



Patient- and people-centred call to action on noncommunicable diseases and antimicrobial resistance

United Nations General Assembly High-level Meeting on Noncommunicable Diseases

September 2025

We, the WHO Task Force of AMR Survivors,¹ commend Member States and all partners for their leadership in advancing the political declaration of the fourth high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being.

We fully support the focus of the declaration on equity, integration and people-centred action, and we call on world leaders, policymakers and global health institutions to recognize and act on the urgent, interconnected threats posed by two major global health crises: antimicrobial resistance (AMR) and NCDs.

Why action matters

- AMR is directly responsible for an estimated 1.14 million deaths annually and is associated with nearly 5 million more. AMR threatens to reduce global life expectancy by 1.8 years by 2035.
- In 2021, 18 million people died from an NCD before the age of 70 years; 82% of the premature deaths occurred in low- and middle-income countries.
- AMR and NCDs are strongly interconnected biologically, socially and systemically, and each amplifies the impact of the other.
- People living with NCDs such as cancer, cardiovascular disease, diabetes and various oral health conditions are more vulnerable to infections, requiring antimicrobial treatment, which increases the risk of AMR.
- AMR undermines the effectiveness of treatments for NCD-related infections, leading to longer hospital stays, more complications, higher health-care costs and more frequent mortality.
- Both AMR and NCDs disproportionately affect low- and middle-income countries, exacerbating health inequities and straining already fragile health systems. They could also derail progress towards achieving the 2030 Agenda for Sustainable Development.
- Separating strategies for AMR and NCD weakens health systems and ignores shared patient challenges such as poor primary care, poverty, fragmented services, high costs and exclusion from policies.
- Progress achieved in combatting various NCDs, such as cancer, is weakened if the antimicrobials essential for treating infections are rendered ineffective due to AMR.
- NCDs that require long, repeated hospitalization are more vulnerable to drug-resistant health-care-associated infections.

¹ The WHO Task Force of AMR Survivors, established in 2023, is constituted of people who have survived drug-resistant infections or cared for people with such infections. Its role is to "humanize" the narrative around antimicrobial resistance. More information is available on its webpage: <https://www.who.int/groups/task-force-of-amr-survivors>.

Our recommendations

- 1. Recognize AMR as a cross-cutting threat with NCDs.**
 - a. Acknowledge the biological, social and systemic links between AMR and NCDs in all global health strategies.
 - b. Integrate actions to address AMR into the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of NCDs and the promotion of mental health and well-being.
- 2. Ensure that integrated strategies are adopted in AMR and NCD programming, including antimicrobial stewardship, infection prevention and control, including vaccination, awareness-raising and education, health workforce competence and chronic care models.**
- 3. Centre the voices of patients, carers and survivors and those that represent them, such as patient organizations, so that they are meaningfully engaged in policy development, implementation and monitoring.**
- 4. Invest in integrated, resilient health systems.**
 - a. Invest in prevention measures, surveillance for action, diagnostics, research and development and innovation, universal health coverage, and ensure equitable access to health care for all patients, including those living with infections, NCDs or both.
 - b. Establish data collaboratives for accurate assessment of the burden of AMR among patients with NCDs, particularly those with cancer, and ensure that the data are used in evidence-based decision-making.
- 5. Foster multisectoral collaboration by breaking down silos between the AMR and NCD communities through cross-sectoral partnerships and encouraging cooperation among health professionals, researchers, civil society, and governments.**

Our lives depend on the world's ability to break down silos and act with urgency. The 2025 high-level meeting must be a turning point, at which work to combat AMR and NCDs is combined in a shared fight for health, equity and dignity.

WHO Task Force of AMR Survivors
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