

Legacy of Discovery, Foundation for Action

The Fleming Initiative Strategy to 2030

November 2026

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Foreword

A century ago, at St Mary's Hospital in Paddington, Sir Alexander Fleming's discovery of penicillin transformed medicine. Today, antimicrobial resistance threatens to undermine that legacy – and the foundations of modern healthcare.

More than 1 million people already die each year from bacterial AMR. Without sustained action, treatments such as routine surgery and cancer care will become increasingly difficult to deliver safely. This is an urgent global challenge. But it is one we can meet.

AMR cannot be tackled in isolation. It demands coordinated action across sectors, disciplines and borders – turning knowledge into solutions that work in practice.

That is the purpose of the Fleming Initiative.

Rooted in the research excellence and clinical leadership of Imperial College London and Imperial College Healthcare NHS Trust, the Fleming Initiative has grown in just a few years from an idea into a global collaboration, supported by government, philanthropy and industry. We have convened expertise and resources across diagnostics, education, surveillance, global fellowships and national action plans; built novel partnerships and collaborations; and developed a portfolio spanning research and innovation, informed policy and public engagement.

Now, we need directions with clarity and focus to deliver impact, build resilience and turn ambition into sustained solution.

Towards 2030, we will mobilise the expertise, relationships and resources needed for collective effort. We will help research and innovation move faster into practice, support solutions to be adapted across nations and contexts, and put people at the heart of progress.

We will established the first Fleming Centre at Paddington, London, as a model for coordination. In the place where penicillin was discovered, we will build a practical foundation for lasting impact.

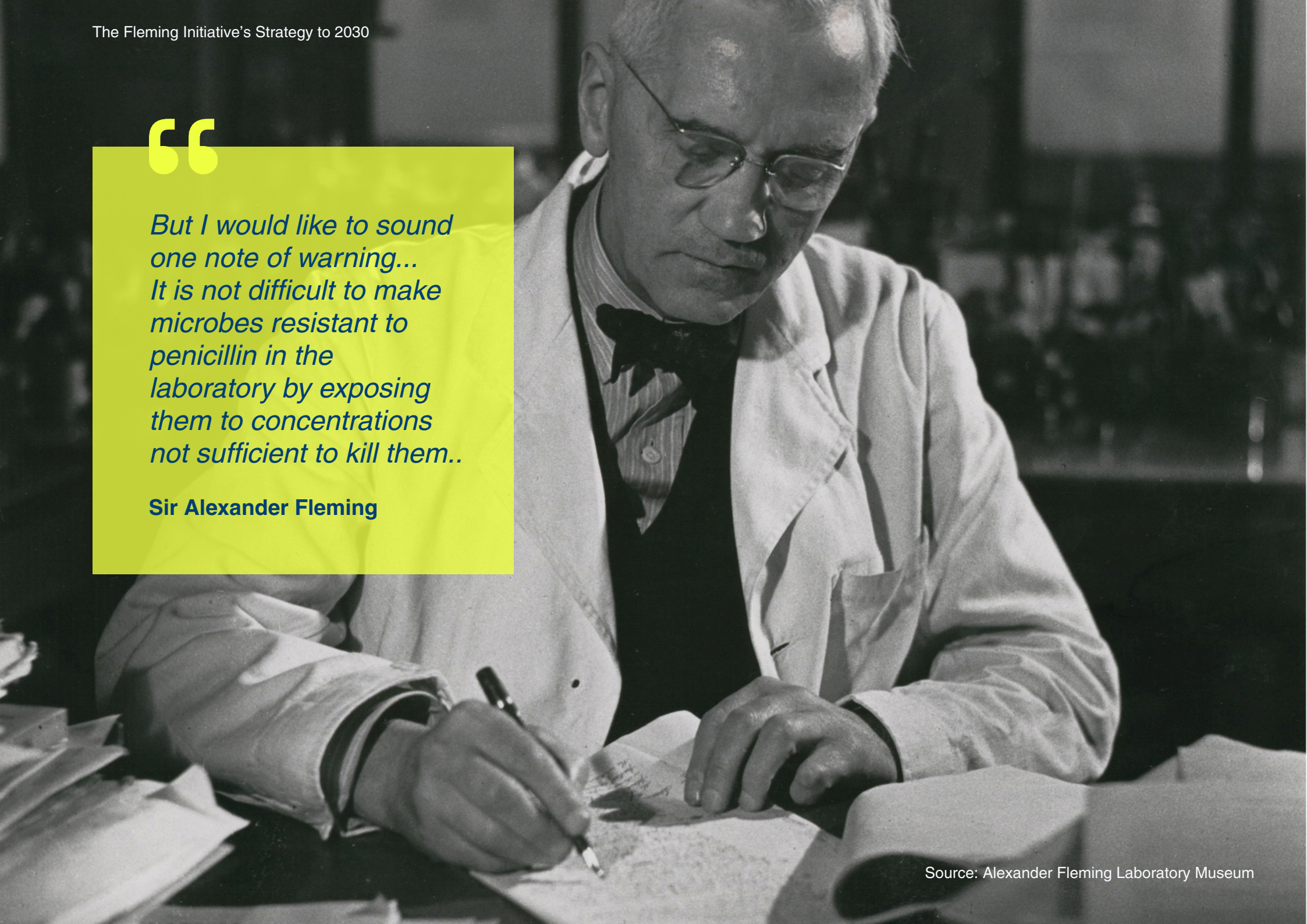
The discovery of penicillin changed what medicine could achieve. The next century will depend on what we all achieve together. We are excited to see the Fleming Initiative help make that future possible.



Lord Ara Darzi
Executive Chair of the Fleming Initiative



Professor Alison Holmes
Director of the Fleming Initiative



But I would like to sound one note of warning... It is not difficult to make microbes resistant to penicillin in the laboratory by exposing them to concentrations not sufficient to kill them..

Sir Alexander Fleming

Source: Alexander Fleming Laboratory Museum

Executive Summary

Antimicrobial resistance (AMR) threatens the medicines on which modern healthcare has depended since the discovery of penicillin almost a century ago. Already, over 1 million deaths a year are directly attributable to bacterial AMR. Without sustained action, infections will become harder to treat, and many of the treatments we now take for granted – from routine surgery and cancer treatment to intensive care – will become increasingly difficult to deliver safely. By 2050, more than 8 million deaths a year are projected to be associated with AMR globally.

Despite scientific, political and public effort, progress has not kept pace with this challenge. AMR is fundamentally a collective-action problem: it crosses borders and spans human, animal, agricultural and environmental health, that require coordination across organisations and sectors where the expertise, influence and resources needed to address it are distributed.

The Fleming Initiative was established to help overcome these barriers. A partnership between Imperial College London and Imperial College Healthcare NHS Trust, supported by philanthropy, industry and government, it brings together academic excellence, clinical leadership, partners across sectors and global networks.

Building on more than a century of shared history between the College and the Trust in infectious disease research and clinical practice, the Initiative is designed to help realise a vision of a world in which AMR no longer poses a significant threat to people's health.

Our mission is to create the collective action needed to drive progress on AMR, bringing together those who can make a difference and helping promising ideas move into practice and be adopted more widely.

This strategy sets out how we will work and where we will focus our efforts to build the Fleming Initiative for the long term to make lasting progress on AMR.



Because together, we can turn the tide on AMR and keep antimicrobials working for the next 100 years.

Our public engagement installation at Paddington Station, in partnership with GSK (2024)

We need a turning point in the race against antimicrobial resistance

Many of the advances that have underpinned modern medicine and significantly improved lives around the world since the discovery of penicillin, from routine surgery and cancer treatment to organ transplantation and intensive care, depend on medicines that treat and prevent infections.

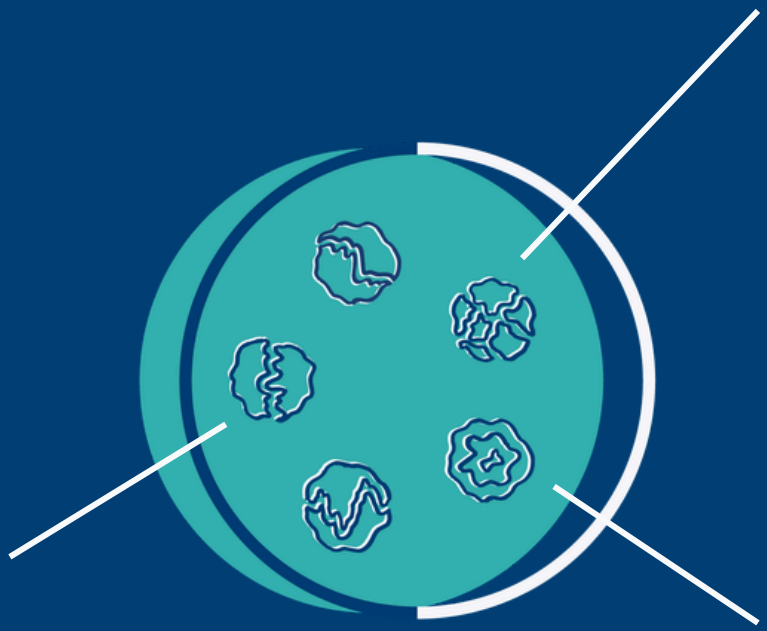
Yet, a range of factors, including the overuse and misuse of these medicines, poor infection prevention, and the spread of resistant microbes, are reducing their effectiveness as resistance develops – making AMR one of the defining public health challenges of our time.

Across the world, from hospitals and laboratories to governments and global forums, there is a consensus that we must act differently if we are to save lives and safeguard future generations. Public awareness campaigns and creative engagement initiatives are bringing AMR into the public conversation. Researchers have deepened understanding of how resistance develops and spreads. Industry is also developing and testing new tools, moving them closer to real-world use. The scale and urgency of this concern was affirmed in the 2024 United Nations General Assembly Political Declaration on AMR, which set out a shared global agenda and goals for action by 2030.

Concern across healthcare settings exists. A growing public conversation exists. Science and innovation pipelines exist. Political commitment exists.

The issue is not a lack of activity. Effort is underway across healthcare, research, policy and public engagement – including preventing infections in the first place, using antimicrobials appropriately, detecting and tracking resistance, and developing new methods to diagnosis and treatment.

Nonetheless, progress remains uneven and fragile. It has not kept up with the ever-growing threat of AMR. Given the global scale of the challenge, a different approach is needed to overcome the **structural challenges that persist:**



Fragmented responsibility – progress depends on many

AMR is not constrained by geographical borders. It also spans human health, agriculture, veterinary medicine and the environment – making AMR a truly One Health challenge. Governments, public health agencies, industry, researchers and civil society each own parts of the solution – but there is not always a way to bring these efforts together.

The adoption gap – getting evidence and innovation into practice

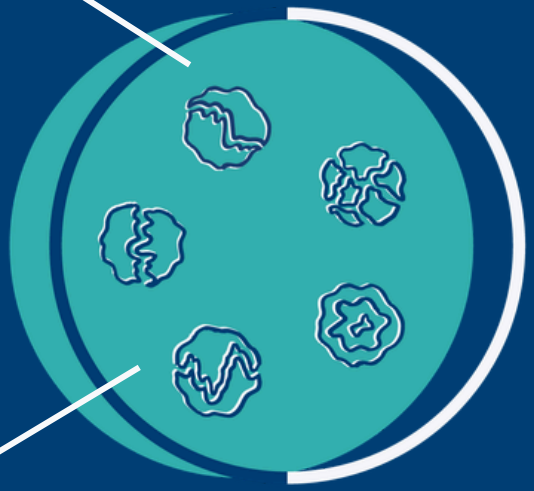
Evidence and innovation do not consistently translate into practice. New diagnostics, stewardship models, prescribing guidelines, and behavioural interventions often struggle to achieve widespread uptake – highlighting the need for mechanisms that support implementation and adoption.

The scale dilemma – making what works, work elsewhere

AMR is a global challenge but practices often need adapting to local contexts. Developing solutions country by country is too slow and risks repeating the same lessons. At the same time, progress in one country depends on actions in others. There is a need for faster learning and adaptation across and within countries.

Uneven capacity and infrastructure – limiting the ability to act

Effective action on AMR depends on both people and systems. Yet too many settings lack the capacity, partnerships and platforms required to deliver and sustain long-term progress – underlining the need to strengthen capability and infrastructure sustainably.



A volatile and uncertain world – responding to rapid change

Funding for global health initiatives is under pressure. Geopolitical tensions complicate cooperation, while trust in science and institutions varies across societies – reinforcing the need for resilient and adaptable structures.

Taken together, these challenges point to a fundamental problem of collective action. AMR operates as an interconnected global system, but the response does not. Resistance emerges and spreads across borders, sectors, and populations, and cannot be addressed by any single intervention – whether scientific, technological, economic, or regulatory. Microbes naturally adapt and evolve in response to the medicines used against them, meaning lasting progress depends on many different actions working together over time.

The world knows much of what needs to be done – but lacks the means to do it at scale.

Addressing AMR depends on bringing together public action, political commitment, and scientific and technological innovation. The challenge is in creating the conditions for people and organisations to work together, put innovations into practice, adapt them to different contexts, and sustain them over time.



Driving action on AMR at the pace required demands a new approach.

Our side event at the United Nations' General Assembly High-Level meeting on AMR, hosted by Carnegie Corporation, New York, United States (2024)

Our role – convening, accelerating, and scaling

No single entity, sector, or country can address AMR alone. Progress depends on expertise, resources and action being connected across human, animal, agricultural, and environmental health.

Our vision is a world in which antimicrobial resistance no longer poses a significant threat to people's health.

Achieving it will require sustained action over the long term.

The Fleming Initiative is designed to enable the collective action required to realise this vision and keep antimicrobials working for the next 100 years – bringing together a unique combination of academic excellence, clinical leadership, partners across sectors and global networks, supported by shared spaces and infrastructure that facilitate collaboration. These strengths are rooted in over a century of shared history and leadership between Imperial College London and Imperial College Healthcare NHS Trust in infectious disease research and clinical practice. The Fleming Initiative establishes a formal partnership dedicated to protecting the effectiveness of antimicrobials, so that future generations can continue to benefit from the medicines that transformed modern healthcare for all of us.

From the outset, the Fleming Initiative has been deliberately structured to integrate research, policy, and public engagement and involvement – rather than treating them as separate domains. This design aligns efforts across sectors, helping promising ideas from research move more quickly into everyday practice and benefit people's lives sooner. Based in the UK, but also outward-facing by design, we will work both to strengthen action domestically and accelerate collaboration internationally.



Scientists working in the GSK-Fleming Initiative partnership

Antimicrobial resistance is an urgent global challenge that no single institution, sector or nation can solve alone. Leveraging the critical partnership between Imperial College London and Imperial College Healthcare NHS Trust, the Fleming Initiative is bringing together the academic and clinical expertise, industry partnerships and innovation needed to drive meaningful progress against AMR.

Professor Hugh Brady
President of Imperial College London

With support from philanthropy, industry and government, we have already begun to demonstrate the strength of our model:

- Bringing together researchers, clinicians, policymakers, industry leaders and civil society partners.
- Securing significant investment and establishing major partnerships.
- Launching programmes spanning diagnostics, surveillance, behaviour change and policy.
- Progressing the Fleming Centre as a driver for engaging the public and a template for collaboration.

Our mission defines the role the Fleming Initiative will play in addressing the challenges of AMR, building on the capabilities and partnerships we have established.

Recognising that people are at the heart of progress on AMR, we will:·

- **Bring together those with the expertise, influence, and resources to make a difference,** build the shared understanding, commitment, and alignment needed for collective action.
- **Accelerate innovation from discovery to delivery,** creating the pathways that help promising ideas overcome the barriers they face when moving into practice.
- **Enable what works to be adopted more widely across countries and sectors,** adapting it to different human, animal, and environmental health contexts.





Antimicrobial resistance is one of the biggest threats facing our hospitals, the NHS and healthcare systems around the world.

The good news is that it's not too late to meet this challenge, but it will require people and organisations coming together across borders, sectors and disciplines to take coordinated action. This ambitious strategy sets out how we can do this and protect our patients, now and in the future.

Professor Tim Orchard
Chief Executive of North West London Acute Provider Group and Co-Chair of the Fleming Initiative Oversight Board

How we work – principie for action



How we work matters as much as what we do. The impact we have on addressing AMR will depend on the programmes we deliver, as well as on how we bring together different perspectives and create the conditions for success.

Five principles will guide the decisions we make and how we put our mission into practice:

1. Work across boundaries – focus on integration over ownership

Progress on AMR depends on many different groups working together. We will bring together governments, researchers, clinicians, industry and communities around shared priorities, aligning effort where coordination can unlock the greatest impact.

We will not replace institutions that own national and global implementation or industry-driven drug pipelines; nor will we act as a large-scale grant-disbursing body.

Instead, we will:

- Convene the groups needed to work together on shared, high-impact priorities.
- Bring together research, policy, behavioural science and practice to turn evidence into action.
- Reduce friction between sectors to enable coordinated action.

2. Focus where we can make the biggest difference – selectivity over breadth

Not every aspect of AMR can be addressed at once.

Working with those who understand, experience and can act on the challenge that AMR presents, **we will** make deliberate choices to identify gaps in priority areas where coordinated action can deliver the greatest impact. This will be based on need, opportunity, and the willingness of partners to act, as well as the ability to commit meaningful resources.



3. Lead where we add value – champion where others are better placed

Progress on AMR matters more than who leads it. Different groups bring different strengths, and the greatest impact will come from using those capabilities where they are best placed to contribute.

We will lead where our research, clinical practice, public involvement, and convening – combined with the translation expertise of our industry partners – bring distinctive value.

Where others are better placed to lead, we champion and support their efforts. Where leadership or coordination is missing, **we will** bring together the groups needed to enable action. In doing so, we will complement what already exists, avoid duplication, and enable greater system-wide impact.

4. Ground our work in collaboration with the public – listen, involve and build trust

Lasting progress on AMR depends on trust, understanding and behaviour. Involving the public is not an afterthought. Placing people at the core ensures that solutions are practical, legitimate and sustainable. Without public confidence, even the strongest innovation would struggle to achieve impact at scale.

We will ground our work in the perspectives and experiences of the public, strengthening understanding and trust, to help shape solutions that work in practice.



Our Great Exhibition Road Festival stand (2025)

5. Build for the long term – sustainability by design

Progress on AMR requires sustained action. We need to design sustainable programmes built for impact beyond individual projects and funding cycles.

We will build long-term sustainability by:

- Building capabilities needed to maximise impact from our work beyond individual projects.
- Developing new partnerships to bring additional expertise, influence, and resources to our work.
- Diversifying our funding base to develop programmes shaped by the needs of the challenge.
- Creating the physical and digital infrastructure needed to connect.



From commitment to strengthening the global response to AMR



AMR Summit co-hosted by Australia's National Science Agency, CSIRO, and the Fleming Initiative in Sydney, Australia (2026)

Our priorities to 2030

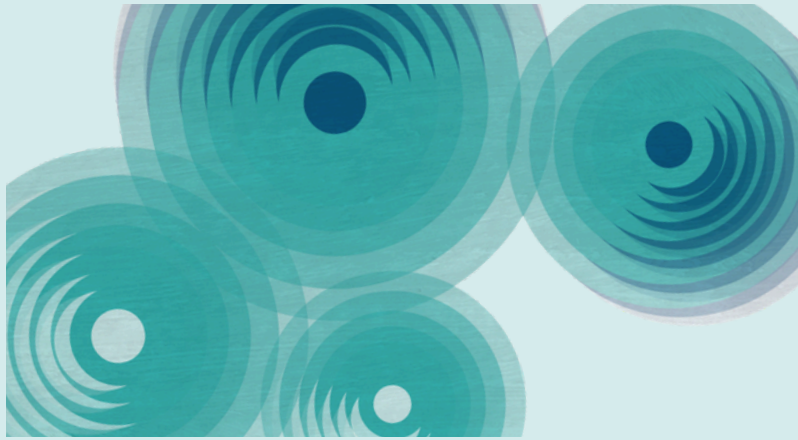
The principles above describe how we will work. The priorities that follow describe where we will act.

Between now and 2030, the Fleming Initiative will focus on delivery, putting the partnerships, programmes and capabilities developed to date into action. This will help translate shared commitment on AMR into practical progress across the settings and sectors where change is needed most, bringing us closer to the vision we have set out.

To put our mission into action, our approach is based on a simple theory of change: to bring together the people, expertise and resources needed to drive progress on AMR, while creating a cycle of learning that helps successful ideas move from innovation to adoption and scale. By strengthening coordination, capability and commitment around shared priorities, this approach will help create the conditions for evidence and innovation to translate into sustained real-world change.

We will bring together science and innovation, public engagement and involvement, and behavioural change, and informed policy, to address AMR in practice – helping good ideas become part of everyday practice, adapting what works to different contexts, and using what we learn to improve future action.

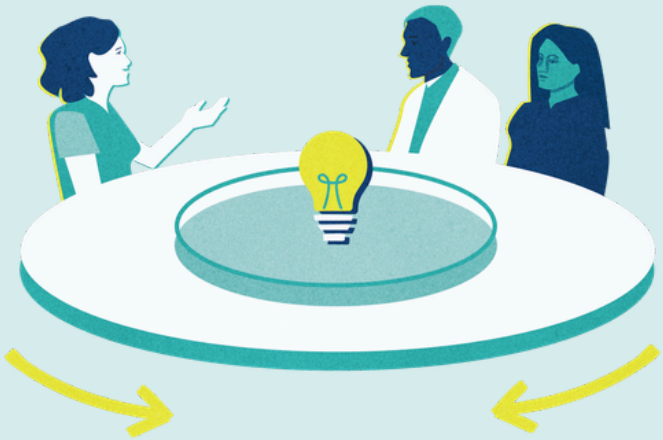
While individual priorities may evolve as needs and opportunities change, our approach will remain consistent.



1. Mobilise collective action through convenings

We will bring together the people and organisations needed across human, animal, agricultural, and environmental health to make progress on shared priorities, by:

- Working with partners to regularly identify priority areas where coordinated action can make thegreatest difference.
- Using convenings to align and bring together partners and political, health and economic decision-makers with the expertise, influence and resources needed to act on those priorities.
- Clarifying roles and reducing fragmentation across research, policy and practice.



Outcome: Those needed to drive progress on AMR are further aligned around shared priorities, with clearer roles and more coordinated action across sectors and contexts.

2. Acceleration from discovery to delivery



Working through our partnerships, we will lead programmes where we are well placed to do so, helping promising ideas move from research into policy and everyday practice. We will help generate evidence, translate it into policy and practice, and use what we learn to improve what comes next.

Drawing on the current work, this includes:

- Harnessing cutting-edge AI technology to accelerate research into new treatments.
- Developing and testing diagnostics, supported by clinical trials, as a cross-cutting enabler of better infection detection, surveillance and supporting more appropriate use of antimicrobials.
- Using environmental data to improve surveillance and our understanding of how AMR may develop and spread.
- Identifying, testing and sharing effective methods to support countries to develop and put their National Action Plans into practice.
- Integrating behavioural insight and public involvement into the design, testing and implementation of solutions from the outset.

> *Scientific discovery is crucial in addressing AMR, but to truly make a difference, we need collective action. By uniting industry, academia, and clinical expertise, we can work together to test, evaluate, and incentivise the adoption of promising innovations – translating research into practical solutions.*
>
> **Sir Jonathan Symonds CBE**
> Chair, GSK

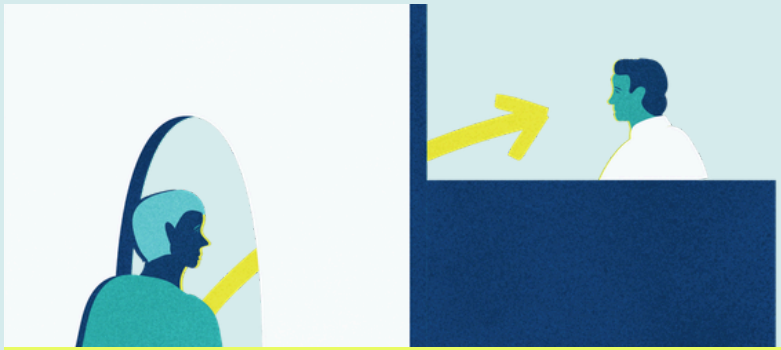
Outcome: Promising ideas and evidence move more quickly into policy and practice, improving how AMR is understood and addressed.

3. Put people at the centre of progress

Lasting progress on AMR depends not only on scientific innovation, but also on wider efforts to prevent infection, alongside building trust, understanding and changing behaviour – in clinics, farms and across the communities and environments that connect them.

We will:

- Build evidence on what drives AMR-related behaviours and what works to change them.
- Create opportunities for dialogue, learning, and public involvement through the Fleming Centre and beyond, reaching diverse communities across the UK and internationally, including those less likely to engage through traditional scientific and healthcare settings.
- Ensure lived experience shapes the questions we ask, the solutions we develop, and how they are put into practice.



For me, meaningful progress on AMR means working with people, not just creating solutions for them. Listening to lived experience and involving the public from the start are essential to building trust, fostering clarity and understanding, and developing a shared sense of ownership.

Angelo Micciche
Co-Chair of the Fleming Initiative Public Advisory Group

Outcome: Supporting greater public understanding and lasting changes in behaviour, with solutions that people are more likely to trust and use.

4. Drive wider adoption across nations and contexts

We will support promising solutions to be tested, adapted, and adopted in different nations and contexts, recognising that what works in one setting may need to change to work in another.

We will do this by:

- Working with early adopter nations and regions to test and adapt solutions in different settings.
- Enabling nations and regions to learn from one another and share what works.
- Aligning adoption with National Action Plans and wider global commitments.



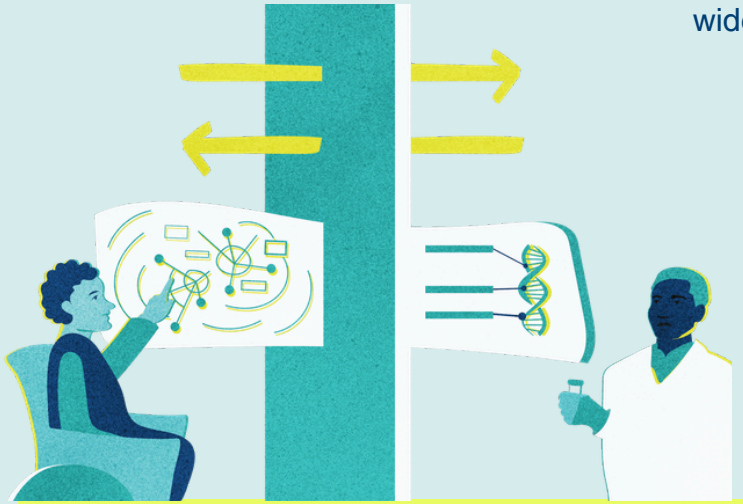
Outcome: Promising solutions tested in one setting are adapted to local needs and put into practice across other countries and contexts.

5. Establish the Fleming Centre as a model for coordinated action

We will establish the Fleming Centre in London, that can support the development of future Fleming Centres and other models of coordinated action internationally, shaped by local needs and contexts.

Located in the Paddington Life Sciences Basin, the Centre in London will:

- Bring together disciplines and sectors to move more quickly from discovery into practice.
- Provide dedicated space for convening, from communities to global decision-makers.
- Enable the public to engage across the Centre's work, shaping science and innovation, policy, and ways to change behaviour, while creating a wider dialogue on AMR.



> *Both individual and collective behaviour change are an essential piece of the puzzle when tackling AMR. To drive meaningful impact on a global scale, this requires scientists, clinicians, policy makers and the general public to work side by side.*
>
> **Dr Kate Grailey**
> Behaviour Change Pillar Lead of the Fleming Initiative

Outcome: Promising solutions tested in one setting are adapted to local needs and put into practice across other countries and contexts.

6. Create the conditions for lasting impact

To sustain our work to 2030 and beyond, we will strengthen the resources, governance, and capabilities needed to deliver our mission. In doing so, we will build resilience within the Fleming Initiative while strengthening leadership and capability across the wider AMR landscape.

We will:

- Secure and steward funding to deliver the ambitions of this phase of the Fleming Initiative
- Diversify support across philanthropy, industry and government to strengthen resilience
- Strengthen governance and accountability by bringing together those who lead, advise, deliver and contribute to our mission
- Invest in leadership development and broader fellowship programmes, helping to build the education framework, skills and capabilities needed for the future AMR capability



> *Our ambition is not only to deliver impact today, but to build the strong governance, sustainable partnerships, diverse investment, and leadership capability needed to drive progress against AMR for decades to come.*
>
> **Amit Mulji**
> Chief Operating Officer of the Fleming Initiative

Outcome: A financially secure and well-governed Fleming Initiative that helps build resilience, leadership and capability across the wider AMR landscape to 2030 and beyond.



What success looks like: strengthening Fleming; shaping the landscape

By 2030, our success will be judged in two complementary ways: by what the Fleming Initiative has become; and by the difference we have helped make across the AMR landscape.

Our first diagnostics convening meeting in Ghana (2025)

What will the Fleming Initiative have become

In these formative years, success will mean establishing the Fleming Initiative to be able to act as a model for collective action on AMR.

By 2030, we will know we have established the Initiative on strong footing if it is recognised as a:

- **Trusted integrator:** Recognised internationally as an effective convenor, with the relationships and standing to bring together those needed to drive collective action on AMR.
- **Proven model:** Recognised for a distinctive model bringing together science and innovation, policy, public engagement and involvement, and behavioural change; with the Fleming Centre demonstrating the value of co-location and serving as a model for the development of future Centres globally.
- **Credible delivery partner:** Trusted by partners to turn shared ambitions into action, with a track record of developing and delivering complex programmes and partnerships.
- **Resilient and enduring presence:** Financially secure, well-governed, equipped with the people, partnerships and resources needed to continue delivering, adapt with the AMR landscape, and extend its contribution beyond 2030.

What will signal our contribution to progress across the AMR landscape

Most importantly, success would also mean our work has contributed to measurable progress in the wider AMR landscape, ultimately helping to protect people's health and the wider benefits of effective antimicrobials.

While these changes will depend on the collective efforts of many, by 2030 we want our work to have contributed to:

- **A more connected response to AMR:** Those with a role in addressing AMR working more effectively through a One Health framework, with clearer shared priorities, less duplication and fewer disconnected efforts; supported by new models for collaboration inspired by the Fleming Centre internationally.
- **Evidence and innovation translated into action at scale:** Research, evidence and learning feeding more quickly into how AMR is addressed, with what works adapted and applied in different settings.
- **People being more central to how AMR is addressed:** Public perspectives, lived experience and understanding of behaviour more routinely influencing the decisions made, the questions explored and the solutions developed.
- **Greater capability to sustain action on AMR:** A stronger pipeline of leadership, skills and capabilities supporting sustained action on AMR.

Navigating uncertainty – managing complexity to protect impact

Our strategy is deliberately ambitious because the challenge demands it – AMR threatens the foundations of modern healthcare, yet the response has not kept pace with what is needed.

However, we recognise that pursuing this level of ambition necessarily involves risk and uncertainty.

Delivering coordinated action on AMR across countries, sectors, organisations and disciplines is inherently complex. The Fleming Initiative is itself a new and evolving model, bringing together partners and ways of working that have not previously operated together at this scale, while developing a new Centre and delivering an ambitious portfolio of work. Success will depend not only on our own actions, but on sustained action by others. Fleming does not control many of the decisions, resources and capabilities needed for progress; nor does any single entity have the authority, resources and capabilities needed to address AMR alone.

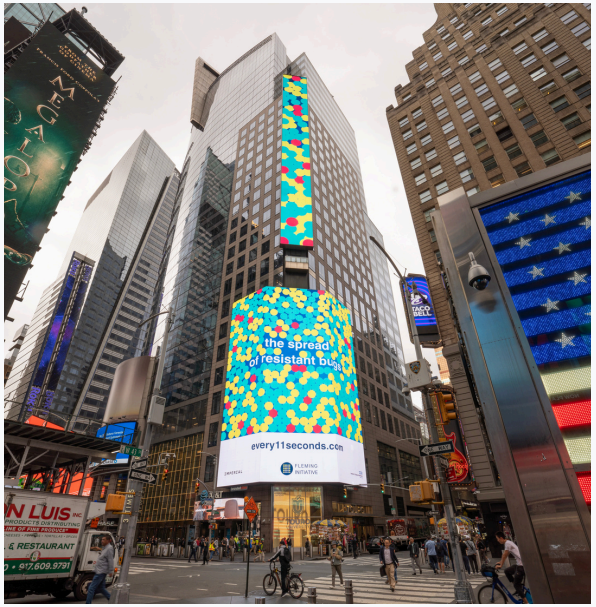
We are also operating in a rapidly changing environment. Scientific and technological advances are creating new opportunities, while political priorities, funding, international relationships and pressures on health systems can change quickly. Experience in recent years has shown how global crises and competing priorities can rapidly reshape both the attention and resources available for long-term health challenges.

We cannot eliminate these uncertainties, but we can be open about them and deliberate in how we respond. By identifying and communicating the risks to our strategy, we can make better-informed choices and help others understand the challenges we collectively face. We will maintain a watching brief on the wider landscape, looking ahead to anticipate emerging risks as well as opportunities, and retain the agility to adapt our priorities as circumstances change.

To deliver our strategy, protect the resources and relationships entrusted to us, and sustain our contribution to progress on AMR, we will manage the following key risks.

Risks to our progress

- Collective action weakens or fragments, as priorities diverge, partners face competing demands, or attention shifts in response to other pressures and crises.
- Our ambition exceeds our capacity, or we spread our efforts across too many activities, reducing our ability to deliver them well.
- Changes in the funding landscape reduce the resources available to deliver our ambitions and sustain our work.
- Our work does not translate into sustained use, or what works in one setting proves difficult to adapt and adopt elsewhere.
- Our approach or priorities do not keep pace with a changing AMR landscape, including developments in science and technology, policy, health systems and international priorities.
- The impact of our contribution is difficult to demonstrate, given the many factors that influence progress on AMR and the time it may take for changes to be reflected in global indicators.



Our "Every 11 Seconds" billboard campaign, New York, United States (2024)

How we will respond

- Maintain clear priorities and make deliberate choices about where to focus, informed by where we can make the greatest difference and the capacity available to us.
- Be clear about when we should lead, support or champion others, recognising that Fleming cannot and should not seek to do everything itself.
- Develop our work in stages, learning and adapting before expanding activity where appropriate.
- Diversify our sources of support and steward our resources for the long term, reducing our dependence on any single source of funding.
- Monitor progress and the wider landscape, using evidence, evaluation, feedback and looking ahead to identify changes early, adapt our priorities, and be transparent about our progress, learning and challenges.



Fleming Centre public consultation workshop (2025)

The way forward

The Fleming Initiative has been established at a moment of urgency in the global response to AMR. The coming years provide an opportunity to turn growing scientific progress, political commitment and public concern into action that makes a lasting difference.

Our distinctive contribution is not to replace existing actors, but to strengthen what can be achieved together: bringing people and capabilities together, helping promising ideas move from discovery into practice, supporting successful innovations to be adapted and adopted more widely, and ensuring that people are part of shaping the solutions that affect them.

The next phase is about turning commitment into action. **We will** put the partnerships, programmes and capabilities developed to date to work, while continuing to build the relationships needed to extend our reach and impact. **We will** remain focused on the approach set out in this strategy while adapting our priorities as necessary as the landscape changes and as we learn from delivery.

We will hold ourselves accountable for the contribution we make. Each year, **we will** translate this strategy into clear plans and measures of progress, review what we are learning, report what we have delivered, and use that learning to shape what comes next. This will allow us to track progress towards 2030 while continually improving how we work.

But success will depend on more than the Fleming Initiative. **We will** call on researchers, healthcare workers, policymakers, industry, funders and communities to bring their expertise, influence and resources to the shared priorities where, together, we can make the greatest difference.

By aligning our efforts around shared priorities, we can all contribute to the collective ambitions for AMR by 2030; while building the partnerships, capabilities and momentum needed for sustained action beyond it.



Fleming Centre public consultation workshop (2024)

Because together, we can turn the tide on AMR and keep antimicrobials working for the next 100 years.

Thank you

FLEMING INITIATIVE

This strategy is the result of a comprehensive consultation period, and together reflect the purpose and priorities of the Fleming Initiative staff, our Public and International Advisory Groups, our partners and collaborators, as well as stakeholders in the wider AMR landscape.

Thank you to everyone who has contributed their energy, ideas and ambition to this process.

Main contributors: Amit Mulji, Farhad Riahi-Nejad, Mikayla Hu, Yufan Chen, Peter Howitt, Juliet Allibone.

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