

The economic burden of AMR



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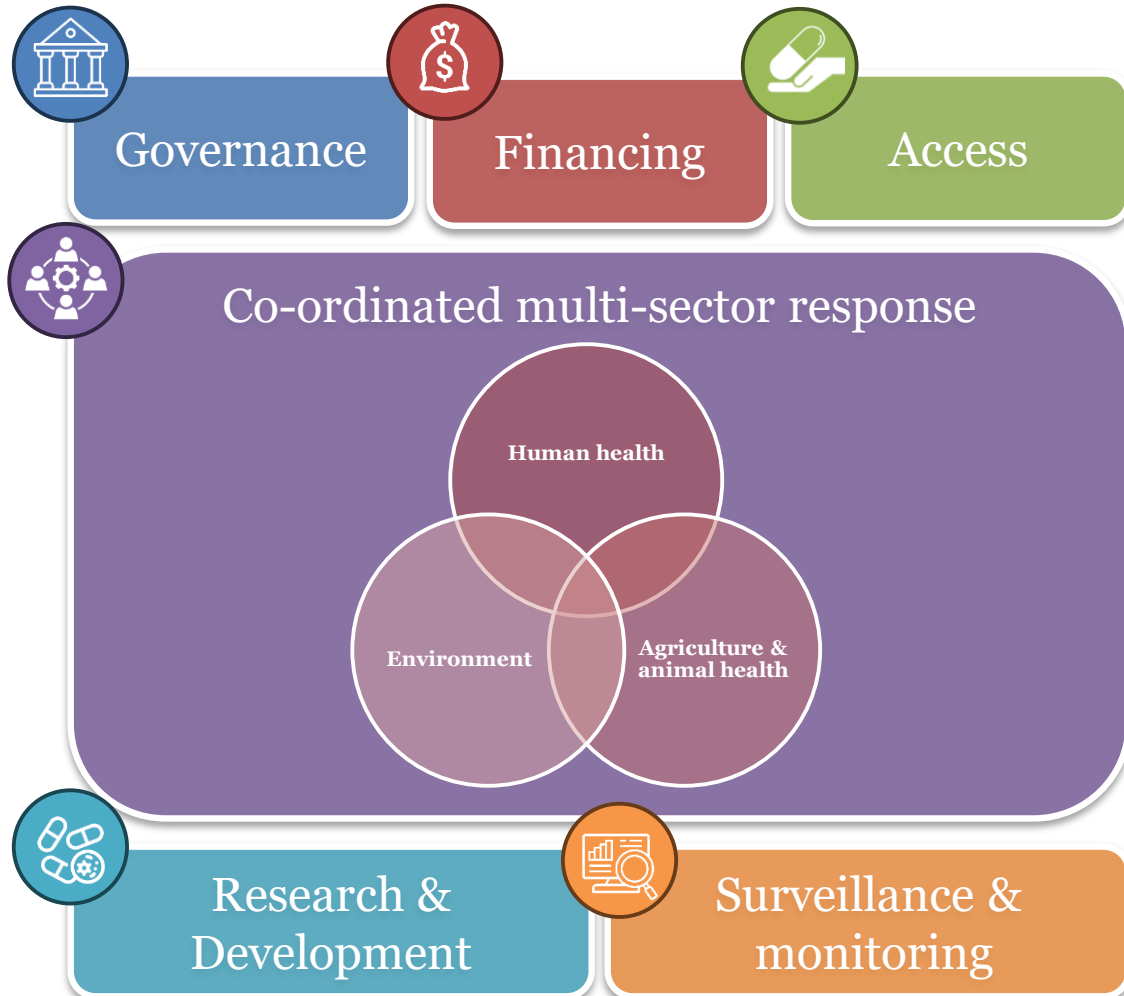


THE ECONOMIC CASE FOR INVESTING IN A ONE HEALTH RESPONSE TO AMR

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In September, At The UN High-level Meeting On AMR Countries Committed to Global Targets For AMR



To reduce AMR-related deaths by 10% by 2030...

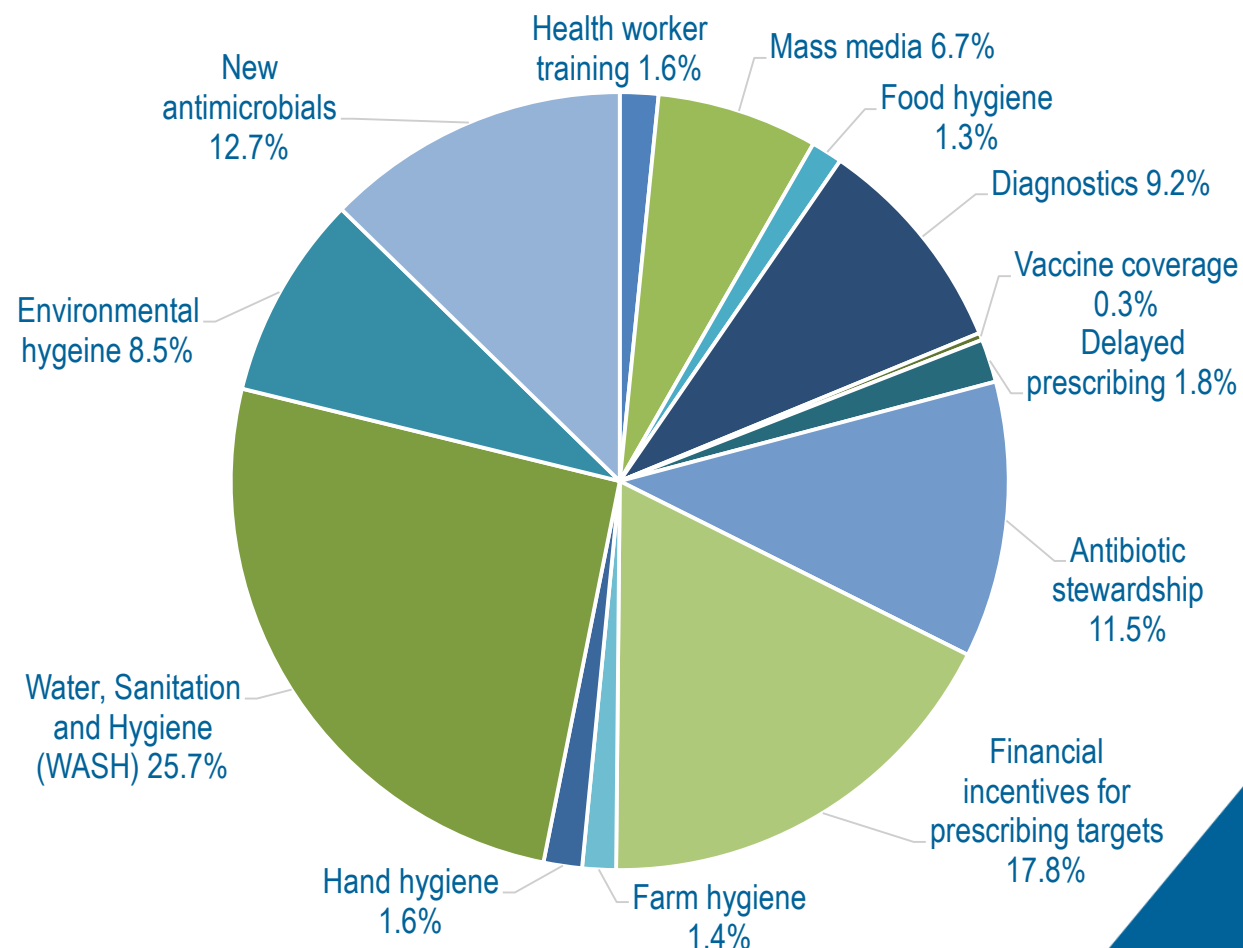
- ✓ All countries have national AMR action plans and 60% of countries commit a budget
- ✓ 90% of countries meet WHO's minimum infection prevention and control programmes at national level
- ✓ All countries report surveillance data on AMR and antimicrobial use
- ✓ Meaningful reduction in antimicrobial use in agri-food systems
- ✓ Strengthen actions to prevent and address the discharge of antimicrobials into the environment
- ✓ Promote mechanisms to support R&D to address AMR



An Investment of USD PPP 52 Billion Per Year Is Needed to Tackle AMR






- USD PPP 52 billion per year represents less than 0.5% of what we spend on health globally
- Priority areas for intervention include:
 - WaSH
 - R&D for new antibiotics
 - Infection prevention and control
 - Stewardship
- The package will pay big dividends by significantly reducing the adverse health and economic impact of AMR;
- The package generates a net return of approximately USD 10 for every USD invested

A one health policy package would fill many of the current policy gaps in tackling AMR





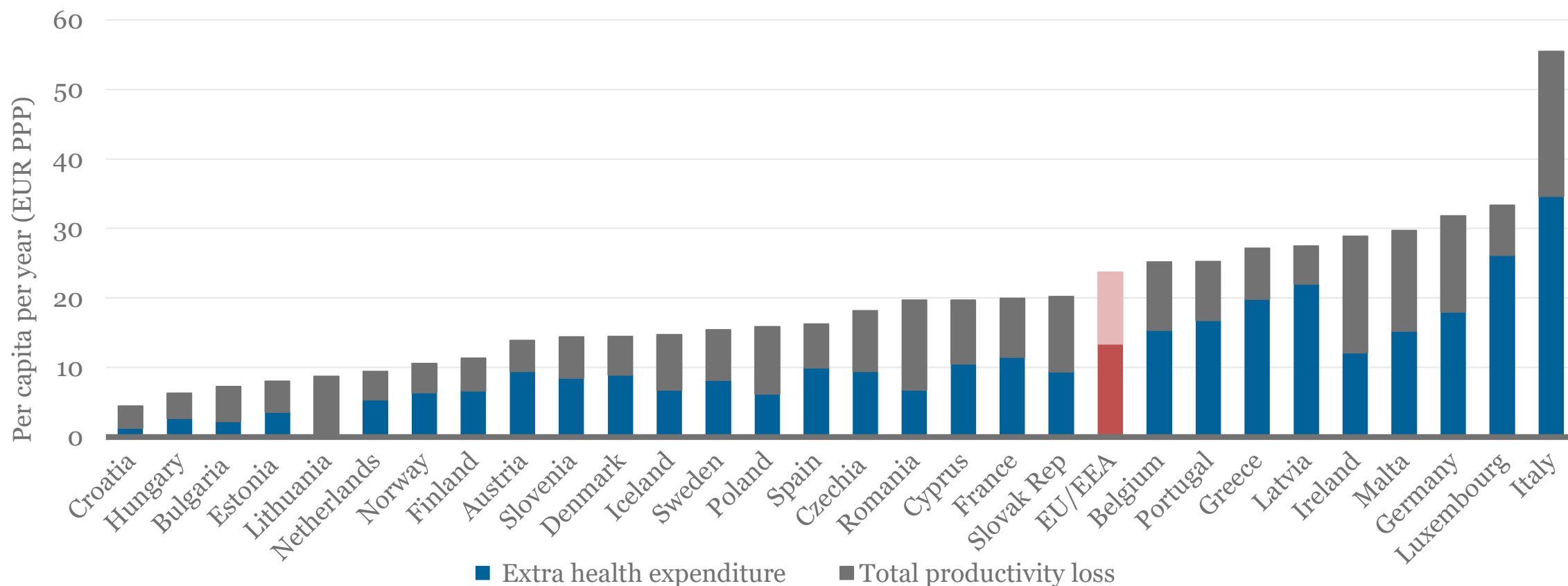
The EU Has Also Set 5 Targets For ATB Use And AMR To Be Reached By 2030, Using 2019 As Baseline

 Reduce by 20% the total consumption of antibiotics in humans As defined daily doses (DDD) per 1 000 inhabitants per day	2019 Baseline	19.9	-
	2022	19.4	-2.5%
	2030 TARGET	15.9	-20%
 At least 65% of the total consumption of antibiotics in humans belongs to the 'Access' group of antibiotics As defined in the AWARe classification of the WHO <small>* Population-weighted mean % consumption in 'Access' group. ** Percentage point difference from 2019.</small>	2019 Baseline	61.1%*	-
	2022	59.8%*	-1.3%**
	2030 TARGET	65%	+3.9%**
 Reduce by 15% the total incidence of bloodstream infections with meticillin-resistant <i>Staphylococcus aureus</i> (MRSA) Number per 100 000 population	2019 Baseline	5.6	-
	2022	4.9	-12.2%
	2030 TARGET	4.8	-15%
 Reduce by 10% the total incidence of bloodstream infections with third generation cephalosporin-resistant <i>Escherichia coli</i> Number per 100 000 population	2019 Baseline	10.4	-
	2022	8.7	-16.8%
	2030 TARGET	9.4	-10%
 Reduce by 5% the total incidence of bloodstream infections with carbapenem-resistant <i>Klebsiella pneumoniae</i> Number per 100 000 population	2019 Baseline	2.2	-
	2022	3.3	+49.7%
	2030 TARGET	2.1	-5%



EU/EEA Countries Pay A Very High Price For Insufficient Action On AMR

Across the EU/EEA, AMR costs **EUR PPP 6.6 billion** to the health systems and **EUR PPP 5.1 billion** to the economies

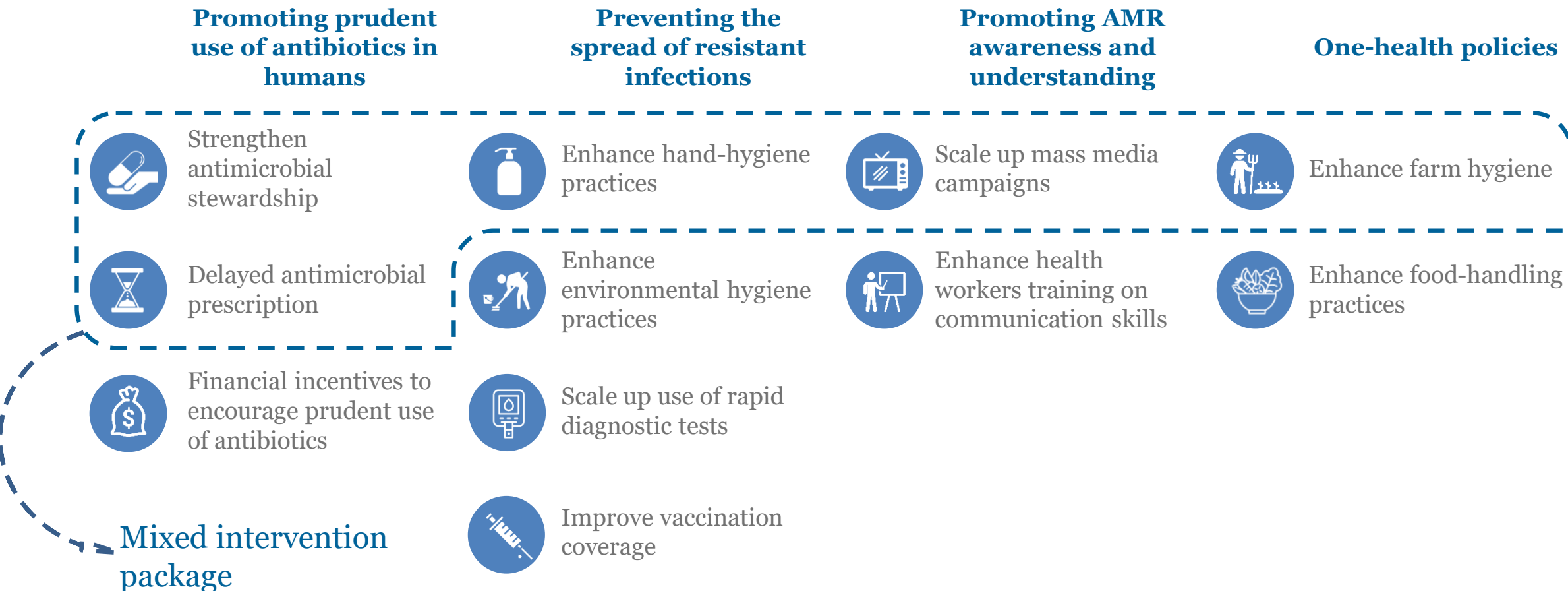


Note: thanks to ECDC colleagues for the great collaboration and for making available the epidemiological data for EU/EEA to feed our analyses

Source: OECD (2023), *Embracing a One Health Approach to Fight Antimicrobial Resistance*, available at: oe.cd/amr-onehealth.



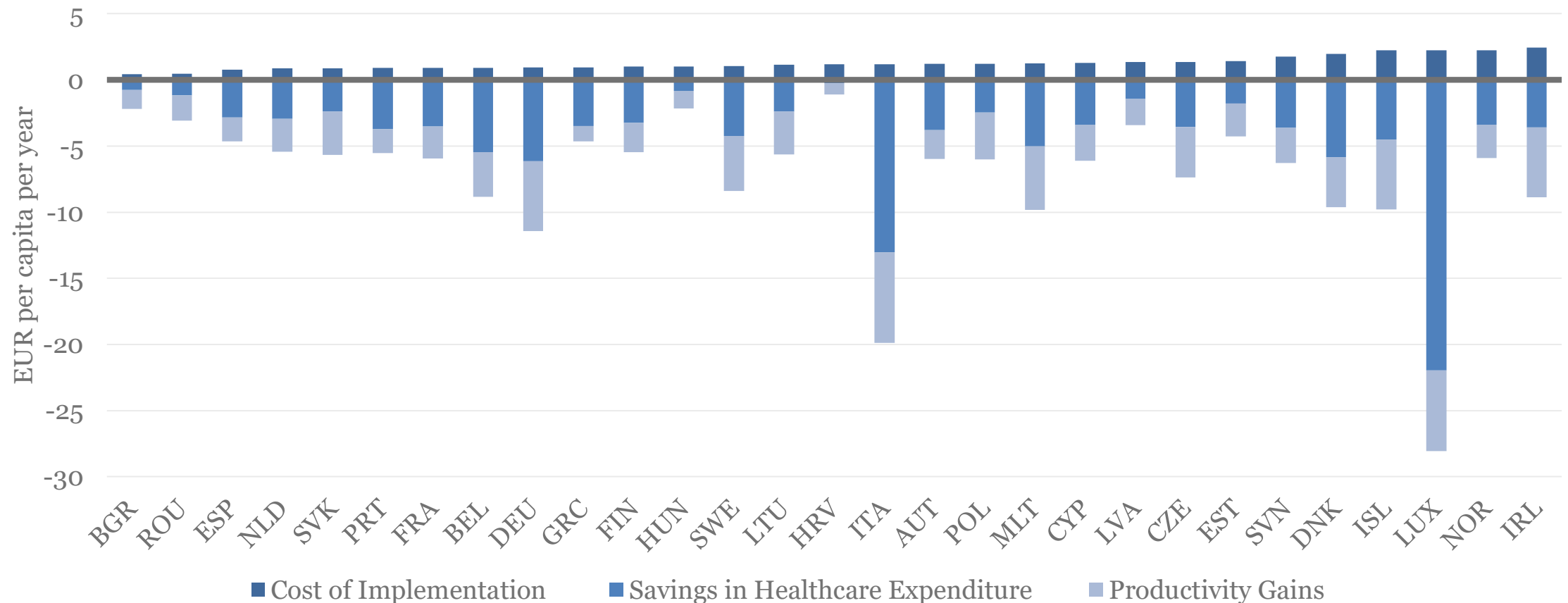
One Health Policy Approaches to Fight AMR Included in The Analysis





Tackling AMR Can Save Around 4.8 Billion EUR Per Year To The Healthcare Systems of EU/EEA Countries

For every 1 EUR invested in a mixed intervention package*, countries could expect a return of 5.8 EUR in economic benefits



■ Cost of Implementation ■ Savings in Healthcare Expenditure ■ Productivity Gains

* The package differs from the 'UN package' and includes improving hand hygiene, stewardship, delayed prescription, media campaigns and enhancing food safety
Source: OECD (2023), *Embracing a One Health Approach to Fight Antimicrobial Resistance*, available at: oe.cd/amr-onehealth.



The Way Forward: What Will Keep Us Busy In The Next 2 Years And Your Inputs

Update and extend the scope and the breadth of the analyses

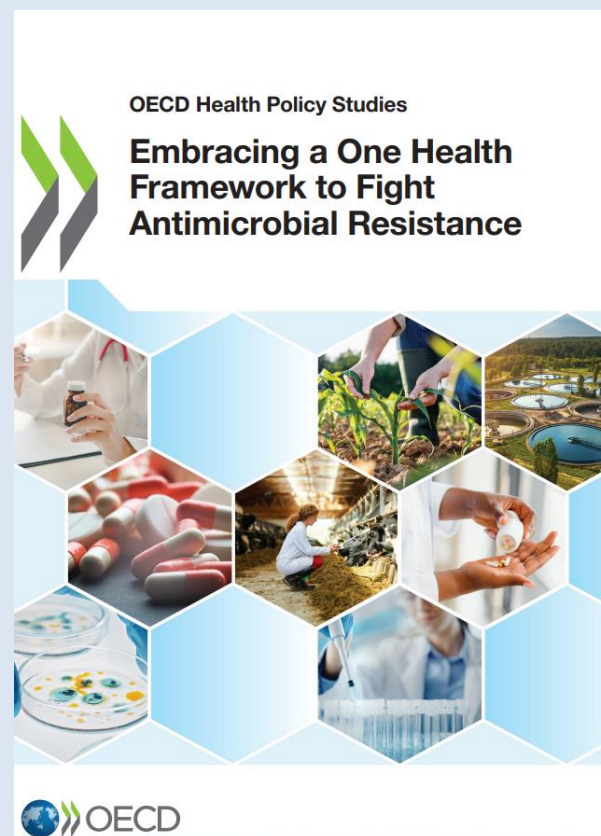
- Aim: to identify the most effective approach to achieving EU and global commitments and targets, and to calculate the financial resources needed;
- Updated epidemiological and economic data with the help of the ECDC;
- Produce country-specific analyses and outputs.

How OECD and JAMRAI can work together

- Additional interventions – which one are priority for you, based on available evidence?
- What is the current level of implementation of policies?
- Anything else from you?

<https://oe.cd/amr-onehealth>

Find our AMR reports and country profiles online



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