Geneva, 18 June 2019 – The World Health Organization (WHO) today launched a global campaign urging governments to adopt a tool to reduce the spread of antimicrobial resistance, adverse events and costs.

The AWaRe tool was developed by the WHO Essential Medicines List to contain rising resistance and make antibiotic use safer and more effective. It classifies antibiotics into three groups – Access, Watch and Reserve – and specifies which antibiotics to use for the most common and serious infections, which ones should be available at all times in the healthcare system, and those that must be used sparingly or preserved and used only as a last resort.

The new campaign aims to increase the proportion of global consumption of antibiotics in the Access group to at least 60%, and to reduce use of the antibiotics most at risk of resistance from the Watch and Reserve groups. Using Access antibiotics lowers the risk of resistance because they are 'narrow-spectrum' antibiotics (that target a specific microorganism rather than several). They are also less costly because they are available in generic formulations.

"Antimicrobial resistance is one of the most urgent health risks of our time and threatens to undo a century of medical progress," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "All countries must strike a balance between ensuring access to life-saving antibiotics and slowing drug resistance by reserving the use of some antibiotics for the hardest-to-treat infections. I urge countries to adopt AWaRe, which is a valuable and practical tool for doing just that."

Antimicrobial resistance is a global health and development threat that continues to escalate globally, as highlighted in a recent report by the International Coordination Group on Antimicrobial Resistance .ÂÂ Currently, it is estimated that more than 50% of antibiotics in many countries are used inappropriately such as for treatment of viruses when they only treat bacterial infections or use of the wrong (broader spectrum) antibiotic, thus contributing to the spread of antimicrobial resistance.

One of the most pressing concerns is the spread of resistant gram-negative bacteria, including Acinetobacter, Escherichia coli and Klebsiella pneumoniae. These bacteria, which are commonly seen in hospitalized patients, cause infections like pneumonia, bloodstream infections, wound or surgical site infections and meningitis. When antibiotics stop working effectively, more expensive treatments and hospital admissions are needed, taking a heavy toll on already stretched health budgets.

At the same time, many low- and middle-income countries experience vast gaps in access to effective and appropriate antibiotics. Childhood deaths due to pneumonia (estimated globally at close to one million per year) because of lack of access to antibiotics remain frequent in many parts of the world. And although over 100 countries have put in place national plans to tackle antimicrobial resistance, only about one fifth of those plans are funded and implemented.

"Tackling antimicrobial resistance requires a careful balance between access and

preservation," said Dr Hanan Balkhy, WHO Assistant-Director General for antimicrobial resistance. "The AWaRe tool can guide policy to ensure patients keep being treated, while also limiting use of the antibiotics most at risk of resistance."

In the absence of new significant investments into the development of new antibiotics, improving the use of antibiotics is one of the key actions needed to curb further emergence and spread of antimicrobial resistance. By classifying antibiotics into three distinct groups, and advising on when to use them, AWaRe makes it easier for policy-makers, prescribers and health workers to select the right antibiotic at the right time, and to protect endangered antibiotics.

"Antimicrobial resistance is an invisible pandemic," said Dr Mariângela Simão, Assistant-Director General for Access to Medicines. "We are already starting to see signs of a post-antibiotic era, with the emergence of infections that are untreatable by all classes of antibiotics. We must safeguard these precious last-line antibiotics to ensure we can still treat and prevent serious infections."