



European Union

Statement

WHO

78th World Health Assembly

(19 May – 27 May 2025)

Item 15 – Antimicrobial Resistance

Geneva, 27 May 2025

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EU Statement

Chair,
Director General,
Excellencies,
Colleagues,

I am delivering this statement on behalf of the EU and its 27 Member States.

The candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova, Bosnia and Herzegovina* and Georgia, the EFTA country Norway, member of the European Economic Area, as well as Armenia align themselves with this statement.

Knowing no borders, antimicrobial resistance affects us all and requires global commitment for human, animal, environmental, and plant health. Agreeing on an ambitious High Level Political Declaration last year, provided us with a clear path and targets for scaling up global cooperation to prevent and mitigate the severe consequences of AMR. Now it's our responsibility to act and to maintain our efforts while raising our ambitions.

* North Macedonia, Montenegro, Serbia, Albania and Bosnia and Herzegovina continue to be part of the Stabilisation and Association Process.

The multi-faceted drivers of AMR include inappropriate use of antimicrobials, spill-over across sectors, lack of access to efficient diagnostic tools, and insufficient regulation, infection prevention, and control measures. Climate change, biodiversity loss, pollution, ageing populations and humanitarian crises will aggravate the consequences of emergence and spread AMR. The burden is largely and disproportionately borne by low- and middle-income countries and persons in vulnerable situations. Thus, increased support for implementation and greater leveraging of expertise and coordination from Quadripartite organizations, collaborating centres, the OHHLEP, and other relevant stakeholders is crucial for near and long-term solutions.

Infection Prevention and Control (IPC) is critical in limiting the emergence and spread of highly resistant pathogens in healthcare settings, including through asymptomatic carriers and to vulnerable patients as well as supporting antimicrobial stewardship, water sanitation, hygiene, and, when possible and evidence-based, vaccination. As climate change will increase infection risks and is already changing infectious disease epidemiology, we should explore the integration of IPC in climate adaptation actions to effectively avert further increase of AMR.

Furthermore, prudent, responsible and appropriate use of antimicrobials and high standards of surveillance across human, animal, environmental, and plant health, in line with the One Health approach, together with stewardship and training in all relevant settings is essential to reduce the risk of emergence and spreading of AMR. We appreciate WHO's evidence-based guidance in this regard and advocate for continued strong collaboration alongside the other Quadripartite organisations to ensure effective critical work on AMR and the One Health approach as a priority and at all levels of the organisation.

Finally, we must secure the necessary incentives for innovation, including that of new market models, and for research and development of new and already existing antimicrobials to ensure availability and sustainable access to safe, affordable and effective antimicrobials, vaccines and diagnostics. We thank the WHO for the diffusion of the priority pathogens list. In the EU we are ready to play our part to the full.

Thank you chair.