

# INTRODUCTION: AMR AND UNIVERSAL HEALTH COVERAGE



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Left unchecked, antimicrobial resistance (AMR) will roll back a century of medical progress, damage the environment, interrupt food production, cause more people to fall into extreme poverty and imperil global health security. Furthermore, the World Bank estimates that its impact on economic growth will be greater than that of the 2009 financial crisis, putting at risk up to US\$ 100 trillion of economic output by 2050. In recognition of this threat, countries came together at the World Health Assembly in 2015 to adopt the Global Action Plan on AMR and since then, over 100 countries have developed and are implementing their own national action plans. A further 67 plans are in progress.

At the same time, the nations of the world have expressly committed to achieving universal health coverage (UHC) as part of the Sustainable Development Goals. The vision of UHC is that all people should have access to the services they need without facing financial hardship. Ensuring equitable access to appropriate and affordable antimicrobial medicines is a fundamental part of that vision. Tackling antimicrobial resistance must therefore be seen in the broader context of efforts to strengthen health systems and achieve UHC.

UHC is a long-term vision for low- and high-income countries alike. It is built on the conviction that precious financial resources should be put to work for the benefit of all, and that no one should be forced to suffer financially through ill health. Tackling antimicrobial resistance and UHC require that all health systems have access to the resources needed, both financial and technical, to ensure that infections are prevented and treated. Everyone must have equal access to vaccines that prevent infections, as well as quality antimicrobials that can deliver effective treatment when they become sick. Poverty

should not be a barrier to that access, nor force people towards substandard or unregulated medicines. Clinicians must have access to affordable diagnostics as well as data on local and regional resistance trends to ensure they are able to prescribe the right treatment for their patients. And guiding how we all use, develop and preserve existing and new antimicrobials, not just within the human health sector, but also in our farming and animal husbandry practices and in the environment, requires global commitment to an overarching stewardship framework that will help to ensure that equitable access to antimicrobials remains an integral and achievable part of UHC.

Progress towards UHC is vital for tackling the threat of AMR. Strong health systems built on the foundation of people-centred primary care are vital not only for ensuring access to precious medicines and treating infections, but for preventing the wastage of precious resources that can be invested to address other health threats and make progress towards better health for everyone, everywhere. ■

*Dr Tedros Adhanom Ghebreyesus was elected as WHO Director-General for a five-year term by WHO Member States at the 70th World Health Assembly in May 2017, the first person from the WHO African Region to become WHO Director-General. Dr Tedros served as Ethiopia's Minister of Foreign Affairs, 2012–2016, and Minister of Health, 2005–2012. Born in Asmara, Eritrea, Dr Tedros holds a PhD in Community Health from the University of Nottingham and a Master of Science in the Immunology of Infectious Diseases from the University of London. He has published numerous articles in prominent scientific journals, and received awards and recognition from across the globe.*