

5.8.1 Antimicrobial resistance

Currently, more people are dying from lack of access to antimicrobials than from resistant infections. Ensuring equitable access to antimicrobials, both existing and new, as well as vaccines and diagnostic tools, is critical to realize the human right to health and address AMR. Bedaquiline and Delamanid, two promising new drugs for treatment of drug-resistant TB, are currently priced out of reach of patients and their governments and remain inaccessible to nearly 90% of people eligible to receive them. Therefore, we call upon MS to make use of TRIPS-flexibilities to promote generic production as a means of procuring affordable drugs.

Health systems strengthening is a core aspect of effectively addressing AMR. Despite lower antibiotic use per capita in the global South, there is higher resistance in these contexts than in places of antimicrobial excess. This is due to factors like poor public health expenditure and inadequate sanitation facilities. Consequently, we call on MS to improve investment in public health systems that have the capacity to follow up on patients treatment.

We acknowledge the WHO position that AMR is a threat to achieving UHC. However, we fear that without investment in public health, especially comprehensive primary health care, along with greater regulation of antimicrobial use in the private sector, cases of AMR will steadily increase.

Unless sustainable and tangible funding is mobilized, it will be difficult for LMIC to properly implement comprehensive NAPs. We urge WHO and MS to engage in discussions on envisioning global mechanisms for providing catalytic funding. Finally, we urge the Tripartite Agencies to finalize the Global Framework for Development and Stewardship and to support the principle of delinking as a core principle for access. It is a disgrace that in 2019 people are still dying because they cannot access the treatments that could cure them.