



**Fourth Global High-Level Ministerial
Conference on Antimicrobial Resistance**

المؤتمر الوزاري الرابع رفيع المستوى
عن مقاومة مضادات الميكروبات

16/11/2024

JEDDAH COMMITMENTS – 4th GLOBAL HIGH-LEVEL MINISTERIAL CONFERENCE ON ANTIMICROBIAL RESISTANCE (AMR) HELD ON 15 AND 16 NOVEMBER 2024 IN JEDDAH - THE KINGDOM OF SAUDI ARABIA

FROM DECLARATION TO IMPLEMENTATION - Accelerating Actions Through Multisectoral Partnerships for the Containment of AMR

We, the participants and endorsing Member States of the **Fourth Global High-Level Ministerial Conference on Antimicrobial Resistance (AMR)**, convening in Jeddah, the Kingdom of Saudi Arabia on the 15th and 16th November 2024, under the theme **From Declaration to Implementation**, and following the United Nations General Assembly (UNGA) High-Level Meeting (HLM) on AMR, held on 26 September 2024,

RECOGNIZE that AMR is an urgent global health and socioeconomic crisis, threatening people of all age groups in every region, disproportionately affecting low- and middle-income countries (LMICs) thereby jeopardizing the achievement of the UN 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) and requiring a coordinated One Health approach in addressing its drivers and challenges.

RECOGNIZE that AMR significantly impacts human, animal and plant health, food production, food security and safety, while the environment may act as a reservoir and pathway for the spread of resistant microorganisms

WELCOME the Political Declaration on AMR adopted at the 79th United Nations General Assembly HLM on AMR, which commits to concrete actions to address AMR across all sectors and clear targets, including to reduce the global deaths associated with bacterial antimicrobial resistance by 10 per cent

by 2030 against the 2019 baseline of 4.95 million deaths, and undertake to address the multifaceted and cross-cutting nature of antimicrobial resistance.

RECOGNIZE the numerous initiatives that exist within the One Health spectrum in AMR and call on the Quadripartite and AMR Multistakeholder Partnership Platform to conduct a fully-fledged stakeholder mapping exercise to outline all relevant, national, regional and global initiatives on AMR and provide a gap assessment of how these can converge, build partnerships with each other aligned with the United Nations SDG Goals 17 to create greater impact.

NOTE that as of September 2024, while 178 countries have developed multisectoral national action plans on antimicrobial resistance, only 52 per cent of countries have a functioning multisectoral coordinating mechanism and only 68 per cent are implementing their action plans¹.

NOTE that over 39 million deaths directly attributable to bacterial antimicrobial resistance (AMR) are expected to occur between 2025 and 2050, equating to approximately three deaths per minute. Livestock production in low-income countries is predicted to decline as much as 11 percent in a high AMR impact scenario².

NOTE, if uncontrolled, AMR could result in US \$412 billion in health expenses in the next decade; US\$ 443B in productivity losses per year and annual losses of about US\$ 1 trillion to 3.4 trillion in global gross domestic product (GDP) by 2030². Recent evidence by a joint report co-published by WOA and the World Bank suggests that reducing antimicrobial use in animals by 30% globally over the next five years could increase annual global GDP by US\$ 14 billion by 2050³.

RECOGNIZE the achievements, commitments and progress made by the 1ST and 2nd Global High-Level Ministerial Conference on AMR (2014 and 2019) in the Netherlands, and the 3rd Conference (2022) in Oman, and welcome the United Nations High Level Meetings on AMR in 2016 and 2024 and the commitments to both One Health and antimicrobial resistance made by the G20 and G7 over the years.

RECOGNIZE the comprehensive resolution (WHA77.6) "Antimicrobial resistance: accelerating national and global responses" adopted by the World Health Organization (WHO) Member States at the 77th World Health Assembly in May 2024, the Food and Agriculture Organization (FAO) resolution 4/2015 on antimicrobial resistance, the World Organization for Animal Health (WOAH, formerly OIE) resolution No. 36 (2016) on combating antimicrobial resistance through a One Health approach, and United Nations Environment Program (UNEP) resolution UNEA/EA.3/Res.4 (2018) on environment and health

RECOGNISE that AMR is mainly driven by lack of access to effective antimicrobials, diagnostics, and vaccines for human and animal health, lack of sustainable financing, lack of awareness and knowledge on AMR, lack of infection prevention and control across sectors, and lack of appropriate governance structures, as well as inappropriate use of existing antimicrobials and that

¹ [Political declaration of the high-level meeting on AMR](#)

² [World Bank Group Drug Resistant Infections-A threat to our economic future 2017](#)

³ [Forecasting the fallout from AMR: Economic impacts of AMR in food-producing animals](#)

AMR spreads because of poor water sanitation and hygiene (WASH) practices and infrastructure, inadequate infection prevention and control policies and practices, further exacerbated by other stressors, such as pollution.

Strengthened Local, National, Regional and International Governance

RECOGNIZE the critical importance of a One Health approach to tackle AMR and the strengthening role of the Quadripartite organizations (FAO, UNEP, WHO and WOAHA) in providing support to governments for the design, implementation, and monitoring of multisectoral National Action Plans on AMR that encompass human, animal and plant health, and the environment.

RECOGNIZE the importance of robust, transparent, inclusive, sustainable and accountable global governance structures, such as the AMR Multi-Stakeholder Partnership Platform (AMR MSPP) and the Global Leaders Group (GLG) to the global dialogue and action on AMR.

RECOGNIZE the importance of international cooperation between national regulatory authorities, public health agencies, the Quadripartite organizations and other stakeholders including private sector and public-private partnerships in promoting best regulatory and antimicrobial use practices, tailored to local contexts, to prevent and mitigate the development and spread of AMR.

Stewardship and Surveillance

RECOGNIZE the importance of accurate data on antimicrobial resistance and utilization in humans, animals and plants as well as discharges of antimicrobials and antimicrobial resistant pathogens into the environment, noting that this information is incomplete in most countries, and that an integrated and interoperable One Health Surveillance framework, allowing an integrated analysis, would provide more accurate estimates of the trajectory and risk of AMR.

RECOGNIZE that an adequate number and allocation of appropriately trained human and animal health professionals, environment professionals and extension workers are lacking in many regional and national contexts, leading to sub-optimal quality of healthcare delivery and provision of veterinary services, including inappropriate prescribing and dispensing of antimicrobials as well as sub-optimal infection prevention and control in healthcare settings, in the community and in animal health and food production.

NOTE the critical role of the Codex Alimentarius Commission, created by the WHO and FAO, in developing science based international standards to address antimicrobial resistance in food production, and recognize the importance of applying Codex standards to harmonize national regulations; as well as the WOAHA International Standards and guidelines for responsible and prudent use of antimicrobials in terrestrial and aquatic animals; and appreciate the study undertaken by the IPPC on the nature and scope of risks associated with anti-microbial resistance in the phytosanitary context

Capacity Development

RECOGNIZE the urgent need to enhance education and training of AMR for workers and professionals across the One Health spectrum, including systematically incorporating AMR curricula in both pre-service and in-service training as appropriate.

RECOGNIZE the need for adequate and integrated laboratory and surveillance capacity, including improved infrastructure, capabilities, and human resources, to strengthen human and animal health systems, as well as sustainable agricultural and food systems, which are critical to achieving the desired outcome in AMR multisectoral national action plans.

RECOGNIZE the need for enhancing capacities to generate and share knowledge for a better understanding of the environmental dimensions of AMR and strengthening environmental action for addressing the drivers, sources and challenges of AMR in the environment.

RECOGNIZE the need for accurate, timely and affordable, diagnostics and foster their consistent use to inform treatment.

Research and Development, Manufacturing, Access and Disposal

RECOGNIZE, the need for universal, equitable, and affordable access to antimicrobials, diagnostics, and vaccines, especially in low-and-middle countries.

RECOGNIZE that there is an inadequate pipeline for novel antimicrobials, mostly attributable to the systemic shortcoming to fund and implement resilient economic models to foster investment into research, product development and a sustainable market for new antimicrobials.

NOTE with deep concern that the development of new antimicrobials and alternatives to antimicrobials is further hindered by the lack of detailed understanding of the AMR burden and shared antimicrobial R&D objectives at the global level.

NOTE with deep concern that research and development of new vaccines, diagnostics, and therapeutics, for animal health is seriously underfunded, which limits the availability and effectiveness of vaccination programs that can significantly reduce the reliance on antimicrobials in animals.

NOTE that inadequate industrial manufacturing operations, inappropriate management of waste, wastewater, sludge and animal manure can impact the development and spread of AMR in the environment and subsequently to animals and humans.

NOTE the critical role played by National Regulatory Authorities in approval of antimicrobials for use, ensuring good manufacturing practices, placing on the market and guidance on use and disposal of antimicrobials and thus ensuring effective high- quality products, and supporting a comprehensive lifecycle for a One Health approach and limiting substandard and falsified medical products.

NOTE with concern the need for increased basic and applied research, including social and behavioural studies, agricultural and livestock practices and environmental transmission and exposure pathways.

The 4th Global High-Level Ministerial Conference on AMR resolves to translate the Political Declaration from the United Nations General Assembly High-Level Meeting on AMR into practical commitments for urgent actions.

We, the Member States, attending and endorsing the 4th Ministerial High-Level Global Conference on AMR hereby commit to;

- 1) Support the Quadripartite organizations in coordinating with member states, a timely, open and transparent process for the establishment of an Independent Panel for Evidence on Action Against Antimicrobial Resistance in 2025, including contributing to the consultation on its composition, mandate, scope, and deliverables making use of existing resources and avoiding duplication of on-going efforts.
- 2) Support the Quadripartite organizations in putting in place actions to achieve the 2030 goals of the UNGA Political Declaration on AMR and request the Quadripartite to incorporate strategies for achieving these goals in the next Global Action Plan (GAP) on AMR and its associated monitoring framework and call on UNEP through the Quadripartite to set a surveillance system for environment.
- 3) Create and assure operational national AMR coordinating mechanisms, respecting the multipronged One-Health challenges, where not already foreseen or existing. The AMR coordinating mechanisms should include representatives of relevant government departments, agencies, and closely collaborate with the private sector and civil society, to fully implement and ensure sustainable financing and monitoring of National Action Plans (NAPs).
- 4) Support collection of accurate data and report regularly into global surveillance systems including GLASS AMR/AMC, ANIMUSE and INFARM as appropriate, and to the extent feasible and allowed by national laws, deposit microbial genomic data into accessible global repositories, and may take into account the work of the Independent Panel for Evidence on Action against AMR, which may include an AMR accountability index and a 'One Health' indicator.
- 5) Support the periodic convening of National Food, Drug and Environmental regulatory bodies and agencies, including through the Regulatory Agencies Global Network against AMR (RAGNA) and the Multistakeholder Partnership Platform (MSPP), to globally share best

practices. This will contribute to the development of a common approach to the regulation of antimicrobial medicines, diagnostics and vaccines, and support initiatives to promote improved life-cycle management, including better manufacturing practices, stewardship, dispensing and disposal of antimicrobials.

- 6) Encourage the widespread country specific implementation of the Codex Alimentarius Commission's guidelines and codes of practice, ensuring prudent and responsible use of antimicrobials and reducing their related discharges to the environment and working towards elimination of the use of antibiotics as growth promoters.
- 7) Encourage WOAHA through consultation with its members, to develop science-based global stewardship guidance, such as a veterinary-equivalent of the WHO AWaRe (Access, Watch, Reserve) framework to facilitate improved guidance, targeting and measuring appropriate use of antibiotics in animals.
- 8) Welcome the establishment of an AMR One Health Learning Hub based within the Kingdom of Saudi Arabia, initially with a focus on the EMRO region, including building capabilities for LMICs and we support the aim to build collaborations with existing national and international platforms, to create convergence between existing initiatives and creating a global community of practice. The One Health AMR Learning Hub will focus on sharing best practices and developing capabilities via training for a broad stakeholder base on the practical implementation of multisectoral National Action Plans on AMR and specific national AMR targets, with emphasis on the country's needs and input.
- 9) Welcome the creation of a Regional Antimicrobial Access and Logistics Hub established out of the Kingdom of Saudi Arabia and support building global collaborations with other existing access and logistics initiatives around the world for the purpose of fostering sustainable procurement and improve end-to-end access to safe and effective antimicrobials and diagnostics in the region, including a specific focus on ensuring stewardship and appropriate use.
- 10) Strengthen and where necessary, invest in national as well as regional life science and biotechnology capacities and appropriate incentives for research, product development and sustainable manufacturing of novel medicines and innovative vaccines. Thereby enabling innovation that can reduce the use of antimicrobials in humans, animals and discharges to the environment, in addition to innovative technologies for wastewater and waste management, management of unused or expired medicines, ensuring that the national and/or regional initiatives are built into a network for best practice sharing globally.
- 11) Strengthen upstream scientific research to better understand the mechanisms of antimicrobial resistance and its impact on human, animal and environmental health, in particular the emergence and re-emergence of resistant strains and the mechanisms by which resistance spreads within human, and animal populations, and in the environment.

- 12) Increase awareness of AMR and ways to curb it, notably through prudent and responsible use of antimicrobials and heightened infection prevention and control across all sectors by strengthening education and training initiatives including enhanced public awareness campaigns, support the education and qualifications of healthcare, veterinary, agricultural, and environmental professionals. Develop and provide access to nationally and/ or regionally relevant clinical antimicrobial use guidelines for all species and sectors to ensure professionals of all sectors are equipped with the latest knowledge and best practices on antimicrobial stewardship to address AMR.
- 13) Recognize the whole of society approach to efficiently contain AMR by putting the patient at the center of AMR policy-making and strengthen preventative actions such as national Infection Prevention and Control (IPC), WASH and primary, secondary and tertiary education programs that significantly improve the safety of patients through a strategic implementation of the WHO IPC Global Action Plan & Monitoring Framework (2024-2030) adopted at the 77th WHA and the WHO Global Patient Safety Action Plan 2021 – 2030 alongside advancing biosafety and biosecurity, availability and appropriate utilization of diagnostics and vaccines and other interventions that prevent AMR and reduce the need for antimicrobials and thereby discharges to the environment across sectors.
- 14) Achieve continuity in the political commitments at each Ministerial Conference via a Troika System, involving the former, present and future presidencies, with the technical support of the Quadripartite organizations, for the Global High-Level Ministerial Conferences on AMR to hold Member States accountable on the commitments and progress made.
- 15) Encourage the host country and the troika of the 4th Ministerial High-Level Global on AMR to bi-annually convene the World Bank, major multilateral financial institutions, Multilateral Development Banks, together with existing and new bilateral donors, and private philanthropies to contribute to sustainable financing initiatives, including the AMR Multi-Partner Trust Fund (MPTF), and support the process and outcome of the Quadripartite Joint Secretariat mapping exercise to better leverage existing financial instruments to build a common long-term financial roadmap to curb AMR and to support adequate funding of multisectoral NAPs on a multiannual basis.
- 16) Formalize, bi-annually, the Global High-Level Ministerial Conference on AMR, supported by the Quadripartite organizations (FAO, UNEP, WHO, WOAHA) and with the next Ministerial Summit to be held in 2026 to take stock of implementable initiatives and progress made.

The “Jeddah Commitments” are considered under the category of non-legally binding instruments.