



Unlocking AMR Financing

Optimizing international resources for an accelerated response to antibiotic resistance



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1. Introduction

Antibiotic resistance is one of the greatest global health problems, with far-reaching consequences if urgent action is not taken to prevent a post-antibiotic era. Within the broader concept of antimicrobial resistance (AMR), resistance to antibiotics is the greatest and most urgent global risk¹ (see box). Already responsible for over 1 million deaths annually- primarily in low- and middle-income countries (LMICs) - resistant bacteria know no borders and endanger lives everywhere. Beyond human health, the use and overuse of antibiotics in animals and agriculture drive the development of bacterial resistance which negatively impacts livestock, agriculture and aquaculture, threatens animal welfare, sustainable food production, and livelihoods. Tackling this complex issue requires a coordinated, cross-sectoral "One Health" approach that spans human, animal, plant, and environmental sectors, while accounting for social and economic impacts. As a transnational challenge, it also demands robust global cooperation. Yet despite the scale and urgency, the global response and commensurate financial commitments currently fall far short of what is needed.

A more effective and accelerated global response to antibiotic resistance hinges on progress made at country level, with adequate financing needed for the implementation of National Action Plans (NAPs). According to WHO's data tracking of AMR NAPs (2023), 67% of 177 countries were in the process of implementation. However, only 29% reported having costed, budgeted, and monitored their plans. Only 11% had made financial provisions in their national budgets to support implementation of their NAPs.² Key constraints to the implementation according to WHO's tracking -particularly in LMICs - include limited financing and technical capacity, as well as insufficient awareness.³

At the UN General Assembly High-Level Meeting (UNGA-HLM) on AMR in 2024, world leaders acknowledged that while antibiotic resistance has garnered growing political attention and important commitments, the financing of AMR efforts in LMICs remains critically insufficient. The meeting represented a pivotal moment as world leaders adopted a political declaration that outlined new commitments, including on sustainable financing to address AMR⁴.

However, since the HLM the global political and health financing landscape has undergone dramatic shifts. The US government has almost eliminated its previously substantial financing for global health programs, with other donor governments announcing major cuts for the coming years. While abrupt cuts to health programs will cause avoidable deaths,⁵ voices are raised across countries and affected regions to call for a much-needed reform of the aid system. This includes lifting the debt burdens that currently outweigh national health budgets in many LMICs.

AMR and antibiotic resistance

AMR and antibiotic resistance are often used interchangeably both in scientific papers and policy documents. In strict technical terms, antibiotic resistance implies resistance to antibiotics and AMR includes resistance to drugs both for treatment of bacteria and other microbes, including viruses and protozoa. However, it is apparent that the term AMR is used in many contexts today to refer to antibiotic resistance. In this policy brief the terms antibiotic resistance and AMR is used interchangeably, referring to antibiotic resistance or "bacterial AMR". This distinction is particularly important in the context of financing given the different volume of funds mobilised to address, for example HIV and malaria, (including related resistance) compared to funds mobilised for bacterial AMR.

In this evolving context, it is still important to continue to harness opportunities that can drive progress in addressing antibiotic resistance, including optimizing the use of funds channeled through existing financing mechanisms. Although several funding institutions do include AMR within their portfolios and offer guidance on applications, uptake has so far been relatively limited compared to need. A recurring theme from ReAct's previous years of work with both LMICs and funders has been the lack of shared understanding between donors and recipients about what AMR funding is available, and most needed, how it can be accessed. The analysis presented in this report takes a closer look at the different barriers countries are facing to secure international funding for implementation of their AMR NAPs, as well as challenges at international level, and explores potential solutions to address them.

Objective, scope and limitations

Building on insights from previous meetings organized by ReAct⁶ with stakeholders on the topic of financing the response to antibiotic resistance, the objective of this analysis is to advance the understanding of some of the key barriers and challenges as perceived by stakeholders, particularly funders and recipients. International financing for AMR spans multilateral, bilateral, philanthropic, private sector and other sources of funding for animal and human health, agriculture, and the environment. The scope of this particular analysis has been limited to four key *multilateral* funding institutions that have provided meaningful funding to AMR NAPs: The World Bank (WB), The Pandemic Fund (PF), The Global Fund to fight AIDS, TB and Malaria (GF) and the AMR Multi-Partner Trust Fund (MPTF). Jointly they are largely focused on human health, which is also a focus for this analysis. While using this selection criteria identifies only a limited number of funders, the hope is that this analysis can contribute to a broader dialogue and deeper understanding of challenges and potential solutions related to international financing for NAP implementation.

This policy brief builds on semi-structured interviews and surveys carried out with a group of around 20 respondents, including senior advisors from countries in Africa, Latin America and Asia-Pacific, as well as representatives from technical agencies and from the four funding mechanisms. More information available in Section 3. This broad input has informed this brief's analysis as well as the proposals for potential solutions and mechanisms that could improve the efficiency and accessibility of funding within the current global system to address the increasing problem of antibiotic resistance.

2. Overview of the AMR financing landscape

2.1 Evolution of global AMR financing commitments

Over the past decade global governance on AMR has noticeably evolved since the first Global Action Plan (GAP) on AMR was endorsed at the World Health Assembly in 2015. The GAP recognized the need for coordinated global action and included an objective to develop the economic case for sustainable investments in AMR, but only implicitly called for actions involving resource mobilization for AMR interventions.⁷ At the first HLM on AMR in 2016, member states explicitly committed to mobilize “adequate, predictable and sustained” funding to support NAPs,⁸ but lacked clear and measurable objectives regarding resource mobilization with defined responsibilities for actions to be taken.

To further develop and report on the implementation of the HLM declaration, an ad hoc Inter-Agency Coordination Group (IACG) was created under the leadership of the World Health Organization (WHO), the Food and Agriculture Organization (FAO) and World Organization for Animal Health (WOAH), the so called Tripartite. They were later joined by the United Nations Environment Program (UNEP) to become the Quadripartite in 2022.

In its 2019 recommendations, the IACG emphasized the need for increased investments in the global response to AMR, including domestic financing and urging existing and future financing mechanisms to prioritize AMR in their resource allocations. It also called for public, private, and philanthropic donors to contribute additional funding, particularly to support the implementation of AMR NAPs.⁹

Shortly thereafter, in June 2019, the AMR Multi-Partner Trust fund (MPTF) was launched by the Tripartite with the goal to provide technical assistance and funding for AMR programs.¹⁰ To date, the MPTF is the only multilateral financing mechanism dedicated to AMR program implementation. Its scope and size have however remained very limited in relation to the needs.

The Global Leaders Group (GLG), established in 2020, is an independent cross-sector global advisory and advocacy group consisting of world leaders and experts. Its work includes advocacy for increased resource mobilization to support NAP implementation.¹¹ An analysis commissioned by the GLG published in 2024 estimated the cost of 10 priority interventions to address AMR across the One Health spectrum globally to nearly USD 46 billion per year (between 2020 and 2050) – an investment that would generate a return of up to USD 13 for every USD 1 spent. Conversely, without substantial AMR action, by 2035 global life expectancy would drop 1.8 years, with additional healthcare systems costs of up to USD 412 billion.¹²

Unlike the 2016 HLM declaration on AMR, the 2024 declaration included several concrete commitments to support the implementation of NAPs, particularly for LMICs. It set a goal of mobilizing USD 100 billion in catalytic financing and expanding the pool of contributors to the AMR MPTF to support the goal at least 60% of countries having funded NAPs by 2030. While a concrete target is welcome, it remains modest relative to need. The HLM also tasked the Quadripartite Joint Secretariat (QJS) with mapping existing and catalytic funding sources. Specifically, member states committed to “strengthen sustainable financing through existing

funding structures and promote the mobilization of financial resources and investments through national, bilateral and multilateral channels."¹³ Furthermore, it encourages existing financing mechanisms, including but not limited to the World Bank, Global Fund, and the Pandemic Fund "to facilitate access to existing relevant funding sources or expand, as appropriate, their scope to include investments to increase access to effective antimicrobials, prevention of infections."¹⁴

Notably, the HLM 2024 declaration highlights the importance of global solidarity and collective efforts, especially for health financing, and called on Member States to strengthen Official Development Assistance (ODA). These financing commitments are critical for the realization of the wide range of broader promises on addressing AMR made at the HLM, especially in LMICs where the response to antibiotic resistance remains particularly underfunded.

2.2 Current global health and development financing landscape and outlook

Since the commitments made at the HLM 2024, important shifts in the global geopolitical context have exacerbated a negative trend in global health and development financing. Longer term economic trends are also affecting availability of other sources of financing. The United States, traditionally one of the largest funders of global health interventions, has dismantled its funding agency, USAID, and significantly reduced its overall financial contributions. ODA for global health also faces significant cuts from other major funders such as the UK, France and Germany.¹⁵ Together with the US, these funders accounted for close to two thirds of total ODA over the past decade. In addition to strategic shifts in favor of domestic priorities, reasons cited for these reductions include post-COVID fiscal pressures and increased defense spending. These are the first year-on-year reductions in decades, and will severely impact vulnerable countries and health systems, particularly in Sub-Saharan Africa.¹⁶ According to a recent analysis by OECD, ODA for health is expected to continue to decline in the coming years and could fall to mid-2000 levels unless these decisions are reconsidered.¹⁷

Notwithstanding these downward funding trends, ODA is still recognized as making an important contribution to achieving the Sustainable Development Goals (SDGs) that all countries collectively committed to in 2015. As part of the outcome document of the Fourth International Conference on Financing for Development (FfD4) in July 2025, world leaders affirmed "the importance of ODA as a key component of international development cooperation in helping developing countries to achieve sustainable development".¹⁸ The FfD4 outcome document also included commitments to address the debt crisis and give LMICs a stronger voice in the international financing architecture.¹⁹

These are important statements that must be followed by concrete actions. Many LMICs are faced with a high burden of disease while struggling with the ripple effect of the Covid-19 pandemic, rising debt and slowing economic growth. Recent ODA cuts have hit particularly hard due to the heavy reliance on external financing for health, and domestic resource mobilization will be crucial to address health priorities, including AMR.

Through locally driven strategies countries now seek to reduce dependence on external funding and create more resilient financing mechanisms.²⁰ Innovative financing models - including earmarked taxation (so called "sin taxes"), along with increasingly diversified resource mobilization efforts should be explored to enable the delivery of development targets, including the AMR targets set in the UN HLM declaration in 2024. Reforms such as revised lending frameworks and conditions through multilateral development banks are urgently needed to help boost investments in health systems. Furthermore, a focus on efficiency, integration and synergistic approaches will likely also be needed to mitigate the impact of reduced ODA for health.

3. Examining the multilateral mechanisms funding AMR



3.1 The World Bank

The World Bank (WB) is an international finance institution established in 1944, owned by 189 member countries. Its mission is "to end extreme poverty and boost shared prosperity on a livable planet". The WB provides loans and grants to LMICs, making it one of the largest financial investors in health for the Global South, offering both funding and technical assistance on policy and finance. Its main instruments are lending finance through the concessional International Development Association (IDA) and the International Bank of Reconstruction and Development (IBRD), supporting sectors including human development, agriculture, environment, and infrastructure.²¹

The World Bank explicitly recognizes AMR as a significant development problem due to its negative impact on achieving SDGs and its disproportionate effect on LMICs. The WB's role extends beyond financing to providing technical and operational support, leveraging its global reach across sectors.²² According to the WB, by November 2024, it had committed approximately USD 2.6 billion in financing to address AMR across 40 countries through 47 projects.²³

The WB's approach typically focuses on enabling the integration of AMR interventions into broader, sector-specific programs, rather than creating standalone "AMR loans".²⁴ To guide these efforts, the WB launched the Framework for Action (2024), outlining 20 intervention areas across the health, agriculture, and water sectors. Countries seeking funding must integrate AMR priorities into their Systematic Country Diagnostic (SCD) and Country Partnership Framework (CPF).²⁵ Common AMR interventions supported include strengthening surveillance systems; improving laboratory capacity; building institutions and human capacity; supporting Water, Sanitation, and Hygiene (WASH) in healthcare facilities; and prevention/detection/treatment of TB. A 2022 rapid review indicated that the majority (68%) of WB supported operations are "AMR-sensitive," contributing indirectly to AMR reduction, while 26% are "AMR-specific," with AMR as their primary focus.²⁶



3.2 The Pandemic Fund

The Pandemic Fund (PF) was established in 2022 with G20 support²⁷, making it the first multilateral financing mechanism dedicated exclusively to strengthening capacities for pandemic Prevention, Preparedness, and Response (PPR), with a specific focus on LMICs. Hosted by the World Bank, which is providing administrative and financial management to the fund's operations, the Pandemic Fund's primary mission is to provide additional international financing while incentivizing countries to invest more resources into PPR.

To avoid fragmentation, resources are channeled to programs through accredited "implementing entities" such as the World Bank, WHO, and the Global Fund.²⁸ Countries eligible for World Bank IDA or IBRD funding can be recipients. By 2025 the Pandemic Fund has raised nearly USD 3 billion in financial commitments from 28 contributing countries and philanthropies.²⁹ Through two funding rounds the Fund has granted USD 885 million to 47 projects in 75 countries.³⁰

The Pandemic Fund considers AMR an immediate health threat and its commitment to tackling AMR "runs through" the Fund's work, particularly via One Health approaches to pandemic PPR.³¹ The Fund's Strategic Plan 2024-2029 frames AMR mitigation as a co-benefit derived from its investments in PPR capacity and health system strengthening.³² Its overall funding prioritizes disease surveillance, laboratory systems, and health workforce strengthening,

all of which contain elements relevant to AMR containment.³³ According to the Pandemic Fund, through its first round of grant funding across 19 single-country and regional projects; more than 21 countries have been supported in strengthening AMR surveillance; One Health approaches have been integrated into 80% of projects; and “over 95% of projects address AMR”, primarily by strengthening surveillance and laboratory systems.³⁴



3.3 The Global Fund to fight AIDS, TB and Malaria

The Global Fund (GF), established in 2002, is a partnership-based financing institution dedicated to ending three major infectious diseases: HIV, Tuberculosis (TB), and Malaria. Beyond its core disease focus, the GF substantially supports health system strengthening, community engagement, and equity. The Fund follows a country-driven approach where national governments and partners including civil society, and affected communities collaborate in Country Coordinating Mechanisms (CCMs). It allocates grants through a three-year replenishment cycle, and having allocated over USD 69 billion since inception it is one of the largest global health financiers.³⁵

The Global Fund's historical engagement with AMR has centered on supporting drug and insecticide resistance efforts for HIV, TB, and Malaria, and it is notably the primary funder for drug-resistant TB treatment. Through its extensive investments in health and community systems, the GF recognizes its critical role in addressing AMR beyond the three diseases.³⁶ The Global Fund Strategy 2023-2028 explicitly acknowledges its role in “bacterial AMR” related to its evolving objective on Pandemic Preparedness and Response.³⁷ While standalone AMR funding streams have not been established, the GF has supported AMR interventions, often through cross-cutting investments in health systems strengthening. Through repurposing its ad hoc COVID-19 Response Mechanism (C19RM), the Global Fund approved funding requests for AMR interventions valued at over USD 74 million for the 2023-2025 period. These interventions include strengthening surveillance systems and laboratory capacities for bacterial identification and antibiotic susceptibility testing, enhancing Infection Prevention and Control (IPC)/AMR activities, and supporting the development of AMR NAPs.³⁸

According to the Global Fund, future interventions enabled by robust donor contributions are expected to include expanding IPC training programs, improving laboratory-based surveillance, and improving equitable access to quality-assured antimicrobials.³⁹



3.4 The Multi-Partner Trust Fund

The AMR Multi-Partner Trust Fund (MPTF), established in 2019, is a pooled funding mechanism and is the only one of the four mechanisms examined in this report that is exclusively focused on AMR. Its mission is to provide short-term catalytic and longer-term funds to help LMICs implement their NAPs on AMR. It also provides coordinated funding for the Quadripartite's workplans and the Global Action Plan on AMR. Its primary goal is to achieve “Reduced levels of AMR and a slower development of resistance” by accelerating One Health approaches and promoting intersectoral collaboration in LMICs. Managed by the UNDP Multi-Partner Trust Fund Office, resources are pooled and channeled through the Quadripartite organizations.⁴⁰ Applicant LMICs must demonstrate a willingness to address AMR via a multisectoral approach.⁴¹

The MPTF had an initial target to mobilize USD 70 million.⁴² However, resources raised have fallen short, reaching approximately USD 35 million in commitments by September 2025.⁴³ Although the USD 100 million target agreed and committed by governments at the HLM in 2024⁴⁴ would enable a significant increase in MPTF operations, the target remains limited in relation to countries' needs.

In 2024, ten countries received support through the MPTF, with activities integrated into the work of national government ministries across health, agriculture, and environment.⁴⁵ The Quadripartite organizations support countries with policy advice and technical assistance for targeted interventions aimed at strengthening national systems, enhancing AMR surveillance and driving sustainable solutions.⁴⁶ Interventions supported by the MPTF range from designing and implementing One Health NAPs; improving water and sanitation; raising awareness and catalyzing behavior change; strengthening surveillance and monitoring of AMR; strengthening stewardship; and building capacity for monitoring/evaluation and regulatory framework.⁴⁷

4. Challenges in the flow of resources from existing mechanisms

Funding through the four funding mechanisms included in this analysis has evolved over the last few years, with more attention and resources being dedicated to AMR. It however remains to be seen how recent allocations will be transformed into implementation in countries and to what extent they can channel funding to AMR NAPs also in the coming years.

To better understand the recent experiences and perspectives from actors involved in the application and funding processes, ReAct conducted surveys and interviews with key informants in LMICs, funding agencies, and other organizations.

Based on the input received through these engagements ReAct has summarized and categorized some of the **perceived key challenges and barriers** brought forward related to accessing and utilizing international financing for AMR implementation.

The challenges fall broadly into **five interconnected categories**:

- I) Political prioritization and domestic commitment;
- II) Data, evidence, and narrative gaps;
- III) Capacity and application process barriers;
- IV) Structural constraints within funding mechanisms; and
- V) Implementation and coordination challenges.

The challenges and barriers associated with international financing for AMR implementation can be effectively categorized based on the actors and systems where the obstacles originate: at the **national level** within recipient countries, at the level of specific international **financing mechanisms**, and across the broader **global** policy and financing ecosystem. The following analysis describes the barriers identified at these various levels.

I Challenges and barriers at the national level

Challenges at the national level can be summarized in three key categories that primarily revolve around political prioritization, capacity and data availability gaps, and internal coordination challenges as countries engage with international financing mechanisms.

	Key challenge	Specific details and barriers
A	Political prioritization	
	Lack of political prioritization and buy-in	AMR is viewed as a competing priority internally and is often de-prioritized due to other health needs with immediate and/or short-term results. AMR is often seen as a technical issue rather than political, and as a distant "silent killer", thus not receiving the necessary attention or sense of urgency. There is insufficient political support and buy-in to drive resource mobilization efforts for AMR.
	Non-integration of AMR expertise in application processes	AMR coordinating committees or experts are often not involved during the application process for international financing mechanisms, leading to inadequate support for AMR interventions. NAPs frequently do not (yet) align with national health or PPR strategies, leading to siloed planning and budgeting.
B	Capacity, data and evidence gaps	
	Insufficient capacity for funding acquisition	Countries often lack sufficient capacity and technical expertise to prepare high-quality proposals, develop sustainability plans, and complete the complex application processes that can be resource intensive. AMR committees are often understaffed and access to information about funding opportunities is often delayed.
	Insufficient data and evidence base	Many countries struggle to meet funder requirements because they lack current, documented evidence of their needs (e.g., up-to-date Joint External Evaluations). There is often insufficient quality data to translate the impact of AMR into real economic costs (morbidity and mortality data), making it harder to make the case for funding.
C	Coordination and implementation challenges	
	Internal fragmentation and coordination challenges (One Health)	Fragmentation inside the government is a major challenge for both writing proposals and implementing projects. Coordination across multiple ministries/sectors is difficult, with agencies often working in silos, hindering cross-sectoral applications. Insufficient coordination is often compounded by bureaucratic government mechanisms .
	Delays in fund utilization	Internal financial systems create challenges , as funds intended for AMR implementation (e.g., flowing from a recipient agency to the Ministry of Health) can sometimes be delayed or interrupted , causing implementation of activities to be postponed.



II Challenges and barriers at the level of funding mechanisms

These challenges stem from the specific rules, mandates, internal operations, scope, design of the international financing mechanisms.

A

Key challenge	Specific details and barriers
Structural and scope constraints	
Limitations in funding scope and mandates	Mechanisms may have substantial constraints on funding use. If proposals are not explicitly tied to the fund's core focus areas securing funding is more difficult. Mechanisms tend to focus investment on one or two areas - predominantly surveillance and lab strengthening - leaving crucial areas like prevention, IPC, WASH, stewardship programs, and community engagement underfunded.
Internal institutional knowledge gaps and competing priorities	Within the funding mechanism, there may be knowledge gaps on whether and how to prioritize and support AMR-related interventions. Within mechanisms with a more narrowly defined health focus and mandate there may be limited bandwidth to assess AMR interventions, which can also be perceived as a competing priority leading to resistance to promote expansion of AMR activities.
Access and application difficulties	
Complexity and burden of application processes	Application processes for funds can be resource-intensive and complex, which creates a barrier for countries with limited capacity. Information about funding opportunities is often not communicated to the right level of target at country level.
Lack of clarity on application criteria and eligibility restrictions	Some countries perceive the criteria for application not sufficiently clear. Certain countries, such as Upper-Middle-Income Countries (UMICs) categorized by the World Bank, may find themselves ineligible for some funds, even if they have substantial health needs, leading to a poor fit between categorization and need.

B

III Challenges at the global level

The challenges highlighted at the global level mainly concern the international coordination landscape, political momentum, and systemic resource instability.

Key challenge	Specific details and barriers
A Coordination and communication gaps	
Fragmentation and lack of coordination	International financing for AMR is seen as highly fragmented, siloed, and uncoordinated . Multiple investments from different funders in one country can be challenging and lead to duplication of efforts. There is no clear go-to place for funds for the early stage of NAP implementation. A global overview of data on financing for AMR is lacking.
Ineffective communication of opportunities	Global avenues to access resources are poorly communicated to the relevant technical staff in countries.
B Narrative and policy misalignment	
Narrative and framing difficulties	The way AMR is framed and communicated (e.g., highlighting the One Health agenda) often adds complexity without successfully mobilizing the necessary cross-sectoral financing. The crucial link between AMR and broader health and development issues (e.g., WASH, infrastructure) is not visible enough to attract sustainable resources.
Lack of dialogue and alignment	Dialogue and coordination between donors and recipient countries are not always systematic or institutionalized , resulting in missed funding opportunities or funding decisions that may not fully reflect urgent national priorities. Additionally, existing international structures, such as the International Health Regulations (IHR) objectives (which include AMR), are not sufficiently connected to the AMR NAPs .
C Unstable overall funding environment	
Instability and risk of dependency	AMR efforts carry a high risk of dependency on international financing , which is highly vulnerable to geopolitical changes and donor withdrawal.
Insufficient efforts to enforce political commitments	Despite two UN HLMs on AMR with political commitments to step up in 2024, there are limited possibilities within the frame of global AMR governance to track and ensure follow-up and enforcement of political commitments.

5. Exploring options for optimizing the flow of resources

Many of these challenges outlined above are relatively well known and some are not particularly complex, but overcoming them does require actions on several fronts. This analysis explores proposed solutions, opportunities, and various measures to address some of the key challenges. The responses from interviewees and respondents identify several levers including overcoming political apathy, streamlining global funding structures, enhancing national capacity, and improving cross-sectoral coordination. These recommendations aim to make AMR financing more accessible, sustainable, and aligned with country needs.

The solutions can be grouped into five categories:

- Strengthening domestic ownership and political buy-in,
- Capacity building and technical support,
- Enhancing financing mechanism design and access,
- Programmatic Integration and Narrative Shift and
- Coordination and strategic alignment.

I. Strengthening domestic ownership and political buy-in

Solutions under this category focus on securing long-term national commitment and financial independence from external aid.

Political prioritization and institutionalization: It is crucial to elevate AMR to a political priority. Countries should institutionalize AMR into national health budgets and sectoral plans so that external funds act as a supplement, rather than a substitute, for domestic commitments. This should include advocating for dedicated budget lines on AMR.

Domestic funding leverage and innovative financing: More focus should be placed on leveraging domestic funding. Opportunities exist to promote and develop innovative financing mechanisms, such as Debt2Health swaps, and develop strong investment cases to attract additional resources and “grow the overall funding pie.”

Reframing the investment case: To generate political buy-in and justify investment, efforts must focus on gathering quality data to link AMR to morbidity and mortality and make costs visible. Arguments should be simplified, perhaps focusing on interventions like hospital-acquired infections or IPC, which are known to be effective and cost-saving in the long run.

II. Capacity building and technical support

Respondents also highlighted the need for dedicated assistance to enable countries to effectively apply for, manage, and implement AMR financing.





Proposal development and expertise: Countries would benefit from identifying tailored support for high-quality proposal development, for example by pairing them with experienced experts. Capacity building, including technical assistance on the financing application process, is necessary and can be supported by funders.

Evidence and quantification: Countries may need support with structured assessments to clearly define AMR investment, prioritise and quantify the expected impact of interventions.

Addressing funding literacy: A key barrier is the lack of knowledge about the existence, coverage, and breadth of available funds. Providing practical guidance to countries on how to access funding is important.





III. Enhancing financing mechanism design and access

Solutions here target improving the internal workings, accessibility, and general structure of international financing mechanisms.

-  **Simplify and tailor access:** Mechanisms should simplify the process of application where possible, as current processes can be resource-intensive, lengthy, and complicated. Funders should establish guidelines and **faster channels** for communicating available funding mechanisms and ideally offer a **menu of options**, rather than a rigid "recipe," for countries.
-  **Focus on impact and sustainability:** Funding decisions should look at impact and good value for money. Clear **sustainability mechanisms for continuity and follow-up** should be promoted.
-  **Structural debate on dedicated mechanism:** Some argue that a **financing mechanism dedicated to AMR is justified**, possibly by creating a new **AMR fund for LMICs** or upgrading the existing Multi-Partner Trust Fund (MPTF). Conversely, others believe there is **no appetite to create a new mechanism**, arguing it may add bureaucracy and cost without addressing the core problem of political prioritization.
-  **Leverage existing mechanism:** Mechanisms should be leveraged by ensuring they **incorporate AMR needs, develop indicators and track funded interventions**. They should also seek opportunities to utilize existing functions, such as pooled procurement for antibiotics and diagnostics, and identify areas relevant for integration by maximizing the design.

IV. Programmatic integration and narrative shift

This area addresses how AMR is defined, framed and positioned to align with funders' priorities and maximize impact, including the need to move towards more integration of interventions, and towards broader, preventative, and cross-sectoral interventions.

-  **Expanding intervention scope:** Funding mechanisms should move beyond the common focus on surveillance and laboratory strengthening. There is a need for funding options to be available for areas often overlooked, such as **prevention, IPC, WASH, stewardship, community engagement, and awareness**.
-  **Strategic integration:** There are synergistic opportunities in **integrating AMR interventions** into other areas receiving funding, such as disease-specific activities. This could be explored through stakeholder trainings, dialogues and meetings on integration and identification of co-benefits.
-  **Balancing sectors:** While AMR is a One Health issue, there is currently a larger focus on human health than animal or environmental health. **Active effort is needed on catch-up for animal and environmental health**, including aquatic environments.
-  **Shift the narrative:** Focus the narrative away from complex "bugs and drugs" to a people-centered framework focusing on **preventing and controlling infections**.

V. Coordination and strategic alignment

The following solutions seek to address the fragmentation across sectors, ministries, and international funding entities.

-  **Intra-governmental coordination:** Governments must address the **fragmentation inside government**, which challenges both implementation and proposal writing. Utilizing funding applications as an exercise that **forces coordination across entities** can result in stronger proposals.



Donor-country dialogue: Establishing **country-donor dialogue platforms** (at national, regional and/or global levels) is crucial to jointly prioritize AMR actions, also ensuring that funded activities address urgent national gaps rather than purely donor-driven agendas.



Global coordination and pooling: There is a need to **connect the dots across entities** to ensure synergies and eliminate gaps in financing. Proactive **resource mapping**, including using tools like the WHO Resource Mapping Tool is recommended. Institutionalizing the pooling of available amounts into **one big pot**, and/or creating a consortium to pool available amounts could lead to a more strategic use of resources.



Integration with policy frameworks: The understanding of how AMR links to major global frameworks, such as **One Health, pandemic preparedness and response, health emergencies, and health systems strengthening**, must be reinforced to ensure all stakeholder are aware of the opportunities to fund AMR through these avenues.

6. Discussion on structural solutions at inter-agency and global level

The challenges and solutions summarized above offer valuable insights into common themes that can contribute to a better understanding of what needs to be addressed at different levels to facilitate better access to international funding. Recognizing that the summary is based on input from a limited number of informants, it should not be viewed as providing an exhaustive global picture, given the diversity of country contexts and stages of AMR NAP implementation. Some challenges, such as the need for political buy-in and improving the narrative, must be urgently addressed at both national and global levels to accelerate the response to antibiotic resistance, regardless of how the response is financed.

Considering that this analysis is specifically focused on international financing mechanisms and takes place within a rapidly evolving landscape, a deeper exploration of **global and structural solutions** appears particularly timely and relevant. ReAct has therefore chosen to examine and further elaborate here on some of the recurrent themes and proposed solutions identified above, including enhanced coordination, coherence and dialogue related to international AMR financing (under categories III and V). Building on these, ReAct also offers additional suggestions, approaches and potential ways forward for optimizing access to international financing.

Is there a need for a dedicated funding mechanism for AMR?

In the discussion about potential solutions some topics have generated more discussion than others, for example whether there is a need and/or momentum for a dedicated funding mechanism for AMR. While informants expressed differing views on this point, there is a broad recognition of the types of challenges such a mechanism would help address, such as improved coordination of funding, reduced duplication and the establishment of a clear point of access for countries.

Although the MPTF as the only multilateral mechanism specifically dedicated to AMR has not (yet) generated the level of funding achieved by some other “vertical” funds, it has provided important catalytic funding for some country NAPs and has sometimes played a role in coordinating funding of initiatives at different levels.⁴⁸ Some have suggested that the creation of a new mechanism might attract broader support such as establishing a dedicated fund within an existing institution like the World Bank or the Global Fund. However, due to reasons ranging from principles concerning demand-driven funding, approaches to integration across health areas and sectors as well as mandate limitations, such a mechanism is less likely to materialize. Given the current geopolitical and financial context with significant ODA reductions across multiple development sectors, the prospects for launching a completely new mechanism to mobilize additional funding appear limited at this time.

Additionally, initiatives like the Lusaka Agenda launched in December 2023 has gained momentum. It calls on Global Health Initiatives to work towards more coherence, coordination and a reoriented focus from vertical approaches towards health systems and primary health care.

Further exploring the potential of the MPTF to expand and play a more central role in AMR financing is therefore a logical step. Its key functions include providing a systematic coherent approach and consolidating the support provided from the Quadripartite organizations to enable scale-up of best practice interventions. With the HLM target of achieving USD 100 million in catalytic funding through the MPTF, there is also an opportunity to review its structures, scope and approach to enable an expansion.⁴⁹ If its role is expanding, potentially including

a broader coordinating function, a review of its governance structure and implementation approach would be valuable, particularly to ensure greater inclusivity, including representation from civil society.

It is important to emphasize that, regardless of the eventual future pathway for a dedicated AMR fund there remains a clear need to urgently increase international financing for AMR mitigation efforts beyond the current HLM target, particularly in light of the current global context.

Complementing and alternative approaches to improve coordination and strategic alignment

Besides assessing the role of a dedicated fund, additional options should be explored to strengthen the coordination of international AMR financing.

In its 2019 report the IACG noted that “efforts to leverage resources within existing funding mechanisms “must be supported by effective global, regional and national governance and **coordination mechanisms** to help direct limited resources to agreed priorities and goals across the One Health spectrum.”⁵⁰ Similarly, respondents in this analysis have indicated that the need for improved coordination is still valid today.

By exploring examples of solutions found for other health areas⁵¹ and focusing on the objectives that increased global coordination would serve, a few alternative structural solutions can be identified. Functions that enhance coordination can include: improving the matching of existing funding with country needs; planning and prioritization processes to strengthen alignment and complementarity; a more continuous and systematic dialogue on AMR financing; and reduced transaction costs for countries.

Stronger coordination among funding agencies can be achieved through both practical/operational measures, such as establishing a coordinating mechanism, and principle-based efforts that foster collaboration, exchange of information, shared principles, and joint commitment to common objectives.

Outlined below is a number of additional suggestions that with varying degrees of effort and potential impact could improve global coordination of existing financial resources available for LMICs.



a, Creating an international AMR financing coordinating mechanism.

A practical approach could be to create a new coordinating mechanism that is given the role of coordinating AMR-related international financing. Lessons can be drawn from the experiences with mobilizing funds for PPR. While the Pandemic Fund is a new entity with a specific focus, there are other pre-existing funders for PPR such as the World Bank and the Global Fund. With the adoption of the amended International Health Regulations (IHR) and reflected again in the Pandemic Agreement, it was decided to establish a Coordinating Financial Mechanism to support financing for the implementation of both agreements.⁵² (See Box on page 18). A proposal for its set-up will be discussed in 2026.⁵³ A specific focus area for AMR-related activities that are included within the frame of the Pandemic Agreement could potentially be incorporated in this mechanism. Alternatively, a similar coordinating mechanism could be created with specific focus on AMR. It would need to be sufficiently nimble, clear in mandate, with an inclusive governance model and avoid duplication with the Coordinating Financial Mechanism for PPR, but would be broader in its scope for AMR interventions than the PPR coordinating mechanism. It would need to be broader where AMR is likely to be more restricted to human health and the frame of IHR and the Pandemic Agreement.

Coordinating Financial Mechanism for Pandemic Preparedness and response

Both the amended International Health Regulations (IHR) in 2024 treaty and the Pandemic Agreement (2025) include the establishment of a Coordinating Financial Mechanism to support sustainable financing for its implementation and related pandemic preparedness and response (PPR) efforts.⁵⁴ This mechanism aims to improve the coherence, transparency, and efficiency of financial flows, particularly in developing countries. It will conduct needs and gaps analyses, identify funding sources, and promote harmonization of existing financing instruments.⁵⁵

The mechanism would be designed as a coordinating body, not a new fund itself. It is intended to work with and complement existing initiatives like the Pandemic Fund and the Global Fund, rather than duplicating or competing with them. It will strengthen and expand capacities for PPR, and help make needed surge financing available, particularly in developing countries. A proposal will be developed through the Intergovernmental Working Group (IGWG) of the Pandemic Agreement, to operationalize the Mechanism.⁵⁶ Initial discussions on its terms of reference is scheduled for February 2026.⁵⁷



b, A financing facilitation hub for AMR NAP implementation

A lighter-touch AMR facilitation hub could be established to facilitate the interaction between countries and existing mechanisms, as well as addressing the limited coordination and experience of fragmentation between different funding mechanisms. This facilitation hub could be tasked with outlining the landscape of relevant funders, providing guidance to funders and recipients (acting as a “helpdesk”), on funding needs availability and access, as well as tracking new and existing resources provided for AMR interventions across sectors. In doing so it could improve coherence and efficiency as well as promoting harmonization of existing financing instruments. Such hub housed by a suitable organization or created as an independent entity can be set up as a pilot with a limited time frame and extended based on evaluation of its added value.



c, Country-donor dialogue platform

As proposed by respondents, enhanced and more systematic dialogue between funders and countries would be a welcome step towards improved understanding and alignment between expressed needs and available funds. In 2025, the Quadripartite Joint Secretariat (QJS) have taken an initiative to launch an Action Group within the Multi-Stakeholder Partnership Platform (MSPP) for this purpose. It would have the potential to address several of the challenges outlined in this brief, such as timely information about funding opportunities, addressing funding literacy as well as fostering better alignment between donor funding and country priorities.

Respondents providing input to this analysis also proposed to organize regional dialogues that can target regional actors and focus on regionally relevant challenges.



d, Funding consortium and guiding principles for financing AMR interventions

Another complementary initiative to be explored as potentially “low hanging fruit” is the establishment of a funders’ consortium that comes together around guiding principles that can help improve the accessibility and effectiveness of international financing for AMR. Such a platform could also facilitate collaborations on how to leverage synergies, core capacities and strategic advantages of financing mechanisms, as well as those of countries and other stakeholders. One example of initiatives with similar intentions is the “Guiding Principles for Financing Climate and Health Solutions to Protect Health,” launched in 2023. It is backed by more than 41 funders and partners and although it is a voluntary initiative it has demonstrated that large financing institutions acknowledge the urgency of the health and climate nexus.⁵⁸



e, Development of donor mapping, indicators and other support tools

The UN HLM declaration 2024 called upon the Quadripartite Joint Secretariat, in collaboration with 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.”⁵⁹ Such mapping could build on the Quadripartite’s AMR External Funding Resource Inventory⁶⁰ to be regularly updated, and it could also become the task of a coordination function to maintain. Similarly, the WHO’s guidance handbook for NAP implementation, which includes recommended steps to secure necessary financing, including from international funders,⁶¹ could also be expanded beyond human health and include more granular information and advice.

These options are generally compatible with each other and could all contribute to more comprehensive coordination and expansion international AMR financing. While they represent preliminary proposals in need of further development, any path taken forward must be strong enough to achieve tangible and effective outcomes for all stakeholders involved and ultimately foster accelerated implementation of AMR NAPs.

7. Concluding remarks and recommendations

Underpinning this analysis is the recognition of a crucial disconnect: while there is growing high-level political recognition of AMR as a severe global threat, the resources dedicated to tackling it remain critically insufficient and existing international resources for AMR not optimally accessed by the countries most in need.

Despite recent progress made by the four key funding mechanisms by for example establishing guidelines and allocating funding for AMR interventions, countries are experiencing difficulties to secure those resources that do exist. Key challenges highlighted in this analysis include the lack of political prioritization of AMR at the country level, the perception of international financing for AMR as fragmented, siloed, and uncoordinated, and that existing international mechanisms often have limitations in scope.

This situation is exacerbated by a turbulent global financing landscape marked by significant cuts in ODA which undermines those health systems in LMICs that rely heavily on external support. An effective, accelerated global response to AMR requires maximizing the efficiency and accessibility of existing international financing mechanisms while tackling political and structural barriers.

Key recommendations

To optimize the flow of resources, both existing and new, and drive stronger global coordination, ReAct puts forward the following interrelated structural and strategic recommendations for action:

- **International financing for AMR NAP implementation will continue to play a crucial role in many LMICs and increased resources need to be mobilized to catalyze urgent action.** As a global problem, antibiotic resistance needs to be addressed through global collective action.
- **MPTF evolution and expansion:** As the only AMR-dedicated multilateral mechanism, The MPTF should be reviewed to expand its structures, scope, and approach, and resources mobilized to ensure it meets the UN HLM target as a minimum, while diversifying its contributor base.
- **Formalize dialogue and alignment:** Prioritize the development of the **country-donor dialogue platforms as proposed through the MSPP**, to jointly prioritize AMR actions, enhance awareness of existing funding and ensuring alignment between funding and needs.
- **Establish an AMR financing coordination mechanism or facilitation hub:** In the absence of momentum for establishing a new financing mechanism dedicated solely to AMR, an AMR financing collaboration hub or function should be established, to provide proactive guidance and support to countries and funders and to help improve coherence, efficiency, and promote harmonization of existing financing instruments.
- **Improving mechanisms' design and capacity support:** Financing mechanisms should continue to clarify and facilitate the inclusion of AMR activities through their systems and processes within their remit of operations and in collaboration with partners. Exploration should also be made into a funders' consortium that agrees on guiding principles to improve the accessibility and effectiveness of international financing for AMR.

To strengthen the long-term sustainability and political traction of the AMR response, ReAct proposes the following complementary strategic recommendations:

- **Enhancing domestic ownership and integration:** Countries should elevate AMR to a political priority, institutionalize AMR into national health budgets and sectoral plans, and build capacity for resource mobilization. Governments should be encouraged to integrate NAPs into national health strategies and structures and explore innovative financing approaches.
- **Shifting the narrative and strengthening advocacy:** Ensuring that the AMR community is equipped with non-technical language to describe the problem is critical and civil society has an important role to play in this effort.

Antibiotic resistance remains one of the most pressing global challenges of our time, with the potential to undermine decades of progress in health, development, and equity. Despite growing political recognition of the threat, resources dedicated to combating AMR remain insufficient, and many countries still face significant barriers in accessing international support.

Renewed ambition to raise additional resources as well as leveraging existing international funding will both continue to be necessary to accelerate the response to AMR, particularly for countries facing high AMR burden and limited fiscal space. Simultaneously, efforts must be made to accelerate the strengthening of domestic financing, reduce dependency on external sources, and build a more sustainable response to AMR at national, regional and global levels.

Leaders have recently made commitments to address AMR through strengthened financing and coordination. These commitments carry both responsibility and opportunity: urgent, sustained, and coordinated action is needed to translate political will into tangible impact. Mobilizing adequate international resources, ensuring equitable access, and fostering collaboration across sectors and countries is not optional - it is essential if we are to prevent the devastating human, economic, and societal consequences of AMR.

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ReAct – Action on Antibiotic Resistance

ReAct is a global network founded in 2005 and is a multidisciplinary team of public health specialists, policy experts, microbiologists, physicians, nurses, pharmacists, and communications experts.

ReAct supports, advises and collaborates with international organisations, funders and regional political and economic communities. ReAct engages in policy shaping work in countries as well as at regional and global level including by being an active member in the newly started Multistakeholder Partnership Platform, responding to consultation processes, and have had members both on WHO's AMR Strategic Technical Advisory Group (STAG) and in the UN Interagency Coordination Group on AMR (IACG) in 2019.

ReAct's policy work is informed by its extensive experience working in partnership with governments, civil society and communities, especially in low- and middle-income countries. It aims to catalyze action on antibiotic resistance and support the process to develop and implement national and sub-national action plans by complementing top-down approaches with action from below. Through extensive experience and its wide-reaching network ReAct is known for its strong convening power within the AMR community.

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