**The world is facing an antibiotic emergency: a data-led plan of action is needed now**

Sally Davies, The Guardian, 24/9/24

Over the next 25 years, someone will die every three minutes from common, preventable and formerly treatable health conditions, simply because the antibiotics we use to treat them will have stopped being effective. Unless, that is, the world steps up to respond to the growing threat of antimicrobial resistance (AMR).

Antibiotics have been a cornerstone of modern medicine for decades, but today some of the life-saving medicines we depend on are under threat. This is because the bacteria that cause conditions such as pneumonia and diarrhoea are changing so that they no longer respond to these treatments. Routine procedures, from surgery to childbirth, are becoming riskier, increasing the likelihood of deadly complications and threatening our health systems. No one is safe from the threat of AMR.

For the first time, we are now starting to build a picture of how this resistance is affecting people’s care. The [Lancet recently published new research](https://www.theguardian.com/global-development/2024/sep/16/health-superbugs-antimicrobial-resistance-amr-39m-deaths-infections-bacteria-gram-study) from the Global Research on Antimicrobial Resistance (Gram) Project, which revealed deaths directly attributable to bacterial AMR are continuing to rise. This might be a surprise to some, as we would expect the incredible progress we’ve made in reducing infection over recent decades to limit deaths from AMR. Nevertheless, the new analysis using records dating back to 1990 found that over a million lives have been lost to AMR every year, adding up to more than 36 million – and these numbers are on the rise. [...]

For years, we have been fighting AMR somewhat in the dark, but today we are starting to see more data emerge that can help us understand the global picture, map out how to respond to the spread of AMR, and unlock international action. After the publication of Gram’s first paper in 2021, countries such as the UK, Ghana and Thailand have already used this data to develop policies and implement coordinated action plans, while the World Health Organization used the estimates to develop its 2024 bacterial priority pathogens list. To move the needle on AMR, the latest Gram findings and surveillance data must remain at the forefront of global decision-making and be used to develop effective, data-led national action plans.

The picture might be bleak, but it is not without hope. Simply improving access to better healthcare for severe infections and ensuring proper access to antibiotics could save 92 million lives between 2025 and 2050. The development of alternative drugs that are effective against the bacteria that have developed resistance could save about 11 million more.

This week, global leaders will come together at the UN general assembly high-level meeting on AMR in New York. We will hear from experts from around the world – from health researchers, finance professionals and national leaders to healthcare principals, disease specialists and the pharmaceutical industry – before making bold decisions on how the world will reverse this alarming trend. It is clear from the latest evidence that we need a commitment to put the most vulnerable first, by scaling up funding and action to achieve equitable access to treatments, vaccines and diagnostics. Afterwards, we all need to work together to turn the situation around.

From cancer patients in the UK and elderly people in Japan to children in Niger, no one is exempt from the threat of AMR. This is a global crisis that needs global action. Now is the time to be bold and ambitious in our actions to ensure current and future generations have effective and accessible antibiotics, because millions of lives are in the balance.