



PERSPECTIVES FROM THE ASC

WORLD HEALTH ORGANIZATION GLOBAL ACTION PLAN ON AMR 2026



PRESENTED TO
THE WORLD HEALTH
ORGANIZATION

DECEMBER 2025



AMRTM
Strategic
Coalition

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About ASC

Established in September 2025, the **AMR Strategic Coalition (ASC)** unites leading U.S. experts across One Health sectors to build stakeholder consensus, amplify voices, and deliver policy solutions to combat antimicrobial resistance (AMR). Led by trusted independent leaders with decades of combined deep federal policy, diplomacy, and scientific experience advancing AMR efforts, the ASC assembles partners to develop critical evidence-based and holistic policy postures that are reflective of the interdisciplinary AMR community in the United States.



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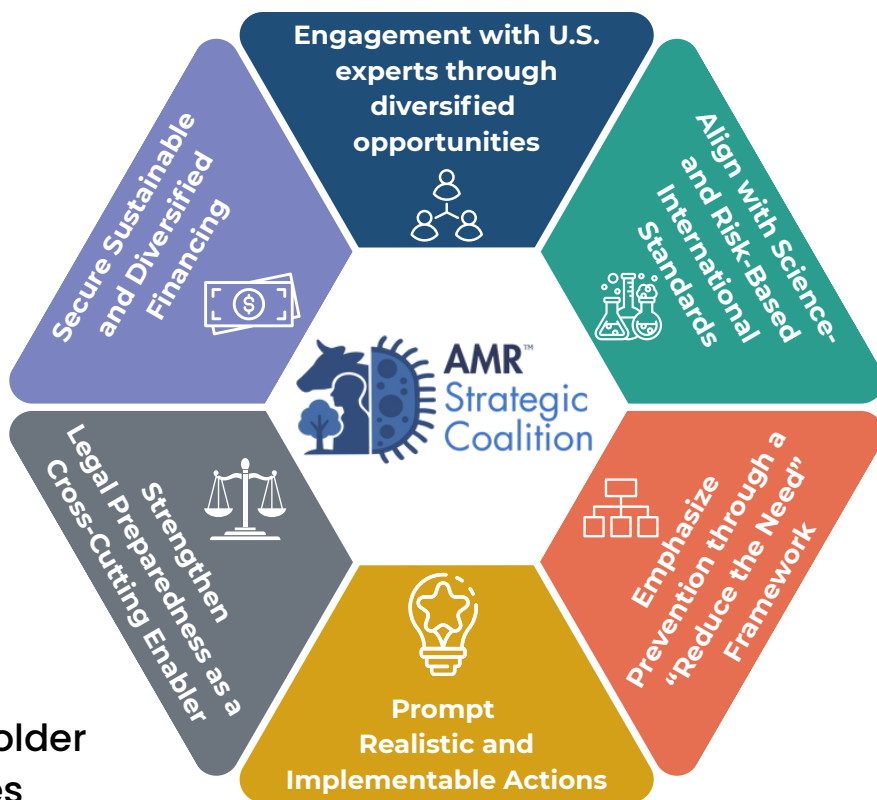


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Executive Summary

The AMR Strategic Coalition (ASC), established in September 2025, is an independent organization that unites expert leaders in the United States across One Health sectors to build policy consensus, amplify voices, and deliver solutions to combat antimicrobial resistance (AMR) in the United States and globally. The ASC recognizes that with AMR threats growing around the world, there is greater need for collaboration for effective global action. Moreover, ASC appreciates that there are key developments at the global level leading to opportunities to help shape AMR work. This includes the new Independent Panel on Evidence for Action against Antimicrobial Resistance, which will be critical in coordinating and driving global action to advance efforts to combat AMR that are independent, balanced, and scientifically-based.

As such, the ASC offers the World Health Organization (WHO) the following set of perspectives for consideration in the development of the 2026 Global Action Plan on AMR (GAP). These perspectives represent a unanimous consensus of the U.S. stakeholder voices from across disciplines and One Health sectors available in the coalition.



Perspectives from the AMR Strategic Coalition for the 2026 WHO Global Action Plan on AMR


Introduction

Since its adoption in 2015, [the World Health Organization \(WHO\) Global Action Plan on AMR \(GAP\)](#) has made substantial progress in combating AMR globally, and the perspectives presented here seek to further this work and advance collaborative and innovative approaches to drive high-impact action against AMR under the GAP. As WHO develops the new iteration of the GAP on AMR in 2026, the ASC offers the following set of perspectives for consideration. Leveraging the wide-ranging expertise of the ASC network, these perspectives build upon the progress made by the United States since 2015 to combat AMR, which includes building and strengthening prevention, detection, containment, and response capacities across the nation and abroad. It is worth noting that while the GAP defines AMR impacting bacteria, fungi, parasites, and viruses, the ASC perspectives are focused on bacteria and fungi. Additionally, the ASC underscores the importance of science and risk-based standards management to combat AMR that is consistent with the work of international standard-setting bodies developed through consensus-driven processes.

The ASC approaches AMR as an escalating threat to global health, global health security, food security, and social and economic stability. With many low- and middle-income countries around the world struggling to combat AMR and the reality that AMR and sepsis together represent dual, interlinked crises of infection control and patient safety that contribute to rising morbidity, mortality, and health system strain, there is an urgency for global and collaborative action that brings equity-based solutions.

For these reasons, the ASC values and reaffirms the commitments made to date by countries around the world in the fight against AMR and in advancing the One Health approach globally. These commitments serve as the foundation and springboard for impactful action by the global community. In particular, more recent global undertakings should build on the momentum created by the United Nations General Assembly's [2024 Political Declaration of the High-level Meeting on AMR](#) (UNGA Declaration) and the [2022 World Health Assembly's Resolution 75.13 on Infection Prevention and Control](#), which led to the [2024 WHO Global Strategy on Infection Prevention and Control](#).

Based on these global efforts and urgent need for continued multilateral action, the ASC underscores the need to make bolder investments and actions across all sectors to meet the goal in the 2024 UNGA Declaration of reducing global AMR deaths by 10% by 2030 and the importance of promoting a One Health approach globally to combating AMR effectively.



The ASC considers the One Health approach to be an essential tool for combating AMR, ensuring the interconnection and coordination between human, animal, and environmental health sectors. Similarly, it is critical that prevention efforts are strengthened to combat AMR and interlinked conditions, like sepsis. This includes infection prevention and control (IPC); reducing the inappropriate use of antimicrobials in humans, animals (including companion and livestock) through stewardship, and the discharge entering into the environment; developing non-antimicrobial alternatives for improving animal and agricultural yield, recognizing the financial incentives to use antibiotics and antifungals in livestock and on crops; and ensuring access to antimicrobials when medically appropriate to protect human, animal, and environmental health.

The ASC recognizes that progress on AMR is highly dependent on countries evaluating, monitoring, and implementing their capacities to combat AMR. Therefore, the ASC strongly promotes the regular monitoring and evaluation of capacities and the development, funding, and implementation of National Action Plans (NAPs), including the use of the [Food and Agriculture Organization \(FAO\) Progressive Management Pathway for AMR](#) to support the multisectoral nature of the NAP. It is worth noting that planning and implementation at the sub-national level are critical for impact.

As WHO develops the GAP and the global community works to implement it, the ASC stands ready to serve as a vehicle for creating additional partnerships and facilitating further connections between international partners and U.S.-based actors focused on AMR, including those in the U.S. government. The U.S. Government has reprioritized its role and involvement in global health, including on AMR, and there is strong interest among U.S.-based experts from across sectors (sub-national governments, non-governmental organizations, professional associations, academia, industry, etc.) to engage in and contribute to the international work on AMR. Established in October 2025, the ASC responded to this call and created an independent platform to bring together a trusted network of independent leaders in AMR across the United States with diverse backgrounds who are eager to continue driving AMR work globally.

Given the level of expertise present in the United States, as reflected in its membership, the ASC encourages the global community to use U.S. organizations and professional associations as resources for technical expertise and support for implementation of the GAP.

Priority Perspectives



Engagement with U.S. Experts through Diversified Opportunities



Align with Science- and Risk-Based International Standards



Emphasize Prevention through a "Reduce the Need" Framework



Prompt Realistic and Implementable Actions



Strengthen Legal Preparedness as a Cross-Cutting Enabler



Secure Sustainable and Diversified Financing





Engagement with U.S. Experts through Diversified Opportunities: Coalitions, Organizations & Associations

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The ASC encourages the continued inclusion of experts across One Health sectors in the United States, beyond direct government engagement, as they must remain a vital source of expertise. There are expert coalitions ready to support the [Quadripartite](#) and the rest of the international community at a more granular level of collaboration. The ASC recognizes that engaging a broad range of stakeholders with scientific knowledge (including behavioral science) and who are committed to adopting and strengthening evidence-based frameworks across human health, animal, and environmental health sectors is a critical component to address complex drivers of AMR emergence and spread.

- The global community, especially the WHO, should continue to engage with the international community in AMR. WHO should further promote and explore new channels for engagement with stakeholders globally, including from the United States, to drive action, such as the ASC.
- WHO should leverage technical expertise available from the range of U.S. stakeholders ready and willing to contribute, including coalitions, professional associations, non-governmental organizations, academic centers, and sub-national governments (including State-led public health and animal health professionals) to help support country-level implementation.
- The WHO and Member States are encouraged to review the roster of ASC Executive Council members for collaboration and further dialogue. [See Page 4.](#)
- Ensure adaptation of a balanced, evidence-based framing that reflects uncertainty in economic projections and large prediction models to prevent perceptions of bias that may undermine implementation.
- Incorporate diverse data sources and global reference to support credibility and inclusiveness of conclusions and recommendations in the GAP.



Align with Science- and Risk-Based International Standards

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The ASC recognizes and underscores the importance of the GAP remaining consistent with and accounting for existing guidance, global frameworks, and consensus-driven international standards, including those of [Codex](#), [the Quadripartite](#), and [the 2024 UNGA AMR Declaration](#). This includes aligning the Plan with terminology and actions within established guidance (e.g., not using “medically-important” antimicrobials for growth promotion instead of a blanket phase-out of antimicrobials in agriculture use) to maintain coherence with existing evidence-based norms.

- Define evidence-based metrics for success in combating AMR that go beyond usage metrics and focus on targeted reduction of One Health risks.
- Encourage and support science-based decision-making across all sectors to facilitate effective Member State engagement and implementation.
- Continue to support existing collaboration and infrastructure among the Quadripartite and with external stakeholders to bolster comprehensive data collection and research.



Emphasize Prevention through a “Reduce the Need” Framework

Prevention efforts – such as IPC, vaccines, animal biosecurity, improving food safety and clean water, sanitation, and hygiene (WASH) activities, and strengthening antimicrobial stewardship across all sectors – can be framed as objectives to “reduce the need” for antimicrobial use. Prevention efforts like these can stop the spread of resistant infections, and the ASC is encouraged to see prevention highlighted in the GAP.

- Throughout the GAP, frame AMR reduction through a central concept of reducing the need for and use of antimicrobials across One Health sectors by promoting health, preventing infections, including those that can lead to sepsis, developing and using vaccines, and improving stewardship.
- Consider incorporation of IPC, animal biosecurity, and early sepsis recognition initiatives that reduce unnecessary antimicrobial exposure by addressing infections before escalation of antibiotics.



Prompt Realistic and Implementable Actions

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The health, socioeconomic, and environmental burden of AMR and the ability to address this threat varies with each Member State. The ASC recognizes the GAP's acknowledgement of these challenges and underscores that implementation guidance be framed in ways that are ambitious and adaptable to national capacities and contexts, including at the community level, and take into account sector-specific limitations.

- Prioritize implementation pathways that are realistic for Member States of varying resources levels.
- Explore bilateral cooperation frameworks that combine technical assistance, financing, and progressive capacity transfer.
- Promote and integrate multilateral coordination with external stakeholders across all sectors (i.e., governments, international organizations, civil society organizations, academia, and private sector) to ensure comprehensive and feasible implementation.



Strengthen Legal Preparedness as a Cross-Cutting Enabler

Legal preparedness ensures that legal instruments (e.g., legislation, regulations, decrees) are strategically-drafted and well-informed to create a solid foundation for long-term impact. In the context of AMR, legal preparedness creates opportunities to strengthen governance, clarify authority, and facilitate effective coordination across One Health sectors, among other benefits, to prevent and respond to antimicrobial resistance threats.

- Highlight legal preparedness as a foundational cross-cutting tool to support One Health coordination, multisectoral governance, and sustainable implementation.
- Encourage feasibility of legal mapping assessments and knowledge-sharing within a One Health context to identify gaps in AMR-related legislation and regulations for reform.
- Include One Health considerations for health product procurement and liability frameworks that can facilitate timely access to essential antimicrobials, vaccines, and other health and veterinary products, particularly during public and animal health emergencies.
- Foster training on legal preparedness (including legal mapping) to policymakers, government officials across One Health sectors, and parliamentarians.
- Encourage alignment of AMR-relevant legal frameworks with existing WHO and national sepsis care standards to ensure timely diagnosis, treatment, and reporting of outcomes.



Sustainable and diversified financing is critical to ensuring consistent and long-term investment in AMR. It promotes the diversification of resources, reducing reliance on short-term funding, and incentivizes for innovation, among other benefits.

- Facilitate dialogue and mechanisms that enable development of public-private partnerships (PPPs) and innovative financing mechanisms that incentivize AMR-related R&D and accelerate market access for affordable, high-quality human health and veterinary products, including U.S. and global innovations aligned with unmet global health needs.
- Encourage exploration of bilateral, multi-year partnerships that include clear host-nation co-investment and progressive capacity transfer provisions to build sustainable, country-led capabilities to prevent and mitigate AMR.
 - For pathogens with existing effective prevention or treatment methods, such partnerships and investments should prioritize equitable access to essential health products, ensuring sustainable, country-owned procurement and delivery mechanisms that strengthen resilience and health and food security.
 - For pathogens for which there are unmet needs (i.e., effective prevention, diagnostic, or treatment options do not yet exist), partnerships and investments in innovative human and veterinary health products should be developed in the context of available non-pharmaceutical intervention capabilities.
- International economic partnerships focused on supply chain security and resilience can help alleviate risks associated with geographic concentration and international regulatory harmonization (aligning regulatory requirements between different markets) can increase efficiency, reduce government spending and other costs, and further support supply chain resilience.
- Investment in detection, tracking, sepsis prevention, diagnostics, and data systems could be considered in AMR financing mechanisms to ensure holistic infection management across One Health sectors.

Future Outlook & Goals

These perspectives represent the ASC's first contribution to the global community. They recognize that collaboration at all levels (within the country, regionally, and globally) is essential to bringing sustained impact in the fight against AMR. The ASC aims for these contributions to the WHO 2026 GAP to serve as a launching pad for greater collaborative work among international partners and our U.S.-based experts.



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