

PRIORITIZE ANTIBIOTIC ACCESS TO TACKLE RESISTANCE



Antibiotic-resistant infections kill 1.14 million people each year.¹

Antibiotic use is a key driver of antimicrobial resistance (AMR), prompting efforts to reduce unnecessary or inappropriate prescribing. However, in many countries, the overuse and misuse of a handful of antibiotics co-exists with severe shortages or a complete lack of access to other essential antibiotics, leading to more untreated infections and deaths.

Only 1 in 3 children under 5 with pneumonia receive the antibiotics they need.²

Pneumonia accounts for 22% of deaths in children under 5 years old.²

Fewer than 7% of the estimated 1.5 million people with drug-resistant infections in 8 low- and middle-income countries in 2019 were able to access the right antibiotic.³

Countries in Latin America and the Caribbean with limited access to antibiotics face the highest mortality rates from bacterial AMR.⁴

92 million deaths could be averted by 2050 with improved infection care quality and access to antibiotics.⁵

While AMR surveillance dominates global monitoring efforts, data on antibiotic availability, price, and use in primary care remain critically scarce, despite being just as essential to informing the response.^{6,7}



Stockouts of antibiotics due to supply chain failures, major outbreaks, and logistical or equity issues make it harder for people to access the antibiotics they need.



Prohibitive costs for some antibiotics, medical consultations, or diagnostic tests make it difficult for many people to access the right antibiotics at the right time.



Market barriers: Fewer than half of the new antibiotics that entered the market between 1999 and 2014 were made available in more than 10 countries.⁸



...lack of access to appropriate, safe, effective, and affordable antimicrobials... particularly in developing countries, is responsible for more deaths than antimicrobial resistance...

The 2024 United Nations Resolution on AMR

Barriers to antibiotics, including high prices, weak supply chains, slow registration, and limited local production, restrict the ability of many to receive timely and effective treatment, especially in low- and middle-income countries. When antibiotics are not consistently available in clinics and pharmacies and health workers do not have adequate training or incentives for correct diagnosis, prescribing, or dispensing, some patients are forced to travel long distances or get inappropriate care. Vulnerable communities face higher risks of severe illness and death, while health systems struggle to control infections, slow the spread of antibiotic resistance, and face higher costs of treating resistant infections.

Penicillin shortages in Brazil and congenital syphilis

Vertical transmission of syphilis remains a major but preventable cause of infant illness and death worldwide. It can lead to prematurity, low birth weight, severe infection, stillbirth, or neonatal death. In Rio de Janeiro, Brazil, shortages of the only treatment recommended to prevent vertical transmission of syphilis, benzathine penicillin, from 2013 to 2017 were linked to rising congenital syphilis rates. During this time, neighborhoods in Rio de Janeiro had an average of 19.6 cases of congenital syphilis for every 1,000 births, more than 40 times higher than the elimination target set by the World Health Organization.

In a quarter year during the benzathine penicillin shortages, one Rio de Janeiro neighborhood saw a 200% increase in congenital syphilis incidence.

The case shows that access to essential antibiotics is crucial for preventing avoidable harm to mothers and babies.⁹

Rising treatment costs for resistant UTIs in Colombia

Rising antibiotic resistance is making urinary tract infections (UTIs) increasingly difficult and expensive to treat. A 2019 study conducted at a tertiary hospital in Medellín, Colombia, quantified the additional direct medical costs of UTIs caused by beta-lactam-resistant bacteria. Compared with infections susceptible to standard beta-lactam antibiotics, resistant cases (particularly those involving carbapenem-resistant strains) incurred significantly higher adjusted treatment costs, with an average of US\$633 per patient. The added costs were largely driven by the need for expensive broad-spectrum antibiotics, such as meropenem and colistin.¹⁰

References:

(1) GBD 2021 Antimicrobial Resistance Collaborators 2024 (2) World Health Organization 2022 (3) Mishra et al. 2025 (4) Aguilar et al. 2023 (5) Naghavi et al. 2024 (6) Knowles et al. 2020 (7) Sharland et al. 2024 (8) Källberg et al. 2018 (9) Ueleres Braga et al. 2021 (10) Vargas-Alzate et al. 2019



Recommendations

- Prioritize access to antibiotics as part of national AMR control strategies.
- Establish and support data collection systems to map antibiotic availability, stockouts, use, and quality in public and private sectors at the country level.
- Make supply chains and procurement mechanisms for antibiotics transparent.
- Increase monitoring of access, including affordability and out-of-pocket expenditures, especially for first-line antibiotics (the access category of WHO AWaRE).
- Develop context-relevant initiatives and policies to reduce costs, such as promoting local production, fostering public-private partnerships, and strengthening regional procurement mechanisms.
- Improve regulatory capacities, including to ensure the quality of antibiotics on the market and to accelerate approval processes for new antibiotics.
- Strengthen disease surveillance to inform health systems and retailers on which antibiotics are needed.