

# A race against resistance: How pharma is responding.

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## Introduction

Antimicrobial resistance (AMR) is one of the most pressing global health threats of the 21st century. As bacteria, viruses, fungi, and parasites evolve to withstand existing treatments, the effectiveness of life-saving medications is rapidly diminishing. The World Health Organization warns that by 2050, AMR could cause up to 10 million deaths annually, surpassing cancer as the leading cause of mortality. In this race against resistance, the pharmaceutical industry is both a key player and a critical stakeholder. This article explores how pharma is responding to the AMR crisis through innovation, collaboration, and stewardship. Overuse and misuse of antibiotics in healthcare and agriculture, Lack of access to appropriate medications in low- and middle-income countries (LMICs) [1, 2].

Stagnant antibiotic pipelines, with few new drugs entering the market, Environmental contamination from pharmaceutical manufacturing. The consequences are dire: longer hospital stays, increased healthcare costs, and higher mortality rates. Pharmaceutical companies are investing in novel antibiotics and alternative therapies to combat resistant pathogens: Gepotidacin, developed by GSK, is a first-in-class antibiotic targeting DNA replication enzymes in bacteria. Phage therapy uses viruses that infect and kill bacteria, offering precision treatment for resistant infections. Antibiotic adjuvants, such as  $\beta$ -lactamase inhibitors, enhance the efficacy of existing drugs [3, 4].

Despite scientific promise, the economic model for antibiotic development remains fragile, with high R&D costs and low returns discouraging investment. Pharma is increasingly recognizing the need to improve access to antibiotics in regions hardest hit by AMR: Companies are implementing tiered pricing, licensing agreements, and

technology transfers to expand availability. Case studies in Nigeria, India, and South Africa show how targeted access strategies can reduce resistance and improve outcomes [5, 6]

However, only one-third of essential antibiotics have any access strategy in place, highlighting a major gap. Pharma is also contributing to antimicrobial stewardship (AMS) and surveillance: Environmental standards are being enforced to reduce antibiotic waste from manufacturing sites. Pharmacists play a vital role in AMS by guiding rational prescribing, monitoring resistance, and educating healthcare providers. Digital platforms and AI tools are being used to track resistance patterns and optimize treatment protocols [7, 8].

Collaboration is key in the fight against AMR. Pharma is partnering with governments, NGOs, and academia to accelerate progress: The AMR Action Fund, supported by Pfizer, MSD, and Shionogi, aims to bring 2–4 new antibiotics to market by 2030. The Global AMR R&D Hub coordinates funding and research across sectors. WHO's Global Surveillance System relies on pharma data to monitor resistance trends. These partnerships foster innovation and ensure that new treatments reach those who need them most [9, 10].

## Conclusion

The race against resistance is a marathon, not a sprint. Pharma's response—through innovation, access, stewardship, and collaboration—is vital to preserving the effectiveness of antimicrobial therapies. But the industry cannot win this race alone. Governments, healthcare providers, and the public must join forces to ensure that antibiotics remain a cornerstone of modern medicine. With decisive action and shared responsibility, we can outpace resistance and safeguard global health.

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