GECMUN XIII

BACKGROUND GUIDE

World Health Organization

Addressing the Overuse of Antimicrobials in Healthcare and Agriculture

SDG: 2. Zero Hunger, 3: Good Health and Well-being, 17: Partnership for Goals

Authored by Aerin Jeon, Sena Min, Yeseul Cho

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Committee Introduction

As a specialized agency reporting to the United Nations Economic and Social Council (ECOSOC), the World Health Organization (WHO) was born out of post-World War II recognition that the extremely high disease rates and the loss of infrastructure necessitated a unified response from the international community. Such a call for action was responded to in the 1945 April San Francisco Conference, where delegates of Brazil and China co-proposed an international health organization. Ultimately leading to the creation of the WHO and alongside its inheritance of assets and people of the League of Nations' Health Organization and its Paris-based Office International d'Hygiene Publique, the committee was defined by its constitution as the "directing and coordinating authority on international health work" which is achieved by improved wellbeing.

WHO's current priorities include communicable diseases such as HIV/AIDS, Ebola, Malaria, Tuberculosis and non-communicable diseases such as heart diseases and cancer. Against such a backdrop, one of the agency's biggest successes was coordinating mass smallpox vaccination campaigns which ultimately culminated in the eradication of the disease in 1980. Credited with saving hundreds of millions of lives, the agency has also played great roles in the Alma-Ata Declaration on primary health care (1978) and the Framework Convention on Tobacco Control (adopted in 2003). The WHO has also regularly provided member states with technical guidance and support during responses to epidemics and pandemics such as Ebola, Zika, Mpox, and COVID-19.

While WHO is neither a crisis committee nor a Security Council, its permanent role as a specialized UN agency with unique authorities distinguish it from other entities within the UN. Most notably, the agency holds the exclusive authority to declare global health emergencies since 2007. In the similar fashion, it also possesses binding legal powers (according to Article 21 of the WHO constitution) to adopt regulations concerning sanitary and quarantine requirements to prevent the international spread of disease. Such a case is examined through COVID-19's international lockdown. Furthermore, the WHO operates on a democratic one-country, one-vote governance structure, having a decentralized structure that operates through six regional offices and over 150 country-level offices worldwide. Advocating for universal health care coverage and monitoring public health risks in various nations, WHO effectively global health outbreaks through coordination and promoting health and wellbeing generally.

Agenda Introduction

Antimicrobials refer to drugs intended to prevent and manage infections from microorganisms such as viruses, bacteria, fungi, and parasites. They consist of antibiotics, antifungals, antivirals, and antiparasitic drugs. Despite the fact that these drugs have changed modern medicine, their overuse and misuse in human medicine and agriculture have resulted in antimicrobial resistance (AMR), which occurs when microorganisms change and become unresponsive to treatment.

AMR has become a lethal global health issue since resistant infections are costly to treat, resulting in longer hospitalization and higher mortality rates. Although concerns regarding AMR arose soon after the discovery of antibiotics in the 1940s, the issue was noticed on a global scale in the early 2000s when rates of resistant infections rose. Thus in 2015, the World Health Assembly adopted the Global Action Plan on Antimicrobial Resistance.

Specifically, healthcare and agriculture are the two largest sectors responsible for antimicrobial consumption. In the healthcare sector, unnecessary antibiotic prescriptions, over-the-counter antibiotic sales, and failure to complete prescribed antibiotic courses are some main causes of its overuse. WHO estimates that up to 50% of antibiotics are prescribed or used inappropriately in human healthcare. Moreover, antimicrobials are also used for treating sick livestock, preventing disease in healthy animals (prophylactic use), or growth promotion in the agricultural sector. Then, the resistant bacteria transmit to the human body through food products, direct animal-human contact, or water and soil contamination. Approximately 70% of medically important antibiotics are used in food-producing animals across the globe.

AMR is experienced in all nations and through international lines by travel, interstate trade, production, and the environment. It mainly affects vulnerable groups such as children, older persons, patients, farmers, and immunocompromised people. More importantly, AMR has been documented in every WHO region, demonstrating that no nation is immune to its impacts. This problem is not straightforward, but vast. The World Health Organization (WHO) estimated that antimicrobial resistance was responsible for 1.27 million deaths in 2019 and contributed to five million deaths globally. Failure to tackle AMR could lead to 10 million deaths a year by 2050, putting tremendous strain on the healthcare systems and food production across countries.

According to the One Health approach promoted by WHO, human health, animal health, and environmental health are interconnected, so AMR cannot be solved by focusing on hospitals alone. Given the transboundary nature of antimicrobial resistance, strengthening international cooperation and incorporating diverse approaches are essential to promote the responsible use of antimicrobials and regulating its overuse, thus safeguarding global health.

Letter from the Chairs

Dear Delegates of the World Health Organization,

Welcome to GECMUN XIII!

My name is Aerin Jeon, and I am a senior in Korea International School serving as the head chair for WHO. As someone who truly believes in GECMUN's philosophy to "change the game" of Korean MUN conferences, I hope WHO will give you the opportunity to go "beyond the United Nations" and tackle global issues most relevant to us. While it may initially be daunting to raise your placard, collaborate with strangers to draft a position, or stand against a strong bloc, these moments will challenge you and shape a memorable MUN experience, regardless of whether you earn an award. When I'm not managing committees, I can be found making balloon animals or sketching skateboards in eccentric marine lines. I look forward to meeting everyone and making unforgettable memories. Feel free to reach out at ajjeon27@student.kis.or.kr.

Greetings, delegates! This is Sena Min, who will be serving as your deputy chair of the WHO committee for GECMUN XIII. I am currently attending St. Johnsbury Academy Jeju as a Junior. My MUN and parliamentary debate experience started 6 years ago as a delegate and continued also as a Chair. Over those years, MUN taught me to resolve confrontations and conflict in the most practical way possible. I started to develop both as a delegate and a person by overcoming difficulties and focusing on feasible implementation during multiple conferences. I wish all delegates the best of luck, and please do not fear sharing your ideas or strategies during the sessions. I shall provide absolute impartiality in administering the rules of procedure and unbiased chairing at all times.

Greetings, Delegates! I am Yeseul Cho, a sophomore at Branksome Hall Asia, and I will be serving as an associate chair of the WHO committee. As a MUN-er, I truly understand how MUN is exciting yet challenging and sometimes overwhelming. I especially know how disappointed you would be when you are not selected as a main submitter or earn an award. However, it's a crucial sentiment to remember that the real MUN is not a competition, but a collaboration. MUN is a broad umbrella that encompasses the global society, wealth and prestige, power, and the people who suffer within them. Most importantly, delegates should have an active discourse with different ideas, however, towards a communal goal for constructing a better world. If anyone demonstrates this value, that's a good mark of MUN which I always prioritize as a chair. MUN usually starts with setbacks but ends with surprising metamorphosis of growth, and I will be supporting every delegate's MUN journey as a chair. Feel free to reach out at choyeseul06368@branksome.asia, and see you all in March!

Best regards,

Aerin Jeon | Head Chair | ajjeon27@student.kis.or.kr
Sena Min | Deputy Chair | s20281744@sjajeju.kr
Yeseul Cho | Associate Chair | choyeseul06368@branksome.asia

Key Terms

Antimicrobial

Antimicrobial is medicine used to prevent and treat infectious diseases in people, animals, and plants, a substance that kills microorganisms or stops their growth. It includes antibiotics, antivirals, antifungals, and antiparasitics.

Antimicrobial Resistance (AMR)

Antimicrobial Resistance is a phenomenon in which bacteria develop a way to resist specific antimicrobials, rendering the drug ineffective. It is caused by both mutation of germs and human actions such as misuse and overuse. As a result of drug resistance, infections become difficult and sometimes impossible to treat, increasing the risk of disease spread, severe illness, and more implications.

Antimicrobial Stewardship (AMS)

Antimicrobial Stewardship is a coordinated system of safe practices focused on the right drug choice, dose, and duration to treat infections, stop drug resistance, and protect patients. Its main goal is to reduce unnecessary or inappropriate antimicrobial use and prevent development or spread of AMR. In healthcare settings, AMS includes treatment guidelines, prescription reviews, healthcare worker education, and monitoring antimicrobial use.

Antibiotic

Antibiotics are drugs specifically designed to target and destroy bacteria, playing a crucial role in treating infections that can overwhelm the body's immune system. Among a broad category of antimicrobials, antibiotics are the most widely known, prescribed, and produced type.

Antibiotic Misuse

Antibiotic misuse refers to the inappropriate or unnecessary use of antibiotics, such as taking them without medical guidance, using them for viral infections, or not completing prescribed courses.

Antibiotic Overuse

Antibiotic overuse refers to the excessive use of antibiotics, particularly when antibiotics are prescribed or taken more frequently or for longer than medically necessary.

Prescription Practice

Prescription practice is the way healthcare professionals prescribe antibiotics, including decisions about the appropriate drug, dosage, duration, and whether antibiotics are medically necessary.

Antibiotic Growth Promoters (AGPs)

Antibiotics that are given to livestock at low doses to promote faster growth or improving feed efficiency, rather than primarily treating an existing infection. The excessive use of AGPs can create selective pressure that encourages antimicrobial-resistant bacteria to develop and spread, contributing significantly to increase of AMR.

Historical Background

The current crisis of the antimicrobial resistance (AMR) has originated in the mid-twentieth century, when the mass production of penicillin in the 1940s proliferated in a “golden age” of antibiotic discovery that created a false sense that infectious disease had been permanently conquered—a complacency Alexander Fleming himself warned against his 1945 Nobel lecture, cautioning that underdosing and misuse could allow bacteria to develop resistance. Such a warning went largely unheeded, and over subsequent decades a multitude of factors drove overuse in an international scale. Few examples of this case include doctors overprescribing antibiotics for viral infections due to patient demand and a lack of rapid diagnostic tools given the fact that farmers, beginning in the 1950s, discovered that low, subtherapeutic doses of antibiotics in animal feed accelerated livestock growth and prevented disease in crowded industrial farms, making the practice standard across intensive agriculture. Similarly, the lack of national restriction on excess antibiotic both by the people and corporations exacerbated this crisis as it allowed not only people to self medicate but also pharmaceutical companies to largely abandon antibiotic research and development from the 1980s onward, finding short course antibiotics less profitable than chronic disease medications as resistance grew. As a consequence of these structural impediments, this collectively produced a system orientated towards overuse as cheap agricultural productivity, convenient overprescription, and profit-driven neglect of new drug development significantly aggravated this situation. This effect became increasingly visible through a series of alarming events including the advent of methicillin resistant Staphylococcus aureus (MRSA) in the 1960s, the spread of multi drug resistant and extensively drug resistant tuberculosis from the 1990s onward, and the 2015 discovery in China of the mcr-1 gene, which conferred resistance to colistin, a “last-resort” antibiotic, which revealed how resistance genes could jump between animals and humans through agricultural use. More recently, the COVID-19 pandemic of 2020-2022 had significantly worsened the crisis through over-prescription of antibiotics for suspected secondary bacterial infections and the disruption of global surveillance and stewardship programs.

In response, a number of actors have taken steps to address this crisis, though none has fully resolved it. In 2001, the World Health Organization issued its first Global Strategy for Containment of Antimicrobial Resistance, urging member states to build surveillance systems and regulate antibiotic sales—a strategy that raised international awareness in addressing the overuse of antimicrobials in healthcare and agriculture but had limited effect, since it was non-binding and many low income nations lacked the necessary infrastructure to comply. In 2006, the European Union banned the usage of antibiotics as growth promoters in livestock across all member states, building on Sweden’s earlier unilateral 1986 ban. This event achieved moderate reductions in agricultural antibiotic use, though some farmers circumvented the ban by relabeling the same practice as “disease prevention.” In 2015, the WHO adopted its Global Action Plan on Antimicrobial Resistance at the WOrld Health Assembly, working alongside the Food and Agriculture Organization and the World Organization for Animal Health (later joined by UNEP to form the “Quadripartite”), establishing five strategic objectives and calling on all countries to develop National Action Plans. While this significantly raised global awareness and prompted over 100 countries to draft plans, implementation lagged badly, with many plans left unfunded. The following year, in 2016, the United Nations General Assembly held a High Level Meeting on AMR—only the fourth time in UN history a health issue was addressed at that level—adopting a political declaration that elevated AMR to a top tier global priority, though again the declaration was non-binding and follow through by states remained inconsistency. That same year, the U.S. Food and Drug Administration introduced its Veterinary Feed Directive, requiring veterinary

oversight for medically important antibiotics used in animal feed and ending their use for growth promotion. This reduced report sales for such biotics but also left loopholes for “disease prevention” use and suffered from uneven enforcement. Also in 2016, the WHO and the Drugs for Neglected Disease initiative launched the Global Antibiotic Research and Development Partnership (GARDP) to address the market failure in antibiotic development, which has advanced several new treatment candidates but remains far below the scale of investment needed after decades of pharmaceutical disinvestment. Finally, in 2016, over 100 pharmaceutical and biotech companies signed the Davos Declaration through the AMR Industry Alliance, committing to reduce environmental antibiotic discharge and invest in new drug piplines—a notable instance of private sector engagement, though its voluntary, unbinding nature has produced mixed and difficult to verify results.

Current State of Affairs

The status quo around AMR displays a true paradox: on one hand, momentum for policy action is growing, and on the other hand, the trend continues to worsen. Hence, in May 2026, the World Health Assembly endorsed the new Global Action Plan on AMR (GAP-AMR) 2026-2036, which highlights the importance of prevention based actions through such infection prevention, WASH, immunization, and biosecurity along with appropriate use of antimicrobials, surveillance, and sustainable agrifood systems with the aim of achieving a 10% decrease in deaths associated with bacterial AMR by 2030. However, the WHO 2025 Global Antibiotic Resistance Surveillance report estimates that almost one in six common bacterial infections is resistant to medicines that are currently available. According to the report, this problem was worsening increasingly and has outpaced modern medicine. While AMR is most pronounced in Southeast Asia and Eastern Mediterranean (31% and 30%) compared to Europe and Western Pacific 10% and 9%), 40% of monitored pathogen-antibiotic combinations have shown increasing levels of resistance from 201 to 2023.

On Janurary 22, 2026, the most impactful event on this issue that occurred externally was the US withdrawal from WHO, which led to ending the involvement of the US in the global surveillance program, GLASS, designed specifically for AMR monitoring. This withdrawal has led to a drastic budget reduction, including cancellation of 83% of USAID programs, cessation of the specific AMR humanitarian funding in countries within conflicts including Sudan, Somalia, Syria, and Yemen. Even termination of $250 million USAID grant for animal health and One Health preparedness in more than 30 countries (regardless of its effectiveness in reducing antimicrobial use in agriculture). The fact is that until January 2026 the US was the largest contributor to WHO, with a total contribution of $1.28 billion in 2022-2023.

This was not the only issue. The progressive reduction for antibiotics where big pharma is continuing its exodus from antimicrobial research and development, with the smaller firms stepping up to take their one place, and even late-stage, potentially successful ventures have failed the partnership between GARDP and Venatorx, developing an antibiotic, recently collapsed. The overall trend, according to WHO, is one of negativity, between the 10 year framework plan available. Nonetheless, the surveillance systems, financing, and research to implement it are all dwindling.

Stances of Parties

Australia

Australia is one of the developed countries with an advanced healthcare system and a significant livestock and agricultural sector. Particularly, the agricultural industry takes up a substantial role in the Australian economy, making antimicrobial use in both human healthcare and animal production a significant national concern. Accordingly, Australia has taken notable actions such as enacting 'National Antimicrobial Resistance Strategy 2020 and beyond'- a 20 year national framework designed to stop the rise of drug-resistant infections while keeping vital antimicrobial medicines safe. The government also developed the One Health Master Action Plan which provides coordinated actions for different sectors implementing the national strategy. However, challenges remain still because of consistency on one health approach and integration of surveillance. Thus, Australia advocates for implementing practical and international frameworks especially for data-sharing and coordination between sectors.

Bangladesh

Ranked around seventh globally for population density, Bangladesh faces different aspects of, yet significant challenges regarding antimicrobial access, fundamental healthcare capacity, and regulation. Some specific problems the government encounters are laboratory paucity for AMR detection, inferior hygiene and sanitation, and deficient public awareness on antimicrobial overuse. In order to address these problems, Bangladesh adopted their first National Action Plan for AMR containment starting from 2017. Then, Bangladesh developed it by adopting its second National Strategy and Action Plan for AMR containment with eight strategic objectives. At the same time, the government also focuses on AMR awareness initiatives including AMR education and secondary-school curriculum. Though aforementioned efforts, Bangladesh still lacks financial resources in order to create more feasible frameworks. Hence, Bangladesh supports technical and financial support from developed countries and flexible implementation of policy based on national capacity.

Brazil

Brazil is one of the world's largest agricultural and livestock producers. As a result, the government focuses more on antimicrobial use in food-producing animals and prevention of AMR from moving through the human-animal-environment interface. It's especially important to balance agricultural productivity and antimicrobial use. Followingly, Brazil created PAN-BR AGRO (Agriculture-specific AMR Action Plan) - a specific national action plan addressing AMR in the agricultural sector - which focuses on responsible antimicrobial use in animal production and strengthening surveillance. Brazil has also restricted certain animal growth promoters such as tylosin, lincomycin, and tiamulin. Though, Brazil is still cautious for imposing unrealistic agricultural restrictions and ignoring the economic importance of livestock production. Hence, Brazil is willing to discuss regulation on antimicrobial use without threatening economic stability coming from the agricultural industry.

China

China is one of the world's largest countries in aspects of population, healthcare demand, and agricultural production. Because of the scale of these sectors, China's antimicrobial policies can have a major impact on global AMR. Interestingly, China has two consecutive national action plans which

are the first National action plan established in 2016 and second national action plan jointly issued by 13 different government departments and focusing on cross-sectional approaches.

Denmark

Denmark has shown notable progress in addressing antimicrobial overuse, even serving as a model case for other countries. Among different approaches, Denmark focuses heavily on monitoring antimicrobial consumption, tracking the relationship between antimicrobial use and resistance, and providing data-driven surveillance. For example, the government established the Danish Integrated Antimicrobial Monitoring and Research Programme (DANMAP). It has a structure of the system itself (monitoring AMR or connecting to relevant institutions), the surveillance system based on data (veterinary antimicrobial use or microbiological resistance data), and the action (enforcing legislation or guiding national policies). WHO even described DANMAP as a gold-standard example of One Health surveillance. Based on a practical framework nationwide, Denmark remains strong on proposing actual mechanisms and concrete proposals under international cooperation.

Egypt

Egypt has a large population and significant healthcare needs accordingly. Its government clearly recognizes the importance of antimicrobial use and regulation in both animal and human health. Thus, Egypt adopted its first National Action Plan, in 2018, with specific yet strategic goals for optimizing antimicrobial use in human animal health, implementing evidence-based control, and improving public awareness of AMR. Egypt has actively demonstrated WHO principles such as one health approach and sustainable implementation too. In spite of this nationwide endeavor, Egypt still encounters the lack of public understanding on AMR, surveillance capacity, and rational antimicrobial use, needing more public awareness and better prescribing practices - under international support.

France

Serving as a major European healthcare and agricultural country, France has adopted various yet innovative approaches on antimicrobial use. The broad direction France has is to find out the efficient way to regulate antimicrobial use, not simply using fewer antibiotics. The direction is reflected through some initiatives, under a national action plan, such as developing regional networks for antibiotic stewardship and including environmental preservation in AMR prevention. Relatively, France considers diverse elements subordinated under ‘antimicrobial use’, perceiving the problem in a multifaceted view. Overall, France argues for research and innovation, data sharing, and prevention-focused policies to the extent of reducing AMR, not completely prohibiting antimicrobial use.

Germany

In the center of Europe’s economy, Germany is in the forefront of addressing AMR both domestically and internationally. Germany has notably strong healthcare infrastructure, pharmaceutical and scientific research capacity, and veterinary sectors. Germany therefore has the resources to play both a domestic and international leadership role in addressing the agenda. More specifically, Germany has demonstrated DART - the German Antimicrobial Resistance Strategy while focusing on developing long-term goals extended until 2030. With its abundant financial resources, Germany’s framework includes both diversity and feasibility. Ultimately, Germany advocates for research funding, international standards, and surveillance infrastructure.

Ghana

Ghana has shown emphasis in AMR policymaking, incorporating feasible policies rather than relying on harsh regulations. For instance, Ghana's public health act, 2012 (Act 851) clearly enacts that purchase of antibiotics for both human and animal requires prescription. However, WHO's assessment identified that illegal access can still occur and enforcement needs to be more strengthened. Ghana also needs a more advanced version of laboratory capacity and AMR surveillance systems. Accordingly, Ghana prioritizes enforcement capacity, laboratory infrastructure, and healthcare-worker training. In order to maximize Ghana's prevention of AMR, it's essential to have international funding and technical assistance from developed countries, thus supporting stricter AMR regulations based on international cooperation.

India

India is one of the most relevant countries on antimicrobial usage and AMR because of its extremely large population, large healthcare system and pharmaceutical industry, major agricultural sectors, and disparity of healthcare by regions. Specifically, its extremely large population and territory encumber India to control AMR - as health-related responsibilities are partially taken at the state level, AMR implementation varies across the regions. As of WHO's 2022 report, Kerala, Madhya Pradesh, and Delhi had formally launched state-level action plans. Accordingly, India has adopted its recent National Action Plan on AMR 2.0 which reflects one health approach and integrates different commitments by regions. Going forward, India should develop more on flexibility between states and international ~

Indonesia

Indonesia frames AMR through a "One Health" lens that links human, animal, and environmental sectors, having adopted its first National Action Plan (NAP) in 2017 and a second, more ambitious plan (RAN PRA 2020-2024) under the Coordinating Ministry for Human Development and Culture, later followed by a new National Strategy for AMR Control launched in 2024. The Indonesian government describes AMR as a threat that causes higher medical costs and jeopardizes national goal for disease control and food security, and WHO has commended Indonesia's leadership and commitment to a collaborative, cross sectional approach to AMR control. Indonesia has built a National Surveillance Coordination Center, engaging over 20 pharmaceutical companies in joint distribution chain inspections, alongside compulsory veterinary control certification on farms. As a large developing nation with a sprawling informal pharmaceutical market, Indonesia continues to struggle with weak enforcement outside major cities and incomplete environmental surveillance of antimicrobial residues in soil and waterways.

Italy

Italy is a European leader on AMR, having made it a flagship priority of its 2024 G7 presidency at the urging of Health Minister Orazio Schillaci. Italian and civil society advocates have emphasized that AMR is one of the ten main global health threats and have pushed for it to stand as an independent priority on G7 health and finance agenda, citing that at least 1.27 million people die each year worldwide from antibiotic resistant bacterial infections, more than from HIV/AIDS or malaria. Domestically, Italy adopted its first National Action Plan on Antimicrobial Resistance (PNCAR) in 2017, updated it for 2022-2025, and has committed roughly 40 million Euros annually to AMR programs, alongside a 2023 legislative decree tightening veterinary antibiotic prescribing rules. Yet independent reviews note that while stewardship and infection control programs have reduced antibiotic use and healthcare associated infections, regional disparities alongside inconsistent implementation remain a significant challenge.

Japan

Japan takes a veterinarian approach to antibiotics, ensuring that the country maintains a robust surveillance system to monitor antibiotic use in agriculture and detect residues in food products, with the Food Safety Commission setting maximum residue limits. Despite this structure, data show that antimicrobial use has actually increased in beef cattle, dairy cattle, and farmed seawater fish as it fell for pigs, broilers, and layers. Japan generally supports multilateral AMR initiatives (it hosted G7 discussions on AMR in 2023) but as a technologically advanced country with strong veterinary infrastructure, the nation tends to advocate for science driven regulation over blanket bans.

Kenya

Kenya has a relatively strong policy framework but has persistent implementation gaps typical of many low and middle income African states. It adopted its first NAP in 2017 (2017-2022) under the National Antimicrobial Stewardship Interagency Committee (NASIC), with roots going back to a 2009 Global Antibiotic Resistance Partnership assessment. Due to key barriers such as inadequate funding alongside weak collaboration across sectors, Kenya acknowledges that although laws governing appropriate antimicrobial use exists, weak enforcement due to inadequate capacity and oversight remains a major challenge, particularly given documented resistance in livestock derived E. coli. As a consequence, this nation is one of those stronger ones that calls for greater international funding and technical support on behalf of the African continent.

Mexico

Mexico urges for the need for stronger domestic surveillance infrastructure. More specifically, the Universidad Nacional Autonoma de Mexico (UNAM), though its University Program of Health Research, has proposed an action plan to control antimicrobial resistance nationally, recognizing that a local, regional, and national surveillance network is a necessary first step toward safe and appropriate antibiotic use. Mexico generally supports the Pan-American Health Organization and WHO-led AMR frameworks but, as with several middle income nations, faces the challenge of translating academic and public health recommendations into enforceable national regulations, particularly regarding agricultural antibiotic use and over the counter sales.

Netherlands

The Netherlands is widely held up as the global model for agricultural AMR reduction and consistently advocates for ambitious, binding reduction targets in international forums. With a Dutch policy that set a mandatory 50% decrease in veterinary antibiotic usage between 2009 and 2013, achieved through the public private Netherlands Veterinary Medicines Authority (SDa), by 2014 the antimicrobial usage in food animals had fallen 58% below 2009 levels. Thus, the Netherlands would likely be a vocal nation that wishes to export its regulatory model to other member states.

Nigeria

Nigeria believes that AMR is an escalating national emergency that requires sustained multisectoral investment. Having implemented its first NAP from 2017-2023, the country launched an ambitious NAP 2.0 program for 2024-2028, in which the government explicitly states that AMR is no longer merely an emerging challenge but also an established global crisis requiring urgent action and innovative approaches to encourage prudent antimicrobial use. Nigeria's plan is One Health oriented, particularly focused on investigating efforts across the environmental lens, with its position in the international community emphasizing the need for financing and technological support.

Pakistan

Unlike the EU or China, Pakistan lacks the regulation that bans the veterinary use of collistin, which has emerged as a serious concern in animal farming. Such a consequence of this action include a tertiary hospital in Peshawar found collistin resistance in Klebsiella pneumonia driven by "unregulated antibiotic use and high infection burdens," which the researches urge the expansion of regional genomic surveillance and stringent stewardship to preserve remaining polymyxins. Thus, Pakistan would likely face pressure from other delegations to adopt binding agricultural restrictions, while itself emphasizing resource constraints and the need for capacity building support.

Philippines

The Philippines' AMR governance is often cited as a case study in policy implementation gaps within Southeast Asia. Analysis of its National Action Plan found that enabling factors include strong government support and active engagement from professional associations, while the key challenges include the lack of resources and regulatory capacity. However, the Philippines' progress has been huge in human health, but the involvement and representation of animal health and environment still lags behind. Thus, this nation would generally support WHO led technical assistance frameworks (having received direct WHO support in NAP development) as it advocates for greater cross sectional funding mechanisms at the international level.

Republic of Korea

South Korea has a government-run National Action Plan on AMR since 2016 (now in its third iteration), achieving a 17.7% decrease in antimicrobial use by 2020 through mandatory veterinary prescription for livestock and aquaculture. However, its universal health insurance system drives high antibiotic consumption, and usage has risen sharply again since the pandemic ended as bacterial and viral infections became concurrently prevalent, demonstrating Korea's stance favors coordinated regulation though it still struggles to sustain reductions.

Russia

Back in 2017, all supported with new laws in both human and veterinary health spheres, its Strategy to Combat the Spread of AMR until 2030, with an implementation strategy in 2019 was approved. Relative to many developed countries, Russia is more advanced in terms of creating a centralized structure of governance, a surveillance system, and a domestic funding of AMR measures through its Central Research Institute of Epidemiology and Rospotrebnadzor's reference laboratories that keep track of resistance in both health care and food safety sectors from the angle of "One Health." Russia will be able to act as a sovereign national entity promoting sovereign implementation rather than international instruments, especially given its skepticism towards Western funding conditionalities.

Saudi Arabia

While a leader in the region for AMR, it is still facing increasing levels of drug resistance in bacteria such as MRSA and carbapenem-resistant K. pneumoniae, as well as a lack of surveillance in rural areas. Antimicrobial stewardship programs were implemented in the country's Ministry of Health in 2015, and the country launched its own National Action Plan in 2017, which met the requirements of all five GAP objectives from the WHO. Saudi Arabia also held the 4th Global High-Level Ministerial Conference on AMR in Jeddah.

South Africa

A National Action Plan using the One Health approach was formulated, but it is in the implementation stage despite a 2018-2019 study of the perceptions of policymakers indicating significant obstacles for coordination, accountability, resources, and regulation. Being a country which depends partially on external funding and is affected severely due to aid cuts from the US, there is no doubt that South Africa will push for equitable financing targeted at LMICs.

Spain

The Plan Nacional frente a la Resistencia a los Antibióticos (PRAM), which is a comprehensive plan that seeks to reduce the risks associated with the selection and propagation of antibiotic resistance, has been formulated according to the requirements of the EU Commission. Being part of the EU, Spain will surely try to align itself with the EU stewardship and surveillance guidelines, rather than voluntarily setting regional targets.

Sweden

Adopted in November 2025, a new 10 year strategy to combat AMR that is clearly meant to complement the country's current low resistance rates, supports global mortality targets. The country has established a permanent fund to support the Strama (the antibiotic stewardship taskforce in the nation) and also has a good surveillance system as well as a low use of antibiotics. It is likely that Sweden will emerge as a best practice state and try to make other nations implement a better control system.

Switzerland

The Strategy on Antibiotic Resistance (StAR), which was adopted in 2016, has proved effective in reducing the use of antibiotics and stabilizing the rate of resistance. The Federal Council reinforced StAR with the binding StAR One Health Action Plan for the period 2024-2027. A report on antibiotic resistance in 2024 displayed that usage is decreasing, particularly in veterinary practice. Being home to the WHO headquarters, Switzerland will be likely to support multilateral governance and cooperation from Geneva.

Thailand

Thailand implemented a National Strategic Plan on AMR (2017-2022) that established a national governance mechanism (a monitoring tracking platform) and concrete regulations governing the administration of antimicrobials in both humans and livestock. Considered one of the successful cases of the One Health approach in developing countries; Thailand is likely to push for the replication of multisector governance frameworks and South-South cooperation in technology transfer.

Türkiye

Antimicrobial resistance (AMR) is seen by Türkiye as a serious public health issue, and the country supports efforts that involve the reduction within the excessive use of antimicrobial products in healthcare as well as agriculture. Türkiye stresses the need for rational antibiotic use, better infection control, and stronger monitoring systems. With the help of national AMR strategies, the country implements the concept of One Health and the interconnections between human, animal, and environmental health.

United Kingdom

The United Kingdom deems in fostering international collaboration, reduction goals, and antimicrobial stewardship to tackle AMR. The National Action Plan of the United Kingdom for 20204-2029 intends to cut down unnecessary use of antibiotics, advance diagnostic technology, and enhance surveillance in health care and agriculture. The UK encourages responsible use of antimicrobials in livestock, international monitoring standards, and development of new antibiotics. It also focuses on ensuring that medicines are accessible and takes collective action at global level via the World Health Organization and One Health approach.

United States

The United States is focused on evidence-based microbial stewardship, innovation, and surveillance to tackle the issue of AMR in the health care and agricultural sectors. Through initiatives led by the CDC and FDA, responsible antibiotic prescribing, veterinary oversight, and research along with innovations related to antimicrobial solutions were promoted. The United States supports reducing the misuse of antimicrobial consumption while ensuring the availability of essential antimicrobials both for humans and animals. The United States approach takes into account agricultural production, drug innovation, and the regulatory aspects.

Possible Solutions

1. Strengthening Antimicrobial Stewardship and Prescription Regulation

   One possible approach is to establish an antimicrobial stewardship program, particularly in healthcare settings where antimicrobials may be prescribed unnecessarily or inappropriately. It's important to create specific mechanisms other than simply encouraging fewer antibiotics in order to maximize its feasibility to solve problems. For example, it can require certain broad-spectrum or 'last resort' antimicrobials to receive approval from an infectious-disease specialist or trained pharmacist before use. Also, conducting regular reviews of antimicrobial prescriptions after a set period, such as 48-72 hours, to determine whether treatment should be continued, changed, or stopped can be another mechanism. However, it's crucial to consider different healthcare capacity or local resistance by nation or region. It can be developed as an international framework, but it should include a minimum standard and guideline, allowing each nation or region to adapt independent implementation according to their backgrounds. Thus, it may also explore how smaller hospitals and clinics without infectious-disease specialists could participate, for example through regional expert networks or digital consultation systems.

2. Establishing Antimicrobial Use Monitoring Systems in Livestock Farming

   Another possible solution is to establish an antimicrobial use monitoring system specifically targeting the agricultural sector and livestock farming. To make this approach feasible, the government could require farmers or any workers in the agricultural industry to record the types, quantities, and purposes of antimicrobials used and submit the data to a national database. Followingly, periodic monitoring and random inspection both could help identify farms with unusually high levels of antimicrobial use and provide guidance on alternative practices. The legal regulation can be enacted as a supplement to ensure compliance. However, it is important to consider differences in agriculture infrastructure and financial states across countries and regions. At this point, an international framework could establish minimum reporting standards while allowing countries to adapt implementation to their local circumstances. It could also provide financial and technical support to small-scale farmers who may lack the resources to comply with these requirements. This approach could promote more responsible antimicrobial use in agriculture

Questions to Consider

1. How should the international community balance binding, enforceable AMR regulations against national sovereignty over healthcare and agricultural policy?
2. Consider your country's economic reliance on agriculture, pharmaceutical manufacturing, or healthcare exports. How might your delegation's stance on AMR regulation be shaped by these economic interests rather than purely by public health considerations?
3. Should the international community prioritize restricting antimicrobial use overall, or focus specifically on preserving "last-resort" drugs (such as colistin or carbapenems) for the most critical cases?
4. What compliance/verification tools could make commitments enforceable without discouraging low-capacity countries from joining?
5. What meaningful accountability should be required of the private sector (pharma, agribusiness) in an AMR resolution?

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