

**African Youth Antimicrobial Resistance Alliance Task Force
Position Statement on AMR**

**AMPLIFYING AFRICA'S
PRIORITIES AND KEY ASKS
FROM UN MEMBER STATES
ON ANTIMICROBIAL
RESISTANCE**

**AFRICAN YOUTH
POSITION STATEMENT**

**For the United Nations General Assembly High-Level
Meeting on AMR to be held on September 26, 2024.**



AFRICAN YOUTH
ANTIMICROBIAL RESISTANCE ALLIANCE TASK FORCE

April 2024

PREAMBLE

The youth of Africa anticipate the UNGA High-level Meeting on AMR to deliver ambitious commitments that accelerate equitable efforts towards curbing Antimicrobial Resistance (AMR) globally. AMR disproportionately impacts communities in the African continent which also faces a large burden of infectious diseases compared to other parts of the world (except for Asia). The diverse cultural values, prevalence of infectious diseases (including Neglected Tropical Diseases), weak healthcare systems, fragmented supply chains and economic dimensions impose distinct challenges in the fight against AMR. It is therefore imperative to recognize that the future of Africa depends on, among other developmental issues, effectively addressing the threat of AMR, as its impact extends to the economic development and social stability of the continent.

Confronted by the threat to modern medicine [AMR], and the unprecedented risk to the future of young people in Africa, we, the African Youth AMR Alliance Task Force, a consortium of 14 youth-led and youth-serving networks in Africa, representing over 600,000 youth voices in combined membership, put forward our position.

We, the African Youth AMR Alliance Task Force, recognize the major milestones achieved following the UNGA 2016 High-level Meeting on AMR commitments. Regrettably, the processes did not proactively engage the voice of young people, yet this group comprises the populations that are disproportionately vulnerable to the adverse socio-economic effects of AMR.

Recalling the United Nations General Assembly resolution 71/3 of 22nd September 2016 which reiterates that antimicrobial resistance challenges the sustainability and effectiveness of the public health response to infectious diseases, communicable diseases, and epidemics as well as gains in health and development and the attainment of the 2030 Agenda. We also recall the African Union position STC/HPDC/3 which reaffirms that AMR threatens the achievement of Sustainable Development Goals and Agenda 2063, related to human, aquatic, marine, and terrestrial animal health, biodiversity and ecosystems, clean water, poverty, and hunger.

We invite policymakers, private and public organizations, civil society, youth, and other interested stakeholders to read our position.



Dr. Akinpelu Sodiq Mayowa
Chairperson, Executive Board
African Youth AMR Alliance Task Force

AFRICAN YOUTH POSITION

The following are our concise positions on AMR as African Youth, for the UNGA 2024 High-level Meeting on AMR.

1. YOUTH PARTICIPATION

ACKNOWLEDGING that youth are among the generations most threatened by AMR and further noting that the awareness and understanding of the impacts of AMR on vulnerable communities mostly in Africa, is still insufficient.

RECOGNIZING the important role that young people play worldwide to raise awareness and provide innovative solutions to the issue of AMR, and further noting the importance of meaningful youth participation in decision-making processes.

EMPHASIZING the importance of recognizing the lived experiences and expertise of the youth, local communities, and taking into account the need to foster inclusivity (of vulnerable communities) and interculturality, and engage youth from these local communities in Africa.

We call on Parties to:

- I. Ensure all relevant UN agencies, institutions, and intergovernmental organizations create a Youth Advisory Council on AMR to support meaningful youth engagement in the decision-making processes.
- II. Ensure youth representatives are incorporated in the national and sub-national structures of their respective countries' Antimicrobial Stewardship Interagency Committees and/or Technical Working Groups.
- III. Establish Youth focal points on AMR in relevant ministries to support the development, implementation, and review of National Action Plans on AMR.
- IV. Encourage diversity in the representation of their national delegates and establish effective mechanisms to include young people in their negotiating teams.
- V. Encourage governments, intergovernmental organizations, institutions, and civil society to incorporate youth engagement in their inclusivity and equity efforts.
- VI. Ensure governments, intergovernmental organizations, institutions, and civil society work towards suppressing stereotypes associated with youth engagement and non-respectful engagements such as tokenistic approaches.
- VII. Encourage governments, intergovernmental organizations, institutions, and civil society to urgently dedicate, and make readily accessible, funds to support youth participation in decision-making processes and actions with implications on AMR at all levels.

2. SUSTAINABLE ACTION

RECOGNIZING that socio-economic dimensions in the African continent are a major driver of AMR in the region, and further noting that AMR threatens to push millions of people into poverty, and reverse the progress made towards SDG 1.

ACKNOWLEDGING that AMR affects food security and nutrition by compromising the effectiveness of antimicrobials used in agriculture and animal husbandry, thereby hindering the achievement of SDG 2.

FURTHER ACKNOWLEDGING that AMR threatens effective management of maternal and neonatal health, tuberculosis, malaria, safe surgery, HIV prevention and control, and the management of non-communicable diseases.

FURTHER NOTING that AMR is propagated by lack of access to safe, effective and affordable essential antimicrobials, diagnostics, vaccines and other health technologies, compromising attainment of UHC and overall achievement of SDG 3: Good health and wellbeing for all.

ACKNOWLEDGING that lack of access to clean water, sanitation, and hygiene (WASH) facilities causes infections, leads to increased use of antimicrobials, and contributes to the rise of resistant microorganisms that impact health burden of infectious diseases and increase morbidity and mortality rates.

NOTING that lack of awareness and education about responsible antimicrobial use and consumption exacerbates AMR, and further emphasizes the need for sound management of antimicrobials and antimicrobial-contaminated wastes as part of SDG 12 targets.

EMPHASIZING that addressing AMR requires international cooperation, coordinated global partnerships, and multi-stakeholder collaboration between countries, public and private institutions, academia, civil society organizations, and youth networks.

We call on Parties to:

- VIII. Ensure the establishment of pragmatic targets for AMR intervention within the framework of United Nations Sustainable Development Goals (SDGs), as a means of delivering sustainable and equitable action towards AMR mitigation.
- IX. Strengthen financial and social protection strategies for poor and vulnerable populations, to allow equitable and affordable access to effective antimicrobials.
- X. Strengthen sustainable food production by enhancing investments that reduce the need for antimicrobials in agrifood systems, while encouraging divestment from farmers who irresponsibly use antimicrobials in their farm products.
- XI. Provide equitable access to good primary healthcare services, and strengthen the implementation of National Action Plans at the community and primary care level.
- XII. Strengthen access to functional Water, Hygiene, and Sanitation (WASH) infrastructure, and waste management systems at the Primary health care (PHC) and Tertiary healthcare facilities.
- XIII. Develop national policies and guidelines for pharmaceutical and healthcare waste management, empower relevant agencies to measure antimicrobials and associated residues in wastewater effluent, and set discharge targets to reduce contamination
- XIV. Ensure comprehensive and universal AMR education, by integrating community-based AMR control strategies into educational curricula at all levels.
- XV. Support community antimicrobial stewardship built upon cultural traditions and practices, and strengthen mutual partnerships between communities and relevant government agencies.
- XVI. Promote a One Health approach through collaborative partnerships between relevant UN agencies, public and private institutions, youth networks, academia, and civil society organizations.

3. GLOBAL ACCOUNTABILITY FRAMEWORK

ACKNOWLEDGING that addressing AMR requires action by governments, international organizations, the private sector, youth networks, academia, and civil society, across human, animal, and environmental health sectors.

EMPHASIZING that antimicrobials are a global common good to humans for the benefit of humans, animals, and plants and that AMR is increasingly threatening to render existing treatments ineffective against many infections.

FURTHER EMPHASIZING that AMR disrupts the gains in maternal and neonatal health, tuberculosis, malaria, safe surgery, HIV prevention and control, and the management of non-communicable diseases.

NOTING that AMR is among the top 10 world's most serious public health threats and a pandemic that continues to disrupt sustainable development progress.

We call on Parties to:

- XVII. Ensure that AMR is included under the scope of International Health Regulation (IHR) instruments on pandemic prevention, preparedness, and response.
- XVIII. Strengthen national capacity for AMR surveillance to monitor, detect, and share data on drug-resistant microorganisms.
- XIX. Ensure international cooperation towards equitable access to vaccines, diagnostic tools, antimicrobials, and other medical countermeasures including infection prevention and control measures.
- XX. Ensure monitored progress and evidence-led planning based on gaps identified through global tools such as the Quadripartite's Annual Tripartite AMR Country Self-assessment Survey and the IHR's Joint External Evaluation.

4. FINANCING

RECALLING the Abuja declaration OAU/SPS/ABUJA/3 of April 2001, in which AU member states pledged to set a target of allocating at least 15% of their annual budgets to the health sector.

RECALLING ALSO the Call to Action at the High-level Interactive Dialogue on Antimicrobial Resistance of April 2021, which signatories commit to work towards sufficient and sustainable funding for AMR-specific and AMR-sensitive actions across One Health, including as part of COVID-19 recovery plans and achieving Universal Health Coverage including at countries level, the Tripartite organization and UNEP, and other relevant UN and multilateral organizations, including the Multi-Partner Trust Fund (MPTF) on AMR, as well as integration of AMR into UN Financing for Development agenda.

RECOGNIZING that there is inadequate financial support currently available for sustainable implementation of National Action Plans on AMR, particularly in Africa.

ACKNOWLEDGING that more financial support and incentives are required to secure a sustainable pipeline of new antimicrobials, vaccines, diagnostics, waste management tools, and safe and effective alternatives to antimicrobials, and to ensure equitable access to these resources.

We call on Parties to:

- XXI. Urge AU member states to recommit to their pledge of allocating 15% of their annual budgets to health, and up-scale predictable domestic financing for the implementation of National Action Plans on AMR.
- XXII. Expand financing of AMR-specific and AMR-sensitive actions in most impacted countries through a new financial intermediary fund, created specifically to boost efforts towards addressing AMR.
- XXIII. Strengthen global and long-term commitment to AMR, by scaling-up momentous investment in AMR Multi-Partner Trust Fund, to expand accessible financing to high-burden countries.

Endorsed by: [Link](#)



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