

قرار

Resolution

**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

**EM/RC71/R.4
October 2024**

**Seventy-first session
Agenda item 4(b)**

Promoting collaborative action to accelerate the response to antimicrobial resistance in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on promoting collaborative action to accelerate the response to antimicrobial resistance (AMR) in the Eastern Mediterranean Region;¹

Recalling Regional Committee resolutions EM/RC69/4 on building resilient health systems to advance universal health coverage and ensure health security in the Region, and EM/RC69/7 on advancing the implementation of One Health in the Region;

Recalling resolution WHA68.7 in which the World Health Assembly adopted the global action plan on antimicrobial resistance, and Executive Board resolution EB154/CONF./7 adopting the WHO strategic priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035;

Recalling Member States' commitment to the Muscat Manifesto of 2022, which aims to advance the implementation of AMR actions at the country level;

Noting that AMR is a global public health concern which threatens health, health systems and the achievement of the Sustainable Development Goals (SDGs);

Recognizing the urgent need to accelerate national and global responses to AMR, as reflected in resolution WHA77.6 of the World Health Assembly in May 2024 and the political declaration of the United Nations General Assembly High-Level Meeting on AMR in September 2024;

Concerned that the latest available data show that the Region has the highest and most rapidly rising levels of antibiotic consumption of any WHO region;²

¹ EM/RC71/4-Rev.1.

² Global antibiotic consumption & use [website]. Global Research on Antimicrobial Resistance; 2024 (<https://www.tropicalmedicine.ox.ac.uk/gram/research/global-antibiotic-consumption>, accessed 16 October 2024).

Concerned that the proportion of infections resistant to later-generation antibiotics is increasing in the Region;³

Acknowledging the imperative to put people and their needs at the centre of the AMR response, as outlined in the WHO people-centred approach to support national action plans;⁴

Recognizing that, while Member States of the Region have made progress in building AMR governance structures, generating data on resistance patterns and antibiotic consumption, and strengthening infection prevention and control (IPC), further coordinated actions are needed;

Mindful of the need for a differentiated AMR response tailored to different country contexts;

1. **ENDORSES** the regional people-centred collaborative approach to addressing AMR by building resilient health systems for UHC and health security;
2. **URGES Member States to:**
 - 2.1 Fully implement their AMR national action plans, and incorporate AMR into plans, resource allocation, governance systems and institutional functioning;
 - 2.2 Regulate and restrict sales of antimicrobials without prescription, as per the WHO AWaRe classification;
 - 2.3 Implement core components of IPC in line with the WHO global IPC strategy including ensuring access to water, sanitation and hygiene (WASH) and providing proper waste management;
 - 2.4 Increase vaccination coverage, review and update the vaccination schedule as needed, and include all relevant vaccines in national immunization programmes, including adult vaccinations based on risk, aligned with the priorities of each country;
 - 2.5 Ensure the availability, accessibility and sustainability of adequate stocks of essential antibiotics, AMR diagnostics and IPC supplies appropriate to levels of care at all times so as to avoid stock-outs in times of crisis;
 - 2.6 Ensure adequate IPC skills for all health care providers and stewardship skills for all authorized prescribers;
 - 2.7 Develop preparedness plans as per the identified national priority pathogens list, including simulation exercises, to meet emergencies including outbreaks of resistant pathogens;
 - 2.8 Strengthen national and facility-based surveillance of AMR and antimicrobial use to generate representative, quality data to guide IPC and stewardship programmes;
 - 2.9 Encourage national AMR research and build networks to undertake AMR research and innovation including behavioural and implementation science;

³ GLASS dashboard [online database]. World Health Organization; 2024 (<https://worldhealthorg.shinyapps.io/glass-dashboard/>, accessed 17 October 2024).

⁴ People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240082496>, accessed 13 October 2024).

3. REQUESTS the Regional Director to:

- 3.1 Support Member States to implement their AMR national action plans as necessary within all relevant health programmes;
- 3.2 Ensure that AMR context-specific adaptation and learning is disseminated through training networks and operational research;
- 3.3 Support Member States in ensuring that the prevention and appropriate management of infection is built into their emergency preparedness and response programmes;
- 3.4 Foster collaboration with partners such as professional organizations, civil society and the private sector to effect rapid scale-up of action on AMR;
- 3.5 Support the use of data on antibiotic consumption and resistance in policy development and programming; and
- 3.6 Report on progress in implementing this resolution to the 73rd and 75th sessions of the Regional Committee and present a final report to the Committee at its 77th session in October 2030.