



Side Event on the Margins of the
79th United Nations General Assembly

26 September 2024 (08:00AM) Hybrid Format, 90 minutes

“Addressing AMR Challenges Including in Migrant and Refugee Populations”

Hosted by:

The Arab Republic of Egypt, Kingdom of Saudi Arabia and World Health Organization



World Health
Organization

Co-sponsored by:

*Brazil, France, Greece, Indonesia, Italy, Luxembourg, Malta, Nigeria, Oman, Portugal,
Qatar, Slovakia, Sweden, United Arab Emirates, IOM, and UNHCR.*



I. Executive Summary

Antimicrobial resistance (AMR) is one of the top ten global health threats, responsible for approximately 1.3 million deaths annually. Beyond its severe impact on human health, AMR endangers food security, economic growth, and sustainable development, with low-and-middle-income countries bearing a disproportionate burden, thereby exacerbating existing health inequities.

Global efforts to combat AMR have been ongoing, with significant milestones including the Global Action Plan on AMR (2015), the UN Political Declaration on AMR (2016), and the establishment of key initiatives like the AMR Multi-Partner Trust Fund (2019) and the Global Leaders Group on AMR (2020). The recent Third Global High-Level Ministerial Conference on AMR in Muscat, Oman, culminated in the Muscat Manifesto, which set ambitious targets for reducing antimicrobial use in agriculture, eliminating non-medical use of crucial antimicrobials in animals, and increasing the consumption of ACCESS group antibiotics in humans.

Despite these efforts, progress has been insufficient. AMR continues to pose grave health, economic, and social risks, particularly in low- and middle-income nations, where limited financial resources, underdeveloped healthcare infrastructures, and low health literacy hinder effective AMR management. These challenges are further exacerbated by poverty-driven self-medication and weak regulatory environments, necessitating significant investments in healthcare systems, public health education, and international collaboration.

Migration adds complexity to the AMR crisis, as refugees and migrants face significant barriers in accessing healthcare services in general, leading to reliance on informal networks and inappropriate antibiotic usage, thereby fueling AMR. The situation demands a comprehensive strategy that addresses the needs of both host populations and refugees, emphasizing the necessity of a unified global effort.

A comprehensive global strategy to combat AMR should integrate the specific needs of people in vulnerable situation into broader public health initiatives. This involves enhancing access to healthcare services for migrants and refugees, improving surveillance and data collection to better understand AMR impact within these populations, and promoting education on responsible antibiotic use.

International and multilateral collaboration is essential in this regard, as AMR knows no borders, and therefore no one is safe until everyone is safe. A unified approach that encompasses both host communities and migrant populations is crucial to prevent the transmission of drug-resistant infections. The One Health approach, which considers the interconnectedness of human, animal, and environmental health, should be central to these efforts, ensuring that interventions are holistic and sustainable.

Investments in healthcare infrastructure, particularly in low- and middle-income countries that host large numbers of migrants and refugees, are vital. Strengthening antimicrobial stewardship, enhancing infection prevention and control measures, and ensuring equitable access to effective



treatments will be key components of a successful global response to AMR, protecting both public health and the well-being of vulnerable populations.

II. Background Information:

Recognized by the World Health Organization (WHO) as one of the top ten global health threats, AMR is responsible for an estimated 1.3 million deaths annually. Its impact extends far beyond human health, threatening food security, economic growth, and sustainable development. Low and middle-income countries are disproportionately affected, exacerbating existing health inequities.

Recalling the previous efforts in the global response to AMR, including the Global Action Plan on AMR (2015), the UN Political Declaration on AMR (2016), the creation of the AMR Multi-Partner Trust Fund (MPTF) (2019), the establishment of the Global Leaders Group (GLG) on AMR (2020) and the AMR Multi-Stakeholder Partnership Platform (2022), the former High-Level Ministerial Conferences (Netherlands, 2014 and 2019), and the third Global High-Level Ministerial Conference on AMR in Muscat, Oman (2022). The 2016 'Political Declaration of the High-Level Meeting of the United Nations General Assembly (UNGA) on Antimicrobial Resistance' on the sidelines of the 71st General Debate, recognized that prevention and control of infections in humans and animals are the key to tackling AMR. It also called for innovative research and development, affordable and accessible antimicrobial medicines and vaccines, improved surveillance and monitoring, and increased international cooperation to control and prevent AMR. The 2016 UNGA High-Level Meeting on AMR marked a crucial step in global efforts to combat this escalating threat. While the meeting generated significant political commitment, progress since then has been insufficient to address the grave health, economic, and social consequences of AMR.

The First Ministerial Conference on AMR in the Netherlands in 2014 had the overall objective to accelerate political commitment to advance the implementation of the Global Action Plan on AMR, raising awareness of the growing threat of AMR, to develop new initiatives to tackle AMR, and to adopt a holistic One Health approach to AMR. The Second Ministerial Conference on AMR in the Netherlands in 2019 built upon the outcomes generated by the first conference. It focused on implementing concrete actions and building strong partnerships to combat AMR. Co-chaired by the Netherlands and Indonesia, a key outcome was the launch of the AMR MPTF to support countries in implementing their National Action Plans on AMR. The conference also emphasized knowledge exchange through interactive sessions and study visits, fostering collaboration and capacity building. The most recent Third Global High-Level Ministerial Conference on AMR in Muscat, Oman, culminated in the Muscat Manifesto. It outlined ambitious targets to combat AMR in the human health, animal health and agriculture sectors. These included significantly reducing overall antimicrobial use in agriculture by 2030, completely eliminating medically important antimicrobials for non-medical purposes in animals and food production and ensuring that ACCESS group antibiotics are at least $\geq 60\%$ of overall antibiotic consumption in humans by 2030.

At the request of the UN Secretary General, WHO, the Food and Agriculture Organization of the United Nations (FAO), and the World Organization for Animal Health (WOAH) established the Tripartite Joint Secretariat (TJS) on AMR in October 2019. In 2022, the United Nations Environment



Programme (UNEP) joined the Alliance, formally becoming the Quadripartite Joint Secretariat (QJS) on AMR. It aims to “lead and coordinate the global response to antimicrobial resistance in close collaboration with the UN system and other organizations” and consolidates the efforts of the four organizations. It draws on their core mandates and comparative advantages to advance the global response to AMR across the One Health spectrum.

In January 2021, the inaugural meeting of the GLG on AMR took place following its establishment in November 2020. A high-level coalition dedicated to combating AMR, composed of world leaders and experts, the group serves as an independent global advisory body. Through a One Health approach, the GLG collaborate with governments, organizations, and the private sector to promote responsible antimicrobial use and mitigate the threat of drug-resistant infections.

Low- and middle-income nations encounter substantial obstacles in the battle against AMR. These challenges are compounded by limited financial resources, underdeveloped healthcare infrastructures, and low levels of health literacy. Insufficient funding hinders research, surveillance activities, and access to effective treatments, while overcrowded healthcare facilities contribute to the spread of infections. Furthermore, poverty-driven self-medication and the misuse of antibiotics, compounded by weak regulatory environments, exacerbate the problem. Addressing this complex issue requires significant investments in healthcare systems, public health education, and robust governance, underpinned by strong international collaboration.

As underscored in the fourth Report of the [WHO Global Evidence Review on Health and Migration \(GEHM\)](#), AMR constitutes a significant global health challenge, with migrant and refugee populations exhibiting heightened vulnerability throughout their migratory journeys. Refugees and migrants encounter substantial obstacles in accessing healthcare, including limited availability of antibiotics and diagnostic tools, as well as systemic barriers such as lengthy waiting times, exorbitant costs, and language-related challenges. These difficulties, exacerbated by stigmatization and cultural differences, frequently drive individuals to rely on informal healthcare networks, which may expose them to substandard medications and inappropriate antibiotic usage, thereby contributing to the proliferation of AMR. The absence of comprehensive surveillance and data on these populations further complicates efforts to address AMR, necessitating international collaboration. A successful strategy to combat AMR requires a collaborative approach that encompasses both host populations and refugees, as drug-resistant bacteria can readily spread between these groups, making a unified effort indispensable for long-term public health protection.

By 2050, an estimated ten million people, including 4.1 million in Africa, could die from AMR organisms. This could result in African countries losing up to 5% of their GDP. Since the launch of the Global Action Plan in 2015, the implementation of National Action Plans in the African Region has progressed slowly due to a lack of political commitment, insufficient antimicrobial surveillance and laboratory capacity, limited capacity to implement antimicrobial stewardship interventions, and inadequate infection prevention control (IPC) and WASH measures. Although Africa is grappling with substantial challenges concerning AMR and migration, this issue is not exclusive to the continent.



Comparable patterns are observed globally, encompassing Latin America, Asia, and Europe. To effectively address AMR, a multifaceted multilateral approach is essential, encompassing both regional and international perspectives, particularly the migration patterns and their consequent effects on healthcare systems and communities.

A comprehensive approach to tackling AMR requires a holistic and comprehensive strategy that includes robust surveillance, antibiotic stewardship programs, investment in new antibiotics and diagnostics, and the strengthening of healthcare systems, especially in low- and middle-income countries. Addressing underlying factors like poverty, food insecurity, and climate change is also essential. By adopting a One Health approach, which links human, animal, and environmental health, global efforts can more effectively combat AMR and protect public health.

In November 2024, Saudi Arabia will host the Fourth Global High-Level Ministerial Meeting on AMR, bringing together global leaders to advance the fight against antimicrobial resistance.



III. Event Details:

Type	Side-event on the margins of the 79th United Nations General Assembly
Title	Addressing AMR Challenges Including in Migrant and Refugee Populations
Date	26 th September 2024
Venue	New York, USA (UNHQ, Conference Room 12)
Time	Thursday 26 th September 2024 at 08:00
Duration	90 minutes
Format	Hybrid (English only)
Host	Egypt, Saudi Arabia, WHO
Co-sponsors	Brazil, France, Greece, Indonesia, Italy, Luxembourg, Malta, Nigeria, Oman, Portugal, Qatar, Slovakia, Sweden, United Arab Emirates, IOM, UNHCR

IV. Objectives

The side event aims to ensure that there is sufficient international political commitment to ensure implementation of effective policies to combat AMR, which are inclusive, equitable, and effective across all segments of the population, including refugee and migrant populations considering the fourth Report of the [WHO Global Evidence Review on Health and Migration \(GEHM\)](#).

The event will:

- Highlight the impact of AMR on the world population, and how it is a public health threat.
- Analyze how developed and developing countries can enhance their collaboration to address the challenges of AMR.
- Highlight the impact of AMR in low- and middle-income countries, and people in vulnerable situations and the unique challenges that AMR poses to migrants, refugees, and people in vulnerable situations, and how these challenges impact the broader population.



- Advocate for healthcare policies and strategies that ensure equitable access to AMR prevention, diagnosis, and treatment for all populations, including migrants and refugees.
- Provide a platform for stakeholders from different sectors (healthcare, government, international organizations, NGOs, and the private sector) to share best practices, research, and innovative solutions for addressing AMR in diverse populations.
- Explore the role of private pharmaceutical companies in sustaining the antibiotic pipeline crucial for successful antibiotic research and development.

V. Expected Outcomes

- Foster collaboration between governments, international organizations, and pharmaceutical companies to create a unified approach to tackling AMR across all population groups, ensuring no one is left behind.
- Development of actionable policy recommendations that integrate AMR prevention and control strategies for all population segments, including migrants and refugees and people in vulnerable situation.
- Identification and promotion of innovative strategies and tools tailored to address AMR in diverse populations, particularly in challenging contexts like those faced by migrants and refugees.
- Establishment or enhancement of public-private partnerships to share risks and costs associated with antibiotic development, ensuring that both public health needs and business interests are addressed.
- Secured commitments from participants to take concrete steps towards implementing the discussed strategies, ensuring ongoing progress in addressing AMR challenges across all population groups.

VI. Participation:

A. Member states

- High-level officials from the Ministries of Health, Foreign Affairs and other senior officials responsible for health policies nationally and regionally, as well as those concerned with refugee and migrant health policies worldwide.

B. Representatives from United Nations Agencies

Representatives from:

- The World Health Organization (WHO).
- The International Organization for Migration (IOM).
- The United Nations High Commissioner for Refugees (UNHCR).
- The World Organisation for Animal Health (WOAH).
- The United Nations Environment Programme (UNEP).
- Food and Agriculture Organization (FAO).
- World Bank (WB).



C. Non-State actors

Including representatives from refugee and migrant communities and non-governmental organizations:

- Medicines Sans Frontières (MSF)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Committee of the Red Cross (ICRC)

D. Private Sector Representatives

- Representatives from medical and pharmaceutical companies to emphasize their role in developing targeted antibiotics and investing in new therapies tackling this issue.
- The AMR Industry Alliance which is one of the largest private sector coalitions set up to provide sustainable solutions to curb antimicrobial resistance, with over 100 biotech, diagnostics, generics and research-based pharmaceutical companies and associations joining forces.

VII. Draft agenda:

Time	Activity
08:00	<p>Welcome Remarks</p> <ul style="list-style-type: none"> H.E. Dr. Badr Abdelatty, Minister of Foreign Affairs, Arab Republic of Egypt <p>Keynote Presentations (5 mins per speaker)</p> <ul style="list-style-type: none"> H.E. Prof. Dr. Khaled AbdelGhaffar, Deputy Prime Minister for Human Development, Minister of Health and Population, Arab Republic of Egypt (Virtually) H.E. Eng. Abdulaziz Al Ramaih, Vice Minister for Planning and Development, Kingdom of Saudi Arabia Dr. Hanan Balkhy, Regional Director for the Eastern Mediterranean, WHO
08:20	<p>Welcome Presentations addressing the challenges of AMR in diverse populations and best practices for preventing and controlling AMR in these settings (4 mins per speaker)</p> <ul style="list-style-type: none"> H.E. Prof. Orazio Schillaci, Minister of Health, Italian Republic H.E. Prof. Dr. Ana Paula Martins, Minister of Health, Portuguese Republic H.E. Prof. Dr. Jo Etienne Abela, Minister for Health and Active Ageing, Republic of Malta H.E. Mr. Adonis Georgiadis, Minister of Health, Hellenic Republic (Virtually) Dr. Santino Severoni, Director, Health and Migration, WHO (Virtually)
8:55	<p>Panel discussion around the following themes (3 mins per speaker)</p> <ul style="list-style-type: none"> Addressing AMR through policy, innovative strategies and practices Rallying political will and amplifying the global dialogue on the challenges of AMR, including among refugee and migrant populations. The catalytic function of high-income nations in mitigating AMR in low- and middle-income countries. The role of pharmaceutical companies and the private sector in driving innovation, promoting responsible antibiotic use, and ensuring that effective treatments remain available for future generations. <p>Speakers</p> <ul style="list-style-type: none"> H.E. Dr. Ahmed Al Mandhari, Undersecretary of Planning and Health Organization, Ministry of Health, Oman Dr. Lucia Rizka Andalucia, Director General for Pharmaceuticals and Medical Devices, Ministry of Health, Indonesia Dr. Malin Grape, Ambassador on Antimicrobial Resistance, Sweden Mr. Antoine Saint-Denis, Director for European and International Affairs in Social Ministries, Ministry of Health and Solidarity, France Prof. Ivan Solovic, Deputy Director & Head doctor of the National Institute of Tuberculosis, Lung Diseases and Thoracic Surgery in Vysne Hagy, Slovakia Prof. Stephen Obaro, National AMR Taskforce, Nigeria Mr. Raouf Mazou, Assistant High Commissioner for Operations, UNHCR Dr. Yukiko Nakatani, Assistant Director-General, Access to Medicines and Health Products & Assistant Director-General, Antimicrobial Resistance ad interim, WHO Dr. Poonam Dhavan, Director, Migration Health Division, IOM (Virtually) Dr. Christos Christou, International President, Médecins Sans Frontières (MSF)
09:25	<p>Final Reflections (2 mins per speaker)</p> <ul style="list-style-type: none"> H.E. Abdulrahman Al Owais, Minister of Health and Prevention, United Arab Emirates Dr. Ethel Maciel, Vice Minister of Health and Environmental Surveillance, Ministry of Health, Brazil
09:30	Closing remarks by moderator

Moderated by Dr. Cecilia Mundaca Shah, Associate Vice President for Global Health, UN Foundation

