

Infection prevention to control AMR: how to pave the way forward?

Highlight



Wednesday 19 November 2025

Campus Biotech
Geneva



Introduction

Antimicrobial resistance (AMR) is increasingly recognised as a silent pandemic. Unlike acute health crises, it spreads steadily and often invisibly, yet its impact is profound and far-reaching across human health, animal health and the environment. In the EU/EEA alone, AMR already causes approximately 35,000 deaths each year¹, a figure projected to rise sharply by 2050². Globally, AMR could claim up to 10 million lives annually and result in an estimated cumulative economic loss of USD 100 trillion³ if no decisive action is taken.

Despite strong political commitment through the WHO Global Action Plan on AMR and the Sustainable Development Goals, progress remains uneven. While hospitals have strengthened diagnostics, antimicrobial stewardship and Infection Prevention and Control, significant gaps persist in community and primary care settings. Inappropriate use of antibiotics to treat common respiratory and urinary tract infections continues to fuel resistance and undermine existing efforts.

The consequences of inaction are severe. Without effective prevention, routine infections may once again become life-threatening, and essential medical procedures such as surgery, chemotherapy and organ transplantation will carry increasing risks. Addressing AMR therefore requires a comprehensive One Health approach that connects human health, animal health and environmental factors.

Prevention lies at the heart of this response. As the most cost-effective and sustainable strategy, preventing infections reduces the need for antibiotics, slows the emergence of resistant pathogens and protects both individual and public health. However, current prevention efforts, often centred on water, sanitation and hygiene and targeted vaccination, are not sufficient on their own. A broader prevention toolbox is needed, including innovative vaccines, immunotherapies, microbiota-based interventions, decolonisation strategies, and stronger community engagement. Integrating these innovative approaches into Infection Prevention and Control frameworks is essential to curb the growing threat of antimicrobial resistance.

Event Objectives

Raise awareness of the overall spectrum of innovative infection-prevention approaches.

Define steps and actions required to integrate broader prevention into IPC policies and regulations.

Build consensus among stakeholders on how to implement efficient AMR strategies in the community setting.

Establish an Infection Prevention Policy Committee (IPPC) to guide long-term implementation and ensure follow-up.



Panel discussion participants

Mariam Zaidi

Moderator

Mariam Zaidi is a British journalist, presenter and moderator who has worked for almost two decades in leading international news networks, including the BBC, ITV, CNBC, Euronews and TRT World. She specialises in international affairs, European Union policy and health communication, and brings a strong analytical perspective to complex global issues. Over the course of her career, she has moderated high-level panel discussions and roundtables at major international events such as the World Economic Forum in Davos and Viva Technology in Paris, engaging policymakers, business leaders and experts from different sectors. Through her company, MZ Productions, she also provides media training and strategic communications consultancy to senior leaders and organisations worldwide. Her expertise and facilitation skills contributed to creating an informed, dynamic and balanced dialogue throughout the panel discussion on antimicrobial resistance prevention.



Ingrid Wanninger

Panelist

Ingrid Wanninger is the Managing Director of HYpharm GmbH and a member of the Board of Directors of the BEAM Alliance. She has more than 20 years of experience in management, business development and project leadership in life sciences and healthcare. In the course of her career, she has held senior positions in biotechnology start-ups and university hospitals. She specialises in strategic alliances, research collaboration and funding partnerships, with a particular focus on infectious diseases. At HYpharm, she is dedicated to the development of new endolysins through public-private partnerships. These include approaches aimed at preventing hospital-acquired infections such as MRSA currently being evaluated in clinical trials.

During the panel, she spoke on behalf of the BEAM Alliance, which brings together more than 70 European SMEs working to advance innovation in preclinical and clinical research and development. She underlined that while there is a clear and urgent need for improved diagnostics and new antibiotics, prevention and infection control are equally critical. She highlighted the importance of novel preventive therapies, stressing that preventing an infection is always preferable to treating it with antibiotics, both in terms of saving lives and preserving the effectiveness of existing treatments. She also noted that although prevention is a major economic challenge, avoiding infections can significantly reduce healthcare costs.



Tommaso Cai

Panelist

Professor Tommaso Cai is Head of the Department of Urology at Santa Chiara Regional and Teaching Hospital in Trento, Italy, and Professor of Urology at the University of Trento. He is also a full member of the expert panel responsible for developing guidelines for the European Association of Urology. He graduated with honours in medicine and urology at the University of Florence and is an active member of several international scientific societies. He has written more than 700 scientific publications focusing on prostate and bladder cancer, infections, male fertility and minimally invasive surgery. Since 2020, he has served as Editor-in-Chief of the journal Uro and has edited several



reference books in the field of urology.

In his contribution to the panel, he expressed strong concern about the management of urinary tract infections, which are among the most common infections encountered in clinical practice. He highlighted that these conditions lead to extensive use of antibiotics, often involving multiple antibiotic classes and, in many cases, inappropriate prescribing, which contributes significantly to the emergence of antimicrobial resistance. He structured his message around three key words: prevention, awareness and the need for education. He stressed the importance of strengthening education for medical students and all healthcare professionals, including nurses and other healthcare workers. He also emphasised the crucial role of patients, arguing that the fight against antimicrobial resistance can only be effective if it involves as many stakeholders as possible.

Sarah Paulin de Cheneau

Panelist

Sarah Paulin de Cheneau is a Technical Officer within the Governance, Coordination and Monitoring Unit of the Antimicrobial Resistance (AMR) Department at the World Health Organization (WHO) in Geneva. An expert in infectious diseases and antimicrobial resistance, she has extensive experience supporting countries in the development, implementation and monitoring of national action plans on AMR. She has contributed to the development of the WHO people-centred core package, which identifies thirteen key ways of tackling AMR in human health. Her work focuses on integrating them into health system strengthening, primary health care, national AMR governance and coordination, and on the revision of the Global Action Plan on AMR.



During the panel discussion, she emphasised that prevention is a fundamental pillar in the fight against antimicrobial resistance. She highlighted the importance of adopting a comprehensive, people-centred approach that places individuals at the heart of the AMR response. Prevention, she explained, encompasses several essential components, including Infection Prevention and Control, vaccination, sanitation and hygiene, many of which are already part of everyday life through commonly used tools and applications. She stressed the need to ensure equitable access to quality health services, timely and reliable diagnostics, and appropriate treatment. This approach must be implemented at all levels, particularly at the national level, where most global AMR action takes place. She also drew attention to primary and community care settings where 80 to 90% of antibiotics are used, and often preferred to effective preventive measures. She called for a stronger focus on prevention in these settings.

Melissa Mead

Panelist

Melissa Mead is a UK-based advocate and ambassador for the UK Sepsis Trust. She is widely recognised for transforming personal tragedy into national advocacy and policy influence in the field of sepsis awareness and patient safety. Following the death of her one-year-old son, William in December 2014, from sepsis caused by an undiagnosed pneumonia, she became deeply committed to improving sepsis recognition and care. She has led public awareness campaigns, supported the training of healthcare professionals, and encouraged policymakers and the media to improve patient safety. She currently serves as Head of Clinical Partnerships and Ambassador at the UK Sepsis Trust and awarded a Member of the Order of the British Empire (MBE) in 2019 for her outstanding contribution to sepsis awareness.



In her intervention, she powerfully reminded the audience that a seemingly simple infection can be fatal. She explained that despite multiple visits to general practitioners and hospital services, her son was repeatedly sent home without receiving the treatment he needed. A report by NHS England concluded that antimicrobial resistance, combined with reluctance and pressure not to prescribe antibiotics, played a key role in the failure to provide the antibiotics that could have saved his life. She stressed that behind targets, strategies and statistics are real people whose lives matter. She strongly advocated for improved education and awareness among families and patients, emphasising that everyone is, or will one day be, a patient, and that understanding the appropriate use of antimicrobials is essential.

Combating Antimicrobial Resistance: Understanding the Role of Infection Prevention

The roundtable discussion explored the prevention of antimicrobial resistance (AMR) from different but complementary perspectives – institutional, clinical, industrial and societal. The exchanges revealed a strong consensus: despite progress in diagnostics, surveillance and antimicrobial stewardship, sufficient priority is still not attached to prevention, even though it represents the most effective, sustainable and equitable way of slowing the spread of AMR.

Speakers emphasised the need for a comprehensive, integrated and people-centred approach that goes far beyond antibiotic prescribing alone. Prevention must be seen as a continuum of actions embedded within health systems and supported by all relevant stakeholders. Five key messages emerged from the discussion.

Prevention is the central yet still underutilised pillar in the fight against AMR

All speakers unanimously emphasised that prevention constitutes the first and most fundamental line of defence against antimicrobial resistance. However, despite its strategic importance being widely recognised at international level, prevention continues to receive limited attention and investment compared to diagnostics, treatment and the management of established infections.

Prevention includes a broad and coherent set of measures, ranging from vaccination and Infection Prevention and Control to hygiene, sanitation, patient safety and equitable access to quality healthcare services. Participants highlighted that preventing infections not only reduces unnecessary use of antibiotics but also directly limits the emergence of, increase in and spread of resistant pathogens within communities and healthcare settings.

This approach must be understood systemically and integrated into broader efforts to strengthen health systems. Several speakers noted that prevention should be seen as a long-term investment with clear health, social and economic returns, rather than as an additional cost or optional component of AMR strategies.

Primary care and community settings are critical hotspots for resistance

A major focus of the discussion was the decisive role of primary healthcare and community-based settings. Speakers recalled that 80 to 90% of antibiotics are prescribed and consumed outside hospitals, often to treat common conditions such as respiratory or urinary tract infections. In these settings, prevention measures are often poor, and use of antibiotics is a standard response.

Structural constraints play a significant role: limited consultation time, lack of rapid diagnostic tools, insufficient access to information and advice, plus gaps in continuous professional training all contribute to inappropriate prescribing. Participants emphasised the need to strengthen frontline healthcare capacity. This means better diagnostics, clearer guidelines and more support for preventive approaches that do not rely on the use of drugs.

Primary care was identified as one of the most important setting in which antibiotic use can be reduced and prevention included systematically in everyday clinical practice.

Primary care was identified as one of the most powerful leverage points for reducing antibiotic use and embedding prevention into everyday clinical practice”.

 “Behind the numbers and the goals, there are real people, and their lives matter.”

Melissa Mead

Combating AMR requires collective mobilisation and better education

The discussion highlighted that AMR is not solely a medical or technical issue, but a societal challenge requiring collective mobilisation. Education and awareness-raising were identified as essential components of effective prevention, targeting healthcare professionals, patients and the general public alike.

Education must begin early, during undergraduate and postgraduate training for health professionals, and continue throughout their careers. At the same time, sustained public education efforts are needed to promote responsible behaviours and long-term cultural change around infection prevention and antimicrobial use

Innovation in prevention is essential and must be actively supported

The panel highlighted the importance of expanding the current prevention tools available by innovating. Participants discussed a range of emerging strategies, including next-generation vaccines, targeted immunotherapies, microbiota-based interventions, decolonisation strategies and non-antibiotic preventive solutions.

Despite their potential, such innovative strategies are still not sufficiently well recognised, funded or integrated into public health frameworks. Several speakers noted that, despite their long-term value, prevention-focused innovations often struggle to demonstrate short-term economic returns, making them less attractive to policymakers and funders. Participants called for more support for research, development, evaluation and real-world implementation of innovative preventive solutions, as well as improved evidence generation to demonstrate their

clinical and economic impact”.

« If we need new antibiotics, preventing infection is even better, because it avoids having to treat it. »

Ingrid Wanninger

Behind AMR are human lives: putting patients back at the centre

Finally, the panel strongly emphasised the human dimension of antimicrobial resistance. Speakers reminded the audience that behind statistics, targets and policy frameworks are real people – patients, families and communities – whose lives are directly affected by infections and treatment decisions.

Prescribing practices, prevention policies and health system priorities have tangible consequences and sometimes, tragic outcomes. Participants urged a people-centred approach that balances the need to preserve antibiotic effectiveness with the ethical responsibility to treat severe infections promptly and effectively.

Prevention, education and innovation must ultimately serve a shared goal: protecting patient safety, dignity and lives, both today and for future generations.



Workshop 1: Developing Thematic Priorities for Innovative Infection Prevention Strategies

This workshop aimed to identify priority themes that a future working group could advance to promote innovative infection-prevention strategies in the fight against antimicrobial resistance (AMR). Discussions drew on perspectives from public health, clinical practice, research, communication, and civil society. Five guiding questions structured the exchange and helped define areas for follow-up work that are both practical and adaptable to local circumstances.

1. How can we better inform and raise public awareness about infection prevention and appropriate antibiotic use?

Participants agreed that knowledge about infections among patients remains a major reason for inappropriate antibiotic use. Confusion about viral versus bacterial infections, unrealistic expectations about symptom duration, and the belief that antibiotics are a “quick fix” were repeatedly cited as reasons patients pressure prescribers. Self-medication was also highlighted, particularly in settings where antibiotics can be obtained without prescription or without adequate clinical assessment. Multiple communication channels were proposed. High-visibility public health campaigns were described as useful models, complemented by social media and short, plain-language messages designed for rapid understanding and recall. Targeting was considered essential: messages should be adapted to cultural norms, socio-economic realities, literacy levels, and age groups, and should address both expectations and everyday preventive behaviours (hand hygiene, respiratory etiquette, vaccination, and when to stay home).

Participants stressed that communication should be sustained rather than limited to one-off initiatives, and that evaluation (reach, understanding, behaviour change) should be built in from the start.

2. What role can digital tools, artificial intelligence (AI), and innovative technologies play?

Digital tools were viewed as contributing to the improvement of prevention, information access, and decision support. A recurring proposal was an interactive, personalised AI-enabled application that could provide symptom guidance, explain when antibiotics are not needed, advise on self-care, and direct users to appropriate care pathways. Participants noted that such tools could reduce misinformation, lower communication barriers through non-judgmental, on-demand guidance, and help individuals make more informed choices before requesting antibiotics or seeking consultations.

However, several prerequisites for success must be met. First, inclusivity: digital solutions risk excluding older adults, people with low digital literacy, and communities with limited internet or smartphone access, so complementary offline or assisted options should also be available. Second, credibility and governance: tools should align with trusted clinical guidance and be transparent about limitations, data sources, privacy safeguards, and accountability. Third, relevance: participants recommended linking digital guidance to public health surveillance information where feasible, so that advice is appropriate to and consistent with local circumstance, evolving resistance patterns and



local care pathways.

3. How can we better support healthcare professionals in prevention and prescribing decisions?

A strong consensus emerged on the central role of healthcare professionals, especially in primary and community care. Participants highlighted constraints that can lead to precautionary or inappropriate prescribing: limited consultation time, patchy access to training, uncertainty about current resistance patterns, and limited diagnostic capacity. Improving access to rapid diagnostics that differentiate between bacterial and viral infections was identified as a priority, both to increase clinical confidence and to reduce unnecessary antibiotic exposure. Decision-support systems, including AI, were seen as potentially valuable provided they are part of a practitioner's workflow and do not add administrative burden. The workshop acknowledged persistent friction when the expectations of the patient meet the caution of the clinician. Practical solutions were suggested, including clearer explanations, reassurance including advice as to what to expect during recovery or what should trigger a further consultation, and tools that help clinicians negotiate appropriate care while maintaining patient trust. Treatment adherence was also emphasised, particularly for infections requiring treatment over a longer period; here, incomplete treatment can increase risks for both patients and communities.

4. How can we integrate equity, local contexts, and marginalised populations?

Participants stressed that prevention strategies must be adapted to local realities, whether in high-income settings or poorer ones. Marginalised populations may mistrust health systems, or face discrimination, language and health-literacy barriers, and have limited access to diagnostics and care. Community partnerships, including collaboration with local organisations were felt to be essential, so that leaders can help with creating culturally appropriate messages, identify trusted messengers, and choosing delivery channels that reflect community routines and constraints. The discussion also addressed bias and unequal treatment within healthcare policies, including the need to recognise structural racism and socioeconomic bias as barriers to uptake. Equity is crucial. It is essential to communicate in simple terms without being patronising, consider structural constraints (time, cost, transport, and administrative hurdles), and avoid advocating policies unsuitable for local conditions. The working group could contribute by documenting good practices and providing practical guidance on adapting policy in different settings.

5. How can we encourage innovation, research, and partnerships for prevention?

Participants pointed out that despite their strategic value,

innovative prevention measures are still under recognised and underfunded.

They emphasised that there is a broad range of preventive tools that deserves greater attention: vaccines, rapid diagnostics, targeted immunotherapies, microbiota-based approaches, decolonisation strategies, and other non-antibiotic preventive solutions. Prevention can struggle to attract investment even when it brings clear benefits to society, because those benefits are often long-term and scattered throughout the health system. Public-private partnerships were highlighted as important, provided they are built around transparent governance, shared objectives, and safeguards against conflict of interest. Better coordination between academia, industry, governments, administrators, and funders was seen as essential to move innovations from development to adoption. The working group could map existing initiatives, identify gaps, and advocate for funding mechanisms and incentives that support evaluation, implementation, and scale-up, with a focus on measurable impact and patient safety.

Conclusion

Overall, the workshop concluded that tackling AMR through prevention requires a comprehensive, people-centred approach combining sustained education, practical support for frontline professionals, inclusive and context-sensitive strategies, and better ways of developing and using innovative preventive tools. A future working group should act as a catalyst that translates these priorities into specific, measurable actions.



Workshop 2: From Ideas to Action: Structuring a Committee to Promote Innovative Infection Prevention Strategies

This workshop aimed to examine how to set up a committee dedicated to promoting innovative infection prevention strategies as a weapon in the fight against antimicrobial resistance (AMR). The discussions clarified expectations for this committee, its nature, composition, and operating methods, with a strong emphasis on concrete action, feasibility, and grounding in real-world situations. Five key questions emerged from the discussions.

1. What type of committee do we want to create?

Participants clearly expressed their desire to avoid creating a cumbersome or purely advisory institutional committee. The committee should primarily be a pragmatic, action-oriented steering body capable of supporting and guiding the practical implementation of prevention initiatives. The goal is not simply to produce recommendations or reports, but to foster pilot projects, evaluate their results, and contribute to their expansion or replication in other contexts. The committee is thus perceived as a flexible, dynamic, and evolving structure, capable of adapting to projects and local contexts, rather than a static body with a fixed composition.

2. At what level of intervention should the committee position itself?

A central point of discussion concerned the priority level of intervention. Participants emphasised the importance of focusing primarily on human health, while keeping the "One Health" approach in mind. Consensus emerged around prioritising primary care, long-term care facilities, and the community level, where the majority of antibiotic prescriptions are written and where the greatest potential for progress in prevention lies.

It was also stressed that approaches must take into account the significant disparities between national and regional contexts, whether high- or low-income countries, and that the committee will need to integrate this diversity into its deliberations and actions.

3. What composition for an effective and legitimate committee?

The discussions identified a wide range of stakeholders deemed essential. The committee should include representatives from public authorities (health and public policy), academia, international organizations and NGOs active in the field, as well as experts in Infection Prevention and Control.

The importance of including representatives from industry (pharmaceutical and diagnostics, especially SMEs driving innovation), financing, and donor relations was also highlighted, as was the need for strong communication expertise. Participants stressed the added value of including patients, in order to ensure that the effect of AMR

on patients is at the heart of decision-making.

The committee's composition should remain flexible, with the possibility of adapting profiles according to specific projects and contexts.

4. What are the roles and responsibilities of the committee?

The committee's primary role has been defined as coordination, support, and catalysis. This will include:

- identifying and mapping existing prevention initiatives;
- selecting relevant and replicable projects;
- supporting their technical and strategic implementation;
- facilitating the sharing of best practices
- producing evidence to support advocacy efforts with decision-makers.

The committee is not intended to replace parties active in the field, but rather to strengthen their capacity for action by providing expertise, visibility, and coherence.

5. How to address the issue of funding and implementation?

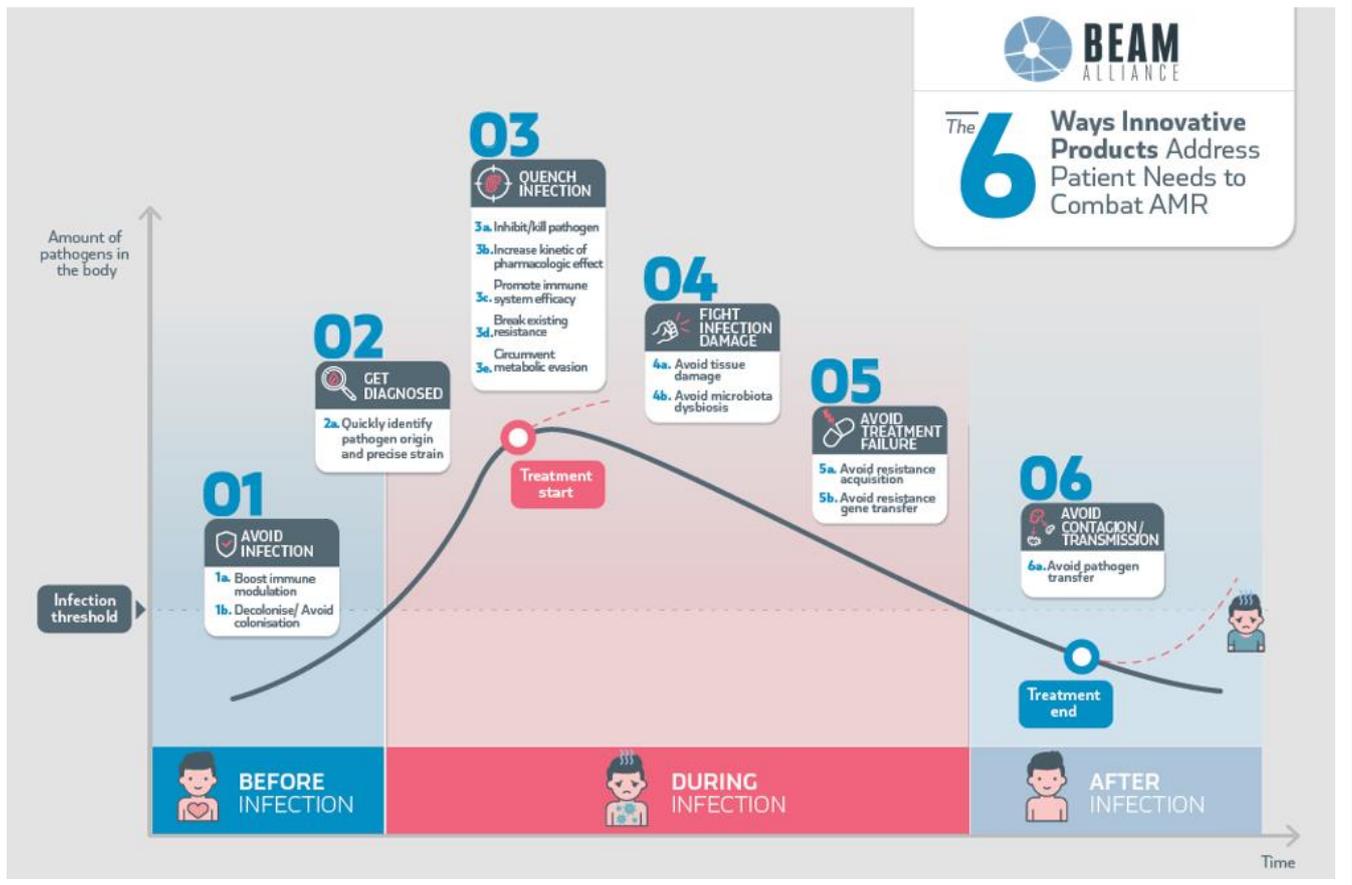
Participants emphasized that the lack of evidence and funding is a major obstacle to making prevention a major priority. The committee will therefore need to adopt a phased approach, favouring realistic, cost-effective projects that can quickly demonstrate their added value.

Funding may come from varying sources, public, philanthropic, and possibly private. It was also deemed essential to establish a secretariat and project management function to ensure the monitoring of work, the coordination of stakeholders, and the continuity of actions.

Conclusion

In conclusion, this workshop laid the groundwork for an action-oriented, flexible think tank focused on the specific implementation of innovative infection prevention strategies. The success of this initiative will depend on its ability to produce tangible results, mobilise different stakeholders, and translate innovation into real impact in the fight against antimicrobial resistance.

This diagram illustrates the different levels of the fight against antibiotic resistance (source: BEAM Alliance [Pipeline - BEAM Alliance](#)). This symposium reflects on innovative approaches from Box 1 “Avoid infection”.



New Preventive Strategies

The new preventive strategies discussed during the panel aim to reduce the risk of infection upstream, in order to limit the use of antibiotics and slow the spread of antimicrobial resistance. They complement traditional measures such as hygiene, vaccination and infection prevention and control.

Next-generation vaccines are no longer limited to preventing severe diseases, but also target common infections or resistant bacteria, using more specific, durable and sometimes personalised formulations. Specific immunotherapies, in turn, enhance or modulate the host immune response against particular pathogens, without exerting direct selective pressure on bacteria, unlike antibiotics.

Microbiota-based approaches aim to restore or maintain a protective microbial balance, thereby preventing the colonisation and proliferation of pathogenic bacteria. Decolonisation therapies target asymptomatic carriers of multidrug-resistant bacteria, particularly in hospital settings, to prevent infections and their transmission. Finally, non-specific immune stimulants, such as bacterial lysates, work by training the immune system to better recognise and control infectious agents, thereby reducing the frequency and severity of infections, especially recurrent infections.

Key messages



Symposium

Infection prevention to control Anti-Microbial Resistance (AMR): how to pave the way forward?

November 19, 2025
09:00 - 14:00



Five key messages to help people understand the challenges of prevention in the fight against antimicrobial resistance

1. Prevention is the most effective, sustainable, and equitable tool currently available against AMR
2. The fight against AMR must go beyond the issue of antibiotic prescribing alone
3. Primary care and the community are at the heart of both the problem and the solution
4. Innovative strategies make it possible to prevent infections without exerting selective pressure on bacteria
5. Innovation in prevention has great potential that is still not being fully tapped into or supported

Six recommendations for building a committee to Promote Innovative Infection Prevention Strategies

1. Produce and promote evidence tailored to the expectations of decision-makers
2. Adapt regulatory and evaluation frameworks to preventive innovations
3. Integrate innovation into care practices and pathways
4. Create an action-oriented, flexible, and pragmatic committee
5. Ensure its composition is, inclusive, adaptable, and involves different stakeholders
6. Focus on operational priorities and rapidly demonstrate the impact of proposed strategies

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It collaborates with its partners to create synergies to address public health challenges.



OM Pharma is a Swiss company that has developed expertise in bacterial lysates to address some of the most significant global health challenges, from the rise in infectious disease outbreaks to antimicrobial resistance.

Currently active in the prevention of respiratory and urinary tract infections, OM Pharma's constantly evolving understanding of how bacterial lysates interact with the immune system motivates us to invest in new indications.



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