

## **IDSA Statement for 148<sup>th</sup> WHO Executive Board Meeting**

### **Agenda Item 9: Antimicrobial Resistance**

The Global Health Council, Global Health Technologies Coalition and Infectious Diseases Society of America thank the chair and distinguished delegates for this opportunity to comment on the ongoing work against resistance to antimicrobials from a large span of bacterial, viral, parasitic and fungal microorganisms.

According to a recent *Lancet* study, bacterial infections unsuccessfully treated due to antimicrobial resistance (AMR) claim at least 700,000 lives per year worldwide and are projected to be associated with the deaths of 10 million people per year by 2050.

The pandemic has exacerbated the fight against AMR, as COVID-19 and other competing global priorities are reducing activities aimed to address AMR while increasing the use of antibiotics. Secondary infections further complicate treatment for patients with COVID-19, particularly those with severe illness. Health services including treatment and immunization campaigns have been disrupted, research and clinical trials have stalled and investments have been re-allocated. This has increased the risk of greater antimicrobial misuse and resistance globally, with fewer tools to address this growing threat.

The Director-General's report highlights that there is a critical need for additional financing to strengthen country and regional office technical capacities to control the emergence and spread of antimicrobial resistance, and to invest in global research and development (R&D). More resources are needed to strengthen access and stewardship of existing and new health technologies in countries with high AMR burdens.

We call on all member states to increase investment and innovation in quality-assured, new antimicrobials, novel compounds, diagnostics, vaccines and other health technologies to fight AMR. There are few new antibiotics in clinical development and waning private investment, and we must take urgent action to support the fragile antibiotic pipeline. Innovations should be developed with the most vulnerable populations in mind and be appropriate for and accessible to all who need them, including for those in low-resource settings.

To increase investment in the clinical development of antimicrobial treatments and diagnostic tools, we also call on WHO, member states and other stakeholders to advance policies necessary to revitalize discovery and product development, including support for the Global Antibiotic Research and Development Partnership. Incentives such as delinkage would support such development by securing both stewardship and returns. Public investments should be conditioned upon the accessibility of novel technologies to fight AMR.

We urge WHO to support member states in developing their own national action plans to fight AMR and to provide technical guidance to accelerate their implementation.

Lastly, we call on member states to enroll in the Global Antimicrobial Resistance and Use Surveillance System (GLASS) and ensure that surveillance and diagnostic data are shared with WHO, as the program serves as a vital platform for countries to rapidly access crucial information to respond to disease outbreaks.