

## 9. Antimicrobial resistance

### Statement:

The challenges identified in the report urgently require a roadmap for action.

Five years after the endorsement of the Global Action Plan, progress in NAPs remains very slow. The highest monitoring indicator (E) is still limited to measure whether sources of funding have been identified, rather than measuring implementation.

Furthermore, LMICs will need more technical assistance to improve their surveillance systems for enrollment in GLASS as well as SDG Indicator 3.d.2.

While AwaRe categorization is useful, its success depends critically on access and guideline-based responsive health systems.

We are concerned about the increasing role of Pharma companies in AMR stewardship programs given the bias and unethical marketing practices that have been observed in the past, and the distorting impact that it has had on interventions.

AMR undermines both UHC and the SDGs. Actions against AMR cannot be separated from the economic reforms needed to address the fiscal constraints on LMICs. Despite lower per capita use of antibiotics in LMICs, the higher resistance rates clearly point towards the systemic determinants, such as poor public health spending, unregulated private health sector, sanitation and IPC, as current research proves.

Given the limitations of the AMR Action Fund on affordability and its narrow focus on late stage molecules, creating prospects for a public sector-led Impact Investment Fund is a pressing need.

There is a difference in country-wide presence of tripartite organizations and involvement of CSOs. WHO should involve CSOs at the domestic level, as they can mobilize public opinion and strengthen transnational advocacy to prioritize AMR and provide ground-level insight to balance adaptive and technical regulations.

As the Codex review process draws close, we reiterate that preventive and growth promotive use of antibiotics in animals is not a therapeutic use and should be reflected as such in the code.