

## Political Declaration of the High-level Meeting on Antimicrobial Resistance

We, Heads of State and Government and representatives of States and Governments, are assembled at the United Nations on 26 September 2024, in accordance with General Assembly resolution 78/269, to review progress on global and national efforts to tackle antimicrobial resistance, identify gaps and invest in solutions to accelerate progress in multisectoral, global, regional and national responses, with a view to scaling up the global effort to build a healthier world and secure our future together, and in this regard we:

1. Recognize that antimicrobial resistance demands urgent action to safeguard our ability to treat human, animal, and plant diseases, as well as ensuring food safety and food security, fostering economic development and equity, environmental protection, and advancing the 2030 Agenda for Sustainable Development Goals, *(Source: new)*
2. Recognize further that antimicrobial resistance affects people of all ages, in particular those in vulnerable situations, and is present in countries of all income levels, with the burden largely and disproportionately felt by developing countries, especially low- and middle- income countries, *(Source: new)*
3. Note with concern the present and ever-increasing urgent global risk of antimicrobial resistance, of which drug-resistant bacterial infections alone contributes to 5 million human deaths and kills 1.27 million people a year, about 20 per cent of whom are children under five,<sup>1</sup> and that without a stronger response than we are mounting today, there will be an estimated average loss of life expectancy of 1.8 years globally by 2035, while noting that lack of access to effective antimicrobials kills more people than does antimicrobial resistance, *(Source: new)*
4. Note with further concern that antimicrobial resistance could result in 1 trillion United States Dollars of additional health-care costs by 2050 and 1 trillion to 3.4 trillion dollars of gross domestic product losses per year by 2030, and that treating resistant bacterial infections alone could cost up to US\$ 412 billion annually, coupled with workforce participation and productivity losses of US\$ 443 billion, *(Source: new; data: WHO)*
5. Recognize the need to prioritize the prevention of infections, including through vaccination, water, sanitation and hygiene (WASH), and infection prevention and control measures, which could prevent more than 750,000 deaths each year from antimicrobial resistance, *(Source: new)*
6. Recognize the need to scale up multisectoral, cross-sectoral and inter-disciplinary efforts and the engagement of all relevant sectors, such as human and veterinary medicine, agriculture, finance, environment, manufacturing, development, research, education and consumers, to generate an effective whole-of-government and whole-of-society response, including towards a One Health approach, *(Source: new)*
7. Reaffirm the commitment to General Assembly resolution 71/3 of 5 October 2016 entitled “Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance” and note the Call to Action from the High-Level Interactive Dialogue on Antimicrobial Resistance in 2021, *(Source: new)*
8. Welcome the organization and recall the political declarations of the 2023 high-level meetings of the General Assembly on pandemic prevention, preparedness and response, on universal health coverage and on the fight against tuberculosis, which highlighted the importance of cooperation, equity and

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<sup>1</sup> Data to be updated when available

solidarity in scaling up the global effort to leave no one behind and to build a healthier world for all, (Source: A/RES/78/280, PP45)

9. Acknowledge the need to ensure that no one is left behind, with an endeavour to reach the furthest behind first, and to ensure access to quality essential health services and safe, effective, quality, affordable essential medicines, vaccines, diagnostics and health technologies, while respecting and promoting human rights and the dignity of the person and the principles of equality and non-discrimination, as well as empowering those who are vulnerable or in vulnerable situations, including women, children, youth, persons with disabilities, people living with HIV/AIDS, older persons, people of African descent, Indigenous Peoples, refugees, internally displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, people living in slums, informal settlements or inadequate housing; (Source: A/RES/78/4, para 48)
10. In this regard, we commit to scale up action to be commensurate with the present threat of antimicrobial resistance, with the aim to reduce the global deaths caused by bacterial antimicrobial resistance by 10 per cent by 2030 against the baseline of 2019, and undertake to address the multifaceted nature of antimicrobial resistance, through: (Source: new)

### **Governance**

11. Recognize that sustainable and accountable governance structures at national, regional and global levels are critical to an effective, coordinated and inclusive multisectoral response, and note, from annual Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS) reporting, that while 178 countries have developed multisectoral national action plans on antimicrobial resistance, only 52 per cent of countries have a functioning multisectoral coordinating mechanism; (Source: new; data: TrACSS 2023)
12. Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards addressing antimicrobial resistance, in accordance with national contexts and priorities, and underscore the importance of political leadership for combatting antimicrobial resistance in and beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches; (Source: based on A/RES/78/4, Para 9)
13. Recognize the need for international cooperation to support efforts to build and strengthen capacity to review, update and implement national action plans on antimicrobial resistance in developing countries, including through technical support for health, agriculture and environment workforce training and enhancing laboratory capacity; (Source: based on A/RES/78/4, p88)
14. Note the need to strengthen national and regional regulatory bodies to adopt effective regulatory frameworks, within national context and as appropriate, and to achieve stable, well-functioning and harmonized regulatory systems for human and animal medicines across sectors, (Source: new)
15. Recognize the leading role of the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme, and the work of the standing Quadripartite Joint Secretariat on Antimicrobial Resistance, (Source: based on A/RES/78/280 p14)

16. Recognize also the contributions to global antimicrobial resistance response, including from the Global Leaders Group on Antimicrobial Resistance, the Antimicrobial Resistance Multi-Stakeholder Partnership Platform, and other United Nations agencies and international organizations, where appropriate, *(Source: new)*

#### *Commitments:*

17. Ensure all countries have developed multisectoral national action plans to address antimicrobial resistance, with functioning multisectoral and sector-specific coordination mechanisms by 2030, *(Source: based on A/RES/71/3, para 12(a))*
18. Establish or strengthen an inclusive national multisectoral coordinating body across human, animal, plant and environmental sectors for antimicrobial resistance, with appropriate human and financial resources and mandates to engage relevant ministries and stakeholders, *(Source: new)*
19. Request the Quadripartite organizations to update the Global Action Plan on Antimicrobial Resistance by 2026 to ensure a robust and inclusive multisectoral One Health response that aligns with current realities to drive greater impact against antimicrobial resistance; *(Source: new)*
20. Formalize the standing Quadripartite Joint Secretariat on Antimicrobial Resistance as the key coordinating mechanism of the global One Health response to antimicrobial resistance, drawing on the mandates and roles of the respective organizations, and other relevant organizations in each sector; *(Source: new)*
21. Promote participatory, inclusive approaches to health governance for antimicrobial resistance, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, patients, survivors, volunteers, civil society organizations and youth in the design, implementation and review of national action plans on antimicrobial resistance, to systematically inform decisions that affect health so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems; *(Source: based on A/RES/78/4 p104)*
22. Recommend the establishment by 2025 of an Independent Panel on Evidence for Action against Antimicrobial Resistance, through the Quadripartite organizations, to monitor trends and provide Member States with regular guidance on the science, data, and evidence across all sectors related to antimicrobial resistance. *(Source: new)*

#### **Financing**

23. Recognize the urgent need to increase sustainable investments at national, regional and global levels for health systems strengthening to improve Member States' capacities for antimicrobial resistance prevention and response, while acknowledging the disproportionate burden on developing countries, and especially low- and middle-income countries, *(Source: new)*
24. Recognize the need for countries to have in place prioritized, fully costed and funded multisectoral national action plans on antimicrobial resistance, and express concern that only 11 per cent of countries

have dedicated funding in their national budgets for implementation of multisectoral national action plans on antimicrobial resistance, *(Source: new; data: TrACSS 2023)*

25. Recognize further that while developing countries have made progress in implementing multisectoral national action plans on antimicrobial resistance additional financial support is needed to sustain actions at the local, national and regional levels, *(Source: new)*

*Commitments:*

26. Commit to dedicated financing in national budgets for national action plans on antimicrobial resistance, with the goal of at least 60 per cent of countries having achieved this by 2030; *(Source: new)*
27. Mobilize financial resources, in particular for developing countries, to support implementation of national action plans on antimicrobial resistance, in accordance with individual country contexts; *(Source: new)*
28. Strengthen the financing for and leverage the Antimicrobial Resistance Multi-Partner Trust Fund to support the implementation of national action plans on antimicrobial resistance; *(Source: new)*
29. Call on existing financing instruments, including but not limited to the World Bank, Global Fund to Fight AIDS, tuberculosis and Malaria, Gavi, the Vaccine Alliance, Green Climate Fund, Pandemic Fund, Climate Health Fund, Global Environment Facility, Nature4Health, and the Global Biodiversity Framework Fund to expand their scope to include investments in increasing access to effective antimicrobials, prevention of infections through vaccines, water, hygiene and sanitation, and infection prevention and control, and support implementation of multisectoral national action plans on antimicrobial resistance; *(Source: new)*

**Access**

30. Recognize that ensuring equitable access to effective antimicrobials and diagnostics remains a challenge for developing countries, while access to the development of new antimicrobials and complementary diagnostics remain uneven within and among countries; *(Source: new)*
31. Note that the high prices of some health products, and inequitable access to such products within and among countries, as well as financial hardships associated with high prices of health products, continue to impede progress towards mitigating the effects of antimicrobial resistance, *(Source: based on A/RES/78/4, para 26)*

*Commitments:*

32. Accelerate efforts to achieve universal health coverage as a means to ensure access to essential health services needed for the prevention, diagnosis, and appropriate treatment of infections and antimicrobial stewardship measures; *(Source: new)*
33. Promote greater and more equitable access to essential oral antibiotics and diagnostics, especially in low- and middle-income countries, by establishing global and national lists of essential medicines using existing tools, diagnostics and vaccines for humans and animals; *(Source: new)*

34. Encourage the Quadripartite organizations, in collaborations with relevant entities of the United Nations development system, within their respective mandates, and other stakeholders as appropriate, to coordinate efforts and take actionable steps to significantly expand and support regional and global access initiatives, to ensure timely, equitable and global access to and affordability of quality essential antimicrobials, diagnostics, vaccines, and alternatives to antimicrobials, while also ensuring the prudent, responsible, and sustainable manufacturing, use and disposal of antimicrobials, (*Source: new*)
35. Call on the World Health Organization, in collaboration with Member States upon their request and private sector stakeholders, to take steps to increase global access to antimicrobials in settings with the highest unmet need, including by harmonizing regional and subregional medicine registration and reforming regulatory pathways to accelerate authorization of safe and effective products, and to consider implementing new, sustainable public procurement models, such as pooled procurement, and by supporting measures to ensure the resilience of supply chains for medicines and diagnostics; (*Source: new*)

### **Coordinated Multisectoral Response**

36. Recognize the need for collaborative and multisectoral efforts to address antimicrobial resistance through a One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors; (*Source: based on A/RES/78/4 p41*)
37. Recognize that infection prevention and control across sectors is essential to reduce antimicrobial resistance and note the importance of ensuring effective infection prevention and control infrastructure and programmes; (*Source: new*)
38. Note the importance of optimizing the use of antimicrobial medicines across human, animal and plant health, through integrated delivery of policies that promote antimicrobial stewardship, (*Source: WHO Policy Guidance on Integrated Antimicrobial Stewardship Activities*)
39. Recognize the critical role that diagnostic tests play in the fight to reduce antimicrobial resistance, in reducing the risk of inappropriate antimicrobial use and improving patient care; (*Source: new*)

### ***Commitments:***

40. Promote the integration of immunization into national action plans and ensure alignment with national immunization strategies; (*Source: new*)
41. Enhance the appropriate use of antimicrobials through better valuation of and investment in innovative, rapid, and affordable diagnostics for antimicrobial resistance and laboratory systems, ensure the accessibility of quality testing, and promote the optimal utilization of these diagnostics; (*Source: new*)
42. Enhance and sustain targeted efforts to promote antimicrobial resistance awareness and the appropriate use and disposal of antimicrobials through a One Health approach, through education, communication and information campaigns, behavioral change initiatives, the sharing of best practices and strengthening stewardship competencies in the human and animal health workforces, and by integrating antimicrobial resistance modules in primary, secondary and tertiary education and training

curricula through systematic public and community engagement and working towards locally meaningful and sustainable solutions; *(Source: new)*

### **Human Health**

43. Acknowledge the drivers of antimicrobial resistance, including lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment guidelines; excessive use of antimicrobials during the COVID-19 pandemic; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; lack of affordable diagnostic tests, including rapid and point-of-care tests; and inadequate availability of and access to essential and quality-assured antimicrobials; *(WHAXX PP8)*
44. Note with concern the increasing burden of health care-associated infections, such as sepsis, often by antibiotic-resistant pathogens, which harm patients and health care providers and usually spread to the community, *(Source: based on WHAXX PP9)*
45. Acknowledge that drug-resistant tuberculosis is a key component of the global challenge of antimicrobial resistance, and express grave concern that the scope and scale of multidrug-resistant and extensively drug-resistant tuberculosis illness and mortality place an additional burden on health and community systems, especially in low- and middle-income countries, *(Source: based on A/RES/78/5, p25)*
46. Recognize the impact of high-burden resistant pathogens and that antimicrobial resistance undermines the effective treatment of bacterial, viral, fungal and parasitic infections, including sexually transmitted infections, as well as cancer prevention and control and take into account the lessons learned and best practices from addressing HIV, tuberculosis and malaria, *(Source: new)*
47. Take measures to significantly reduce maternal, perinatal, neonatal, infant and child mortality and morbidity caused by antimicrobial resistance and increase access to quality health-care services for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth, including through providing antenatal and postnatal care, sufficient numbers of skilled birth attendants and adequately supplied birthing facilities; *(Source: based on A/RES/78/4, p63)*
48. Recognize the need to prioritize and fund the implementation of measures to prevent infections and reduce the need for antimicrobials, including through infection prevention and control, such as vaccination, routine immunization and enhancing accurate diagnosis of infections through, inter alia, laboratory strengthening, *(Source: new)*
49. Recognize also that the provision of safe water, sanitation, hygiene, waste and electricity services is fundamental for preventing the emergence and spread of antimicrobial resistance, including health care-associated infections, while noting with concern that 22 per cent of the world's health-care facilities lack basic water services and at least half lack basic hygiene services, *(Source: based on A/RES/78/4 p54 and WHAXX PP9)*

### **Commitments:**

50. Ensure that minimum requirements for national infection prevention and control programmes are in place in healthcare facilities to provide adequate protection and safety to patients, health care workers

and visitors, through inter alia, implementation of WHO's global strategy on infection prevention and control (2023), the Immunization Agenda 2030, and the WHO water, sanitation and hygiene strategy 2018–2025; *(Source: based on WHAXX OP4)*

51. Invest in sustainable health systems, based on a primary health care approach, to support universal access to essential health services and promote the timely and equitable supply of quality and affordable essential vaccines, diagnostics and antimicrobials, and ensure their appropriate use including by applying the WHO Access, Watch and Reserve (AWaRe) list; *(Source: based on WHAXX OP6)*
52. Ensure, by 2030, that WHO Access group antibiotics comprise at least 80 per cent of overall human antibiotic use globally; *(Source: new)*

### ***Agriculture & Animal Health***

53. Acknowledge the need to strengthen systems to address the drivers that lead to misuse of antimicrobials in animals and plants, including reducing non-veterinary and non-phytosanitary use of antimicrobials in animals, crop production, and agri-food systems, *(Source: new)*
54. Note the need to phase out all use of medically important antimicrobials for growth promotion and routine prophylactic use in healthy animals, based on an ambitious, incremental, and country-specific approach in accordance with Codex principles 12 to 15 and relevant WOAHA guidance, as appropriate, including to support the Quadripartite creation of veterinary antimicrobial use and categorization guidance that formally integrates human, animal and environmental dimensions, *(Source: new)*
55. Acknowledge the need to prioritize and fund the implementation of measures to prevent infections and reduce the need for antimicrobials in animal health according to the WOAHA list of priority diseases and FAO RENOFAARM (reduce the need for antimicrobial on farms) initiative, including enhancing accurate diagnosis of infections, through laboratory strengthening, good animal husbandry and agriculture practices, manure treatment and integrated pest management in the plant health sector, *(Source: new)*

### ***Commitments:***

56. Reduce, by 2030, the quantity of antimicrobials used in the agri-food system globally by at least 30 per cent from the current level while investing in and promoting alternatives to antimicrobials; *(Source: Global Action Plan on AMR)*
57. Eliminate, by 2030, the use of medically important antimicrobials for human medicine in animals for non-veterinary medical purposes, and in crop production and agri-food systems for non-phytosanitary purposes; *(Source: new)*
58. Ensure, by 2030, that animal vaccination strategies are defined with a funded implementation plan, according to WOAHA's list of priority diseases for which vaccines could reduce antimicrobial use, and FAO guidance on vaccine quality control and field implementation; *(Source: new)*

### ***Environment***

59. Underscore the environmental dimensions of antimicrobial resistance and the need for priority action to prevent and address key pollution sources from a wide range of sectors, practices, and services, including

poor sanitation, sewage, community and municipal waste, wastewater, healthcare services, pharmaceutical manufacturing discharges, intensive crop production and terrestrial and aquatic animal production, *(Source: new)*

60. Acknowledge the need to strengthen the capacity of health systems for monitoring and minimizing the public health impacts of climate change on antimicrobial resistance through adequate preventive measures, preparedness, timely response and effective management of natural disasters, and to develop health measures and integrate them into plans for adaptation to climate change as appropriate, *(Source: based on A/RES/78/280, OP30)*

#### *Commitments:*

61. Strengthen health systems through comprehensive primary and secondary prevention strategies, such as stewardship programmes and environmental management of air, water, soil, food and vectors for improved human, animal and environmental health, *(Source: new)*
62. Ensure the development of national plans, legislation and regulations for surveillance and to prevent contamination of the environment with antimicrobials and their metabolites, *(Source: new)*
63. Ensure the integration of environmental considerations into multisectoral national action plans on antimicrobial resistance, and address antimicrobial resistance in environment-related plans such as national chemical pollution, waste management programmes, national biodiversity and climate change planning, and support these efforts at the international level; *(Source: new)*
64. Conduct risk assessments and promote knowledge generation, including scientific research on the environmental aspects of antimicrobial resistance, to support and inform priority-setting and policy-making processes and to catalyze preventative and mitigation action to address key pollution sources, including identifying and targeting priority antimicrobial resistant-relevant pollutants. *(Source: new)*

#### **Research and Development, Innovation and Manufacturing**

65. Note with concern the inadequate research and development pipeline for vaccines, diagnostics, antimicrobials, and alternatives to prevent and address antimicrobial resistance, especially antibiotics, and recognize that urgent action is required to ensure equitable access to and appropriate use of new and existing antibiotics and complementary diagnostics which are critical to saving lives from deadly infections and minimizing the emergence of antimicrobial resistance, *(Source: new)*
66. Recognize the benefits of public-private partnerships in the development of antimicrobials, as well as addressing barriers that disincentivize market entry and in contributing to supply chain sustainability, *(Source: new)*
67. Note with further concern the dangers of sub-standard, counterfeit and falsified human and veterinary medical products that can lead to increased antimicrobial resistance, *(Source: new)*
68. Recognize that pharmaceutical production, including manufacturing operations and waste and effluent generation, can impact the transmission and spread of antimicrobial resistance in the environment and further recognize that there is lack of consistency in national regulatory oversight as well as lack of coordinated global action, *(Source: new)*

*Commitments:*

69. Explore, encourage and promote a range of innovative incentives and financing mechanisms for health research and development, and a stronger and transparent partnership between the public and the private sectors as well as academia and the scientific community, acknowledging the important role played by the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility, and considered as a shared responsibility, as well as appropriate incentives, including push and pull incentives, in the development of new health products and technologies, while ensuring that mechanisms are in place for equitable access, particularly in developing countries; *(Source: based on A/RES/78/4, p73)*
70. Promote the transfer of technology and know-how and encourage research, innovation and commitments to voluntary licensing, where possible, in agreements where public funding has been invested in the research and development of antimicrobials, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements; *(Source: A/RES/78/4, p74)*
71. Improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts, to address the global concern about the high prices of some health products and in this regard encourage the World Health Organization to continue its efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products; *(Source: A/RES/78/4, p75)*
72. Recognize the important role played by the private sector in research and development of innovative medicines and continue to support voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, facilitate equitable and affordable access to new tools and other results to be gained through research and development; *(Source: A/RES/78/4, para 76)*
73. Recognize the need to support developing countries to build expertise and strengthen local and regional production of vaccines, medicines, diagnostics and other health technologies in order to facilitate equitable access, recognizing that the high prices of some health products and the inequitable access to such products impede progress towards addressing antimicrobial resistance, particularly for developing countries; *(Source: based on A/RES/78/4, para 77)*
74. Prioritize the sustainable production of antimicrobials through developing and strengthening manufacturing standards to reduce the risk of developing antibiotic resistance and aquatic ecotoxicity in the environment resulting from manufacturing operations; *(Source: new)*

75. Undertake measures to address the trade in sub-standard, counterfeit and falsified drugs, including through improved and supply chain management and through strengthening regulatory capacity, *(Source: new)*

### **Surveillance and Monitoring**

76. Note that important progress has been made in strengthening surveillance on antimicrobial resistance, including the establishment of global surveillance systems for antimicrobial resistance and use across sectors, while acknowledging that the disparities in the capacities of surveillance systems and gaps in data and data sharing are hindering a comprehensive One Health response, *(Source: new)*
77. Recognize the need to strengthen cross-sectoral data sharing at national, regional and global levels to improve forecasting of antimicrobial resistance trends; *(Source: new)*

#### *Commitments:*

78. Strengthen capacities for sustainable, sector-specific and integrated surveillance systems for antimicrobial resistance and use, standards of diagnostics, laboratory information systems, and other infrastructure to support collection of nationally representative data on prevalence, antimicrobial resistance patterns, and mortality and morbidity attributable to antimicrobial resistance and data on antimicrobial use across sectors to inform national policymaking; *(Source: new)*
79. Strongly urge all countries to report quality-assured surveillance data on antimicrobial resistance and use by 2030, through existing global surveillance systems, including the Global Antimicrobial Resistance and Use Surveillance System (GLASS), Global Database for Antimicrobial Use in Animals (ANIMUSE), and International FAO Antimicrobial Resistance Monitoring (InFARM) platform, among others *(Source: new)*
80. Improve access to diagnosis and care, so at least 80 per cent of countries can test resistance in all bacterial and fungal GLASS pathogens by 2030; *(Source: new)*
81. Call on United Nations Environment Programme to consider the development of a surveillance system for antimicrobial resistance in the environment; *(Source: new)*
82. Improve monitoring and evaluation of the implementation of multisectoral national action plans on antimicrobial resistance by building country-level technical capacity and ensure that 95 per cent of countries participate in the annual Tracking Antimicrobial Resistance (AMR) Country Self- Assessment Survey (TrACSS) by 2030, *(Source: new)*

### **Follow up**

83. Request that the Quadripartite organizations (FAO, UNEP, WHO, WOA) continue to support countries in building sector-specific and joint, coordinated responses to antimicrobial resistance in collaboration with partners, civil society and affected communities, and lead periodic global reviews of the response to antimicrobial resistance; quality and effectively disseminated normative guidance and technical; *(Source: new)*
84. Further request relevant United Nations entities to continue to provide, in a timely manner, support to Member States, upon their request, in order to build capacity, strengthen health systems and promote

financial sustainability, training, recruitment, development and retention of human resources to address antimicrobial resistance, (*Source: A/RES/78/4, p106*)

85. Request the Secretary-General to provide, in consultation with the Quadripartite and other relevant agencies, a progress report during the eighty-first session of the General Assembly, including recommendations on the implementation of the present declaration, which will serve to inform the high-level meeting to be convened in 2029; (*Source: based on A/RES/78/4, p108*)
86. Decide to convene a high-level meeting on antimicrobial resistance in 2029 in New York, aimed to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress on addressing antimicrobial resistance by 2030, the scope and modalities of which shall be decided no later than the eighty-third session of the General Assembly, taking into consideration the outcomes of other existing health-related processes. (*Source: based on A/RES/78/4, p109*)