Action for Global Health

Furthering UK Leadership at the UN High-Level Meeting on AMR

Action for Global Health (AfGH) is a UK-based network of around 55 organisations working towards a world where the universal right to health is realised. AfGH acts as the coordinator between the UK government and global health civil society, convening regular meetings and sharing learning from across our network.

The purpose of this document is twofold: (1) to highlight the priority areas for UK government investment in AMR; (2) to highlight global priorities for the United Nations High-Level Meeting on antimicrobial resistance.

Introduction

Antimicrobial resistance (AMR) is one of the most pressing and persistent challenges in global health today. However, the issue is complex and as a result, is poorly understood. Galvanising political commitment to implement the Global Action Plan on AMR has been a challenge, despite the proven links between AMR and mortality due to infectious diseases, and maternal and neonatal mortality. AMR also has the potential to worsen the impact of emerging epidemics and pandemics threatening global health security.

AMR threatens all age groups, in all regions, and is exacerbated by poverty and inequality The burden of AMR affects low- and middle-income countries (LMIC) the most[1]. Marginalised populations are the hardest hit by the impacts of AMR. The social determinants of health experienced by marginalised groups, such as poor housing, overcrowding, lack of clean water and sanitation, living in poverty and having less access to quality healthcare make people more vulnerable to drug-resistant infections. These environments increase the transmission of infectious diseases requiring the need for antibiotics. Marginalised communities also face challenges in accessing essential antibiotics, and may be left with ineffective drugs or even counterfeit drugs, further accelerating AMR[2].

AMR is also driven by our increasing global mobility. Most drug-resistant infections treated in the NHS originated outside the UK. Investment in the prevention of AMR globally will protect UK public health and the NHS. Healthcare-acquired infections in the

[1] Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis - The Lancet

[2] Adebisi, Y.A., Ogunkola, I.O. The global antimicrobial resistance response effort must not exclude marginalised populations. *Trop Med Health* 51, 33 (2023). https://doi.org/10.1186/s41182-023-00524-w

UK already cost the NHS at least £2.1 billion a year[3] - a cost that will increase as infections become increasingly resistant to antibiotics.

AMR is a "One Health" challenge, which recognises the complex interactions between the health of humans, animals and the wider environment. Antimicrobial resistant bacteria originating in an animal can be transmitted to humans through the environment, food products, and/or by direct contact. Given the reach and impact across sectors of increasing resistance, coordinated global action is required to prevent devastating costs to health, health systems and national economies.

The urgent need to implement the Global Action Plan on AMR

The WHO Global Action Plan on Antimicrobial Resistance set out five pillars for action:

1. to improve awareness and understanding of AMR through effective communication, education and training;
2. to strengthen the knowledge and evidence base through surveillance and research;
3. to reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures;
4. to optimise the use of antimicrobial medicines in human and animal health; and
5. to develop the economic case for sustainable investment that takes account of the needs of all countries and to increase investment in new medicines, diagnostic tools, vaccines and other interventions.

Since 2016 the UK government has shown strong leadership on AMR[4], making a significant contribution to the implementation of the Global Action Plan on AMR[5]. Now is the time to build on these excellent foundations, and to broaden the scope of actions to tackle AMR.

Action for Global Health is asking the UK Government to commit to:

1) Build on its global leadership in tackling AMR; by increasing ODA for AMR action and ensuring a comprehensive cross-government approach to tackling AMR.
2) Promote greater global accountability (including measurable targets) for progress towards the Global Action Plan on AMR among other UN Member States, including funding to support the implementation of National Action Plans.

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[3] Guest JF, Keating T, Gould D*, et al*Modelling the annual NHS costs and outcomes attributable to healthcare-associated infections in England*BMJ Open* 2020;**10:**e033367. doi: 10.1136/bmjopen-2019-033367

[4] O'Neill (2014) Antimicrobial Resistance: Tackling a crisis for the health and wealth of nations https://amr-review.org/sites/default/files/AMR%20Review%20Paper%20-%20Tackling%20a%20crisis%20for%20the%20health%20and%20wealth%20of%20nations_1.pdf

[5] WHO (2016) Global Action Plan on Antimicrobial Resistance https://www.who.int/publications/i/item/9789241509763

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Financing

Since 2016, the UK has invested in the establishment of the Fleming Fund. The main focus of the Fleming Fund has been on supporting governments to develop the necessary laboratory capacity to be able to run microbiology services, critical for generating data to understand patterns of AMR. Now in its second phase of investment, with a value of £210 million, the Fleming Fund programme will run until 2026. Through the Fleming Fund, the UK government has also invested in the development and implementation of National Action Plans, 'One Health' governance, and research and development through the Global AMR Innovation Fund (GAMRIF) to ensure a pipeline for the development of new antibiotics and diagnostics.

Globally, funding to support National Action Plans has been limited. Although 178 countries have developed multi-sectoral national plans on AMR[6], only 27% of countries reported implementing the plans, and only 11% had allocated national budgets to do so. Having fully funded AMR plans is essential, and providing donor support to these country-owned plans is a critical step in implementing the Lusaka agenda. It is currently impossible to track ODA funding for AMR from OECD countries and only a few low and middle-income countries have a dedicated budget line. There are existing funding mechanisms that could provide support to the control of AMR - for example, the Pandemic Fund or Global Fund. The UK should use its voting power to ensure that AMR is prioritised across global financing mechanisms.

Prevention of AMR has been a particularly neglected area for investment. The provision of WASH in healthcare facilities is crucial to infection prevention and control. Half of the world's healthcare facilities do not have basic hand hygiene services – rising to two-thirds across the 46 least developed countries[7]. The UK government recognises that global WASH access is vital in the fight against AMR, but the UK's bilateral spending for investing in WASH globally has fallen by approximately 77% since 2018, down to £46 million in 2022[8].

Increasing vaccine coverage could also help prevent infections and therefore mitigate AMR. Universal coverage of pneumococcal and rotavirus vaccines could prevent 40 million episodes of antibiotic-treated illness[9]. In addition to the pneumococcal vaccine, the typhoid vaccine can reduce the major drivers of AMR[10].

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[6] WHO (2023) Antimicrobial resistance: accelerating national and global responses WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 Report by the Director-General https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_13-en.pdf

[7] WaterAid (2024) Sub-Saharan Africa left to pick up $8.4 billion cost of healthcare infections https://www.wateraid.org/uk/media/sub-saharan-africa-left-to-pick-up-84-billion-cost-of-healthcare-infections#:~:text=Clean%20water%2C%20decent%20sanitation%20and,the%2046%20least%20developed%20countries.

[8] UK Parliament (2023) Water, Sanitation and Hygiene: Sustainable Development, https://hansard.parliament.uk/commons/2023-10-17/debates/DCAE93A3-7670-4565-AB03-26EF13D71BCF/WaterSanitationAndHygieneSustainableDevelopment

[9] Mendelson et al. (2024) 'Antimicrobial resistance and the great divide: inequity in priorities and agendas between the Global North and the Global South threatens global mitigation of antimicrobial resistance' *The Lancet* 12(3) DOI:https://doi.org/10.1016/S2214-109X(23)00554-5

[10] Ibid

As new vaccines are being developed for infectious diseases and those with pandemic potential, the continued need for investment in research and development is paramount. As Mendelsohn et al have argued, apart from the Fleming Fund, funding for research and development of diagnostics, vaccines and treatment is low. For example, a new tuberculosis (TB) vaccine that is 75% effective could prevent up to 12 million TB deaths and 42 million treatments for AMR, saving $3.2 billion in treatment costs between 2025 and 2050[11]. The financial support to develop TB vaccines falls well below what is required. Between 2018 and 2022, only 20% of the global funding for TB vaccines was achieved[12].

The UK made a commitment in the recent international development white paper[13] to tackle the global threat of AMR, using all levers, including science, diplomacy and investment to ensure access to safe antimicrobials for all.

What we want the UK government to do:

- Increase in UK investment across the 5 pillars of the Global Action Plan, especially action to support prevention through programmes to WASH, IPC and vaccination across sectors.
- Increase investment in the development of cross-sector microbiology services and surveillance in low and middle-income countries
- Ensure the right to scientific progress and invest more in the benefits of new diagnostic tools and vaccines to fight infectious disease across low- and middle-income countries.
- Call for the introduction of a Development Assistance Committee (DAC) ODA code to allow for the transparent tracking of ODA investment in AMR across OECD DAC member states.
- Use the UK's voting power to ensure that action on AMR is prioritised in the work of the Global Fund and the Pandemic Fund.
- At the UN High Level Meeting, advocate for prioritisation of AMR and push for increased domestic and international financing that supports and aligns with National Action Plans.

[11] WHO (2022) An investment case for a new tuberculosis vaccine https://www.who.int/publications/i/item/9789240064690

[12] Treatment Action Group 2023 report on TB research funding trends 2005-2022 https://www.treatmentactiongroup.org/resources/tbrd-report/tbrd-report-2023/#:~:text=December%205%2C%202023%20%E2%80%93%20Despite%20United,%2410%20billion%20pledged%20at%20the

[13] UK Government (2023) International development in a contested world: ending extreme poverty and tackling climate change, a white paper on international development https://www.gov.uk/government/publications/international-development-in-a-contested-world-ending-extreme-poverty-and-tackling-climate-change

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Cross-government strategy on AMR

The UK has just published a new five-year action plan. Action for Global health welcomes the focus on domestic and international action needed to progress the UK's 20-year vision of tackling AMR by 2040. This also provides an opportunity to consider a cross-departmental approach to tackling AMR.

The UK's global health framework[14] also highlighted the need for joined-up action to tackle AMR, take a holistic approach and situate AMR within the context of strengthened global health security. Taking a One Health systems approach not only ensures the capability to prepare for, prevent, detect and respond to disease outbreaks and health threats like AMR, but also to deliver universal health coverage and improve health outcomes for all.

Investing in health systems and infrastructure to end infectious diseases can have cross-cutting benefits for pandemic preparedness response capacities, address AMR threats and achieve the sustainable development goals. Resilient health systems are needed to address the half a million new cases of drug-resistant tuberculosis, growing AMR as well as resistance to insecticides and antimalarial medicine[15]. Sustained progress on global health security cannot be made without resilient health systems. These systems need to protect all people from health threats, such as infectious diseases, AMR and the impact of climate change - working across both human,animal and ecosystem health.

Action for Global Health is calling for closer collaboration and thinking, in particular between the Foreign, Commonwealth and Development Office, the UK Health Security Agency and the Department of Health and Rural Affairs but also involving the Department for the Environment, Food and Rural Affairs, including the Veterinary Medicines Department. These departments are all involved to some extent in supporting the control of AMR in high-risk countries but without an overarching strategy.

What we want the UK government to do:

- Develop a cross-government strategy to tackle AMR globally, ensuring that ODA investments in water, sanitation and hygiene, vaccination, access to diagnostics and treatment, animal health and the environment fall under a comprehensive One Health framework for action.
- Work to ensure greater policy coherence, ensuring that tackling AMR is prioritised in the Pandemic Treaty, International Health Regulations update, and is connected to policy actions related to global health security, universal

[14] UK Government (2023) Global health framework: working together towards a healthier world https://www.gov.uk/government/publications/global-health-framework-working-together-towards-a-healthier-world/global-health-framework-working-together-towards-a-healthier-world-may-2023
[15] United Nations (2023) Political declaration of the high-level meeting on the fight against tuberculosis https://digitallibrary.un.org/record/4022582?v=pdf

health coverage, ending preventable deaths and health systems strengthening. Action for Global Health has called separately for a Global Health Equity Strategy in 2025.

Global accountability

Over the last decade, progress on AMR has been led by a handful of leaders with a few high-level political moments, such as the UN High-Level Meeting (HLM) on AMR in 2016, driving global action on AMR. However, there has been limited engagement between these moments with limited implementation of commitments.

The 2016 HLM called for financing for national action plans (NAPs), multisectoral action, and a progress report to be delivered to the UN General Assembly by 2019. This promoted the establishment of the Interagency Coordination Group (IACG). In 2019 the IACG recommended three main structures – the Global Leaders Group, an Independent Panel on Evidence and the AMR Multi-stakeholder partnership platform.

Whilst important facets of the AMR architecture, these structures have been slow to implement, with the Independent Evidence Panel yet to be established, and do not require countries to regularly report on their progress. Therefore, despite a global architecture existing to support countries in developing NAPs, there is no mechanism to hold countries to account for their delivery and measure global progress.

Tackling AMR requires ongoing sustained prioritisation and a mechanism to review progress and set future direction. Currently, countries receive limited guidance and global convening is sporadic. A regular conference of parties, as for tobacco control and climate change, could help to maintain momentum and translate evidence into action.

Equally a high-level political target can garner momentum and mobilise political and public interest, as seen with the 1.5℃ target for climate change, or 95-95-95 for HIV/AIDS. This can then set the direction for further context-specific targets.

What we want the UK government to do:

- Support the call for an achievable global target, to garner momentum and support, and set the direction for context-specific targets.
- Agree to and support a global mechanism for tracking progress, including the establishment of an independent panel and regular opportunities to monitor progress. This should build on relevant existing monitoring mechanisms led by the Quadripartite and take account of sectoral monitoring mechanisms such as for drug resistant tuberculosis and WASH.
- Ensure that there is civil society representation in AMR processes within global accountability mechanisms and national AMR committees.

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Summary of Key Asks

Area	Key Asks
1. Financing	• Increase in UK investment across the 5 pillars of the Global Action Plan, especially action to support prevention through WASH, IPC and vaccinations. • Continue to invest in the development of microbiology services and laboratory science in low and middle-income countries • Ensure the right to scientific progress and invest more in the benefits of new diagnostic tools and vaccines across low- and middle-income countries. • At the UN High Level Meeting, push for increased financing that supports and aligns with National Action Plans. • Call for the introduction of a Development Assistance Committee (DAC) ODA code to allow for the transparent tracking of ODA investment in AMR across OECD DAC member states. • Use the UK's voting power to ensure that action on AMR is prioritised in the work of the Global Fund and the Pandemic Fund.
2. Cross-government strategy on AMR	• Develop a cross-government strategy to tackle AMR globally, ensuring that ODA investments in water, sanitation and hygiene, vaccination, access to diagnostics and treatment, animal health and the environment fall under a comprehensive framework for action. • Work to ensure greater policy coherence, ensuring that tackling AMR is prioritised in the Pandemic Treaty and is connected to policy actions related to global health security, universal health coverage, ending preventable deaths and health systems strengthening. Action for Global Health has called separately for a Global Health Equity Strategy in 2025.
3. Global Accountability	• Support the call for an achievable global target, to garner momentum and support, and set the direction for context-specific targets. • Agree to and support a global mechanism for tracking progress, including the establishment of an independent panel and regular opportunities to monitor progress. • Ensure that there is civil society representation in AMR processes within global accountability mechanisms and national AMR committees.


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