

Summary Briefing and Recommendations

Global Scientific Panel on AMR and TB

The 2024 United Nations High-Level Meeting on Antimicrobial Resistance (UNHLM AMR) will bring together world leaders to broker a new commitment to tackle one of the most pressing public health emergencies. The UNHLM on AMR follows a similar process on tuberculosis (TB) in 2023, where governments committed to step up efforts to end the world's deadliest infectious disease.

No effort to end TB will be successful without a robust AMR response, and no AMR response will be successful without ending TB. Governments must not drop the baton in 2024.



TB is the world's leading infectious disease killer:

10.6 million TB infections
1.3 million TB deaths



The TB bacterium is very difficult to treat, with a high risk of drug-resistance:

4+ months treatment duration
3+ drugs in antibiotic regimen



Drug-resistant TB is a major component of AMR globally:

410,000 DR-TB infections
27,075 cases of XDR-TB
160,000 DR-TB deaths



Scientific progress is threatened by an inadequate public health response:

3 new antibiotics in 15 years
2-3 years average between new antibiotic and resistance emerging.
100-year-old TB vaccine



Millions of people are unable to access proper diagnosis:

3.1 million "missing" TB cases
230,000 "missing" DR-TB cases
<40% of people tested for DR-TB



DR-TB is driven by health system failures that also drive AMR:

Diagnostic delay leads to incorrect treatments and further transmission.
Inappropriate prescriptions in public, private and informal sectors.
Treatment non-completion due to costs, side-effects, and stigma.
Supply chain gaps cause treatment interruptions and substandard medicines.

About the Global Scientific Panel on AMR and TB

Scientists and healthcare workers are at the frontline of the fight against AMR. Composed of scientific and clinical experts from over 25 UN Member States, the Global Scientific Panel considered the intersections between public health responses to TB and AMR.

This briefing sets out how the UNHLM on AMR can build on and bolster the UNHLM on TB, leveraging synergies and setting the foundation for an effective, equitable response to leading AMR threats.

To view the panel's membership and read the full white paper, visit: cghproject.org/globalAMRTBpanel

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Summary of Recommendations

The following recommendations build on and bolster commitments in the UNHLM on TB and have specific relevance for AMR more broadly. Member States should commit to:

1. Prevention

- a. Reduce malnutrition;
- b. Bolster Infection Prevention and Control in transmission hot spots;
- c. Strengthen Water, Sanitation and Hygiene systems;
- d. Increase access to vaccines;
- e. Strengthen comprehensive One Health action.

2. Surveillance and diagnostic infrastructure;

- a. Develop funded national surveillance strategies;
- b. Improve surveillance of antimicrobial consumption;
- c. Develop funded national diagnostic strategies and systems.

3. Access to quality treatment and antibiotic stewardship;

- a. Increase access to quality treatment, including 'Access' antibiotics;
- b. Reduce inappropriate prescribing through strengthened stewardship;
- c. Strengthen licencing, procurement, and quality assurance systems.

4. Research and development

- a. Increase public investment into AMR research;
- b. Ensure equitable access to new AMR tools.

5. Good Governance

- a. Concrete commitments to tackle AMR;
- b. Leverage intersections between AMR and other SDG priorities, including TB;
- c. Strengthen public engagement in the fight against AMR;
- d. Bolster evidence-informed, multi-sectoral coordination mechanisms;
- e. Increase funding for the AMR response.

What next?

The success of the UNHLM in driving increased action to tackle AMR will depend on the contents of the final political declaration, the outcomes of the in-person summit on 26 September 2024 and the mechanisms to drive in-country implementation of the commitments made. We therefore call on:

HEADS OF STATE AND GOVERNMENT

To attend the UNHLM on AMR in person and make a concrete funding or policy announcement during the plenary session, setting out how your government intends to implement the political declaration.

NEGOTIATORS

To propose the inclusion of specific, time-bound commitments to address the aforementioned drivers of AMR and DR-TB in the political declaration.

LEGISLATORS

To engage with the ministries of health, science and foreign affairs, encouraging them to advocate for the inclusion of concrete commitments on the above priorities in the political declaration and the announcement of new initiatives at the UNHLM. Follow-up and accountability efforts will be crucial.