

Impact Report 2025

ReAct - Action on Antibiotic Resistance



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At the Antibiotic Smart Communities 2.0 pilot site in Jahangirpuri, Delhi, India. Here we turn global health challenges into simple neighbourhood conversations, from games to everyday chats. This helps build AMR awareness where it matters the most.

Cover photo: ReAct Asia Pacific

Our sincere thanks to communities, civil society organisations, individuals, institutions, and donors who contributed to and engaged in our work throughout 2025. We extend special appreciation to the ReAct teams in Africa, Asia Pacific, Europe, and Latin America.

Leadership Letter

The year 2025 marked both a transition and a milestone for ReAct. As the network celebrated its twentieth year, the global response to antibiotic resistance entered a phase defined not by declarations, but by durability.

Two decades ago, antibiotic resistance was largely treated as a technical issue within specialist circles. Today, it is increasingly recognised as a question of human, animal and environmental health (One Health), equity, governance, sustainable development and intergenerational responsibility. At the same time, 2025 was marked by a more challenging political environment, coupled with a funding crisis, with signs of reduced global momentum following the 2024 United Nations General Assembly High-Level Meeting on Antimicrobial Resistance. Slower progress in multilateral processes and shifting development priorities highlighted the fragility of political commitment and the risk of antibiotic resistance slipping down the global agenda. Achieving progress in the field has required persistence, coalition-building and adaptability in how to most strategically position the increasing data and evidence in the face of shifting political priorities and volatile financing landscapes.

In 2025, ReAct focused on anchoring commitments within institutions capable of withstanding political cycles and fiscal uncertainty. At country level, a parliamentary caucus was formalised in Zambia and similar parliamentary engagement models were also being explored in India and Indonesia. National Action Plans were further operationalised through implementation-oriented processes across health systems, food systems, and regulatory frameworks. Stewardship practices were embedded in healthcare institutions. Youth leadership platforms matured into more structured governance actors. Community engagement methodologies were synthesised into policy-relevant frameworks marking twenty years of collective learning. Innovation and access debates continued to reflect and increasingly engage with principles of affordability, sustainability, and equity.

These developments reflect a broader shift in how antibiotic resistance is framed and governed. Rather than being treated solely as a biomedical challenge, it is starting to become more embedded within legislative processes, development planning, food systems transformation, education systems, and international policy frameworks shaping research and innovation. Throughout this evolution, ReAct has acted as a connector and institutional catalyst across sectors and disciplines, linking local realities with global policy debates, ensuring that equitable access remains central to innovation, and positioning civil society and youth as integral actors in both governance and implementation. A distinctive feature of ReAct's approach is in fact its collaboration beyond traditional health actors, including educators, artists, farmers, faith leaders, youth, and community movements who help translate antibiotic resistance into everyday geographical, social and environmental realities.

As preparations now advance toward the 2026 High Level Ministerial Meeting on Antimicrobial Resistance in Abuja, Nigeria, the work undertaken in 2025 strengthens the foundations required for long-term impact. At the same time, despite increased attention and efforts, the global response remains too slow, too limited, and too uneven in relation to the scale of the challenge. Nearly a century after the discovery of penicillin transformed modern medicine, the effectiveness of antibiotics, one of humanity's most fundamental health technologies, can no longer be taken for granted. In a time marked by multiple global crises and increasing pressure on health systems, sustained political commitment and cross-sectoral action remain essential to safeguard the effectiveness of antibiotics.

ReAct Global Leadership Group

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Professor Dante Saksono Harbuwono, Deputy Minister of Health, Indonesia (third from left), ReAct directors S.S. Lal (second from the left), Mirfin Mpundu (middle), Anna Sjöblom (right) and conference participants at the ReAct Asia Pacific Conference in September 2025.



Governance & Financing

Strategic Objective 1

Governance structures on antibiotic resistance, including sufficient funding to implement national action plans, are transparent, accountable, and responsive to LMICs' needs, with a framework in place to actively engage with civil society.

Photo: Dipa Mulya

In 2025, work under Strategic Objective 1 focused on strengthening the institutional conditions needed for longer-term Anti-microbial Resistance (AMR) governance, particularly through parliamentary engagement, civil society participation, and policy processes related to financing and global governance frameworks.

From political commitment to institutional architecture

In 2025, ReAct's governance work focused on achieving better consolidation and institutional anchoring of the issue and the 2024 UNGA commitments. Across contexts, this involved strengthening governance mechanisms that support coordination, civil society participation, and accountability. These included the strengthening of the Multistakeholder Partnership Platform, parliamentary engagement and caucus building, and efforts to shape emerging global governance mechanisms, including the process to establish the Independent Panel for Evidence for Action against AMR (IPEA).

Together, these efforts contributed to strengthening the foundations for more structured and durable governance foundations, with greater attention to accountability mechanisms, expanded space for civil society participation, and closer alignment between national action plans and political decision-making processes. At global level, ReAct provided written and oral inputs to the revision of the Global Action Plan on

AMR, participated in consultations related to the establishment and work of the IPEA, and initiated its engagement in the WHO Civil Society Task Force on AMR. These engagements strengthened the inclusion of civil society perspectives, particularly from low- and middle-countries (LMICs) contexts, within evolving international governance discussions.

At the same time, ReAct contributed to a shift in how antibiotic resistance is framed within policy spaces. Rather than treating antibiotic resistance as a technical and medical issue within health ministries, antibiotic resistance has increasingly been positioned over as a development, equity, and cross-sectoral public health, One Health challenge, including within crisis preparedness and response agendas.

In 2025, this broader framing continued to be advanced and sustained through ReAct's engagement in policy processes, despite a more challenging and less favourable political environment. This broader framing has helped to expand political ownership and strengthened the case for embedding antibiotic resistance within economic planning, environmental governance, and parliamentary oversight.

Embedding antibiotic resistance within legislative systems

A successful example of this creating more durable institutional prioritisation of ABR shift was creation of the parliamentary caucus in Zambia. Through sustained engagement with parliamentarians and parliamentary clerks a Terms of Reference for the group was developed and a dedicated Secretariat set up. This work showed the progression potential of sustained awareness-raising efforts and political engagement leading to the institutionalisation of antibiotic resistance as a prioritised issue within legislative systems.

By identifying concrete legislative entry points, including committee work, ministerial oversight, and legislative procedures, antibiotic resistance was integrated into routine parliamentary functions. Engagement with clerks, as custodians of institutional continuity, further strengthened the likelihood that antibiotic resistance would remain on the political agenda beyond electoral cycles. As a result, antibiotic resistance is now positioned within parliamentary oversight mechanisms, creating stronger potential for sustained budget scrutiny, cross-sectoral coordination, and accountability in National Action Plan implementation.



A parliamentary caucus on AMR was established in Zambia in 2025 to strengthen sustained institutional prioritization of antibiotic resistance.

Photo: ReAct Africa.



Photo: ReAct Asia Pacific

Poster exhibition at the Asia-Pacific Regional AMR Conference in Jakarta, Indonesia, September 2025. The event brought together 100 representatives from 30 countries and was co-hosted by the Ministry of Health of Indonesia.

This shift is also reflected in national political discourse. As Zambia's Minister of Health noted:

"AMR is not only a health issue, it is a development, economic, and security threat. Without political will, legislative backing, and sustainable financing, our efforts will fall short. Parliamentarians play a pivotal role in ensuring that national priorities align with regional and global commitments."

In Asia Pacific, a similar approach was used to engage with Members of Parliament and state legislators in India and Indonesia. These engagements focused on identifying legislative entry points to integrate antibiotic resistance into parliamentary oversight, development planning debates, and broader One Health governance discussions. In India, dialogue with policymakers and technical stakeholders contributed to early discussions on parliamentary engagement models for infectious diseases and antibiotic resistance, while state-level consultations linked antibiotic resistance to public health planning, environmental governance, and health system strengthening. This work has been done through existing legislative structures rather than creating new antibiotic resistance platforms, and shows similar potential for strengthening long-term political ownership and policy continuity across electoral cycles. Strengthening regional and multilateral gover-

nance coherence

In 2025, across Africa, work focused on translating commitments from the 2024 United Nations General Assembly (UNGA) Political Declaration on AMR into concrete governance actions, particularly in parliamentary oversight, financing, and civil society participation. Through a series of targeted engagements across regional dialogues and multilateral policy spaces, including technical inputs, co-hosted events, and collaborative knowledge products, ReAct continued to advocate for the reflection of LMIC perspectives on access, financing, and stewardship in evolving regional and global frameworks, including policy dialogues within the African Union and consultations linked to the revision of the Global Action Plan on AMR. This work was complemented by strengthened partnerships with key regional and global actors, including the WHO Office for the Eastern Mediterranean (EMRO), the International Centre for Antimicrobial Resistance Solutions, the East, Central and Southern Africa Health Community, and WaterAid. Together, these efforts strengthened regional ownership of the AMR governance agenda and helped connect global commitments with African policy priorities.

In Asia Pacific, regional coordination was supported through the second Asia Pacific Regional AMR Conference in Jakarta was organised in collaboration with Yayasan Orangtua Peduli (YOP) and co-hosted with a government - the Ministry of Health of Indonesia . The conference was also



Antimicrobial Resistance: policy recommendations



The policy brief, titled 'Antimicrobial Resistance: Policy Recommendations,' brings together perspectives from public health, animal welfare, and environmental sectors was released end 2025. A collaboration between ReAct Latin America and IDEC. It presents a comprehensive plan to address antimicrobial resistance in Latin America.

In October 2025, ReAct released the policy brief 'Unlocking AMR Financing.' The report analyzes the barriers LMICs face in accessing funding from the World Bank, the Global Fund, and the Pandemic Fund, and identifies structural challenges that limit the use of existing resources for implementing National Action Plans.

supported by the International Centre for Antimicrobial Resistance Solutions (ICARS), the Global Antibiotic Research & Development Partnership (GARDP), and the Global Strategy Lab. The conference convened over 100 delegates from 30 countries, including ministry representatives, technical agencies, and civil society actors, enabling cross-country dialogue and knowledge exchange on antibiotic resistance mitigation across the region. During the meeting, ReAct introduced a draft framework for a regional AMR consortium, building on prior stakeholder mapping and bilateral consultations conducted earlier in 2025. Discussions of this consortium focused on governance structure, membership criteria, One Health coordination, financing modalities, and community engagement, and multiple organisations expressed formal interest in co-developing the consortium. In the end a phased roadmap towards more structured regional cooperation was agreed on. The next steps include refining the governance framework and structure, documenting shared regional priorities, and developing a concept note for diversified resourcing in 2026. This initiative created momentum for moving beyond fragmented collaboration toward more structured and sustained cross-country engagement.

In Latin America, ReAct engaged with regional policy discussions through civil society networks and community-led engagement processes, reinforcing the role of community perspectives, social accountability, and local knowledge as essential components of effective and inclusive antibiotic resistance governance. Together, these efforts contributed to the development of more coherent regional governance approaches and established novel more sustainable avenues to further advance these developments in coming years.

Financing reform and cross-sectoral policy integration

ReAct's work to strengthen global governance in 2025 happened against a backdrop of significant reductions in global health financing, including cuts to bilateral aid programmes and the dismantling of major development funding mechanisms, alongside increased political uncertainty and shifting development priorities. Even as financing landscapes became more volatile, antibiotic resistance financing reform remained a central focus of ReAct's policy engagement. ReAct analysed barriers faced by LMICs in accessing financing from the World Bank, the Global Fund, and the Pandemic Fund, and identified structural barriers that limit the use of existing resources for National Action Plan implementation. One main output from this work was a policy brief on antibiotic resistance financing barriers, which was shared with and informed subsequent discussions with WHO processes, donor representatives, and global health partners.


ReAct also contributed to national and international policy processes, including the African Union Framework Review Meeting and international consultations linked to the revision of the Global Action Plan on AMR. These contributions helped connect antibiotic resistance discussions to crisis preparedness, Water, Sanitation and Hygiene (WASH), aquaculture, environmental sustainability, and broader One Health agendas. By situating antibiotic resistance within cross-sectoral governance and financing debates, ReAct contributed to embedding antibiotic resistance within wider political and economic frameworks, rather than treating it as a siloed health issue.



Unlocking AMR Financing

Optimizing international resources for an accelerated response to antibiotic resistance



A close-up photograph showing a young girl's hands being held and washed by an adult's hands under a stream of water. The adult is wearing a black wristwatch. The background is a blurred, sandy or earthy ground. The image is partially overlaid by a dark red text box on the left side.

Access to water, sanitation, and hygiene facilities is a key part of giving people a better chance to prevent infections.

Here, a young girl and an adult wash hands together during an awareness-raising activity with the ReAct Africa Mariifa Kids project in Lusaka, Zambia.

Photo: ReAct Africa.

Photo: ReAct Africa

Equity and structural determinants in governance reform

Inadequate WASH infrastructure and limited access to quality healthcare services, including vaccines and diagnostics, disproportionately affect populations living in poverty. These challenges are compounded by barriers to appropriate antibiotic prescribing and use, environmental contamination from pharmaceutical manufacturing and agricultural antibiotic use, and weak regulatory oversight of medicine quality and use. Experience from ReAct's community-based initiatives has shown how these factors intersect with gender, livelihoods, and local development conditions, affecting how people prevent infections and access treatment. Integrating these structural determinants and development perspectives into engagement with decision makers, parliamentarians, and international policy platforms strengthened the political case for more inclusive and cross-sectoral antibiotic resistance action.

The experience of 2025 reaffirmed that governance change is incremental and relationship-intensive, requiring sustained engagement with policy makers, parliamentary institutions, civil society actors, and international platforms to translate political commitments into operational processes. Concrete steps taken during the year, including the formalisation of the AMR Parliamentary Caucus, substantive contributions to consultations on the Global Action Plan on AMR, and active participation in the Multi-Stakeholder Partnership Platform, contributed to stronger civil society participation and clearer, more sustainable entry points within national and regional antibiotic resistance decision-making processes.

Participants at the ReAct Africa Conference in 2025. The meeting days brought together over 200 delegates from 43 countries.



NAP Implementation & Community Engagement

Strategic Objective 2

A One Health approach is advanced to minimize the spread of antibiotic resistance, responsive to LMICs' needs, with a strong focus on National Action Plans (NAP) implementation, health systems strengthening, and community engagement.

Photo: ReAct Africa

In 2025, this work focused on moving countries from policy commitments towards implementation. Across regions, ReAct demonstrated that durable antibiotic resistance action requires embedding commitments within institutions and budgets, and translating them into actual practice of professionals across sectors and in wider society, including in communities.

Moving from National Action Plans to implementation

While national strategies are now widespread, translating them into financed, coordinated, and context-appropriate action remains a challenge. ReAct supported the translation process through sustained technical partnerships and multisectoral dialogue.

In India, ReAct supported State Action Plan (SAP) processes in Telangana and Andhra Pradesh, alongside exploratory consultations with Tamil Nadu, Karnataka, Himachal Pradesh and Madhya Pradesh, helping to anchor the evolving National Action Plan on AMR (NAP 2.0) within state-level realities. Through multi-stakeholder consultations, ReAct supported states in interpreting national priorities through a One Health and equity perspective, while encouraging coordination across human, animal, and environmental health sectors. These processes brought attention to how antibiotic resistance drivers extend beyond clinical settings to include agricultural use, pharmaceutical waste, sanitation gaps, and barriers faced by low-income and marginalised

communities in accessing quality care. Gender, poverty, and environmental factors were integrated into discussions, encouraging states to reflect these dimensions in SAP planning, including through WASH, animal health coordination, and civil society engagement. As a result, antibiotic resistance was increasingly understood as a cross-sectoral governance challenge requiring coordinated action across departments and sustained engagement beyond health ministries.

In Africa, the 10th ReAct Africa-South Centre Conference, brought together over 200 delegates from 43 countries to exchange experiences and advance practical, country-led action, creating momentum for translating policy commitments into more concrete system-level changes. Discussions during the conference reflected a more politically and systems-informed framing of antibiotic resistance, with stakeholders increasingly recognising the role of institutional capacity, domestic financing, cross-sectoral coordination, and global political and funding dynamics in shaping progress. This shift was further supported by ReAct's analytical work on AMR financing in Africa, which helped advance more open dialogue on financing gaps and alternative funding approaches.

In Zambia, collaboration with national institutions supported the launch of a revised National Action Plan alongside the country's first Antimicrobial Stewardship Guidelines, embedding antibiotic resistance within healthcare practice. In Kenya, engagement with the Kenyan National Antimicrobial Steering Interagency Committee informed the NAP mid-term review and supported the introduction process of a novel antibiotic (ceftiofur) with appropriate stewardship safeguards.

Beyond sub-Saharan Africa, ReAct through partnership with WHO EMRO, contributed to the development of the second AMR NAP in Pakistan and Iraq and emphasised strengthened governance arrangements, prioritisation, and monitoring frameworks, with ReAct's contribution formally recognised in the Pakistan's national AMR strategy. Together, these efforts strengthened national ownership and supported more coordinated, implementation-ready AMR responses.

Institutionalising stewardship within health systems

At Ananthapuri Hospital and Research Institute (AHRI), ReAct supported the gradual institutionalisation of antibiotic stewardship through a comprehensive intervention combining revised antibiotic policies, structured audit and feedback mechanisms, staff training, and the introduction of the "Dr. Antibot" clinical decision-support tool. This work builds on stewardship approaches developed under the ASPIRE project and adapts them to AHRI's institutional context.

Through these efforts, stewardship became increasingly embedded within routine clinical workflows. Prospective audits demonstrated improved adherence to prescribing guidelines, while AHRI's achievement of IMA SMART recognition reflected strengthened institutional commitment to responsible antibiotic use.

Rather than introducing a stand-alone digital tool, ReAct's approach focused on systemic change over time. These practices are progressively integrated into professional norms, institutional incentives, and everyday clinical decision-making, with early indications of improved clinical practices and more rational antibiotic use, and potential contributions to reduced out-of-pocket costs for vulnerable households and lower environmental antimicrobial pressure.

Community engagement as a structural enabler

Work has continued to strengthen community ownership of antibiotic resistance responses across regions. Moving beyond the health sectors, many of these initiatives engaged teachers, cultural actors, faith leaders, and local organisations to translate prevention and mitigation of antibiotic resistance into locally meaningful actions, adapted practices and discussions.

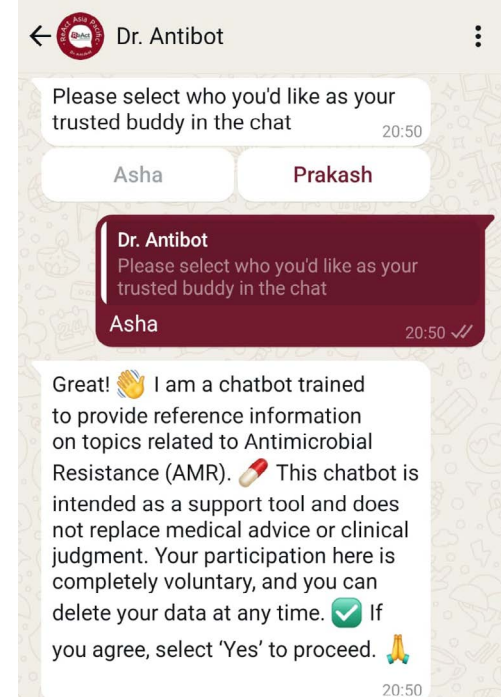
In Latin America, the Empowered Communities initiative expanded regional networks across the Southern Cone, Central America, and the Caribbean, engaging community actors and organisations from more than a dozen countries, including Colombia, Ecuador, Bolivia, Argentina, El Salvador, Costa Rica, Mexico, Uruguay, Paraguay, the Dominican Republic, Barbados, Trinidad and Tobago, and Haiti. A regional webinar on



ReAct Asia Pacific convened a consultation meeting at Ananthapuri Hospital in Trivandrum, India, to assess Dr. Antibot, an AI-driven WhatsApp chatbot developed with support from ReAct Africa.

The tool supports antibiotic stewardship by providing real-time, evidence-based guidance to healthcare providers and patients, contributing to efforts against antimicrobial resistance.

Photos: ReAct Asia Pacific.





ReAct's work has continued to strengthen community ownership of responses to antibiotic resistance across regions. Moving beyond the health sector, many of these initiatives have engaged teachers, cultural actors, faith leaders, and local organisations to translate prevention and mitigation efforts into locally meaningful actions, adapted practices, and discussions. Photo: ReAct Latin America.

multisectoral strategies to contain AMR convened over 300 participants, connecting community representatives with the Pan American Health Organization (PAHO), the Brazilian Institute for Consumers Defense (IDEC), and national AMR focal points. Examples of more structured links between community mobilisation and policy engagement, include community organisations in Bolivia co-organising a seminar at the Universidad Mayor de San Andrés and submitting a draft bill on Food Safety and AMR to the Ministry of Health, marking a concrete link between grassroots mobilisation and formal policy processes. In Argentina, collaboration with the Community Health Directorate of the Ministry of Health of Buenos Aires contributed to plans to establish an AMR Training School for community health promoters in 2026.

Over time, community engagement moved from facilitated participation to more autonomous, locally driven action. Bottom-up advocacy processes matured visibly during World AMR Awareness Week, when communities across multiple countries independently organised awareness campaigns, educational events, and territorial mobilisation activities tailored to local contexts. This reflects growing capacity to integrate antibiotic resistance within broader social, environmental, and public health agendas.

In Africa, engagement focused on faith-based communities. By co-developing sermon guides for Christian and Muslim leaders, stewardship principles were included within moral and ethical discourse, allowing antibiotic resistance prevention messages to reach trusted community spaces beyond formal health institutions. By framing responsible antibiotic use, hygiene, and infection prevention as matters of collective responsibility and intergenerational justice, faith leaders are well positioned actors to influence everyday practices, such as care-seeking and household medicine use, thereby reinforcing stewardship norms at community level. This engagement was complemented by community-oriented communication and knowledge-sharing efforts, including digital campaigns, podcasts, and storytelling platforms that amplified locally grounded perspectives on antibiotic resistance.

In 2025, ReAct launched the "AMR Watch: Voices from the Community" digital magazine, a platform showcasing experiences from civil society organisations and youth leaders working on antibiotic resistance at grassroots level across Africa. By centring community-driven solutions and perspectives often underrepresented in global dialogues, the magazine created space for local actors to share experiences and support peer learning across contexts.



As part of its 20-year celebration, ReAct published a report highlighting key learnings from two decades of placing communities at the heart of efforts to address antibiotic resistance. The report features four initiatives from across ReAct's nodes: top left, Antibiotic Smart Communities in India; top right, youth engagement in Zambia; bottom left, a global campaign and side event at the 2024 United Nations General Assembly High-Level Meeting; and bottom right, Alforja Educativa in Ecuador. Photos by Vishak Kumar, ReAct Africa, Therese Holm, ReAct, and ReAct Latin America.

In Asia Pacific, the Antibiotic Smart Communities initiative improved antibiotic resistance literacy in primary healthcare delivery settings in Delhi. By partnering with Ek Jeevan Hamari Prerana, a women-led primary health care organisation working with people living with HIV, antibiotic resistance was framed through the lens of co-infections, WASH, and health rights. Community interviews and partner feedback indicated an increase in awareness once antibiotic resistance was connected to discussions on recurrent infections and treatment outcomes. This demonstrated how community engagement on antibiotic resistance can be integrated into existing relevant structures and programmes, rather than delivered as stand-alone awareness activities. The project also highlighted the role of community actors, particularly women, in translating stewardship principles into everyday health practices within households and neighbourhood networks, strengthening local ownership and reinforcing antibiotic resistance as a social justice and collective responsibility issue rather than a distant technical concern.

ReAct brought together lessons learned from two decades of community engagement experience through the report *Two Decades of Empowering Communities*, marking the network's 20-year anniversary. Drawing on experiences from conceptualising to implementing and evaluating community initiatives such as Antibiotic Smart Communities, Alforja Educativa, Youth Engagement, and *From People to Leaders: Act on AMR NOW!*, the report synthesised methodologies, evidence of impact, and lessons learned. Its global dissemination, through ReAct's regional conferences and international webinars, helped reinforce community mobilisation as a governance enabler, and has helped position ReAct as a reference actor in community engagement and inclusion ahead of the Ministerial meeting in Abuja, Nigeria in 2026.

Across several initiatives, the social dimensions of antibiotic resistance responses became more visible and operational. For example, women played leading roles within community networks in Latin America and within the Antibiotic Smart Communities initiative in India, where female participants became advocates for responsible antibiotic use within households and communities. These experiences highlight how community engagement not only supports antibiotic resistance awareness, but also interacts with broader social issues, including those around traditional gender roles and gender equity.

Youth leadership and intergenerational change

In 2025, work on youth engagement increasingly connected education and leadership with policy engagement and participation. Across regions, ReAct supported a continuum of engagement, from early education to youth leadership platforms contributing to regional and global discussions.

In Africa, this included both tertiary-level leadership and early education. The AMR Leadership Programme and related platforms trained tertiary students across multiple countries and established One Health Clubs within universities. Partnerships with regional and national stakeholders, including AJARAM (Youth Actions Against Antimicrobial Resistance), the Egyptian Drug Authority, and WHO Egypt Country Office, supported university-based capacity building and expanded engagement beyond sub-Saharan Africa. These initiatives positioned young people as active contributors to AMR governance, linking student-led initiatives to national priorities and formal policy processes. Nearly 800 students participated in orientation sessions, with additional reach through digital campaigns extending to over 13,000 individuals. In parallel, the Maarifa Kids programme in Kenya and Zambia introduced antibiotic resistance concepts to school-aged children through participatory learning approaches, demonstrating how antibiotic resistance awareness can be embedded early through education systems.

In Asia Pacific, youth engagement extended into regional and global policy spaces. The Regional Youth Task Force on AMR connected youth leaders from 15 organisations and contributed to discussions on antimicrobial pollution, climate change, and AMR governance, while supporting youth-led knowledge exchange and advocacy towards regional and global AMR policy and governance processes, including participation in global platforms such as the Quadripartite Working Group. Engagement with the WHO South-East Asia Regional Office on potential integration into its Youth Council reflects increasing recognition of the importance of youth perspectives in these policy processes.

In Latin America, this work was anchored within education systems through the Alforja Educativa, which integrates the understanding of microbes and antibiotics into school curricula through partnerships with universities and ministries. Teachers used gardens, storytelling, and creative learning approaches to connect microbial ecology with food systems and environmental stewardship. This approach has also translated into formal academic uptake, including the approval of the Alforja Educativa diploma at the Faculty of Medicine of the National University of Mar del Plata, supporting the institutionalisation of these approaches within higher education programmes.

Across regions, these experiences illustrate how youth engagement is increasingly structured as a pathway from awareness to leadership and policy participation. The ReAct Toolbox plays a complementary role in this pathway, supporting as a widely used open-access platform, reaching approximately 125,000 users in 2025 and expanding its intergenerational reach through youth-focused content and webinars.



Three young women at the release of the Living food, earth and health publication.

This is part of ReAct Latin America's work to engage a varied set of communities, here culinary students.

Photo: ReAct Latin America.



The Ukrainian aid organization Zdorovi was one of ReAct Europe's partners for the online lecture series on antibiotic resistance and infection prevention and control delivered to 2,000 healthcare professionals across Ukraine. Photo: Zdorovi.

Sustainable agri-food systems, microbiomes and One Health

In Latin America, ReAct worked to increase understanding of how antibiotic resistance relates to the nexus of food systems, microbiomes, and the environment. Through participatory activities, such as the Assembly of the Soil in Ecuador, and collaborations with agroecological movements and universities, antibiotic resistance is increasingly positioned and understood as an ecosystem and food-system issue of concern.

This work was enabled by culturally adapted communication and participatory methodologies that bridged scientific knowledge with everyday practices and experience. Educational materials, training pathways, and artistic and community-based dialogues translated microbiome science into locally relevant narratives connecting soil vitality, biodiversity, water quality, and family health with bacteria and antibiotic resistance. Creative approaches, including storytelling, illustration, community communication, and the "Dancing with Bacteria" metaphor, enabled the engagement of communities, educators, and young people, strengthening processes of popular education and dialogue across knowledge systems.

In Brazil, ReAct's collaboration with the Brazilian consumers organisation, IDEC, ensured formal representation in national committees and technical contributions to public consultations on Brazil's AMR policies and development of their newly updated NAP, including advocacy for stricter regulation of antibiotic use for animal growth promotion. The bringing of consumer rights with the issue of antibiotic resistance holds promise as an effective pathway for inserting antibiotic resistance concerns into a variety of national policy discussions across the One Health spectrum.

Antibiotic resistance in conflict zones and vulnerable populations

In Ukraine, ReAct supported antibiotic resistance mitigation under armed conflict conditions. Through collaboration with Ukrainian and Swedish institutions, a three-part online lecture series on antibiotic resistance and infection prevention and control, targeting mainly nurses, reached approximately 2,000 healthcare professionals. The nursing workforce in Ukraine is predominantly female and plays a central role in infection prevention and antimicrobial stewardship within healthcare facilities. Prioritising their participation helped address gendered disparities in access to specialised training during crisis conditions.

By strengthening the technical capacity and professional recognition of nurses within overstretched health systems, ReAct's work contributed to reinforcing frontline stewardship practices and infection control decision-making under crisis conditions. While practice-level evaluation remains constrained by the context, strong demand for the training and sustained partnerships provide a basis for continued decentralised capacity building in 2026.



Photo: Shutterstock

Public Health Driven Innovation & Access

Strategic Objective 3

A public health-driven approach for the development and delivery of new antibiotics and diagnostics, where access for people in LMICs is central, will take stronger root among governments and international institutions.

In 2025, this work focused on shaping the architecture of innovation governance. As global debates on antibacterial research and development, regulatory reform, and financing mechanisms evolved, ReAct advocated for ensuring that affordability, equity, and environmental responsibility becomes more clearly embedded within the standards and incentives guiding innovation.

The underlying premise was clear: developing new antibiotics without equitable access undermines public health. Access must therefore be structurally integrated into product development models, target product profiles, and legislative frameworks from the outset.

Strengthening the political case for diagnostic access

Across sub-Saharan region, ReAct highlighted structural barriers to laboratory and diagnostic capacity in high-level policy platforms. At the African Society for Laboratory Medicine (ASLM) Special Convention on Diagnostics 2025, discussions emphasised how weak laboratory systems, underfunded surveillance, and gaps in National Action Plan implementation contribute to avoidable deaths, rising healthcare costs, and broader economic impact.

Drawing on continental evidence, including the African Union AMR Landmark Paper, ReAct linked diagnostic gaps to equity and development outcomes. By positioning diagnostics within health security and economic resilience discussions, this work contributed to strengthening regional ownership of the access agenda and reinforcing the case for sustained investment in laboratory systems.

Embedding access principles in antibiotic Research & Development and regulatory frameworks

In Europe and global policy fora, ReAct focused on shaping governance standards for antibiotic research and development, diagnostics, and related regulatory frameworks. Through engagement in the WHO Target Product Profile (TPP) consultation for new antibacterial agents, ReAct submitted technical input advocating for explicit affordability considerations, clearer public health-driven innovation thresholds, and product characteristics aligned with LMIC health systems' realities. These contributions reinforced the principle that publicly supported R&D must translate into equitable and sustainable access, rather than solely commercial returns.

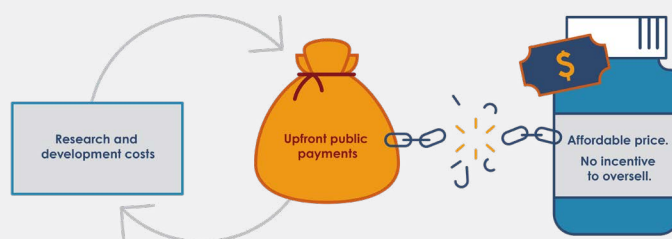
ReAct also contributed to policy discussions linked to the revision of the Global Action Plan on AMR and to debates surrounding the new EU pharmaceutical legislation, where access-enabling provisions, incentives, and concepts such as “delinkage” (which separates the cost of antibiotic research and development from sales revenues) were under review. Through consultations and engagement with policy stakeholders, ReAct consistently emphasised that innovation incentives should be aligned with stewardship safeguards, affordability requirements, and transparent public return on public investment. While attribution to specific textual amendments remains shared among multiple actors, these efforts helped maintain visibility of equitable access considerations within the revision of the EU pharmaceutical legislation.

Environmental sustainability was addressed through advocacy on responsible antibiotic production standards, including the publication of the policy brief “Cleaning Up the Antibiotic Supply Chain: Achieving sustainable production without jeopardizing equitable access”. ReAct highlighted the link between pharmaceutical manufacturing pollution, antibiotic resistance emergence, and global inequities, arguing that environmental safeguards must be embedded within regulatory and procurement frameworks.

By connecting pollution control, stewardship, and access conditions within R&D and market entry discussions, ReAct contributed to a more balanced debate on the antibiotic research and innovation crisis.

ReAct contributed to debates surrounding the EU pharmaceutical legislation, with ReAct Europe emphasising a delinked pharmaceutical R&D model. This model separates the cost of antibiotic research and development from sales revenues.

Illustration: Zellout.



Looking Ahead

In 2025, as ReAct marked its twentieth anniversary, the network's work reflected stronger institutional positioning and contributed to advancing antibiotic resistance within national, regional, and global policy processes. Antibiotic resistance governance was taken forward within parliamentary systems and regional platforms. National Action Plans advanced from policy frameworks toward more implementation-oriented approaches across service delivery settings, community structures, and broader One Health coordination mechanisms. Youth leadership and civil society engagement became more visibly integrated into antibiotic resistance work, while innovation debates increasingly gave space to equity, affordability, and environmental responsibility as core criteria.

The year confirmed that durable responses to antibiotic resistance require coherence across governance reform, implementation systems, financing architecture, and innovation policy. Political commitment alone is insufficient. Institutional continuity, cross-sectoral alignment, and community ownership are decisive. ReAct has contributed to these developments through policy engagement as well as implementation initiatives and pilot projects. In several contexts, this work has been anchored in partnerships with communities and local actors, including educators, farmers, artists, and local organisations.

As the focus now moves toward the 2026 High Level Ministerial Meeting in Abuja, the progress achieved in 2025 provides stronger foundations for the next phase of work. Important steps were taken to strengthen governance mechanisms, support implementation pathways, and maintain the visibility of access and stewardship principles within R&D and regulatory discussions.

Twenty years after its establishment, ReAct continues to strengthen alliances and institutional engagement, reinforcing its role as a bridge between communities, policy processes, and global health governance. The trajectory ahead remains complex, but the need for sustained action on antibiotic resistance continues.

**A world free from
untreatable infections**