

The Infectious Diseases Society of America (IDSA) is pleased to submit the following statements to the Department of Health and Human Services to help inform HHS participation in the 74<sup>th</sup> World Health Assembly (WHA). IDSA is a community of over 12,000 physicians, scientists and public health experts who specialize in infectious diseases. Our mission is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases. Below are statements on WHA agenda items related to antimicrobial resistance, the Immunization Agenda 2030 and the global COVID-19 response.

### **13.5: Antimicrobial Resistance**

IDSA agrees with the World Health Organization (WHO) that antimicrobial resistance (AMR) is one of the top ten public health threats. We appreciate the global progress made in combating AMR, as outlined in the consolidated report by the WHO Director-General, including data collection from 69 countries through the Global Antimicrobial Resistance and Use Surveillance System (GLASS), antimicrobial stewardship training for over 46,000 health care workers, expanded surveillance, and reports on antimicrobial research and development that include an analysis of the pipeline and target product profiles. While these steps are necessary and encouraging, significant gaps remain in global responses to AMR. IDSA urges the U.S. government to continue demonstrating leadership on this issue by driving additional investments and innovations.

Antimicrobial resistance has the power to undo decades of medical progress, particularly in low- and middle-income countries (LMICs) where infectious disease prevalence is high and underdeveloped health care systems are ill-equipped to prevent growing drug resistance. While AMR affects all countries, LMICs are disproportionately impacted. While a conservative estimate finds 700,000 people dying worldwide each as a result of AMR currently, it is [projected](#) that if efforts to prevent AMR are not significantly strengthened more than 10 million people will die of drug resistant infections every year by 2050. Of those 10 million deaths, half are projected to occur in Africa and four million are projected to occur in Asia. Half a million deaths are projected in North America. Already more than [214,000 infants die each year](#) from drug resistant bacteria, the vast majority in LMICs. In addition to the human toll, AMR adds significantly to the costs of care – an added burden for LMICs with insufficient resources for health care.

Low- and middle-income countries face a dual dilemma of ensuring appropriate access to antimicrobials for common infections while struggling to curb misuse and overuse of antimicrobials. Antimicrobials are often abundantly available in urban settings with little oversight, while availability is less reliable in rural and other under-resourced settings. Both urban and rural settings lack sufficient resources for comprehensive antimicrobial stewardship programs and face shortages of healthcare professionals. The overuse and misuse of antimicrobials in places with weak healthcare infrastructure contributes to high levels of AMR and greater health disparities. IDSA strongly encourages greater U.S. investments to support antimicrobial stewardship, infection prevention and surveillance in LMICs.

As AMR threats continue to grow, the pipeline of new antibiotics is extremely fragile and insufficient to meet current or future patient needs. It is critical that the U.S. and other high-income countries demonstrate greater leadership in incentivizing antibiotic research and development (R&D). Global experts have long called for novel financing mechanisms for critically needed new antibiotics that delink

payments from use. Such an approach could pave the way for sustainable antibiotic R&D that aligns with appropriate use and access. The U.S. has an important leadership opportunity in the bipartisan, bicameral Pioneering Antibiotic Subscriptions to End Upsurging Resistance (PASTEUR) Act, proposed legislation that would allow the Secretary of Health and Human Services to enter into contracts with developers of novel, critically needed antibiotics through which the federal government would pay a set fee for the necessary supply of antibiotics, rather than paying by volume. Enacting this legislation would solidify the U.S. as a global leader in antibiotic investments.

### **13.8: Immunization Agenda 2030**

IDSA is pleased to see progress on the Immunization Agenda 2030, including the further development of strategic priorities, objectives and proposed indicators. In particular we are pleased to see strategic priorities focused on ensuring the continuation of critical immunization services during outbreaks and health emergencies, but note that currently there are no proposed indicators related to the objective on establishing timely and appropriate immunization services during emergencies and in communities affected by conflict, disaster and humanitarian crisis. We believe a strong indicator must accompany this important objective for it to be effective. We also note that there are other critical objectives that do not have accompanying indicators, including the objective on accelerating the introduction of new vaccines. As we have seen with the COVID-19 vaccine, a variety of barriers can significantly delay access to new vaccines in LMICs, prolonging outbreaks and putting global health security at risk. As infectious diseases medical professionals, we urge the U.S. to push for the inclusion of strong, concrete indicators to provide countries with the direction needed to achieve the goals laid out in the Immunization Agenda 2030.

Despite efforts over the past decade to expand access to vaccines, coverage of essential vaccines only increased from 84% in 2010 to 86% in 2018, leaving nearly 20 million children unvaccinated every year. Polio has not been eradicated, and the COVID-19 pandemic threatens to undo decades worth of progress as disruptions to polio vaccine administration may result in outbreaks in places where polio has been eliminated. Dozens of countries have reported disruptions to vital immunization programs, including at least 30 halted measles programs which could fuel outbreaks. Improved immunization programs can help counter rising rates of antimicrobial resistance by reducing the need to use antimicrobial drugs, extending the efficacy of existing medicines.

Vaccines are an essential prevention tool, and the U.S. and WHO member states must invest in research and development for new vaccine technologies coupled with increased capacity-building for the uptake of existing and new vaccines. We do not have all the vaccines we need to prevent diseases that threaten health and well-being globally.

We ask the U.S. to focus on the full spectrum of innovations that support immunization programs, from manufacturing, storage and deployment, to new vaccine administration infrastructure, to co-administration with other health interventions, to novel approaches to service delivery. Vaccines are only useful if they reach those who need them, and many different types of innovation are necessary to achieve universal access. Many communities have historically suffered harms at the hands of medical and scientific institutions which have broken the bonds of trust needed for vaccination efforts. Global increase in internet access has also provided a platform for the anti-vaccination movement. Rising skepticism about vaccines, misinformation and disinformation through social media could sabotage

immunizations initiatives if not properly addressed and contained. Global efforts are needed to promote vaccine confidence to ensure vaccine uptake, and address all questions relating to vaccine safety and efficacy.

As infectious diseases professionals, we stand ready to work with HHS and the WHO on developing new vaccine strategies, developing the vaccine pipeline and innovative solutions to ensure global uptake of these critical health interventions to mitigate global health challenges.

### **17.1: COVID-19 Response**

IDSA commends HHS and other U.S. agencies on their efforts to renew and strengthen U.S. leadership in global health and the global response to the COVID-19 pandemic. Recent actions by the Biden administration, including pledging \$4 billion to COVAX, proposing to increase funding for global health security efforts at USAID and supporting COVID-19 vaccine patent waivers are all critical steps towards ending the pandemic. Although COVID-19 transmission has decreased in the U.S. and vaccination campaigns, if successful in reaching high numbers of people, hold the promise of preventing future surges, we will all be at risk until the pandemic is controlled globally. The longer the virus circulates globally, the higher the chances for the development of increasingly dangerous variants that may evade existing vaccines. Already there is some evidence that the B.1.617 “triple mutant” variant is resistant to current vaccines, prompting the WHO on May 10 to reclassify it as a variant of concern.

The emergence of this and other variants highlights the urgent need to increase and strengthen viral sequencing globally along with other surveillance and laboratory capacities, particularly in countries with underdeveloped public health and healthcare systems. We urge HHS to utilize the full extent of U.S. public health expertise in helping countries like India, Brazil, Mexico, and others experiencing COVID-19 surges to strengthen capacities to detect and track emerging variants.

As infectious diseases medical professionals, we fear that the situation in India will soon be replicated in other low- and middle-income countries (LMICs) with limited capacities to respond to COVID-19 surges. In addition to contributing more to the response in India, we urge the Biden administration to work with the WHO in accelerating pandemic preparedness and response efforts in Africa, including disseminating rapid diagnostics, personal protective equipment (PPE), medical oxygen and other necessary countermeasures. We recommend the U.S. donate excess vaccines to countries that continue to lack access. We also urge greater investments in vaccine infrastructure and communications tools to support vaccine administration, boost vaccine confidence, reduce the burden of other vaccine-preventable diseases and better prepare for future health threats.

The pandemic is eroding gains made in the fight against HIV, TB and malaria, and increased resources are needed to regain ground. Since the pandemic began, new HIV treatment initiation has dropped sharply while TB services have been disrupted in over 78% of countries. Disruptions to essential malaria services could result in a doubling of mortality while an additional 400,000 people could die from TB alone. The pandemic has disrupted immunization services, including halting 30 measles programs. If immediate actions are not taken to address COVID-19's impacts on these health threats, we will see a reversal of progress for years to come.

Finally, we ask HHS to leverage diplomatic ties with other high-income countries to secure greater contributions to the global COVID-19 response. We are disheartened to see proposals from the UK

government to drastically cut funding for Overseas Development Assistance programs, including a 95% cut to the Global Polio Eradication Initiative and cuts to vital programs that will inevitably result in increases in polio, TB, malaria and other infectious diseases. COVID-19 reminds us once again that infectious diseases know no borders. We must accelerate the U.S. response to COVID-19 globally to ensure health security for ourselves and others.