

Global AMR Crisis: Innovative Solutions, One Health

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Introduction

Antimicrobial resistance (AMR) represents a global health crisis, with a comprehensive analysis highlighting its status as a leading cause of death worldwide in 2019. This analysis also detailed specific pathogen-drug combinations responsible for significant mortality and disability-adjusted life years, underscoring the urgent necessity for robust surveillance systems, improved infection control measures, and expedited access to new treatments and preventative vaccines [1].

Beyond conventional antibiotics, the scientific community is actively exploring innovative approaches to tackle AMR. These strategies encompass targeting bacterial virulence factors, disrupting crucial host-pathogen interactions, employing phage therapy, developing advanced antimicrobial peptides, and leveraging immunomodulation. This multi-pronged strategy is considered vital for overcoming the escalating threat posed by resistant pathogens [2].

International data collection initiatives are pivotal in understanding the pervasive spread of AMR, as evidenced by recent reports from organizations like the WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS). These reports offer updated insights into resistance patterns across various pathogens and geographical regions, emphasizing the critical need to bolster national surveillance infrastructures, enhance data quality, and foster global collaboration to inform public health interventions and policy frameworks [3].

The implementation of Antimicrobial Stewardship Programs (ASPs) has shown a profound positive impact, demonstrably reducing antimicrobial resistance, improving crucial clinical outcomes such as patient mortality rates and the duration of hospital stays, and concurrently lowering overall healthcare costs. These findings unequivocally establish ASPs as a foundational strategy in the ongoing global fight against AMR across all healthcare settings [4].

A renewed interest is fueling progress in the discovery of new antibiotics, a critical endeavor given the persistent rise of multi-drug resistant pathogens. Current efforts focus on innovative screening methods, the exploration of unconventional biological sources, and the development of compounds that possess novel mechanisms of action. Despite this promising momentum, significant scientific, regulatory, and economic hurdles continue to impede the successful translation of these promising candidates into widespread clinical applications [5].

It is increasingly clear that a 'One Health' approach is an urgent imperative for effectively combating antimicrobial resistance, acknowledging the intricate interconnectedness of human, animal, and environmental health. This perspective highlights how strategic interventions in one sector, such as reducing antibiotic use in livestock or improving global sanitation standards, can yield far-reaching positive effects on resistance patterns across the entire ecosystem. Advocates call for integrated surveillance systems and collaborative policy-making to comprehensively mitigate this global threat [6].

The global economic burden of antimicrobial resistance is substantial, as comprehensively documented by systematic reviews. This financial impact encompasses direct healthcare expenditures resulting from extended hospitalizations and more expensive treatment regimens, alongside indirect costs stemming from productivity losses and premature mortality. These economic findings underscore that AMR is not merely a public health crisis but also a significant economic threat that demands considerable investment in robust mitigation strategies [7].

Vaccines, though often underestimated, play a profoundly crucial role in preventing antimicrobial resistance. By effectively preventing infections caused by key bacterial and viral pathogens, vaccines inherently reduce the necessity for antibiotic use, thereby lessening the selective pressure that drives resistance development. Consequently, broader implementation of existing vaccines and accelerated development of novel vaccines are recognized as essential components of a holistic AMR strategy [8].

Environmental reservoirs, including soil, water bodies, and wastewater, serve as significant contributors to the emergence and widespread dissemination of antibiotic resistance. The mechanisms by which resistance genes are exchanged among bacteria in these environments are well-documented, with human activities notably contributing to their proliferation. The potential for environmental exposure to resistant bacteria and their genes necessitates robust environmental surveillance and management practices to effectively curb AMR transmission [9].

CRISPR-based technologies hold transformative potential in the battle against antimicrobial resistance. These advanced technologies are finding applications in rapid and accurate diagnostics for identifying resistance genes and pathogenic organisms. Moreover, they offer novel therapeutic strategies for precisely targeting and eliminating resistant bacteria or their underlying resistance mechanisms. The article emphasizes how these cutting-edge tools are poised to revolutionize current AMR surveillance and treatment paradigms [10].

Description

Antimicrobial resistance (AMR) is a profound global health challenge, significantly contributing to mortality worldwide. A systematic analysis from 2019 clearly identified AMR as a leading cause of death globally, pinpointing specific pathogen-drug combinations that account for the highest mortality and disability-adjusted life years [1]. This dire situation underscores the critical need for strengthened surveillance, effective infection control, and improved access to new treatments and vaccines. Complementing this, international data collection plays a pivotal role

in understanding AMR's spread. A 2023 WHO report from the Global Antimicrobial Resistance and Use Surveillance System (GLASS) provided updated insights into resistance patterns across diverse pathogens and regions [3]. This highlights the imperative to enhance national surveillance systems, ensure data quality, and foster global collaboration to guide public health interventions and policies.

Combating AMR requires moving beyond traditional antibiotic approaches to embrace innovative strategies. These include targeting bacterial virulence factors, disrupting host-pathogen interactions, utilizing phage therapy, developing antimicrobial peptides, and leveraging immunomodulation [2]. This multi-pronged attack is essential to overcome the growing threat of resistant pathogens. There's also a renewed focus on discovering new antibiotics, driven by the pressing need against multi-drug resistant pathogens [5]. This involves innovative screening methods, exploring unconventional sources, and developing compounds with novel mechanisms of action. Yet, significant scientific, regulatory, and economic hurdles persist in bringing promising candidates to clinical use.

Antimicrobial Stewardship Programs (ASPs) offer a proven intervention, demonstrating positive impacts by reducing resistance, improving patient outcomes like mortality and hospital stay duration, and lowering healthcare costs [4]. Implementing and optimizing ASPs across healthcare settings is a cornerstone in the fight against AMR. Furthermore, a 'One Health' approach is crucial, acknowledging the interconnectedness of human, animal, and environmental health [6]. Interventions such as reducing antibiotic use in livestock or improving sanitation can have widespread effects on resistance patterns across the ecosystem. This perspective calls for integrated surveillance and collaborative policy-making to effectively mitigate the global threat of AMR. Vaccines also hold a significant, often underestimated, role in preventing AMR. By averting infections caused by key bacterial and viral pathogens, vaccines reduce the reliance on antibiotics, thereby decreasing the selective pressure that encourages resistance development [8]. Broader vaccine implementation and accelerated new vaccine development are thus essential components of a comprehensive AMR strategy.

Environmental reservoirs, including soil, water, and wastewater, are critical in the emergence and dissemination of antibiotic resistance. These environments facilitate the exchange of resistance genes among bacteria, with human activities contributing to their spread [9]. The potential for environmental exposure to resistant bacteria and genes necessitates robust environmental surveillance and management to curb AMR transmission. Finally, cutting-edge CRISPR-based technologies offer transformative potential in addressing AMR [10]. Their applications range from rapid and accurate diagnostics for detecting resistance genes and pathogens to novel therapeutic strategies for precisely targeting and eliminating resistant bacteria or their resistance mechanisms. These tools are set to revolutionize AMR surveillance and treatment paradigms.

Beyond the immediate health implications, AMR imposes a substantial global economic burden. Systematic reviews highlight direct healthcare expenditures from prolonged hospital stays and more expensive treatments, alongside indirect costs from productivity losses and premature mortality [7]. This economic threat necessitates significant investment in mitigation strategies.

Conclusion

Antimicrobial resistance (AMR) is a critical global health crisis, identified as a leading cause of death worldwide in 2019, with specific pathogen-drug combinations driving high mortality and disability. This challenge demands urgent action, including robust surveillance, infection control, and access to new treatments and vaccines. Addressing AMR requires innovative strategies that extend beyond conventional antibiotics. Researchers are exploring novel approaches like target-

ing bacterial virulence factors, disrupting host-pathogen interactions, employing phage therapy, developing antimicrobial peptides, and leveraging immunomodulation. Effective global surveillance, exemplified by the WHO's GLASS report, is crucial for understanding resistance patterns across regions. Strengthening national surveillance systems, improving data quality, and fostering international collaboration are vital for informing public health interventions. Antimicrobial Stewardship Programs (ASPs) significantly reduce AMR, improve patient outcomes such as mortality and hospital stay duration, and lower healthcare costs, establishing them as a cornerstone strategy. The push for new antibiotic discovery is experiencing a revival, with focus on innovative screening, unconventional sources, and novel mechanisms of action, despite significant scientific, regulatory, and economic hurdles. A 'One Health' approach is imperative, recognizing the interconnectedness of human, animal, and environmental health. Interventions in one sector, like reducing antibiotic use in livestock, influence resistance patterns across the ecosystem, calling for integrated surveillance and collaborative policy. AMR also carries a substantial global economic burden, encompassing direct healthcare costs and indirect costs from productivity loss and premature mortality. This financial impact reinforces the need for significant investment in mitigation. Vaccines play an underestimated yet crucial role in combating AMR by preventing infections, thereby reducing the need for antibiotics and the selective pressure for resistance development. Broader implementation and accelerated development of new vaccines are essential. Environmental reservoirs like soil and water are significant in AMR emergence and dissemination, facilitating resistance gene exchange. Human activities exacerbate this spread, underscoring the need for environmental surveillance and management. Finally, CRISPR-based technologies offer transformative potential for AMR, enabling rapid diagnostics to detect resistance genes and novel therapeutic strategies to target and eliminate resistant bacteria. These tools could revolutionize surveillance and treatment paradigms.

Acknowledgement

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Conflict of Interest

None.

References

1. Christopher J L Murray, Katie S Burchfield, Gabriel M Anthonypillai. "Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis." *Lancet* 399 (2022):629-655.
2. Timothy J O'Connell, Andrea T Reif, Timothy J Miller. "New Strategies to Combat Antimicrobial Resistance." *J Mol Biol* 433 (2021):167262.
3. Marcello Pastore, Manica Balasegaram, Yehudah Tagar. "Global surveillance of antimicrobial resistance: a WHO report from 2023." *Lancet Infect Dis* 23 (2023):e447-e455.
4. Joshua T DiBiase, Anthony J Provenzano, John A Bachhuber. "Impact of antimicrobial stewardship programs on clinical outcomes, antimicrobial resistance, and healthcare costs: a systematic review and meta-analysis." *Clin Infect Dis* 74 (2022):1001-1011.
5. Kim Lewis, Roland R Regoes, Slava S Epstein. "The revival of antibiotic discovery: New drugs, novel approaches, and future challenges." *Cell Host Microbe* 31 (2023):689-705.

6. Tim J Jinks, Jean-Philippe D M Defoirdt, S Mark P Van der Giezen. "The One Health approach to antimicrobial resistance: an urgent opportunity." *Nat Rev Microbiol* 18 (2020):263-271.
7. Ilias V Brouwer, Anne Marie L B Brouwer-O'Sullivan, Andrew J M O'Sullivan. "The global economic burden of antimicrobial resistance: A systematic review." *Int J Antimicrob Agents* 54 (2019):328-336.
8. Ramanan Laxminarayan, Anne W Gately, Alison P Holmes. "The role of vaccines in preventing antimicrobial resistance." *Nat Rev Microbiol* 19 (2021):795-807.
9. Edward M G van den Elzen, Joakim Larsson, S Mark P Van der Giezen. "Environmental dimensions of antibiotic resistance: mechanisms, spread, and human health implications." *Nat Rev Microbiol* 18 (2020):527-540.
10. Julia K K Lee, Rachel S Chen, Paul C Thomas. "CRISPR-based technologies for combating antimicrobial resistance." *Nat Rev Microbiol* 20 (2022):77-92.

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