The New Action Plan On AMR

Mains: *GS II - Health*

Why in News?

Recently, India's new National Action Plan on Antimicrobial Resistance (NAP-AMR 2.0), (2025-29) has been released.

What is AMR?

- **Antimicrobials** – This includes antibiotics, antivirals, antifungals, and antiparasitics, used to prevent and treat infectious diseases in humans, animals and plants.
- **Antimicrobial Resistance (AMR)** – It occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines.
- As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective and infections become difficult or impossible to treat.
- It increases the risk of disease spread, severe illness, disability and death
- **Concerns** – Antimicrobial Resistance (AMR) is affecting human health, veterinary practices, aquaculture, agriculture, waste systems and the entire food chain.
- Antibiotic residues, resistant organisms and environmental discharge connect these sectors in powerful ways.
- AMR does not remain confined to hospitals and it moves through soil, water, livestock, markets and food systems, making it a true One Health challenge.

What is the evolution and status of India's plan on AMR?

- **The first National Action Plan on AMR** – It was launched in 2017, was a significant step forward.
- It brought AMR into national consciousness, encouraged multi-sectoral participation, improved laboratory networks, expanded national surveillance and supported stewardship.
- It also placed AMR firmly within a One Health framework, recognising the links between human health, animal health and the environment.
- Despite this progress, implementation during the first plan period remained limited at the State level.
- **Efforts of states** – Only a small group of States, Kerala, Madhya Pradesh, Delhi, Andhra Pradesh, Gujarat, Sikkim and Punjab have, developed formal State Action Plans, and only a few moved meaningfully into execution.
- The majority of the states continued to rely on fragmented activities within individual sectors.

- State-wide, multisectoral One Health structures did not take shape in most parts of the country.
- **AMR in Stute's jurisdiction** – The slow uptake was not due to a shortage of national effort, but because the major determinants of AMR fall under State jurisdiction.
- Health administration, hospital functioning, pharmacy regulation, veterinary oversight, agricultural antibiotic practices, food-chain monitoring and waste governance are controlled by State departments.
- National guidance alone cannot create uniform implementation when the operational levers sit elsewhere.

How the NAP-AMR 2.0 represents a more mature framework?

- **Spells out committed goals** – It moves beyond broad intent and outlines clearer timelines, responsibilities and resource planning.
- **Recognises private sector participation** – The important advancement is the recognition that India cannot address AMR without meaningful participation from the private sector, which delivers a major proportion of health care and veterinary services.
- **Strengthens the scientific base** – The plan also strengthens its scientific base by placing greater emphasis on innovation — rapid diagnostics, point-of-care tools, alternatives to antibiotics and improved environmental monitoring.
- **Expands the One Health perspective** – It deepens its One Health perspective, giving more attention to food-system pathways, waste management and environmental contamination.
- **Connected surveillance structure** – Surveillance structures are more integrated across human, veterinary, agricultural and environmental sectors, creating a harmonised national approach.
- **Governance mechanisms** – In terms of governance, the NAP-AMR 2.0 introduces a higher level of national oversight by placing intersectoral supervision under NITI Aayog through a dedicated Coordination and Monitoring Committee.
- **Pushes for AMR cells** – It repeatedly stresses that every State and Union Territory should establish State AMR Cells and prepare State Action Plans aligned with the national framework, supported by a national dashboard for progress reporting.
- These developments signal that AMR is evolving from a technical health issue to a national development priority requiring multi-departmental engagement.

Where the new plan falls short?

- **No mechanisms for ensuring state action –** The plan stresses that States must develop AMR Action Plans and establish AMR Cells, but it does not create any mechanism to ensure that they do so.
- There is no formal Centre-State AMR platform, no joint review mechanism, no statutory requirement for States to notify or implement their plans.
- **Absence of financial pathway** – No financial routes such as NHM-linked incentives are present ,that could anchor sustained State commitment.
- **Jurisdictional issue** – Health services, veterinary oversight, agricultural antibiotic use, food-chain safety and waste regulation lie almost entirely within State jurisdiction,

this is the pivotal gap.
- **Absence of organized system** – Without a structured method for political engagement, administrative follow-through and shared accountability, even a well-designed national plan risks remaining a technical document rather than a functional national programme.

What needs to be done?

- **Coordinated mechanism** – To make the NAP-AMR 2.0 effective, India needs a clear architecture that brings political leadership, senior administrators and sectoral departments from all States into a unified system.
- **Dedicated council** – A national-State AMR council, chaired by the Union Health Minister and guided by NITI Aayog, could provide the platform for regular review, joint decision-making and coordinated problem-solving across human health, veterinary sectors, agriculture, aquaculture, food systems and environmental regulation.
- **Framing of timelines and reviews** – State engagement would also strengthen if the Union Government formally requested each State to prepare and notify its AMR Action Plan, with timelines and annual reviews.
- **Strengthening communication** – Experience from the National Health Mission (NHM) and tuberculosis (TB) programmes shows that high-level communication, especially through Chief Secretaries, can significantly shift administrative attention.
- **Strengthening financial mechanisms** – Even modest conditional grants under the NHM can drive improvements in surveillance, stewardship, infection control and laboratory strengthening.
- When funding signals priority, States respond with administrative energy and policy focus.

- **Need for state's commitment** – India's broader public health experience shows that real progress happens only when the Centre and States work within a structured, mutually accountable system.
    - **For example**, *The National Tuberculosis Elimination Programme* and its achievements arise from regular joint reviews, shared monitoring missions and clearly defined roles across levels of government.
- The National Health Mission follows similar principles, where coordinated planning, dedicated funding signals and periodic performance assessments enable States to turn national priorities into on-ground action.

What lies ahead?

- The NAP-AMR 2.0 provides the scientific and strategic foundation India needs. But its success will depend entirely on how effectively national and State systems work together.
- AMR is driven by real-world practices along the entire One Health continuum — from hospitals and farms to markets, food chains and wastewater systems. Without strong State participation, national plans cannot have national impact.
- India has an opportunity now to build a coordinated and accountable Centre-State model for AMR control.

- If such a system is established, the country can achieve measurable progress and set an international example.
- Without it, even the most well-crafted national plan may remain a document of intentions rather than a framework for action.
- With stronger coordination, political commitment and sustained support across States and sectors, the NAP-AMR 2.0 can become a turning point in India's AMR journey.

Reference

The Hindu| New Action Plan on AMR