

I 12. Next steps

A concerted effort is required to minimise AMR risks, address the misuse and overuse of antibiotics, and ensure access to quality antibiotics in LMICs. There are, however, science-based and proven interventions to prevent and control AMR. These have been reflected in the Bank's current AMR capacity-building exercises: (i) IPC; (ii) AMS, laboratory and surveillance capacity building in healthcare settings; (iii) an e-learning and voluntary accreditation scheme on AMS; (iv) AMS in the pharmaceutical value chain and adherence to GIP; (v) regulation of over-the-counter sales of antibiotics; (vi) rational use of antimicrobials and the improvement of biosafety and biosecurity in food animals; (vii) a new labelling scheme to create a new market for rational antibiotic use in food animals; and (viii) awareness raising. The Bank's investments in the water sector have contributed to better access to clean water, sanitation and hygiene (WASH) services. The Bank also supports local businesses that tackle AMR, as seen in the example of phage production with GMP certification in Georgia (see [case study in Annex 1](#)).

The Lancet AMR series suggests that existing interventions can have a significant impact on AMR in LMICs.⁹¹ It indicates that reducing global AMR-associated deaths by 10 per cent by 2030 (the target set by the 2024 UNGA-HLM political declaration on AMR) is achievable with existing interventions. It estimates, for example, that aligning IPC standards in LMIC healthcare settings with those of high-income countries could prevent up to 337,000 AMR-associated deaths annually. Securing universal access to WASH services could prevent up to 247,800 AMR-associated deaths annually. Achieving universal coverage for high-priority paediatric vaccines – such as vaccines against rotavirus, pneumococci and respiratory syncytial virus (RSV) – could prevent

up to 181,500 AMR-associated deaths a year in LMICs, as vaccine-based prevention of infections obviates the need to use antibiotics to treat viral infections. Improved access to existing and new antibiotics, vaccines and diagnostics is also needed. Innovation should focus on LMICs, where the burden of AMR is greatest.⁹²

The local production of critical medicines (such as antibiotics) and medical devices in LMICs is underscored as a response to the supply-chain disruptions seen during the pandemic, as well as to ensure resilient health systems. The EBRD may consider supporting such initiatives from an investment perspective. WHO member states in Africa import between 70 per cent and 100 per cent of finished pharmaceutical products (FPPs), 99 per cent of vaccines and between 90 per cent and 100 per cent of medical devices and active pharmaceutical ingredients, and have little or no domestic capacity to manufacture pharmaceutical-quality excipients, vaccines, medical devices or other health technologies. Furthermore, counterfeit and substandard antimicrobial drugs are a prevailing problem in the region.⁹³

African leaders have committed to boosting local production, strengthening regulatory systems and implementing pooled procurement mechanisms under the 2024 Framework for Medicines, Vaccines and Other Health Technologies in the WHO African Region (2025-35).⁹⁴ Strengthening local production will require investment and PPPs, in which the Bank could play a role. Furthermore, only 52 per cent of healthcare facilities in sub-Saharan Africa had a basic water service in 2021.⁹⁵ The Bank may examine its role in WASH in new investee economies in the region.

⁹¹ See The Lancet (2024).

⁹² Ibid.

⁹³ See Tegegne et al. (2024).

⁹⁴ See WHO African Region (2024).

⁹⁵ See Ren et al. (2022).

The Bank will continue its AMR engagement based on the global agreement formed by the UNGA-HLM on AMR, the fourth HLMC on AMR (November 2024) and the G7 and G20 AMR work streams. The Bank will embark on this journey alongside stakeholders by using its investment, technical cooperation and policy dialogue in accordance with its sustainability mandate, the Environmental and Social Policy, and the One Health approach. The Bank's continuous work on AMR with stakeholders in the economies where it operates will increase awareness of how acute the AMR challenge is and help to scale up their AMR engagement. Furthermore, MDBs such as the EBRD could explore the links between climate change, biodiversity, pollution, waste and AMR, rather than working in silos, as these issues are interactive and intertwined and critical to national attainment of the SDGs (see [Annex 2](#)).

