



INTERNATIONAL CENTRE FOR
ANTIMICROBIAL RESISTANCE
SOLUTIONS



SCALING SOLUTIONS AND FINANCING FOR ANTIMICROBIAL RESISTANCE MITIGATION

Summary brief from high-level side event during the Hamburg
Sustainability Conference, June 2025

On 2 June 2025, the International Centre for Antimicrobial Resistance Solutions (ICARS) and ReAct Africa hosted a high-level roundtable on antimicrobial resistance (AMR) at the Hamburg Sustainability Conference.

This by-invitation-only event was held in person and brought together representatives from international organisations, governments, civil society, funders, multilateral development banks, and the private sector to discuss future actions to slow down the increasing burden of AMR globally.

Deliberations focused on translating growing political commitments, such as the 2024 United Nations (UN) Political Declaration on AMR^[1] and the Pandemic Agreement^[2] into local and global impactful interventions. Emphasis was placed on integrating AMR into broader development agendas using a One Health approach and on identifying sustainable funding mechanisms for AMR mitigation.

To drive momentum from the discussions, the [Hamburg Joint Statement on AMR](#) was released immediately following the roundtable. Supported by 15 participating stakeholders, including the Ministries of Foreign Affairs of France and Denmark, Gavi, the Vaccine Alliance, Africa CDC, and Japan International Cooperation Agency (JICA), the statement reflects a shared commitment to collaborative global action against AMR.

This summary brief captures key reflections from the discussion to inspire action on the ground.

[1] The UN General Assembly adopted a political declaration on Antimicrobial Resistance (AMR) on 26 September, 2024. This declaration commits UN member states to take concrete actions to address AMR, including a target to reduce global deaths due to AMR by 10% by 2030. The declaration emphasises a "One Health" approach, recognising the interconnectedness of human, animal, and environmental health.

[2] The WHO Pandemic Agreement, adopted by the World Health Assembly on 20 May, 2025, is a new international accord designed to strengthen global cooperation in preventing, preparing for, and responding to future pandemics. It addresses the shortcomings exposed by the COVID-19 pandemic, particularly regarding equitable access to resources and coordinated action. The agreement aims to create a more robust and equitable global health security framework for future pandemics.

Background

AMR is a critical global health and development threat, spanning human health, animal health, agrifood and the environment, with the greatest burden felt in low- and middle-income countries (LMICs). Without urgent action, it is estimated that AMR will cause 39.1 million deaths over the next 25 years, with an additional 169 million people dying from illnesses associated with AMR. Furthermore, by 2050, AMR is projected to cause economic losses of up to 3.8% of global GDP and an 11% decline in livestock production in LMICs. We must act now to address this global challenge.

Context

Taking place at a time when traditional development aid models are under pressure and global health funding is in decline, the opening remarks set the stage for an action-oriented dialogue. Delivered by Raphael Chanda, Acting Director of ReAct Africa and Dr Sujith J. Chandy, Executive Director of ICARS, the discussion began with a call to integrate AMR into broader development agendas, adopt a harmonised One Health approach, and pursue sustainable, impactful solutions to the complex challenge of AMR. The discussion was then opened to the table across five themes.

Participating organisations

1. Africa CDC
2. bioMérieux
3. C-CAMP, India
4. Center for Global Development
5. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
6. Embassy of France to Germany
7. European Commission
8. Gavi, the Vaccine Alliance
9. Global AMR R&D Hub
10. International Centre for Antimicrobial Resistance Solutions (ICARS)
11. Japan International Cooperation Agency (JICA)
12. KfW Development Bank
13. Ministry for Europe and Foreign Affairs, France
14. Ministry of Foreign Affairs, Denmark
15. Ministry of Health, Germany
16. Ministry of Public Health Thailand
17. National Institute of Public Health of Kosovo
18. Quadripartite Joint Secretariat on AMR (represented by World Health Organization)
19. ReAct Africa
20. The Global Fund
21. Wellcome
22. World Bank



1. Global health and development donor perspectives on AMR

- Increasing political momentum has placed AMR as a priority issue on global health and development agendas, with 2024 seeing strong commitments at major high-level meetings including the UN General Assembly and the 4th Global High-Level Ministerial Conference on AMR^[3]. Sustainability and integration were emphasised, particularly through a One Health approach and multi-sector coordination.
- Denmark has prioritised AMR with the establishment of ICARS, now providing financing to 55 projects across 25 countries and territories, supporting implementation of AMR National Action Plans (NAPs).
- Strengthening sustainable financing and implementation of NAPs remains a priority. Donors emphasised the importance of tailoring AMR responses to local contexts, highlighting that ensuring access to essential medicines and promoting responsible use of antimicrobials should be central to driving innovation in diagnostics and treatments.
- Donors called for evaluation of what works and for better coordination to reduce fragmentation and duplication of interventions to optimise available resources.
- Political and institutional support was evident, but there's a critical need to transition from strategy to action with mechanisms to ensure accountability and alignment with the Global Action Plan on AMR.

2. Country perspectives – situations and challenges

- Countries with limited resources, underfunded health systems, and gaps in governance and accountability are often the most affected by AMR. In these settings, development challenges such as inadequate clean water, poor sanitation and hygiene (WASH) services and insufficient infection prevention and control (IPC) infrastructure contribute significantly to the spread of AMR.
- For instance, while most African nations have NAPs, only a small fraction has identified budgets for implementation. Innovative tools like health financing strategies are being developed to support better governance and domestic resource mobilisation.
- Furthermore, only Botswana, Cabo Verde and Rwanda have consistently met the health financing commitments in the 2001 Abuja Declaration, having allocated at least 15% of their national budgets to the health sector over the last twenty years^[4].
- Despite these challenges, examples of progress were shared. Kosovo, for instance, has demonstrated encouraging steps towards addressing AMR using a One Health approach, by integrating AMR awareness and surveillance into health education and practice, though challenges in intersectoral coordination and prescriber behaviour remain.
- Overall, political commitment exists in many regions, but systemic implementation challenges and over-reliance on external funding continue to limit sustained and locally led progress.

[3] The Jeddah Health Commitments were adopted at the 4th Global High-Level Ministerial Conference on AMR held on 15-16 November 2024, in Jeddah, the Kingdom of Saudi Arabia. These commitments endorsed the Political Declaration of the UN General Assembly High-Level Meeting on AMR, recognising that AMR is an urgent global health and socio-economic crisis, jeopardising the achievement of the UN 2030 Agenda for Sustainable Development and its Sustainable Development Goals. Through a series of pledges the commitments focus on translating international declarations into practical actions, emphasising a One Health approach.

[4] [Africa's Health Financing in a New Era](#) - CDC Africa Concept Paper, April, 2025

3. Innovative solutions to address AMR

- Speakers emphasised that innovation stretches far beyond traditional research and development (R&D) to include governance, financing and local adaptation of policies and programmes. Innovation is not just inventing new mechanisms but also innovating the way we work today.
- Thailand's pooled funding model, using taxes on tobacco and alcohol to finance health promotion programmes, which also address AMR, was noted as a best practice combining political commitment and sustainable financing.
- Platforms like C-CAMP, through partnerships with other key global players such as CARB-X and ICARS, are catalysing innovation ecosystems in LMICs through incubation, ideation, and validation of AMR-related technologies.
- Gavi, the Vaccine Alliance is actively working to align its vaccine strategy with AMR mitigation agendas by prioritising vaccines that reduce the need for antibiotics.
- Global dialogue is critical for implementation, including the promotion of collective country incentives to optimise resources.
- The Global AMR R&D Hub's dynamic dashboard is a critical tool for tracking investments and promoting transparency in highlighting disparities in funding distribution.

4. Integration of sustainable solutions and programmes

- Integration across sectors and ministries is essential but remains difficult in practice, particularly at a country level due to budgetary and bureaucratic barriers.
- Only a minority of countries have integrated AMR financing within national budgets. Yet, examples exist of effective interministerial coordination and One Health programming.
- Sustainable AMR action requires embedding of AMR within health systems, food systems, and development frameworks, supporting, among others, universal health coverage (UHC), health systems strengthening, vaccination, and climate resilience agendas. Towards this, strategies and principles for scaling up interventions should be considered from the outset.
- Diagnostic and data gaps remain a key limitation to sustainable progress. Generating and collecting robust, cross-sectoral data using diagnostics is vital for monitoring progress and informing the implementation of NAPs.
- Partnerships were repeatedly highlighted as central to achieving integration, scaling innovations, and ensuring equitable access to solutions.



5. Financing mechanisms and multilateral challenges

- AMR remains underfunded compared to other global health priorities like TB, HIV, etc., despite evidence that early investment is significantly more cost-effective than delayed responses. Declining donor engagement and shifting development priorities pose a risk to long-term AMR financing.
- There is a need for evidence-based, demonstrated successes to attract sustained investments for AMR.
- Innovative financial instruments, such as concessional lending, catalytic funds, and pandemic financing platforms, as well as SMART investments^[5], accountability frameworks for example, the Independent Panel for Evidence for Action on AMR (IPEA), and prioritisation based on evidence could help ensure that resources are effectively allocated and impactful.
- Integration of AMR with other global health priorities, domestic resource mobilisation, and transformative partnerships was underlined as the core of any sustainable financing strategy for AMR.

[5] SMART goals are a framework for setting objectives that are Specific, Measurable, Achievable, Relevant, and Time-bound. In essence, smart investing is about making informed decisions that maximize the potential for achieving financial objectives while minimizing potential losses.

Conclusion

The roundtable underscored a clear consensus: tackling AMR requires urgent, coordinated, and sustained action across sectors and geographies. While political momentum is growing and innovative approaches are emerging, significant challenges persist in financing, integration, coordination, and accountability, especially in LMICs.

Embedding AMR within broader health and development agendas, supported by equitable partnerships and context-specific solutions, is essential. Equally important is securing sustainable financing with increased domestic resource allocation. The discussions reaffirmed that now is the time to move from commitments to concrete, measurable actions anchored in shared responsibility and strengthened governance as the foundation of a truly global response.

These discussions showed that there is hope.... hope that we can come together with sustainable and scalable AMR solutions.

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