5th Global High-level Ministerial Conference on Antimicrobial Resistance

FIFTH GLOBAL HIGH-LEVEL MINISTERIAL CONFERENCE ON ANTIMICROBIAL RESISTANCE

ABUJA, FEDERAL REPUBLIC OF NIGERIA. 6-8 December 2026

ABUJA COMPACT ON ANTIMICROBIAL RESISTANCE

CONSULTATION DRAFT

"One Health: Advancing Global AMR Commitments Through Local Action."

We, the Ministers and Representatives of Member States participating in the **Fifth Global High-Level Ministerial Conference on Antimicrobial Resistance (AMR)**, convened in Abuja by the Federal Republic of Nigeria on 6-8 December 2026 under the theme "One Health: Advancing Global AMR Commitments Through Local Action".

RECOGNIZING that AMR remains one of the most urgent global health and development challenges of our time, threatening human, animal, plant, and environmental health, food security, livelihoods, resilient human and animal health systems, economic stability, and sustainable development, while disproportionately affecting low- and middle-income countries and vulnerable populations.

FURTHER RECOGNIZING that bacterial AMR directly causes an estimated 1.1 million and 4.7 million associated deaths annually, with approximately US$855 billion[1] in annual healthcare and productivity losses and a projected 11% decline in livestock production in low- and middle-income countries (LMICs), causing annual global GDP losses up to US$ 1.7 trillion and food insecurity to 2 billion people worldwide by 2050[2]. Also, that 39 million AMR-related deaths are projected to occur between 2025 and 2050[3], a situation that is unsustainable, unacceptable and avoidable. Therefore, requires urgent and decisive global action across sectors to prevent and contain the threat.

CONCERNED that AMR constitutes a development challenge threatening the achievement of the Sustainable Development Goals and the African Union Agenda 2063, affecting human health, aquatic, marine and terrestrial animal health, biodiversity and ecosystems, clean water, poverty eradication, and hunger;

RECALLING the Political Declaration of the 2024 United Nations General Assembly High Level Meeting on AMR to secure adequate financing for at least 60% of national action plans on AMR, thereby accelerating global implementation efforts;

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1 Estimating the return on investment from tackling antimicrobial resistance

2 EcoAMR series (Health and Economic Impacts of AMR in Human and Food-Producing Animals)

3 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext

WELCOMING the World Health Assembly decision A79/5 Add.2[4] and Resolution 18[5] of the 93rd General Session of the World Organisation for Animal Health (WOAH), adopted in May 2026, approving the updated Global Action Plan on AMR 2026–2036; the report of the 44th Session of the FAO Conference and Resolution 14/2025 on addressing AMR in agrifood systems; and United Nations Environment Assembly resolution UNEP/EA.7/Res.11[6], adopted in December 2025, on the environmental dimensions of antimicrobial resistance.

ACKNOWLEDGING the recent 2025 WHO GLASS and WOAH ANIMUSE reports, which demonstrate continued expansion of AMR and antimicrobial use surveillance (AMU) activities across countries and sectors; and in particular noting the decline in the use of antimicrobials for growth promotion, while remaining deeply concerned that antimicrobials classified as critically important for human medicine continue to be used inappropriately, including for growth promotion in animal production;

REAFFIRMING the commitments made at previous Ministerial Conferences on AMR, including those held in the Netherlands (2014 and 2019), the Muscat Ministerial Manifesto (2022), and the Jeddah Commitments (2024); the importance of strengthening the voice, leadership, participation, and ownership of LMICs, in shaping the global AMR agenda and advancing context-appropriate and sustainable implementation approaches;

RECALLING the adoption by the Assembly of Heads of State and Government of the African Union of the African Common Position on AMR (Assembly/AU/Decl.3(XXXIII); as well as the African Union Landmark Report on AMR[7], which underscores the importance of sustained political leadership, adequate domestic financing, and strengthened One Health capacities across the continent;

COGNIZANT that persistent financing gaps continue to undermine the implementation of national action plans on antimicrobial resistance, particularly in low- and middle-income countries; and noting with concern that only about 10% of national action plans globally are currently adequately funded for implementation, we acknowledge the urgent need for more sustainable, predictable, and country-driven financing approaches;

RECOGNIZING the importance of increased domestic resource allocation and emerging initiatives, including the Accra Agenda and the Accra "Reset" initiatives, in integrating AMR into broader national financing, health, agriculture, and environmental sector budgeting frameworks to strengthen country ownership, improve financing efficiency, and support resilient and sustainable One Health mechanisms;

DEEPLY CONCERNED about the persistent gap in access to infection prevention measures including water and sanitation services, and persistent inequities in access to quality-assured antimicrobials, alternatives to antimicrobials, diagnostics, vaccines, laboratory systems, surveillance capacity, veterinary services, resilient agrifood systems, waste and wastewater management, strong pollution prevention and control mechanisms, continue to impede the

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4 Draft updated global action plan on antimicrobial resistance 2026–2036

5 https://www.woah.org/app/uploads/2026/05/gs93-2026-res-18-tech-gap-amr-en.pdf

6 https://docs.un.org/en/UNEP/EA.7/Res.11

7 https://africacdc.org/download/african-union-amr-landmark-report-voicing-african-priorities-on-the-active-pandemic/

effective implementation of AMR responses in settings that bear a disproportionate burden of AMR, particularly in LMICs and among vulnerable populations in humanitarian contexts;

RECOGNIZING FURTHER the importance of strengthening laboratory infrastructure, workforce capacity across sectors, sector-specific and integrated surveillance systems, genomic surveillance, digital information systems, and interoperable data platforms to improve the detection, monitoring, and reporting of AMR and AMU data within and across sectors; and noting the need to support global and regional laboratory strengthening initiatives, including through the Pandemic Fund and related mechanisms, to accelerate the expansion of laboratory and diagnostic capacity, particularly in low- and middle-income countries;

RECOGNISING ALSO the important role of the Quadripartite organizations, the Global Leaders Group (GLG), the AMR Multi-Stakeholder Partnership Platform (MSPP) as a broad and inclusive stakeholder convening mechanism, and the Troika mechanism in strengthening global coordination, continuity, implementation support, advocacy, and accountability; considering also the ongoing efforts to establish the Independent Panel on Evidence for Action against AMR (IPEA) as an important milestone in strengthening the global science-policy interface, evidence-informed policymaking, implementation learning, and coordinated and accountable action across the One Health spectrum;

COGNIZANT that the Abuja High-level Ministerial Conference represents a critical inflexion point midway between the 2024 United Nations General Assembly High-Level Meeting on AMR and the next UNGA meeting foreseen in 2029, and following the adoption of the Global Action Plan on AMR 2026-2036, providing an important opportunity to assess progress, identify implementation gaps, strengthen accountability, and accelerate practical action, particularly in LMICs;

COMMIT to advance tangible progress in the global response to AMR by accelerating the implementation of high-impact interventions across sectors, particularly infection prevention measures, equitable access to quality-assured antimicrobials, alternatives to antimicrobials, diagnostics and vaccines and other essential products, implementing pollution prevention and control measures, and waste and wastewater management to reduce the discharges into the environment, and ensuring their appropriate and responsible use, and disposal of antimicrobials guided by a One Health approach particularly in developing countries as a means of contributing towards the achievement of the global target of reducing deaths associated with bacterial AMR by 10 per cent by 2030 relative to the 2019 baseline set out in the 2024 UNGA political declaration on AMR. This entails sustained political leadership and ensuring country ownership, whole-of-government and whole-of-society engagement, increased domestic resource allocation, long-term investment, enhanced international cooperation, strengthened global AMR governance and accountability.

ACCELERATING IPC, WASH, BIOSECURITY AND COMMUNITY ENGAGEMENT ACROSS THE ONE HEALTH SPECTRUM

WE RECOGNIZE that prevention remains one of the most cost-effective and sustainable strategies and is foundational for reducing the burden of AMR and scaling up comprehensive prevention measures across sectors, including strengthening infection prevention and control programmes; improving water, sanitation, hygiene, pollution prevention measures, waste and wastewater management, and environmental health systems. Further recognise that expanding immunisation and animal vaccination programmes; strengthening biosafety and biosecurity measures; improving food safety and sustainable agrifood production practices; and promoting good husbandry and animal health practices that reduce reliance on antimicrobials; and minimize the discharges into the environment, knowing that reducing AMU in livestock by 30% globally within five years could deliver significant economic benefits, of approximately US$120 billion in global GDP between 2025 and 2050[8]

WE NOTE current evidence that highlights the critical importance of infection prevention and control (IPC), water, sanitation and hygiene (WASH), and vaccination interventions in reducing infections, limiting the emergence and spread of resistant pathogens,[G] and potential to avert up to 700,000 deaths annually in LMICs, and thereby contribute to advancing progress towards the global target of reducing AMR-associated deaths by 10% by 2030;

WE UNDERSCORE the importance of context-specific, community-driven behavioural and social interventions, and the involvement of youth to enhance awareness and education on reducing infections and antimicrobial misuse and overuse, as well as safe disposal of antimicrobials.

EQUITABLE ACCESS TO QUALITY-ASSURED ANTIMICROBIALS, DIAGNOSTICS, VACCINES, AND OTHER ESSENTIAL HEALTH AND VETERINARY PRODUCTS

WE RECOGNIZE that resilient and sustainable procurement and supply chain systems are critical to reducing shortages, stock disruptions, and inequitable access to AMR countermeasures, particularly in LMICs and underserved settings;

WE RECOGNIZE ALSO that strengthened regulatory systems and antimicrobials are essential to effectively address the challenge of substandard and falsified medical and veterinary products, and over-the-counter sales of antimicrobials that undermine human and animal health systems and drive AMR;

WE ACKNOWLEDGE the potential that lies in establishing and/or strengthening local or regional manufacturing capacity, particularly in LMICs, considering the environmental aspects to avoid additional discharges into the environment, as a pathway to longer-term sustainable solutions to access to Antimicrobials, diagnostics, vaccines across sectors and others

WE ACKNOWLEDGE the critical importance of advancing Research and Development (RCD) and the role of government, academia, research institutions and private sector players to promote innovation and development of and access to new antimicrobials, vaccines, diagnostics, and alternatives to antimicrobials, and other essential products across sectors to ensure continuous capacity to treat infections in the future.

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8 EcoAMR series (Health and Economic Impacts of AMR in Human and Food-Producing Animals)

9 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00878-X/abstract

STRENGTHENING GOVERNANCE, ACCOUNTABILITY, AND WORKFORCE CAPACITY FOR EFFECTIVE IMPLEMENTATION THROUGH A COORDINATED ONE HEALTH APPROACH

WE RECOGNIZE that sustainable progress against AMR requires adequately resourced, functional, and effective multisectoral governance mechanisms that facilitate coordination across sectors and levels of government and meaningful engagement of civil society, academia, communities, and the private sector; and the need to strengthen national One Health mechanisms to maximise complementarities, efficiencies and impact at country level.

WE FURTHER RECOGNIZE the critical role of existing AMR global governance structures, including the quadripartite, the GLG, MSPP, and acknowledge the progress made towards establishing the IPEA in facilitating the generation and use of multisectoral, scientific evidence to support efforts to tackle antimicrobial resistance (AMR) through a One Health spectrum.

SUSTAINABLE FINANCING AND INVESTMENT FOR AMR

WE RECOGNIZE that inadequate and unsustainable financing constitutes a principal barrier to implementation, thereby impeding AMR containment efforts at the country level.

WE ACKNOWLEDGE the need for political prioritisation of AMR and for adequate domestic resource allocation as the most viable option for sustainability and country ownership, particularly in the context of the current global financing and development landscape.

WE RECOGNIZE the role of existing catalytic financing mechanisms, including the AMR Multi-Partner Trust Fund (AMR-MPTF), Multi-lateral Development Banks such as the World Bank and Regional Development Banks, Bilateral support as well as other relevant financing platforms, in supporting coordinated and sustainable country action.

The 5th Global High-Level Ministerial Conference on AMR resolves to advance global AMR commitments through local action, within a One Health framework.

We, the Member States attending and endorsing the 5th Global High-Level Ministerial Conference on AMR, hereby commit to:

1. Strengthening national One Health coordination mechanisms, including anchoring such a structure at the highest appropriate level of government, including the Office of the President or Prime Minister, to advance coordinated and sustainable One Health action. This will also include strengthening the global antimicrobial resistance governance architecture by leveraging the complementary roles of existing mechanisms and platforms, including the Troika mechanism, the Quadripartite organisations, the GLG, MSPP, and the IPEA, in order to promote continuity, coherence, accountability, implementation learning, and effective monitoring of progress, including through the use of the Tracking AMR Country Self-Assessment Survey (TrACSS).

2. Contribute to the effective implementation of the recently adopted global action plan on AMR 2026-2036, aligning with national priorities and within our respective national and regional contexts; and endorse the practical, actionable and scalable prevention, access, diagnosis, appropriate use and flagship initiatives proposed by the host country to accelerate implementation, particularly in low- and middle-income countries.

3. Expand and accelerate the implementation of high-impact prevention measures, including infection prevention and control, water, sanitation and hygiene, vaccination, biosafety, biosecurity, waste and wastewater management to reduce infections and the need to use antimicrobials in line with relevant sector-specific agendas such as health security, pandemic prevention, preparedness and response (PPPR), the RENOFARM initiative and environment/climate.

4. Resolve to implement and strengthen national, sector-specific and integrated surveillance systems for antimicrobial resistance (AMR) and antimicrobial use (AMU). Systematically report data to established global surveillance platforms, including FAO's InFARM, WHO's GLASS and WOAH's ANIMUSE and publish national surveillance reports. Commit to utilise surveillance data to inform cost-effective policymaking and to monitor progress towards national targets for reducing antimicrobial use in human and animal health.

5. Allocate and increase domestic resources to adequately finance and accelerate the implementation of multisectoral National Action Plans, including by integrating AMR into national planning and budgeting processes, particularly in low- and middle-income countries, and to ensure consistent progress monitoring for accountability and sustainability.

6. Advance regional and national financing initiatives, such as the Accra "Reset" agenda and related sustainable financing efforts, to strengthen country ownership, support long-term investment in One Health systems, and accelerate progress towards closing the global AMR financing gap.

7. Strengthen collaboration among Member States, multilateral development banks, international financial institutions, bilateral donors, philanthropic organisations, regional institutions, and the private sector to advance coordinated and catalytic financing approaches that support the sustainable implementation of AMR commitments, particularly in low- and middle-income countries.

8. Call upon multilateral financing institutions (such as the World Bank and regional development banks) to advance innovative financing, including AMR-sensitive financing and investment frameworks that support the integration of AMR into grants and lending instruments.

9. Integrate AMR into broader national development, national security, and health system agendas, including the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), Primary Health Care (PHC), Pandemic Prevention, Preparedness and Response (PPPR), agrifood systems and food security, climate resilience, waste management, environment health and other sustainable development planning, while promoting South-South, regional, and triangular cooperation.

10. Promote the establishment or strengthening of national and regional Access Frameworks to support timely, affordable, equitable, and sustainable access to quality-assured antimicrobials, alternatives to antimicrobials, diagnostics (including rapid and point-of-care technologies), vaccines, and other essential health products. This will include resilient supply chains and sustainable procurement; promoting regional manufacturing; harmonising regulation; and cooperating to combat the proliferation of substandard and falsified medical and veterinary products while promoting responsible use.

11. Promote national, regional and international cooperation to increase investment in global RCD for new antimicrobials, alternatives to antimicrobials, diagnostics, vaccines and innovations across sectors, while ensuring equitable access, uptake, and implementation capacity.

12. Call upon the Quadripartite organisations and global partners, within their respective mandates, to facilitate coordination, technical support, capacity development, dissemination of scalable best practices, partnership coordination, reporting and accountability.

We commit to maintaining momentum towards the next High-Level Ministerial Meeting, hosted by (*XXX TBD*) in 2028, and the High-Level Meeting on AMR in 2029, including the presentation of consolidated progress updates on all commitments made to date.

Issued in Abuja, Federal Republic of Nigeria

8th December 2026

The "Abuja Compact on Antimicrobial Resistance" is considered under the category of non-legally binding instruments.