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Professor Junshi Chen, MD
Senior Research Professor
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Professor Dame Sally Davies, DBE, FMedSci, FRS
Chief Medical Officer
Department of Health
United Kingdom

Ms. Martha Gyansa-Lutterodt, BSc, MA HMPP, MGL
Director of Pharmaceutical Services
Ministry of Health
Ghana

Dear Professors Chen, Dame Sally Davies, and Ms. Gyansa-Lutterodt:

The Infectious Diseases Society of America (IDSAs) appreciates the opportunity to comment on the proposed work plan of the Ad-hoc Interagency Coordination Group (ICG) on Antimicrobial Resistance (AMR). In addition to offering feedback, IDSAs would be pleased to assist the ICG and its partners on efforts to implement the United Nations General Assembly (UNGA) Political Declaration and the Global Action Plan (GAP) on AMR. Combating AMR has been a top priority for IDSAs since we first sounded the alarm on this public health crisis in 2004. Our members are on the frontlines of this battle, caring for patients with or at risk of infections caused by multidrug resistant pathogens; leading antimicrobial stewardship and infection prevention and control programs; conducting basic, translational and clinical research to deepen our understanding of resistance and discover urgently needed new therapeutics, diagnostics and vaccines; and guiding surveillance, epidemiology and other public health interventions. IDSAs has also convened a diverse array of stakeholders to successfully drive policy changes to combat AMR. We hope the ICG will utilize us as a resource in your important work.

IDSAs strongly supports the objectives set forth in the proposed work plan and we are pleased to offer suggestions that may add further strength to this effort. We also note areas in which we may be particularly well suited to collaborate with the ICG and its partners on implementation.

Summary of IDSAs Recommendations:

- Advance "push" and "pull" incentives for antimicrobial drugs, diagnostics and vaccines
- Promote research that leads to improved use of existing antibiotics
- Secure an expert infectious diseases workforce to address AMR
- Coordinate AMR and TB activities
- Make AMR activity map publicly available
- Create a mechanism to facilitate collaboration and sharing of resources and knowledge
- Facilitate multinational research networks

- Provide nuanced guidance, tools and training on stewardship that are geared towards the constraints and concerns of individual countries, including low and middle income countries
- Develop global goals with quantifiable targets, specific timelines and benchmarks for progress

Summary of ICG-IDSA Opportunities for Collaboration

- Engage with clinical and scientific community through IDSA, including at the annual IDWeek conference, and informally throughout the year to share information, to seek input and to develop joint projects
- Engage with the Stakeholder Forum on Antimicrobial Resistance (S-FAR), convened by IDSA, to better inform and to mobilize the broader AMR community
- Provide mechanisms or forums to allow for information and resource sharing. IDSA and our members could share expertise on development and implementation of national action plans, stewardship, infection prevention, patient diagnosis and management, research, and policy development
- Provide opportunities to develop relationships between ID experts and health care providers or other stakeholders in middle- and low-income countries to facilitate information sharing and training

Objective 1:

IDSA greatly appreciates the ICG's consideration of additional objectives to the GAP, addressing new issues that may arise. In particular, we agree with the need to develop new models that incent research and development (R&D) of new antibiotics, de-linking profit from sales in order to ensure a sufficient return on investment while minimizing overuse. More specifically, we urge the ICG to recognize the need for "push" incentives (support during R&D) and "pull" incentives (rewards after a new product is brought to market) that would support a robust, renewable antibiotic pipeline capable of addressing existing and emerging threats. We urge the ICG in its work plan to advance incentives globally for antimicrobial drugs, diagnostics and vaccines that address unmet medical needs.

In addition to new therapeutic options, we also need more research to better understand ways to optimally use existing antimicrobial drugs. In present day U.S. marketplace, industry-sponsored trials often fail to study antibiotics in the infections for which they are most needed. We urge the ICG and its partners to explore ways to incent industry to perform such studies that help support appropriate antibiotic use and high-quality patient care. Public private partnerships, through the National Institutes of Health or the NIH-supported Antibacterial Resistance Leadership Group, may be an appropriate venue for advancing such studies. Such clinical research could also be made a condition of certain robust incentives for antibiotic R&D.

IDSA also encourages the ICG and its partners to consider a supplemental objective, focused on ensuring a strong, expert workforce to tackle all aspects of AMR. The AMR Review, commissioned by the Prime Minister of the UK and undertaken by a team led by Lord Jim O'Neill recommended that a comprehensive global strategy to address AMR "improve the numbers, pay and recognition of people working in infectious disease." The Review's final report explained:

"Focusing on AMR-related specialties is often less rewarding financially and in terms of prestige than other areas of science and medicine. To change this, we need an urgent rethink and improved funding to improve career paths and rewards in these fields."

IDSA has undertaken a variety of strategies to attract more people to the infectious diseases field, including conducting outreach to medical students, expanding mentorship, research and educational opportunities for medical students, young physicians, and scientists. The Society does advocate for more balanced but fair physician reimbursement. We would greatly appreciate the opportunity to work closely with the ICG and other multinational partners to address global AMR workforce needs.

IDSA also recommends that global AMR efforts coordinate closely with global tuberculosis efforts. TB remains the number one infectious disease killer in the world, and the burden of multidrug resistant and extensively drug resistant TB is growing. The upcoming Global Ministerial Conference on Ending TB in the Sustainable Development Era represents an important opportunity to drive progress on TB, and the ICG should maximize synergies between TB efforts and broader AMR efforts to ensure each of these serious issues are appropriately addressed.

We also encourage the ICG to be mindful that in many parts of the world limited access to even standard antibiotics (e.g. amoxicillin for uncomplicated pneumonia) remains an ongoing challenge. Stewardship efforts should be carefully implemented to maintain appropriate access to antibiotics for all patients, including the most vulnerable in settings with few safety nets.

IDSA strongly supports the proposed development of a stakeholder engagement plan and we explicitly request the opportunity to collaborate with the ICG on this effort. IDSA's annual scientific conference—IDWeek, held jointly with the HIV Medicine Association, Pediatric Infectious Diseases Society (PIDS), and Society for Healthcare Epidemiology of America (SHEA)—could offer an opportunity for ICG, WHO, FOA or OIE leaders to present information on global AMR activities and engage with the clinical and scientific community. In addition to IDSA's 11,000 members, IDSA also convenes the Stakeholder Forum on Antimicrobial Resistance (S-FAR) that includes over 110 organizations representing health care providers, scientists, public health, patients, advocates, industry and health care facilities. Through S-FAR, IDSA can connect the ICG with this diverse array of civil society leaders for the purposes of information-sharing, dialogue, and collaboration. We can facilitate large in-person or virtual meetings as well as smaller working groups.

IDSA strongly supports the ICG's efforts to help each country develop, fund and implement a national action plan with a One Health approach that focuses on surveillance, stewardship, prevention, and innovation in therapeutics, diagnostics and vaccines. As you may know, many IDSA recommendations were adopted in the U.S. national action plan, and we led a multi-sector effort to secure \$379 million in new funding from the U.S. Congress in 2016 to support implementation. Despite political and fiscal challenges, our advocacy was successful in maintaining that commitment in 2017. IDSA also continues to advocate for U.S. funding to support global health security and multi-drug resistant tuberculosis—both of which support AMR activities in low- and middle-income countries. IDSA has also served in an advisory capacity to federal agencies tasked with implementing the action plan. IDSA would greatly appreciate the opportunity to connect with advocates in other countries to exchange lessons learned with regard to advancing national action plans and maintaining political will for addressing AMR. We hope the ICG and its partners will establish forums or mechanisms for this type of multi-national dialogue and would welcome the opportunity to participate.

Objective 2:

IDSA strongly supports the proposed mapping of AMR activities. This effort will be essential to facilitate cooperation and sharing of both information and best practices, while avoiding unnecessary duplication. IDSA would greatly appreciate the opportunity to support this effort. Many of our members are leading and supporting AMR activities within the U.S. and internationally. We could help the ICG catalogue these efforts. We could also utilize S-FAR to gather information about other partners' activities. We also ask that the comprehensive AMR activity map be made available to IDSA and other stakeholders so that we can better identify potential partners and help fill gaps.

Objective 3:

IDSA strongly supports the creation of a mechanism to facilitate collaborations that better align activities, sharing resources and knowledge. We recognize that many low- and middle-income countries have limited or no infectious diseases physicians. Further, limited microbiology capacity and mechanisms to quantitate the impact of AMR on patients in many countries may make it challenging to advance AMR-related activities. Therefore we would welcome a platform or forum that would

allow IDSA members to connect with health providers, public health officials or other government or non-government stakeholders to share our knowledge and resources, answer questions and provide guidance. Our members can provide guidance on antimicrobial stewardship, infection prevention, diagnosis and management of patients with complicated infections. We would welcome the opportunity to work with international partners on research projects. We could provide access to resources such as trainings and guidelines, as well as form relationships between IDSA members and key stakeholders in other countries to allow greater dialogue and exchange of information.

As such a platform develops and mutual education takes place, IDSA expert members may be able to support WHO and individual countries in the development of guidance, tools and training that are geared towards the needs and constraints of the developing world.

IDSA also encourages the ICG to explore opportunities to facilitate multinational research networks on AMR that could reduce operational and logistical hurdles that currently slow the pace of promising AMR research.

Objective 4:

IDSA strongly supports the proposed development of global goals with specific targets to measure progress. Rather than only exploring the feasibility of developing such goals, we encourage the ICG to move forward with goal development. While the proposal to develop an overarching roadmap towards 2030 may be promising, we believe that incremental goals with quantitative targets, specific timelines and earlier deadlines are important to help ensure that tangible progress is made, to hold stakeholders and governments accountable, and to maintain global momentum for combating AMR. As one example, an initial goal could focus on strengthening surveillance. Surveillance data provides a necessary understanding of the current AMR burden and serves as a foundation for many other activities, informing research questions and product development targets, identifying areas of greatest need, and allowing for evaluation of interventions. In addition to supporting countries' enrollment in the WHO's Global Antibiotic Resistance Surveillance (GLASS) and participation in the Global Point Prevalence Survey, IDSA experts could work with international partners to help design and implement surveillance strategies that would be feasible in a variety of international settings, such as utilizing existing data or conducting smaller point prevalence surveys.

We would greatly appreciate the opportunity to participate in broader discussions to inform the development of global goals that appropriately balance boldness and feasibility with a focus on actions that will most benefit patients and public health. As noted above, we also strongly support the proposed mechanisms for global collaboration and coordinate, and would be pleased to offer any assistance that IDSA or S-FAR could provide. We are already engaged in many activities to maintain political commitment to addressing AMR, including direct advocacy to policymakers, and would welcome the opportunity to expand these efforts and connect with additional partners.

We are pleased that this objective also includes a focus on collaboration, and we once again offer IDSA and S-FAR as a partner and resource to help facilitate collaboration and share knowledge and resources.

IDSA thanks you for your continued leadership and commitment to combating AMR, and we look forward to working closely with you on this priority.

Sincerely,



William G. Powderly, MD, FIDSA
President, IDSA