

Summary of the sixth Tokyo AMR One-Health Conference 2024

February 28, 2024

On February 28th, 2024, the Tokyo AMR One-Health Conference was held online by the Ministry of Health, Labour and Welfare of Japan (MHLW) with the support of the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization Regional Offices for South-East Asia (SEARO) and the Western Pacific (WPRO) and the World Organisation for Animal Health (WOAH). There were 184 participants from 34 countries mostly from the Asia-Pacific Region and international organizations, including director-level officials at ministries of health, agriculture and environment, researchers, medical professionals and AMR focal points from related institutions and organizations. They shared their expertise and experience and engaged in productive discussions. This conference was held to follow up on the progress of the Asia-Pacific One-Health Initiative on AMR (ASPIRE*) launched at the Tokyo Meeting of Health Ministers on AMR in April 2016.

*ASPIRE was launched to jointly identify and tackle challenges posed by AMR in the Asia-Pacific region by drawing a roadmap to actualize the regional frameworks of AMR in four priority areas, 1) Surveillance system and laboratory network, 2) Health-care management, 3) Antimicrobial access and regulation, 4) Research and development.

[Objectives of the 2024 Conference]

- To share progress in implementing, updating and monitoring and evaluation of AMR National Action Plans following the One-Health approach in the Asia-Pacific region.
- To showcase available resources to support accelerating actions to fight against AMR in countries in the Asia-Pacific region.
- To share and discuss progress made by the four working groups in 2023 and plan activities for 2024 especially toward the UNGA High-Level Meeting.

[Conference Agenda]

- Opening Session: Speeches from MHLW, the Ministry of Agriculture, Forestry and Fisheries (MAFF) and the Ministry of the Environment (MOE) of Japan and WHO
- Session 1: Progress of National Action Plans on AMR through One-Health approach (Fiji, Indonesia and Lao PDR)
- Session 2: Available Global/Regional Resources for Countering AMR (The Antimicrobial Resistance Research Center at the National Institute of Infectious Diseases (NIID) and AMR Clinical Reference Center in the National Center for Global Health and Medicine (NCGM) of Japan, the National Institute of Health (NIH) of Republic of Korea, the University of Melbourne of Australia, Fleming Fund, The Transatlantic Task Force on AMR (TATFAR), and Kingdom of Saudi Arabia)
- Session 3: Update on AMR through One-Health Approach (FAO, UNEP and WOAHA)
- Session 4: Working Group discussion and short presentation on WG discussion
 - WG1: Surveillance system and laboratory network (Chair: Japan)

WG2: Health-care management (Chair: Japan)

WG3: Antimicrobial access and regulation (Chair: WPRO and Japan)

WG4: Research and development (Chair: Thailand and Singapore)

- Closing Session: Speeches from MHLW of Japan, The Global Leaders Group (GLG) on AMR

[Conference Outcomes]

1. Progress of National Action Plans on AMR through the One-Health approach

Fiji, Indonesia, and Lao PDR presented the progress and challenges in each country's national action plans on AMR.

2. Available Global/Regional Resources for Countering AMR

- **The NIID, Japan**, WHO-CC for AMR surveillance and research (JPN-97), introduced three activities:

1) implementation of ASIARS-Net, 2) technical support for Tricycle Surveillance, and 3) support AMR outbreak response based on the WPRO's AMR Outbreak Guidance.

- **The NCGM, Japan**, WHO-CC for Prevention, Preparedness and Response to Antimicrobial Resistance (JPN-98), presented their activities: 1) surveillance (J-SIPHE), 2) antimicrobial stewardship, and 3) improvement of public awareness.

- **The NIH, Republic of Korea**, WHO-CC for AMR Reference and One-Health Research (KOR-110), introduced technical support activities in the field of AMR, such as 1) technical assistance to Member States with low resources for strengthening capacity building of laboratories in AMR surveillance, 2) technical assistance for EQA programs among AMR laboratories, and 3) collaboration with WHO and Member States to implement and conduct AMR research.

- **The University of Melbourne, Australia**, WHO-CC for Antimicrobial Resistance (AUS-150), presented the overarching theme of their work, which supports WHO and international partners to strengthen prevention, surveillance and response to AMR.

- **The Fleming Fund** introduced their work; the fund is the single largest investment in AMR surveillance globally and has helped increase data production in low- and middle-income countries. They also discussed broad opportunities for increasing impact through collaboration, such as mapping and exchanging information on AMR relevant investments at country, regional and global level.

- **The TATFAR** introduced their work plan, which aims at coordinating efforts to address AMR through four key areas, namely 1) appropriate antimicrobial use in human and veterinary medicine, 2) surveillance and prevention of AMR, 3) strategies to improve financial incentives, access, research and development of antimicrobial drugs, diagnostics and alternatives and 4) cross-cutting actions to improve awareness and disseminate information.

- **The Kingdom of Saudi Arabia** talked about the 4th High-Level Ministerial Conference, which will be held in Riyadh in November 2024. Saudi Arabia will support dialogue and convergence between the G7, G20 and UNGA High-Level Meeting and target-setting for ministerial work towards the common objectives of the One-Health approach.

3. Update on AMR through the One-Health Approach

- **FAO** presented their countermeasures against AMR in the Asia-Pacific region. Their strategy involves policy support, behavior change, evidence-based messaging and reduction in the need for antimicrobial use.
- **UNEP** delivered key messages regarding connections between AMR and other planetary crises including climate change, biodiversity loss and pollution.
- **WOAH** provided updates on AMR and AMU. They have published the 5th edition of their annual AMU report, which includes updated data in the animal health sector.

4. Working Group Session

- **WG1** aims to enhance collaboration and capacity in AMR surveillance. They discussed Tricycle surveillance and ASIARS-Net implementation. Suggestions include expanding sample collection and utilizing ASIARS-Net for data submission to WHO GLASS. The projects are in the third year of the ASPIRE program. Contact details were provided for those interested.
- **WG2** discussions highlighted the importance of risk assessment for AMR outbreaks in medical settings. Different methodologies may be needed for hospitals in different locations due to cultural and resource differences. It was suggested to involve various healthcare workers in workshops to promote shared understanding. There was enthusiasm for distributing the risk assessment methodology globally and fostering a no-blame culture in outbreak investigations. International support was expressed for promoting risk assessment for AMR outbreaks.
- **WG3** gave three presentations, each followed by discussion. Firstly, they discussed non-prescription antibiotics, highlighting their global prevalence and potential link to antimicrobial resistance. Utilizing community pharmacies as a resource was emphasized to address this issue. Secondly, Singapore's comprehensive antimicrobial stewardship program was introduced, which positively leverages technology to impact policy and clinical practice. Lastly, Japan's new facility, the Veterinary AMR Center, was introduced, highlighting its role in quality assurance and education. The need for integrated One-Health surveillance, incorporating genomic data to analyze associations between human, animal, and environment in the area of antimicrobial resistance and antimicrobial use was suggested as a valuable direction.
- **WG4** gave presentations from three organizations: CARB-X, GARDP, and the Global AMR R&D Hub. CARB-X and GARDP focus on funding research and development for AMR products, CARB-X concentrating on the middle stage of development and GARDP covering the entire process. The Global AMR R&D Hub provides an evidence base to enhance AMR R&D activities and policies across the One-Health spectrum. The three organizations are eager to get information and have more collaboration with researchers and countries in the Asia-Pacific region.

5. Opening Session and Closing Session

- **WHO and the GLG on AMR** both emphasized the importance of the UNGA High-Level Meeting, noting the need for concrete actions to tackle ongoing challenges on AMR. They also reiterated the importance of the region's role in the international community.

The government of Japan declared continuous support in the framework of ASPIRE.