MEMBER STATE CONSULTATION TO ACCELERATE ACTION TO FIGHT ANTIMICROBIAL RESISTANCE IN THE ASIA PACIFIC

6 May 2024
Virtual meeting
MEETING REPORT

MEMBER STATE CONSULTATION TO ACCELERATE ACTION TO FIGHT ANTIMICROBIAL RESISTANCE IN THE ASIA PACIFIC

Convened by:

THE GOVERNMENT OF JAPAN,
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR SOUTH-EAST ASIA
AND REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants of the Member State Consultation to Accelerate Action to Fight Antimicrobial Resistance in the Asia Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Member State Consultation to Accelerate Action to Fight Antimicrobial Resistance in the Asia Pacific, held virtually on 6 May 2024.
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Asia / Drug resistance, Microbial / Regional health planning
SUMMARY

Antimicrobial resistance (AMR) significantly impacts health, economies and development. In the Western Pacific Region alone, AMR-related infections are projected to result in up to 5.2 million deaths and US$148 billion in economic costs between 2020 and 2030. The rising rates of antimicrobial-resistant infections will hinder the achievement of multiple Sustainable Development Goals.

The Member State Consultation to Accelerate Action to Fight Antimicrobial Resistance in the Asia Pacific was held virtually on 6 May 2024. The Consultation convened representatives from 34 Member States from the World Health Organization (WHO) South-East Asia and Western Pacific regions, with multisectoral representation from ministries of health, agriculture and the environment. Participants recognized AMR as one of the top 10 global public health and development threats to human health, health security, and global and national economies. It was acknowledged that the drivers of AMR extend beyond human health, with the overuse and misuse of antimicrobials in food production systems and spillover into the environment accelerating the rise of infections with drug-resistant pathogens in humans and animals.

The United Nations General Assembly (UNGA) High-Level Meeting on Antimicrobial Resistance in September 2024 offers a vital opportunity to stress the urgency of action against AMR at the highest level. The Government of Japan initiated the development of a joint position paper on AMR in the human health sector in the Asia Pacific region, to be submitted to the meeting. Prior to the Member State Consultation, all Member States in the WHO South-East Asia and Western Pacific regions were invited to review and provide comments on the joint position paper. During the Consultation, 10 Member States and three regional temporary advisers provided interventions, including comments on the joint position paper, and shared experiences of progress, challenges and good practices for addressing AMR.

1. INTRODUCTION

1.1 Meeting organization

The Member State Consultation to Accelerate Action to Fight Antimicrobial Resistance in the Asia Pacific was held virtually on 6 May 2024. The Consultation convened technical experts from ministries of health, agriculture and the environment to exchange information on addressing antimicrobial resistance (AMR) in the Asia Pacific region, and to review the joint position paper on AMR in the human health sector in the region, in preparation for its submission to the United Nations General Assembly (UNGA) High-Level Meeting on Antimicrobial Resistance in September 2024. The Consultation comprised plenary sessions and, during session three, Member States were invited to provide interventions on the joint position paper that would be taken into consideration by the Secretariat during a further round of revision of the paper.

A list of participants is available in Annex 1 and the meeting timetable in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to review a draft joint position paper that may include:

a. a joint statement highlighting progress, challenges and priorities in fighting AMR in the region, stating expectations for the UNGA High-Level Meeting on AMR in September 2024 and identifying priority actions for Member States; and

b. a review of progress of the Action Agenda for AMR in the Western Pacific Region, the ASPIRE initiative announced during the 2016 ministerial meeting, and
multisectoral national action plans for AMR, as well as to develop proposals for the way forward;
(2) to discuss the process for interested Member States to support and endorse the joint position paper; and
(3) to facilitate the exchange of country experiences and good practices for addressing AMR through the ASPIRE initiative and effective implementation, monitoring and evaluation, and updating of multisectoral national action plans for AMR across the Asia Pacific.

2. PROCEEDINGS

2.1 Opening session

In the opening session, Dr Saia Ma’u Piukala, Regional Director, WHO Regional Office for the Western Pacific, recognized AMR as one of the greatest challenges of our time, threatening human health, health security, and global and national economies. Dr Piukala acknowledged that the drivers of AMR extend beyond human health, with the overuse and misuse of antimicrobials in food production systems and spillover into the environment accelerating the rise in drug-resistant pathogens infecting humans and animals. The UNGA High-Level Meeting on AMR in September offers a vital opportunity to stress the urgency of action against AMR at the highest level. Dr Piukala thanked the Government of Japan for initiating the joint position paper that demonstrates the Asia Pacific’s regional leadership and political commitment to fight AMR and enhance global health security through a One Health approach.

Ms Saima Wazed, Regional Director, WHO Regional Office for South-East Asia, emphasized the growing concern that antimicrobials, including antibiotics, are becoming ineffective. The threat of AMR is real and urgent, and affects us all. Addressing AMR requires a whole-of-society and whole-of-government approach. Ms Wazed highlighted that AMR will be a subject of discussion at the Seventy-seventh World Health Assembly and at the UNGA High-Level Meeting on AMR. Both events offer the opportunity to raise awareness for a threat that, to date, has lacked the necessary financing and has seen slow progress in implementing interventions to address it.

Mr Tetsuya Itani, Director, Office of Global Health Cooperation, Ministry of Health, Labour and Welfare, Japan, recognized AMR as one of the top global threats to public health and development, particularly in the Asia Pacific region. In recent years, there has been a rapidly increasing number of deaths related to AMR, standards of care have been negatively impacted and health systems undermined. AMR affects countries in all regions and at all income levels, with consequences exacerbating poverty and inequalities particularly in low- and middle-income countries. Fighting AMR therefore requires accelerated international cooperation and leadership. Mr Itani expressed the Government of Japan’s commitment to promote responses to AMR using a One Health approach, integrate AMR responses into universal health coverage (UHC), secure financial provisions to implement AMR national action plans, drive initiatives such as the Asia-Pacific One Health AMR Initiative (ASPIRE), and strengthen leadership in the Asia Pacific.

Mr Lluis Vinals Torres, Director, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, acknowledged the importance of this consultation in the lead-up to the UNGA High-Level Meeting and presented the meeting objectives and agenda.

Dr Takeshi Nishijima, Technical Officer, WHO Regional Office for the Western Pacific, and responsible officer for the meeting, introduced the chairperson, Dr Feroza Sulaiman, Senior Principal Assistant Director, Head of Infection Control Unit, Ministry of Health, Malaysia.

2.2 Session 1: Towards the United Nations High-Level Meeting for AMR

Dr Kefas Samson, Technical Officer, Department of Global Coordination and Partnership, AMR Division, WHO headquarters, presented the road map towards the second UNGA High-Level Meeting
on AMR to be held in September, building on the momentum generated during the first High-Level Meeting held in 2016.

Another landmark event this year is the Fourth Global High-level Ministerial Meeting on AMR to be held in November in Saudi Arabia. WHO is leading the Quadripartite Joint Secretariat in preparation for these meetings. A multi-stakeholder hearing in May will facilitate an inclusive dialogue for the development of the political declaration for the UNGA High-Level Meeting. In addition, a strategic roundtable will be held during the Seventy-seventh World Health Assembly to discuss the specific priorities outlined in the *WHO strategic and operational priorities to address drug-resistant infections in the human health sector, 2025–2035*, adopted at the 154th session of the WHO Executive Board (EB154) in January 2024. The goal of the WHO strategic and operational priorities is to avert 1 million deaths from drug-resistant infections by 2030 and 2.5 million deaths by 2035. The four strategic priorities are: prevention of infection; universal access to affordable, high-quality diagnosis and appropriate treatment of infections; strategic information, science and innovation; and effective governance and financing of the human health sector response to AMR. The operational priority promotes the WHO people-centred approach and core package of country-level interventions.

WHO is also developing a white paper for the High-Level Meeting that aligns with these strategic and operational priorities and sets out six key recommendations in the following areas: effective leadership and governance; allocation of domestic and international funding; building evidence for action through strengthening AMR and accelerating implementation; scaling up learning, experience sharing and technical support; and promoting science, research and innovation. Dr Samson updated participants that in April this year the Global Leaders Group released recommendations outlining key recommendations to the High-Level Meeting. He concluded by urging Member States to participate in the event leading up to the UNGA, including the development of the political resolution.

Dr Viroj Tangcharoensathien, Advisor on Global Health for the Permanent Secretary Office, Ministry of Public Health, Thailand, presented the resolution adopted at EB154 on “Antimicrobial resistance: accelerating national and global responses”. Led by Thailand, a key driver for the development of the resolution was the need for multisectoral technical inputs for the content of the UNGA High-Level Meeting. Dr Tangcharoensathien noted that, since the adoption of the Global Action Plan in 2015, there has been minimal progress in addressing AMR despite numerous high-level meetings. While many countries have developed national action plans for AMR, major challenges persist in low- and middle-income countries, including the lack of funding and capacity to translate political intentions into actual implementation and outcome. He recounted that after confirmation that AMR would be included as a substantive agenda for EB154, Thailand led an extensive literature review to frame the content of the zero draft, covering the problems and solutions streams for Member States and WHO. Following a Member State negotiation process, the resolution – proposed by Australia, China, Ecuador, Egypt, the European Union (EU) and its 27 Member States, Japan, Mexico, Thailand, the United Kingdom of Great Britain and Northern Ireland, and the United States of America – was submitted to WHO for consideration and adoption at the Seventy-seventh World Health Assembly. In his conclusion, Dr Tangcharoensathien stated that the content of the resolution can frame the content of the UNGA High-Level Meeting AMR outcome document, together with inputs from the Quadripartite One Health partners and 2024 Global Leaders Group recommendations.

2.3 Session 2: Reviewing progress and gaps for AMR response in Asia-Pacific

Dr Bassem Zayed, Regional Advisor, Antimicrobial Resistance, Department of Communicable Diseases, WHO Regional Office for South-East Asia, presented on AMR progress in the South-East Asia Region. With 1.27 million global deaths directly caused by bacterial AMR and disproportionately affecting vulnerable groups, many countries in the South-East Asia Region have a higher burden of AMR pathogens compared to the rest of the world. AMR is a complex issue that needs to be addressed collectively, using a One Health approach. Since 2014, AMR has been a flagship health topic for the WHO South-East Asia Regional Office. Member States adopted the *Regional Strategy on Prevention and Containment of Antimicrobial Resistance 2010–2015* in 2010 and endorsed the Jaipur Declaration on AMR in 2011. All Member States in the South-East Asia Region have developed AMR national action plans, and several have endorsed their second national action plan. There has been significant
progress in the Region to develop and strengthen national AMR surveillance systems, and enrolment and reporting of data to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) has increased.

Dr Zayed acknowledged that while Member States have developed national action plans, few domestic resources have been mobilized to implement these plans, and there has been suboptimal coordination and lack of prioritized activities, such as stewardship and infection prevention and control (IPC), resulting in a call for urgent actions to address these identified challenges and integrate AMR into health system strategies. WHO has been working with Quadripartite partners to implement the Multi-Partner Trust Fund project in Bangladesh and Indonesia as well as the EU project on One Health AMR in India, Indonesia and Thailand, and working collaboratively with the Fleming Fund to support AMR implementation across beneficiary countries in the Region. Dr Zayed highlighted the need for forward-looking regional AMR priorities that include continued support to Member States in strengthening actions against AMR, reactivating the regional AMR working group, developing a strategic framework, estimating the AMR burden and socioeconomic impact of AMR in the Region, and establishing a regional AMR Strategic Technical Advisory Group.

Dr Nishijima then provided an overview of AMR response progress and gaps in the Western Pacific Region. He presented findings from the first WHO regional review of health and economic impacts of AMR. It estimates that between 2020 and 2030, bacterial AMR infections may cause up to 5.2 million excess deaths and that the total AMR-related economic cost is forecasted to reach US$ 148 billion in the Western Pacific Region. Furthermore, bacterial AMR-related mortality rates are considerably higher compared to mortality rates for tuberculosis (TB) and HIV/AIDS. In 2014, Member States endorsed the Action Agenda for AMR in the Western Pacific Region with three priority actions: strengthening development and implementation of comprehensive national action plans; improving AMR surveillance and monitoring of antimicrobial use; and strengthening health system capacity to contain AMR. In 2019, Member States endorsed the Framework for Accelerating Action to Fight Antimicrobial Resistance as an action guide to further accelerate actions to fight AMR. Currently, 22 out of 27 Western Pacific Member States are implementing AMR national action plans, with eight of these implementing their second national action plan.

In addition, in 2023, 22 Member States in the Region contributed to the global Tracking AMR Country Self-assessment Survey (TrACSS). Reviewing the latest results, 19 countries (86%) reported having multisectoral coordination mechanisms on AMR established with government leadership. However, only five countries (23%) responded that they had financial provisions for implementing AMR national action plans included in the national plans and budgets. To support Member States, the Western Pacific Regional Office’s “four beads in a chain” strategy to fight AMR focuses on four interconnected priority AMR activity areas: antimicrobial consumption surveillance, antimicrobial stewardship, AMR surveillance and AMR outbreak response. Furthermore, the Division of Health Systems and Services and the Health Emergencies Programme of the Western Pacific Regional Office, in collaboration with the Doherty Institute, University of Melbourne – a WHO Collaborating Centre on AMR – recently published a Guidance on establishing national and local AMR surveillance systems in the Western Pacific Region and Responding to Outbreaks of Antimicrobial-resistant Pathogens in Health-care Facilities: Guidance for the Western Pacific Region.

WHO has also conducted in-country missions to support the strengthening of AMR surveillance and laboratory capacity in Cambodia, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia and the Philippines. Furthermore, based on the regional guidance, WHO has supported national capacity-building workshops in Cambodia, Fiji and Malaysia to strengthen AMR outbreak response in hospital settings. Dr Nishijima introduced the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACCSS) established in 2019, which supports Member States to strengthen systems for monitoring antimicrobial consumption and develop evidence-based policies and interventions to curb the overuse and misuse of antimicrobials. A total of 16 countries and areas were currently enrolled in WPRACCSS, with eight reporting data in 2023. Dr Nishijima emphasized that funding remains a critical gap in implementing action to fight AMR, and that progress varies substantially across the Region.
2.4 Session 3: Proposed joint position paper on AMR in the human health sector in the Asia Pacific Region

Mr Itani presented on the development process and importance of the proposed joint position paper on AMR in the human health sector in the Asia Pacific region. The position paper is a joint statement by Asia Pacific health ministers or representatives on the urgency and importance of recognizing the threat of AMR in the region, and emphasizes the need to accelerate the response. Ministers of health or representatives will be invited to formally endorse the paper on 28 May 2024 at a ministerial side meeting held during the Seventy-seventh World Health Assembly. Once formally endorsed, the position paper will be submitted to the UNGA ahead of the High-Level Meeting on AMR in September 2024. Mr Itani emphasized the importance of the position paper in highlighting the differences in the experiences of, and responses to, AMR across the Asia Pacific. The Government of Japan’s drive to lead this initiative builds on the 2016 Tokyo Meeting of Health Ministers on AMR in Asia, where ASPIRE was launched. He stressed that eight years after this flagship meeting, it is time to take stock of progress, identify challenges and recommit to global actions to fight AMR in the region. Since 2017, the Japanese Ministry of Health, Labour and Welfare has held the annual Tokyo AMR One Health Conference that promotes international cooperation and adoption of the One Health approach. Mr Itani concluded by summarizing the position paper consultation process to date. Prior to this Member State Consultation, all Member States in the region has been invited to review and comment on the draft position paper and a 16 Member States did so.

Dr Feroza introduced Dr Ng Oon Tek, Head and Senior Consultant, Antimicrobial Resistance Coordinating Office, National Centre for Infectious Diseases, Ministry of Health, Singapore, to moderate the Member States intervention session. Dr Ng opened the session and encouraged Member States to provide interventions on the joint position paper and share their country experiences. During the session, 10 Member States provided interventions, namely: Bhutan, Cambodia, China, Cook Islands, Malaysia, Papua New Guinea, Philippines, the Republic of Korea, Solomon Islands and Thailand.

Member States appreciated the Government of Japan and WHO for leading this initiative. They supported the joint position paper and its submission to the UNGA ahead of the High-Level Meeting on AMR. Member State interventions affirmed their commitment to implement the proposed strategies and priorities to combat AMR, including strengthening multisectoral coordination mechanisms using a One Health approach, integrating AMR into health systems and promoting the WHO people-centred approach. Member States expressed their commitment to collaborate with WHO and other Member States to collectively address AMR and enhance global health security. They emphasized the critical role of a comprehensive strategy to effectively address the urgent need for targeted awareness raising among parliamentarians, local governments and policy-makers regarding AMR. Member States acknowledged the common challenge of a lack of dedicated funding, and pledged to advocate for and explore sustainable and dedicated funding mechanisms to finance national action plan implementation.

A key suggestion from Member States was to acknowledge that there is significant variation in the AMR situation among countries and areas, and in the capacity to detect and respond to AMR at the national and even the subnational level. Consequently, progress and effectiveness in responding to AMR will vary from place to place and AMR prevention and control measures need to be tailored to local contexts. Member States also highlighted the lack of capacity and capabilities to address AMR in resource-limited countries, including the lack of skilled health-care professionals to implement antimicrobial stewardship and meet population health needs.

Dr Ng then invited the regional temporary advisers to provide comments. Dr Norio Ohmagari, Director, WHO Collaborating Centre for Prevention, Preparedness and Response to Antimicrobial Resistance, National Center for Global Health and Medicine, Japan, commended the paper’s focus on taking a people-centred approach and for providing concrete solutions to field-level problems. Dr Ohmagari recommended emphasizing the importance of preventing AMR cases through strengthening IPC and water, sanitation and hygiene (WASH). Dr Vivian Lin, Executive Associate Dean and Professor, Faculty of Medicine, University of Hong Kong, Hong Kong SAR (China), reflected on the overuse and misuse of antimicrobials, and inequitable access to antimicrobials during the COVID-19 pandemic.
AMR is a systemic problem and reflects the nature of society and the economy. The problems affecting AMR and UHC are intertwined, such as limited health workforce, logistical and supply issues, and lack of enforcement of regulations. Dr Lin recommended strengthening the reference to UHC in the joint position paper and emphasizing the need for a strong systemic approach that is whole-of-society and whole-of-government. Ms Margaret Leong, Infection Prevention and Control Advisor, The Pacific Community, Fiji, supported the inclusion of IPC in the joint position paper, highlighting its crucial role in the prevention and containment of AMR. She reflected that in Pacific island countries and areas there is critical need to further engage political commitment and leadership to strengthen sustainable implementation of functional IPC and WASH programmes at all levels of the health system.

2.5 Antimicrobial survivor story

Developed by the WHO Regional Office for the Western Pacific together with the WHO Representative Office for the Philippines, an AMR advocacy video described an AMR survivor’s 10-year journey battling multidrug-resistant TB. After a decade of treatment, the survivor reflected on the huge physical, emotional and economic costs that AMR has inflicted on her and her family. Long-term profound hearing loss and the experience of stigma and discrimination in the workplace and community have left lasting impacts. Now, as a wife and mother of two young children, this AMR survivor is grateful for every year she remains TB free and she works to raise awareness about AMR so that antibiotics continue to be effective for her children and future generations.

2.6 Closing session

Dr Nishijima summarized the conclusions from the Consultation and way forward. A total of 16 Member States had submitted comments by email on the draft joint position paper and 10 Member States made interventions during the Consultation. The Secretariat will consider all comments received during the revision of the draft joint position paper. Member States were encouraged to submit comments during the next review period once they receive the revised position paper. For further revision of the joint position paper, Dr Nishijima acknowledged the suggestions to recognize that challenges and responses vary greatly across the Region, to infuse a greater sense of urgency into the language used in the paper, and to add key TrACSS data from the Asia Pacific region. Following further consultation with participants of this meeting, the final draft joint position paper will be sent out for endorsement by health ministers, either by email and/or during the ministerial side meeting at the Seventy-seventh World Health Assembly. The meeting will be a ceremonial event during which health ministers or their representatives will be invited to formally endorse the joint position paper. Following formal endorsement, the paper will be submitted to the UNGA High-Level Meeting on AMR.

Dr Suman Rijal, Director, Department of Communicable Diseases, WHO Regional Office for South-East Asia, gave the closing remarks. Dr Rijal expressed his deepest gratitude for the active engagement and contributions of the participants during the Consultation. The discussions held and information shared will be invaluable in shaping the direction of the Asia Pacific joint position paper. He urged participants to engage directly with health ministers and relevant ministries to convey the urgency of these collective efforts and seek endorsement of the joint position paper as a vital stride towards consolidating global action to promote the whole-of-society, whole-of-government approach to address AMR. The ministerial side meeting during the Seventy-seventh World Health Assembly presents a unique opportunity for Member States to shape global health agendas, influence national policies and mobilize resources for AMR worldwide. Dr Rijal thanked the participants for their ongoing commitment and looked forward to future collaborations in navigating this critical journey to promote health, keep the world safe and serve the vulnerable.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- Progress has been made in the Asia Pacific to respond to AMR since the 2016 Tokyo Meeting of Health Ministers, during which ASPIRE was launched. However, there remains an urgent need to increase political commitment to accelerate national and regional responses to AMR. Common challenges include insufficient dedicated and sustainable domestic funding, inadequate infrastructure and a shortage of skilled human resources.
- In the lead-up to the UNGA High-Level Meeting on AMR in September 2024, the development and endorsement of the joint position paper on AMR in the human health sector in the Asia Pacific provides the opportunity to draw attention to the urgent need for action on AMR.
- The commitment of Member States to address AMR and their active support in reviewing and providing comments on the draft joint position paper were acknowledged. Recommendations for revision of the joint position paper included the need to emphasize the variability of progress across the region, to convey a greater sense of urgency and to include data from TrACSS.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1. Engage with health ministers and relevant ministries to convey the urgency of this collective initiative to address AMR in the Asia Pacific region.
2. Advocate for the endorsement of the joint position paper by health ministers.
3. Urge health ministers to attend the ministerial side meeting on AMR to be held at the Seventy-seventh World Health Assembly on 28 May 2024.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

1. Continue to support collective regional initiatives aimed at raising the profile of AMR and implementing sustainable actions to address AMR in the Asia Pacific.
2. Support Member States in finalizing and endorsing the joint position paper on AMR in the human health sector in the Asia Pacific region ahead of its submission to the UNGA High-Level Meeting on AMR.
ANNEXES

Annex 1. List of participants

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### PROVISIONAL AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker/notes</th>
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<tr>
<td>10:30 – 11:00 (UTC +8)</td>
<td>Registration</td>
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<tr>
<td>11:00 – 11:30</td>
<td><strong>Opening session</strong></td>
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<td>- Welcome and opening remarks</td>
<td>Saia Ma’u Piukala, Regional Director, WHO Regional Office for the Western Pacific (WPRO)</td>
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<td>- Overview of objectives and agenda</td>
<td>Saima Wazed, Regional Director, WHO Regional Office for South-East Asia (SEARO)</td>
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<td>- Administrative announcements</td>
<td>Tetsuya Itani, Director, Office of Global Health Cooperation, Ministry of Health, Labour and Welfare, Japan</td>
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<td>- Announcement of Chairperson and Moderator</td>
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<td>- Group photo (virtual)</td>
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<tr>
<td>11:30 – 11:45</td>
<td><strong>Session 1: Towards the United Nations High Level Meeting for AMR</strong></td>
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<td></td>
<td>1.1 Towards the United Nations High Level Meeting for AMR in 2024</td>
<td>Kefas Samson, Technical Officer, Department of Global Coordination and Partnership, AMR Division, WHO Headquarters</td>
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<td>1.2 Proposed AMR resolution for the World Health Assembly in 2024</td>
<td>Viroj Tangcharoensathien, Advisor on Global Health for Permanent Secretary Office, Ministry of Public Health, Thailand</td>
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<td>11:45 – 12:00</td>
<td><strong>Session 2: Reviewing progress and gaps for AMR response in Asia-Pacific</strong></td>
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<td>2.1 Progress and gaps in the AMR response in the South-East Asia Region</td>
<td>Bassem Zayed, Regional Advisor for AMR, Communicable Disease Department, SEARO</td>
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<td>12:00 – 12:15</td>
<td>Mobility break</td>
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<td>12:15 – 13:30</td>
<td><strong>Session 3: Proposed joint position paper on AMR in the human health sector in the Asia Pacific Region</strong></td>
<td>Takeshi Nishijima, Technical Officer, EMT/DHS/WPRO</td>
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<td>3.1 Presentation of joint position paper and proposed process for interested Member States to support and endorse the joint position paper</td>
<td>Tetsuya Itani, Director, Office of Global Health Cooperation, Ministry of Health, Labour and Welfare, Japan</td>
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<td>3.2 Interventions from Member States</td>
<td>Moderator</td>
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<td>13:30 – 13:45</td>
<td>Break: Video of an AMR survivor’s story</td>
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<td>13:45 – 14:00</td>
<td><strong>Closing Session</strong></td>
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<td>Conclusions &amp; way forward</td>
<td>Takeshi Nishijima, Technical Officer, EMT/DHS/WPRO</td>
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<td>Closing remarks</td>
<td>Suman Rijal, Director of Communicable Diseases, SEARO</td>
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<td>14:00</td>
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