimicrobianos (RAM). La RAM es un problema sanitario mundial acuciante que pone en peligro la salud pública, la estabilidad económica y el bienestar de la sociedad. La 79ª Asamblea General de las Naciones Unidas (AGNU), en su sesión especial sobre la RAM, y la 4ª Reunión Ministerial sobre la RAM han hecho hincapié en la necesidad de una acción colectiva y de cooperación internacional para mitigar el impacto de la RAM. La Declaración de la AGNU ha establecido algunos objetivos, entre ellos reducir las muertes mundiales asociadas a la RAM bacteriana en un 10% para 2030 y aumentar el uso de antimicrobianos de la categoría AWaRe (Acceso, Vigilancia, Reserva) de la Organización Mundial de la Salud (OMS) al 70% para 2030. La consecución de estos objetivos requiere mejorar la colaboración interministerial e intersectorial dentro de los países, y el desarrollo de estrategias reflejadas en planes de acción nacionales (PAN) adaptados a la dinámica única de cada país. Se han asumido varios compromisos importantes que ahora hay que poner en práctica, entre ellos un mayor apoyo a los países para que elaboren planes de acción nacionales financiados, la creación de un panel independiente sobre pruebas para la acción contra la RAM, el desarrollo de capacidades para la fabricación local de vacunas, productos terapéuticos, diagnósticos y suministros esenciales, la elaboración de un nuevo Plan de Acción Mundial sobre la RAM para 2026 centrado en las personas y el fomento de intervenciones intersectoriales para el cambio de comportamiento. Sin embargo, estos compromisos se quedaron cortos, especialmente en áreas clave como la financiación, la reducción del uso indebido y excesivo de antimicrobianos en la salud humana y animal y el medio ambiente como vector de la RAM. Este informe revisa los nuevos compromisos sobre la resistencia a los antimicrobianos asumidos en 2024 a la luz de los retos actuales en los países en desarrollo y formula recomendaciones para acelerar el progreso en la lucha contra la RAM.

PALABRAS CLAVES: *Resistencia a los Antimicrobianos (RAM), Declaración Política de la Reunión de Alto Nivel sobre la Resistencia a los Antimicrobianos de la Asamblea General de las Naciones Unidas, Compromisos de Jeddah, Planes de Acción Nacionales (PAN), Enfoque Una Sola Salud, Plan de Acción Mundial sobre la Resistencia a los Antimicrobianos 2026, Panel Independiente sobre Pruebas para la Acción contra la RAM, Transferencia de Tecnología, Zonas de Conflicto*

AMR Commitments in 2024

The 79th United Nations General Assembly (UNGA) in its special session on Antimicrobial Resistance (AMR) emphasized the need for collective action and international cooperation[1]. The recent 4th Ministerial Meeting on AMR hosted by the Kingdom of Saudi Arabia culminated in the adoption of the "Jeddah Commitments"[2] and brought together high-level representatives from governments, healthcare professionals, researchers, industry and civil society, to foster a sense of urgency and shared responsibility. An important expectation was that these high-level political events could help galvanize new thinking and action on the opportunity costs of where and how we invest in tackling AMR.[3]

The UNGA Political Declaration on AMR of 2024 has unequivocally recognized the alarming burden imposed by AMR pathogens on global health systems. The UNGA Declaration affirms that AMR poses a challenge to the achievement of the Sustainable Development Goals (SDGs), particularly SDG 3 which aims to ensure good health and well-being. Furthermore, the UNGA Declaration acknowledges that access to safe and effective antibiotics is indispensable for maintaining functional health systems and safeguarding public health. The high burden of AMR is disproportionately borne by developing countries and those in vulnerable situations, requiring global partnership and solidarity.

Notably, sub-Saharan African and South Asia have the highest burden of bacterial AMR. The Global Burden of Disease study 2021 reported that in Sub-Saharan Africa, 923,000 deaths were associated with drug resistant bacterial infections, including 209,000 deaths directly attributable to bacterial AMR. In South Asia, there were 1,260,000 deaths associated with drug resistant bacterial infections and 335,000 were directly attributable to AMR[4].

The UNGA Declaration has set a target to reduce global deaths associated with bacterial AMR by 10% by 2030, compared to the 2019 baseline of 4.95 million deaths. Achieving this goal necessitates a country-based analysis of the AMR burden and the development of strategies tailored to each country's unique dynamics. This will ultimately contribute to the global target and help mitigate the impact of AMR.

Other highlights of commitments include the recognition that solidarity should underpin the global response on AMR; to establish national targets and functioning multi-sectoral coordi-

1 United Nations, Political Declaration of the High-level Meeting on Antimicrobial Resistance, 9 September 2024. Available from https://www.un.org/pga/wp-content/uploads/sites/108/2024/09/FINAL-Text-AMR-to-PGA.pdf.
2 *The Jeddah Commitments*, Fourth Global High-level Ministerial Conference on Antimicrobial Resistance, 16 November 2024. Available from https://www.moh.gov.sa/Documents/16_11_THE_JEDDAH_COMMITMENTS.pdf.
3 Anthony So, *Catalyzing Policy Action to Address Antimicrobial Resistance: Next Steps for Global Governance*, South Centre Research Paper 208 (10 September 2024). Available from https://www.southcentre.int/research-paper-208-10-september-2024/; South Centre, Statement of the South Centre to the High-Level Meeting on AMR, 24 September 2024. Available from https://www.southcentre.int/wp-content/uploads/2024/09/Statement-for-HLM-on-AMR_Sept-24.pdf.
4 Christopher J L Murray and others, "Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis", *The Lancet*, Volume 399, Issue 10325 (2022), pp. 629 - 655.

nation mechanisms by 2030; to prioritize infection prevention and control measures, vaccination and water, sanitation and hygiene (WASH); to advance sustainable funding for National Action Plans (NAPs) on AMR; to accelerate efforts for access to existing and new antimicrobials and diagnostic tools; to improve appropriate antibiotic use in human health; to reduce the use of antimicrobials in agriculture and animal health; addressing the environmental dimensions of AMR; support for local and regional production; to strengthen work force; to advance research and development and transfer of technology; to establish an Independent Panel for Evidence for Action; and to update the Global Action Plan on AMR by 2026.[5]

Call for collective action

The UNGA has underscored the imperative of collaboration at all levels to address the complex and multifaceted challenge of AMR. This call to action emphasizes the need for global partnerships and collaborations to share knowledge, expertise, and resources. There is need at country level to enhance the inter-ministerial and inter-sectoral collaboration within countries among various sectors to help implement the national action plans. Community-based initiatives and partnerships with local stakeholders are required to promote awareness, education, and behavior change.

The pressing need for intervention is particularly evident in low- and middle-income countries (LMICs), where a lack of coordination across multiple sectors hinders effective action against AMR[6]. Disparities in health systems, commonly seen in LMICs, can hinder commitment and progress. The lack of unified governance further exacerbates this issue[7]. Despite the establishment of steering committees in many countries, these bodies often remain non-functional, highlighting the need to foster a sense of ownership and accountability. Furthermore, competing priorities, such as communicable diseases, have diverted attention and resources away from AMR. Insufficient budget allocations have also led to a lack of commitment and motivation; while donor funding, although available, is often limited as compared to the need, leading to inadequate solutions in addressing AMR. To effectively combat AMR, a multifaceted approach is necessary, focusing on enhancing leadership, commitment, and coordination. Developing and regularly updating monitoring and evaluation frameworks is crucial to track progress and identify areas for improvement. Moreover, a decentralized approach to AMR management is needed, with provincial and district levels playing a vital role.

The UNGA Declaration and the Jeddah Commitments are particularly relevant for developing countries, where AMR often takes a backseat to other competing health priorities. Despite some progress, with 52% of LMICs having developed NAPs to address AMR, concerns persist regarding the sustainability of these efforts. The UNGA Declaration committed to facilitate sustainable funding from international cooperation to support the implementation of NAPs on AMR, with the target of achieving US$ 100 million to catalyze the achievement of at least 60% of countries having achieved funded plans by 2030. A closer examination of regional trends reveals a mixed picture. In the Eastern Mediterranean Region (EMRO), 48% of countries have developed NAPs, 10% have demonstrated capacity, and only 10% have sustained their response. Similarly, in the African region, 28% of countries have developed NAPs, 47% have demonstrated capacity, but none have achieved a sustained response[8]. These statistics underscore the need for intensified support and interventions to enhance the capacity of LMICs to combat AMR.

LMICs lack the necessary coordinated and sustainable efforts to effectively implement these NAPs. Currently, only 68% of LMICs are implementing their plans. The primary obstacles include insufficient human resources, inadequate finances, and a lack of effective leadership. These challenges were already mentioned in 2016 and reasserted in the 2024 UNGA Declarations, and similar commitments were made to overcome them. Strengthening governance for implementation of NAPs on AMR in LMICs is critical. This can be achieved by the establishment of steering committees that ensure regular meetings among diverse ministries. This will facilitate effective monitoring of the system and help establish and achieve the desired targets. Political willingness to drive behavior change and regulation is also needed, which can be supported by strengthening the engagement of academia and civil society in AMR to create pressure and drive accountability of the pharmaceutical and food production industries, among other players. The Strategic and Technical Advisory Group on Antimicrobial Resistance (STAG--AMR) has highlighted significant gaps in the AMR response in LMICs, including low vaccination coverage, high out-of-pocket healthcare costs, weak regulatory systems, and inadequate infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) infrastructure[9]. Given the heightened risk of AMR spread in settings where fundamental services like water, sanitation, and IPC are lacking or inadequate, it is imperative to focus on preventive interventions in low-resource settings. Strengthening these foundational elements is crucial for mitigating the emergence and transmission of AMR and for protecting public health.

The continued gap in NAP AMR Funding

The UNGA Declaration and Jeddah Commitments underscore the critical challenge to enhance funding for the implementation of National Action Plans on AMR (NAP). The UNGA Declaration pledges to improve financing through diversifying funding

5 Viviana Munoz Tellez, "The United Nations High-level Meeting on Antimicrobial Resistance on September 26, 2024: Uniting to Enable the Global Response to the Silent Pandemic", South Centre News on AMR No. 62, 24 September 2024. Available from https://us5.campaign-archive.com/?u=fa9cf38799136b5660f-367ba6&id=151efda149.

6 World Health Organization, *Turning plans into action for antimicrobial resistance (AMR), Working Paper 2.0: implementation and coordination* (2019).

7 Jay Patel and others, "Measuring the global response to antimicrobial resistance, 2020–21: a systematic governance analysis of 114 countries", *The Lancet Infectious Diseases*, Volume 23, Issue 6 (2023), pp. 706 – 718.

8 World Health Organization, "Countries in Crisis". Available from https://www.emro.who.int/eha/countries-in-crisis/index.html.

9 See World Health Organization Strategic and Technical Advisory Group for Antimicrobial Resistance (STAG-AMR), Report of the fourth meeting, 11-13 June 2024. Available from https://iris.who.int/bitstream/handle/10665/379312/9789240101173-eng.pdf.

sources and increasing the number of contributors to the AMR Multi-Partner Trust Fund.[10] A US $100 million pledge is made in the UNGA Declaration to help achieve 60% of countries to have funded plans in place by 2030. Despite these calls to action, the current funding allocations remain insufficient[11]. Inadequate funding inevitably leads to piecemeal solutions that lack a country-wide approach, resulting in poor adaptation of systems and wasted efforts. The World Health Organization (WHO) costing tool provides a valuable framework for estimating requirements and offering a comprehensive perspective. However, many LMICs struggle to adapt this tool, leading to unrealistic budget estimates. Furthermore, AMR must compete with numerous other pressing health priorities for limited resources, exacerbating the funding challenge. There is a critical need for LMICs to increase domestic financing for AMR initiatives, as this is essential for ensuring ownership and sustainability of these efforts.

Conflict areas and impact on AMR policies

The recent UNGA declaration has acknowledged the vulnerable factors in LMICs that have a debilitating impact on their health systems and on AMR. Conflicts have amplified difficulties such as damaged healthcare infrastructure, fragmented health systems, skilled human resources disrupted, limited access to diagnostic tools and antimicrobials, lack of availability and indiscriminate use of antimicrobials, overcrowding, displacement, deep penetrated infections etc. These challenges have a disproportionate and devastating impact on populations in vulnerable situations. The ongoing crises in countries such as Libya, Syria, Yemen, Occupied Palestine territory, Lebanon in the EMRO region serve as stark examples of the catastrophic consequences of conflict on regional health systems and, ultimately, on the spread of AMR.

These crises underscore the urgent need for targeted interventions and support to mitigate the effects of AMR in fragile and conflict-affected settings. The interventions that can help these areas include establishing peace efforts, improving surveillance, reporting, and monitoring services, easing sanctions for drugs and equipment, improving access to training courses, updates, and modules and ensuring learning, and mobilizing and allocating resources to health workers.

Global Action Plan on AMR 2026

Following the 2015 Global Action Plan (GAP) on AMR, countries have developed and implemented their first NAPs to address AMR. The UNGA recommended the Quadripartite organizations, in consultation with Member States, to update the GAP on AMR by 2026 to ensure a robust and inclusive multi-sectoral response, through a One Health approach, that aligns with current realities to drive greater impact against AMR, and request the Quadripartite to report biennially on progress made towards their specific and joint commitments. As the new GAP 2026 takes shape, it will introduce new elements to prompt countries to align their current NAP 2.0 documents accordingly. The WHO has emphasized the importance of a people-centered approach to controlling AMR and the new GAP must develop strategic objectives that prioritize community engagement and empowerment.[12] The forthcoming GAP 2026 should emphasize addressing the existing gaps in governance and also strengthen the One Health approach to AMR. Specifically, LMICs can utilize the NAP 2.0 development process to strengthen AMR governance and leadership to enhance their capacity to combat AMR.

Independent Panel for Evidence on Action against Antimicrobial Resistance (IPEA)

The Interagency Coordination Group on AMR (IACG) in 2019 proposed the Quadripartite agencies to convene an Independent Panel on Evidence for Action against AMR (IPEA) under 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 recommend options for adaptation and mitigation[13]. The IPEA is a crucial initiative to support Member States in their efforts to combat AMR. Duplication of efforts should be minimized through effective coordination and understanding the existing work of organizations such as the WHO, Food and Agricultural Organization (FAO), World Organisation for Animal Health (WOAH), United Nations Environment Programme (UNEP), and other processes such as the Global Leaders Group on AMR, the Multi-Stakeholder Platform, and of groups such as the Group of Twenty (G20), Group of Seven (G7), Group of 77 (G77) and BRICS (Brazil, Russia, India, China, South Africa). The panel could serve as a key mechanism to support accountability, monitoring scientific progress and evidence, while leveraging insights from other agendas such as from climate change. The Jeddah Commitments suggests an implementation model on the panel's composition, mandate, and scope.

Ultimately, the success of the Independent Panel will depend on its ability to leverage existing resources and support a coordinated and sustained response to the growing threat of AMR. The existing Quadripartite AMR Multi-stakeholder Partnership Platform with engagement from different disciplines, geographies, and One Health sectors, fosters the exchange of knowledge, perspectives, with a shared commitment and action to combating AMR. Every two years, the AMR ministerial conferences provide a platform for review on commitments and global progress. The WHO STAG-AMR is also providing input on how global commitments can be translated into action and outcome, and provides an independent assessment of the strategic, scientific and technical challenges and opportunities to be addressed by WHO in order to enhance progress in addressing AMR in the

10 The WHO Council on the Economics of Health for All, "Approaches and tools to help finance and implement national action plans on AMR", 2 September 2024. Available from https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/who_council_insight_no2.pdf?sfvrsn=aacb67ea_7.

11 Anna Harant, "Assessing transparency and accountability of national action plans on antimicrobial resistance in 15 African countries", *Antimicrobial Resistance and Infection*, Vol. 11, No. 1 (2022), p. 15.

12 World Health Organization, *People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans* (2023). Available from https://iris.who.int/bitstream/handle/10665/373458/9789240082496-eng.pdf?sequence=1.

13 Interagency Coordination Group on Antimicrobial Resistance, *No Time to Wait: Securing the Future from Drug-Resistant Infections* (April 2019). Available from https://cdn.who.int/media/docs/default-source/antimicrobial-resistance/amr-gcp-tjs/iacg/summaries/iacg_final_summary_en.pdf?sfvrsn=f346e650_5.

context of human health. The funding for the Independent Panel on AMR is still in question, but some countries have pledged commitments, including the United Kingdom and the European Commission.

Behavioral change strategies

Behavioral change initiatives remain a key solution to control the growing menace of AMR, particularly in resource limited settings, which already face challenges due to limited pharmacy and veterinary medicine related regulatory frameworks. The people centered approach and WHO AMR curriculum assessment tool for medical education[14] are some of the best practices that can provide guidance. Regarding the country specific policy and regulatory interventions, the focus should be on strengthening the regulations on antibiotic sales, distribution, and use. The pharmaceutical and veterinary medicine industry must also be engaged to promote responsible antibiotic development and use, and government must regulate their marketing practices.

The UNGA 2024 introduced a commitment towards enhancing the antimicrobial usage from the WHO Access, Watch, Reserve (AWaRe) Access category to 70% by 2030, with the remaining 30% in the Watch and Reserve categories. The country specific models should be reviewed and investment made towards strengthening the national and local antibiotic stewardship programs at both hospital and community levels[15]. Accountability and regulatory mechanisms should be established and monitored to facilitate participation of prescribers in stewardship programs.

Technology transfer

The UNGA declaration highlighted the need to improve access to diagnosis and care, with commitment for at least 80% of countries to be able to test resistance in all bacterial and fungal Global Antimicrobial Resistance and Use Surveillance System (GLASS) pathogens by 2030. The possible interventions to support the commitment should be creating regional hubs to facilitate technology transfer, research collaboration, and capacity building. The UNGA in 2016 had already included commitments in these areas, which the UNGA 2024 has reaffirmed, but no further commitments developed. Capacity for local manufacturing of the vaccines, therapeutics, diagnostics and essential supplies should be supported so as to promote equitable access to these life savers[16]. Technology transfer and non-exclusive licensing will facilitate geographically diversified research and development of antimicrobials. Capacity building programs for local and regional manufacturers, regulators, and procurers should be established. Access to quality and affordable diagnostics can be strengthened alongside enhancing laboratory capacity in LMICs.

One Health Learning hubs

Advancing the One Health approach in AMR action is critical. At the same time, there is limited understanding of what are the specific policy interventions for cross-sectoral collaboration that should be prioritized in different national contexts. In this line, the Jeddah commitment proposing to establish an AMR One Health Learning Hub in the Kingdom of Saudi Arabia, with an initial focus on the high burden EMRO countries, is a welcome initiative. The learning hub should focus on the country-specific needs and input and should have training and capacity-building programs for countries to help implement multi-sector NAPs on AMR. It should promote the collaboration with existing national and international platforms and create a global community of practice. The effort should be towards making sustainable interventions, as resource limited settings face challenges in scaling up its operations and maintaining its impact. Such initiatives can make a significant impact in the EMRO region and beyond. By building capabilities, fostering collaboration, and promoting a country-centric approach, this initiative can contribute meaningfully to the global fight against AMR. It would be important for this initiative and any other learning hubs to coordinate and find alignment with the work of the Quadripartite agencies.

Conclusion

The commitments for AMR in 2024 under the Political Declaration on AMR of the 79th UNGA and the 4th Ministerial Meeting on AMR -Jeddah commitments- seem to have strengthened the momentum worldwide. However, the commitments were not as far reaching as many observers might have expected to advance global action on AMR, in particular in the area of financing and the reduction of misuse and overuse of antimicrobials in human and animal health and the environment as a vector for AMR. The funding for implementation of costed NAPs to achieve the targets is still a significant challenge.

14 World Health Organization, *Antimicrobial resistance curriculum assessment tool for medical education* (Geneva, 2024). Available from https://iris.who.int/bitstream/handle/10665/379237/9789240098220-eng.pdf?sequence=1.
15 Nour Shamas and others, "Challenges of implementing antimicrobial stewardship tools in Low to Middle Income Countries (LMICs)", *Infection Prevention in Practice*, Vol. 5, No. 4 (2023), p. 100315.
16 World Health Organization, *Local Production and Technology Transfer to Increase Access to Medical Devices: Addressing the barriers and challenges in low- and middle-income countries* (2012). Available from https://iris.who.int/bitstream/handle/10665/336774/9789241504546-eng.pdf.

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