

## Médecins Sans Frontières: Recommendations for the UN HLM on AMR

As an international medical humanitarian organization, Médecins Sans Frontières (MSF) provides free medical care to people affected by armed conflict, epidemics, natural disasters, and those excluded from healthcare in over 70 countries. In these settings, MSF has witnessed the growing impact of antimicrobial resistance (AMR) on patients, providers, and communities. Given its potential to undermine the very foundation of healthcare and inflict human and economic damage on a grand scale. Addressing AMR and averting its most catastrophic outcomes should be a priority across the world. AMR is already a crisis, however, and it is taking the most severe toll in low-resource settings like those where MSF works.

We have treated thousands of patients with infections from drug-resistant bacterial organisms, particularly among at-risk groups such as newborns, malnourished children, children under five, trauma/surgical patients and people living with HIV and tuberculosis. We have seen, for example: war-wounded patients in the Middle East with high rates of chronic osteomyelitis caused by drug-resistant organisms; severely malnourished children in Niger with bacterial sepsis resistant to carbapenems; and a neonatal unit in the Democratic Republic of the Congo where 75% of all bacteria found through diagnostic testing were resistant to first-line antibiotics.

Lack of capacity to precisely diagnose drug-resistant infections makes AMR more difficult to discern in low- and middle-income countries (LMICs), which means the rates of drug resistance that MSF's teams are seeing on the ground in our projects are likely just an alarming glimpse of a vast landscape of undetected resistance.

Equitable access to quality healthcare is not only at the core of MSF's mission – it is inseparable from the struggle against AMR. Safeguarding the health of any country's residents means equipping them to prevent and respond to threats wherever they arise. The needs of countries most heavily affected by AMR and least prepared to address it should therefore be near the top of the agenda.

Despite the global consensus that has emerged in recent years about the threat that AMR poses, competing urgent health priorities and lack of resources in LMICs have been a significant barrier to progress in implementing measures to counter resistant infections. The 2024 UN HLM represents a key opportunity for the global community to strengthen the response to AMR in all countries through a political declaration with clear, concrete and actionable commitments with meaningful indicators and benchmarks.

There are many components of AMR response urgently in need of strengthening in lower-resource settings. In such contexts multiple factors that drive drug resistance and intensify its impact are disproportionately present, including limited access to quality healthcare, clean water, sanitation and hygiene (WASH); unconstrained use of antibiotics in agriculture and livestock; environmental contamination; and climate change impacts. While all these issues are crucial to take on, our recommendations focus on access to quality human healthcare given MSF's first-hand experience addressing AMR in our medical projects and the pivotal role human healthcare can have in both driving and countering AMR.

**To help those who are being most directly and severely harmed by AMR and to avert the worst outcomes for the entire world, equitable global access to quality healthcare – specifically infection prevention and control, antimicrobial stewardship, and needed drugs, diagnostics and vaccines – must become an urgent priority for all nations. Research and development (R&D) for new antimicrobials is likewise essential but a balance must be struck in how resources are apportioned between this and other healthcare-related priorities. The innovations that do result from R&D must be equitably available to all who need them globally in a timely manner.**

**To effectively address AMR, States should prioritize the following elements:**

1. **Improving health systems' ability to prevent, detect, and respond to AMR worldwide by:**
  - a) Strengthening infrastructure and capacity for infection prevention and control (IPC) and antimicrobial stewardship (AMS) activities, particularly through workforce training and capacity-building;
  - b) Strengthening laboratory capacity, including development of infrastructure and training of personnel, as well as nurturing laboratory innovations that are adapted for impactful and sustainable use in low-resource settings;
  - c) Improving access to broadly preventive measures like WASH and vaccination that counter not only AMR but other infectious disease transmission.
  
2. **Equitable global access to affordable medical products for tackling AMR such as drugs and diagnostics, including both older and novel products.**

*For existing products, this entails:*

  - a) Enabling countries to collect good data on access;
  - b) Facilitating geographically diverse manufacturing;
  - c) Enabling countries to better manage supply chains and anticipate need; and
  - d) Fostering novel regional and international pooled procurement platforms through which LMICs countries can opt to access tools.

*For novel products, this entails:*

  - e) Additional public investment in R&D with strong conditions for access and affordability of resulting products built into any funding agreement.
  - f) Prioritization of public and nonprofit R&D initiatives, as these are most conducive to access, stewardship, and the kind of collaboration – such as sizable global clinical trial networks with sites in LMICs – that is needed to overcome the scientific bottlenecks in antibiotic R&D.
  
3. **Inclusive governance structures that represent and prioritize the needs of LMICs – with specific provisions to meet the needs of those in humanitarian settings – and are backed by financing that is adequate to meet global needs and fairly apportioned between states.**
  - a) The HLM outcome document should center the priorities of the communities most directly affected by AMR today.
  - b) Civil society must be assured meaningful participation in the formulation and governance of AMR-related initiatives, instruments, and accountability frameworks, including within the HLM process.
  - c) Addressing AMR globally will require robust financing well beyond what's currently available within existing funding mechanisms. Financing commitments and responsibilities should reflect countries' available resources and capacity, and funding mechanisms should be harmonized with existing programs for health and [pandemic preparedness and response](#) to reduce fragmentation and administrative burdens on LMICs.

Contact: Tara Newell, MSF Representative to the UN [tara.newell@newyork.msf.org](mailto:tara.newell@newyork.msf.org)