

# 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 welldesigned 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

