

GLOBAL CHALLENGES

ANTIBIOTIC ACCESS



4.71 million deaths
associated with antibiotic-resistant
infections

80% of deaths occur in LMICs

BARRIERS TO ACCESS



EVIDENCE FOR OPTIMAL USE

incomplete/non-existent



MARKET

unpredictable, fragmented,
unclear and/or low volume



SUPPLY

inadequate and vulnerable



REGISTRATION

limited, especially in low- and
middle-income countries



DISTRIBUTION

insufficient



PLANS

to introduce and use products
are underfunded and incomplete



ACCESS TO ANTIBIOTICS

Access to effective antibiotics is a critical component of the global response to the escalating crisis of antimicrobial resistance (AMR). Currently an estimated 4.71 million deaths are associated with antibiotic-resistant infections, with 80% of these in low- and middle-income countries (LMICs). More than 50 million deaths could be prevented by 2050 if effective treatments for multidrug-resistant infections were made accessible to more people in need.

Access is often interpreted as the “last-mile” delivery of medical interventions to patients at the point-of-care. This can be hindered by a wide range of challenges, including affordability, quality issues, shortages, poor infrastructure and a lack of diagnostics and disease surveillance.

For antibiotics, additional barriers prevent millions of people from getting the right treatments when they need them. Some begin early in the antibiotic lifecycle, when products are not developed with low-resource settings in mind, and continue through regulatory registration and market access.

More often than not, when new antibiotics first enter the market, they are only registered in a handful of wealthy nations and priced out of reach elsewhere. Between 1999 and 2014, fewer than half of newly developed antibiotics were registered in ten or more LMICs.

ADDRESSING ACCESS BARRIERS

Interventions like infection prevention and control (IPC), clean water, sanitation and vaccination play a critical role in reducing bacterial infections. But because it is impossible to prevent all infections, sustainable access to effective treatments remains essential. Without effective antibiotics, more lives will be lost and the rapid spread of drug-resistant bacteria will continue, making infections increasingly difficult to treat.

To overcome the barriers to sustainable access, an entire ecosystem approach is required, involving national, regional and global solutions. A key action for countries is to invest in fully costed and funded AMR National Action Plans (NAPs). Strong NAPs help determine antibiotic needs, build capacity and guide implementation.

Public-private partnerships can advance this shift by improving last-mile delivery, strengthening market predictability and efficiency, and orienting market activity toward public health needs.

GARDP'S APPROACH TO SUSTAINABLE ACCESS

Sustainable access is embedded across GARDP's work. By engaging at each stage of antibiotic development - from scientific discovery and drug development through manufacturing, registration and introductions - our aim is to help build an ecosystem that improves long-term access.

We work with regulatory authorities to accelerate registration of new treatments. We also use demand forecasting, pooled procurement, stockpiling and volume guarantees to improve affordability and availability to treatments across the GARDP portfolio. By working with ministries and local experts, we carry out introduction studies and activities in targeted high-burden countries to support implementation of AMR National Action Plans and improve in-country delivery.

From the very early stages of the development process, we identify appropriate solutions for low-resource settings. We work with local partners to conduct studies that fill vital data gaps in disease surveillance and identify antibiotic needs. We also conduct clinical trials focused on treatments with the highest public health value. This helps ensure we advance antibiotics that meet the needs of those most affected by drug-resistant infections, including populations often excluded from clinical research such as newborns, women and people living with HIV.



Created by GARDP and WHO and launched in 2020, SECURE is an initiative designed to support sustainable and equitable access to priority antibiotics in LMICs. It develops tools and interventions to reduce costs, streamline procurement, and provide manufacturers with clearer demand signals – helping to ensure a stable supply of quality-assured antibiotics. Over time, the goal is for countries and regional bodies to take the lead, developing and implementing tailored structures, tools and mechanisms to sustainably improve access to antibiotics for their populations.

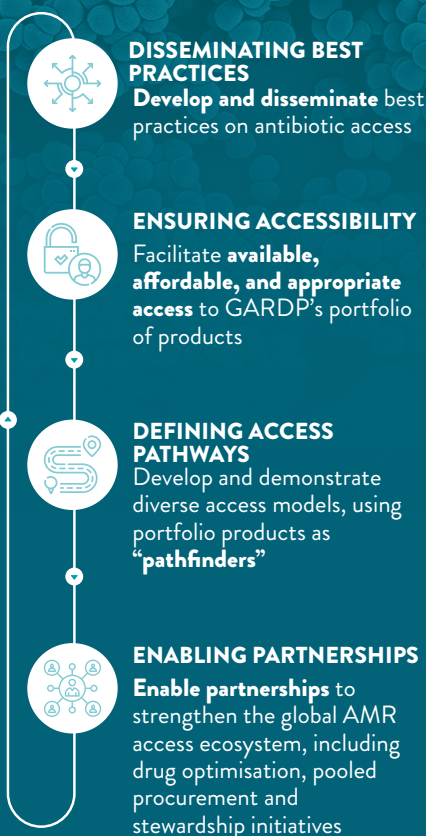
A PATHFINDER PROJECT

Developed by the Japanese pharmaceutical firm Shionogi, cefiderocol has been identified by GARDP as a potentially important antibiotic to help curb the rise and spread of AMR. It was first approved to treat complicated urinary tract infections in 2019 and has shown activity against multidrug-resistant Gram-negative bacteria classified as critical on the World Health Organization's priority pathogens list, including carbapenem-resistant strains.

Like most newly developed Reserve antibiotics, cefiderocol is currently available in only a handful of high-income countries. Through its innovative licensing and technology transfer agreements with Shionogi, GARDP is now changing that. Combined with disease surveillance, demand forecasting, pooled procurement and stockpiling, these efforts will enable GARDP to manufacture and commercialize cefiderocol through sub-licensees, expanding access to up to 135 countries. This could potentially benefit nearly half a million people over ten years.

Stewardship is central to GARDP's work on access. For cefiderocol, country introduction pilot projects and studies aim to sustainably expand availability while protecting long-term utility. In first-wave countries, treatment guidelines will complement appropriate training and surveillance – supporting sustainable introductions and appropriate use.

OUR VISION FOR ACCESS



To continue this progress and improve access to antibiotics, GARDP requires

€ 43.7 million
over the period 2024-2028

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