

Keynote Address

"Advancing Global Political Action Against Antimicrobial Resistance: A Call for Unified Leadership and Sustainable Solutions"

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Ladies and gentlemen, distinguished guests,

Thank you for the warm welcome and for the opportunity to speak before you today. I would like to extend my sincere appreciation to CSIS and JCIE for organizing this crucial roundtable at such a pivotal moment in our collective fight against antimicrobial resistance (AMR).

For over a decade, I have been committed to combating AMR from a political standpoint. As we gather during the UN General Assembly High–Level Meeting week, I cannot help but reflect on the long road we have traveled to reach this point.

The convening of this week's High–Level Meeting on AMR and the adoption of a political declaration is a landmark achievement, born from over two years of tireless preparation.

While it may not be perfect, I firmly believe this declaration marks a significant and meaningful step forward in the global fight against AMR. I would like to take a moment to recognize and commend the tireless efforts of everyone who has contributed to this important progress.

(AMR: A Persistent Political Challenge)

AMR has been a concern since Dr. Alexander Fleming's warning in 1945, but it has only gained significant political attention in the past decade. The turning point came around 2014–2015 when leaders like US President Obama, UK Prime Minister Cameron, and German Chancellor Merkel recognized AMR as a global threat.

Following the 2015 WHO resolution on One Health, Germany immediately responded at the G7 Summit in Elmau a month later. This was followed by the G7 Health Ministers' Meeting in Berlin in October 2015, where I saw firsthand the gaps in our response as the Health Minister of Japan. Imagine my surprise when I realized Japan was the only G7 country without a National Action Plan!

I also worked extensively with global experts, notably Dame. Sally Davies, a former Chief Medical Officer for England. In June 2016, Prime Minister Abe addressed AMR at the Ise-Shima Summit, and later that year, I highlighted the issue at the G7 Health Ministers' Meeting in Kobe. These efforts culminated in the first UN General Assembly High-Level Meeting on AMR in September 2016.

Since then, AMR has been discussed at numerous political fora, but the UNGA High-Level Meeting holds particular legitimacy. Unlike at the G7 or G20, political declarations adopted at UNGA represent the consensus of all UN member states.

(Global Leadership and the UNGA High-Level Meeting on AMR)

A key milestone this week is the UN General Assembly AMR High-Level Meeting, where global leaders will address this critical issue. AMR has had this platform twice—first in 2016 and now—but it may be another five years before we have another chance. We must seize this opportunity.

The Global Leaders Group (GLG) on AMR, which I am part of, was established in 2020 and chaired by Mia Amor Mottley, Prime Minister of Barbados. The GLG has pushed for sustained political commitment, increased funding, and stronger global coordination.

The UNGA High-Level Meeting's Political Declaration, while not legally binding, represents global consensus and drives action. There are two crucial advancements in the Political Declaration that I believe warrant special attention.

First, the establishment of an independent panel for evidence for action against AMR. For too long, the lack of solid, reliable data on antibiotic resistance has hindered progress. This panel, with a clear and structured timeline, will provide the necessary foundation for more effective AMR measures.

Second is the emphasis on "access" to antibiotics. While much of the focus has been on ensuring appropriate use, developing nations have rightfully stressed that access to antibiotics is equally vital. In fact, more people die from lack of access to antibiotics than from AMR itself. Therefore, ensuring access is just as crucial as regulating proper use, particularly in under-resourced regions where the need is most acute.

Right now, there is a growing global undersupply of antibiotics due to the rapidly growing consumption of antibiotics in high income countries, thus aggravating the supply shortage in low and middle income countries.

Just as inequality in delivery of COVID-19 vaccines became a major conflicting issue between North and South, the US and Japan could work more closely for prudent use in developed countries and more stable supply of antibiotics in the developing countries.

(Challenges in promoting interagency cooperation on AMR in Japan)

One of the challenges I encountered was the lack of coordination during the negotiation process. In Japan's case, while our UN Mission in New York was responsible for negotiating the Political Declaration, the guidance from Tokyo was essentially a patchwork of comments from various ministries. These often included conflicting positions that should have been reconciled by the Cabinet Office, which is tasked with overseeing inter-ministerial coordination.

Unfortunately, this process fell short, leading to Japan adopting a more conservative stance than was necessary, which unintentionally weakened the substance of the Political Declaration. This outcome highlighted the critical need for streamlined and unified communication between government entities, especially on issues as complex and urgent as AMR.

Looking ahead, it is vital that our government speaks with a single, cohesive voice, particularly on matters like AMR that demand a comprehensive, One Health approach. I am eager to learn more about how the United States manages domestic coordination across ministries and agencies, and how Japan might draw valuable lessons from your experience to strengthen our own internal processes.

(Recognizing Pandemics and AMR as Security Threats)

The COVID-19 pandemic has shown us that health crises, including pandemics and AMR, are not just public health crises—they are national and economic security threats. We must all recognize that AMR also has the potential to disrupt economies, strain national resources, and challenge societal stability.

In my 28-year career as a Member of Parliament, I have learned that "global health" does not usually win votes, as politicians often focus on specific group interests and public opinion. However, between 2014 and 2017, when I served as Minister of Health, there was an exception.

During the Ebola outbreak, with Prime Minister Abe's support, we led Japan's investment in CEPI—a pandemic vaccine development engine—by framing health crises as national security issues. This approach, combined with dialogue between health and financial authorities, made it easier to secure political commitment.

Integrating AMR into national security frameworks and treating it with urgency would secure greater political commitment and ensure a more effective crisis response. Promoting collaboration between health and financial authorities is likely to ensure smoother budget allocation and more effective responses when crises arise.

(Addressing Untapped Agendas)

While the global community has made significant strides in pandemic preparedness, efforts to develop new antibiotics have lagged behind. Despite some progress through “push and pull” incentives in G7 discussions, the overall commitment remains insufficient. We must address this “market failure” with the strongest political will if we are to make meaningful progress.

Another critical but often overlooked issue is the delicate balance between antibiotic use and regulation, akin to the tension between economic growth and public health in climate change debates. This conflict exists both within and between nations, particularly in the context of AMR and the One Health approach. It is crucial that we place greater emphasis on the environmental dimensions of AMR. Much like climate change, AMR is a shared global challenge that demands innovative solutions and bold political leadership.

Financing, too, remains a significant hurdle. Establishing a new financing mechanism for AMR might be an ideal approach, but considering the optimization of global health as a whole and the cross-disease and cross-sectoral nature of AMR, we should explore ways to make existing global health financing mechanisms more responsive to AMR challenges. Institutions such as the Global Fund, Gavi, CEPI, the Pandemic Fund, and the Global Financing Facility (GFF) are already well-established pillars in the global health landscape. Rather than constructing something entirely new, it would be more feasible—and impactful—to adapt these existing mechanisms to better incorporate AMR-related priorities.

(Post-UN General Assembly Efforts)

Reflecting on the progress we have made, I believe that this moment, on the eve of the UNGA High-Level Meeting, represents the peak of our collective momentum. However, the true challenge begins after the “festival” ends. It is the steady and effective implementation of the commitments outlined in the Political Declaration that will determine our success.

Our success will not be measured by the declaration alone, but by the tangible actions that follow. By the time we reconvene for the next High-Level Meeting in 2029, I am hopeful that we will have achieved even more substantial progress.

Though I now serve in a different capacity as a former politician, my dedication to the fight against AMR and advancing the One Health approach remains unwavering. I look forward to working alongside all of you to continue this vital work, and I am eager for today’s discussions as we plan the path forward together.

Thank you.

