

## **IDSA Floor Statements for World Health Assembly 72**

### **11.2 Public health emergencies: preparedness and response**

GHC supported by GHTC, IDSA and MSH, applaud efforts to strengthen capacities to prepare for and respond to health emergencies. As organizations working on the front lines of infectious disease responses and R&D we urge states to continue building capacities to detect, prevent and respond to health threats.

We are concerned that emergency preparedness and response capacities in most countries remain inadequate. It takes only 36 hours for a dangerous pathogen to travel from a rural village to any major city in the world. Investments in preparedness including financing to stop outbreaks at their source should be a priority. States must prioritize development of vaccines, therapeutics, rapid diagnostics, medical countermeasures and other lifesaving tools to prevent the next outbreak from growing into a pandemic.

The DRC Ebola outbreak highlights the urgent need to strengthen response capacities in conflict-affected and fragile settings. More investments in health systems strengthening, greater community engagement and culturally appropriate interventions are needed immediately, along with continued collaboration for supporting the advancement of Ebola vaccine candidates and mobilizing additional tools, such as mobile labs for rapid sampling.

We encourage WHO to highlight the success of efforts to harmonize regulatory systems across regional economic communities globally and call on all stakeholders to strengthen global regulatory capacity. We request WHO to consider platform diagnostics for emerging infectious diseases and other neglected tropical diseases as the SAGE works to expand the Essential Diagnostics List.

We urge WHO to include efforts to prevent AMR in emergency preparedness and IHR-strengthening activities. Resource-limited countries bear a disproportionate burden of deaths from resistant infections. WHO must help countries strengthen antibiotic stewardship capacities while working to improve preparedness and response.

### **11.8 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: TB**

On behalf of GHC and its members GHTC, IDSA, MSH, PIH and the EGPAF, we applaud member states for adopting a strong political declaration at the UN High Level Meeting on TB. TB is the world's leading infectious killer, and if efforts to tackle TB continue at the current rate, 28 million people will die by 2030, at a global economic cost of USD \$983BN. We call on the WHO and nations to deliver on the commitments of the HLM to diagnose and treat 40 million people by 2022, including 3.5 million children, and close the US\$1.3BN funding gap for TB R&D annually.

We urge WHO and funding partners to help countries roll out new treatment and prevention regimens, including rifamycin-based prevention regimens that cut therapy from 6 months to 3

and must be scaled up among people living with HIV and children. WHO and funding partners should promote pediatric treatment formulations, improved diagnostics, and child-focused case finding strategies such as community-based contact tracing and integration of TB care in MNCH services.

Countries must invest in new medicines and technologies to treat multidrug-resistant TB, which drives increasing rates of antimicrobial resistance, and for rapid and equitable access to new medicines and technologies. Scale-up of new all-oral regimens to treat MDR-TB that are shorter, cheaper and better tolerated will ensure more people successfully complete treatment.

We call for full implementation of the WHO Multisectoral Accountability Framework with global high-level review through a multisectoral panel chaired by an independent expert, supported by a secretariat and hosted by an existing organization. This panel should review whether targets set by countries match up with targets agreed to at the HLM.

We urge countries to increase contributions to the Global Fund for the next replenishment cycle, as we won't achieve the commitments of the HLM without greater resources.

### **11.8 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: AMR**

Global Health Council supported by the Global Health Technologies Coalition, Global Water 2020 and the Infectious Diseases Society of America are pleased to see attention focused on antimicrobial resistance. AMR threatens to roll back medical progress by further complicating treatment of tuberculosis, pneumonia, malaria, typhoid, diarrheal diseases, and hospital-associated infections. Cancer chemotherapy, transplantation and other complex surgeries all rely upon the availability of antibiotics. We applaud recognition of the need for new antimicrobials, diagnostics and vaccines as well as stewardship, surveillance, infection prevention and control, and access to safe water, sanitation, and hygiene in healthcare facilities to effectively combat AMR. We hope that WHO and member states continue progress toward the commitments made at the UN High Level Meeting on AMR.

Innovation and R&D must be at the heart of any agenda to tackle AMR. In April 2019 one of the few companies in the antibiotic market—Achaogen—entered bankruptcy, despite having launched an important new antibiotic last year. This news sent a devastating signal to investors, who were already shying away from antibiotic development. New incentives are needed to protect the antibiotic pipeline.

We appreciate the increasing number of countries providing data to the GLASS surveillance system, though we recognize the need to expand this effort to include additional countries and more robust data. We appreciate the support WHO and member states are providing for the implementation of stewardship and infection prevention programs, but recognize that significantly more resources are needed for widespread meaningful uptake. Further investment in resources needed to prevent infections, and thus prevent the need for antibiotic use, is essential. National action plans are a useful tool to drive all of this progress.

We thank WHO for continued efforts and encourage member states prioritize AMR investments.