

A gram of prevention or a kilo of cure?



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World
Organisation
for Animal
Health
Founded as OIE

Organisation
mondiale
de la santé
animale
Fondée en tant qu'OIE

Organización
Mundial
de Sanidad
Animal
Fundada como OIE

— VEYRIER-DU-LAC AU FIL DU TEMPS —

15 CENTRE DES PENSIÈRES ET FONDATION MÉRIEUX



CE DOMAINE SITUÉ EN BORDURE DU LAC, PROPRIÉTÉ DE LA FONDATION MÉRIEUX, COMPREND DEUX PRINCIPAUX CORPS DE BÂTIMENT: LA MAISON, PROCHE DU RIVAGE, BÂTIMENT DU XVIÈME SIÈCLE ET LE CENTRE DE CONFÉRENCE DES PENSIÈRES.

La maison faisait partie des dépendances du «Clos de Crans», propriété viticole remontant au XIV^e siècle. C'était le principal grangeage du château des Places, aujourd'hui «Fleur d'eau». Il a appartenu à différentes familles dont la famille de Menthon, à la fin du XVI^e siècle, sous le nom de «la Gaillardaz». Au XVIII^e siècle, il est répertorié sous le numéro 165 sur la carte Sarde et au XIX^e siècle il porte le nom «les Grudes». Il abritera aussi un relais de poste.

Dans les années 1950, Les Pensées devient la propriété familiale du Docteur Charles Mérieux et de son épouse, Simone, originaire de la région.

En 1967, Charles Mérieux crée dans cette propriété la fondation Marcel Mérieux en souvenir de son père, qui avait été élève de Louis Pasteur et d'Emile Roux. Cette Fondation familiale, reconnue d'utilité publique en 1976, lutte contre les maladies infectieuses dans les pays en voie de développement.

Le Docteur rénove l'ancienne grange qui occupe la place d'anciennes maisons de vigneron que

l'on retrouve déjà sur la carte Sarde et en fait une salle de réunion où se tiennent les premiers colloques scientifiques sur la santé.

Au fil des ans, des bâtiments et des installations spécifiques seront ajoutés. Des cours et des conférences rassemblent des scientifiques et experts du monde entier. Au décès du Docteur Charles Mérieux, son fils, Alain Mérieux, continue les travaux d'extension et d'embellissement du Centre des Pensées que la famille apporte à la Fondation Mérieux en 2004.

Ce centre a été conçu pour être un creuset d'idées, un centre de rayonnement scientifique au service de la santé publique mondiale. En cela, il contribue à l'un des objectifs majeurs de la Fondation: favoriser les échanges entre acteurs de la santé publique et le partage de connaissances sans frontière entre les disciplines et entre les pays. Ouvert sur la nature et sur le monde, le centre est reconnu comme un lieu d'exception qui accueille tout au long de l'année des chercheurs, des scientifiques, des professionnels de santé et des acteurs de terrain pour faire progresser la santé publique dans le monde.



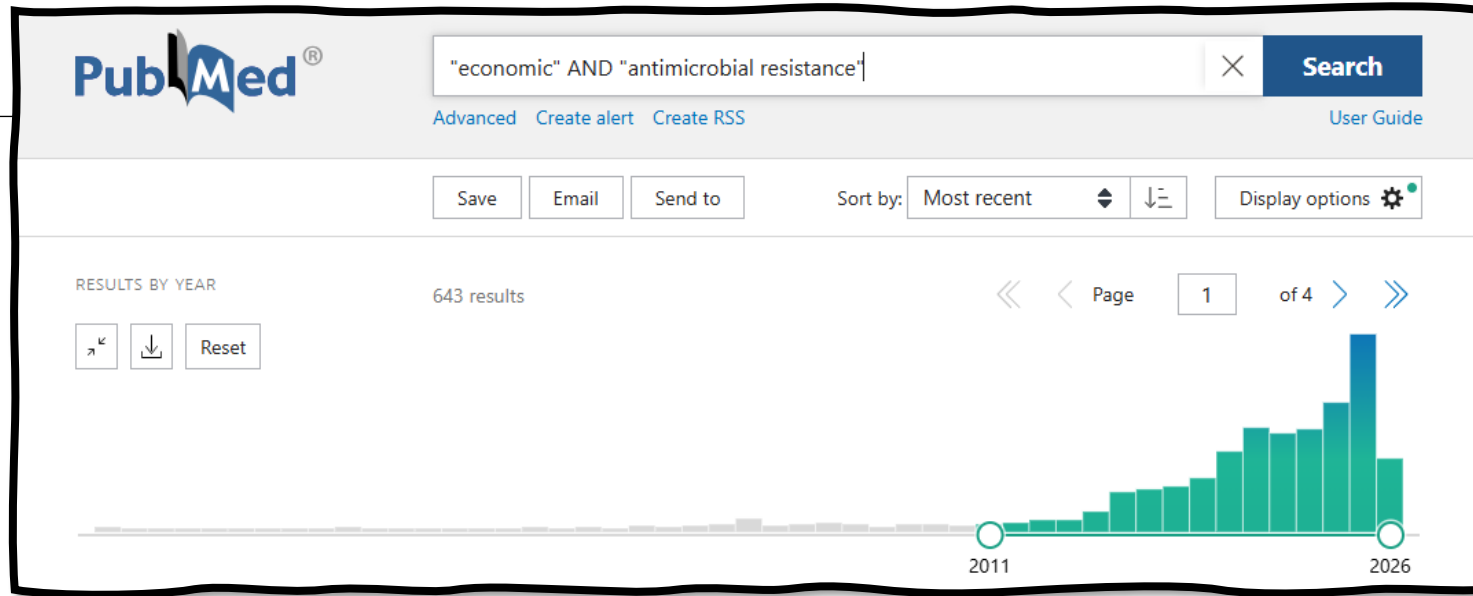
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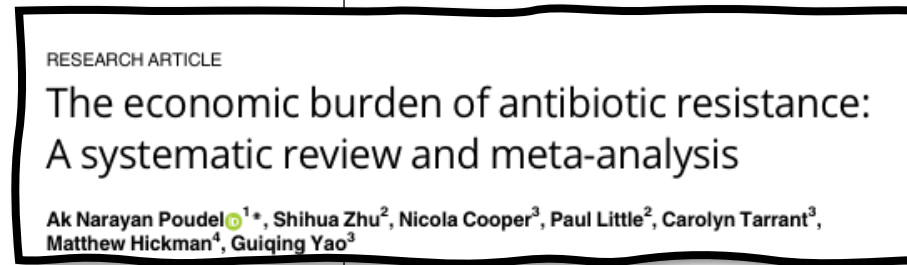
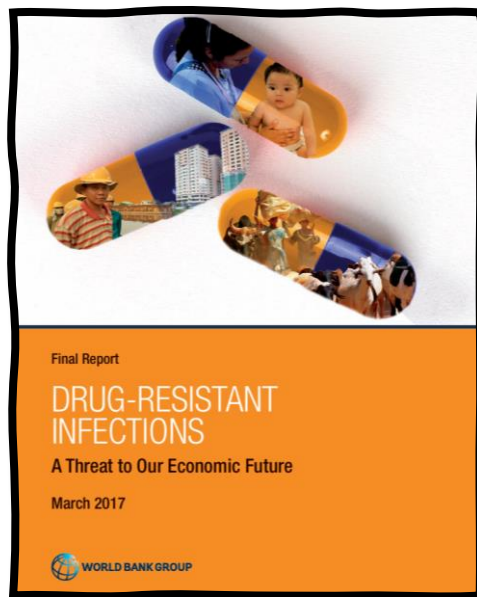
2009

2014-16

2017

2023

2025



- ❑ Most of studies carried out in high-income countries
- ❑ Vast majority from healthcare & hospital perspective
- ❑ Little to none exploring *'new economic models, which reconcile public health interests with industry needs for profitability'*

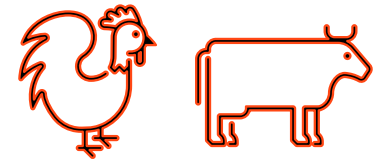


- ❑ Released in Sep.2024, together with the World Bank and other outstanding partners
- ❑ Data from more than 200 countries forecasting full toll of AMR on people, livestock and the economy
- ❑ Estimates a return of **US\$ 28 for every US\$ 1 invested** in drug innovation and health care improvements



You all probably know that

- ❑ Over **one million** deaths worldwide each year are caused because of our inability to treat bacterial infections,
- ❑ **39 million** people would have died because of this by 2050 if we do not change behaviour.



But did you know that

- ❑ Today, AMR is already causing annual GDP losses of **US\$17 billion** in livestock production systems, and
- ❑ by 2050, again if we do not change our behaviour, annual global livestock GDP losses will reach up to **US\$ 1.7 trillion**.



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SIX MAJOR RECOMMENDATIONS

- Make the case** – use economic data to inform policy
- Mobilise investments** – public, private, multilateral, equitable...
- Look to LMICs** – as they bear the biggest burden of AMR
- Let data flow** – gather data, share data, use data !!
- Pursue R&D across One Health spectrum** – OHPRA, START-IDAZ, WHO, etc.
- Aim policies at prevention** – cost-effectiveness shown





CASE STUDY

AI-based intervention for real-time disease diagnostics



Periodic health
check-up
Care



AI-based CCTV
monitoring
Live



Estimated
ROI of 4:1



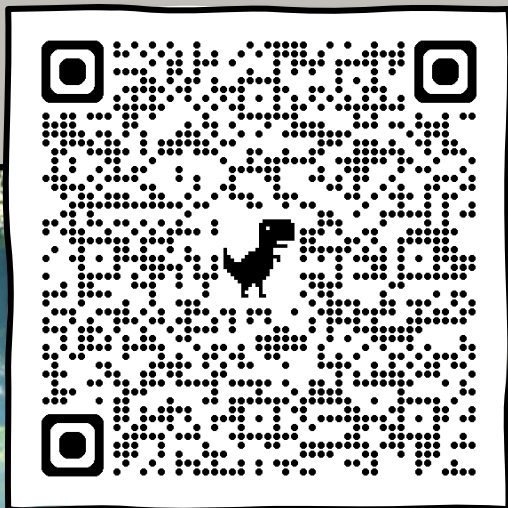
From 255% in Year 1 to
537% in Year 3



Medical costs per
pig dropped by up to
53%



Adaptable to lower-
and middle-income
countries



Annual cost of prevention



Strengthen animal health, veterinary services
US\$2.3 billion



Reduce deforestation, improve conservation
US\$3.2-4.4 billion

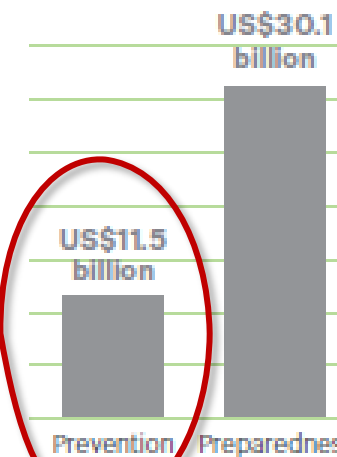


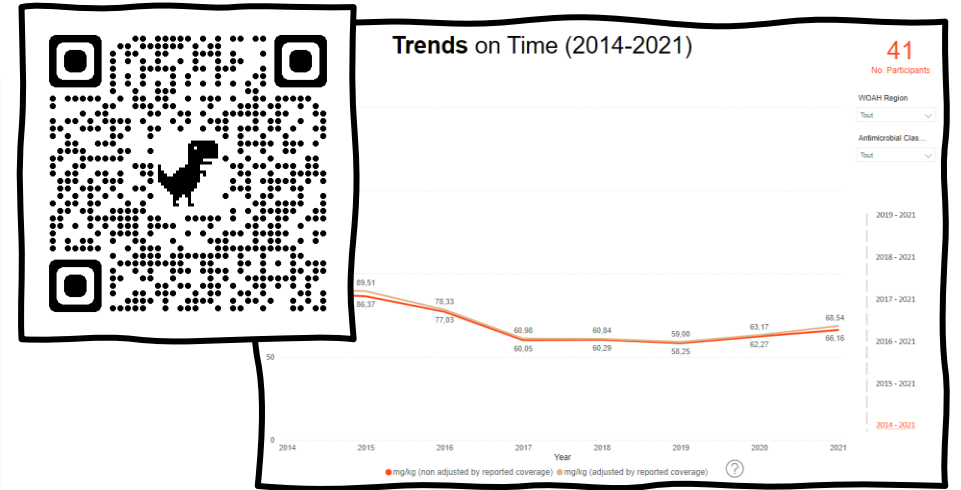
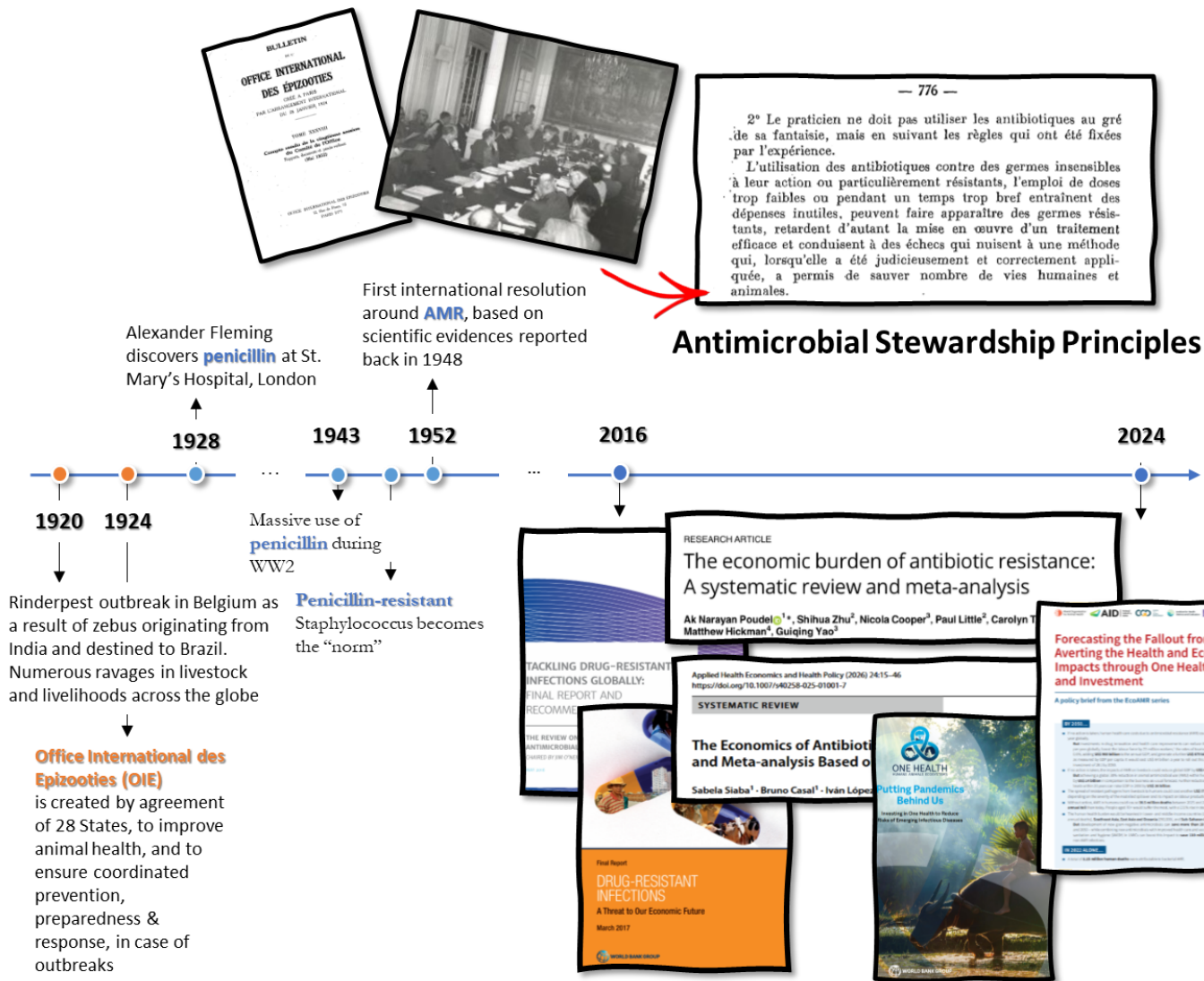
Improve on-farm biosecurity
US\$5 billion



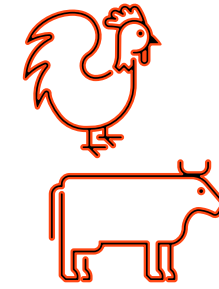
Improve urban planning
Estimate unavailable

Prevention compared to Preparedness





- Global AMU in animals has stopped dropping
- Overall use of AGPs* not changed since 2017
 - 20% WOAH Members
 - 76% w/o risk analysis
 - 11% still using HPCIA
- 1 out of 6 bacterial tested is MDR
- AMU in humans increasing in some countries



*antimicrobials as growth promoters



Hand hygiene in health care: 20 years of ongoing advances and perspectives

Nasim Lotfinejad, Alexandra Peters, Ermira Tartari, Carolina Fankhauser-Rodriguez, Daniela Pires, Didier Pittet

Health-care-associated infections are the most prevalent adverse events of hospital care, posing a substantial threat to patient safety and burden on society. Hand hygiene with alcohol-based hand rub is the most effective preventive strategy to reduce health-care-associated infections. Over the past two decades, various interventions have been introduced and studied to improve hand hygiene compliance among health-care workers. The global implementation of the WHO multimodal hand hygiene improvement strategy and constant efforts to replace the use of soap and water with alcohol-based hand rub have led to a faster and more efficient hand cleaning method. These strategies have strongly contributed to the success of behaviour change and a subsequent decrease in health-care-associated infections and cross-transmission of multidrug-resistant organisms worldwide. The WHO multimodal behaviour change strategy requires a series of elements including system change as a prerequisite for behaviour change, education, monitoring and performance feedback, reminders in the workplace, and an institutional safety climate. **Successful adoption of the promotion strategy requires adaptation to available resources and sociocultural contexts.** This Review focuses on the major advances and challenges in hand hygiene research and practices in the past 20 years and sets out various ways forward for improving this lifesaving action.

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This online publication has been corrected. The corrected version first appeared at thelancet.com/infection on August 9, 2021

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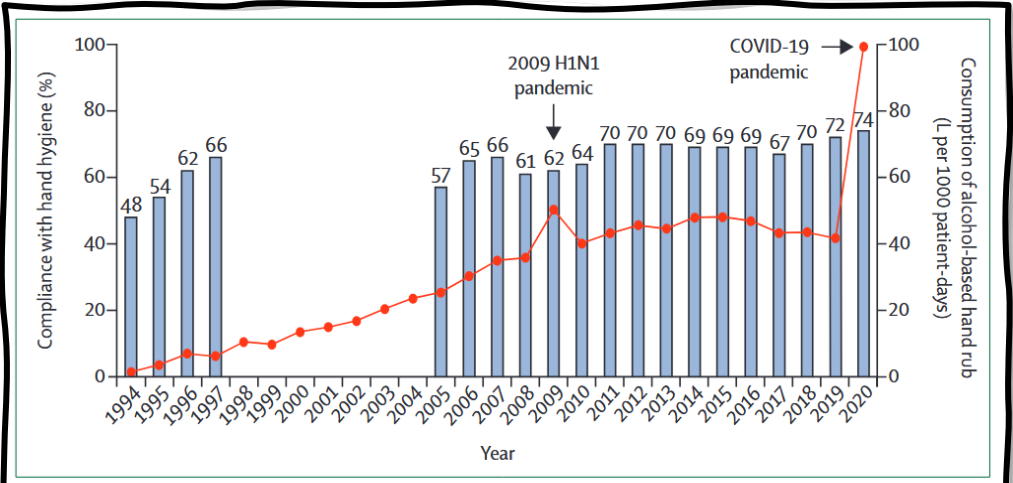
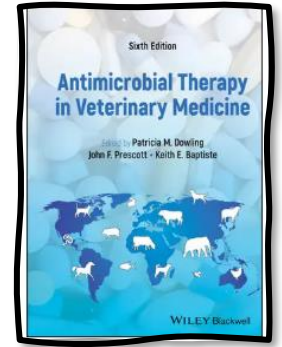
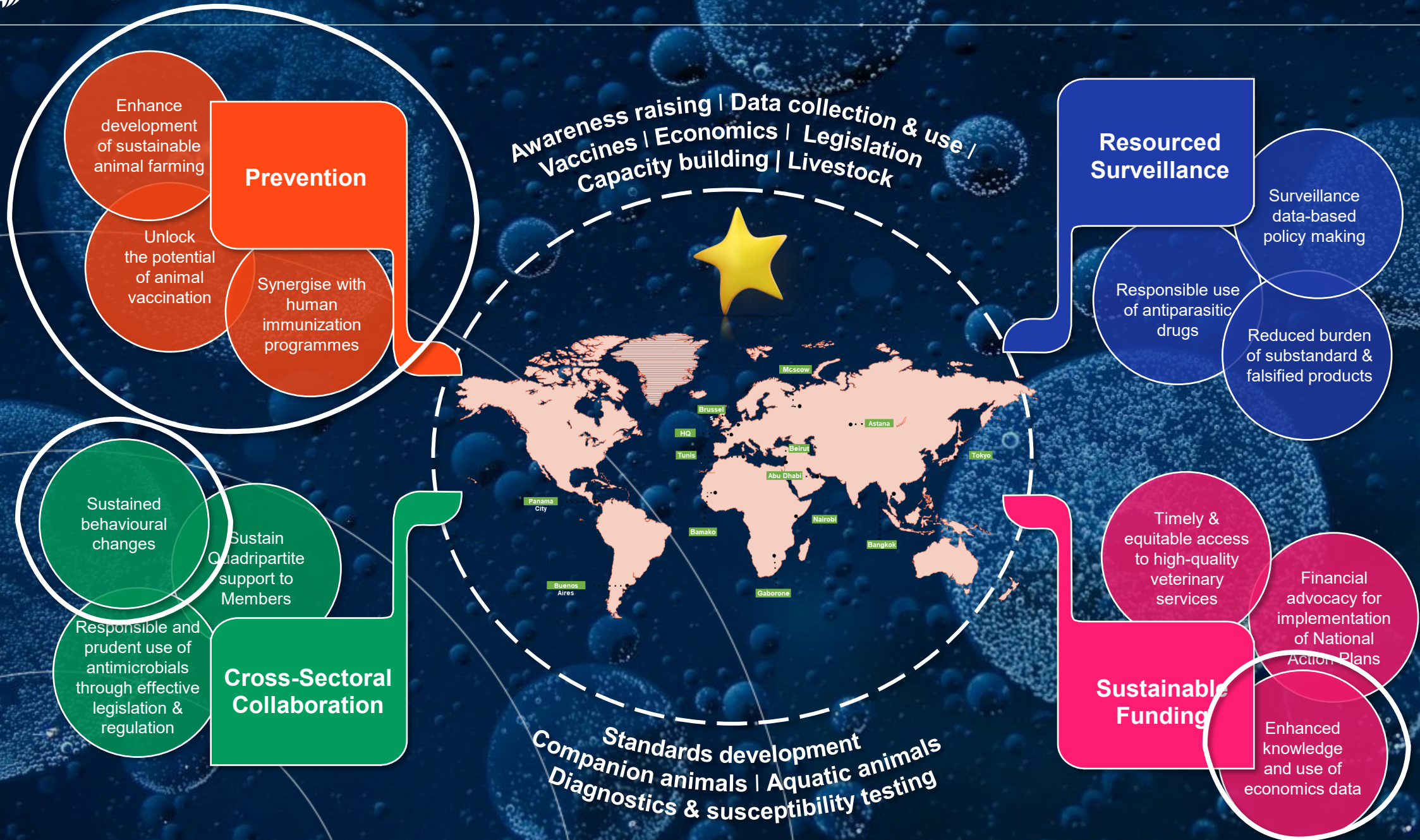


Figure 4: Compliance with hand hygiene and use of alcohol-based hand rub at the University of Geneva Hospitals, 1994-2020
 Purple bars represent compliance with hand hygiene and the red line indicates consumption of alcohol-based hand rub. Compliance with hand hygiene practices has been monitored throughout the University of Geneva Hospitals (Geneva, Switzerland) as indicated in the study by Pittet and colleagues,⁷² from 1994 to 1997; subsequently, the method was adapted to the My 5 Moments for Hand Hygiene concept according to Sax and colleagues,⁶⁵ to monitor practices from 2005 to 2020. Between 1998 and 2004, compliance was recorded using a different approach in specific wards; therefore, compliance levels of this period have not been shown in the figure.

‘The biggest hurdle to effectively contain AMR is not the microbial ability to adapt and to exchange resistance mechanisms, but the **natural resistance of humans to change**’



John Prescott



A gram of prevention or a kilo of cure?



The choice is ours !

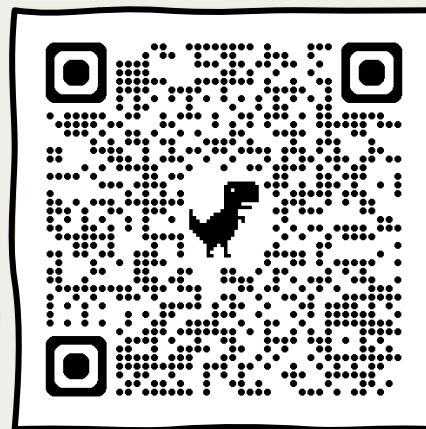


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Thank you !
Merci !
Gracias !



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