

Combating Antimicrobial Resistance: A Review of Past and Present Interventions

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A B S T R A C T

The growing antimicrobial resistance (AMR) is a serious threat to public health, with far-reaching effects for both individuals and healthcare systems. This review provides comprehensive overview of molecular and ecological forces that drive it, critically examines the past and present strategies to contain its spread, antibiotic resistance, looking at the biological, environmental, and social elements that lead to this global challenge. Understanding the main causes and acquiring effective interventions are key steps to resolve this critically worldwide concern. Constant and ground-breaking efforts, such as the discovery of new antimicrobial agents such as stewardship programs, one health approach, and global cooperation are required to restrict the spread of resistant pathogens. These initiatives are important to formulate effective strategies for future challenges posed by antimicrobial resistance. This review also looks at current solutions for combating the epidemic, including as increased surveillance, ethical prescribing practices, and public health campaigns targeted at lowering the incidence of resistant strains. Recognizing that no single solution is sufficient, we assess integrative frameworks that combine research and development (R&D) incentives, redesign of clinical-trial, antimicrobial stewardship, and revitalization of traditional medicine. Finally, we outline policy for control of AMR, global surveillance networks, pandemic style coordination to remove the implementation gap especially in disaster effected regions.

Keywords: Antimicrobial resistance, one health, antibiotics

Introduction

Despite ongoing research, there are still knowledge gaps in AMR. More research is needed on the economics and environmental impact of potential AMR solutions. A collective "One Health" approach is also important. This means studying AMR across various sectors to understand how resistance spreads.¹ Collaboration between researchers and industry is crucial to translate research findings into practical applications. Finally, public education is essential to raise awareness about AMR and encourage responsible antibiotic use. By addressing these areas, researchers can develop better tools and strategies to combat the growing threat of AMR.²

Previous prevention and control strategies against AMR

Stakeholders consider AMR important globally. In 2011, WHO themed to fight against AMR. This was considered a significant

effort to decoy consideration and highlighted the need for combined efforts. The WHO recommended methods include non-governmental organizations, and improved alliances among governments, international agencies, and professional groups. It includes national strategies such as committees formulating AMR policy, guiding standards, training, regulations, and awareness on the use of antibiotics.³ The development of indicators for evaluating and managing AMR is prioritized nationally.⁴

Antibiotic Stewardship Programs (ASP)

ASPs are oriented towards improvement in antibiotic use. The feasibility of the hospitals can apply these. The success of such programs depends on leadership, educating tendencies, improvement strategies, and monitoring of antibiotic

prescriptions. The hospitals must adopt ASPs. Many resources are designed to help hospitals start and expand ASPs.⁵

Vaccination as a preventive measure

Approaches to lessen the resistance include increased use of prophylactic antimicrobials, reduction of all antimicrobial classes, reduced colonization, antibiotic rotation, and use of varying antimicrobials.⁶ Antibiotics and vaccines have played a crucial role in our capacity to succeed in bacterial infections, which has permitted the development of medical science. To expand vaccine implementation, it is important to arrange coordinated investment. Through such an approach, AMR can be controlled with proper policy measures and new technologies.⁷

Surveillance programs and data collection

AMR surveillance provides data for treatment regulations, antibiotic formulation, and public health measures. However, most data lacks epidemiological studies, clinical information, and genetic typing. Laboratory-based surveillance is ineffective for early warning of emerging infections and resistance mechanisms.⁸ The CAPTURA initiative aims to increase AMR and antibiotic usage data in Asia by collecting facility data and project metadata, focusing on data sources and quality analysis.⁹ Since 2000, the pharmaceutical sector has generated the majority of primary antibiotic resistance surveillance data in low- to middle-income countries.¹⁰ Data from labs, hospitals, and pharmacies must be efficiently connected to other sectors data by One Health ideologies. A long way exists for nations to create maintainable and actual AMR surveillance systems.¹¹ The lack of comprehensive antibiotic resistance surveillance data, particularly in low and middle-income nations, is hindered by inadequate laboratory capacities, poor health system governance, and funding, limiting the usefulness of available statistics for health policymakers.¹² The National Antimicrobial Resistance Monitoring System (NARMS) was formed to aid analyze the risks to human health associated with the usage of antimicrobial medicines in food animal production in the United States.¹³ Resistance Map do not gather prime data, but it does provide key to a global data set that may be used to inform policymakers, the public, the media, and other interested parties about trends in AMR and antibiotic use.¹¹ Merck Sharp & Dohme and Pfizer launched SMART and ATLAS surveillance programs in 2002, respectively. Early warning systems at ECDC and WHO are still in their early stages.¹⁴ Generally, complete healthcare system strengthening is necessary to effectively implement the NAP, address persistent improper antibiotic usage, and reduce Pakistan's high AMR rates.¹⁶

Public awareness and educational initiatives

In response to the known risk of increasing AMR, numerous organizations and institutions have established and conducted events and activities aiming to increase awareness of the issue and modify the behavior of the targeted audience.¹⁷ Antibiotics are a significant health concern, prompting initiatives like the Antibiotic Guardian campaign to raise awareness and encourage targeted actions to combat AMR.¹⁸ One of the goals of GAP-AMR is to combat AMR to raise global awareness through effective education and communication.¹⁹ The WHO has significantly increased awareness of antibiotic resistance, promoting government and community initiatives, and utilizing online resources to educate the public on responsible antimicrobial use and strategies.²¹ Effective healthcare communication requires culturally appropriate, clear leadership, influencers, and multi-stakeholder approaches, focusing on culturally appropriate, tailored, and audience-preference-specific messaging to boost community knowledge.²²

International and national policies addressing AMR

The WHO Regional Office for South-East Asia is evaluating national situations to develop coordinated actions against antibiotic resistance, focusing on understanding participants' perspectives, values, interests, and aims through policy framing analysis.²³ Over the past two decades, global efforts to combat AMR have increased, leading to the GAP-AMR mandate in 2015, mandating nations to establish National Action Plans (NAPs). However, progress has fluctuated.²⁴ The 2015 GAP-AMR emphasized the UN's 'whole of United Nations' approach to antibiotic resistance. This article assesses the current position and activities of 78 international organizations and stakeholders in AMR, finding 21 have AMR-specific operations, but limited engagement, and 36 have AMR-sensitive activities.²⁵ A database of past and existing policies connected to AMR can help improve effective policies based on problems already discovered in other nations and their policy responses.²⁶ Antibiotic resistance (AMR) is a global health concern, prompting UN multilateral organizations to promote antibiotic stewardship. South American countries revise cattle farming laws, implement advertising and reward rules.²⁷ The lack of a national antimicrobial policy, a poor regulatory environment, and noncompliance with practice guidelines may have resulted in expanded and uncontrolled access to antimicrobial agents in African countries, accelerating the emergence and spread of AMR.²⁸ Effective governance, partnerships, and evaluation methods are crucial for the long-term future of antibiotic use. These policies should focus on access strategies, antibiotic performance, sustainable decision-making, and optimal

therapeutic strategies.²⁹ A global effort is required to address these difficulties, assure long-term reforms, and maintain antibiotic efficacy against infectious illnesses.³¹

WHO Global Action Plan on AMR

However, AMR is a global threat; it hits poorer nations the hardest, where limited access to quality healthcare leaves many vulnerable.³² The WHO estimates that 75% of people worldwide are impacted by AMR. Since AMR crosses national borders and can spread seamlessly across borders, international cooperation is essential for effectively addressing this issue.³³ Given rising concerns about AMR and its effects, WHO, along with the Food and Agriculture Organization (FAO) and the World Organization for Animal Health³⁴, established GAP-AMR at the May 2015 World Health Assembly. Moreover, the heads of state at the UN General Assembly made a statement on AMR on September 21, 2016, which strengthened the GAP.³⁵ This plan, aiming for universal access to effective and safe antimicrobials, had five key goals: 1) raise awareness and understanding on the dangers of AMR and how to prevent it, 2) to improve understanding through investigation and monitoring, 3) promote hygiene, sanitation, and vaccination to reduce infections requiring antibiotics 4) optimize antibiotic use in humans and animals, 5) invest in research, development, and access to new antibiotics and alternatives.³²

National AMR strategies

Nations are developing national action plans for Antimicrobial Resistance (AMR) prevention, control, and surveillance, implementing measures like antibiotic stewardship, surveillance, patient awareness, infection prevention, and

research development.¹⁶ Engaging stakeholders, utilizing evidence-based approaches, cross-sector collaboration, and political commitment are crucial for effective plans to address AMR and antimicrobial consumption, ensuring long-term political support.³⁶

Current research trends in AMR

Due to the growing global threat of AMR, researchers are actively seeking new techniques for treatment and diagnosis. Sophisticated spectroscopic techniques such as nuclear magnetic resonance (NMR), infrared (IR), fluorescence spectroscopy (FS), Raman spectroscopy (RS), mass spectrometry³⁸, and infrared spectroscopy (IR) have demonstrated encouraging outcomes. Techniques improve patient outcomes by quickly and accurately diagnosing antibiotic resistance in bacteria, delaying the onset of the disease compared to conventional methods.³⁷ Nano biochar (NBC), a carbon-based nanomaterial with potential for soil and water pathogen elimination and antibacterial properties, requires long-term safety assessment before widespread use.³⁹ Some of the advanced techniques used for detecting antibiotic resistance.

Advancements in Rapid Diagnostic Tools

Recent advances in rapid diagnostic tools have amplified early detection of antibiotic-resistant microorganisms significantly. Methods like mass spectrometry, PCR-based tests, and next-generation sequencing (NGS) allow for detection of resistant genes and organisms in a matter of hours. Instead of relying on traditional antibiotics, researchers are now figuring out new directions from genomics to immune-based therapies. Scientists are potentially discovering and developing new

Table I: Key Factors involved in the prevention and control of AMR.

Strategy	Description
Targeted antimicrobial use	Healthcare authorities must be at the forefront to fight against this by prescribing antibiotics judiciously and only when truly demanded, after confirming the bacterial strain and its specific vulnerabilities ⁷ .
Optimizing antimicrobial therapies by educating health professionals	Initiatives should be taken aiming to educate medical personnel on appropriate antibiotic administration through the implementation of policies and procedures, while simultaneously monitoring trends in antibiotic resistance and usage ⁴¹ .
Preventive segregation for infection control	This could include quarantining the infected individuals or adopting precautionary measures such as hand cleanliness and protocols to curb the spread of infection ⁴² .
Promoting vaccination	Vaccination significantly reduces the spread of vaccine-preventable disease leading to decreased reliance on antibiotics and improved public health outcomes ⁴³ .
Developing novel antimicrobial agents	Finding new drugs is an important strategy. To maintain drugs' efficacy, it's crucial to utilize them appropriately ⁴⁴ .
Improve Drug Quality	Improper storage of antibiotics in hot and humid conditions can degrade them, making them less effective. This under-dosing due to degradation contributes to treatment failure and fuels antibiotic resistance in bacteria ⁷ .
Professional and licensed Drug Dispensing	In many developing countries, easy access to antibiotics is a problem. People can buy them on the streets from untrained vendors or unlicensed pharmacies, often without a prescription and at lower prices. This raises concerns about the quality of these medications and the potential for misuse ⁴⁵ .

antibiotics, designing antimicrobial peptides (AMPs), exploring resistance through genomics and advanced tools such as Whole Genome Sequencing (WGS), Metagenomics, CRISPR-Cas technology and Host-directed therapies (HDTs) etc. Discovering new antibiotics is top priority of scientists in AMR research and they are investigating unique environments like deep oceans, soil microbes and even insect microbiome to discover new antibiotic and at the same time they are using artificial intelligence along with bioinformatics tools to predict effective compounds. Antimicrobial peptides is another way to kill resistant microorganisms. Modern genomic tools have transformed the method to study resistance in bacteria and other microorganisms. WGS provides information about resistant genes, track outbreaks, and response to treatment. Several pipelines are already established like variant calling GATK pipeline.⁴⁰

Future perspective and challenges

Preventive strategies

Adopting an interdisciplinary strategy that highlights the complex and interconnected nature of the contributing elements is crucial for addressing AMR. Several tactics can be used to stop AMR (Table 1). Antimicrobial resistance (AMR) has slowed despite years of efforts, with antibiotic susceptibility tests being limited due to cost and time constraints, causing healthcare professionals to rely on broad-spectrum antibiotics.⁴⁵ Animals receive significantly more antibiotics than humans, not just for treatment but also for prevention and growth promotion.⁴⁷

New Treatment Strategies While Curbing Overuse

New treatment strategies for AMR focus on effectiveness and avoiding antibiotic misuse, including combination therapies, bacteriophages, antimicrobial peptides, CRISPR-mediated gene editing, rotational administration, de-escalation strategies, probiotics, and immunotherapies.

Promoting alternative therapies to control AMR

In the future, medical research and therapies will concentrate on finding alternatives to antibiotics that can control microbial virulence and growth inhibition. Currently, a few more alternative strategies are being studied and developed at various stages, including the use of probiotics, quorum sensing inhibitors, and bacteriophages.⁴⁵ Alternative therapies can entirely replace antibiotics. Research and development serve as the backbone of alternative therapies and it identifies novel antimicrobial compounds from natural products, peptides, microbial metabolites, antimicrobial polymers and immune-modulating agents. In silico modeling, omics technologies

(genomics, proteomics, and metabolomics) and high throughput screening platforms are strengthening discovery pipeline. Clinical trials must be established for safety, efficacy, dosage and long-term effects of above mentioned therapies. These trials can be on probiotic formulation, phytochemicals, bacteriophage cocktails, and nanoparticle-based antimicrobials. Traditional medicine systems such Ayurveda, traditional Chinese medicine, Islamic herbal medicine contain centuries of knowledge about natural remedies. Scientific validation standardization of herbal formulations and clinical testing are necessary to integrate them into healthcare for AMR management. Moreover, Probiotics and prebiotics also serve as strong alternative to antibiotics and some probiotics have shown success in reducing infection such as *Clostridium difficile*-associated diarrhea. Personalized medicine provides effective and smart treatment strategies on patient's genetic makeup and microbiome profile. Phage therapy uses bacteriophages to treat multidrug resistant microorganisms. Several advances in genetic engineering, phage banks, and customized phage cocktails are available for clinical use.

The role of stakeholders in the control of AMR

In order to guarantee the best possible health for people, animals, plants, and the environment, the study highlights the necessity of cooperation between different stakeholders in the development and control of AMR. In order to preserve food safety, economic prosperity, public health, and ecosystem health, it need collaboration and an agricultural viewpoint. Given that AMR is a global health hazard, this strategy is essential.⁴⁸

One Health Concept

One Health is a holistic approach to combating Antimicrobial Resistance (AMR) by integrating environmental, animal, and human health. It promotes responsible antibiotic use across sectors, encourages collaborative surveillance, and encourages data sharing among physicians, veterinarians, ecologists, and policymakers to limit AMR worldwide.

Vaccination strategies

Antibiotic resistance is a growing concern, prompting researchers to explore alternative treatments like phage therapy, antimicrobial peptides, and vaccines. These technologies improve diagnosis and reduce reliance on antibiotics, offering hope for the future.⁴⁹

Technological innovations in AMR mitigation

Table II: Potential evaluation opportunities for polycentric governance and AMR. ⁵⁰

Features	Interpretation regarding AMR	Strategies for evaluating or measuring
Experimentation	Experimenting with various social and technical solutions at various implementation levels	Examine recent and ongoing initiatives, like developing NAP
Learning	Efficient information processing by those authorities involved in the matter	Assess the extent of knowledge across different sectors, acceptance of new information over time, and implication of learning to decision-making
Communication	Successful exchange of vital knowledge and information both within and between disciplines and sectors.	Analyze social network mapping for informal networks and documentation for formal networks
Freeriding	People who benefit (e.g., take an antibiotic when it's not medically necessary) without taking into account the overall harm caused by AMR	Analyze the trends in antibiotic use among individuals and sectors
Leakage	When policies in different jurisdictions vary, people could choose to visit those with relaxed legislation.	Evaluate the features and users both inside and outside of jurisdictional limits
Inconsistent regulatory efforts	Rules or policies with different practices or designs	Assess the execution of regulations in the real world

Technological innovations are at the forefront of to fight against AMR.

Combating AMR requires antimicrobial stewardship, which includes judicious antibiotic use. Still, a one-size-fits-all strategy might not be the best. To determine the best practices for safeguarding the public's health from AMR, a wide variety of interventions must be put into practice and assessed.⁵¹ (Table 2) summarizes potential evaluation opportunities for polycentric governance and AMR.

Numerous reviews look into antibiotic resistance treatment options in wastewater treatment plants (WWTPs), such as adsorption, biodegradation, and filtration in tanks, wetlands, and other advanced processes.⁵² Innovative techniques like as CRISPR Cas9, lytic bacteriophage particles, biofilm destruction, efflux activity inhibition, MSW closure, and nano-antibiotics are being explored to tackle AMR and improve tailored therapy.⁵³

Research and development of new antibiotics

Antibiotic resistance threatens the usefulness of current medications in treating illnesses. To tackle this, research and development of novel antibiotics are critical. Addressing budget gaps and high turnover rates are critical, as is working with universities and pharmaceutical firms on teaching programs.

Existing educational initiatives provide a foundation, but more funding is needed for workshops and programs involving researchers and industry, and clear ownership guidelines for collaborative research projects.⁴⁴ The steps of the development of new antibiotics. Researchers are exploring new antibiotics, targeting DapE enzyme in bacteria, identifying a lead

compound with potential for killing bacteria, potentially leading to new antibiotic classes.⁵⁴ Another area focuses on bacteria like *K. pneumoniae*, where scientists are working to understand resistance mechanisms and identify novel compounds to combat these difficult-to-treat infections.⁵⁵

AMR transmission in flood prone or disaster effected areas:

Disaster zones, prone to natural disasters, floods, and wars, face high risks of spreading antimicrobial resistant infections due to contamination, improper use of antibiotics, and unintentional selection of resistant strains, posing long-term health risks to local and neighboring communities.

Conclusions

Antimicrobial resistance stances a significant risk to global health, requiring immediate and concerted actions to reduce its impact. While previous and ongoing initiatives, such as antibiotic stewardship programs and worldwide surveillance networks, have made tremendous headway, the fast evolution of resistance pathogens need continuous innovation. The development of new antimicrobial agents, strengthened policies, increased public awareness, and international collaboration are all crucial to the fight against AMR. Through continuous efforts and a coordinated global reaction, we will be able to retain the effectiveness of present medicines and protect future generations from the growing threat of antibiotic resistance.

References

1. Adefisoye MA, Olaniran AO. Antimicrobial resistance expansion in pathogens: a review of current mitigation

- strategies and advances towards innovative therapy. *JAC Antimicrob Resist.* 2023;5(6):dlad127. <https://doi.org/10.1093/jacamr/dlad127>
2. Ahmed SK, Hussein S, Qurbani K, Ibrahim RH, Fareeq A, Mahmood KA, et al. Antimicrobial resistance: impacts, challenges, and future prospects. *J Med Surg Public Health.* 2024;2(1):100081. <https://doi.org/10.1016/j.glmedi.2024.100081>
 3. Anderson M, Clift C, Schulze K, Sagan A, Nahrgang S, Mossialos E. Averting the AMR crisis: what are the avenues for policy action for countries in Europe? Copenhagen: European Observatory on Health Systems and Policies; 2019.
 4. Ashley EA, Recht J, Chua A, Dance D, Dhorda M, Thomas NV, et al. An inventory of supranational antimicrobial resistance surveillance networks involving low- and middle-income countries since 2000. *J Antimicrob Chemother.* 2018;73(7):1737–49. <https://doi.org/10.1093/jac/dky026>
 5. Bairan G, Rebollar-Perez G, Chavez-Bravo E, Torres E. Treatment processes for microbial resistance mitigation: the technological contribution to tackle the problem of antibiotic resistance. *Int J Environ Res Public Health.* 2020;17(23):8866. <https://doi.org/10.3390/ijerph17238866>
 6. Bishop C, Yacoob Z, Knobloch MJ, Safdar N. Community pharmacy interventions to improve antibiotic stewardship and implications for pharmacy education: a narrative overview. *Res Social Adm Pharm.* 2019;15(6):627–31. <https://doi.org/10.1016/j.sapharm.2018.09.017>
 7. Blair B, Petrik M. Innovative policy approaches for mitigating antimicrobial resistance: polycentric systems and the governance of antimicrobial usage. *Public Health Rev.* 2021;4(1):1–7.
 8. Cati MM. Advancing behavioral dynamics in health policy decision-making: integrating insights for effective vaccination policy and addressing AMR. *Arch Microbiol Immunol.* 2024;8(1):44–50. <https://doi.org/10.2139/ssrn.4915730>
 9. Chokshi A, Sifri Z, Cennimo D, Horng H. Global contributors to antibiotic resistance. *J Glob Infect Dis.* 2019;11(1):36. https://doi.org/10.4103/igid.igid_110_18
 10. Chukwu EE, Oladele DA, Awoderu OB, Afocha EE, Lawal RG, Abdus-Salam I, et al. A national survey of public awareness of antimicrobial resistance in Nigeria. *Antimicrob Resist Infect Control.* 2020;9(1):1–10. <https://doi.org/10.1186/s13756-020-00739-0>
 11. Costanzo V, Roviello GN. The potential role of vaccines in preventing antimicrobial resistance (AMR): an update and future perspectives. *Vaccines.* 2023;11(2):333. <https://doi.org/10.3390/vaccines11020333>
 12. Da Silva JB, Espinal M, Ramon-Pardo P. Antimicrobial resistance: time for action. *Rev Panam Salud Publica.* 2020;44:e131. <https://doi.org/10.26633/RPSP.2020.131>
 13. Da Silva RA, Arenas NE, Luiza VL, Bermudez JAZ, Clarke SE. Regulations on the use of antibiotics in livestock production in South America: a comparative literature analysis. *Antibiotics.* 2023;12(8):1303. <https://doi.org/10.3390/antibiotics12081303>
 14. Dyar OJ, Huttner B, Schouten J, Pulcini C. What is antimicrobial stewardship? *Clin Microbiol Infect.* 2017;23(11):793–8. <https://doi.org/10.1016/j.cmi.2017.08.026>
 15. Fletcher S. Understanding the contribution of environmental factors in the spread of antimicrobial resistance. *Environ Health Prev Med.* 2015;20(4):243–52. <https://doi.org/10.1007/s12199-015-0468-0>
 16. Frost I, Kapoor G, Craig J, Liu D, Laxminarayan R. Status, challenges and gaps in antimicrobial resistance surveillance around the world. *J Glob Antimicrob Resist.* 2021;25:222–6. <https://doi.org/10.1016/j.jgar.2021.03.016>
 17. Frost I, Sati H, Garcia-Vello P, Hasso-Agopsowicz M, Lienhardt C, Gigante V, et al. The role of bacterial vaccines in the fight against antimicrobial resistance: an analysis of the preclinical and clinical development pipeline. *Lancet Microbe.* 2023;4(2):e113–25. [https://doi.org/10.1016/S2666-5247\(22\)00303-2](https://doi.org/10.1016/S2666-5247(22)00303-2)
 18. Gandra S, Merchant AT, Laxminarayan R. A role for private sector laboratories in public health surveillance of antimicrobial resistance. *Future Microbiol.* 2016;11(6):709–12. <https://doi.org/10.2217/fmb.16.17>
 19. Godman B, Haque M, McKimm J, Abu Bakar M, Sneddon J, Wale J, et al. Ongoing strategies to improve the management of upper respiratory tract infections and reduce inappropriate antibiotic use particularly among lower and middle-income countries: findings and implications for the future. *Curr Med Res Opin.* 2020;36(2):301–27. <https://doi.org/10.1080/03007995.2019.1700947>
 20. Gopikrishnan M, Haryini S, Priya GDC. Emerging strategies and therapeutic innovations for combating drug resistance in *Staphylococcus aureus* strains: a comprehensive review. *J Basic Microbiol.* 2024;64(5):e2300579. <https://doi.org/10.1002/jobm.202300579>
 21. Habeeb MTS, Kelley EH, Reidl CT, Konczak K, Beulke M, Javier J, et al. Cyclobutanone inhibitors of diaminopimelate desuccinylase (DapE) as potential new antibiotics. *Int J Mol Sci.* 2024;25(2):1339. <https://doi.org/10.3390/ijms25021339>
 22. Huy TXN. Overcoming *Klebsiella pneumoniae* antibiotic resistance: new insights into mechanisms and drug discovery. *Beni-Suef Univ J Basic Appl Sci.* 2024;13(1):13. <https://doi.org/10.1186/s43088-024-00470-4>
 23. Imam UA, Zahrau A, Obeagu EI. The threat of antimicrobial resistance in developing countries: causes and control strategies. *IDOSR J Sci Res.* 2024;9(1):20–8. <https://doi.org/10.59298/IDOSRJSR/2024/1.1.2028.100>

24. Inoue H. Strategic approach for combating antimicrobial resistance (AMR). *Glob Health Med.* 2019;1(2):61–4. <https://doi.org/10.35772/ghm.2019.01026>
25. Iskandar K, Molinier L, Hallit S, Sartelli M, Hardcastle TC, Haque M, et al. Surveillance of antimicrobial resistance in low-and middle-income countries: a scattered picture. *Antimicrob Resist Infect Control.* 2021;10(1):1–19. <https://doi.org/10.1186/s13756-021-00931-w>
26. Iwu CD, Patrick SM. An insight into the implementation of the global action plan on antimicrobial resistance in the WHO African region: a roadmap for action. *Int J Antimicrob Agents.* 2021;58(4):106411. <https://doi.org/10.1016/j.ijantimicag.2021.106411>
27. Joh HS, Yeats C, Shaw A, Poudyal N, Gallagher P, Kim JH, et al. Methodological approach to identify and expand the volume of antimicrobial resistance (AMR) data in the human health sector in low- and middle-income countries in Asia: implications for local and regional AMR surveillance systems strengthening. *Clin Infect Dis.* 2023;77(Suppl 7):S507–18. <https://doi.org/10.1093/cid/ciad634>
28. Kanan M, Ramadan M, Haif H, Abdullah B, Mubarak J, Ahmad W, et al. Empowering low- and middle-income countries to combat AMR by minimal use of antibiotics: a way forward. *Antibiotics.* 2023;12(10):1504. <https://doi.org/10.3390/antibiotics12101504>
29. Karp BE, Tate H, Plumblee JR, Dessai U, Whichard JM, Thacker EL, et al. National antimicrobial resistance monitoring system: two decades of advancing public health through integrated surveillance of antimicrobial resistance. *Foodborne Pathog Dis.* 2017;14(10):545–57. <https://doi.org/10.1089/fpd.2017.2283>
30. Kumar S, Chaudhary M, Yadav M, Kumar V. Global surveillance programs on antimicrobial resistance. In: *Sustainable Agriculture Reviews 46: Mitigation of Antimicrobial Resistance Vol 1 Tools and Targets.* Cham: Springer; 2020. p. 33–58. https://doi.org/10.1007/978-3-030-53024-2_2
31. Larrosa MN, Almirante B. Isolation strategy for controlling the spread of multidrug-resistant organisms: is this still an essential option in hospitals? *Enferm Infecc Microbiol Clin.* 2021;39(9):425–8. <https://doi.org/10.1016/j.eimc.2021.04.010>
32. Lee CR, Lee JH, Kang LW, Jeong BC, Lee SH. Educational effectiveness, target, and content for prudent antibiotic use. *Biomed Res Int.* 2015;2015:214021. <https://doi.org/10.1155/2015/214021>
33. Lim JM, Singh SR, Duong MC, Legido-Quigley H, Hsu LY, Tam CC. Impact of national interventions to promote responsible antibiotic use: a systematic review. *J Antimicrob Chemother.* 2020;75(1):14–29. <https://doi.org/10.1093/jac/dkz348>
34. Majumder MAA, Rahman S, Cohall D, Bharatha A, Singh K, Haque M, et al. Antimicrobial stewardship: fighting antimicrobial resistance and protecting global public health. *Infect Drug Resist.* 2020;13:4713–38. <https://doi.org/10.2147/IDR.S290835>
35. Mathew P, Sivaraman S, Chandy S. Communication strategies for improving public awareness on appropriate antibiotic use: bridging a vital gap for action on antibiotic resistance. *J Family Med Prim Care.* 2019;8(6):1867. https://doi.org/10.4103/jfmppc.jfmppc_263_19
36. Merrett GLB, Bloom G, Wilkinson A, MacGregor H. Towards the just and sustainable use of antibiotics. *J Pharm Policy Pract.* 2016;9(1):1–10. <https://doi.org/10.1186/s40545-016-0083-5>
37. Micallef C, Kildonaviciute K, Castro-Sánchez E, Scibor-Stepien A, Santos R, Aliyu SH, et al. Patient and public understanding and knowledge of antimicrobial resistance and stewardship in a UK hospital: should public campaigns change focus? *J Antimicrob Chemother.* 2016;72(1):311–4. <https://doi.org/10.1093/jac/dkw387>
38. Miethke M, Pieroni M, Weber T, Bronstrup M, Hammann P, Halby L, et al. Towards the sustainable discovery and development of new antibiotics. *Nat Rev Chem.* 2021;5(10):726–49. <https://doi.org/10.1038/s41570-021-00313-1>
39. Nardulli P, Ballini A, Zamparella M, De Vito D. The role of stakeholders' understandings in emerging antimicrobial resistance: a One Health approach. *Microorganisms.* 2023;11(11):2797. <https://doi.org/10.3390/microorganisms11112797>
40. Nishshankage K, Fernandez AB, Pallegatta S, Buddhinie PKC, Vithanage M. Current trends in antimicrobial activities of carbon nanostructures: potentiality and status of nanobiochar in comparison to carbon dots. *Biochar.* 2024;6(1):2. <https://doi.org/10.1007/s42773-023-00282-2>
41. Ogyu A, Chan O, Littmann J, Pang HH, Lining X, Liu P, et al. National action to combat AMR: a One-Health approach to assess policy priorities in action plans. *BMJ Glob Health.* 2020;5(7):e002427. <https://doi.org/10.1136/bmjgh-2020-002427>
42. Poon S, Goh DM, Khoo A, Lin YN, Leo YS, Lee TH. Antimicrobial resistance research in Singapore—mapping current trends and future perspectives. *medRxiv [Preprint].* 2023. <https://doi.org/10.1101/2023.11.28.23299149>
43. Rajkhowa A, Thursky K. Awareness of antimicrobial resistance in the community: the role of the WHO in addressing consumer information needs. *J Consum Health Internet.* 2020;24(4):391–406. <https://doi.org/10.1080/15398285.2020.1810965>
44. Ramzan M, Raza A, Nisa Z, Abdel-Massih RM, Al Bakain R, Cabrerizo FM, et al. Detection of antimicrobial resistance (AMR) and antimicrobial susceptibility testing (AST) using advanced spectroscopic techniques: a review. *TrAC Trends Anal Chem.* 2024;172:117562. <https://doi.org/10.1016/j.trac.2024.117562>
45. Redfern J, Bowater L, Coulthwaite L, Verran J. Raising awareness of antimicrobial resistance among the general public in the UK: the role of public engagement activities.

- JAC Antimicrob Resist. 2020;2(1):dlaa012.
<https://doi.org/10.1093/jacamr/dlaa012>
46. Saleem Z, Godman B, Azhar F, Kalungia AC, Fadare J, Opanga S, et al. Progress on the national action plan of Pakistan on antimicrobial resistance (AMR): a narrative review and the implications. *Expert Rev Anti Infect Ther.* 2022;20(1):71–93.
<https://doi.org/10.1080/14787210.2021.1935238>
 47. Saleem Z, Hassali MA, Godman B, Versporten A, Hashmi FK, Saeed H, et al. Point prevalence surveys of antimicrobial use: a systematic review and the implications. *Expert Rev Anti Infect Ther.* 2020;18(9):897–910.
<https://doi.org/10.1080/14787210.2020.1767593>
 48. Saleh N, Awada S, Awwad R, Jibai S, Arfoul C, Zaiter L, et al. Evaluation of antibiotic prescription in the Lebanese community: a pilot study. *Infect Ecol Epidemiol.* 2015;5(1):27094.
<https://doi.org/10.3402/iee.v5.27094>
 49. Shelke YP, Bankar NJ, Bandre GR, Hawale DV, Dawande P. An overview of preventive strategies and the role of various organizations in combating antimicrobial resistance. *Cureus.* 2023;15(9):e44666.
<https://doi.org/10.7759/cureus.44666>
 50. Simonsen GS. Antimicrobial resistance surveillance in Europe and beyond. *Euro Surveill.* 2018;23(42):1800560.
<https://doi.org/10.2807/1560-7917.ES.2018.23.42.1800560>
 51. Sommanustweechai A, Tangcharoensathien V, Malathum K, Sumpradit N, Kiatying-Angsulee N, Janejai N, et al. Implementing national strategies on antimicrobial resistance in Thailand: potential challenges and solutions. *Public Health.* 2018;157:142–6.
<https://doi.org/10.1016/j.puhe.2018.01.005>
 52. Tacconelli E, Sifakis F, Harbarth S, Schrijver R, van Mourik M, Voss A, et al. Surveillance for control of antimicrobial resistance. *Lancet Infect Dis.* 2018;18(3):e99–106.
[https://doi.org/10.1016/S1473-3099\(17\)30485-1](https://doi.org/10.1016/S1473-3099(17)30485-1)
 53. Wernli D, Jorgensen PS, Morel CM, Carroll S, Harbarth S, Levrat N, et al. Mapping global policy discourse on antimicrobial resistance. *BMJ Glob Health.* 2017;2(2):e000378.
<https://doi.org/10.1136/bmjgh-2017-000378>
 54. Wernli D, Harbarth S, Levrat N, Pittet D. A 'whole of United Nations approach' to tackle antimicrobial resistance? A mapping of the mandate and activities of international organisations. *BMJ Glob Health.* 2022;7(5):e008181.
<https://doi.org/10.1136/bmjgh-2021-008181>
 55. Xiao Y, Wang H, Wang C, Gao H, Wang Y, Xu J. Trends in and future research direction of antimicrobial resistance in global aquaculture systems: a review. *Sustainability.* 2023;15(11):9012.
<https://doi.org/10.3390/su15119012>
 56. Yevutsey SK, Buabeng KO, Aikins M, Anto BP, Biritwum RB, Frimodt-Moller N, et al. Situational analysis of antibiotic use and resistance in Ghana: policy and regulation. *BMC Public Health.* 2017;17(1):1–7.
<https://doi.org/10.1186/s12889-017-4910-7>