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IDSAs Headquarters

4040 Wilson Boulevard
Suite 300

Arlington, VA 22203

TEL: (703) 299-0200

EMAIL: Info@idsociety.org

WEBSITE: www.idsociety.org

May 14, 2024

H.E. Francois Jackman
Permanent Representative
Permanent Mission of Barbados
to the United Nations

H.E. Vanessa Frazier
Permanent Representative
Permanent Mission of the
Republic of Malta
to the United Nations

Dear Representatives Jackman and Frazier,

The Infectious Diseases Society of America (IDSAs) commends Malta and Barbados for leading efforts to facilitate a successful United Nations (U.N.) High-Level Meeting on Antimicrobial Resistance (AMR). The High-Level Meeting presents a critical opportunity for the global community to unify on commitments to curb the spread of AMR, which contributed to 5 million deaths globally in 2019, according to the World Health Organization (WHO). While there has been some progress towards meeting the goals set out in the political declaration of the 2016 U.N. High-Level Meeting on AMR, including the development of national action plans to address AMR in many countries, the lack of actionable and ambitious targets in the 2016 political declaration has limited meaningful progress. Since the 2016 High-Level Meeting on AMR, WHO reports a 15% increase in rates of drug resistance of *E. coli*, *Salmonella* and gonorrhea alone. We are now entering a post-antibiotic age, according to the U.S. Centers for Disease Control and Prevention (CDC), and must accelerate our efforts to prevent the spread of AMR to avoid further catastrophe.

As health professionals who specialize in infectious diseases, our front-line perspective makes clear the urgent need to stop the spread of drug-resistant infections, develop new antimicrobials, preserve their effectiveness and ensure equitable and appropriate access to antimicrobials. The need to address AMR is uniquely urgent because AMR is undermining progress in so many areas of health care. Surgeries, cancer chemotherapy, maternity care and care of complex or medically fragile patients are all becoming less safe due to growing AMR. While AMR affects us all, low- and middle-income countries are disproportionately impacted.

IDSAs commits to working with you toward the development of a new political declaration that will include clear, bold targets and practical steps to accelerate progress against AMR while ensuring accountability among stakeholders. It is critical to ensure that multilateral organizations and high-income countries provide the financing necessary to support AMR efforts in low- and middle-income countries. A One Health approach is necessary, as human health, animal health and the environment are all interconnected. IDSAs's recommendations below focus primarily on human health, our members' primary area of expertise.

Reducing Mortality

For the High-Level Meeting to accelerate progress against AMR, countries must commit to outcome-oriented targets. **We strongly recommend that the political declaration include a target for reducing deaths from drug-resistant infections by 10% by 2030** — a recommendation that aligns with calls from stakeholders globally, including the Global Leadership Group on Antimicrobial Resistance. This ambitious but achievable target will help catalyze action and provides a metric to measure success for all countries. A multifaceted approach will be necessary to achieve this target, and the individual recommendations below are designed to contribute to this overarching goal.

Summary of Recommendations for Political Declaration:

- Reduce global deaths from drug-resistant infections by 10% by 2030;
- Expand antimicrobial stewardship and reduce inappropriate antimicrobial use; ensure that by 2030, Access Group antibiotics comprise at least 80% of overall human antibiotic consumption;
- Close the global immunization gap for children and increase uptake of immunization for adults by 50%;
- Increase by 90% the number of countries who meet minimum infection control requirements;
- Implement novel financing mechanisms, such as subscription models, to foster sustainable antimicrobial innovation;
- Expand surveillance and laboratory capacity, particularly expanding access to inexpensive and reliable diagnostics in low- and middle-income countries, and leverage surveillance and sequencing capacities built during the COVID-19 pandemic to improve AMR surveillance;
- Expand World Bank, Global Fund, Pandemic Fund, Climate Health Fund and other multilateral organizations' investments to implement AMR National Action Plans in low- and middle-income countries;
- Expand countries' investments in implementing AMR national action plans, including high-income countries' support for AMR programs in low- and middle-income countries.

Preventing the Spread of AMR: Antimicrobial Stewardship, Immunizations and Infection Prevention

The political declaration must include bold targets for preventing the development and spread of drug resistance, including strengthening antimicrobial stewardship globally. Heightened antibiotic stewardship is needed to optimize use of antimicrobials and decrease the emergence of antimicrobial-resistant infections.

Globally, human antibiotic consumption increased by 65% between 2000 and 2015, and the COVID-19 pandemic led to an increase in the consumption of antibiotics. A preliminary analysis of the WHO's Global Clinical Platform found that 84% of hospitalized COVID-19 patients in Africa and 70% in Europe received antibiotics, although only 16% had a culture done to detect bacterial infection. Countries must commit to providing appropriate access to antimicrobials while prioritizing antimicrobial stewardship and ensuring access to antimicrobials is provided through prescriptions only to limit open access. Global financing mechanisms must prioritize allocation of resources to low- and middle-income countries to implement stewardship activities.

The political declaration should include a goal to ensure that by 2030, 80% of overall human antibiotic consumption is of Access Group antibiotics — these are antibiotics that have activity against a wide range of commonly encountered susceptible pathogens while also demonstrating lower resistance

potential compared to other antibiotics, as designated by the WHO's Access, Watch, Reserve Classification Database, which was developed as a tool for countries to improve antibiotic stewardship. Such a goal is necessary to optimize antibiotic use, better preserve their effectiveness and curb the further emergence and spread of AMR.

Countries must commit to increasing vaccinations to prevent infections, which reduces opportunities for resistance to develop and decreases overall consumption of antimicrobials. Particularly, countries must commit to meeting the expanded immunization goals as set out by WHO this year, which now includes immunization coverage for COVID-19, hepatitis B and human papillomavirus, among others. While vaccination is widely recognized as a key tool in the arsenal to fight AMR, global immunization dropped during the COVID-19 pandemic, and recovery to make up for lost progress has been slow — before the pandemic, there were nearly 13 million children globally who did not receive a single dose of a vaccine, and that number rose to 14.3 million in 2022. Even before the pandemic, immunization coverage plateaued in the decade prior to COVID-19. The political declaration must include a target for closing the gap on global immunizations for both children and adults.

Countries must also commit to improving infection prevention and control in health care and community settings, which according to WHO is the most effective and cost-saving approach to controlling the spread of AMR. Studies have shown that infection prevention and control interventions can achieve a 35% to 70% reduction in rates of health care-associated infections, irrespective of the income level of a country. However, according to the *American Journal of Infection Control*, only 15% of all countries currently meet minimum infection control requirements. Much of this can be attributed to a lack of training of health care workers in resource-limited settings and a lack of access to safe water and commodities like disinfectants, soaps and detergents to ensure sanitation in health care settings. Global funding mechanisms must also contribute towards efforts to strengthen infection prevention and control in resource-limited settings.

Improving Surveillance

Countries must also commit to strengthening diagnostic, laboratory and other infrastructure capacities to improve surveillance of drug-resistant infections and sharing and reporting data with multisectoral partners. Accurate information on the incidence of resistant infections is vital for readiness and response to emerging threats.

While there has been a marked increase in the number of countries reporting to the WHO's Global Antimicrobial Resistance and Use Surveillance System since it was launched in 2015, country and regional-level surveillance in low and middle-income countries remains inadequate. A review of antibiotic resistance surveillance systems published in the *Journal of Global Antimicrobial Resistance* found that 72% of all human and animal antibiotic resistance surveillance systems are in Europe and North America, leaving the majority of low- and middle-income countries without the capacity to accurately detect and effectively respond to drug-resistant threats.

Countries must also commit to developing systems for integrated human, animal and environmental surveillance to allow for comprehensive One Health responses to AMR. Currently, most AMR surveillance systems are focused on human health, with some surveillance systems focused on antimicrobial use in animals. However, there is very limited surveillance on AMR in the environment, and no global guidelines or indicators to facilitate surveillance. More information is urgently needed to better understand the relationship between AMR and environmental health. Countries must commit to

improving AMR surveillance as it relates to animal and environmental health to ensure compliance with One Health strategies to fight AMR.

Developing Novel Antimicrobials and Other New Tools

The global community must commit to developing new antimicrobials to address unmet needs by implementing novel financing mechanisms that delink sales from volume to provide the predictable financing necessary to jumpstart sustainable innovation and promote the appropriate use of antibiotics. Several nations are considering or advancing such “subscription models.” For example, the bipartisan Pioneering Antimicrobial Subscriptions to End Upsurging Resistance, or PASTEUR, Act that has been introduced in the U.S. Congress provides a blueprint for such a mechanism that other countries can adopt. The PASTEUR Act would establish a subscription program to provide government contracts for critically needed, novel antibiotics and antifungals, with payments delinked from sales volume.

Novel financing mechanisms like the PASTEUR Act must be championed by the global community, particularly in high-income countries where pharmaceutical companies are situated and which have the resources needed to fund such mechanisms and help make new antimicrobials available for the rest of the world. As in the PASTEUR Act, it is critical that such mechanisms encourage appropriate use to sustain the value of new antimicrobials.

Strengthening Sustainable Financing

The progress we need to achieve against AMR won't be made without adequate and sustainable resources, not only to achieve bold new targets but to help countries implement existing national action plans. While 90% of countries have developed national action plans to address AMR since 2015, the plans vary widely in terms of scope and quality, and low- and middle-income countries lack adequate resources for implementation. The WHO's 2023 Tracking Antimicrobial Resistance Country Self-Assessment Survey found that only 11% of countries with a national action plan have included financial provisions in national budgets to implement plans, leaving a significant financing gap to effectively respond to AMR.

The Global Leadership Group on AMR estimates that 46 billion USD will be needed per year to implement a comprehensive package of AMR interventions across sectors — this investment would yield an up to 13 USD return on investment per every 1 USD spent by 2030. The High-Level Meeting political declaration must include a financing target that's commensurate with the need, with countries committing to increasing domestic expenditures and external sources committing to increase contributions dedicated to AMR interventions.

Existing development financing mechanisms must start funding programs that address AMR, including existing programs to strengthen pandemic prevention, preparedness and response; disease-specific programs; water, sanitation and hygiene efforts; and responses to environmental health and climate change. Existing financing instruments, including the World Bank, the Global Fund, Pandemic Fund, the Climate Health Fund and other multilateral organizations should expand their scope and invest in AMR intervention efforts, especially in low- and middle-income countries.

High-income countries must also do more to support AMR efforts in low- and middle-income countries. For example, from 2016 through 2023, the U.S. CDC invested in more than [700 innovative AMR projects](#) in more than 60 countries.

Without bold and ambitious targets around financing, reducing mortality, prevention and antimicrobial innovation, the global cost of AMR — in both lives and dollars — will skyrocket. The post-antibiotic era is already a reality for far too many patients, but we have the opportunity to turn the tide. As physicians, scientists and other infectious diseases health professionals, IDSA stands ready to serve as a resource as you develop the zero draft of the political declaration and work to ensure accelerated progress against AMR. If we can do anything to support your efforts, please contact Amanda Jezek, IDSA's Senior Vice President for Public Policy and Government Relations, at ajezek@idsociety.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Schmitt MD". The signature is fluid and cursive, with the letters "S" and "M" being particularly prominent.

Steven Schmitt, MD, FIDSA
President
Infectious Diseases Society of America