

Davos Compact on Antimicrobial Resistance 2025



Antimicrobial resistance (AMR) is one of the most pressing global public health and development threats of our time. It already kills more than a million people globally every year, and affects countries across all regions and income levels, with its drivers and consequences exacerbated by poverty and inequality, making low- and middle-income countries (LMICs) the most vulnerable.¹

AMR jeopardizes many of the advancements of modern medicine, making infections harder to treat and increasing the risks associated with medical procedures such as surgeries and cancer treatments. AMR also undermines the global agri-food system, leading to higher disease prevalence and mortality rates among animals, which in turn decreases productivity and increases costs for farmers. Against this background, the environment plays a crucial role in the development and spread of resistant micro-organisms.²

The problem of AMR is exacerbated by two compounding trends. On the one hand, micro-organisms are exposed to increasing opportunities to develop resistance to existing treatments given the growing use of antimicrobials (such as antibiotics) in our societies and economies. On the other hand, humankind's capacity to develop new, effective treatments is diminishing because the market for innovative antimicrobials is broken. Physicians rightly reserve new treatments as last-resort measures to prevent resistance, but this practice limits the return on investment for antimicrobial research and development (R&D). The result is that we already face a pipeline and access crisis, with an inadequate R&D pipeline and an urgent need for additional measures to ensure equitable but appropriate access to, and use of, new and existing medicines, diagnostics and vaccines.³

The return on public investments to control AMR could be enormous. Between 2025 and 2050, AMR is predicted to directly cause over 39 million deaths and be associated with a broader 169 million deaths. Under an alternative scenario in which new antibiotics are developed for gram-negative bacteria, 11.1 million AMR deaths would be averted by 2050. Under a complementary scenario with better health-care quality for infectious syndromes and improved access to antibiotics, an additional 92 million deaths would be averted by 2050.⁴ From an economic perspective, the implementation of these two scenarios would mean that by 2050, health costs could be \$97 billion cheaper, the economy could be \$960 billion larger, and generated health benefits could be worth \$680 billion to countries. Given that improving innovation and access to high quality treatment would cost about \$63 billion per year, the global return on investment would be a staggering 28:1.⁵

From government commitments to sustainable financing

Governments have pledged to take urgent action to address AMR in recent years. At the United Nations General Assembly High-Level Meeting on AMR in September 2024, all UN Member States adopted a Political Declaration where they committed “to scale up action to be commensurate with

the present burden of antimicrobial resistance, with the aim to reduce the global deaths associated with bacterial antimicrobial resistance by 10% by 2030 against the 2019 baseline of 4.95 million deaths, and undertake to address the multifaceted and cross-cutting nature of antimicrobial resistance.”⁶ The Member States attending and endorsing the 4th Ministerial High-Level Global Conference on AMR in November 2024 resolved to translate the Political Declaration into practical commitments (the “Jeddah Commitments”) for urgent actions.⁷ For their part, G7 leaders assured that they “will spare no efforts to continue addressing this silent pandemic,”⁸ and G20 leaders promised to “implement and prioritize tackling AMR following the One Health approach”.⁹

Building on these commitments and recognizing that their achievement depends on the mobilization of significant financial resources from both public and private actors, we, the undersigned founding partners of the Unified Coalition for the AMR Response (UCARE) – representing key governments from the G7, EU, G20 and G77, the Quadripartite Joint Secretariat on AMR (QJS) composed of the Food and Agriculture Organization (FAO) of the United Nations, the United Nations Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH), alongside leading private sector entities including pharmaceutical companies, healthcare providers, food industry leaders, financial institutions, philanthropic organizations, and asset managers and owners such as insurance companies and pension funds – pledge to translate these government ambitions into concrete opportunities for public-private collaborations.

Multiple market failures hinder the mobilization of adequate private resources to control AMR. For example, when international guidelines such as WHO AWaRe (Access, Watch, Reserve) classification recommend that last-resort antibiotics should be reserved only for a limited number of patients to prevent a rapid decline in their effectiveness, this practice limits the return on investment for antibiotic innovation. In arge-food systems, the immediate costs of implementing best practices outweigh the short-term economic benefits for farmers. These realities hinder the development and accessibility of essential innovations needed to combat AMR and ensure food security.

Addressing AMR requires collective action supported by robust market-based economic incentives and sustainable financial mechanisms. Many countries face significant resource constraints and competing development priorities, such as food security, poverty reduction, and climate change, which limit their capacity to adequately invest in reduction of antimicrobial use and AMR mitigation. Without innovative solutions that align global and national interests, the financial burden of addressing AMR will remain a significant barrier.

Under the aegis of UCARE, government and philanthropic organizations commit to create the right conditions for private sector investments to address AMR. In return, global and local businesses commit to allocate significant financial resources to fund and deploy innovative solutions against drug-resistant infections. To achieve its objectives, UCARE will work with, and complement the efforts of, other international initiatives, such as the Global Leaders Group on AMR (GLG), the AMR

Multi-Stakeholder Partnership Platform (MSPP), and the Independent Panel for Evidence for Action against AMR.

Our goal is simple: to unlock sustainable and synergistic financing from both public and private sources to reduce the global deaths associated with AMR, saving more than 100 million lives by 2050.

The Unified Coalition for the AMR Response (UCARE)

UCARE will start its activities under four workstreams.

Innovation and Access (Antimicrobials, Diagnostics and Vaccines)

- Support the momentum for allocating adequate resources to a complementary set of access initiatives, pull incentives and push mechanisms, that revitalize the antimicrobial R&D ecosystem and expand the availability of new and existing healthcare products, while encouraging responsible manufacturing and disposal, across human and animal health and particularly in LMICs.
- Strengthen the evidence base for the level of public and private funding required for a sustainable antimicrobial R&D ecosystem and to deliver an effective number of high-quality innovative products to prevent, diagnose and treat the most dangerous drug-resistant infections while ensuring environmental, economic, and social sustainability.
- Facilitate the creation of an international collaborative mechanism on regional and national pull incentives, based on “fair share” contributions and coordinated criteria to evaluate the value of innovative antimicrobials.
- Propose and participate in the implementation of concrete solutions that address the specific market challenges which inhibit private investments in R&D and access for interventions, including treatments, diagnostics and vaccines, across all sectors, building on the experience with antimicrobial therapeutics and healthcare products for other therapeutic areas (e.g., advance market commitments, subscription mechanisms, volume guarantees, etc.).

Awareness and Advocacy

- Develop a high-impact creative campaign to spearhead action that reflects key learnings from campaigns such as 1.5 °C, building on the evidence from the independent science panel (once in place).
- Drive awareness and advocacy through activities linked to events organized by the G7, EU, G20, G77 and bi-annual Ministerial meetings, as well as through collaborations with other

global initiatives, the GLG, the MSPP and patient-focused groups, including those representing non-communicable diseases that are impacted by AMR.

- Working where possible with consumers, producers, food companies and patients to ensure full understanding of the One-Health nature of AMR. Demand good infection prevention control, appropriate stewardship, vaccination in the healthcare sector and appropriate use across the food chain.

Sustainable Agri-Food Systems

Through public private partnerships, collaboration within relevant initiatives and a network of best practice sharing - facilitate innovation and preventative actions to enable the targeted reduction of antimicrobial use particularly aimed at stopping non-veterinary medical uses, such as growth promotion or routine use for prophylaxis, starting with those medically important for human medicine.

- Collaborate with, and support, the RENOFARM (Reduce the Need for Antimicrobials on Farms for Sustainable Agrifood Systems Transformation) initiative.
- Facilitate partnerships to invest in innovation and promote alternatives to antimicrobials and increasing implementation of stewardship guidance and biosecurity in the animal and food industry, foster behaviour change to antimicrobial use, and preventive measures such as better bio-security, good husbandry practices, stewardship, WASH and IPC, including vectors.
- Building on the work initiated by investor groups to improve the stewardship of antimicrobials in supply chains.
- Improving innovation and access to diagnostics.
- Facilitate investor action to support the action required for guidelines for appropriate antimicrobial use and disposal, across the food chain.
- Encourage support for local farmers with the available financial, educational and technical resources needed to transition toward sustainable practices. Prioritizing prevention to reduce animal disease burden and therefore the need to use antimicrobials, whilst maintaining productivity and food security and reducing the release of antimicrobials and AMR pathogens into the environment.

Promoting Multisectoral Engagement and Funding

- Support the Quadripartite Joint Secretariat on AMR, working with the World Bank, with mapping existing and catalytic funding, to clarify and facilitate access to appropriate and available funds for AMR (e.g., via existing global health initiatives, such as the AMR Multi-

Partner Trust Fund, development banks and the private sector), making it easier for countries, especially LMICs, to apply for and use these resources.

- Support the dialogue to guide private sector engagement in the development and deployment of National Action Plans (NAPs), facilitating private sector participation in achieving NAP objectives, attracting private investments and expanding funding sources for under-funded NAPs.

Public and private sector efforts are needed to ensure sustainable financing for a healthier, safer, and more resilient world for future generations. Together, we are committed to mobilizing the financial resources and collective action required to save over 100 million lives by 2050.

References

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Appendix: Relevant paragraphs from the United Nations Political Declaration on AMR

Innovation and Access (Antimicrobials, Diagnostics and Vaccines)

45. Call on the Quadripartite organizations, in collaboration with Member States upon their request and other stakeholders including private sector and partnerships, such as Global Antibiotic Research and Development Partnership (GARDP), through the SECURE initiative, and the Global Drug Facility, as applicable, to take steps to increase global access to and appropriate use of antimicrobials in settings with the highest unmet need, including by aligning regional and subregional medicine registration and reforming regulatory and policy pathways, as necessary, to accelerate authorization of safe and effective products, especially for new antimicrobials, and to consider implementing new, sustainable procurement models, such as pooled procurement, tiered pricing and by supporting measures to ensure the resilience of supply chains for health products;

84. Recognize the benefits of public-private partnerships in the development of and access to antimicrobials, vaccines, diagnostics and alternatives to antimicrobials and in contributing to supply chain sustainability, and take note of the work of the Combatting Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) and the Global Antibiotic Research and Development Partnership (GARDP);

86. Explore, encourage and promote a range of innovative incentives and financing mechanisms for multisectoral health research and development to address antimicrobial resistance, and a stronger and transparent partnership between the public and the private sectors as well as academia and the scientific community, acknowledging the important role played by the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility, as well as appropriate incentives, including push and pull incentives, in the development of new health products and technologies, while ensuring that mechanisms are in place for equitable access, particularly in developing countries;

88. Improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts, to address the global concern about the high prices of some health products and in this regard encourage the World Health Organization to continue its

efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products;

89. Recognize the important role played by the private sector in research and development of innovative medicines and continue to support voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, facilitate equitable and affordable access to new tools and other results to be gained through research and development;

Advocacy and Awareness

51. Enhance and sustain targeted efforts, including through a One Health approach, to promote awareness of antimicrobial resistance and the appropriate use and disposal of antimicrobials, through education and training, social science approaches, communication and information campaigns, including through the media, behavioral change initiatives, the sharing of best practices and strengthening stewardship competencies and programs across all relevant workforce sectors by integrating antimicrobial resistance modules in primary, secondary and tertiary education and training curricula through systematic public, private, stakeholder and community engagement, and in this regard acknowledge the importance of engaging patients and families as partners in promoting safe care, and working towards locally meaningful and sustainable solutions;

Sustainable Agri-Food Systems

69. Strive to meaningfully reduce, by 2030, the quantity of antimicrobials used globally in the agri-food system from the current level, taking into account national contexts, by, inter alia, investing in animal and plant health to prevent and control infections, reducing the need for and inappropriate use of antimicrobials, including through investing in and promoting alternatives to antimicrobials and increasing implementation of stewardship guidance, taking into account the Codex Alimentarius and standards, guidance and recommendations of the World Organisation for Animal Health;

70. Commit to ensure that the use of antimicrobials in animals and agriculture is done in a prudent and responsible manner in line with the Codex Alimentarius Antimicrobial Resistance Standards and the standards, guidance and recommendations of the World Organisation for Animal Health;

71. Encourage FAO and its relevant governing bodies to undertake work, in consultation with member states and all relevant stakeholders, to develop further global guidance to prevent and reduce the use of antimicrobials in plant agriculture, building on the work of Codex Alimentarius Antimicrobial Resistance Standards and relevant International Plant Protection Convention guidance;

72. Ensure, by 2030, that animal vaccination strategies are defined with an implementation plan, including with international cooperation, taking into account WOA's list of priority diseases for which

vaccines could reduce antimicrobial use, and FAO guidance on vaccine quality control and field implementation, according to national contexts and based on scientific evidence;

73. Invest in animal health systems to support equitable access to essential veterinary services, improve animal health and appropriate management practices to prevent infections, and promote the timely supply of quality and affordable essential veterinary medicines, vaccines and diagnostics, and improve veterinary oversight of antimicrobial use in animals at national level;

Promoting Multisectoral Engagement and Funding

29. Promote participatory, inclusive and transparent approaches to health governance for antimicrobial resistance at local, national, regional, and global levels, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, by involving all relevant stakeholders, such as local communities, health workers and care workers in the health sector, patients, survivors of antimicrobial resistant infections, farmers, animal health and environmental and ecosystem sector professionals, academia, volunteers, civil society organizations, humanitarian personnel, faith-based organizations, private sector and youth in the design, implementation and review of national action plans on antimicrobial resistance, to systematically inform decisions that affect health so that policies, programmes and plans better respond to needs, while fostering trust in health systems;

38. Request the Quadripartite Joint Secretariat, in collaboration with relevant financial institutions, to map existing and catalytic funding, including from the private sector, philanthropic organizations, and development banks, in order to improve access to resources and leverage capacity-building and implementation of national action plans on antimicrobial resistance;