

High-level Meeting on Antimicrobial Resistance

On 21 September 2016, the President of the UN General Assembly convenes an one-day high-level meeting at the UN Headquarters in New York on “Antimicrobial Resistance“, with the participation of Member States, non-governmental organizations, civil society, the private sector and academic institutions, in order to provide input.

The primary objective of the meeting is to summon and maintain strong national, regional and international political commitment in addressing antimicrobial resistance comprehensively and multi-sectorally, and to increase and improve awareness of antimicrobial resistance.

The meeting emphasizes the important role and the responsibilities of governments, as well as the role of relevant inter-governmental organizations, particularly the World Health Organization within its mandate and in coordination with FAO and OIE, as appropriate, in responding to the challenges of antimicrobial resistance, and the essential need for multi-sectorial and cross-sectorial efforts and engagement of all relevant sectors of society, -such as human and veterinary medicine, agriculture, finance, environment and consumers- to generate an effective response, including towards a one-health approach.

It further recalls the World Health Assembly Resolution WHA 68.7 entitled “Global Action Plan on antimicrobial resistance” which reflects a global consensus that antimicrobial resistance poses a significant public health challenge, and emphasizing the paramount significance of achieving the five strategic objectives of the WHA Global Action Plan.

Draft political declaration of the high-level meeting of the General Assembly on antimicrobial resistance

We, Heads of State and Government and representatives of States and Governments, meeting at United Nations Headquarters in New York on 21 September 2016, in accordance with General Assembly resolution 70/183, in which the Assembly decided to hold a high-level meeting in 2016 on antimicrobial resistance:

1. *Reaffirm* that the blueprint for tackling antimicrobial resistance is the World Health Organization global action plan on antimicrobial resistance¹ and its five overarching strategic objectives developed by the World Health Organization in collaboration with, and subsequently adopted by, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health;

2. *Also reaffirm* that the 2030 Agenda for Sustainable Development² offers a framework to ensure healthy lives, and recall commitments to fight malaria, HIV/AIDS, tuberculosis, hepatitis, the Ebola virus disease and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and neglected diseases affecting developing countries in particular, while reiterating that antimicrobial resistance challenges the sustainability and effectiveness of the public health response to these and other diseases as well as gains in health and development and the attainment of the 2030 Agenda;

3. *Acknowledge* that the resistance of bacterial, viral, parasitic and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections is mainly due to: the inappropriate use of antimicrobial medicines in the public health, animal, food, agriculture and aquaculture sectors; lack of access to health services, including to diagnostics and laboratory capacity; and antimicrobial residues into soil, crops and water: within the broader context of antimicrobial resistance, resistance to antibiotics, which are not like other medicines, including medicines for the treatment of tuberculosis, is the greatest and most urgent global risk, requiring increased attention and coherence at the international, national and regional levels;

4. *Also acknowledge* that, due to antimicrobial resistance, many achievements of the twentieth century are being gravely challenged, in particular: the reduction in illness and death from infectious diseases achieved through social and economic development; access to health services and to quality, safe, efficacious and affordable medicines; hygiene, safe water and sanitation; disease prevention in community and health-care settings, including immunization; nutrition and healthy food; improvements in human and veterinary medicine; and the introduction of new antimicrobial and other medicines;

5. *Recognize* that the above achievements are now gravely challenged by antimicrobial resistance, including: the development of resilient health systems and progress towards the goal of universal health coverage; treatment options for HIV and sexually transmitted infections, tuberculosis and malaria, as well as other infections acquired in community and health-care settings; gains in infection prevention and control in community and health-care settings; advances in

¹ See World Health Organization, document WHA64/2015/REC/1, annex 3.

² Resolution 70/1.

agriculture and animal husbandry that help to ensure that the quality of food is preserved; and prevention and treatment options for infectious diseases in veterinary medicine;

6. *Also recognize* that, due to antimicrobial resistance, there will be fewer options for the protection of people most vulnerable to serious life-threatening infections, especially women giving birth, newborns, patients with certain chronic diseases or those undergoing chemotherapy or surgery;

7. *Note with concern* that the fulfilment of the right to the enjoyment of the highest attainable standard of physical and mental health, as well as access for millions of people to health services and to quality, safe, efficacious and affordable antimicrobial medicines, food, clean water and a healthy environment, remain a distant goal, especially in developing countries;

8. *Also note with concern* that while the current lack of access to health services and access to antimicrobial medicines in developing countries contributes to more deaths than antimicrobial resistance, without an effective One Health approach and other multisectoral cooperation and actions, antimicrobial resistance is projected to cause millions of deaths worldwide, with massive social, economic and global public health repercussions;

9. *Recognize* that the keys to tackling antimicrobial resistance are: the prevention and control of infections in humans and animals, including immunization, monitoring and surveillance of antimicrobial resistance; sanitation, safe and clean water and healthy environments; investing in strong health systems capable of providing universal health coverage; promoting access to existing and new quality safe, efficacious and affordable antimicrobial medicines based, where available, on diagnostic tests; sustained research and development for new antimicrobial and alternative medicines; rapid diagnostic tests, vaccines and other important technologies, interventions and therapies; promoting affordable and accessible health care; and resolving the lack of investment in research and development, including through the provision of incentives to innovate and improve public health outcomes, particularly in the field of antibiotics;

10. *Also recognize* that the overarching principle for addressing antimicrobial resistance is the promotion and protection of human health within the framework of a One Health approach, emphasize that this requires coherent, comprehensive and integrated multisectoral action, as human, animal and environmental health are interconnected, and in this regard:

(a) Recognize further that effective antimicrobial medicines and their prudent use represent a global public benefit and, for addressing antimicrobial resistance, it is essential to allow people to have access to efficient and resilient health systems; as well as to quality, safe, efficacious and affordable antimicrobial medicines and other technologies, when they are needed; and healthy food and environments;

(b) Underline that basic and applied innovative research and development, including in areas such as microbiology, epidemiology, traditional and herbal medicine and social and behavioural sciences, as appropriate, are needed in order to better understand antimicrobial resistance and to support research and development on quality, safe, efficacious and affordable antimicrobial medicines, especially new antibiotics and alternative therapies, vaccines and diagnostics;

(c) Underline also that all research and development efforts should be needs-driven, evidence-based and guided by the principles of affordability, effectiveness and efficiency and equity, and should be considered as a shared responsibility: in this regard, we acknowledge the importance of delinking the cost of investment in research and development on antimicrobial resistance from the price and volume of sales so as to facilitate equitable and affordable access to new medicines, diagnostic tools, vaccines and other results to be gained through research and development, and welcome innovation and research and development models that deliver effective solutions to the challenges presented by antimicrobial resistance, including those promoting investment in research and development; all relevant stakeholders, including Governments, industry, non-governmental organizations and academics, should continue to explore ways to support innovation models that address the unique set of challenges presented by antimicrobial resistance, including the importance of the appropriate and rational use of antimicrobial medicines, while promoting access to affordable medicines;

(d) Underline further that affordability and access to existing and new antimicrobial medicines, vaccines and diagnostics should be a global priority and should take into account the needs of all countries, in line with the World Health Organization global strategy and plan of action on public health, innovation and intellectual property,³ and taking into consideration its internationally agreed follow-up processes;

(e) Improve surveillance and monitoring of antimicrobial resistance and the use of antimicrobials to inform policies and work with stakeholders from industry, agriculture and aquaculture, local authorities and hospitals to reduce antimicrobial residues in soil, crops and water;

(f) Enhance capacity-building, technology transfer on mutually agreed terms and technical assistance and cooperation for controlling and preventing antimicrobial resistance, as well as international cooperation and funding to support the development and implementation of national action plans, including surveillance and monitoring, the strengthening of health systems and research and regulatory capacity, without jeopardizing, in particular in the case of low- and middle-income countries, health or posing barriers for access to care;

(g) Acknowledge that increasing awareness and knowledge on antimicrobial resistance and all of its implications requires the sharing of good practices and findings, collaboration with the media and national and multisectoral actors and the provision of sufficient financing for these activities across sectors;

11. *Recognize* that national conditions and priorities should be taken into account at all levels, and that relevant sectors of government should be engaged in the development and implementation of multisectoral national action plans, policies, regulations and regional initiatives, taking into account the national context, legislation and jurisdictional responsibilities;

12. We therefore commit to work at national, regional and global levels to:

(a) Develop, in line with World Health Assembly resolution 68.7,¹ multisectoral national action plans, programmes and policy initiatives, in line with a One Health approach and the global action plan on antimicrobial resistance,

³ See World Health Organization, document WHA62/2009/REC/1, resolution 62.16.

including its five overarching strategic objectives, with a view to implementing national measures for strengthening appropriate antibiotic use in humans and animals: to support the implementation of such plans, national and international collaboration is needed to assess resource needs and to provide sustained technical and financial investment in shared research, laboratories and regulatory capacities, as well as professional education and training, with a view to safeguarding human health, animal health and welfare and the environment;

(b) Mobilize adequate, predictable and sustained funding and human and financial resources and investment through national, bilateral and multilateral channels to support the development and implementation of national action plans, research and development on existing and new antimicrobial medicines, diagnostics, vaccines and other technologies and to strengthen related infrastructure, including through engagement with multilateral development banks and traditional and voluntary innovative financing and investment mechanisms, based on priorities and local needs set by governments, and ensuring public return on investment;

(c) Take steps to ensure that national action plans include the development and strengthening, as appropriate, of effective surveillance, monitoring and regulatory frameworks on the preservation, use and sale of antimicrobial medicines for humans and animals that are enforced according to national contexts and consistent with international commitments;

(d) Initiate, increase and sustain awareness and knowledge-raising activities on antimicrobial resistance in order to engage and encourage behavioural change in different audiences; promote evidence-based prevention, infection control and sanitation programmes; the optimal use of antimicrobial medicines in humans and animals and appropriate prescriptions by health professionals; the active engagement of patients, consumers and the general public, as well as professionals, in human and animal health; and professional education, training and certification among health, veterinary and agricultural practitioners; and consider, as appropriate, innovative approaches to increase consumer awareness, giving attention to local conditions and needs;

(e) Support a multisectoral One Health approach to address antimicrobial resistance, including through public health-driven capacity-building activities and innovative public-private partnerships and incentives and funding initiatives, together with relevant stakeholders in civil society, industry, small- and medium-sized enterprises, research institutes and academia, to promote access to quality, safe, efficacious and affordable new medicines and vaccines, especially antibiotics, as well as alternative therapies and medicines to treatment with antimicrobials, and other combined therapies, vaccines and diagnostic tests;

13. *Call upon* the World Health Organization, together with the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, to finalize a global development and stewardship framework, as requested by the World Health Assembly in its resolution 68.7, to support the development, control, distribution and appropriate use of new antimicrobial medicines, diagnostic tools, vaccines and other interventions, while preserving existing antimicrobial medicines, and to promote affordable access to existing and new antimicrobial medicines and diagnostic tools, taking into account the needs of all countries and in line with the global action plan on antimicrobial resistance;

14. *Call upon* the World Health Organization, in collaboration with the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, regional and multilateral development banks, including the World Bank, relevant United Nations agencies and other intergovernmental organizations, as well as civil society and relevant multisectoral stakeholders, as appropriate, to support the development and implementation of national action plans and antimicrobial resistance activities at the national, regional and global levels;

15. *Request* the Secretary-General to establish, in consultation with the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, an ad hoc interagency coordination group, co-chaired by the Executive Office of the Secretary-General and the World Health Organization, drawing, where necessary, on expertise from relevant stakeholders, to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance, and also request the Secretary-General to submit a report for consideration by Member States by the seventy-third session of the General Assembly on the implementation of the present declaration and on further developments and recommendations emanating from the ad hoc inter-agency group, including on options to improve coordination, taking into account the global action plan on antimicrobial resistance.

Projet de Déclaration politique de la Réunion de haut niveau de l'Assemblée générale sur la résistance aux agents antimicrobiens

Nous, chefs d'État et de gouvernement et représentants d'État et de gouvernement, réunis au Siège de l'Organisation des Nations Unies à New York le 21 septembre 2016, conformément à la résolution 70/183 de l'Assemblée générale, qui a décidé de tenir en 2016 une réunion de haut niveau sur la résistance aux agents antimicrobiens;

1. *Réaffirmons* que, face à la résistance aux agents antimicrobiens, l'approche à suivre doit se fonder sur le Plan d'action mondial pour combattre la résistance aux antimicrobiens¹ et ses cinq objectifs stratégiques généraux, définis par l'Organisation mondiale de la Santé, en collaboration avec l'Organisation des Nations Unies pour l'alimentation et l'agriculture et l'Organisation mondiale de la santé animale, qui les ont ensuite adoptés;

2. *Réaffirmons également* que le Programme de développement durable à l'horizon 2030² constitue un cadre de référence qui vise à permettre aux individus de vivre en bonne santé, rappelons les engagements pris pour lutter contre le paludisme, le VIH/sida, la tuberculose, l'hépatite, l'infection à virus Ebola et autres maladies transmissibles et épidémies, notamment en s'attaquant au problème que posent la résistance de plus en plus grande aux agents antimicrobiens et les maladies négligées qui touchent plus particulièrement les pays en développement, et répétons que la résistance aux agents antimicrobiens met en cause la viabilité et l'efficacité des actions de santé publique engagées face à ces maladies et à d'autres, fragilise les acquis en matière de santé et de développement, et entrave la réalisation des objectifs du Programme 2030;

3. *Mesurons* que la résistance des micro-organismes bactériens viraux, parasitaires et fongiques aux médicaments antimicrobiens qui s'avèrent auparavant efficaces pour le traitement des infections est principalement due à une utilisation inappropriée desdits médicaments dans différents secteurs – santé publique, animaux, alimentation, agriculture et aquaculture –, aux difficultés d'accès aux services de santé, notamment en termes de capacités de tests de diagnostic et d'analyses en laboratoire, ainsi qu'aux résidus d'agents antimicrobiens présents dans les sols, les cultures et l'eau. Plus largement, la résistance aux agents antibiotiques, qui sont différents d'autres médicaments, notamment ceux destinés au traitement de la tuberculose, constitue le risque le plus important et le plus pressant au plan mondial, et mérite de ce fait une attention accrue et une action plus cohérente aux niveaux international, national et régional;

4. *Mesurons également* que la résistance aux agents antimicrobiens remet sérieusement en question de nombreux acquis du XX^e siècle, en particulier la baisse de la morbidité et de la mortalité liées aux maladies infectieuses à laquelle a conduit le développement social et économique, l'accès aux services de santé et à des médicaments de qualité, sûrs, efficaces et d'un coût abordable, l'hygiène, l'eau

¹ Voir l'annexe 3 du document de l'Organisation mondiale de la Santé publié sous la cote WHA64/2015/REC/1.

² Résolution 70/1.

potable et l'assainissement, la prévention des maladies en et hors milieu hospitalier, en ce compris la vaccination, les progrès réalisés en matière de nutrition et d'alimentation saine, les améliorations apportées à la médecine humaine et vétérinaire, et l'arrivée de nouveaux médicaments antimicrobiens et autres;

5. *Considérons* que ces résultats sont à présent fortement compromis par la résistance aux agents microbiens, qui menace ainsi la mise en place de systèmes de santé résilients et les efforts menés en vue d'atteindre l'objectif d'une couverture sanitaire universelle, les traitements qui pourraient être envisagés pour le VIH, les infections sexuellement transmissibles, la tuberculose et le paludisme, ainsi que d'autres infections contractées en et hors milieu hospitalier, les progrès enregistrés dans la prévention et la lutte contre les infections au sein des populations locales et dans les structures sanitaires, les avancées réalisées dans les domaines de l'agriculture et de l'élevage, qui contribuent à préserver la qualité de l'alimentation, ou encore les possibilités offertes pour la prévention et le traitement des maladies infectieuses en médecine vétérinaire;

6. *Considérons également* que la résistance aux agents antimicrobiens aura pour effet de réduire les possibilités de protéger les personnes les plus exposées à des infections graves mettant leur vie en danger, en particulier les parturientes, les nouveau-nés, les patients souffrant de certaines maladies chroniques, ou ceux qui suivent une chimiothérapie ou qui sont amenés à subir une intervention chirurgicale;

7. *Notons avec préoccupation* que la réalisation du droit de jouir du meilleur état de santé physique et mentale possible, de même que la possibilité pour des millions de personnes d'avoir accès à des services de santé et à des médicaments antimicrobiens de qualité, efficaces et d'un coût abordable, de pouvoir s'alimenter, de s'approvisionner en eau potable, et d'évoluer dans un environnement sain, demeurent un objectif lointain, surtout dans les pays en développement;

8. *Notons également avec préoccupation* que, si les difficultés d'accès aux services de santé et aux médicaments antimicrobiens que rencontrent actuellement les pays en développement sont à l'origine d'un plus grand nombre de décès que la résistance aux agents antimicrobiens, celle-ci pourrait, d'après les projections, causer des millions de morts dans le monde et avoir d'énormes conséquences au plan social et économique ainsi qu'en termes de santé publique à l'échelon planétaire si l'on opte pas pour une approche s'inspirant du modèle « Un monde, une santé » et d'autres formes de coopération et d'action multisectorielles;

9. *Considérons* que, pour lutter au mieux contre la résistance aux agents antimicrobiens, il faut prévenir et combattre les infections chez l'homme et l'animal, ce qui englobe la vaccination, le suivi et la surveillance de la résistance aux agents antimicrobiens; veiller à l'approvisionnement en eau potable et à l'assainissement, et offrir un environnement sain; investir dans des systèmes de santé solides qui soient capables d'assurer une couverture sanitaire universelle; faciliter l'accès à des médicaments antimicrobiens, nouveaux ou existants, dont la qualité, la sécurité et l'efficacité soient attestées, le cas échéant, par des tests de diagnostic, et qui soient d'un coût abordable; mener un effort soutenu de recherche-développement en vue de mettre au point de nouveaux agents antimicrobiens ou des médicaments de substitution, des tests de diagnostic rapide, des vaccins et d'autres importantes technologies, interventions et thérapies; chercher à offrir des soins de santé physiquement et financièrement accessibles; pallier le manque d'investissements dans la recherche-développement, grâce notamment à des

mesures d'incitation propres à favoriser l'innovation et à améliorer la santé publique, en particulier dans le domaine des antibiotiques;

10. *Considérons également* que la solution au problème de la résistance aux agents antimicrobiens doit reposer sur le principe fondamental de la promotion et de la protection de la santé de l'homme dans le cadre de l'approche retenue dans l'initiative « Un monde, une santé », et soulignons que cela suppose une action multisectorielle cohérente, globale et intégrée, étant donné que la santé de l'homme, de l'animal et de l'environnement forme un tout interdépendant. À cet égard, nous :

a) Considérons en outre qu'une utilisation prudente de médicaments antimicrobiens efficaces présente un intérêt pour l'ensemble de la collectivité au niveau mondial et qu'il est essentiel, si l'on veut combattre la résistance aux agents antimicrobiens, de permettre aux populations d'avoir accès à des systèmes de santé efficaces et résilients, à des médicaments antimicrobiens de qualité, sûrs, efficaces et d'un coût abordable, ainsi qu'aux autres technologies qui pourraient s'avérer nécessaires, de bénéficier d'une alimentation saine et de pouvoir évoluer dans des environnements sains;

b) Soulignons que des travaux innovants de recherche fondamentale et appliquée, notamment dans les domaines de la microbiologie, de l'épidémiologie, de la médecine traditionnelle et de la phytothérapie, ainsi que des sciences sociales et comportementales doivent être entrepris selon qu'il conviendra afin de mieux comprendre la résistance aux agents antimicrobiens et de concourir à la mise au point de médicaments antimicrobiens de qualité, sûrs, efficaces et d'un coût abordable, et tout particulièrement de nouveaux antibiotiques et de thérapies, vaccins et diagnostics de substitution;

c) Soulignons également la nécessité de veiller à ce que tous les efforts de recherche-développement soient dictés par les besoins et fondés sur des données factuelles, et de s'assurer qu'ils soient guidés par les principes d'équité, d'accessibilité financière, d'efficacité et d'efficience, et considérés comme une responsabilité partagée. Nous mesurons ici qu'il est important de faire en sorte que les coûts d'investissement dans les travaux de recherche-développement consacrés à la résistance aux agents antimicrobiens soient dissociés du prix et du volume des ventes des nouveaux médicaments, outils de diagnostic, vaccins et autres résultats issus de ces travaux, de façon à en rendre l'accès équitable et abordable. Nous saluons les innovations et modèles qui proposent des solutions efficaces au problème que pose la résistance aux agents antimicrobiens, y compris ceux qui cherchent à favoriser les investissements dans la recherche-développement. Tous les acteurs concernés, à savoir notamment les pouvoirs publics, les entreprises, les organisations non gouvernementales et les institutions universitaires, devraient continuer à étudier les moyens d'appuyer des modèles d'innovation capables de s'attaquer à l'éventail de problèmes très particuliers que présente la résistance aux agents antimicrobiens, dont celui de l'utilisation rationnelle des médicaments antimicrobiens, tout en favorisant l'accès à des médicaments d'un coût abordable;

d) Soulignons en outre que l'accessibilité physique et financière des médicaments antimicrobiens, vaccins et diagnostics, existants et nouveaux, devrait être une priorité dans le monde entier et prendre en considération les besoins de tous les pays, dans le droit fil de la Stratégie mondiale et du Plan d'action pour la santé publique, l'innovation et la propriété intellectuelle définis par l'Organisation

mondiale de la Santé³, et dans le respect de ses mécanismes de suivi convenus à l'échelon international;

e) Considérons qu'il importe de mieux suivre et surveiller la résistance aux agents antimicrobiens ainsi que l'utilisation de ces derniers afin d'étayer les choix politiques en la matière, et de travailler avec les différentes parties prenantes – entreprises, secteurs de l'agriculture et l'aquaculture, collectivités locales et hôpitaux – pour réduire la présence de résidus antimicrobiens dans les sols, les récoltes et les ressources en eau;

f) Estimons qu'il convient d'encourager le renforcement des capacités, les transferts de technologies à des conditions mutuellement satisfaisantes, ainsi que l'assistance et la coopération techniques en matière de contrôle et de prévention de la résistance aux agents antimicrobiens; il faut également s'attacher, au plan international, à intensifier la coopération et accroître les financements afin de contribuer à l'élaboration et à la mise en œuvre de plans d'action nationaux axés notamment sur la surveillance et le contrôle ainsi que sur le renforcement des systèmes de santé et des capacités de recherche et de réglementation, sans mettre en péril la santé ni entraver l'accès aux soins, surtout dans les pays à revenu faible et intermédiaire;

g) Mesurons la nécessité, pour mieux connaître et faire connaître le problème de la résistance aux agents antimicrobiens et toutes ses conséquences, d'échanger les bonnes pratiques, de mettre en commun les résultats obtenus, de collaborer avec les médias et les acteurs nationaux et pluridisciplinaires, et de prévoir des moyens financiers suffisants pour ces activités dans les différents secteurs;

11. *Considérons* qu'il importe de prendre en compte les circonstances et priorités nationales à tous les niveaux, et d'associer les autorités nationales compétentes à la mise en place de plans d'action, politiques et règlements nationaux multisectoriels ainsi que d'initiatives régionales en la matière, en tenant compte du contexte, de la législation et des responsabilités juridictionnelles propres à chaque État;

12. Prenons en conséquence l'engagement de nous employer, aux niveaux national, régional et mondial, à :

a) Définir, dans la logique de la résolution 68.7 de l'Assemblée mondiale de la Santé, des plans d'action, programmes et initiatives multisectoriels nationaux qui intègrent l'approche « Un monde, une santé » et soient conformes au Plan d'action mondial pour combattre la résistance aux antimicrobiens et à ses cinq objectifs stratégiques généraux, en vue de déployer des mesures nationales de nature à encourager une utilisation appropriée des antibiotiques chez l'homme et l'animal. La mise en œuvre de ces plans exige une collaboration nationale et internationale qui permette d'évaluer les ressources nécessaires, les investissements techniques et financiers à prévoir à plus long terme pour mettre en commun les capacités en termes de travaux de recherche, de laboratoires et de réglementation, ainsi que les actions à mener dans les domaines de l'éducation et de la formation professionnelle pour préserver la santé de l'homme, la santé et le bien-être des animaux et l'environnement;

³ Voir le document de l'Organisation mondiale de la Santé publié sous la cote WHA62/2009/REC/1, résolution 62.16.

b) Mobiliser, par des canaux nationaux, bilatéraux et multilatéraux, des fonds, des ressources humaines et des investissements suffisants, prévisibles et durables qui puissent appuyer l'élaboration et la mise en œuvre de plans d'action nationaux, permettre la réalisation de travaux de recherche-développement consacrés aux médicaments antimicrobiens existants et nouveaux, aux diagnostics, aux vaccins et autres technologies, et renforcer les infrastructures y afférentes, notamment en coopérant avec des banques multilatérales de développement, des mécanismes de financement et d'investissement traditionnels et des sources de financement innovantes et volontaire, en fonction des priorités et besoins locaux déterminés par les gouvernements et en veillant au retour sur investissement des fonds publics;

c) Œuvrer pour que les plans d'action nationaux prévoient de mettre en place et, le cas échéant, de renforcer les cadres réglementaires nécessaires à une surveillance, un contrôle et une réglementation efficaces concernant la conservation, l'utilisation et la vente de médicaments antimicrobiens destinés à l'homme et à l'animal, cadres qui devront être appliqués en fonction du contexte national et dans le respect des engagements internationaux;

d) Lancer, intensifier et poursuivre des actions visant à mieux comprendre la résistance aux agents antimicrobiens et à sensibiliser différents publics à ce problème afin de susciter et d'encourager un changement des comportements en la matière; nous nous efforcerons également de promouvoir les programmes de prévention, de lutte contre les infections et d'assainissement fondés sur des données factuelles, l'utilisation optimale des médicaments antimicrobiens chez l'homme et l'animal et leur prescription appropriée par des professionnels de santé, la participation active des patients, des consommateurs, du grand public et des professionnels de la santé humaine et animale, ainsi que l'éducation, la formation et la certification professionnelles des praticiens de santé, des vétérinaires et des acteurs du monde agricole; nous envisagerons également, le cas échéant, des approches novatrices pour mieux sensibiliser les consommateurs, en accordant une attention particulière aux circonstances et aux besoins locaux;

e) Favoriser, pour répondre au problème de la résistance aux agents antimicrobiens, une approche multisectorielle sur le modèle de l'initiative « Un monde, une santé », qui se traduira notamment par l'organisation d'activités de renforcement des capacités fondées sur les besoins en matière de santé publique, par des partenariats public-privé novateurs et par des mesures incitatives et des initiatives de financement, en collaboration avec les acteurs concernés de la société civile, le secteur industriel, les petites et moyennes entreprises, les instituts de recherche et les universités, afin de promouvoir l'accès à de nouveaux médicaments et vaccins de qualité, sûrs, efficaces et d'un coût abordable, en particulier des antibiotiques, ainsi qu'à des thérapies et médicaments susceptibles de remplacer les traitements par agents antimicrobiens, ou encore à d'autres thérapies combinées, vaccins et tests de diagnostic;

13. *Invitons* l'Organisation mondiale de la Santé, en collaboration avec l'Organisation des Nations Unies pour l'alimentation et l'agriculture et l'Organisation mondiale de la santé animale, à mettre au point un cadre mondial de développement et de gestion, comme le demande l'Assemblée mondiale de la Santé dans sa résolution 68.7, afin d'apporter son concours à l'élaboration, au contrôle, à la distribution et à l'utilisation appropriée de nouveaux médicaments antimicrobiens, outils de diagnostic, vaccins et autres interventions, tout en

préservant les médicaments antimicrobiens existants et en s'attachant à faire en sorte que les médicaments antimicrobiens, existants et nouveaux, et les outils de diagnostic soient d'un coût abordable, et ce en tenant compte des besoins de tous les pays et dans le respect du Plan d'action mondial pour combattre la résistance aux antimicrobiens;

14. *Invitons* l'Organisation mondiale de la Santé, en collaboration avec l'Organisation des Nations Unies pour l'alimentation et l'agriculture et l'Organisation mondiale de la santé animale, les banques de développement régionales et multilatérales, notamment la Banque mondiale, les institutions des Nations Unies et d'autres organisations intergouvernementales, ainsi que la société civile et les parties prenantes multisectorielles, selon qu'il conviendra, à soutenir l'élaboration et la mise en œuvre de plans d'action nationaux ainsi que les activités menées à l'échelle nationale, régionale et mondiale pour lutter contre la résistance aux agents antimicrobiens;

15. *Prions* le Secrétaire général de constituer, en concertation avec l'Organisation mondiale de la Santé, l'Organisation des Nations Unies pour l'alimentation et l'agriculture et l'Organisation mondiale de la santé animale, un groupe spécial de coordination interinstitutions coprésidé par le Cabinet du Secrétaire général et l'Organisation mondiale de la Santé, en s'appuyant, le cas échéant, sur le savoir-faire des parties prenantes concernées, groupe qui sera chargé de donner des indications pratiques quant aux approches à suivre pour assurer une action mondiale efficace et durable dans la lutte contre la résistance aux agents antimicrobiens; nous prions également le Secrétaire général de soumettre, en vue de son examen par les États membres lors de la soixante-treizième session de l'Assemblée générale, un rapport sur l'application de la présente déclaration et sur les faits nouveaux et recommandations communiqués par le groupe spécial interinstitutions, notamment aussi en ce qui concerne les solutions proposées pour améliorer la coordination, en tenant compte du Plan d'action mondial pour combattre la résistance aux antimicrobiens.

مشروع الإعلان السياسي للاجتماع الرفيع المستوى للجمعية العامة بشأن مقاومة مضادات الميكروبات

نحن، رؤساء الدول والحكومات وممثلي الدول والحكومات، المجتمعين في مقر الأمم المتحدة بنيويورك في ٢١ أيلول/سبتمبر ٢٠١٦، وفقا لقرار الجمعية العامة ١٨٣/٧٠، الذي قررت فيه الجمعية عقد اجتماع رفيع المستوى في عام ٢٠١٦ بشأن مقاومة مضادات الميكروبات:

١ - نؤكد من جديد أن المخطط الكفيل بالتصدي لمقاومة مضادات الميكروبات هو خطة العمل العالمية بشأن مقاومة مضادات الميكروبات^(١) التي وضعتها منظمة الصحة العالمية، وأهدافها الاستراتيجية الشاملة الخمسة التي وضعتها منظمة الصحة العالمية بالتعاون مع منظمة الأغذية والزراعة والمنظمة العالمية لصحة الحيوان اللتين اعتمدتا تلك الأهداف لاحقا؛

٢ - نؤكد من جديد أيضا أن خطة التنمية المستدامة لعام ٢٠٣٠^(٢) توفر إطارا لضمان التمتع بآمنات عيش صحية، ونشير إلى الالتزامات المتعلقة بمكافحة الملاريا، وفيروس نقص المناعة البشرية/الإيدز، والسل، والتهاب الكبد، ومرض فيروس إيبولا وغيره من الأمراض المعدية والأوبئة، بوسائل منها معالجة تزايد مقاومة مضادات الميكروبات والأمراض المهملة التي تؤثر على البلدان النامية بشكل خاص، مع التأكيد مجددا على أن مقاومة مضادات الميكروبات تعرقل استدامة وفعالية تصدي قطاع الصحة العامة لهذه الأمراض ولأمراض أخرى وكذلك المكاسب المحققة في مجال الصحة والتنمية وتحقيق خطة التنمية المستدامة لعام ٢٠٣٠؛

٣ - نقر بأن مقاومة الكائنات الجهرية البكتيرية والفيروسية والطفيلية والفطرية للأدوية المضادة للميكروبات التي كانت فيما مضى تتسم بالفعالية في العلاج من الالتهابات تعزى أساسا إلى: الاستخدام غير المناسب للأدوية المضادة للميكروبات في قطاع الصحة العامة وفي علاج الحيوانات، وفي قطاعات الأغذية والزراعة وتربية الأحياء المائية؛ وغياب فرص الاستفادة من الخدمات الصحية، بما في ذلك التشخيص والقدرات المختبرية؛ ومخلفات مضادات الميكروبات في التربة والمحاصيل والمياه؛ فضمن السياق الأعم لمقاومة مضادات الميكروبات، تشكل مقاومة المضادات الحيوية التي ليست كغيرها من الأدوية، بما في ذلك

(١) انظر منظمة الصحة العالمية، الوثيقة WHA64/2015/REC/1، المرفق ٣.

(٢) القرار ١/٧٠.

الأدوية المستخدمة في علاج السل، أكبر المخاطر على الصعيد العالمي وأكثرها إلحاحا، وهي تتطلب إيلاء مزيد من الاهتمام وزيادة الاتساق على الصعيد الدولي والوطني والإقليمي؛

٤ - **نقر أيضا** بأنه نظرا لمقاومة مضادات الميكروبات، تواجه العديد من إنجازات القرن العشرين تحديا جسيما، ومن هذه الإنجازات على وجه الخصوص: خفض نسبة الأمراض والوفيات الناجمة عن الأمراض المعدية بفضل التنمية الاجتماعية والاقتصادية؛ وإمكانية الحصول على الخدمات الصحية وعلى أدوية جيدة النوعية ومأمونة وناجعة وميسورة التكلفة؛ والنظافة الصحية والمياه المأمونة والمرافق الصحية؛ والوقاية من الأمراض في المجتمع وفي أماكن تقديم الرعاية الصحية، بما في ذلك برامج التحصين؛ وتوفير التغذية الجيدة والأغذية الصحية؛ وإدخال تحسينات على الطب البشري والبيطري؛ واستحداث أدوية جديدة مضادة للميكروبات وغير ذلك من الأدوية؛

٥ - **ندرك** أن الإنجازات المذكورة أعلاه تواجه الآن تحديا خطيرا من جراء مقاومة مضادات الميكروبات، بما في ذلك ما يلي: وضع نظم صحية مرنة وإحراز تقدم صوب تحقيق الهدف المتمثل في توفير التغطية الصحية للجميع؛ وخيارات العلاج من فيروس نقص المناعة البشرية والأمراض المنقولة جنسيا والسل والملاريا، فضلا عن الإصابات الأخرى التي تحصل في المجتمع وفي أماكن تقديم الرعاية الصحية؛ والمكاسب التي تحققت في مجال الوقاية من العدوى ومكافحتها في المجتمع وفي أماكن تقديم الرعاية الصحية؛ والتقدم المحرز في الزراعة وتربية الحيوانات بما يساعد على ضمان الحفاظ على جودة الأغذية؛ وخيارات الوقاية والعلاج من الأمراض المعدية في الطب البيطري؛

٦ - **ندرك أيضا** أنه بسبب مقاومة مضادات الميكروبات، سيقبل عدد الخيارات المتاحة لحماية الأشخاص الأكثر عرضة للأمراض الخطيرة التي تهدد حياة الإنسان، ولا سيما النساء عند الولادة والمواليد الجدد والمرضى المصابون بأمراض مزمنة معينة أو الذين يخضعون لعلاج كيميائي أو للجراحة؛

٧ - **نلاحظ مع القلق** أن أعمال الحق في التمتع بأعلى مستوى يمكن بلوغه من الصحة البدنية والعقلية، وكذلك إمكانية حصول الملايين من الناس على الخدمات الصحية وعلى أدوية مضادة للميكروبات جيدة النوعية ومأمونة وناجعة وميسورة التكلفة، وعلى الغذاء والمياه النظيفة وعلى بيئة صحية، لا يزال هدفا بعيد المنال، لا سيما في البلدان النامية؛

٨ - **نلاحظ أيضا مع القلق** أن النقص الحالي في فرص الحصول على الخدمات الصحية وعلى الأدوية المضادة للميكروبات في البلدان النامية يتسبب في وفيات أكثر مما تتسبب فيه مقاومة مضادات الميكروبات، إلا أنه في غياب نهج فعال إزاء "الصحة

الواحدة “ وغير ذلك من أشكال التعاون والإجراءات المتعددة القطاعات، يتوقع أن تتسبب مقاومة مضادات الميكروبات في ملايين الوفيات في جميع أنحاء العالم، مع ما يترتب على ذلك من تبعات ضخمة من الناحية الاجتماعية والاقتصادية وفيما يتعلق بالصحة العامة على الصعيد العالمي؛

٩ - ندرك أن السبل الرئيسية للتصدي لمقاومة مضادات الميكروبات هي: الوقاية من الإصابات لدى البشر والحيوان ومكافحتها، بما يشمل التحصين ورصد ومراقبة مقاومة مضادات الميكروبات؛ وتوفير الصرف الصحي، والمياه المأمونة والنظيفة، والبيئات الصحية؛ والاستثمار في نظم صحية قوية قادرة على توفير التغطية الصحية للجميع؛ وتوفير إمكانية الحصول على الأدوية الحالية والجديدة المضادة للميكروبات والتي تكون ذات نوعية جيدة ومأمونة وناجعة وميسورة التكلفة وتقوم، حيثما كان ذلك متاحا، على فحوص تشخيصية؛ واستمرار البحث والتطوير من أجل التوصل إلى أدوية جديدة مضادة للميكروبات وأدوية بديلة؛ وإجراء فحوص تشخيصية سريعة واستعمال اللقاحات وغيرها من التكنولوجيات والتدخلات والعلاجات الهامة؛ وتوفير رعاية صحية يسهل الحصول عليها بتكلفة معقولة؛ وزيادة الاستثمار في البحث والتطوير، بما في ذلك من خلال توفير الحوافز على الابتكار وتحسين نواتج الصحة العامة، لا سيما في ميدان المضادات الحيوية؛

١٠ - ندرك أيضا أن المبدأ الشامل للتصدي لمقاومة مضادات الميكروبات هو تعزيز وحماية صحة الإنسان في إطار نهج ”الصحة الواحدة“، ونؤكد أن هذا الأمر يتطلب إجراءات متعددة القطاعات تتسم بالاتساق والشمول والتكامل، نظرا لترايط صحة البشر والحيوان والبيئة، وفي هذا الصدد:

(أ) ندرك كذلك أن توخي الفعالية والحصافة في استخدام الأدوية المضادة للميكروبات يعود بالنفع على عموم الناس على الصعيد العالمي، وبأن التصدي لمقاومة مضادات الميكروبات يستلزم كشرط أساسي أن توفر للناس إمكانية الاستفادة من نظم صحية تتسم بالكفاءة والمرونة، ومن أدوية مضادة للميكروبات جيدة النوعية ومأمونة وناجعة وميسورة التكلفة، ومن تكنولوجيات أخرى، عند الاقتضاء، وأن يوفر لهم غذاء صحي وبيئات صحية؛

(ب) نؤكد ضرورة القيام بأنشطة بحث وتطوير أساسية وتطبيقية مبتكرة، في مجالات منها على سبيل المثال علم الأحياء المجهرية، وعلم الأوبئة، والطب التقليدي وطب الأعشاب، والعلوم الاجتماعية والسلوكية، حسب الاقتضاء، وذلك بغية التوصل إلى فهم أفضل لمقاومة مضادات الميكروبات ودعم البحث والتطوير فيما يتعلق بالأدوية المضادة

للميكروبات الجيدة النوعية والمأمونة والناجعة والميسورة التكلفة، ولا سيما المضادات الحيوية الجديدة والعلاجات البديلة واللقاحات ووسائل التشخيص؛

(ج) نؤكد أيضا أن جميع جهود البحث والتطوير ينبغي أن تكون موجهة لتلبية الاحتياجات وقائمة على الأدلة، وأن تسترشد بمبادئ القدرة على تحمل التكاليف والفعالية والكفاءة والإنصاف، وينبغي أن تعتبر مسؤوليةً مشتركةً: وفي هذا الصدد، نقر بأهمية الفصل بين تكاليف الاستثمار في البحث والتطوير بشأن مقاومة مضادات الميكروبات وسعر تلك المضادات وحجم مبيعاتها بغية تيسير فرص الحصول على الأدوية الجديدة بما يحقق الإنصاف ويجعل التكلفة معقولة، وفرص الاستفادة من أدوات التشخيص واللقاحات وغيرها من المزايا التي يتعين تحصيلها عن طريق البحث والتطوير، ونرحب بنماذج الابتكار والبحث والتطوير التي تقدم حلولاً فعالة للتحديات التي تطرحها مقاومة مضادات الميكروبات، بما في ذلك الحلول التي تشجع المزيد من الاستثمار في البحث والتطوير؛ وينبغي لجميع أصحاب المصلحة المعنيين، بما في ذلك الحكومات وقطاع الصناعة والمنظمات غير الحكومية والأوساط الأكاديمية، مواصلة بحث السبل الكفيلة بدعم نماذج الابتكار التي تعالج مجموعة فريدة من التحديات التي تطرحها مقاومة مضادات الميكروبات، بما في ذلك أهمية الاستخدام المناسب والرشيد للأدوية المضادة للميكروبات، وتعزيز فرص الحصول على الأدوية بأسعار معقولة؛

(د) نؤكد كذلك أن توفير إمكانية الحصول على الأدوية الحالية والجديدة المضادة للميكروبات واللقاحات ووسائل التشخيص بتكاليف معقولة ينبغي أن تحظى بالأولوية على الصعيد العالمي، وينبغي أن تأخذ في الاعتبار احتياجات جميع البلدان، تمثيا مع الاستراتيجية العالمية لمنظمة الصحة العالمية وخطة عملها بشأن الصحة العمومية والابتكار والملكية الفكرية^(٣)، وذلك في ظل مراعاة ما تقوم به من عمليات المتابعة المتفق عليها دوليا؛

(هـ) نعمل على تحسين مراقبة ورصد مقاومة مضادات الميكروبات والاسترشاد بمسألة مضادات الميكروبات عند وضع السياسات والتعاون مع أصحاب المصلحة في قطاع الصناعة والزراعة وتربية الأحياء المائية والسلطات المحلية والمستشفيات للحد من مخلفات مضادات الميكروبات في التربة والمحاصيل والمياه؛

(و) نقوم بتعزيز بناء القدرات ونقل التكنولوجيا بشروط متفق عليها بين الأطراف وببذل المساعدة التقنية والتعاون من أجل مراقبة ومنع مقاومة مضادات الميكروبات، فضلا عن التعاون الدولي والتمويل من أجل دعم عملية وضع وتنفيذ خطط

(٣) انظر منظمة الصحة العالمية، الوثيقة WHA62/2009/REC/1، القرار ٦٢-١٦.

العمل الوطنية، بما في ذلك المراقبة والرصد، وتعزيز النظم الصحية والقدرات البحثية والتنظيمية، دون المساس بالصحة أو عرقلة الحصول على الرعاية، لا سيما في حالة البلدان المنخفضة الدخل والمتوسطة الدخل؛

(ز) نقر بأن التوعية والتثقيف في مجال مقاومة مضادات الميكروبات وكل ما يترتب على ذلك من آثار كلها أمور تستلزم تبادل الممارسات الجيدة والنتائج التي يُتوصل إليها، والتعاون مع وسائل الإعلام والجهات الفاعلة الوطنية والمتعددة القطاعات، وتوفير التمويل الكافي لهذه الأنشطة في مختلف القطاعات؛

١١ - ندرك أن الأوضاع والأولويات الوطنية ينبغي أن تؤخذ في الاعتبار على جميع المستويات، وأن القطاعات الحكومية المعنية ينبغي إشراكها في وضع وتنفيذ خطط عمل وطنية متعددة القطاعات، وسياسات وأنظمة ومبادرات إقليمية، مع مراعاة السياق الوطني والتشريعات والمسؤوليات القضائية؛

١٢ - لذلك نحن نلتزم بالعمل على الصعيد الوطني والإقليمي والعالمي على القيام بما يلي:

(أ) القيام، تمثيلاً مع قرار جمعية الصحة العالمية ٦٨-٧ (١)، بوضع خطط عمل وبرامج ومبادرات سياساتية وطنية ومتعددة القطاعات، بما يتماشى مع نهج "الصحة الواحدة" وخطة العمل العالمية بشأن مقاومة مضادات الميكروبات، بما في ذلك أهدافها الاستراتيجية الشاملة الخمسة، وذلك بهدف تنفيذ التدابير الوطنية من أجل تعزيز استخدام المضادات الحيوية بصورة ملائمة لدى البشر والحيوانات: ولدعم تنفيذ هذه الخطط، ثمة حاجة إلى التعاون على الصعيدين الوطني والدولي من أجل تقييم الاحتياجات من الموارد وتوفير الاستثمار التقني والمالي على نحو مستدام في القدرات المشتركة البحثية والمختبرية والتنظيمية، فضلاً عن التعليم والتدريب المهنيين، وذلك بهدف حماية الصحة البشرية والصحة الحيوانية والرفاه والبيئة؛

(ب) حشد ما يكفي من التمويل والموارد البشرية والمالية على نحو مستدام وبممكن التنبؤ به، والاستثمار عبر القنوات الوطنية والشائبة والمتعددة الأطراف لدعم وضع وتنفيذ خطط العمل الوطنية، والبحث والتطوير فيما يتعلق بالأدوية الحالية والجديدة المضادة للميكروبات، ووسائل التشخيص واللقاحات والتكنولوجيات ذات الصلة، وتعزيز الهياكل الأساسية ذات الصلة، بوسائل منها التعاون مع المصارف الإنمائية المتعددة الأطراف وآليات التمويل والاستثمار التقليدية والطوعية المبتكرة، استناداً إلى الأولويات والاحتياجات المحلية التي تحددها الحكومات، وضمن العائد العام على الاستثمار؛

(ج) اتخاذ الخطوات اللازمة لضمان أن تشمل خطط العمل الوطنية، عند الاقتضاء، وضع وتعزيز أطر للمراقبة والرصد وأطر تنظيمية فعالة تتعلق بحفظ واستخدام وبيع الأدوية المضادة للميكروبات لدى البشر والحيوانات، على أن تُنفذ وفقاً للسياسات الوطنية وبما يتسق مع الالتزامات الدولية؛

(د) المبادرة إلى القيام بأنشطة التوعية والتثقيف في مجال مقاومة مضادات الميكروبات وزيادة وتيرة تلك الأنشطة والإبقاء عليها من أجل التحفيز والتشجيع على تغيير السلوك لدى فئات مختلفة من الجمهور، وتشجيع برامج الوقاية ومكافحة العدوى والصرف الصحي القائمة على الأدلة، والاستخدام الأمثل للأدوية المضادة للميكروبات لدى البشر والحيوانات والوصفات الطبية الملائمة من جانب المختصين في مجال الصحة، والمشاركة النشطة من جانب المرضى والمستهلكين وعامة الجمهور، فضلاً عن المختصين في مجال الصحة البشرية والصحة الحيوانية، والتعليم المهني والتدريب ومنح الشهادات في صفوف الأطباء والأطباء البيطريين والمزارعين، والنظر، عند الاقتضاء، في وضع نُهج مبتكرة لزيادة الوعي لدى المستهلكين، مع إيلاء الاهتمام للأوضاع والاحتياجات المحلية؛

(هـ) دعم وضع نُهج متعدد القطاعات إزاء "الصحة الواحدة" للتصدي لمقاومة مضادات الميكروبات، بما في ذلك من خلال أنشطة بناء القدرات لدواع تتعلق بالصحة العامة، وإقامة شراكات مبتكرة بين القطاعين العام والخاص، وتوفير الحوافز ومبادرات التمويل، بالاشتراك مع أصحاب المصلحة المعنيين في المجتمع المدني وقطاع الصناعة والمؤسسات الصغيرة والمتوسطة الحجم ومعاهد البحوث والأوساط الأكاديمية، لتعزيز إمكانية الحصول على أدوية ولقاحات جديدة جيدة النوعية ومأمونة وناجعة وميسورة التكلفة، لا سيما المضادات الحيوية، فضلاً عن العلاجات والأدوية البديلة بخلاف العلاج بمضادات الميكروبات، بما في ذلك العلاجات المركبة واللقاحات والفحوص التشخيصية؛

١٣ - ندعو منظمة الصحة العالمية، إلى جانب منظمة الأغذية والزراعة للأمم المتحدة والمنظمة العالمية لصحة الحيوان، إلى وضع الصيغة النهائية لإطار عالمي للتنمية والإشراف، على نحو ما طلبته جمعية الصحة العالمية في قرارها ٦٨-٧، ودعم تطوير الأدوية الجديدة المضادة للميكروبات ومراقبتها وتوزيعها واستخدامها على نحو ملائم، ودعم أدوات التشخيص واللقاحات وغير ذلك من الأنشطة، مع الإبقاء على الأدوية الحالية المضادة للميكروبات، وإلى تعزيز إمكانية الحصول على الأدوية الحالية والجديدة المضادة للميكروبات وأدوات التشخيص بتكلفة معقولة، مع مراعاة احتياجات جميع البلدان، وتمشياً مع خطة العمل العالمية بشأن مقاومة مضادات الميكروبات؛

١٤ - ندعو منظمة الصحة العالمية إلى أن تتعاون مع منظمة الأغذية والزراعة للأمم المتحدة والمنظمة العالمية لصحة الحيوان، والمصارف الإنمائية الإقليمية والمتعددة الأطراف، بما في ذلك البنك الدولي، ووكالات الأمم المتحدة المعنية وسائر المنظمات الحكومية الدولية، فضلا عن المجتمع المدني والجهات المعنية المتعددة القطاعات، حسب الاقتضاء، لدعم وضع وتنفيذ خطط العمل الوطنية والأنشطة المتعلقة بمقاومة مضادات الميكروبات على الصعيد الوطني والإقليمي والعالمي؛

١٥ - نطلب إلى الأمين العام أن ينشئ، بالتشاور مع منظمة الصحة العالمية ومنظمة الأغذية والزراعة للأمم المتحدة والمنظمة العالمية لصحة الحيوان، فريقا مخصصا للتنسيق بين الوكالات، يشترك في رئاسته المكتب التنفيذي للأمين العام ومنظمة الصحة العالمية، والاستعانة، عند الاقتضاء، بالخبرة المستمدة من أصحاب المصلحة المعنيين، وذلك لتوفير التوجيه العملي للنُهُج اللازمة لكفالة اتخاذ إجراءات عالمية فعالة على نحو مستدام للتصدي لمقاومة مضادات الميكروبات، ونطلب أيضا إلى الأمين العام أن يقدم تقريرا لكلي تنظر فيه الدول الأعضاء قبل الدورة الثالثة والسبعين للجمعية العامة عن تنفيذ هذا الإعلان وعمما يستجد من تطورات وعن التوصيات المنبثقة عن الفريق المخصص المشترك بين الوكالات، بما في ذلك ما يتعلق بالخيارات المتاحة لتحسين عملية التنسيق، مع مراعاة خطة العمل العالمية بشأن مقاومة مضادات الميكروبات.

大会抗微生物药物耐药性问题高级别会议的政治宣言草稿

我们，各国国家元首和政府首脑以及国家和政府的代表，根据大会决定 2016 年举行抗微生物药物耐药性问题高级别会议的大会第 70/183 号决议，于 2016 年 9 月 21 日在纽约联合国总部举行会议：

1. 重申世界卫生组织与联合国粮食及农业组织和世界动物卫生组织协作制定的、后经联合国粮食及农业组织和世界动物卫生组织通过的世界卫生组织抗微生物药物耐药性全球行动计划¹ 及其五个总括战略目标是解决抗微生物药物耐药性问题的蓝图；

2. 又重申《2030 年可持续发展议程》² 为确保健康生活提供了一个框架，并回顾防治疟疾、艾滋病毒/艾滋病、结核病、肝炎、埃博拉病毒病与其他传染病和流行病的承诺，包括解决日益严重的抗微生物药物耐药性问题和防治尤其影响发展中国家的被忽视的疾病，同时重申抗微生物药物耐药性针对这些疾病和其他疾病的公共卫生对策的可持续性和有效性，以及卫生和发展领域的成就和《2030 年议程》的实现构成挑战；

3. 承认细菌、病毒、寄生虫和真菌微生物对之前有效治疗感染的抗微生物药物产生耐药性，主要原因是公共卫生、动物、食品、农业和水产养殖等部门不当使用抗微生物药物，无法获得卫生保健服务，包括无法利用诊断和实验室能力，以及土壤、作物和水中的抗微生物药物残留。在抗微生物药物耐药性的更大范畴内，抗生素耐药性与其他药品、包括治疗结核病的药品不同，是最严重和最紧迫的全球风险，需要在国际、国家和区域各级予以更大关注和增强一致性；

4. 又承认由于抗微生物药物的耐药性，20 世纪取得的许多成就，特别是通过社会和经济发展降低传染病患病和死亡率、获得医疗保健服务以及优质、安全、有效且负担得起的药品、个人卫生、安全饮水和环境卫生、社区和卫生保健机构预防疾病(包括免疫接种)、营养和健康食物、人类和兽医医学进步以及新的抗微生物药物和其他药物的启用，都受到严重挑战；

5. 确认上述成就现在受到抗微生物药物耐药性的严重挑战，这些成就包括：建立有韧性的卫生系统和逐步实现全民健保目标、艾滋病毒和性传播感染、结核病和疟疾以及社区和卫生保健机构内其他获得性感染的治疗方案、社区和卫生保健机构内预防和控制感染的成果、有助于确保保持粮食质量的农业和畜牧业进步以及兽医医学的防治传染病方案；

¹ 见世界卫生组织，WHA64/2015/REC/1 号文件，附件 3。

² 第 70/1 号决议。

6. 又确认由于抗微生物药物的耐药性，针对最易受到危及生命严重感染的脆弱者，特别是产妇、新生儿、某些慢性病患者或接受化疗或手术者的备选保护办法有所减少；

7. 关切地注意到，实现人人有权享有能达到的最高标准身心健康标准，以及让数百万计人民获得医疗保健服务以及优质、安全、有效且负担得起的抗微生物药物、食物、清洁水和健康环境，仍是一个遥远的目标，特别是在发展中国家；

8. 又关切地注意到虽然目前发展中国家无法获得医疗保健服务和抗微生物药物所造成的死亡人数高于抗微生物药物耐药性的致死人数，如果没有一个有效的“一体化卫生”办法以及其他多部门合作和行动，非抗微生物药物耐药性预计将在全世界造成数百万人死亡，对社会、经济和全球公共卫生造成巨大影响；

9. 确认应对抗微生物药物耐药性的关键是预防和控制人类和动物感染，包括免疫接种、抗微生物药物耐药性监测和监督；环境卫生、安全和清洁用水以及健康的环境；投资于能够普及全民健保的强大卫生系统；促进在可能情况下根据诊断测试获得现有的和新的优质、安全、有效且负担得起的抗微生物药物；持续研究和开发新抗微生物药物和替代药物；快速诊断检测、疫苗和其他重要技术、干预措施和疗法；推广可负担得起并可以获得的医疗卫生服务；以及解决研究和开发投资不足问题，包括奖励创新和改善公共健康成果，特别是在抗生素领域；

10. 又确认解决抗微生物药物耐药性问题的首要原则是在“一体化卫生”办法框架内促进和保护人类健康，强调人类、动物和环境健康相互关联，需要采取一致、全面和综合的多部门行动，并在这方面：

(a) 还确认有效的抗微生物药物及其谨慎使用是全球公益，要解决抗微生物药物耐药性问题，必须使人们能够利用有效和有韧性的卫生系统；以及必要时获得优质、安全、有效且负担得起的抗微生物药物和其他技术以及健康食品和环境；

(b) 着重指出，为更好地了解抗微生物药物耐药性，支持对优质、安全、有效且负担得起的抗微生物药物，特别是新抗生素和替代疗法、疫苗和诊断手段的研究和开发，需要开展基础和应用创新研究和开发，包括酌情在微生物学、流行病学、传统医药和草药以及社会和行为科学等领域开展研究和开发；

(c) 又着重指出，所有研究和开发努力都应由需求驱动、以证据为基础并遵循可负担、有实效和高效率的原则以及公平原则，并应被视为一项共同责任。在这方面，我们承认必须让抗微生物药物耐药性研究和开发的投资费用与销售价格和销售量脱钩，以促进公平获得负担得起的新药物、诊断工具、疫苗以及研究和开发所带来的其他成果，欢迎创新、研究和开发模式为抗微生物药物耐药性所构成的挑战提供有效的解决方案，包括促进进一步投资于研究和开发的方案；包括

各国政府、行业、非政府组织和学术界在内的所有相关利益攸关方应继续设法支持创新模式，解决抗微生物药物耐药性所构成的一系列独特挑战，包括必须适当合理使用抗微生物药物，同时促进获得负担得起的药物；

(d) 还着重指出，应将促使现有的和新的抗微生物药物、疫苗和诊断办法可负担得起和能够获得作为全球优先事项，还应根据世界卫生组织的公共卫生、创新和知识产权全球战略和行动计划，³ 顾及所有国家的需要，同时考虑到国际商定的后续进程；

(e) 改进对抗微生物药物耐药性以及抗微生物药物使用的监测和监督，以指导决策，并与工业、农业和水产养殖业、地方当局和医院等利益攸关方合作，减少土壤、作物和水中的抗微生物药物残留；

(f) 加强能力建设、按照共同商定的条件转让技术、控制和预防抗微生物药物耐药性方面的技术援助与合作、国际合作和供资支持制定和执行国家行动计划，包括监督和监测、强化卫生系统以及研究和监管能力，但不得损害健康，特别是低收入和中等收入国家的健康，也不得对获得保健服务造成障碍；

(g) 承认为提高人们对抗微生物药物耐药性及其一切所涉问题的认识和了解，需要分享良好做法和研究成果，与媒体、国家和多部门行动体合作，并对各部门的这些活动提供足够资金；

11. 认识到应在各级考虑到各国的条件和优先事项，还应让相关政府部门参与制定和实施多部门国家行动计划、政策、条例和区域举措，同时考虑到国情、立法和司法责任；

12. 因此，我们承诺在国家、区域和全球各级开展工作，以便：

(a) 根据世界卫生大会第 68.7 号决议，¹ 并按照“一体化卫生”办法和关于抗微生物药物耐药性的全球行动计划，包括其五个总括战略目标，制定多部门国家行动计划、方案和政策倡议，以期采取国家措施加强针对人和动物的适当抗生素使用办法。为了支持实施这些计划，需要开展国家和国际协作，评估资源需求，并为共同研究、实验室和监管能力以及专业教育和培训提供持续的技术和财政投资，以便保护人类健康、动物健康、福祉与环境；

(b) 通过国家、双边和多边渠道调动充足、可预测和可持续的资金、人力和财政资源及投资，支持制订和执行国家行动计划，支持研究和开发现有和新的抗微生物药物、诊断办法和疫苗及其他技术，并加强相关基础设施，包括根据政府设定的优先事项和地方需要，与多边开发银行以及传统和自愿创新筹资和投资机制互动协作，同时确保公共投资回报；

³ 见世界卫生组织，WHA62/2009/REC/1 号文件，第 62.16 号决议。

(c) 采取步骤，确保在国家行动计划中列入酌情发展和加强有效人类和动物抗微生物药物保存、使用和销售的监督、监测和监管框架，根据国情并依照国际承诺加以实行；

(d) 发起、增加和继续开展抗微生物药物耐药性的提高认识和增加了解活动，以便让不同受众参与并鼓励他们改变行为，促进循证预防、感染控制和卫生方案，优化抗微生物药物对人和动物的使用办法、医疗专业人员的适宜处方、病人、消费者和公众以及人类和动物健康专业人员的积极参与，以及对医疗卫生、兽医和农业工作者的专业教育、培训和认证，并酌情考虑采取创新办法，提高消费者的意识，同时注意地方条件和需要；

(e) 支持以多部门“一体化卫生”办法解决抗微生物药物耐药性问题，包括与民间社会、工业、中小型企业、研究机构和学术界等相关利益攸关方一道，开展由公共健康驱动的能力建设活动、创新型公私伙伴关系、奖励措施和供资举措，以推动获得优质、安全、有效且负担得起的新药物和疫苗，特别是抗生素以及抗微生物治疗的其他替代疗法和药物，以及其他混合疗法、疫苗和诊断检验；

13. 促请世界卫生组织与联合国粮食及农业组织、世界动物卫生组织一道，按照卫生大会第 68.7 号决议的要求，确定一个全球发展和管理框架，以便按照关于抗微生物药物耐药性的全球行动计划，支持发展、控制、分配和适当利用新的抗微生物药物、诊断工具、疫苗和其他干预措施，同时保护现有的抗微生物药物，并考虑到所有国家的需要，推广负担得起的现有和新的抗微生物药物和诊断工具；

14. 促请世界卫生组织与联合国粮食及农业组织、世界动物卫生组织、区域和多边开发银行包括世界银行、联合国有关机构和其他政府间组织以及民间社会和相关多部门利益攸关方酌情在国家、区域和全球各级支持制定和执行国家行动计划以及抗微生物药物耐药性活动；

15. 请秘书长与世界卫生组织、联合国粮食及农业组织和世界动物卫生组织协商，设立一个特设机构间协调小组，由秘书长办公厅和世界卫生组织共同主持，必要时利用相关利益攸关方的专门知识，对采取必要的办法提供实际指导，确保采取持续有效的全球行动，解决抗微生物药物耐药性问题，又请秘书长考虑到关于抗微生物药物耐药性的全球行动计划，在大会第七十三届会议前提出一份报告，说明本宣言执行情况、进一步事态发展以及特设机构间小组提出的建议，包括改进协调的备选办法，供会员国审议。

Proyecto de declaración política de la reunión de alto nivel de la Asamblea General sobre la resistencia a los antimicrobianos

Nosotros, Jefes de Estado y de Gobierno y representantes de los Estados y Gobiernos, reunidos en la Sede de las Naciones Unidas en Nueva York el 21 de septiembre de 2016, de conformidad con la resolución [70/183](#) de la Asamblea General, en que la Asamblea decidió celebrar una reunión de alto nivel en 2016 sobre la resistencia a los antimicrobianos:

1. *Reafirmamos* que el plan para hacer frente a la resistencia a los antimicrobianos es el Plan de Acción Mundial para Luchar contra la Resistencia a los Antimicrobianos¹ de la Organización Mundial de la Salud y sus cinco objetivos estratégicos generales, elaborado por dicha Organización en colaboración con la Organización de las Naciones Unidas para la Alimentación y la Agricultura, y posteriormente aprobado por esta y la Organización Mundial de Sanidad Animal;

2. *Reafirmamos también* que la Agenda 2030 para el Desarrollo Sostenible² ofrece un marco para garantizar una vida sana, y recordamos los compromisos de combatir la malaria, el VIH/SIDA, la tuberculosis, la hepatitis, la enfermedad del Ébola y otras epidemias y enfermedades transmisibles, concretamente mediante la lucha contra la creciente resistencia a los antimicrobianos y las enfermedades desatendidas que afectan especialmente a los países en desarrollo, al tiempo que reiteramos que la resistencia a los antimicrobianos pone en peligro la sostenibilidad y la eficacia de la respuesta de salud pública a estas y otras enfermedades, así como los avances en materia de salud y desarrollo y la consecución de la Agenda 2030;

3. *Reconocemos* que la resistencia de microorganismos como bacterias, virus, parásitos y hongos a los antimicrobianos que anteriormente eran eficaces para el tratamiento de infecciones se debe principalmente a lo siguiente: el uso inadecuado de los antimicrobianos en los sectores de la salud pública, los animales, la alimentación, la agricultura y la acuicultura; la falta de acceso a los servicios de salud, concretamente a diagnósticos y servicios de laboratorio; y los residuos antimicrobianos que penetran en el suelo, los cultivos y el agua: en el contexto más amplio de la resistencia a los antimicrobianos, la resistencia a los antibióticos, que no son como otros medicamentos, incluidos los medicamentos para el tratamiento de la tuberculosis, es el riesgo mundial más grave y urgente, y requiere una mayor atención y la coherencia a nivel internacional, nacional y regional;

4. *Reconocemos también* que, debido a la resistencia a los antimicrobianos, muchos logros del siglo XX corren grave peligro, en particular: la reducción de la enfermedad y las muertes por enfermedades infecciosas lograda gracias al desarrollo social y económico; el acceso a los servicios de salud y a medicamentos de calidad seguros, eficaces y asequibles; la higiene, el agua potable y el

¹ Véase Organización Mundial de la Salud, documento WHA64/2015/REC/1, anexo 3.

² Resolución 70/1.

saneamiento; la prevención de las enfermedades en las comunidades y los centros sanitarios, incluida la inmunización; la nutrición y la alimentación sana; las mejoras en la medicina humana y veterinaria; y la introducción de nuevos antimicrobianos y otros medicamentos;

5. *Reconocemos* que los logros mencionados se ven ahora gravemente amenazados por la resistencia a los antimicrobianos, en particular el desarrollo de sistemas sanitarios resilientes y los progresos hacia el objetivo de la cobertura sanitaria universal; las opciones de tratamiento del VIH e infecciones de transmisión sexual, la tuberculosis y la malaria, así como otras infecciones contraídas en las comunidades y los centros sanitarios; los avances en la prevención y el control de infecciones en las comunidades y los centros sanitarios; los avances en la agricultura y la ganadería, que ayudan a garantizar que se mantenga la calidad de los alimentos; y las opciones de prevención y tratamiento de enfermedades infecciosas en la medicina veterinaria;

6. *Reconocemos también* que, debido a la resistencia a los antimicrobianos, habrá menos opciones para la protección de las personas más vulnerables contra infecciones graves que amenazan la vida, especialmente las mujeres que dan a luz, los recién nacidos, los pacientes con determinadas enfermedades crónicas o los que se someten a quimioterapia o cirugía;

7. *Observamos con preocupación* que la realización del derecho al disfrute del más alto nivel posible de salud física y mental, así como el acceso de millones de personas a servicios de salud y a antimicrobianos de calidad, seguros, eficaces y asequibles, alimentos, agua limpia y un medio ambiente saludable, sigue siendo una meta distante, especialmente en los países en desarrollo;

8. *Observamos también con preocupación* que, mientras la falta de acceso a servicios de salud y a antimicrobianos que afecta actualmente a los países en desarrollo contribuye a más muertes que la propia resistencia a los antimicrobianos, sin un enfoque eficaz “Una salud” y sin cooperación multisectorial y otras medidas, se prevé que la resistencia a los antimicrobianos causará la muerte de millones de personas en todo el mundo y tendrá enormes repercusiones en el ámbito de la salud pública mundial y en los planos social y económico;

9. *Reconocemos* que las claves para hacer frente a la resistencia a los antimicrobianos son: la prevención y el control de las infecciones en seres humanos y animales, concretamente la inmunización, la supervisión y la vigilancia de la resistencia a los antimicrobianos; el saneamiento, el agua salubre y limpia y los entornos saludables; la inversión en sistemas de salud sólidos capaces de ofrecer cobertura sanitaria universal; el fomento del acceso a antimicrobianos de calidad, seguros, eficaces y asequibles, tanto nuevos como existentes, basados en pruebas de diagnóstico, cuando estén disponibles; la continua labor de investigación y desarrollo para obtener nuevos antimicrobianos y medicinas alternativas; las pruebas de diagnóstico rápido, las vacunas y otras tecnologías, intervenciones y terapias importantes; la promoción de la sanidad asequible y accesible; y la solución de la falta de inversiones en investigación y desarrollo, concretamente mediante la provisión de incentivos para innovar y mejorar los resultados en materia de salud pública, en particular en el ámbito de los antibióticos;

10. *Reconocemos también* que el principio general para hacer frente a la resistencia a los antimicrobianos es la promoción y la protección de la salud humana en el marco del enfoque “Una salud”, recalcamos que esto exige medidas multisectoriales coherentes, integradas y de amplio alcance, dados los vínculos entre la salud humana, animal y ambiental, y a este respecto:

a) Reconocemos además que los antimicrobianos eficaces y su uso prudente representan un beneficio público mundial y, para hacer frente a la resistencia a los antimicrobianos, es esencial permitir que las personas tengan acceso a sistemas sanitarios eficaces y resilientes, antimicrobianos de calidad, seguros, eficaces y asequibles y otras tecnologías, según sea necesario, así como a alimentos saludables y entornos saludables;

b) Subrayamos que la investigación y el desarrollo innovadores, tanto en su dimensión básica como aplicada, en particular en esferas como la microbiología, la epidemiología, la medicina tradicional y herborística y las ciencias sociales y del comportamiento, según proceda, son necesarios para comprender mejor la resistencia a los antimicrobianos y apoyar la investigación y el desarrollo para obtener antimicrobianos de calidad, seguros, eficaces y asequibles, especialmente nuevos antibióticos y terapias alternativas, vacunas y diagnósticos;

c) Subrayamos también que todos los esfuerzos de investigación y desarrollo deben responder a las necesidades, estar fundamentados en pruebas y guiarse por los principios de asequibilidad, eficacia y eficiencia y equidad, y deben considerarse una responsabilidad compartida: a este respecto, reconocemos la importancia de desvincular el costo de la inversión en investigación y desarrollo sobre la resistencia a los antimicrobianos de los precios y el volumen de las ventas para facilitar el acceso equitativo y asequible a nuevos medicamentos, instrumentos de diagnóstico, vacunas y otros resultados que puedan obtenerse mediante la investigación y el desarrollo, y acogemos con beneplácito los modelos de innovación y de investigación y desarrollo que ofrecen soluciones eficaces a los desafíos que presenta la resistencia a los antimicrobianos, incluidos los que promueven las inversiones en investigación y desarrollo; todas las instancias pertinentes, incluidos los gobiernos, la industria, las organizaciones no gubernamentales y las instancias académicas, deberían estudiar alternativas para apoyar modelos de innovación que aborden la singular problemática de la resistencia a los antimicrobianos, incluida la importancia del uso racional y adecuado de los antimicrobianos, promoviendo al mismo tiempo el acceso a medicamentos asequibles;

d) Subrayamos además que la asequibilidad de antimicrobianos nuevos y existentes, vacunas y diagnósticos y el acceso a estos debe ser una prioridad mundial y deben tener en cuenta las necesidades de todos los países, en consonancia con la estrategia mundial y plan de acción de la Organización Mundial de la Salud sobre salud pública, innovación y propiedad intelectual³, y teniendo en cuenta sus procesos de seguimiento convenidos internacionalmente;

e) Mejorar la vigilancia y el control de la resistencia a los antimicrobianos y la utilización de antimicrobianos para fundamentar las políticas y colaborar con las

³ Véase Organización Mundial de la Salud, documento WHA62/2009/REC/1, resolución 62.16.

instancias pertinentes de la industria, la agricultura y la acuicultura, las autoridades locales y los hospitales a fin de reducir los residuos de antimicrobianos en el suelo, los cultivos y el agua;

f) Mejorar el desarrollo de la capacidad, la transferencia de tecnología en condiciones mutuamente convenidas y la asistencia y la cooperación técnicas para controlar y prevenir la resistencia a los antimicrobianos, así como la cooperación internacional y la financiación para apoyar la elaboración y ejecución de planes de acción nacionales, incluida la vigilancia y el seguimiento, el fortalecimiento de los sistemas de salud y la capacidad normativa y de investigación, sin poner en peligro, en particular en el caso de los países de ingresos bajos y medianos, la salud y sin oponer obstáculos al acceso a la atención médica;

g) Reconocemos que fomentar mayor conciencia y conocimiento de la resistencia a los antimicrobianos y todas sus consecuencias exige el intercambio de buenas prácticas y conclusiones, la colaboración con los medios de comunicación y las instancias nacionales y multisectoriales, y la provisión de financiación suficiente para esas actividades en todos los sectores;

11. *Reconocemos* que las condiciones y prioridades nacionales deben tenerse en cuenta a todos los niveles, y que los sectores pertinentes del gobierno deben participar en la elaboración y aplicación de planes nacionales de acción, políticas, reglamentos e iniciativas regionales, teniendo en cuenta el contexto, la legislación y las responsabilidades jurisdiccionales a nivel nacional;

12. Por consiguiente, nos comprometemos a trabajar en los planos nacional, regional y mundial para:

a) Elaborar, en consonancia con la resolución 68.7¹ de la Asamblea Mundial de la Salud, planes de acción nacionales, programas e iniciativas de políticas de carácter multisectorial, en consonancia con el enfoque “Una salud” y el Plan de Acción Mundial para Luchar contra la Resistencia a los Antimicrobianos, incluidos sus cinco objetivos estratégicos generales, con miras a aplicar medidas nacionales para fortalecer el uso apropiado de antibióticos en los seres humanos y los animales: para apoyar la ejecución de esos planes, es necesaria la colaboración a nivel nacional e internacional a fin de evaluar las necesidades de recursos y proporcionar inversiones técnicas y financieras sostenidas en tareas de investigación compartida, laboratorios y capacidades de regulación, así como la educación y la formación profesional, con miras a salvaguardar la salud humana, la salud y el bienestar de los animales y el medio ambiente;

b) Movilizar financiación suficiente, previsible y sostenida, recursos humanos y financieros e inversiones por conducto de canales nacionales, bilaterales y multilaterales para apoyar la elaboración y ejecución de planes de acción nacionales, la investigación y el desarrollo sobre antimicrobianos nuevos y existentes, diagnósticos, vacunas y otras tecnologías, y fortalecer la infraestructura conexas, en particular mediante la colaboración con bancos multilaterales de desarrollo y mecanismos de financiación e inversión innovadores, tradicionales y voluntarios, sobre la base de las prioridades y las necesidades locales establecidas por los gobiernos, garantizando el rendimiento público de la inversión;

c) Adoptar medidas para asegurar que los planes de acción incluyan el desarrollo y el fortalecimiento, según corresponda, de marcos efectivos de vigilancia, supervisión y regulación sobre la preservación, el uso y la venta de antimicrobianos para los seres humanos y los animales, asegurando su cumplimiento efectivo con arreglo a los contextos nacionales y en consonancia con los compromisos internacionales;

d) Iniciar, aumentar y mantener las actividades de concienciación y de adquisición de conocimientos sobre la resistencia a los antimicrobianos, a fin de activar y alentar cambios de comportamiento en los distintos sectores del público, promover programas de prevención, control de las infecciones y saneamiento basados en pruebas empíricas, el uso óptimo de antimicrobianos en los seres humanos y los animales y la expedición de recetas apropiadas por los profesionales de la salud, la participación activa de los pacientes, los consumidores y el público en general, así como los profesionales, en la salud humana y animal, y la formación especializada, capacitación y certificación de los profesionales de la salud, veterinarios y expertos agrícolas, y considerar, según proceda, la posibilidad de aplicar enfoques innovadores para crear mayor conciencia entre los consumidores, prestando atención a las condiciones y necesidades locales;

e) Apoyar el enfoque multisectorial “Una salud” para hacer frente a la resistencia a los antimicrobianos, concretamente mediante actividades de desarrollo de la capacidad impulsadas por la salud pública, asociaciones innovadoras entre los sectores público y privado e incentivos e iniciativas de financiación, junto con las instancias pertinentes de la sociedad civil, la industria, las pequeñas y medianas empresas, los institutos de investigación y las instituciones académicas, a fin de promover el acceso a nuevos medicamentos y vacunas de calidad, seguros, eficaces y asequibles, especialmente antibióticos, así como a terapias y medicamentos alternativos al tratamiento con antimicrobianos y otras terapias combinadas, vacunas y pruebas de diagnóstico;

13. *Exhortamos* a la Organización Mundial de la Salud, junto con la Organización de las Naciones Unidas para la Alimentación y la Agricultura y la Organización Mundial de Sanidad Animal, a que ponga a punto un marco global de desarrollo y gestión, conforme a lo solicitado por la Asamblea Mundial de la Salud en su resolución 68.7, a fin de respaldar el desarrollo, el control, la distribución y el uso adecuado de nuevos antimicrobianos, instrumentos diagnósticos, vacunas y otras intervenciones, al mismo tiempo que se preservan los antimicrobianos existentes, y fomentar el acceso asequible a antimicrobianos y medios de diagnóstico nuevos y existentes, teniendo en cuenta las necesidades de todos los países y en consonancia con el Plan de Acción Mundial para Luchar contra la Resistencia a los Antimicrobianos;

14. *Exhortamos* a la Organización Mundial de la Salud, en colaboración con la Organización de las Naciones Unidas para la Alimentación y la Agricultura, la Organización Mundial de Sanidad Animal, los bancos de desarrollo regionales y multilaterales, incluido el Banco Mundial, los organismos competentes de las Naciones Unidas y otras organizaciones intergubernamentales, así como a la sociedad civil y las instancias multisectoriales pertinentes, según proceda, a que apoyen la elaboración y ejecución de planes de acción nacionales y actividades

contra la resistencia a los antimicrobianos en los planos nacional, regional y mundial;

15. *Solicitamos* al Secretario General que establezca, en consulta con la Organización Mundial de la Salud, la Organización de las Naciones Unidas para la Alimentación y la Agricultura y la Organización Mundial de Sanidad Animal, un grupo especial de coordinación interinstitucional, copresidido por la Oficina Ejecutiva del Secretario General y la Organización Mundial de la Salud, aprovechando, cuando sea necesario, los conocimientos de las instancias pertinentes, que proporcione orientación práctica a la hora de aplicar los enfoques necesarios para garantizar una acción mundial eficaz y sostenida contra la resistencia a los antimicrobianos, y solicita también al Secretario General que en el septuagésimo tercer período de sesiones de la Asamblea General presente, para su examen por los Estados Miembros, un informe sobre la aplicación de la presente declaración y sobre las novedades y las recomendaciones que dimanen del grupo especial de coordinación interinstitucional, en particular sobre las opciones para mejorar la coordinación, teniendo en cuenta el Plan de Acción Mundial para Luchar contra la Resistencia a los Antimicrobianos.

Проект политической декларации заседания высокого уровня Генеральной Ассамблеи по проблеме устойчивости к противомикробным препаратам

Мы, главы государств и правительств и представители государств и правительств, собравшиеся в Центральном учреждении Организации Объединенных Наций 21 сентября 2016 года в соответствии с резолюцией 70/183 Генеральной Ассамблеи, в которой Ассамблея постановила провести в 2016 году заседание высокого уровня по проблеме устойчивости к противомикробным препаратам;

1. *подтверждаем*, что основой для решения проблемы устойчивости к противомикробным препаратам является принятый Всемирной организацией здравоохранения глобальный план действий по борьбе с устойчивостью к противомикробным препаратам¹ и его пяти основных стратегических целей, разработанных Всемирной организацией здравоохранения в сотрудничестве с Продовольственной и сельскохозяйственной организацией Объединенных Наций и Всемирной организацией по охране здоровья животных и впоследствии принятых ими;

2. *подтверждаем также*, что Повестка дня в области устойчивого развития на период до 2030 года² служит основой для обеспечения здорового образа жизни, и напоминаем об обязательствах по борьбе с малярией, ВИЧ/СПИДом, туберкулезом, гепатитом, заболеванием, вызванным вирусом Эбола, и другими инфекционными заболеваниями и эпидемиями, в том числе путем устранения растущей устойчивости к противомикробным препаратам и «забытых» заболеваний, затрагивающих, в частности, развивающиеся страны, вновь заявляя о том, что резистентность к противомикробным препаратам ставит под угрозу устойчивость мер реагирования общественной системы здравоохранения на эти и другие заболевания, а также достигнутые успехи в областях здравоохранения и развития и реализацию повестки дня на период до 2030 года;

3. *признаем*, что устойчивость бактерий, вирусов, паразитарных и грибковых микроорганизмов к противомикробным лекарственным средствам, которые ранее эффективно использовались для лечения инфекционных заболеваний, обусловлена, главным образом, ненадлежащим использованием противомикробных препаратов для лечения людей и животных, в том числе в продовольственном секторе и секторе сельского хозяйства и аквакультуры; отсутствием доступа к медицинскому обслуживанию, включая диагностику и лабораторный потенциал; и остатками противомикробных препаратов в почве, сельскохозяйственных культурах и воде. В более широком контексте проблема устойчивости к противомикробным препаратам, затрагивающая антибиотики, которые отличаются от других лекарственных средств, включая лекарственные препараты для лечения туберкулеза, является важнейшей и наиболее актуаль-

¹ См. Всемирная организация здравоохранения, документ WHA64/2015/REC/1, приложение 3.

² Резолюция 70/1.

ной глобальной угрозой, которая требует повышенного внимания и согласованности на международном, национальном и региональном уровнях;

4. *признаем также*, что устойчивость к противомикробным препаратам ставит под серьезную угрозу многие достигнутые в XX веке успехи, в частности снижение заболеваемости и смертности в результате инфекционных заболеваний за счет социально-экономического развития; доступ к услугам здравоохранения и к высококачественным, безопасным, эффективным и доступным лекарственным препаратам; доступ к санитарно-гигиеническим услугам и безопасной воде; профилактику заболеваний в общинах и при медико-санитарном обслуживании, включая программы иммунизации; обеспечение здорового питания и качественных продуктов; достижения медицины и ветеринарии и введение новых противомикробных и других препаратов;

5. *признаем*, что в настоящее время устойчивость к противомикробным препаратам создает серьезную угрозу указанным выше успехам, включая развитие устойчивых систем здравоохранения, и прогрессу на пути к достижению цели обеспечения всеобщего охвата услугами систем здравоохранения; лечению ВИЧ и инфекций, передаваемых половым путем, туберкулеза и малярии, а также других инфекций, приобретенных в общинах и при медико-санитарном обслуживании; успехам в области профилактики инфекционных заболеваний и борьбы с ними в общинах и при медико-санитарном обслуживании; прогрессу в сельском хозяйстве и животноводстве, который содействует сохранению качества продовольствия; и профилактике и методам лечения инфекционных заболеваний в ветеринарии;

6. *признаем также*, что в связи с устойчивостью к противомикробным препаратам сократятся возможности для защиты людей, жизни которых в наибольшей степени угрожают серьезные инфекционные заболевания, особенно рожениц, новорожденных, некоторых пациентов с хроническими заболеваниями или тех, кто проходит курс химиотерапии или переносят хирургическое вмешательство;

7. *с обеспокоенностью отмечаем*, что осуществление права на наивысший достижимый уровень физического и психического здоровья, а также предоставление доступа миллионам людей к медицинским услугам и качественным, безопасным, эффективным и доступным противомикробным лекарственным препаратам, продовольствию, питьевой воде и здоровой окружающей среде, по-прежнему остается отдаленной целью, особенно в развивающихся странах;

8. *с обеспокоенностью отмечаем также*, что, хотя в настоящее время от отсутствия доступа к медицинским услугам и противомикробным лекарственным препаратам в развивающихся странах умирает больше людей, чем от устойчивости к противомикробным препаратам, без эффективной «Единой системы здравоохранения» и других механизмов многосекторального сотрудничества и мер, согласно прогнозам, устойчивость к противомикробным препаратам унесет миллионы жизней во всем мире и приведет к масштабным социально-экономическим последствиям и последствиям для глобальной системы здравоохранения;

9. признаем, что ключом к решению проблемы устойчивости к противомикробным препаратам является профилактика инфекционных заболеваний людей и животных и борьба с ними, включая иммунизацию, контроль и наблюдение за устойчивостью к противомикробным препаратам, обеспечение санитарии, снабжение безопасной и чистой водой и поддержание здоровой окружающей среды; вложение средств в укрепление систем здравоохранения, способных обеспечивать всеобщий охват услугами систем здравоохранения; доступ к существующим и новым высококачественным, безопасным, эффективным и доступным противомикробным лекарственным препаратам на основе диагностических методов, если таковые имеются; непрекращающиеся исследования и разработки в целях создания новых противомикробных и альтернативных препаратов, методов быстрой диагностики, вакцин и других важных технологий, методов лечения и терапии; обеспечение ценовой приемлемости и доступности медицинских услуг; и увеличение инвестиций в исследования и разработки, в том числе путем предоставления льгот, в целях внедрения инноваций и улучшения результатов общественного здравоохранения, особенно в сфере применения антибиотиков;

10. признаем также, что основополагающий принцип решения проблемы устойчивости к противомикробным препаратам заключается в укреплении и защите здоровья человека в рамках концепции «Единой системы здравоохранения», подчеркиваем, что это требует согласованных, всеобъемлющих и комплексных многосекторальных действий, поскольку охрана здоровья людей и животных и охрана окружающей среды взаимосвязаны, и в этой связи:

а) признаем далее, что эффективные противомикробные лекарственные препараты и их рациональное применение приносят глобальные общественные выгоды и что для решения проблемы устойчивости к противомикробным препаратам крайне важно предоставить людям доступ к эффективным и устойчивым системам здравоохранения; высококачественным, безопасным, эффективным и доступным противомикробным лекарственным препаратам и другим технологиям в тех случаях, когда они необходимы; и к здоровому питанию и здоровой окружающей среде;

б) подчеркиваем, что для более полного понимания устойчивости к противомикробным препаратам и содействия исследованиям и разработкам в области высококачественных, безопасных, эффективных и доступных противомикробных лекарственных препаратов, особенно новых антибиотиков и альтернативных методов лечения, вакцин и методов диагностики, в зависимости от обстоятельств, необходимы фундаментальные и прикладные инновационные исследования и разработки, в том числе в таких областях, как микробиология, эпидемиология, традиционные и растительные лекарственные средства, социальные и поведенческие науки;

в) подчеркиваем также, что все усилия в области исследований и разработок должны быть ориентированы на удовлетворение конкретных потребностей, осуществляться на основе фактических данных и принципов доступности, действенности, эффективности и справедливости и входить в сферу общей ответственности. В этой связи мы признаем важное значение отказа от привязки объема инвестиций в исследования и разработки по проблеме устойчивости к противомикробным препаратам к ценам и объемам продаж, с тем

чтобы содействовать равноправному доступу к недорогостоящим новым лекарственным препаратам, средствам диагностики, вакцинам и другим результатам исследований и разработок, и приветствуем инновации и модели исследований и разработок, направленные на эффективное решение проблем, связанных с устойчивостью к противомикробным препаратам, в том числе те, которые содействуют дальнейшим инвестициям в исследования и разработки; всем соответствующим заинтересованным сторонам, включая правительства, промышленность, неправительственные организации и научные круги, следует продолжать изыскивать пути поддержки инновационных моделей, учитывающих уникальный комплекс проблем, возникающих в связи с устойчивостью к противомикробным препаратам, включая значение надлежащего и рационального применения противомикробных препаратов, и в то же время расширяющих доступ к недорогим лекарствам;

d) подчеркиваем далее, что ценовая приемлемость и доступность существующих и новых противомикробных препаратов, вакцин и диагностических средств должны быть одним из глобальных приоритетов и должны учитывать потребности всех стран в соответствии с разработанной Всемирной организацией здравоохранения Глобальной стратегией и Планом действий по общественному здравоохранению, инновациям и интеллектуальной собственности³ и с учетом согласованных на международном уровне последующих процессов;

e) совершенствуем системы наблюдения и контроля за устойчивостью к противомикробным препаратам и их применением в целях разработки политики и развития сотрудничества с заинтересованными сторонами, представляющими сектора промышленности, сельского хозяйства и аквакультуры, местные органы власти и медицинские учреждения, в целях сокращения остатков противомикробных препаратов в почве, сельскохозяйственных культурах и воде;

f) наращиваем потенциал, передачу технологий на взаимно согласованных условиях и технической помощи и сотрудничество в целях контроля и предупреждения проблемы устойчивости к противомикробным препаратам; а также международное сотрудничество и финансирование в поддержку разработки и осуществления национальных планов действий, в том числе наблюдения и контроля, укрепления систем здравоохранения, исследовательского и нормативно-правового потенциала, не ставя при этом под угрозу здоровье населения, особенно в странах с низким и средним уровнем дохода, и не создавая препятствия для доступа к медицинскому обслуживанию;

g) признаем, что расширение осведомленности и знаний о проблеме устойчивости к противомикробным препаратам и всех ее последствиях требует обмена информацией об успешных видах практики и полученных результатах, сотрудничества со средствами массовой информации, национальными и многосекторальными субъектами и предоставления достаточного финансирования этой деятельности во всех секторах;

³ См. Всемирная организация здравоохранения, документ WHA62/2009/REC/1, резолюция 62.16.

11. признаем, что на всех уровнях следует принимать во внимание национальные условия и приоритеты стран и что соответствующие государственные ведомства должны принимать участие в разработке и реализации межсекторальных национальных планов действий, политики, норм и региональных инициатив с учетом национальных условий, законодательства и юрисдикции;

12. в этой связи мы обязуемся сотрудничать на национальном, региональном и глобальном уровнях, с тем чтобы:

а) разработать согласно положениям резолюции 68.7 Всемирной ассамблеи здравоохранения¹ многосекторальные национальные планы действий, программы и стратегические инициативы в соответствии с концепцией «Единой системы здравоохранения» и разработанным Всемирной организацией здравоохранения Глобальным планом действий по борьбе с устойчивостью к противомикробным препаратам и его пятью основными стратегическими целями по осуществлению национальных мер, направленных на обеспечение надлежащего применения антибиотиков при лечении людей и животных. Для содействия осуществлению этих планов необходимо сотрудничество на национальном и международном уровнях по оценке потребностей в ресурсах и техническому обоснованию устойчивых финансовых инвестиций в совместные исследования, обеспечению лабораторного и нормативно-правового потенциала, а также профессионального обучения и подготовки в интересах обеспечения охраны здоровья и благополучия людей и животных и охраны окружающей среды;

б) мобилизовать адекватное, предсказуемое и устойчивое финансирование и людские и финансовые ресурсы и инвестиции по национальным, двусторонним и многосторонним каналам для поддержки разработки и осуществления национальных планов действий, исследований и разработок в сфере существующих и новых противомикробных препаратов, диагностических средств, вакцин и других технологий и укрепления соответствующей инфраструктуры, в том числе путем взаимодействия с многосторонними банками развития и традиционными и добровольными новаторскими механизмами финансирования и инвестиций, на основе местных потребностей и приоритетов, установленных правительствами, и обеспечения отдачи от вложения государственных средств;

в) предпринять усилия по включению в национальные планы действий мер по разработке и укреплению, в зависимости от конкретных условий, эффективных механизмов наблюдения, контроля и регулирования в вопросах хранения, применения и продажи противомикробных препаратов для людей и животных, которые действуют с учетом национальных условий и в соответствии с международными обязательствами;

г) инициировать, повысить и поддерживать уровень проведения просветительских мероприятий по проблеме устойчивости к противомикробным препаратам в целях поощрения и укрепления поведенческих изменений в различных аудиториях, содействия основанным на фактических данных программам профилактики, борьбы с инфекционными заболеваниями и обеспечения санитарии, оптимального применения противомикробных препаратов при лечении людей и животных и надлежащей практики предписания медицинскими

работниками, активного участия пациентов, потребителей и общественности, а также специалистов в области охраны здоровья человека и животных и профессионального образования, подготовки и сертификации санитарных, ветеринарных и сельскохозяйственных работников и, при необходимости, рассмотрения вопроса о новаторских подходах к повышению осведомленности потребителей с учетом местных условий и потребностей;

е) поддерживать многосекторальный подход в рамках концепции «Единой системы здравоохранения» при решении проблемы устойчивости к противомикробным препаратам, в том числе на основе деятельности по наращиванию потенциала в рамках системы общественного здравоохранения и инновационного партнерства государственного и частного секторов и стимулов и инициатив в области финансирования совместно с соответствующими заинтересованными представителями гражданского общества, промышленности, малых и средних предприятий, научно-исследовательских институтов и научных кругов в целях предоставления доступа к высококачественным, безопасным, эффективным и доступным новым лекарствам и вакцинам, особенно антибиотикам, а также альтернативным методам лечения и лекарственным средствам, отличным от лечения с помощью противомикробных препаратов, включая другие комбинированные методы лечения, вакцины и диагностические средства;

13. *призываем* Всемирную организацию здравоохранения совместно с Продовольственной и сельскохозяйственной организацией Объединенных Наций и Всемирной организацией по охране здоровья животных завершить разработку глобальной директивной рамочной программы в соответствии с просьбой, содержащейся в резолюции 68.7 Всемирной ассамблеи здравоохранения, в целях поддержки разработки, контроля, распределения и надлежащего применения новых противомикробных препаратов, диагностических средств, вакцин и других медицинских средств при сохранении существующих противомикробных лекарственных средств и поощрении ценовой приемлемости доступа к существующим и новым противомикробным препаратам и диагностическим средствам с учетом потребностей всех стран и в соответствии с глобальным планом действий по борьбе с устойчивостью к противомикробным препаратам;

14. *призываем* Всемирную организацию здравоохранения в сотрудничестве с Продовольственной и сельскохозяйственной организацией Объединенных Наций, Всемирной организацией по охране здоровья животных, региональными и многосторонними банками развития, включая Всемирный банк, соответствующими учреждениями Организации Объединенных Наций и другими межправительственными организациями, а также гражданским обществом и соответствующими многосекторальными заинтересованными сторонами, если это необходимо, поддерживать разработку и осуществление национальных планов действий и мероприятий по борьбе с устойчивостью к противомикробным препаратам на национальном, региональном и глобальном уровнях;

15. *просим* Генерального секретаря учредить, в консультации с Всемирной организацией здравоохранения, Продовольственной и сельскохозяйственной организацией Объединенных Наций и Всемирной организацией по охране здоровья животных, специальную межучрежденческую координационную

группу под сопредседательством Административной канцелярии Генерального секретаря и Всемирной организации здравоохранения, используя, когда это необходимо, опыт соответствующих заинтересованных сторон, с тем чтобы обеспечить практическое руководство подходами, необходимыми для принятия эффективных устойчивых мер на глобальном уровне по решению проблемы устойчивости к противомикробным препаратам; и просим также Генерального секретаря представить на рассмотрение государств-членов на семьдесят третьей сессии Генеральной Ассамблеи доклад об осуществлении настоящей декларации и о последующих событиях и рекомендациях, вытекающих из работы специальной межучрежденческой группы, в том числе о вариантах совершенствования координации с учетом глобального плана действий по проблеме устойчивости к противомикробным препаратам.



Seventieth session

Agenda item 125

Global health and foreign policy**Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly****Report of the Secretary-General****I. Introduction**

1. The General Assembly, in paragraph 19 of its resolution 70/183, decided to hold a high-level meeting in 2016 on antimicrobial resistance and requested the Secretary-General, in collaboration with the Director General of the World Health Organization, and in consultation with Member States, as appropriate, to determine options and modalities for the conduct of such a meeting, including potential deliverables. The present report is submitted pursuant to that request.

2. On 26 May 2015, the World Health Assembly, in its resolution 68.7, adopted a global action plan on antimicrobial resistance, which provides a technical blueprint for addressing antimicrobial resistance. The high-level meeting convened by the President of the General Assembly will increase political awareness, engagement and leadership and strengthen multisectoral action on antimicrobial resistance.

3. The Secretary-General invites the President of the General Assembly to initiate an open and transparent consultative process with Member States to finalize the modalities and outcomes proposed in the present report.

II. Proposed modalities, format and organization of the high-level meeting**A. Date and venue**

4. It is proposed that the high-level meeting on antimicrobial resistance convened by the President of the General Assembly be held on Wednesday, 21 September 2016, at United Nations Headquarters in New York. The venue of the meeting will



be announced in due course. All scheduled meetings will be announced in the *Journal of the United Nations*.

B. Overall theme

5. The proposed overall theme of the high-level meeting is “Antimicrobial resistance”.

C. Schedule of meetings and organization of work

6. The high-level meeting on antimicrobial resistance may consist of: (a) an opening segment; (b) multi-stakeholder panels or an interactive exchange; and (c) a closing segment.

D. Opening and closing segments

7. The high-level meeting may begin with opening remarks by the President of the General Assembly, the Secretary-General of the United Nations, the Director General of the World Health Organization, the Director General of the Food and Agriculture Organization of the United Nations and the Director General of the World Organization for Animal Health, subject to availability and confirmation.

8. A brief closing segment may be held at the end of the day, comprising the endorsement of a possible outcome document (see para. 18 below) and closing remarks by the President of the General Assembly.

E. Multi-stakeholder panels

9. The following themes are proposed in the event that Member States decide to conduct more than one multi-stakeholder panel:

- (a) Health and health system implications;
- (b) Implications on agriculture and the economy;
- (c) Multisectoral actions and research and development.

10. Two Co-Chairs may be appointed by the President of the General Assembly for each panel. Co-Chairs may be identified from among representatives attending the high-level meeting at the level of Head of State or Government, in consultation with the regional groups. One Co-Chair will represent a developing country and the other a developed country. The President of the General Assembly may also invite the heads or senior officials of relevant institutional stakeholders to serve as a speaker on the panel.

11. Each panel should be open to participation by representatives of all Member States, observer States and observers; relevant entities of the United Nations system and accredited civil society organizations; and representatives of business sector entities. Each representative may be accompanied by one adviser. The list of stakeholders will be communicated by the President of the General Assembly in accordance with the established practice of the Assembly.

12. Each panel may consist of three to four panellists. Each oral statement will be limited to three minutes, although this should not preclude the distribution of more extensive texts.

13. The Secretary-General invites the President of the General Assembly to seek to achieve gender parity at all levels of the panels, to the extent feasible.

F. Participation

14. By its resolution 70/183, the General Assembly decided to hold the meeting at a high level. In this regard, the Secretary-General strongly encourages all Member States to participate in the meeting at the highest level possible.

15. The Secretary-General wishes to emphasize that civil society can make a valuable contribution to the process, both in terms of substantive contributions and by raising awareness of the issues. Civil society participation will be informed by prevailing and applicable arrangements.

G. Participation in the interactive exchange or multi-stakeholder panels

16. Should the General Assembly decide to convene multi-stakeholder panels, as in previous high-level meetings, it is recommended that the Co-Chairs of the panels also be at the level of Head of State or Government, as indicated in paragraph 10 above. The participation of Member States in each of the panels would be subject to the principle of equitable geographical distribution and the achievement of gender balance.

17. In addition, the General Assembly may wish to make specific provisions to allow for the participation in the interactive exchange or panels by heads of entities of the United Nations system, as well as representatives of non-governmental organizations in consultative status with the Economic and Social Council and the private sector.

III. Outcome of the high-level meeting

18. The high-level meeting may wish to endorse a document as its outcome at the closing segment. The document would record a renewal of existing commitments, help to galvanize coordinated action among all stakeholders and elicit the funding necessary to ensure the achievement of related development goals. To this end, the document could be based on four broad areas: (a) recognition and endorsement of the global action plan as the primary blueprint for national planning; (b) a call for Governments to enable and facilitate a multisectoral approach to antimicrobial resistance; (c) a call for Governments, major development banks and technical agencies and partners to provide the resources required by countries to develop and implement effective national and subnational plans; and (d) the establishment of a multisectoral monitoring mechanism to review and assess progress in implementing the global action plan and the level and trends of antimicrobial resistance.



General Assembly

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Seventieth session

Agenda item 125

Global health and foreign policy

Draft resolution submitted by the President of the General Assembly

Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly

The General Assembly,

Recalling its resolution 70/183 of 17 December 2015, entitled “Global health and foreign policy: strengthening the management of international health crises”, in which it decided to hold a high-level meeting in 2016 on antimicrobial resistance and requested the Secretary-General, in collaboration with the Director General of the World Health Organization, and in consultation with Member States, as appropriate, to determine options and modalities for the conduct of such a meeting, including potential deliverables,

Mindful of the need to summon and maintain strong national, regional and international political commitment to addressing antimicrobial resistance comprehensively and multisectorally, and to increase and improve awareness of antimicrobial resistance,

Taking note of the report of the Secretary-General,¹

Emphasizing the important role and the responsibilities of Governments, as well as the role of relevant intergovernmental organizations, particularly the World Health Organization within its mandate and in coordination with the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, as appropriate, in responding to the challenges of antimicrobial resistance, and the essential need for multisectoral and cross-sectoral efforts and the engagement of all relevant sectors of society, such as human and veterinary medicine, agriculture, finance, environment and consumers, to generate an effective response, including towards a “One Health” approach,

Recalling World Health Assembly resolution 68.7 of 26 May 2015, entitled “Global action plan on antimicrobial resistance”, which reflects a global consensus

¹ A/70/790.



that antimicrobial resistance poses a significant public health challenge, and emphasizing the paramount significance of achieving the five strategic objectives of the global action plan,

1. *Decides* that the high-level meeting convened by the President of the General Assembly on antimicrobial resistance shall be held in New York on 21 September 2016, from 10 a.m. to 1 p.m. and from 3 to 6 p.m.;

2. *Encourages* all Member and observer States to participate in the high-level meeting at the highest possible level, preferably at the level of Heads of State and Government;

3. *Decides* that the organizational arrangements of the high-level meeting shall be as follows:

(a) The opening segment will include statements by the President of the General Assembly, the Secretary-General, the Director General of the World Health Organization, the Director General of the Food and Agriculture Organization of the United Nations and the Director General of the World Organization for Animal Health, each speaking from his or her perspective and in accordance with the mission and mandate that each institution represents;

(b) Two interactive hour-long thematic panels will each be composed of up to six discussants, with three Heads of State and Government and three relevant stakeholders each, bearing in mind equitable gender, level of development and geographical representation, on the following themes:

Panel 1: Relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health-related Goals

Panel 2: Addressing the multisectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner

(c) Panels 1 and 2 will be held during the morning session, in parallel with the plenary segment;

(d) The plenary segment for general discussions during the morning and the afternoon will comprise three-minute interventions by Member and observer States and observers. A list of speakers will be established in accordance with the rules of procedure and practices of the General Assembly;

(e) The closing segment by the President of the General Assembly will comprise summaries of the thematic panel discussions and concluding remarks;

4. *Requests* the President of the General Assembly, with the support of the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, to finalize the organizational arrangements for the thematic panels, taking into account the views of Member States and equitable gender, level of development and geographical representation, for the participation of Heads of State and Government, as well as of relevant civil society, private sector, academia and other stakeholders with expertise in antimicrobial resistance;

5. *Requests* the facilitator of the consultations to lead an informal interactive dialogue with relevant civil society and private sector stakeholders with

expertise in antimicrobial resistance, as part of the preparatory process for the high-level meeting;

6. *Invites* all relevant United Nations system entities, including programmes, funds, specialized agencies and regional commissions, as well as regional and subregional organizations, to participate in the high-level meeting, contributing as appropriate, and to consider initiatives in support of its preparatory process;

7. *Invites* intergovernmental organizations and related entities that have observer status with the General Assembly to be represented at the highest possible level;

8. *Invites* non-governmental organizations that are in consultative status with the Economic and Social Council with relevant expertise to register with the Secretariat to attend the meeting;

9. *Encourages* Member States to consider, as appropriate, including in their national delegations parliamentarians and civil society, private sector, academia and other stakeholders working on antimicrobial resistance;

10. *Requests* the President of the General Assembly to draw up a list of other relevant representatives of relevant non-governmental organizations, civil society organizations, academic institutions and the private sector with expertise in antimicrobial resistance who may attend the high-level meeting and participate in the interactive panel discussions, taking into account the principles of transparency and of equitable geographic representation, and with due regard to the meaningful participation of women, and to submit the list to Member States for their consideration on a non-objection basis;²

11. *Decides* that the high-level meeting shall approve a concise and action-oriented declaration, agreed by consensus through intergovernmental consultations, to be submitted by the President of the General Assembly for adoption by the Assembly.

² The list of proposed as well as final names will be brought to the attention of the General Assembly. Where a name is objected to, the objecting Member State will, on a voluntary basis, make known to the Office of the President of the General Assembly the general basis for its objections, and the Office of the President of the General Assembly will share any information received with any Member State upon its request.



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

29 July 2016

Excellency,

On 17 December 2015, the General Assembly adopted resolution 70/183 entitled "Global health and foreign policy: strengthening the management of international health crises", by which it decided to hold a high-level meeting in 2016 on antimicrobial resistance. On 18 July 2016, the General Assembly adopted resolution 70/297 entitled "Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly" by which it decided that the high-level meeting convened by the President of the General Assembly on antimicrobial resistance shall be held in New York on 21 September, from 10:00 a.m. to 1:00 p.m. and from 3:00 p.m. to 6:00 p.m.

In accordance with paragraph 3 of resolution 70/297, the high-level meeting on antimicrobial resistance will comprise an opening and closing segment, a plenary segment for general discussions and two interactive hour-long thematic panels on the following themes:

Panel 1: Relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health-related Goals

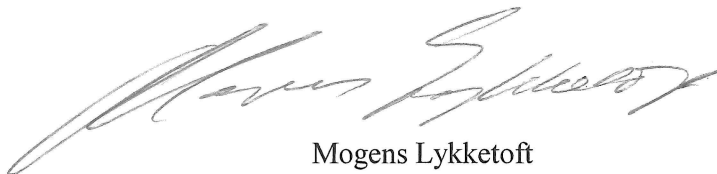
Panel 2: Addressing the multi-sectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner

I am therefore seeking the nomination by your group of 1 panellist at the Head of States and Governments level along with the choice of preferred panel. Furthermore, please indicate if Head of States and Governments from your group, other than the nomination, are interested in participating in the panel. I kindly ask that the nomination is provided to me no later than 26 August 2016.

The composition of the panels will be finalized with due consideration given to equitable gender, level of development and geographic representation, and communicated in a subsequent note. If you have any questions regarding the panel please contact Ahood Alzaabi alzaabi@un.org or Emilie Juel Christensen christensenE@un.org

I would like to thank you for your cooperation on these important preparations for the high-level meeting. Your support in providing timely nomination for the panellist will be highly appreciated.

Please accept, Excellency, the assurance of my highest consideration.



Mogens Lykketoft

To the Chairs of the regional groups for the
Month of July 2016
New York

cc

All Permanent Representatives
and Permanent Observers to the United Nations
New York



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

5 August 2016

Excellency,

On 25 July, 2016, the General Assembly adopted resolution 70/297 entitled “Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly”, in which it decided that a High-level Meeting on Antimicrobial Resistance shall be convened by the President of the General Assembly on 21 September, 2016.

As my office continues its preparation for the High-level Meeting, I have the honour, on behalf of H.E. Mr. Peter Thomson, President of the 71st Session of the United Nations General Assembly, to invite you and your delegation to participate at the highest possible level. Furthermore, I encourage you to consider, as appropriate, to include in your national delegations parliamentarians and civil society, private sector, academia and other stakeholders working on antimicrobial resistance.

It will be announced in the UN Journal when the speaker’s list for the plenary segment will be open for inscriptions. Additional information including a provisional programme will be made available on my website: <http://www.un.org/pga/70/events/high-level-meeting-on-antimicrobial-resistance/>

In accordance with paragraph 10 of the resolution, representatives of relevant non-governmental organisations, civil society organisations, academic institutions and the private sector with expertise in antimicrobial resistance can register to attend the High-level Meeting through the online registration process available on my website.

If you have any questions regarding the High-level Meeting please contact Ahood Alzaabi alzaabi@un.org or Emilie Juel Christensen christensenE@un.org.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in dark ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

All Permanent Representatives
And Permanent Observers to the United Nations
New York



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

23 August 2016

Excellency,

I have the honour to refer to my previous communications, dated 29 July and 5 August 2016, concerning the High-Level Meeting on Antimicrobial Resistance that will be convened by H.E. Mr. Peter Thomson, President of the 71st Session of the United Nations General Assembly on 21 September.

I am pleased to transmit the attached concept note.

Delegations wishing to speak during the plenary segment are kindly requested to inscribe with the list of speakers, General Assembly Affairs Branch (Mr. Jose Tanoy – tanoy@un.org; tel. 1 (212) 963-7855). Speakers will be kindly invited to limit their interventions to *three minutes*.

All other relevant documents concerning the High-Level Meeting on Antimicrobial Resistance will be available on my website (<http://www.un.org/pga/70/events/high-level-meeting-on-antimicrobial-resistance/>).

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in dark ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

To all Permanent Representatives
And Permanent Observers to the United Nations
New York

Concept Note on UNGA High-level Meeting on Antimicrobial Resistance

21 September 2016

Background

Antimicrobial medicines save millions of lives, but antimicrobial resistance (AMR) is making them increasingly ineffective. Around the world, bacteria, viruses, fungi, and parasites are becoming resistant to the medicines used to treat them, pushing us into an era where common infections can once again kill.

Serious diseases such as gonorrhoea, TB and life-threatening infections acquired in communities or health-care facilities are becoming untreatable, resulting in increased numbers of deaths. AMR is eroding the ability of health systems to protect those who are at risk of infection, such as patients with certain non-communicable diseases, those undergoing surgery or childbirth, and those who are immunocompromised due to transplantation or chemotherapy. The situation is made worse because the pipeline for the development of new classes of antibiotics is dry and new classes of effective medicines are not immediately available.

Multisectoral impact beyond health

The UN Sustainable Development Goals (SDGs) recognize the importance of AMR (paragraph 26 of the Declaration). The attainment of many of them will depend on the availability of and access to affordable and effective antimicrobial medicines and other technologies such as diagnostic tests. AMR seriously threatens the health and lives of vulnerable populations, such as newborns, children, and women, as well as sustainable food and agriculture production, in particular the pharmaceutical, food and agricultural industries, as well as a healthy environment. AMR is reducing our ability to protect the health of animals and therefore is threatening safe and sustainable food and agriculture.

UN General Assembly High-Level Meeting on AMR

In December 2015 the UN General Assembly adopted the Global Health and Foreign Policy resolution (A/Res/70/183), which included a decision to hold a high-level meeting on AMR at the UN General Assembly in 2016. On 18 March 2016, the UN Secretary-General produced a report (A/70/790) on the scope, modalities, format and organization of the high-level meeting, inviting the President of the UN General Assembly to initiate a process with Member States to finalize the proposed modalities and outcomes. Under the leadership of the Permanent Representative of Mexico to the United Nations, Member States have been engaged in open, transparent and inclusive consultations to develop the organizational arrangements, including a possible outcome, for the high-level meeting. The General Assembly on 25 July 2016 adopted resolution A/Res/70/297, which finalized the scope, modalities, format and organization of the high level meeting.

On 21 September 2016, the President of the UN General Assembly will convene a one-day high-level meeting at the UN Headquarters in New York on Antimicrobial Resistance, with the participation of Member States, non-governmental organizations, representatives of civil society, the private sector and academic institutions.

The primary objective of the meeting will be to summon and maintain strong national, regional and international political commitment in addressing AMR. The meeting will emphasize the important role and the responsibilities of governments, as well as the roles of non-State actors, the private sector and relevant inter-governmental organizations, particularly the World Health Organization (WHO), the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE) in establishing, implementing and sustaining a cooperative global, multi-sectoral and cross-sectoral approach.

It further recalls the World Health Assembly Resolution WHA 68.7 entitled "Global Action Plan on antimicrobial resistance," which reflects a global consensus that AMR poses a significant public health challenge, and emphasizes the paramount significance of achieving the five strategic objectives of the Global Action Plan.

The High-Level Meeting will comprise a plenary and two panels on the following themes:

Panel 1 "Relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health-related goals"

Panel 2 "Addressing the multi-sectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner"

The opening segment will include statements by the President of the General Assembly and the Secretary-General; the Director-General of WHO, the Director-General of FAO and the Director-General of OIE, each speaking from their perspective and in accordance with the mission and mandate that each institution represents.

The two interactive hour-long panels will each be composed of up to six discussants, with three Heads of State and Government and three relevant stakeholders each, bearing in mind an equitable balance of gender, level of development and geographical representation. The President of the General Assembly has sent a letter to Permanent Representatives in New York asking regional groupings to nominate Heads of State or Government as panelists. Both panels will take place during the morning session, in parallel with the plenary segment.

The audience in both rooms will be Member States and other stakeholder applicants who have been accepted for attendance. A small number of places will be designated for media representatives. The event is expected to be webcast on UN TV.

It is expected that after the High-Level Meeting, AMR will remain high on the development agenda. National multisectoral efforts will be amplified and used to catalyze global and whole-of-society responses to combat AMR.



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

26 August 2016

Excellency,

In accordance with General Assembly resolution 70/297 of 25 July 2016 entitled "Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly", I have the honour to enclose herewith a list of non-governmental organizations (NGOs) and civil society organizations that are not in consultative status with the Economic and Social Council as well as academic institutions and the private sector which have applied to participate in the high-level meeting on antimicrobial resistance to be held in New York on 21 September 2016.

I intend, in the absence of objection by 2 September 2016, to approve the list for accreditation to participate in the meeting.

Please accept, Excellency, the assurance of my highest consideration.

A handwritten signature in dark ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

To all Permanent Representatives
and Permanent Observers to the United Nations
New York

Organization Name	Country of Residence
Access to Medicine Foundation	Netherlands
AdvaMedDx	United States of America
Aequor, Inc.	United States of America
AIDS-Free World	Australia
Alliance for the Prudent Use of Antibiotics	United States of America
Alliance to Save our Antibiotics	United Kingdom of Great Britain and Northern Ireland
American Society for Microbiology	United States of America
Ampion	Germany
Animal Health Institute	United States of America
AstraZeneca	United States of America
Becton, Dickinson and Company (BD)	United States of America
Carlson Imperatives	United States of America
Center for Disease Dynamics, Economics and Policy	India, United States of America
Center for Global Development	United States of America
Center for Strategic and International Studies	United States of America
Centre for Coastal Environmental Conservation (CCEC)	Bangladesh
Centre for Culture and Communication of the Deaf Berlin/Brandenburg e.V.	Germany
Cipla Ltd	India, United Kingdom of Great Britain and Northern Ireland
Commonwealth Medical Trust (Commat)	United Kingdom of Great Britain and Northern Ireland
Council on Foreign Relations	United States of America
Drugs for Neglected Diseases initiative (DNDi)	Switzerland, United States of America
DSM Sinochem Pharmaceuticals	Belgium
EcoHealth Alliance	United States of America
Elanco Animal Health, a division of Eli Lilly and Company	United States of America
Global Health Dynamics Limited	United Kingdom of Great Britain and Northern Ireland
GlaxoSmithKline (GSK)	United Kingdom of Great Britain and Northern Ireland
Healthier Hearts Foundation	India
Henry Ford Health System Wayne State University	United States of America
Infectious Diseases Society of America (IDSA)	United States of America
Institut Pasteur and International Network of Institut Pasteur	France

Johnson & Johnson	United States of America
Kathak Academy	Bangladesh
Longitude Prize, Nesta	United Kingdom of Great Britain and Northern Ireland
Medicines for Europe	Ireland
Medicines Patent Pool	Belgium
Merck and Co	Switzerland
National Association of County and City Health Officials (NACCHO)	United States of America
New York University Langone Medical Center	United States of America
Norwegian Institute of Public Health	United States of America
Ohio State University	Norway
Pan-African Treatment Access Movement	United States of America
Paryavaran Mitra	Zimbabwe
Public Awareness for Healthful Approach for Living (PAHAL)	India
Health	India
RESULTS	United States of America
Review on Antimicrobial Resistance	United States of America
Rural Area Development Programme (RADP)	United Kingdom of Great Britain and Northern Ireland
Shionogi Inc.	Ireland
Small World Initiative	Nepal
Society for Healthcare Epidemiology of America (SHEA)	United States of America
TB Alliance	United States of America
University of Copenhagen, Department of Sociology	United States of America
University of KwaZulu-Natal	Denmark
University of Minnesota	South Africa
University of Oxford	United States of America
Waxman Strategies	Ireland
Welfare Togo	United States of America
World Alliance Against Antibiotic Resistance	Togo
Zimbabwe UNited Nations Association	France
Zoetis	Zimbabwe
	United States of America



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

6 September 2016

Excellency,

In accordance with paragraph 10 of General Assembly resolution 70/297 entitled "Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly" and further to my letter dated 26 August 2016, I have the honour to enclose herewith, the final list of non-governmental organizations (NGOs), civil society organizations, academic institutions and the private sectors which has been approved for participation in the high-level meeting on antimicrobial resistance.

I take this opportunity to thank all delegations for their interest and support to the high-level meeting and look forward to your continued active engagement in its preparations.

Please accept, Excellency, the assurance of my highest consideration.

A handwritten signature in black ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

To all Permanent Representatives
and Permanent Observers to the United Nations
New York

Organization Name	Country of Residence
Access to Medicine Foundation	Netherlands
AdvaMedDx	United States of America
Aequor, Inc.	United States of America
AIDS-Free World	Australia
Alliance for the Prudent Use of Antibiotics	United States of America
Alliance to Save our Antibiotics	United Kingdom of Great Britain and Northern Ireland
American Society for Microbiology	Ireland
Ampion	United States of America
Animal Health Institute	Germany
AstraZeneca	United States of America
Becton, Dickinson and Company (BD)	United States of America
Carlson Imperatives	United States of America
Center for Disease Dynamics, Economics and Policy	India, United States of America
Center for Global Development	United States of America
Center for Strategic and International Studies	United States of America
Centre for Coastal Environmental Conservation (CCEC)	Bangladesh
Centre for Culture and Communication of the Deaf Berlin/Brandenburg e.V.	Germany
Cipla Ltd	India, United Kingdom of Great Britain and Northern Ireland
Commonwealth Medical Trust (Commat)	Ireland
Council on Foreign Relations	United Kingdom of Great Britain and Northern Ireland
Drugs for Neglected Diseases initiative (DNDi)	United States of America
DSM Sinochem Pharmaceuticals	Switzerland, United States of America
EcoHealth Alliance	Belgium
Elianco Animal Health, a division of Eli Lilly and Company	United States of America
Global Health Dynamics Limited	United States of America
GlaxoSmithKline (GSK)	United States of America
Healthier Hearts Foundation	United Kingdom of Great Britain and Northern Ireland
Henry Ford Health System Wayne State University	Ireland
Infectious Diseases Society of America (IDSA)	United Kingdom of Great Britain and Northern Ireland
Institut Pasteur and International Network of Institut Pasteur	United Kingdom of Great Britain and Northern Ireland
Healthier Hearts Foundation	Ireland
Henry Ford Health System Wayne State University	India
Infectious Diseases Society of America (IDSA)	United States of America
Institut Pasteur and International Network of Institut Pasteur	United States of America
Institut Pasteur and International Network of Institut Pasteur	France

Johnson & Johnson	United States of America
Kathak Academy	Bangladesh
Longitude Prize, Nesta	United Kingdom of Great Britain and Northern Ireland
Medicines for Europe	Ireland
Medicines Patent Pool	Belgium
Merck and Co	Switzerland
National Association of County and City Health Officials (NACCHO)	United States of America
New York University Langone Medical Center	United States of America
Norwegian Institute of Public Health	United States of America
Ohio State University	Norway
Pan-African Treatment Access Movement	United States of America
Paryavaran Mitra	Zimbabwe
Public Awareness for Healthful Approach for Living (PAHAL)	India
ReAct-Action on Antibiotic Resistance/Johns Hopkins Bloomberg School of Public Health	India
RESULTS	United States of America
Review on Antimicrobial Resistance	United States of America
Rural Area Development Programme (RADP)	United States of America
Shionogi Inc.	United Kingdom of Great Britain and Northern Ireland
Small World Initiative	Ireland
Society for Healthcare Epidemiology of America (SHEA)	Nepal
TB Alliance	United States of America
University of Copenhagen, Department of Sociology	United States of America
University of KwaZulu-Natal	Denmark
University of Minnesota	South Africa
University of Oxford	United States of America
Waxman Strategies	United Kingdom of Great Britain and Northern Ireland
Welfare Togo	Ireland
World Alliance Against Antibiotic Resistance	United States of America
Zimbabwe United Nations Association	Togo
Zoetis	France
	Zimbabwe
	United States of America



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

8 September 2016

Excellency,

I have the pleasure to transmit herewith a letter, dated 8 September 2016, from H.E. Mr. Juan José Gómez Camacho, Ambassador and Permanent Representative of Mexico, in his capacity as facilitator of the outcome document for the High-level Meeting on Antimicrobial Resistance on 21 September, 2016.

In this regard, I am honored to share with Member States the final draft political declaration, which is now under silence procedure until 10:00 a.m., 13 September 2016, New York time. I would also take this opportunity to extend my appreciation, and that of my Office, to the facilitator for ably facilitating the consultations on the draft political declaration and to all parties for their constructive engagement.

Please accept, Excellency, the assurances of my highest considerations.

A handwritten signature in black ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

All Permanent Representatives and
Permanent Observers to the United Nations
New York



MISIÓN PERMANENTE DE MÉXICO

ONU-04416

New York, 7 September, 2016

Excellency,

I have the honor to refer to your note dated 7th of April, 2016, appointing me as facilitator to lead consultations with Member States to finalize the organizational arrangements, including the outcome for the High-Level Meeting on Antimicrobial Resistance of the plenary of the General Assembly, to be held on 21 September, 2016.

In this regard, please find attached the **Final Draft of the Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance**. I am glad to inform you that this declaration has been prepared following open, transparent and inclusive consultations and in accordance with the mandate that you had given me.

I kindly request your Office to circulate the attached final draft under silence procedure until 10:00 am, Tuesday, 13th of September, 2016.

I take this opportunity to express my sincere appreciation to all delegates for their support and constructive engagement in the process.

Please accept, Excellency, the assurances of my highest consideration and esteem.

Juan José Gómez Camacho
Ambassador
Permanent Representative
of Mexico to the United Nations

H.E. Mr. Mogens Lykketoft,
President of the 70th Session of the UN General Assembly
New York

Resolution adopted by the General Assembly

XX/XXX. Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance

The General Assembly

Adopts the Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance annexed to the present resolution.

X plenary meeting

XX September 2016

Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 21 September 2016, in accordance with resolution 70/183, which decided to hold a high-level meeting in 2016 on antimicrobial resistance;

1. Reaffirm that the blueprint for tackling AMR is the WHO “Global Action Plan on Antimicrobial Resistance” and its five overarching strategic objectives, developed by WHO in collaboration with and subsequently adopted by FAO and OIE;

2. Reaffirm that the 2030 Agenda for Sustainable Development offers a framework to ensure healthy lives, and recall commitments to fight malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and neglected diseases particularly affecting developing countries, while reiterating that AMR challenges the sustainability and effectiveness of the public health response to these and other diseases as well as gains in health and development and attainment of the 2030 Agenda;

3. Acknowledge that resistance of bacterial, viral, parasitic, and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections, is mainly due to inappropriate use of antimicrobial medicines in human, animal, food, agriculture and aquaculture sectors; lack of access to health services, including to diagnostics and laboratory capacity; as well as residues of antimicrobials into soil, crops and water. Within the broader context of AMR, resistance to antibiotics which are not like other medicines, including medicines for the treatment of tuberculosis, is the greatest and most urgent global risk that requires increased attention and coherence at the international, regional, and national levels;

4. Acknowledge that due to AMR many 20th century achievements are being gravely challenged, particularly the reduction in illness and death from infectious diseases achieved through social and economic development; access to health services and to quality, safe, efficacious and affordable medicines; hygiene, safe water and sanitation; prevention of diseases in communities and healthcare settings including immunization; nutrition and healthy food; improvements in human and veterinary medicine, and introduction of antimicrobial and other medicines;

5. Recognize that these achievements are now gravely challenged by AMR, including the development of resilient health systems and progress towards the goal of Universal Health Coverage; treatment options for HIV and STI, tuberculosis and malaria, besides other infections acquired in community and health care settings; gains in infection prevention and control in communities and health care settings; advances in agriculture and animal husbandry, helping to ensure that the quality of food is preserved; and prevention and treatment options for infectious diseases in veterinary medicine;

6. Recognize further that due to AMR there will be less options for the protection of people most vulnerable to life-threatening serious infections, especially women giving birth, newborns, patients with certain chronic diseases, or those undergoing chemotherapy or surgery;

7. Note with concern that the fulfillment of the right to the enjoyment of the highest attainable standard of physical and mental health, and access for millions of people to health services and to quality, safe, efficacious and affordable antimicrobial medicines, food, clean water, and a healthy environment, remains a distant goal, especially in developing countries;

8. Further note with concern that while currently, lack of access to health services and access to antimicrobial medicines in developing countries contributes to more deaths than AMR, without effective One Health and other multisectoral cooperation and actions, AMR is projected to cause millions of deaths worldwide with massive social, economic and global public health repercussions;

9. Recognize that the keys to tackling AMR are the prevention and control of infections in humans and animals, including immunization, monitoring and surveillance of AMR, sanitation, safe and clean water, and healthy environments; investing in strong health systems capable of providing universal health coverage; promoting access to existing and new quality safe, efficacious and affordable antimicrobial medicines based on, where available, diagnostic tests; sustained research and development for new antimicrobials and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies; promoting affordability and accessibility; and resolving the lack of investment in R&D, including through the provision of incentives to innovate and improve public health outcomes, particularly in the field of antibiotics;

10. Recognize that the overarching principle for addressing AMR is the promotion and protection of human health within the framework of One Health Approach, and emphasize that this requires coherent, comprehensive and integrated multisectoral action, as human, animal and environmental health are interconnected, and in this regard:

a) Recognize further that effective antimicrobial medicines and their prudent use represent a global public benefit and for addressing AMR it is essential to allow for people to have access to efficient and resilient health systems; as well as to quality, safe, efficacious and affordable antimicrobials medicines and other technologies when they are needed; and to healthy food and environment;

b) Underline that basic and applied innovative research and development, including in areas such as microbiology, epidemiology, traditional and herbal medicine, social and behavioral sciences, as appropriate, is needed to better understand AMR and to support R&D of quality, safe, efficacious and affordable antimicrobial medicines, especially new antibiotics and alternative therapies, vaccines and diagnostics;

c) Underline further that all research and development efforts should be needs-driven and evidence-based, and guided by the principles of affordability, effectiveness and efficiency, equity, and considered as a shared responsibility. In this regard we acknowledge the importance of delinking the cost of investment in R&D on AMR from the price and volume of sales to facilitate equitable and affordable access to new medicines, diagnostic tools, vaccines and other results from R&D. We welcome innovation and R&D models that deliver effective solutions to AMR challenges, including that promote investment in R&D. All relevant stakeholders, including governments, industry, non-governmental organizations, and academics, should continue to explore ways to support innovation models that address the unique set of challenges presented by AMR, including the importance of appropriate and rational use of antimicrobial medicines, while promoting access to affordable medicines;

d) Underline further that affordability and access to existing and new antimicrobial medicines, vaccines and diagnostics should be a global priority and should take into account the needs of all countries, in line with the "WHO's Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property" and taking into consideration its internationally agreed follow-up processes;

e) Improve surveillance and monitoring of AMR and the use of antimicrobials to inform policies, and to work with stakeholders from industry, agriculture and aquaculture, local authorities and hospitals to reduce antimicrobial residues in soil, crops and water;

f) Enhance capacity building, technology transfer on mutually agreed terms, and technical assistance and cooperation for controlling and preventing AMR; as well as international cooperation and funding to support the development and implementation of national action plans, including surveillance and

monitoring, strengthening of health systems, research and regulatory capacity, without jeopardizing, particularly for low and middle income countries, health or posing barriers for access to care;

g) Acknowledge that increasing awareness and knowledge on AMR and all of its implications requires sharing of good practices, findings, and collaboration with the media, national and multisectoral actors, as well as provision of sufficient financing for these activities across sectors;

11. Recognize that national conditions and priorities should be taken into account at all levels, and relevant sectors of government should be engaged in the development and implementation of multisectoral national action plans, policies, regulations, and regional initiatives, taking into account the domestic context, legislation and jurisdictional responsibilities;

12. We therefore commit to work at national, regional, and global levels to:

a) Develop, in line with resolution WHA 68.7, multisectoral national action plans, programs and policy initiatives, in line with a One Health approach and with the WHO Global Action Plan on AMR and its five overarching strategic objectives, with a view to implementing national measures for strengthening appropriate antibiotic use in humans and animals. To support implementation of these plans, domestic and international collaboration is needed to assess resource needs, sustained technical and financial investment in shared research, laboratories and regulatory capacities, as well as professional education and training with a view to safeguard human health, animal health and welfare, and the environment;

b) Mobilize adequate, predictable and sustained funding and human and financial resources and investment through domestic, bilateral and multilateral channels to support the development and implementation of national action plans, research and development of existing and new antimicrobial medicines, diagnostics and vaccines, and other technologies, and strengthening of related infrastructure, including through engagement with multilateral development banks, traditional and voluntary innovative financing and investment mechanisms, based on priorities and local needs set by governments and on ensuring public return on investment;

c) Take steps to ensure that national action plans include the development and strengthening, as appropriate, of effective surveillance, monitoring and regulatory frameworks on the preservation, use and sales of antimicrobial medicines for human and animals, that are enforced according to national contexts and consistent with international commitments;

d) Initiate, increase and sustain awareness and knowledge-raising activities on AMR to engage and encourage behavioral change in different audiences; and promote evidence-based prevention, infection control, and sanitation programs; optimal use of antimicrobial medicines in humans and animals and appropriate prescription by health professionals; active engagement of patients, consumers and the general public as well as professionals in human and animal health; professional education, training and certification among health, veterinary and agricultural practitioners; and consider, as appropriate, innovative approaches to increase consumer awareness, giving attention to local conditions and needs;

e) Support a multisectoral and One Health approach to address AMR, including through public health driven capacity building activities, and innovative public private partnerships and incentives and funding initiatives, together with relevant stakeholders in civil society, industry, small- and medium-sized enterprises, research institutes and academia, to promote access to quality, safe, efficacious, and affordable new medicines and vaccines, especially antibiotics, and alternative therapies and medicines to treatment with antimicrobials, and other combined therapies, vaccines and diagnostic tests;

13. Call on WHO together with FAO and OIE, to finalize a global development and stewardship framework, as requested by WHA 68.7, to support the development, control, distribution and appropriate use of new antimicrobial medicines, diagnostic tools, vaccines and other interventions, while preserving existing antimicrobial medicines, and promoting affordable access to existing and new antimicrobial medicines and diagnostic tools, taking into account the needs of all countries, and in line with the Global Action Plan on AMR;

14. Call upon WHO, in collaboration with FAO, OIE, regional and multilateral development banks, including the World Bank, relevant UN agencies and other intergovernmental organizations, as well as civil society and relevant multisectoral stakeholders, as appropriate, to support the development and implementation of national action plans and AMR activities at the national, regional, and global levels;

15. Request the Secretary-General to establish, in consultation with WHO, FAO and OIE, an *ad hoc* interagency coordination group, co-chaired by the Executive Office of the Secretary General and WHO, drawing, where necessary, on expertise from relevant stakeholders, to provide practical guidance for approaches needed to ensure sustained effective global action to address AMR; and request the Secretary-General to submit a report for consideration by Member States by the 73rd session of the General Assembly on the implementation of this declaration and further developments and recommendations emanating from the *ad hoc* interagency group, including on options to improve coordination, taking into account the Global Action Plan.



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

13 September 2016

Excellency,

Pursuant to my letter, dated 8 September 2016, related to the final draft political declaration for the High-level Meeting on Antimicrobial Resistance on 21 September, 2016, I have the honour to inform that the silence procedure has not been broken. As per the modalities resolution, the political declaration will be approved at the high-level meeting and subsequently adopted by the General Assembly.

I would like to take this opportunity to thank Member States for the constructive engagement in the negotiations and to extend my thanks to H.E. Mr. Juan Jose Gomez Camacho, Ambassador and Permanent Representative of Mexico, for ably facilitating the consultations on the political declaration.

Please accept, Excellency, the assurance of my highest consideration.

A handwritten signature in black ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

All Permanent Representatives
and Permanent Observers to the United Nations
New York



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

13 September 2016

Excellency,

I have the honour to refer to my previous communications regarding the High-Level Meeting on Antimicrobial Resistance that will take place on 21 September 2016.

Following consultations with Member States held, on my behalf, by H.E. Mr. Juan Jose Gómez Camacho, Permanent Representative of Mexico, I am pleased to bring to your attention the following two documents, which I hope can serve to assist and guide preparations for the aforementioned Meeting:

- An Information Note on the organizational arrangements for the High-Level Meeting; and
- A Provisional Programme with indicative timelines for each panel discussion.

I will inform you about the names of the panellists in the interactive thematic panels in due course.

All other relevant documents concerning the High-level Meeting on Antimicrobial Resistance will be available on my website (<http://www.un.org/pga/70/events/high-level-meeting-on-antimicrobial-resistance/>).

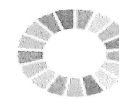
Please accept, Excellency, the assurance of my highest consideration.

Mogens Lykketoft,

To all Permanent Representatives
And Permanent Observers to the United Nations
New York



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

Logistic note

Organizational arrangements for the High-level meeting Antimicrobial Resistance

Introduction:

1. In December 2015 the UN General Assembly adopted the Global Health and Foreign Policy resolution (A/Res/70/183), which included a decision to hold a high-level meeting on Antimicrobial Resistance at the UN General Assembly in 2016. On 18 March 2016, the UN Secretary-General produced a report (A/70/790) on the scope, modalities, format and organization of the high-level meeting, inviting the President of the UN General Assembly to initiate a process with Member States to finalize the proposed modalities and outcomes. Under the leadership of the Permanent Representative of Mexico to the United Nations, Member States have been engaged in open, transparent and inclusive consultations to develop the Organizational arrangements, including a possible outcome, for the high-level meeting. The General Assembly on 25 July 2016 adopted resolution A/Res/70/297, which finalized the scope, modalities, format and organization of the high level meeting.
On 21 September 2016, the President of the UN General Assembly will convene a one-day high-level meeting at the UN Headquarters in New York on Antimicrobial Resistance, with the participation of Member States, non-governmental organizations, representatives of civil society, the private sector and academic institutions.
2. Paragraph 4 of resolution 70/297 requested the President of the General Assembly, with support of the WHO, FAO and OIE to finalize the organizational arrangements for the thematic panels, taking into account the views of Member States and equitable gender, level of development and geographical representation, for the participation of Heads of State and Government, as well as of relevant civil society, private sector, academia and other stakeholders with expertise in AMR.

Participation:

3. The President of the General Assembly sent a letter dated 5 August 2016 to all Member States and Observer States to invite them to participate at the highest possible level at the high-level meeting. It is expected that the meeting will be attended by several Heads of State and Government and will have a significant level of ministerial participation.
4. Participation in the high-level meeting will be in accordance with paragraphs 2, 6, 7, 8, 9 and 10 of resolution 70/297.
5. In accordance with paragraph 2 of resolution 70/297, Member States and observer States are invited to participate at the highest possible level, preferably at the level of Heads of State and Government.
6. In accordance with paragraph 6 of resolution 70/297, all relevant United Nations system entities, including programmes, funds, specialized agencies and regional commissions, as well as regional and subregional organizations, are invited to participate in the high-level meeting, contributing as appropriate, and to consider initiatives in support of its preparatory process;



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

7. In accordance with paragraph 7 of resolution 70/297, intergovernmental organizations and related entities that have observer status with the General Assembly are invited to be represented at the highest possible level;
8. In accordance with paragraph 8 of resolution 70/297, non-governmental organizations that are in consultative status with the Economic and Social Council with relevant expertise are invited to register with the Secretariat to attend the meeting;
9. Pursuant to paragraph 9 of resolution 70/279, Member States are encouraged to consider, as appropriate, to include in their national delegations to the high-level meeting parliamentarians, civil society, private sector, academia and other stakeholders working on antimicrobial resistance.
10. In accordance with paragraph 10 of resolution 70/297, a list of representatives of other AMR relevant non-governmental organizations, civil society organizations, academic institutions and the private sector who may participate in the high-level meeting, including the panel discussions, taking into account the principles of transparency and equitable geographic representations, was circulated to Member States on 26 August 2016, for consideration on a non-objection basis. The final list was circulated to Member States on 6 September 2016.

Programme of the high-level meeting:

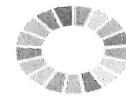
11. Pursuant to sub-paragraph 3(a), (b) and (c) of resolution 70/279, the high-level meeting will comprise of plenary segment which will take place in the Trusteeship Council Chamber and two interactive thematic panel discussions which will take place in the Economic and Social Council Chamber.
12. The programme of the high-level meeting is contained in Annex A.

Plenary segment:

13. Pursuant to resolution 70/297, the high-level meeting convened by the President of the General Assembly shall be held from 10 a.m. to 1 p.m. and from 3 p.m. to 6 p.m.
14. Pursuant to sub-paragraph 3(a), the opening segment, which will include statements by the President of the General Assembly, the Secretary-General; the Director-General of the World Health Organization, the Director-General of the Food and Agriculture Organization and the Director-General of the World Organization for Animal Health, each speaking from their perspective and in accordance with the mission and mandate that each institution represents.
15. To enable maximum participation within the limited time available, statements in plenary should not exceed three minutes. A list of speakers is open for inscription at the General Assembly Affairs Branch (Mr. Jose Tanoy, e-mail: tanoy@un.org; tel.: 1 (212) 963-7855).
16. Speaking order will follow the customary protocol order. Accordingly, precedence will be accorded to representatives at the Heads of State or Government and Ministerial levels.
17. The closing plenary meeting in the afternoon of 21 September 2016 will feature the summaries of the thematic panel discussions and concluding remarks by the President of the General Assembly.
18. Delegations are requested to provide 30 copies of their statements, to be submitted by a delegation representative to the documentation desk located in the Trusteeship Council Chamber. The delegation representative should be in possession of a valid United Nations



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

ground pass and a special event pass to the high-level meeting. The texts of the speeches will be accepted only on the day they are to be given.

19. Additionally, delegations are invited to submit PDF formatted versions of their statements via e-mail to papersmart@un.org. Delegations wishing to circulate their statements electronically through the PaperSmart portal should provide them not later than two hours in advance of delivery to papersmat@un.org. Alternatively, delegations can bring a hard copy (unstapled and printed single-sided), for scanning and uploading, to the PaperSmart portal at the documents distribution counter located inside the Trusteeship Council Chamber. The name of the meeting and the agenda item should be indicated in the subject line of the e-mail and in the heading of the statement. The statements will remain embargoed until their delivery and then posted. Only statements presented during the course of the meeting will be posted.

Thematic Panel Discussions:

20. Pursuant to sub-paragraph 3(b) of resolution 70/279, there will be two interactive thematic panels. They will be held in the Economic and Social Council Chamber, in parallel with the plenary meetings throughout the day (see the Programme of the high-level meeting in Annex A).

Panel 1: Relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health-related Goals;

Panel 2: Addressing the multisectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner.

21. The panel discussions will be interactive and multi-stakeholder in nature. Each panel will be comprised of a moderator and six panellists with a thorough knowledge and expertise of the subject. Each panel will include three Head of State and Government and three relevant stakeholders, bearing in mind equitable gender, level of development and geographical representation.
22. To promote interactive, free-flowing discussions, participants will be invited to make brief remarks not to exceed two minutes, raise questions and to respond to other speakers. Written statements are strongly discouraged.
23. The panel discussions will be open to Member States and observers, representatives of the United Nations system, as well as civil society representatives.
24. Because of time limitations, there will be no speaker's list for the interactive panel discussions.

Webcast:

25. The plenary meetings and the thematic panel discussions will be transmitted via live webcast.
26. The opening segment of the plenary meeting will be broadcasted live in the ECOSOC Chamber before the interactive panel discussions.



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

Access to the Trusteeship Council Chamber and the Economic and Social Council Chamber:

27. Members of delegations will have access to the Trusteeship Council Chamber and the ECOSOC Chamber via the Delegates' Entrance on the 2nd floor.
28. Access to the Trusteeship Council Chamber and the ECOSOC Chamber will be on the basis of colour-coded passes, limited to two per Member State.
29. Member States will receive passes from protocol.
30. All other stakeholders attending the meeting will need special event tickets for each of the two rooms. Access will be via the 3rd floor and only access to the balcony.

Admission to the Headquarters premises

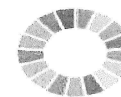
31. The United Nations is closed to the public from 5:30 p.m. on Friday, 16 September until close of business Tuesday, 27 September 2016. During this period, guided tours are suspended.
32. While the premise is closed to the public, staff members are requested to schedule appointments with visitors and guests at locations away from the Headquarters site. The General Assembly Lobby information and reception desk will be relocated to the UNITAR Building, on the corner of First Avenue at 45th Street, with opening hours 9 a.m. to 5.30 p.m. Access to the desk can be gained when entering the building on 45th Street. Given the security activity on First Avenue, it will be the responsibility of each staff member to meet his or her guests at the information desk, as guests will not be permitted to enter the Headquarters premises at any time.
33. Delegates, staff members, affiliates and accredited media representatives who are entitled to access the premises are admitted to the Headquarters only upon presentation of a valid United Nations grounds pass or laissez-passer.
34. In view of the need for heightened security measures, all are kindly reminded that the provisions of Secretary-General's bulletin ST/SGB/259 of 2 July 1993, on the wearing of grounds passes, i.e. worn prominently on the outer clothing of the holder and subject to verification by security officers, will be strictly enforced].
35. In the interest of ensuring the safety of all concerned, it is important to maintain the integrity of the ground passes because of the access they allow to its holder. All authorized pass holders are therefore reminded that their grounds passes are solely for the use of the holder to whom it is issued and that it cannot be transferred or given to any other person to use. Grounds passes found to be used in any other manner than for which it was intended will be confiscated by Security.
36. Please be aware that all packages brought onto the premises at all entry points, will undergo a security inspection. Delegates, Staff members and other United Nations-accredited personnel are therefore discouraged from bringing unnecessary packages onto the premises during this period.

Access at the 42nd, 45th, 46th and 47th Street entrances

37. Delegates can enter through the 42nd and 46th street entrance.
38. The 47th Street entrance will be utilized exclusively by media as well as resident correspondents with equipment.



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

- 39. The opening hours of the pedestrian entrances are as follows:
 - 42nd Street and First Avenue: 24/7
 - 46th Street and First Avenue: 7 a.m. to close of business
 - 47th Street and First Avenue: 6 a.m. to close of business
- 40. Pedestrian entrances will be closed on 25 September 2016. Delegates / Staff members requiring access to the Secretariat Building can utilize the pedestrian gate adjacent to the vehicular entrance at First Avenue and 43rd Street.
- 41. The Delegates' Entrance on 45th Street will be open only for egress of escorted motorcades.

Pass and Identification office: FF Building

- 42. The Pass and Identification office, located on the ground floor of the FF Building (320 E 45th Street), is open to staff members and members of delegations.
- 43. In preparation for the seventy-first session of the General Assembly, annual and temporary non-governmental organization passes will not be issued from 5 September 2016 until the end of the debate. Any NGOs invited to attend events during the general debate will need a special event tickets (meeting, date and time specific), distributed by event organisers.

- 44. The days and hours of operation are as follows:

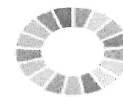
<i>Date</i>	<i>Hours of operation</i>
FF Building at 304 E 45th Street	
Saturday and Sunday, 10 and 11 September	9 a.m. - 5 p.m.
Monday, 12 September	8:30 a.m. - 4 p.m.
Tuesday thru Thursday, 13 to 15 September	8:30 a.m. - 4 p.m.
Friday, 16 September	8:30 a.m. - 6 p.m.
Saturday and Sunday, 17 and 18 September	10 a.m. - 6 p.m.
Monday thru Friday, 19 to 23 September	8 a.m. - 6 p.m.
Saturday and Sunday, 24 and 25 September	Closed
Monday, 26 September	8:30 a.m. to 4 p.m.

Access to and traffic in the Secretariat Circle and the 43rd Street entrance

- 45. The very limited operating space of the Secretariat Circle and Delegates Roadway areas require strict controls on access in order to facilitate safety and to avoid undue obstructions and delays of delegation vehicles, other high-level government officials and motorcades. Vehicular access to the premises through the gate at First Avenue and 43rd Street is therefore restricted to Host Country law enforcement escorted motorcades.
- 46. The regular traffic pattern permitting authorized vehicles to exit the Secretariat Circle through the 45th Street gate from 9 a.m. until 7 p.m. on weekdays will resume on Tuesday, 27 September 2016.



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

Media arrangements:

Media accreditation

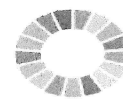
47. Media accreditation for all events taking place during the High-level segment of the General Assembly closes on Friday, 9 September 2016.
48. All members of the media accompanying Heads of State/Government or Heads of Delegation, including official photo/video, must submit requests for media passes, including official photo/video through the eAccreditation system on the e-deleGATE portal: <https://delegate.un.int/>
49. Media members who wish to apply independently should register at: <http://www.un.org/en/media/accreditation/request.shtml>
50. Badges can be collected starting Tuesday, 13 September 2016, at the UNITAR Building – 801 Frist Avenue (corner of 45th Street and First Avenue), new York, NY 10017.
51. Media can get assistance at:
 - a. Media Center: Conference Room 1
 - b. GA liaison desk (3rd floor GA Building): for GA Hall booths and Delegate entrance
 - c. 3rd floor of the Conference Building: for meeting in CR-1, CR-2, CR-3
 - d. MALU Office, S-0250: General assistance, CR 5,6,7,8 and press conferences
 - e. Accreditation area: UNITAR building
52. Members of the media need to be escorted from the Media Accreditation and Liaison Unit office (S-250) or liaison desks. Tickets to the gallery will be available for print press, on a first-come first-served basis.
53. Questions or concerns should be directed to the Media Accreditation and Liaison Unit at malu@un.org

Media information

54. During the High-level week media stakeouts will happen in several areas, such as:
 - a. Delegates Entrance – MALU escort needed (Area can be frozen as VIPs enter the GA building)
 - b. Formal stakeout: 3rd floor, between Conference Building and Ga Building – the stakeout can be booked through the Office of the Spokesperson - +1 212-963-7160 – and is open to all media
 - c. Informal stakeout area: East Lounge or Rose Garden
55. UN Photo will do its best to facilitate coverage needed. All images will be available through the photo library and the UN photo website. For requests, contact the photo library at photolibr@un.org or go to <http://www.un.org/av/photo> and register to download directly from the site.
56. On social media, relevant Twitter accounts to follow are @un_pga, @UN and @WHO. We encourage everyone to use the hashtags #AntimicrobialResistance - #UNGA - #2030NOW



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

SDG Media Zone – outside on Visitors Plaza near the entrance to the Visitors lobby

57. This will be housed in a temporary structure on the Visitors plaza where invited media will follow and report on the AMR meeting. A number of webcast dialogues related to the AMR meeting will be arranged inside the Media Zone during the day and the evening before. Exhibitions by code.org and GSMA will be open to visitors. For more information about the programme of events inside the Media Zone please visit: <http://sdgmz.org/>
58. To schedule a visit or event please contact Francyne Harrigan harriganf@un.org



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

DRAFT PROGRAMME

10:00-10:30	<p>Opening segment (Trusteeship Council Chamber)</p> <p>Statements by</p> <ul style="list-style-type: none"> • <i>H.E. Mr. Peter Thomson, President of the 71st session of the United Nations General Assembly,</i> • <i>H.E. Mr. Ban Ki-moon, Secretary-General of the United Nations</i> • <i>H.E. Dr. Margaret Chan, Director-General of the World Health Organization</i> • <i>H.E. Mr. José Graziano da Silva, Director-General of the Food and Agriculture Organization of the United Nations</i> • <i>H.E. Dr. Monique Eloit, Director General of the World Organization for Animal Health</i> 	
10:30-11:45	<p>Plenary segment (Trusteeship Council Chamber)</p>	<p>Panel 1: Relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health-related Goals (ECOSOC Council Chamber)</p> <p><i>Panellists:</i></p> <p><i>Member States:</i></p> <p><i>Stakeholders:</i></p>
11:45-13:00		<p>Panel 2: Addressing the multisectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner (ECOSOC Council Chamber)</p> <p><i>Panellists:</i></p> <p><i>Member States:</i></p> <p><i>Stakeholders:</i></p>
15:00-17:30	<p>Plenary Segment (Trusteeship Council Chamber)</p>	
17:30-18:00	<p>Closing segment (Trusteeship Council Chamber)</p> <p><i>Closing statement by H.E. Mr. Peter Thomson, President of the 71st session of the United Nations General Assembly</i></p>	



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

15 September 2016

Excellency,

In accordance with General Assembly resolution 70/297 of 25 July 2016 entitled "Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly", I have the honour to inform you of the six stakeholder panellists for the two interactive thematic panels:

Panel 1 – The relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health related SDGs

- H.E. Sir Andrew Witty, CEO, GSK
- H.E. Dr. Joanne Liu, International President, Médecins Sans Frontières
- H.E. Mr. Martin Khor, Executive Director, South Centre

Panel 2 – Addressing the multisectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner

- H.E. Dr. Jim Kim, President, World Bank
- H.E. Ms. Martha L. Tellado, President and CEO, Consumer Reports
- H.E. Dr. Evelyn Nguleka, President, World Farmers Association

I will inform about the remaining six panellists from Member States in due course.

Please accept, Excellency, the assurance of my highest consideration.

A handwritten signature in black ink, appearing to read 'Peter Thomson'.

Peter Thomson

All Permanent Representatives and
Permanent Observers to the United Nations
New York



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

19 September 2016

Excellency,

In accordance with General Assembly resolution 70/297 of 25 July 2016 entitled "Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly", I have the honour to share with you the final programme for the high-level meeting as well as the provisional list of speakers.

To enable maximum participation within the limited time available, national statements in plenary should not exceed three minutes and group statements should not exceed five minutes. I appeal to all distinguished speakers for their cooperation in observing the time limit of their statements, so that all those inscribed will be heard in a timely manner.

Please accept, Excellency, the assurances of my highest consideration.

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Peter Thomson

All Permanent Representatives
and Permanent Observers to the United Nations
New York



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

PROGRAMME

10:00-10:30	<p>Opening segment (Trusteeship Council Chamber)</p> <p><i>Statements by:</i></p> <ul style="list-style-type: none">• H.E. Mr. Peter Thomson, President of the 71st session of the United Nations General Assembly,• H.E. Mr. Ban Ki-moon, Secretary-General of the United Nations• H.E. Dr. Margaret Chan, Director-General of the World Health Organization• H.E. Mr. José Graziano da Silva, Director-General of the Food and Agriculture Organization of the United Nations• H.E. Dr. Monique Eloit, Director General of the World Organization for Animal Health
10:30-11:45	<p>Plenary segment (Trusteeship Council Chamber)</p> <p>Panel 1: Relevance of addressing antimicrobial resistance for the achievement of the Sustainable Development Goals, in particular the health-related Goals (ECOSOC Council Chamber)</p> <p><i>Panellists:</i></p> <p><i>Member States:</i></p> <ol style="list-style-type: none">1. H.E. Mr. Vytenis Andriukaitis, EU Commissioner for Health and Food Safety2. H.E. Ms. Veronika Skvortsova, Minister of Healthcare, Russian Federation3. H.E. Dr. Cleopa Mailu, Cabinet Secretary for Health of Kenya <p><i>Stakeholders:</i></p> <ol style="list-style-type: none">4. Dr. Joanne Liu, International President, Médecins Sans Frontières5. Sir Andrew Witty, CEO, GSK6. Mr. Martin Khor, Executive Director, South Centre



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

11:45-13:00		<p>Panel 2: Addressing the multisectoral implications and implementation challenges of antimicrobial resistance in a comprehensive manner (ECOSOC Council Chamber)</p> <p><i>Panellists:</i></p> <p><i>Member States:</i></p> <ol style="list-style-type: none">1. H.E. Ms. Erna Solberg, Prime Minister of Norway2. H.E. Dr. Jorge Lemus, Minister of Health of Argentina3. H.E. Dr. Paulyn Jean B. Rosell-Ubial, Secretary of the Department of Health of the Philippines <p><i>Stakeholders:</i></p> <ol style="list-style-type: none">4. Dr. Jim Kim, President, World Bank5. Ms. Martha L. Tellado, President and CEO, Consumer Reports6. Mr. David George Velde, Board Member of World Farmers Organisation and Vice President of United States National Farmers' Union
15:00-17:30	Plenary Segment (Trusteeship Council Chamber)	
17:30-18:00	Closing segment (Trusteeship Council Chamber) <p><i>Closing statement by H.E. Mr. Peter Thomson, President of the 71st session of the United Nations General Assembly</i></p>	

**High-level meeting on antimicrobial resistance
convened by the President of the General Assembly**

PROVISIONAL SPEAKERS LIST

Wednesday, 21 September 2016

(as of 19th September 2016)

HEADS OF STATE	NAMES
1. THE KINGDOM OF THAILAND (on behalf of the Group of 77 and China)	His Excellency PRAYUT Chan-ocha (Gen) Prime Minister
2. THE REPUBLIC OF COLOMBIA	His Excellency Juan Manuel SANTOS Calderón President
3. THE REPUBLIC OF THE NIGER	His Excellency Issoufou Mahamadou President
4. THE REPUBLIC OF ZIMBABWE	His Excellency Robert Gabriel MUGABE President
5. THE SWISS CONFEDERATION	His Excellency Johann N. SCHNEIDER-AMMANN President
6. THE REPUBLIC OF CHAD	His Excellency Idriss DEBY Itno President
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11. THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	His Excellency Nikola POPOSKI Deputy Prime Minister and Minister of Foreign Affairs
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13. FINLAND	Her Excellency Pirkko MATTILLA Minister of Social Affairs and Health
14. INDIA	Her Excellency Sushma SWARAJ Minister of External Affairs
15. HONDURAS	Her Excellency Edna Yolani Batres Minister of Health
16. MALDIVES	His Excellency Mohamed ASIM

- Minister of Foreign Affairs
17. BANGLADESH
His Excellency A.H. Mahmood ALI
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Secretary of the Department of Health
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His Excellency Bruno RODRÍGUEZ Parilla
Minister of Foreign Relations
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His Excellency CHUNG Chin-youb
Minister of Health and Welfare
 32. NORWAY
His Excellency Bent HØIE
Minister of Health and Care Services
Note: REQUEST TO SPEAK EARLY IN THE AFTERNOON
 33. FRANCE
Her Excellency Marisol TOURAINÉ
Minister of Social Affairs and Health
 34. BOTSWANA
His Excellency Pelonomi VENSON-MOITOI
Minister of Foreign Affairs and International Cooperation
 35. ALGERIA
His Excellency Ramtane LAMAMRA
Minister of Foreign Affairs and International Cooperation

36. UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
Honourable Priti PATEL
Secretary of State for International Development
37. BENIN
His Excellency Aurelien AGBENONCI
Minister of Foreign Affairs and Cooperation ; OR
His Excellency Allasanne SEIDOU
Minister of Health
38. HAITI
His Excellency Pierrot DELIENNE
Foreign Minister
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Her Excellency Lilja ALFREDSDOTTIR
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Minister of State for Security Policy and International Cooperation,
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His Excellency Yerzhan ASHIKBAYEV
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54. CHILE
His Excellency Jaime BURROWS
Vice Minister of Health

55. REPUBLIC OF MOLDOVA His Excellency Lilian DARII
Deputy Minister of Foreign Affairs and European Integration
56. SIERRA LEONE Her Excellency Madina RAHMAN
Deputy Minister of Health and Sanitation
57. BRAZIL His Excellency Antônio Carlos Figueiredo NARDI
Vice-Minister of Health
58. PORTUGAL His Excellency Manuel DELGADO
Secretary of State of Health
59. ZAMBIA Dr. Peter Mwaba
Permanent Secretary, Ministry of Health
60. ITALY His Excellency Vincenzo AMENDOLA
Undersecretary of State
61. GERMANY Mrs. Annette WIDMANN-MAUZ
Parliamentary State Secretary of the Federal Ministry of Health
62. PERU His Excellency Antonio Garcia REVILLA
Director General for Multilateral and Global Affairs of the Ministry of
Foreign Affairs
63. COLOMBIA Her Excellency Ms. Andrea GUERRERO GARCÍA
Director of Social, Environmental and Economic Affairs
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64. PAKISTAN His Excellency Sartaj AZIZ
Adviser to the Prime Minister on Foreign Affairs
65. INDONESIA Ms. Diah S. SAMINARSIH
Special Advisor to the Minister of Health for Promoting Partnership and
Primary Health Care
66. AUSTRALIA Dr Sharon APPLEYARD
Head of Health Delegation
67. NEPAL Dr. Somlal SUBEDI
Chief Secretary
68. COSTA RICA His Excellency Mendoza Garcia
Permanent Representative; OR
His Excellency Castro Cordoba
Deputy Permanent Representative of Costa Rica to the United Nations

OBSERVER STATES

69. HOLY SEE His Eminence Pietro Cardinal PAROLIN
Secretary of State

OBSERVER ORGANIZATIONS AND ENTITIES

70. COMMONWEALTH RT Honourable Patricia SCOTLAND
Secretary-General



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

20 September 2016

Excellency,

In accordance with General Assembly resolution 70/297 of 25 July 2016 entitled "Scope, modalities, format and organization of the high-level meeting on antimicrobial resistance convened by the President of the General Assembly", I have the honour to share with you the updated provisional list of speakers.

To enable maximum participation within the limited time available, national statements in plenary should not exceed three minutes and group statements should not exceed five minutes. I appeal to all distinguished speakers for their cooperation in observing the time limit of their statements, so that all those inscribed will be heard in a timely manner.

Please accept, Excellency, the assurances of my highest consideration.

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**High-level meeting on antimicrobial resistance
convened by the President of the General Assembly**

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Wednesday, 21 September 2016

(as of 20th September 2016)

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Vice-Minister of Foreign Affairs |
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Chief Secretary |
| 67. CANADA | Dr. Gregory TAYLOR
Chief of Public Health Office |
| 68. COSTA RICA | His Excellency Mendoza GARCIA
Permanent Representative; OR
His Excellency Castro CORDOBA
Deputy Permanent Representative of Costa Rica to the United Nations |

OBSERVER STATES

- | | |
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| 69. HOLY SEE | His Eminence Pietro Cardinal PAROLIN
Secretary of State |
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OBSERVER ORGANIZATIONS AND ENTITIES

- | | |
|---|--|
| 70. COMMONWEALTH | RT Honourable Patricia SCOTLAND
Secretary-General |
| 71. PARTNERS IN POPULATION
AND DEVELOPMENT | Dr. Joe THOMAS
Executive Director |