Summary of Tokyo AMR One Health Conference 2025

February 19, 2025

The Ministry of Health, Labour and Welfare of Japan (MHLW) co-hosted the Tokyo AMR One Health Conference from 18 to 19 February 2025 with the World Health Organization (WHO) Regional Offices for the Western Pacific (WPRO) and South-East Asia (SEARO). The Conference was also supported by the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Environment Programme (UNEP). Due to the COVID-19 pandemic, previous conferences were held online; this year marks the first in-person meeting in five years.

The conference was attended by 164 participants (118 on-site and 46 online) from 29 countries and 16 international organizations, including officials from the ministries of health, agriculture, fisheries, and the environment, researchers, medical personnel, and antimicrobial resistance (AMR) personnel from Asia-Pacific countries, to share their experiences and knowledge. Lively discussions took place.

Purpose of the Conference

The "Tokyo Meeting of Health Ministers on AMR" held in April 2016 served as the catalyst for launching the "Asia-Pacific One Health Initiative on AMR (ASPIRE)", a regional framework for addressing AMR in the Asia-Pacific region.

ASPIRE has identified priority areas common across the region and promotes AMR countermeasures through four working groups:

1. Surveillance systems and laboratory networks
2. Health-care management
3. Antimicrobials access and regulation
4. Research and development

The conference serves as a platform to review the progress of these working groups and national action plans on AMR across ASPIRE member countries, and to share challenges and best practices.

Theme of the Year

"From advocacy to action"

* Following the Second UN General Assembly High-Level Meeting on AMR held in September 2024, several global numerical targets were adopted in the political declaration. This year's conference theme focuses on discussing concrete measures to achieve these targets.

Agenda

Opening Session	Speeches from the MHLW, Ministry of Agriculture, Forestry and Fisheries(MAFF), WPRO, and WHO-Headquarters (WHO-HQ)
Session 1	Progress and Trends in AMR in the Global and Asia-Pacific Regions Presentations from the Quadripartite*, Saudi Arabia, and the Global AMR R&D Hub *The Quadripartite refers to four international organizations: FAO, UNEP, WHO, and WOAH.
Session 2	Progress on National Action Plans on AMR in Member Countries Presentations from Japan, Nepal, and the Philippines, followed by a panel discussion featuring Japan, Malaysia, Tonga, and Vietnam.
Session 3	"From Advocacy to Action (Part 1)" - Concrete Measures Against AMR Presentations from the Quadripartite, Thailand, and Sri Lanka
Session 4	Poster Session and Discussion A session featuring posters summarizing the status of AMR National Action Plans from 28 countries, followed by a panel discussion with representatives from Cambodia, Fiji, and Singapore.
Session 5	"From Advocacy to Action (Part 2)" - Concrete Measures Against AMR Presentations from the Maldives, ASEF, Indonesia, SECURE, and GARDP
Session 6	"From Advocacy to Action (Part 3)" - Concrete Measures Against AMR Presentations from WHO-HQ, Hokkaido University, WHO-HQ(BPPL), and ICARS
Session 7	Working Group Discussions and Presentations WG1: Surveillance Systems and Laboratory Networks (Chair: Japan) WG2: Health-care Management (Chair: Japan) WG3: Antimicrobials Access and Regulation (Chairs: WPRO and Japan) WG4: Research and Development (Chairs: Thailand and Singapore)
Closing Session	Speeches from SEARO and MHLW

Conference Outcomes

(1) Opening Speeches

- **WHO-HQ, MAFF, and MHLW** emphasized the need for more concrete actions against AMR, referring to the numerical targets outlined in the political declaration adopted at the Second UN General Assembly High-Level Meeting on AMR, held in September 2024.

- **WPRO** announced the release of a document titled "Japan's AMR Response 2013-2025", developed by WPRO in collaboration with the WHO Collaborating Centre JPN-98 - the AMR Clinical Reference Center at the National Center for Global Health and Medicine, which summarizes the development and evolution of Japan's first and second National Action Plans on AMR (NAP), The document was released to coincide with this conference.

(2) Global and Regional Trends Related to AMR

- **The Quadripartite (FAO, UNEP, WHO, WOAH)** provided a summary of the status of AMR measures in Asia-Pacific countries, based on pre-meeting survey results and TrACSS (Tracking AMR Country Self-Assessment Survey) data. Key issues highlighted included the lack of dedicated budgets for NAP, insufficient implementation of WASH (Water, Sanitation, and Hygiene) and limited antimicrobial usage (AMU) surveillance.

- **Saudi Arabia** provided an overview of the Fourth Global High-level Ministerial Conference on AMR, held in November 2024, along with its outcome document, the Jeddah Commitments. Notable elements included the One Health AMR Learning Hub and the Antimicrobial Access and Logistics Hub.

- **The Global AMR R&D Hub** showcased its contributions to evidence-based decision-making (EBDM), including working groups on pull incentives and One Health, as well as its AMR research and development dashboards: the Investments Gallery, Pipeline Gallery, and Incentives Gallery.

(3) Progress on National Action Plans on AMR in Member Countries

- **Japan** presented its past initiatives in line with the contents of "Japan's AMR Response 2013-2025", a document developed by WPRO in collaboration with WHO Collaborating Centre JPN-98. Lessons learned included the importance of establishing surveillance systems and setting and implementing targets that are tailored to each country's context.

- **Nepal** shared its efforts to strengthen surveillance capabilities in the livestock sector, with regard to monitoring antimicrobial resistance rates and usage volumes (AMR and AMU surveillance). It also highlighted its efforts to promote the prudent use of antimicrobials in animal husbandry as part of its AMR strategy.

- The Philippines presented its efforts to develop the third edition of the AMR National Action Plan (2024-2028), which included a comprehensive review of the second edition (2019-2023). This review was conducted through multiple workshops and interviews, and the Philippines highlighted that the process incorporated diverse perspectives from a wide range of stakeholders, including government agencies, international partners such as WHO and FAO, academia, hospitals, and professional organizations.

- A panel discussion was held.

Malaysia emphasized the importance of setting concrete numerical targets in its AMR National Action Plan, as well as the need to establish surveillance systems to monitor current indicators.

Tonga highlighted the unique challenges faced by Pacific Island countries, pointing to geographic isolation as a major barrier to accessing healthcare, supplies and information. It stressed the necessity of building regional cooperation networks, including data sharing.

Viet Nam outlined its two-part AMR response framework, consisting of the National Strategy on AMR (2023-2030), which sets out a long-term vision and roadmap, and a shorter-term Action Plan (2024-2025) that breaks down the strategy into sector-specific measures.

(4) From Advocacy to Action (Part 1–3) - Concrete Measures Against AMR

- **The Quadripartite (WHO, WOAH, FAO, UNEP)** presented its vision to integrate existing surveillance data - such as WHO's GLASS, WOAH's ANIMUSE, and FAO's InFARM - into a unified platform called GISSA (Global Integrated Surveillance for AMR/AMU). It also announced plans to establish a Regional Technical Working Group on AMR/AMU Integrated Surveillance in Asia and the Pacific by the end of 2025.

- **Thailand** highlighted that it has a national policy committee on AMR, chaired by the Deputy Prime Minister, to ensure sustained high-level commitment to AMR countermeasures. It also noted that, under its previous National Action Plan on AMR (2017-2022), three out of five goals were successfully achieved.

- **Sri Lanka** presented its efforts to promote the appropriate use of antimicrobials, focusing on the application of the AWaRe classification. In particular, it shared that in 2024, the country released a localized AWaRe classification list and the second edition of the guideline titled "Empirical and

Prophylactic Use of Antimicrobials - 2024".

- **The Maldives** presented its initiatives related to antimicrobial prescribing. In particular, it addressed the issue of selling antimicrobials without prescriptions, sharing that by strengthening efforts such as pharmacist awareness and sales inspections, the country was able to significantly reduce the sale of non-prescription antibiotics.

- **The Asia-Europe Foundation (ASEF)** has been promoting activities that link AMR measures with Universal Health Coverage (UHC) since 2018. ASEF highlighted its application of the WHO's People-Centered Approach (PCA) to AMR initiatives in four countries: Indonesia, Thailand, Kazakhstan, and Sweden.

- **Indonesia** announced its "National Strategy for AMR Control 2025-2029" in August 2024. This strategy is based on the WHO PCA framework and consists of 3 foundations and 4 pillars. It is broken down into 14 interventions, 41 priority actions, and 103 activities.

- **SECURE** classified antibiotics into three archetypes based on the WHO AWaRe classification and provided detailed insights into the market characteristics of each. It emphasized that optimal approaches to interventions - such as procurement and stockpiling methods, supplier contracting, and government subsidies - differ depending on the archetype. SECURE also introduced a range of useful tools to support these activities.

- **GARDP** presented its activities in the Asia-Pacific region, including clinical research on neonatal sepsis (such as NeoSep1), the advancement of zoliflodacin as an oral treatment for gonorrhea, and efforts to improve access to cefiderocol.

- **WHO-HQ** introduced WHO initiatives - such as GLASS and the AWaRe classification - that can be leveraged to support the numerical targets outlined in the political declaration adopted at the "Second UN General Assembly High-Level Meeting on AMR." It also emphasized that WHO's three-tier organizational structure, consisting of headquarters, regional offices, and country offices, enables more effective support to member states.

- **Hokkaido University** presented the progress and current status of One Health research in Japan. It also showcased successful intervention cases, including colistin resistance in pigs and cephalosporin resistance in poultry, and emphasized the need for further research to promote the One Health approach and to better understand the risk of human infection through food and livestock.

- **WHO-HQ** explained the updates and development process of the WHO Bacterial Priority Pathogen List 2024, which was published in May 2024. While the list serves as a global guide for antimicrobial

development, it was noted that it should be appropriately adapted to each country's context when used to inform national policies and interventions.

- **ICARS** stated that it is important to adopt both top-down and bottom-up approaches when working with countries on AMR countermeasures. The top-down approach involves securing political commitment from ministries and other relevant authorities, while the bottom-up approach entails collaborating with local universities, research institutions, and stakeholders to develop solutions tailored to each country's context.

(5) Poster Session and Discussion

- A poster session, featuring posters from **28 countries** focusing on current progress in the Asia-Pacific region towards achieving the UNGA Political Declaration goals and targets, was moderated by WPRO/SEARO at the venue.

- A panel discussion was also held.

Cambodia stated that in order to promote the One Health approach, it is important to establish not only technical platforms but also political platforms, such as a joint committee involving three ministries (Ministry of Health, Ministry of Agriculture, and Ministry of Environment).

Fiji pointed out that the Pacific Ocean acts as a geographical barrier, resulting in long lead times for obtaining pharmaceuticals. It also noted that due to factors such as its small population, its purchasing power is limited when procuring medicines. Therefore, Fiji stated that a pooled procurement mechanism could be one solution to these challenges.

Singapore pointed out that the inclusion of numerical targets in the political declaration of the Second UN General Assembly High-Level Meeting on AMR provides a clear international goal. It also stated that this can serve as a basis for cross-country activities (international cooperation) and cross-ministerial initiatives (One Health approach), potentially facilitating the advancement of these efforts.

(6) Working Group Session

- "WG1: Surveillance Systems and Laboratory Network" discussed support for the introduction of ASIARS-Net and the Tricycle Surveillance Project.

For ASIARS-Net, the University of Melbourne is already providing human and technical support to countries such as Fiji, and is also supporting the integration of ASIARS-Net with WHONET. In parallel, efforts are being made to promote the utilization of ASIARS-Net in other countries through training workshops and joint meetings - for example, in Vietnam, where the listing of participating medical institutions for a pilot implementation is already underway.

For the Tricycle Project, countries currently receiving technical support - Malaysia, Indonesia, and Vietnam - are continuing implementation. At the same time, other countries are being invited to newly join the project to further expand its reach. Discussions will continue on strategies to transition this initiative into a sustainable activity.

- **"WG2: Health-care management"** discussed the enhancement of outbreak response capabilities and wastewater surveillance.

Regarding outbreak response, Malaysia, Cambodia, and the Philippines shared their experiences with the Train-the-Trainer (TOT) workshops supported by WPRO, including implementation and follow-up activities. The need to establish an AMR outbreak reporting system using appropriate data was emphasized. Additionally, the Field Epidemiology Training Program (FETP) was recognized as a potential contributor to the development of rapid response teams.

In the area of wastewater surveillance, discussions included the utilization of surface water surveillance and its application across hospitals, communities, and the animal sector. Participants also discussed key challenges such as the lack of standardized methodologies, funding, human resources, and intervention strategies.

Participants were encouraged to remain engaged in ongoing discussions to further develop these initiatives.

- **"WG3: Antimicrobials access and regulation"** discussed the online sale of non-prescription antibiotics and issues related to healthcare access.

Online sales were identified as a potential contributor to antimicrobial resistance (AMR), highlighting the need for strengthened monitoring systems and coordination with private companies and healthcare institutions. At the same time, concerns were raised that stricter regulations could lead to supply challenges and increased financial burdens in remote areas, potentially limiting access to healthcare services.

Balancing reliable access to insured healthcare services with effective pharmaceutical regulation was emphasized. To achieve this, participants emphasized the need to advance data collection efforts, consider regulatory and enforcement measures tailored to each country's context, and promote the development of networks both within and beyond the region.

Ongoing dialogue and international collaboration were encouraged to address the challenges surrounding non-prescription antibiotics and to explore viable solutions.

- **"WG4: Research and Development"** discussed a range of potential research themes, including bacteriophages and disease burden studies in island nations from a health economics perspective. Among these, One Health surveillance emerged as the central focus of the discussion.

It was highlighted that, within One Health research, the environmental sector remains significantly underrepresented compared to the human and animal sectors. There is still limited understanding of the actual transmission pathways from the environment to humans, as well as the extent to which AMR microorganisms in the environment impact human health - indicating substantial room for further investigation.

Moreover, several aspects of environmental surveillance were identified as underdeveloped, such as its objectives, sampling strategies (including where and how to collect samples), and how to translate findings into actionable measures. Since environmental sample collection involves fewer ethical concerns than human or animal sampling, it was recognized as a promising area for collaborative research within this framework.

Participants were encouraged to continue discussions to further refine and advance this research agenda.

(7) Closing Speeches

- **SEARO** stated that this conference serves as a vital platform for shaping the future direction of efforts to fight AMR in the Asia-Pacific region. It emphasized the urgent need for sustained financial and technical support, the strengthening of regulatory frameworks, and enhanced regional cooperation as key points highlighted during the conference.

- **The Government of Japan** reaffirmed its commitment to the ASPIRE framework and called for continued participation in the initiative.