

Speech: Antimicrobial resistance needs an urgent global response

The purpose of the World Economic Forum is to bring together world leaders and big business to solve the world's most difficult problems.

One of these problems is antimicrobial resistance, where the world has come together over the last 5 years, but so much progress needs to be made, to stop an otherwise terrible future.

As health secretary responsible for one of the most advanced healthcare systems in the world, I could not look my children in the eyes unless I knew I was doing all in my power to solve this great threat. When we have time to act. But the urgency is now.

Each and every one of us benefits from antibiotics, but we all too easily take them for granted, and I shudder at the thought of a world in which their power is diminished.

Antimicrobial resistance is as big a danger to humanity as climate change or warfare. That's why we need an urgent global response.

The UK has taken a global lead by setting out a 20-year AMR vision explaining the steps we must take nationally and internationally to rise to this challenge. It fits into a pattern of work across the world to keep this driving forward.

The plan incorporates 3 things we all need to do: prevention, innovation, and collaboration.

First: preventing infections is vital. We have today set a target in the UK of cutting resistant infections by 10% within the next 5 years.

We're going to cut antibiotic use by a further 15% within 5 years by only using antibiotics when absolutely necessary. Everybody can play a part in only using antibiotics when they're really ill.

And we're going to work with the livestock industry to build on the amazing 40% reduction in antibiotic usage in just 5 years – 71% in chicken farming, while increasing productivity by 11%.

We're going to do it through immunisation, better infection control and working with doctors, vets, farmers and patients to prevent unnecessary prescription of antibiotics.

Second: innovation. There hasn't been a single, new class of antibiotic since the 1980s.

No new innovation in the most basic bedrock of every health service in the world – shocking. And deeply troubling.

Any health secretary or minister, who doesn't lie awake at night worrying about that last pack of antibiotics, must have a prescription to some seriously strong sleeping pills.

We know the reasons why. Compared to expensive new cancer or heart drugs, putting time and money into developing new antibiotics is commercially unattractive for pharmaceutical companies.

And under the traditional model of revenue linked to volume, there is an added disincentive for pharmaceutical companies with a product that must be conserved.

So we need a new model, one that works with, and incentivises the pharmaceutical industry.

And this is where the NHS, because of its unique position, can take a global lead in pioneering a new payment system, one that reflects the true value of antibiotics to society.

At the heart of it is changing the way we think of antibiotics from a medical product to a medical service.

It's a service that we all rely on: patients, doctors, and pharmaceutical companies.

So within 6 months, the NHS is going to start work on paying for the service, and security, of having access to critical antibiotics when we need them, rather than hoping there's a product we can buy in the future.

We're going to be more of a Spotify subscriber than a vinyl record shopper.

We will pay upfront so pharmaceutical companies know that it's worthwhile for them to invest the estimated £1 billion it costs to develop a new drug.

We will work with the industry to develop the next generation of antibiotics, ones that are available and accessible to all.

But the only way this system can incentivise innovation globally, is if it is expanded globally.

Which brings me to my third and final point: collaboration.

I am proud of the work the UK has done to secure antimicrobial resistance on the global agenda. We're playing our part both at home and on the world stage.

Because we recognise that none of us can stand alone against AMR. It won't be solved by one nation, no single action or intervention.

It is a fight that requires continued collaboration, across borders, now and in the future.

I've been meeting health ministers from across the world here to agree

further action, and next week the UN inter-agency co-ordination group are publishing their draft recommendations on the next steps needed to tackle AMR.

Hopefully that will take us one step closer.

It is a challenge, I believe, we can rise to if every step forward, we push ourselves further. Together, I'm convinced that with a proper plan we can achieve that goal.