Antimicrobial resistance is already a crisis: the EU and France must act now to tackle it

From November 18th to 24th, Antimicrobial Resistance Awareness Week reminds us of a growing global health emergency. We, representatives of civil society and the research community, call on the European Commission and the French government to take decisive action against antimicrobial resistance before it becomes an even greater threat to human health, global security and prosperity.

A mounting threat to global health

Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi, and parasites evolve and no longer respond to the drugs designed to kill them. This makes infections become harder and more expensive to treat, leading to more severe complications for patients and increasing the risk of transmission. AMR is accelerated by the misuse and overuse of antimicrobials, inadequate access to vaccines, diagnostics and effective treatments, and insufficient investment in new medicines.

The Lancet Commission has classified AMR as one of the most catastrophic threats to health of the 21st-century[1]. Yet, despite growing international recognition, including the adoption of a Sustainable Development Goal (SDG) indicator[2], a 2024 UN General Assembly target[3] and WHO's Global Action Plan on AMR for 2026-2036[4], progress in mitigating this threat remains insufficient. Without urgent and coordinated action, the effectiveness of modern medicine itself is at stake.

A growing human and economic toll

The human cost is already staggering. Bacterial AMR was associated with more than 4.7 million deaths worldwide in 2021[5]. In parallel, drug-resistant tuberculosis alone is estimated to cause more than 1 in 8 deaths attributable to AMR[6]. AMR is particularly common in hospital-based infections and can over-burden health systems and undermine confidence in healthcare.

The consequences are profoundly unequal. Low-resource settings and vulnerable populations, including young children and older people, bear a disproportionate burden. AMR also threatens animal health, agriculture and food security, as AMR pathogens end up in food.

---

[1] https://www.worldhealthsummit.org/news/ihme-launch-of-the-lancet-monitor-of-21st-century-global-threats-to-health?mkt_tok=Njg1LUtCTC03NjUAAAGk1TJx0mOpPDBRlVjS7DCXDmza7ejp58Ak_IX31WhYyVnD51kvo4cQF11BBZJJaQIGqM-pB7RSCmBq_u3T8EZcnaT4rWVR1wLJ8ptvHR0sfcgjmyYb

[2] https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.d.2---bloodstream-infections-due-to-selected-antimicrobial-resistant-organisms

[3] https://digitallibrary.un.org/record/4064023?v=pdf

[4] https://www.who.int/news/item/25-05-2026-the-world-health-assembly-adopts-updated-global-action-plan-on-antimicrobial-resistance-(2026-2036)

[5] https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance

[6] https://www.nature.com/articles/s41579-024-01025-1

As one in six laboratory-confirmed bacterial infections worldwide is currently caused by antibiotic-resistant bacteria[7], the cost of inaction will be devastating. Estimates suggest that bacterial AMR could directly cause approximately 39 million deaths between 2025 and 2050[8]. Beyond these human losses, resistant infections threaten economic productivity, healthcare systems and global stability.

Call to action

We call on the European Commission and the French government to demonstrate political leadership and make AMR prevention, preparedness and response a strategic priority. Specifically, we urge the Commission and France to:

- **Strengthen a One Health approach** by building health systems that prevent, detect and respond to threats across human, animal and environmental health, and by preserving biodiversity as a source of new molecules able to overcome drug resistance. Combined One Health interventions could avert nearly US$7.7 trillion in healthcare expenditure and productivity losses by 2035[9].
- **Accelerate research and innovation** across all sectors, investing in new antimicrobials, vaccines, diagnostic and alternative treatments while ensuring equitable access to existing and future solutions. This will be made possible by strengthening sustainable research and public health capacities in low- and middle-income countries, where the burden of AMR is disproportionately high. Dedicated funding should be secured in the French national budget and the EU 10th Framework Programme for Research and Innovation (FP10) to ensure sustained investment across the AMR response.
- **Reinforce surveillance and laboratory networks** to improve AI tools but also to support researchers and healthcare workers in detecting emerging resistance and responding rapidly to outbreaks, improving international coordination and information sharing.

Reinforcing sustainable access and protecting the effectiveness of antimicrobials today means protecting our societies, our economies and, above all, human lives. The European Commission and France have the opportunity to help lead this response. We urge them to act now, before preventable infections become untreatable and today's warning becomes tomorrow's catastrophe.

Signatories

1. Emmanuel André, Head of the Clinical Microbiology Laboratory, Catholic University of Louvain - Belgium
2. Farzad Badmasti, Associate Professor, Pasteur Institute of Iran - Iran
3. Manica Balasegaram, Executive Director, Global Antibiotic Research and Development Partnership (GARDP) - United Kingdom
4. Hassanatou Balde, Executive Director, Youth United Against Antimicrobial Resistance (ENJEU-RAM) - Guinea
5. Mathieu Barbier, Junior Physician, Nantes University Hospital - France
6. Meryem Assia Belaidi, Infectious Disease Specialist - Algeria

[7] https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance
[8] https://healthpolicy-watch.news/pandemic-preparedness-biodefence/
[9] https://amrleaders.org/resources/annex-to-the-glg-report

7. Patrick Bertrand, Executive Director, Global Health Advocates - France
8. Charlotte Boullé, University of Montpellier, Montpellier University Hospital - France
9. Jeanne Brochon, Pediatric Infectious Disease Specialist, Nantes University Hospital - France
10. Willo Brock, Coalition for Epidemic Preparedness Innovations (CEPI) - Belgium
11. Jérémy Campillo, National Institute of Health and Medical Research (INSERM) - France
12. Cecilia Castillo, Regional Strategic Development Manager, Pasteur Network - France
13. Alexandre Charmillon, Coordinator of the group 'Bon Usage Anti-infectieux', Société de Pathologie Infectieuse de Langue Française (SPILF) - France
14. You Che, Assistant Research Professor, Hong Kong University-Pasteur Network - Hong Kong, China
15. Cédric Chesnais, Research Director, French National Research Institute for Development (IRD) - Republic of the Congo
16. Grégoire Davignon, Knowledge Community Lead, Pasteur Network - France
17. Eric D'Ortenzio, Scientific Director of the Health Department, French National Research Institute for Development (IRD) - France
18. Mike Frick, Co-Director of the Tuberculosis Project, Treatment Action Group (TAG) - United States
19. Bebyahka Gabkiangbe, Student - Chad
20. Elisabet Guiral, Project Manager & Programme Manager, ISGlobal - Spain
21. Benjamin Franklin Imbana, Supervising Nurse and BUA Member, Doctors Without Borders - Democratic Republic of the Congo
22. Soojin Jang, Head of the Antibiotic Resistance Laboratory, Pasteur Institute of Korea, Republic of Korea
23. Ibrahima Kouma, AMR Working Group Leader and Outreach Advisor at One Health in Action Initiative - Ivory Coast
24. Tinkomta Laobéré Junior, Youth Union for Education - Chad
25. Phong Le Quoc, Pasteur Institute of Nha Trang - Vietnam
26. Christian Lienhardt, Emeritus Research Director, French National Research Institute for Development (IRD) - France
27. Rodrigue Mwotalyi Musole, Practicing Physician - Democratic Republic of the Congo
28. Kotar Nayme, Researcher, Pasteur Institute of Morocco - Morocco
29. Gorik Ooms, Professor, Institute of Tropical Medicine - Belgium
30. Stefano Pagliara, University of Exeter - United Kingdom
31. Sébastien Pion, Researcher, French National Research Institute for Development (IRD) - France
32. Christophe Rapp, President of the Société de Médecine des Voyages, Chair of the Committee for the Prevention of Nosocomial Infections, American Hospital of Paris - France
33. Ignasi Roca, Microbiologist, Hospital Clínic de Barcelona - Spain
34. Sara Soto, Associate Professor, ISGlobal - Spain
35. Tim Taylor, Professor of Environmental and Public Health Economics, University of Exeter - United Kingdom
36. Fabrizio Tediosi, University of Milan - Italy
37. Renaud Vatrinet, Director of Scientific and Educational Affairs - France
38. Wenkuni Ahmed Zerbo, Saint-Joseph Medical Center - Burkina Faso