

Meeting Summary

High-Level Meeting on Antimicrobial Resistance (AMR)

Hosted by Senator Mohamed-Iqbal Ravalia | Ottawa, Canada | 22 September 2025

Introduction

On September 22, 2025, Senator Mohamed-Iqbal Ravalia convened a High-Level Meeting on AMR in collaboration with the Canadian Antimicrobial Innovation Coalition (CAIC), with support from Innovative Medicines Canada, International Federation of Pharmaceutical Manufacturers and Associations, AMR Action Fund, GSK and bioMérieux. The meeting gathered over 100 leaders from government, science, industry, and civil society — including representatives from G7 countries, the World Health Organization (WHO), and the European Commission — to achieve greater alignment on policy incentives to mitigate the impact of AMR in our societies.

Despite long-standing G7 commitments and growing action on this issue, participants underscored persistent challenges related to the antibiotic pipeline: weak market incentives, limited public-private coordination, and the urgent need for sustainable funding mechanisms to support a viable antimicrobial market. Meeting participants expressed the importance of persistence through these challenges to ensure the global market for antimicrobials is restored. Similarly, well-thought out, collaborative, sustainable access models are necessary so that patients everywhere can benefit from these life-saving drugs. Engagement with local parliamentarians to highlight the global and local dimensions of AMR was a valuable event feature and should be maintained in future G7 discussions on AMR. AMR in conflict zones is an emerging public health and global security topic that requires dedicated attention among G7 countries and beyond.

1. The Global Pipeline and Economic Imperative

The global pipeline for new antimicrobials remains perilously thin. Although scientific progress continues, commercial returns are too low to sustain private investment: antibiotics must be used sparingly, keeping sales volumes minimal. This market failure has pushed many companies and researchers out of the field, eroding innovation capacity. Coordinated economic solutions are required to both stimulate early R&D and sustain post-market viability. Push incentives (e.g., grants, tax credits, milestone funding) reduce early investment risk, while pull incentives (e.g., subscription models, market-entry rewards) guarantee predictable returns for successfully developed products. To date, significant work has been invested in characterizing effective pull incentives, developing key principles to support design, including fair sharing between countries, and estimating societal returns. There is generally agreement that pull incentives in the range of a few USD billion per antibiotic globally are needed to meaningfully stimulate antibiotic R&D. Improving innovation and access to high-quality treatment would cost an [estimated](#) US\$ 63 billion per year, offering a global return on investment of 28:1 driven by reduced health-care costs and major macroeconomic gains.

The G7's collective leadership—through coordination and harmonized frameworks—can restore innovation and ensure access to the antibiotics the world urgently needs. Analyses from the Center for Global Development (CGD) and the Global AMR R&D Hub have provided critical data and policy insights underpinning these discussions. Both institutions have mapped the global innovation gap and highlighted the urgent need for predictable long-term financing, harmonized pull incentives, and coordination across national models. Their work demonstrates that without such alignment, even well-designed incentive pilots risk fragmentation and diminished global impact.

2. National Efforts and Global Access

G7 nations are driving diverse action related to AMR innovation. Updates from G7 countries and other stakeholders included the following:

- U.K. has operationalized its subscription approach and supports CARB-X, GARDP, and the Fleming Initiative.
- Italy has prioritized AMR on its G7 agenda and introduced its antibiotic payment reform, via reimbursement through an “Innovative Fund”. It also supports CARB-X.
- Stakeholders are working to reintroduce the PASTEUR Act in the US Congress. US has also launched BARDA and supports CARB-X.
- Germany continues to host the Global AMR R&D Hub and provides support to CARB-X and GARDP;
- Japan's Antimicrobial Securement Pilot Project, an access-enabling revenue guarantee, has launched; Japan also supports CARB-X and GARDP.
- France has reduced livestock antibiotic use and launched its 2023–2028 environmental AMR plan.
- Canada is developing a pilot to improve antibiotic access and supports CARB-X, GARDP and Global R&D Hub.
- The EU is advancing discussions on the transferable exclusivity voucher (TEV), and the European Commission is exploring a complementary access model (DG HERA), and supports CARB-X and GARDP. Together, the G7 and EU have represented the majority of global public AMR R&D investment since 2017.

Despite some action on pull incentive implementation, limited progress against global incentive targets means innovation remains insufficient. Access inequity persists: fewer than half of new antibiotics are widely registered, and 80% of the global population lacks reliable access. Illustrated by the Global Leaders Group pipeline and access report published in 2024, the WHO now sees R&D and access as inseparable priorities, calling for predictable, long-term financing across discovery, manufacturing, and responsible use.

3. People, Security, and Global Cooperation

Experts stressed that AMR “does not need a visa or passport.” It spreads freely across borders, making local action and global coordination inseparable. Responding effectively requires connecting global policy to local realities—in hospitals, farms, communities, and parliaments alike. Canada's House of Commons Standing Committee on Science and Research has launched a national

study on AMR, underscoring that parliamentary engagement is vital to raise awareness and connect AMR to what is happening in local ridings. Patient voices remind us that AMR is not theoretical—it is eroding modern medicine and threatening essential treatments. Investments in innovation must be matched by equitable access and strong stewardship to ensure global impact. The Global AMR R&D Hub's Pull Incentives Working Group and analytical partners such as the Center for Global Development play an essential role in sharing best practices, benchmarking national efforts, and supporting G7 coordination on incentive design.

4. AMR in Conflict Zones: Urgency and Opportunity

The war in Ukraine reveals how conflict accelerates AMR, transforming it into a national security threat. Resistant bacteria are ten times more prevalent there than in the EU. Conflict collapses infection control and supply chains—a 'One Health dilemma.' Governments must recognize AMR as a defence and security priority, integrating prevention, surveillance, and countermeasures into procurement and planning. Canada's new Defence Investment Agency (DIA) can embed AMR R&D into national security strategy through investments in diagnostics, resilient supply chains, and countermeasures, meeting its 5% GDP defence target. Past collaborations, such as the Canada-U.S. trauma registry during Afghanistan, show the potential for coordinated defence-health efforts to strengthen both readiness and global health security.

Conclusion

The High-Level Meeting affirmed that AMR is both a public-health and security emergency. Achieving impact requires synchronized action: sustained investment, equitable access, and international coordination. There is an urgency to act to save lives today, but also to make sure that the world is protected against future resistance tomorrow. We need every G7 country and the EU to act collectively—linking innovation, access, and stewardship—in order to change the current tipping point into a turning point for global health security. We welcome the leadership of the Canadian parliament in hosting the meeting and Canada's government in supporting the progress towards a scaled economic incentive currently underway.