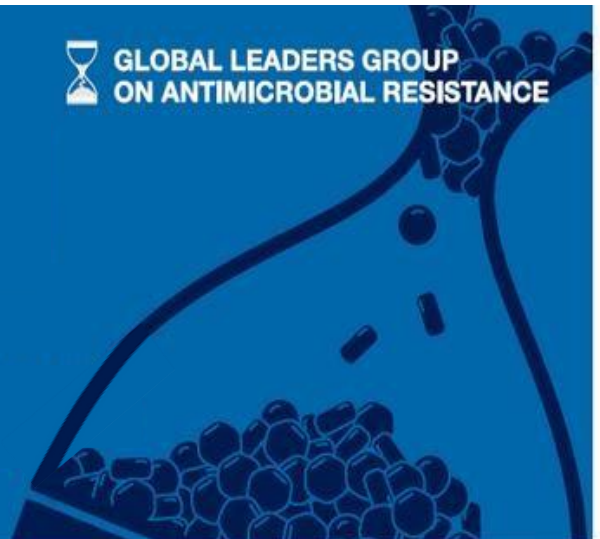


AMR Science Policy Forum: **AMR under pressure: Smart policies for lean times**

 GLOBAL LEADERS GROUP
ON ANTIMICROBIAL RESISTANCE

An event co-hosted by the Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID)

Munich, Germany 17 April 2026



Overview

For the fourth successive year, the Global Leaders Group (GLG) on Antimicrobial Resistance (AMR) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) co-hosted a [AMR Science-Policy Forum](#) during the ESCMID Global, one of the leading international meetings in clinical microbiology and infectious diseases. In previous years, the AMR Science Policy Forum was organized on the sidelines of ESCMID Global; this year, it has been integrated into the main programme.

The 2026 Forum was convened under the theme “AMR under pressure: smart policies for lean times”. The theme reflected the growing pressure that AMR places on health systems, economies and societies at a time when financial, political and institutional resources are increasingly constrained. The Forum focused on how science, economic evidence and policy leadership can help countries and partners prioritize interventions that deliver the greatest impact, align incentives and use limited resources more effectively.

The plenary session brought together political leaders, scientists, policy makers and representatives across one health sectors. It examined the economic implications of AMR and the policy choices required to sustain action in a constrained resource environment. Speakers emphasized that the challenge is not simply to do more, but to do better: to move from awareness to action, to scale proven interventions, and to ensure that AMR responses are both evidence-informed and implementable across diverse country contexts.

Opening remarks



From left to right, top to bottom: Dr Tedros Adhanom Ghebreyesus, Hon Minister Mekdes Daba, Dr Robert Leo Skov,

ESCMID President Robert Leo Skov welcomed participants on behalf of ESCMID and the Forum partners. He highlighted that AMR is already exerting accelerating pressure on health systems, economies and societies, while the resources required to respond are increasingly constrained. He noted that the Forum's theme was therefore highly timely and called for smarter prioritization, stronger incentives and closer collaboration between scientists, academics and policy makers.

On behalf of the GLG, Hon. Mekdes Daba, Minister of Health of Ethiopia, thanked ESCMID for hosting the fourth GLG-ESCMID Science-Policy Forum and emphasized the urgency of addressing antimicrobial resistance (AMR) amid constrained resources. She stressed that policies must deliver measurable value and highlight the importance of governance, accountability, sustained financing, high-impact interventions, strong data systems, and a One Health approach.

She underscored that AMR should be integrated into national development, health, and security agendas rather than treated as a siloed issue. Key priorities include infection prevention and control (IPC), vaccination, and antimicrobial stewardship, especially in resource-limited settings. National action plans must be fully funded, effectively implemented, and aligned with both global and national priorities.

Drawing on Ethiopia's experience, the Minister noted progress through a strong One Health approach, including a costed 2026–2030 AMR action plan, strengthened governance, expanded IPC and stewardship, improved surveillance systems, and multisectoral coordination—demonstrating that meaningful progress is achievable with sustained leadership and investment.

In [video message](#), Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), thanked the GLG and ESCMID for convening the Forum. He noted that AMR remains one of the most serious public health challenges of our time. WHO's latest [GLASS report](#) shows that one in six laboratory-confirmed bacterial infections worldwide is caused by drug-resistant pathogens, and the trend is increasing. While most countries have developed multisectoral national action plans, only 22% report effectively implementing and monitoring those plans with adequate financing.

Dr Tedros emphasized the role of the GLG in advocating for translation of evidence into concrete action, including investment in prevention, stronger surveillance, a strengthened antibiotic pipeline, and equitable access and responsible use of antibiotics. He also noted that WHO, together with Quadripartite partners, is supporting implementation of the 2024 UNGA [Political Declaration on AMR](#), and that Member States would consider the updated Global Action Plan on AMR for 2026-2036 at the World Health Assembly. In times of fiscal constraint, he said, policies and interventions must be guided by evidence and prioritized for impact.

Keynote address: AMR policy action under pressure - Doing more with less

Dr. Naomi Rupasinghe of the World Bank highlighted that the Bank supports 44 governments with US\$3 billion to address AMR and build sustainable, equitable health systems. She stressed that antimicrobials are essential to health and agriculture, warning that AMR could reduce global economic output by up to US\$1.7 trillion by 2050.

She emphasized maintaining effective antibiotics, aligning financing to support prevention and appropriate use, and developing public–private partnerships for innovation and access. Addressing AMR, she concluded, requires a system-wide approach, strengthening financing, procurement, and stewardship, while recognizing antibiotics as global public goods.

Plenary session: Smart policies for lean times

The plenary session, chaired by Dr John Friedland, President-elect of ESCMID, brought together focused presentations on IPC, vaccination, antibiotic targets and animal health. Speakers examined how science, economics and implementation evidence can guide policy choices under fiscal pressure.



From left to right, top to bottom: Dr Koen Pouwels, Dr Padmini Srikantiah, Dr Javier Yugueros-Marcos, Dr Benedetta Allegranzi

1. Efficient and effective Infection Prevention and Control (IPC)

Dr Benedetta Allegranzi of the World Health Organization [highlighted](#) infection prevention and control (IPC) as a highly cost-effective response to AMR, noting that healthcare-associated infections account for a major share of the burden, with an estimated 136 million antibiotic-resistant infections and 3.5 million deaths annually. Despite this, few countries meet minimum IPC and WASH standards, far below the 2030 UNGA target. She emphasized that effective IPC requires strong leadership and data-driven, people-centered implementation, and noted that WHO has developed a global strategy, action plan and monitoring framework. Evidence shows that coordinated, multimodal IPC interventions can reduce mortality and costs, making IPC, especially hand hygiene, one of the most impactful priorities for national AMR responses.

2. Prevention pays off: vaccination policies for AMR Vaccines are a critical prevention tool for AMR

Dr Padmini Srikantiah, Deputy Director at the Bill & Melinda Gates Foundation, [highlighted](#) vaccines as a key tool to reduce AMR by preventing infections, particularly in low- and middle-income countries where the burden is highest. She noted that vaccines can lower morbidity, mortality, transmission, and antibiotic use, citing typhoid vaccination in Pakistan as evidence of impact on both susceptible and drug-resistant infections. She emphasized the strong economic benefits of vaccination, with existing vaccines already averting significant AMR-related deaths and costs. She also called for better integration of immunization into AMR strategies, recognizing AMR as part of broader health priorities such as child survival and health system sustainability.

3. Global AWaRe targets and national cost savings

Dr Koen Pouwels of the University of Oxford [discussed](#) the 2024 UNGA target for at least 70% of antibiotic use to come from the WHO Access group, noting that prescribing patterns are driven more by national practices than epidemiology. His analysis suggests a global Access share of around 76%, though optimal antibiotic mixes vary by country. He highlighted potential cost savings from shifting from Watch to Access antibiotics, especially in LMICs, while stressing that clinical appropriateness must remain central. He concluded that policy should focus on defining optimal use based on effectiveness, safety and resistance impact, alongside stronger behaviour changes and implementation efforts.

4. A gram of prevention or a kilo of cure?

Dr Javier Yugueros-Marcos of the World Organisation for Animal Health [highlighted](#) the economic case for prevention in animal health, noting that AMR drives major costs beyond human health, including an estimated US\$17 billion annual loss in livestock productivity, though evidence remains limited. He emphasized One Health priorities such as using economic data to guide policy, increasing investment, focusing on LMICs, and improving data sharing. Citing strong returns on prevention, he linked AMR action to pandemic preparedness but noted progress is hindered by persistent misuse, concluding that the main challenge is behavioural and requires stronger focus on prevention, data, and implementation.

Discussion

The audience discussion focused on the economic and behavioural dimensions of AMR prevention.

One question asked whether reduced meat consumption and fewer production animals could lower AMR burden. In response, Dr Yugueros-Marcos noted that lower animal production would likely reduce total antibiotic use in absolute terms, but that policy should also consider antimicrobial use normalized by kilograms of animal production. He noted that dietary shifts toward lower animal protein consumption are more common in high-income countries than in low- and middle-income countries, where animal protein demand and development needs may differ. The policy objective should be to identify the right balance between animal production, good animal husbandry, biosecurity and vaccination.

Another question asked which economic lever could most effectively push AMR beyond political optics toward stronger research and development, better policy and improved outcomes for patients. Dr Pouwels noted that this is a complex question and that ongoing modelling work is seeking to compare interventions and research investments, although current work starts with the human health sector and does not yet fully incorporate the animal sector.

A further intervention cautioned against allowing fiscal constraints to reduce ambition. The speaker argued that the least expensive resource available to scientists and policy makers is their voice, and that AMR action should seek synergies with other global challenges such as climate change and biodiversity loss. Ms Rupasinghe responded that ambition should not be limited. In some political contexts, it is possible and necessary to aim high; in others, advocates must be able to justify, in a short time, which intervention will achieve results and fit political realities. Flexibility, she noted, is essential, but ambition should be maintained.



From left to right: Dr Jon S. Friedland, Dr. Naomi Rupasinghe, Dr Benedetta Allegranzi, Dr Padmini Srikantiah, Dr Koen Pouwels, Dr Jean-Pierre Nyemazi

Closing remarks

Dr Jean-Pierre Nyemazi, Acting Director of the Quadripartite Joint Secretariat on AMR, [delivered](#) the closing remarks, thanking European Society of Clinical Microbiology and Infectious Diseases, the GLG, and partners for advancing the science–policy dialogue. He highlighted progress over the past decade in elevating AMR on the global agenda and underscored the complementary roles of key platforms: the GLG for political advocacy, the Multistakeholder Partnership Platform for convening stakeholders, and the forthcoming Independent Panel on Evidence for Action against AMR (IPEA) as the scientific evidence arm, expected to launch by June 2026.

He emphasized the need to move from awareness to implementation, particularly through behavioural change, governance and financing, as reflected in the updated Global Action Plan on AMR. He stressed that sustained progress depends not only on evidence but on policies and incentives that drive behaviour change across sectors. Looking ahead, he pointed to the 5th High-Level Ministerial Meeting on AMR in Abuja as a key opportunity to advance One Health action through locally grounded solutions and reaffirmed the Secretariat’s commitment to supporting continued collaboration between science and policy.