

Reaffirming UK Leadership on Antimicrobial Resistance: A Pragmatic Proposition

Antimicrobial resistance (AMR) is an escalating global health emergency—threatening the infrastructure of modern medicine, undermining economic stability, and intensifying pressure on public services. It causes 35,000 deaths annually in the UK and over 5 million globally, with fatalities projected to rise significantly. Yet despite its growing impact, AMR remains under-funded globally and is largely reliant on international development support, with minimal domestic investment in most countries. As more visible threats compete for attention, there is a real risk that AMR will slip further down the agenda.

The scale of global loss of life is a tragic indictment of insufficient preparedness and prevention for what is arguably the greatest health risk of our generation. AMR also threatens agricultural and livestock sectors that underpin livelihoods, trade, and development—particularly in low- and middle-income countries. UK leadership is essential to maintain momentum, visibility, and global commitment.

The UK has long been a global leader in AMR—from the Fleming Fund’s work in building surveillance capacity, to the diplomatic leadership of the UK Special Envoy on AMR. With the Fleming Fund winding down and development budgets under strain, this is a moment to evolve the UK’s approach: one that protects progress, responds to fiscal realities, and leverages UK strengths through smarter investment. This means prioritising scalable, sustainable models—such as education, workforce development, and stewardship embedded into everyday practice. By harnessing its technical expertise, the UK can help partner countries detect, prevent, prepare for, and respond to AMR in ways that deliver lasting impact.

Below are four strategic steps for targeted action that would reaffirm UK leadership on AMR.

1. Ringfence targeted AMR development funding to support the transitioning of Fleming Fund infrastructure to country ownership

The UK’s responsible exit from Fleming Fund projects must be underpinned by a ringfenced AMR budget that enables country ownership of infrastructure and protects hard-earned progress in surveillance, professional capacity, and health system resilience. Without this, AMR risks falling between departmental allocations and losing visibility within broader development priorities. Bilateral support offers distinct advantages in this transition: it allows for targeted priorities aligned with UK foreign policy and health goals, rapid deployment and adaptation to changing needs, and tailored interventions suited to national contexts. It also provides political visibility and credit for UK leadership—essential for sustaining momentum and demonstrating continued commitment.

While UK funding to multilateral organisations such as WHO, Gavi, and the Global Fund remains vital for global health, these institutions do not have the scope or mandate to fully address the financing and implementation gaps in AMR. Alarming, WHO is reducing its AMR capacity. A ringfenced bilateral approach is therefore essential to preserve impact, ensure continuity, and maintain the UK’s strategic influence in shaping global AMR responses.

2. Push the Global Fund to expand its ambition on AMR as part of its evolving strategy on health systems and pandemic preparedness

As the UK prepares to host the Global Fund replenishment and continues its role as a board member, it is uniquely positioned to seek commitments that elevate AMR within the Fund’s strategic priorities. This means going beyond integration into HIV, TB, and malaria programming—recognising AMR as a cross-cutting threat to global health security that demands dedicated investment, strategic focus, and

coordinated action across disease areas and health systems. The Fund's current structure presents limitations in addressing the urgency and complexity of AMR. Programme models—effective for vertical disease responses—may not easily accommodate AMR's cross-cutting nature and risk overlooking accountability for AMR-specific outcomes.

By championing AMR within the Global Fund's replenishment agenda, the UK can help shape a more responsive and targeted approach—ensuring AMR is embedded as a strategic priority within broader efforts to strengthen health systems and pandemic preparedness. This would reaffirm the UK's leadership and influence in shaping future funding landscapes.

3. Leverage UK excellence in healthcare workforce training to prioritise technical assistance and education for AMR workforce development

The UK has tremendous expertise across its NHS workforce and life sciences sector. As the Fleming Fund winds down, future collaboration with low- and middle-income countries must evolve—focusing on low-cost, high-impact initiatives that build lasting AMR capacity through education, training, and technical assistance. Investing in workforce capability is one of the most scalable and sustainable ways to tackle AMR, and an area where the UK excels. By equipping partners with skills and knowledge—through stewardship training, expert exchanges, and experiential learning—the UK can deliver smart, bilateral AMR investments that foster resilience through locally driven solutions. Programmes such as the Global Antimicrobial Stewardship Accreditation Scheme (highlighted as a case study in the UK's current National Action Plan on AMR) exemplify this approach: combining UK-led education with global collaboration to drive awareness, strengthen stewardship, and support technical capacity.

Platforms that engage policymakers at regional and global levels offer powerful opportunities to share best practices, align strategies, and secure top-level political commitment. Prioritising education and workforce development as part of the UK's future AMR offer will not only build capacity in low-resource settings—it will also strengthen the UK's own preparedness and reaffirm its leadership in global health.

4. Commit to hosting the Global AMR Ministerial Meeting in 2028 to mark the centenary of penicillin discovery and reaffirm UK leadership

2028 marks 100 years since Sir Alexander Fleming's discovery of penicillin—an achievement that revolutionised medicine and remains one of the UK's most profound contributions to global health. This centenary offers a moment not just to reflect, but to lead. Following the 2024 UN High-Level Meeting on AMR, biennial Global Ministerial Meetings now convene Ministers across health, agriculture, environment, and finance to coordinate progress. With Nigeria confirmed to host in 2026, the UK should commit to hosting in 2028—using this milestone to showcase UK science, NHS expertise, and innovation in tackling AMR. It would galvanise global action and reaffirm the UK's diplomatic leadership on AMR.

Hosting would align with the launch of the Fleming Centre in London, led by Lord Darzi and under the patronage of HRH The Prince of Wales. It would also send a clear signal to countries transitioning from Fleming Fund support that AMR remains a strategic priority. Global milestones like the Ministerial Meetings, combined with scientific and economic evidence on the cost-effectiveness of AMR solutions, are essential to unlocking long-term funding and political commitment.

By stepping forward in 2028, the UK can position itself at the forefront of global efforts to tackle AMR—and inspire the next century of coordinated action.