

Summary of Tokyo AMR One Health Conference 2026

February 26, 2026

The Ministry of Health, Labour and Welfare of Japan (MHLW) co-hosted the Tokyo AMR One Health Conference from 26 to 27 February 2026 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 Organization for Animal Health (WOAH), the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Environment Programme (UNEP), and was held online.

The Conference was attended by 222 participants from 30 countries comprising officials from the ministries of health, agriculture, and environment, researchers, healthcare professionals, and representatives of relevant organizations in the Asia-Pacific region, as well as AMR focal points from international agencies. They shared their experiences and knowledge and engaged in active discussions.

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 Tokyo AMR One Health Conference is convened to report on the progress of these working groups and receive feedback, to review the status of AMR National Action Plans in ASPIRE member countries, and to share best practices and challenges.

The concept for this year

At the previous Tokyo AMR One Health Conference, the current status and gaps in each country's progress toward the goals set out in the political declaration of the Second High-Level Meeting of the United Nations General Assembly on AMR and the "[Asia-Pacific Joint Position Paper](#)" were mapped out through a questionnaire survey, poster sessions, and other activities. Key gaps identified included the lack of nationwide surveillance and insufficient laboratory capacity. To address these common challenges among Asia-Pacific countries, activities are being advanced through the working groups.

Agenda

Opening Session	Speeches by the Ministry of Health, Labour and Welfare(MHLW); the Ministry of Agriculture, Forestry and Fisheries(MAFF); the Ministry of the Environment(MOE); and WPRO
Session 1	Current Situation and Future Directions in the Asia-Pacific Region Presentations by WHO (WPRO/SEARO) and the Quadripartite* *The Quadripartite refers to four international organizations: FAO, UNEP, WHO, and WOA. H.
Session 2	Working Group Session (Part 1) Presentations and discussions by: WG1: Surveillance Systems and Laboratory Network ✧Including presentations on practical initiatives from Vietnam and Indonesia WG2: Clinical/Healthcare Management ✧Including presentations on practical initiatives from Malaysia and Cambodia
Session 3	Activities of WHO Collaborating Centres (WHO-CCs) Presentations by Thailand (THA-93), India (IND-161), and Australia (AUS-72)
Session 4	Working Group Session (Part 2) Presentations and discussions by: WG3: Access to and Regulation of Antimicrobials WG4: Research and Development
Session 5	Activities of International Organizations and Stakeholders Presentations by PATH, GARDP, and CartaNova Inc.* * Participated only in Session 5
Closing Session	Speeches from SEARO and MHLW

Conference Outcomes

(1) Opening Speeches

- **MHLW, MAFF, and MOE** noted that antimicrobial resistance (AMR) is not limited to the human health sector but represents a highly complex and critical global challenge that cuts across multiple sectors. While emphasizing the necessity of a One Health approach, they introduced initiatives being undertaken by their respective ministries. They also reiterated the background to the establishment of ASPIRE and its significance, underscoring the need to address AMR on an ongoing basis through a One Health approach that leverages ASPIRE's regional framework.

- **WPRO** noted that the Conference has evolved beyond a one-time meeting into a trust-based community. They also referred to WHO estimates indicating that up to five million deaths in the Western Pacific region alone could be attributable to AMR between 2020 and 2030, and stated that WHO will continue to work with its Member States to further accelerate efforts to address AMR.

(2) Global and Regional Trends Related to AMR

- **WHO (WPRO/SEARO)** shared the latest results of the 2025 [TrACSS](#) (Tracking AMR Country Self-Assessment Survey). The findings highlighted challenges related to securing budgets for national action plans (NAPs), establishing nationwide surveillance systems, and implementing national infection prevention and control (IPC) programmes. In addition, the latest findings from the [Global Antimicrobial Resistance Surveillance System \(GLASS\) Report 2025](#) were presented, which indicated that one in three urinary tract infections, one in six bloodstream infections, and one in fifteen gastrointestinal infections are caused by antimicrobial-resistant organisms. WHO emphasized the need for collective and coordinated action to slow the emergence and spread of antimicrobial resistance.

- **The Quadripartite (FAO, UNEP, WHO, WOA)** presented their respective initiatives. FAO introduced the activities of RENOFARM aimed at reducing antimicrobial use for sustainable agrifood systems, while WOA presented antimicrobial use monitoring in animals through ANIMUSE, including successful examples of actual reductions in antimicrobial use. SEARO reported on activities in Member States, such as regional workshops on the detection of fungal infections and susceptibility testing. WPRO introduced initiatives to strengthen outbreak preparedness and response for hospitals, AMR surveillance, antimicrobial stewardship and the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS). UNEP presented activities from the environmental perspective, including workshops and initiatives to raise awareness at the community level.

(3) Working Group Session

- **“WG1: Surveillance Systems and Laboratory Network”** discussed support for the implementation of ASIARS-Net and the Tricycle Surveillance Project.

For ASIARS-Net, ongoing trials in Vietnam have been advanced through training workshops, data submission, feedback report development, and joint meetings with a military hospital network and a major microbiological testing company. In Indonesia, coordination of the ASIARS-Net installation on the Indonesian MOH server has continued since the MOA for its use was finalized in 2025. A preprint of the ASIARS-Net review paper was also made available on the ASPIRE homepage.

For the Tricycle Project, surveillance has already been conducted in Malaysia, Indonesia, and Vietnam, where technical support has been provided. Some of the bacterial strains obtained through surveillance have been transported to Japan for antimicrobial susceptibility testing and genomic analysis. At the same time, other countries are being invited to 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 capacity building, Malaysia and Cambodia shared their experiences with the Train-the-Trainer (TOT) workshops supported by WPRO, including domestic workshops for healthcare workers and public health officers 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 testing methodologies and interpretation of the results, 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 current status of non-prescription antibiotic use, the balance between access to antimicrobials and regulatory measures, and the implementation of antimicrobial stewardship.

Many countries have legal frameworks regulating the prescription and sale of antimicrobials. However, enforcement varies in practice, and non-prescription sales in pharmacies were reported to still occur. In particular, in remote areas or regions with limited healthcare resources, access to medical facilities is often difficult, and cases were noted where antibiotics are obtained without a prescription. At the same time, it was pointed out that strengthening regulations on antibiotics could potentially limit access to healthcare in remote or low-resource settings. Therefore, participants emphasized the importance of balancing appropriate regulation with ensuring access to antimicrobials.

Furthermore, it was shared that even where policies and legal frameworks exist, implementation at the healthcare facility level remains insufficient in many settings. Antimicrobial stewardship (AMS) was recognized as an important mechanism linking policy and clinical practice, and as essential for achieving a balance between access and regulation.

As a future initiative, the organization of an ASP workshop was proposed to strengthen antimicrobial stewardship in the Asia-Pacific region by sharing Japan's experience. The workshop aims to support participants in developing country-specific action plans through discussions on hospital-level AMS implementation, diagnostic stewardship, and the sharing of experiences among participating countries.

- **“WG4: Research and Development / Lab capacity building”** presented and discussed 3 topics. The first presentation provided an overview of the current status of infectious disease surveillance and research, including ongoing efforts to address antimicrobial resistance (AMR). The importance of pathogen genomic analysis in strengthening surveillance and research was highlighted. A summary of questionnaire results on the current status and challenges of bacterial genomic analysis in countries participating in ASPIRE was also presented. The findings indicated a shortage of human resources and analytical tools required for the continuous analysis of genomic data. It was further noted that strengthening diagnostic systems and laboratory capacity, particularly for fungal pathogens, is essential to advance high-quality pathogen surveillance. Advancing such capacity-building efforts was highlighted as a means to facilitate the integration of pathogen genomic, epidemiological, and clinical data, thereby enabling more comprehensive insights and supporting the development of more effective AMR responses in both clinical and public health settings.

The second presentation introduced a bacterial genome analysis pipeline, outlining its key features, applications, and availability as a free resource.

The third presentation provided an overview of antimicrobial-resistant fungi and the current status of related diagnostic testing. Participants were informed that tools to strengthen diagnostic capacity, including protocols and positive controls, are planned for distribution.

In all three presentations, it was noted that questions from participating countries will be welcomed and that continued technical support will be provided.

(4) Activities of WHO Collaborating Centres (WHO-CCs)

- **Thailand (THA-93)** introduced a bacterial testing external quality assessment (EQA) programme as one of the initiatives to support the strengthening of laboratory capacity in Member States. It was reported that 12 countries have participated in the programme since its launch in 2017, and an invitation was extended to encourage additional countries to join.

- **India (IND-161)** introduced its activities to support the evaluation of NAPs on AMR in collaboration with the One Health Trust. Through providing support to a wide range of countries, India noted that it has drawn key lessons that government commitment, multisectoral collaboration, and the establishment of

measurable targets are critical elements for advancing AMR responses.

- **Australia (AUS-72)** presented its activities aimed at strengthening laboratory capacity and surveillance systems. The gonococcal antimicrobial surveillance programme and EQA, which include genomic testing support, have contributed to an improved understanding of the emergence, evolution, and spread of resistant strains in the region.

(5) Activities of International Organizations and Stakeholders

- **PATH** introduced its support for the development and implementation of AMR surveillance reporting portals in the human and animal health sectors in Asia, as well as an application development project that digitizes handwritten prescriptions and analyzes drivers of AMR in conjunction with local resistance trends. PATH noted that antimicrobials can be purchased over the counter in many countries and stated that they are working to raise community awareness, including on the safe disposal of antimicrobials.

- **GARDP** presented the background of its efforts to advance the development of a new treatment for drug-resistant *Neisseria gonorrhoeae* (zofludacin), covering Phase III clinical trials and subsequent registration activities. Noting that this represents the first new treatment for gonorrhoea in more than 20 years, GARDP also outlined its forward-looking strategy to ensure the long-term effectiveness of the medicine, including plans for deployment in high-need countries and measures to promote its appropriate use.

- **CartaNova Inc.** introduced NovaID, an AI-based clinical decision support and surveillance platform developed to address challenges in settings where access to healthcare is limited due to conflicts and disasters, and where it can take from 10 days to several weeks to receive appropriate medical care. The platform supports AMS, IPC, and microbiology capacity, and is also intended for use in geographically dispersed island settings.

It was also noted that data and analytical results will continue to be shared on an ongoing basis.

(6) Closing Speeches

- **SEARO** stated that the concrete examples shared at the Conference demonstrated the achievements of collaboration under ASPIRE, and emphasized that it is our responsibility to translate these achievements into national policies, budget allocations, and concrete actions on the ground in each country. It reaffirmed the need to sustain regional-level dialogue and the sharing of good practices, and to work together through collaboration and partnership for tangible progress in order to safeguard the health of future generations.

- **The Government of Japan** reaffirmed its commitment to advancing efforts under the ASPIRE framework and called on participating countries to remain actively engaged.