TRANSCRIPT
Event
“Accelerating Innovation on Antimicrobial Resistance”

Welcome and Panel I: The Power of Transatlantic Cooperation

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FEATURING
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Good morning and welcome to everyone here at CSIS and those joining us remotely. I’m J. Stephen Morrison. I’m a senior vice president here at the Center for Strategic and International Studies – CSIS – here in Washington, D.C., where I direct the Global Health Policy Center.

Today we’re gathering to focus on “Accelerating Innovation on Antimicrobial Resistance,” with a special focus on the power of the transatlantic alliance and the centrality of research and development, and all that is needed to make R&D a success upstream/downstream at home and in other high-income countries, and in low- and middle-income countries, which carry a massive burden.

Today’s session is hosted by the CSIS Bipartisan Alliance for Global Health Security. That is co-chaired by former CDC Director Julie Glass – I’m sorry, Julie Gerberding; pardon me – former CDC Director and head of the NIH Foundation Julie Gerberding and former Senator Richard Burr. Very grateful to them for their leadership and commitment to these issues. A newly-created alliance working group on research and development has chosen to make AMR a priority.

We’ll publish a reflection of what transpires today. We’ll post the video and transcript. And we’ll enlist some experts to do a series of podcasts. That would be in our series, the CSIS – the Common Health, and so please do subscribe to that series if you are a fan of podcasts.

I see many reasons to be excited and hopeful, as well as reasons to pause and take a careful look at what’s working, what’s been accomplished, and what more is needed. It’s a ripe moment of opportunity and reflection.

But first, some special thanks to my colleagues who worked tirelessly these past weeks to put the pieces together: Michaela Simoneau, Humzah Khan, Maclane Speer, and Sophia Hirshfield; our CSIS production team: Dhanesh Mahtani, Eric Ruditskiy, Qi Yu.

And thanks to our partners at the EU: Marco Castellina, Agnieszka Jarmula. The Swedish government’s played a really important role in encouraging us to take this up and in helping us pull it all together. Petra Hansson has been particularly central in all of that, as well as Ambassador Karin Olofsdotter and the DCM Ingrid Ask. Patrick Picard from the Canadian embassy also very important. 

One of our alliance members, Duke’s Krishna Udayakumar, traveled from Duke to be with us today. Thank you, Krishna.

And our panelists who are joining us and giving their time and insights: Colin McIff, HHS Office of Global Affairs; Linda Ristani from the Public Health
Agency of Canada; Ingrid Keller from the EU Health and Food Safety Directorate.

We're also joined in our second panel Wolfgang Philipp from HERA, Swedish Ambassador on AMR Malin Grape. Thank you. Special thanks for making the journey to be with us today, Christopher Houchens from BARDA.

As I indicated, the time is ripe to take another look at AMR with hope and a critical eye. In this post-acute phase of COVID, attention is returning. There's a shared determination to understand what the patterns of regression have been on AMR and what the strategies are to get back to pre-pandemic levels and restore momentum.

It's impressive the strength of interest that we've seen on the part of the EU, Canada, the U.K., Western Europe, Scandinavia, and now Japan. A similar energy is seen here in the United States and the Biden administration and interest in Congress.

The pool of countries that are elevating AMR to be a priority is expanding and AMR is steadily becoming a bigger concern among low and lower middle income countries, which brings with it, as we'll hear today in the post-COVID phase, over concern with timely and affordable access, transparency, and a concern with ensuring the basic capacities – the basic capabilities, surveillance, data laboratories.

We're seeing improvements in data, dramatic and historical improvements from IHME, from CDC, from WHO that changed fundamentally our understanding of the true scale and scope of AMR, the mortality, the excessive impacts AMR is having in low and middle income countries.

Institutions are changing. There are new important institutions coming on the scene – the EU's HERA, Japan's SCARDA. We're coming off of years during COVID when we saw dramatic and rapid gains in generating new technologies in health security. There's an enthusiasm that spills over. There are promising products emerging – we'll hear about those – in AMR tied in part to new funding instruments that have begun to mature.

They're not without their problems and we'll hear about those, too. Different innovation models are evolving. We'll hear more about them. The U.K. is putting its subscription approach into the pilot phase. The Biden administration has introduced into its budget proposals something very akin to the PASTEUR Act introduced in Congress. The EU is refining its strategy. We'll hear all about those.

Security and geopolitical realities are helping. They're having an impact, in some respects. AMR has been overtly incorporated into national security
doctrines, certainly, here at the United States but beyond that, and those doctrines recognize that health security is a matter of global security and that AMR figures has to figure in those recalculations.

AMR has become a higher and more visible priority for the transatlantic alliance, quite visibly through the actions of the G-7 and the TATFAR partnership. In the face of the Russian war against Ukraine the transatlantic alliance has reached a peak of unity, common purpose, and power. It’s also opened the way to do more in health security. The Hiroshima Summit leaders’ communiqué contained three detailed paragraphs on AMR and many more pages on other areas of health security.

A similar geopolitical phenomenon can be seen in Asia where the U.S. is deepening its alliances with Japan, Australia, the Philippines, South Korea, India – President Modi here this week – and others, and where health security figures in those calculations we’re seeing the opening, for instance, of the CDC regional office in Tokyo, which is directly tied to the sort of – this sort of geopolitical environment.

A few closing words about here – the environment here in the United States. AMR has remained, fortunately, an area of bipartisan consensus. That’s a big asset. The threat is real. The mortality is estimated in the United States to run between 35,000 and 167,000. But it’s not so high as to capture the high-level attention needed and to drive major change. We’re not quite yet there, and just compare that with the impacts we’re seeing in the opioid crisis in the United States and the attention the White House summit yesterday on the rollout of Narcan and the like.

We know what needs to happen and we’re edging towards higher-level action but we need to be realistic and keep our eyes open. There will be no changes, certainly, in the United States’ approach without concerted leadership and sustained political will and heightened finance over several years. That won’t happen overnight, given our budget constraints, the recent debt ceiling deal, our electoral cycle, and the broader polarization around pandemic preparedness and we have a problem here in the United States in terms of the turnover of leadership in science and public health at the higher reaches of the U.S. government.

But these are all transitional matters and I think we need to keep our sights on the bigger question, which is how to continue moving forward in positioning AMR to be a higher priority with all of those elements that we’ve indicated are needed.

We need to remain strategic and think long term. The high-level meeting at the U.N. General Assembly next – in the fall of 2024 is another important
milestone which we can be pointing towards as we take this long-term and strategic outlook on this.

Today we’re going to have two panels on transatlantic cooperation on accelerating R&D. We’ve not put a big focus today on animal and plant health. We fully recognize their central significance and we’ll turn to them in due course in our work in the future. Today, we simply had to make some hard choices within the time limits that we’re operating.

For the flow here we’ll allow time to hear from those in the audience on – for the panels.

I want to now turn to invite Julie – Dr. Julie Gerberding, not Julie Glass – Julie Gerberding to the stage and our panelists for our first session on the power of the transatlantic cooperation. If you could come forward, please.

Julie is co-chair of the bipartisan Alliance for Global Health Security. For the past year she served as CEO of the Foundation for the National Institutes of Health.

Her expertise in these issues crosses industry, government, clinical medicine, a decade-long tenure as senior leader at Merck & Co. and her leadership at the CDC through several outbreaks during two terms of the George W. Bush administration.

Thank you all for your patience and for joining us today. Over to you, Julie.

**Julie Gerberding:** Thank you, Steve, and thank you, everyone, for being here and for joining us online.

You know, when I was thinking about preparing for this and how important this topic is I also had to think back on the fact that I’ve been an infectious disease clinician for a long time and this is one of multiple events where I’ve been on a podium discussing the problem on microbial resistance and what are we going to do about it, and I can’t say we haven’t made any progress but the progress has been slow.

So I appreciate the opportunity to shine a light on this and to really think about how the transatlantic partnership is positioned well to continue to lead the charge in this area.

If you think about it, in 2019, which was the year before the pandemic started, obviously, there were about 5 million associated cases of antimicrobial-resistant death globally and about 1.2 million of those death(s) was directly attributable to the antimicrobial-resistant infection, according to the Institute for Health Metrics and Evaluation at U-Dub in Seattle.
One point two million people dying a year is a pretty big number and, yet, I think if you asked most people they would have no clue that this problem was so ubiquitous and so deadly and so important to so many people in developed and developing countries.

So our charge here is serious and, yet, science is on our side. We just have to figure out how to harness that science and lead us in the right direction.

So with that, I will introduce my panelists.

First, sitting here on the podium with me is Colin McIff. Colin has an incredible portfolio of policy experience but is currently the deputy assistant secretary in the Office of Global Affairs at HHS. But your long-standing participation in government policies certainly puts you in the upper echelon of policy wonks, I would say, who’s had a tremendous impact on a variety of issues throughout his career, which are referenced in his bio.

Online I think you can see we have Linda Ristani, who’s the director of antimicrobial-resistant global engagement and innovation for Public Health Canada. Linda is also someone with a very long and storied tradition of participating in broad policy experience and we’re very fortunate to have her perspectives represented here today.

And last but certainly not least, Ingrid Keller, who is a public health expert, but she has kind of traversed the world of noncommunicable and now, finally, she saw the light and is in the communicable disease part of policy in public health development as the head of the – sorry, I lost the exact title here – sorry, the head of the health security unit at DG SANTE.

So just for context, TATFAR – we’ll just start with the big picture here. TATFAR, the Transatlantic Taskforce on Antimicrobial Resistance, really was started a long time ago in 2009, and I would refer you to read the most recent five-year report, which really summarizes the accomplishments in the recent years, as well as the strategic plan leading into the next five years of TATFAR.

But it was started for three reasons, first and foremost, to prevent community and hospital-acquired drug-resistant infections; second, to really improve the appropriate utilization of antimicrobials for human and animal use so veterinary use is included in the remit there; and then, finally, to try to open up the pipeline of innovation and drug discovery for anti-infectives.

So, Colin, let me start with you, and sort of with that background how do you think we’re doing and what do you see as the highlights of TATFAR so far?
No, thanks very much, Julie. Thanks very much, and good morning and good afternoon, everyone. Good to be with you all and glad to be with my colleagues on the panel.

I think TATFAR really has been a bright spot in terms of coordination and in terms of this question of the transatlantic – the centrality of the transatlantic relationship. You know, the five partners – the U.S., EU, Canada, U.K., and Norway – all are implementing these issues in different ways nationally but there’s so much overlap and so much commonality as well that I think it’s important.

We often get distracted by that, you know, 10 percent or whatever that is of the differences when in fact that massive amount of commonality is really important and so I think – I guess I would just note up front that for me one of the big benefits of TATFAR has been that it brings this technical foundation, whether it’s looking at, you know, surveillance issues, harmonization of practices across the different economies or even looking at issues around communication and messaging to the general public – it brings that technical foundation that has allowed the – I think it’s contributed significantly to the way in which AMR has been addressed across multiple administrations.

Speaking as an American and as a civil servant I think it has enabled effective policy on AMR to go across administrations and go between parties and remain that bipartisan approach that Steve was talking about and so I think that’s certainly one significant contribution that it has made.

And then I think as we’re looking to address some of the challenges it’s also created an opportunity to bring in other partners like Japan in an observer role and other things to try to create more, again, space for collaboration, space for engagement.

I think, you know, one of the areas – and I’m sure – I think the next panel will get into this more – but, certainly, one of the recent areas that we’ve been talking about and that I think is, certainly, the challenge is the pipeline and what – how to create incentives and set it up in such a way that it can actually work.

I think they’re – you know, folks are aware and I think the other colleagues will discuss more some of these high-profile situations where a lot has been invested and, in fact, the products haven’t ultimately – even if the products themselves are fine, the market hasn’t panned out. And so, therefore, then those products can become lost even after all of that significant investment.

So there is a lot of effort on that front as well as on some of the more, I would say, technical and communication front. And a small thing but the U.K.
musical on AMR – the musical came to Washington and there was some collaboration around that to try to create these new ways of communicating the risk.

I think, Julie, to your point about the deaths it’s a constant challenge and a constant refrain, I would say, in terms of the overall impact of antimicrobial resistance on, you know, human health and, frankly, human security and the fact that it is just not resonating in the same way that other public health challenges do and have over – and continue to over time and so finding ways – creative ways to address that is something that I would say is another major priority.

And I think the last thing I would say is to note that I think it’s been a useful policy platform to look ahead to these other both current active negotiations such as the pandemic accord but also, as Steve mentioned, the high-level meeting in 2024, how can we do some forward planning for that to once again make sure that that the political level actions and statements are actually grounded in science and what will have an impact.

Dr. Gerberding: Thank you.

Linda, let’s turn to you and kind of get the Canadian perspective here. You’ve heard about the value of the science, the value of the technical foundation for policy. What was it that motivated Canada and you particular to get involved in this and what is your assessment of the overall value that we’ve been able to create so far?

Linda Ristani: Yeah. Well, I would agree with everything that Colin has said, and he’s addressed many of the issues that we’re going to talk about here today.

I think TATFAR brings huge value because part of our transatlantic cooperation, I think, needs to be grounded in the technical work that we do together and so more apolitical multilateral forums like TATFAR are essential to that.

That said, I do find that oftentimes with the limited amount of time and resources we have to spend in any given week or month the forums and multilateral engagement mechanisms that have more public visibility, have more political attention, will get more of our time and resources.

And so I think TATFAR is important but elevating the work that we do there and demonstrating results from the work that we do there in our collaboration there is key to continue getting buy-in for us as transatlantic partners to continue working together on this because I think that being willing and able to collaborate is key but the able part is tied to resources and that’s something that requires political commitment.
So I think that our primary role as transatlantic partners is to keep the momentum and spotlight on AMR. So Canada is very delighted to be part of that community of great partners, many of whom are leaders in this space, and we hope to follow in those footsteps in very many areas.

But there’s also other opportunities for us to pursue our collaboration and go beyond the transatlantic alliance as well, which I think is important for true global impact.

Dr. Gerberding: Thank you.

So, Ingrid, you have an even bigger challenge because it isn’t just one country. You have the whole European Union in your remit. How do you herd those lions? And how do you keep this issue live and relevant in the context of all of the competing priorities that are on everyone’s plate right now?

Ingrid Keller: Good morning to you. Thank you, Julie, for your questions.

I’m very pleased to be with you today. And I would like to mention first that I’m replacing our director, John Ryan, who, unfortunately, cannot be with you this afternoon my time, the morning your side.

Yes, you said it, and I agree with my fellow panelists who are saying the TATFAR is really important to us as well. And I would like to also recall that when we founded TATFAR it was, again, under the Swedish presidency, the EU presidency. We are now again under the Swedish presidency, where a lot of emphasis on AMR is being shared, for example, through a new legal instrument – we call it a council recommendation – and my Swedish colleague will maybe go into a few more details. But this is one of the tools we have to be the shepherd, as Julie was saying, and to herd the flock here and keep the momentum alive.

It was surely not easy during COVID. I mean, it would be a lie to not admit that. Everybody was really focused, rightly so, to fight COVID and other issues had to step somewhat aside.

However, we have now put back on the table AMR a lot during – through, as I said, the council recommendation but also we are hosting a physical meeting of TATFAR in November this year here in Luxembourg.

So also through the physical meetings we are really trying to discuss and also reinvigorate our collaboration because for us the four work areas that we have been discussing over the past years in TATFAR, looking at antimicrobial use in human and veterinary medicine, also looking at surveillance, also on
strategies to improve financial incentives and also looking at cross-cutting actions these are all very important for us and we would like to continue the support and collaboration on those four points.

We have seen that there may be some barriers from colleagues, as Julie was also hinting to, that in the day-to-day work it is not always clear that we also need to spend time on our more multinational commitments. But we – in the EU, we are really trying to cut out some time from our partner countries to make this to work bilaterally and then also with us.

COVID has also brought a new health security legal framework to the EU and within that AMR has a very, very prominent place. So, in that sense, we are confident that we keep AMR here in Europe high on the political agenda, and you have also invited my colleague, Wolfgang Philipp, from the newly-funded Health Emergency Preparedness and Response Authority who will also describe more in depth their new work and new ways how they put very prominently also AMR on the agenda here in Europe.

Back to you, Julie.

Dr. Gerberding: Thank you.

You know, the themes here are pretty consistent. You know, our left brain knows this is urgent and important but our pocketbooks are actually not being opened up to help make the investments that are necessary to really drive the agenda, and we're operating in a context where people are distracted with a lot of other issues that seem closer to top of mind than this one.

I'll turn to you, Linda. When you have a chance to speak to decision-makers in Canada how do you explain the urgency to them? Like, what is your pitch here, your marketing strategy, to help emphasize how important this really is?

Ms. Ristani: Yeah, that's an excellent question.

So having just kind of completed this marketing storytelling exercise on our end, and having been successful in doing so and getting some new funding through our federal budget in March I appreciate this question and we recognize the challenge that it was to tell the story in a way that spoke to the urgency of AMR without, you know, being sensational.

It was very important for us to focus on the science and focus on facts and to compare it with other issues that in Canada are getting a significant amount of funding. So comparing it to issues like the opioid crisis and the number of deaths there in Canada, the number of deaths attributable to AMR the last
time, you know, surveyed this was very comparable and a bit higher, actually, than the number of opioid-related deaths. So when you bring this to the mind of decision-makers and leaders, and then explain AMR in a way that also, I guess, makes them understand that we’re already behind on taking action – we’re already coming to the game a little late – later than we would all ideally have liked to, right – and show the data and the compounding effect of not taking action on AMR, I think that speaks to leaders.

And in our case, our minister has a strong – our health minister has a strong economic background and so in our first, you know, briefing on AMR he was very interested to understand the market failure – you know, why is industry vacating the market. You know, when we explained the issue to him both, you know, about antimicrobials as a type of drug but also the things about the Canadian marketplace that are making our market not as favorable to industry it’s easy when you put those things together and make AMR a broader issue than just a public health issue but a socio economic issue to really generate the right kind of interest and attention.

Of course, we would like even more funding. We would like a more permanent and sustainable program. But what we got at a time when, you know, a lot of our nations are dealing with the post-COVID effects on the economic expenditures that have been made to deal with COVID this was a big success for us that our Canadian government saw the urgency of the need to invest in AMR at this time despite everything else.

Dr. Gerberding: Thank you. And I think in the next panel we’re going to get into this market failure in a bit more detail. But, you know, we all know what we mean by market failure and, yet, it’s not really the market that’s failing. (Laughs.) We’re failing. You know, science is on our side but we haven’t yet really figured out a comprehensive way to pull these medicines through and accomplish the potential of science and really creating novel strategies for combating infections and by definition then antimicrobial-resistant infections.

So from your perspective in the Department of Health and Human Services where does this really fit on the agenda priorities for HHS?

Mr. McIff: Absolutely. So I would say that this is – thanks very much, Julie, for that and I think that it is very much a priority for us.

I think we recognize that with – that COVID set back the response in a lot of ways and so, indeed, Secretary Becerra asked the Advisory Council on Antibiotic-Resistant Bacteria – the PACCARB – with providing recommendations on how to augment our national preparedness, and so those recommendations are moving forward.
I think also, as Steve alluded to, we’re tracking very closely the PASTEUR Act and hope for its progress to establish a subscription style model which would offer antibiotic development – developers an upfront payment in exchange for access to the antibiotics, and then, of course, the president’s budget as well in FY ’23 included a proposal for a novel payment mechanism to stimulate future innovation in antimicrobial products so while enhancing stewardship of their appropriate use.

And I think that – so these are different areas where we’re trying to address the breakdowns and the failures and I think it’s important, again, and I appreciate something that, again, just going back to the – some of the TATFAR conversations that I’ve had an opportunity to participate in I think there’s a recognition that, you know, our economies, our markets, that are represented by the TATFAR membership are super important, no question about it, and, of course, getting and keeping innovators in the mix and willing to participate is super important as well.

And so coming up with these novel approaches, I think, is key but recognizing then that there has to be a broader, more global approach as well to access and stewardship approaches. And that both access and stewardship need to really go hand in hand I think is another big priority for the department, and for how we’re showing up in places like WHO, G-7, G-20, and then, you know, the high-level meeting and beyond next year.

Dr. Gerberding: If you frame AMR as part of an overall health security agenda – and I’m not speaking just because many of the people who died of COVID actually died with antimicrobial-resistant infections that were a complication of their hospital care but just broadly in the domain of threat agents and the importance of having antibiotics to treat people with some of these serious complications – one can make the argument that it’s a responsibility of government to make sure that we have these drugs in our stockpiles or that we invest in them from a national security perspective.

I’ll ask Ingrid, from the European perspective do people get it? Do they see this as part of a broader security agenda?

Ms. Keller: Thank you, Julie.

Yes, I think they do. That is certainly the case. And we – in our side, I think we have also various strategies on how to make sure that AMR stays high on the agenda of the governments but it also is communicated to the health professionals or even the population here in Europe.

One of those instruments is a very large project we are running with all European countries. It will start probably early next year, so we are in the preparation phase. We have taken some 50 million euros for all the EU
countries to work together in the field of AMR. And one part is also to look at stewardship and to look at the prescription and the communication with the public; not just say that – obviously, we also look at surveillance and other issues in this large project.

Looking more at the market, we also have, just in April, come forward with a new legislation in the field of pharmaceuticals here in Europe, and there we are pioneering a temporary mechanism which is completely innovative, and it is a transferable data protection voucher for developing new, game-changing antimicrobials. So that is a policy proposal. It’s not there yet, but it is a completely innovative proposal which we have never done. So it is important to stress that these vouchers would be granted and used obviously under very strict conditions. For instance, they would only cover novel antimicrobials with significant chemical benefit, or supply obligations and fulfill transparency regarding the direct public funding received. But we think, through that, we are hoping to also, you know, keep up – or bridge the gap of this market failure, which is, as someone said, our failure, and we are trying to step in and ensure that we would have the drugs that we need available for the population.

Thank you.

Dr. Gerberding: Thank you.

Now there is innovation, and when you think of BARDA’s investment, the European investment, CARB-X; the AMR Fund, which is a billion-dollar fund that industry fronted – all of these mechanisms are trying to drive – to push the innovation into the pipeline, and through the pipeline, and hopefully come out the other end. But as you pointed out earlier, unfortunately, when we’ve had success with that, we’ve seen biotech companies go out of business because there was really no commercial pull-through at the end of the day. So a lot of the experiments that are going on – PASTEUR Act, the different models in Europe – are an attempt to fix that.

But if you just use some common sense, what we’re really saying is please don’t use these drugs unless you absolutely have to, which means we can’t count on a volume of utilization. That would defeat the whole purpose of what we’re trying to accomplish here.

They’re not quite orphan drugs, but they are somewhere in this weird zone where we need to have them available and use them when we need them, but not over-utilize them, and to be as precise as we can. And that really doesn’t work in the payment schemes because, by definition, they would have to be more expensive than what we’re used to in the anti-infective.
So we’re kind of in a situation where the government has to be helpful. It’s hard to think that there is another solution. Do you see the government not just stepping in – from the standpoint of the biosecurity agenda, but beyond that – government contracting, for example, for anti-infectives?

Mr. McIff: Yeah, so I think – I think that’s – for me, personally, I would say that’s a – I’m glad, again, for this program today – I would say that’s a conversation between both the executive and the legislative branch to kind of come up with solutions, at least from the U.S. perspective, and I’m sure it’s the same in terms of trying to work with the budget holders and the other participating folks.

But, I mean, I agree with that, and I think it’s something that we’re very much wrestling with in terms of how to – how to do this because it has – it just is the case that we – that we have enough evidence now that we can’t just simply hope that, you know – that this works out. We have to – we have to value these medications for what they are and what they contribute, and then – and, you know, act accordingly.

And I think there is a notion – we’ve talked about it – several of us have, and Stephen, your intro as well – I mean, just recognizing that these issues – I mean, fundamentally it’s not hyperbole to say that, you know, modern medicine is at stake here, and so – and the things that are the reserve drugs now are likely to be the frontline medicines in the future, and so we have to have a – have to have a national security mindset about this, and also recognize – because of the nature of resistance – that there is not – we can’t – none of us can be islands unto ourselves, either. We have to work collaboratively, transnationally, to find the solutions that will really, you know, protect our collective health security in this space.

Dr. Gerberding: So Ingrid, let me come back to you and just – kind of following on that, this transnational perspective. Clearly, we have the transatlantic – the TATFAR mechanism, but the problem is a global problem.

How does TATFAR really connect with other parts of the world that are also struggling with access and availability of treatments for serious infections, but also, in some cases, you know, dealing with the crisis of drug resistant infections in their healthcare systems now with even fewer resources available than we have here in the transatlantic environment? How do we connect, and support, and learn, and share with our broader global colleagues?

Ms. Keller: Yes, this is really an issue we acutely realized also during the COVID pandemic, and this is why we decided to revise our health security legal framework here. And as part of that – I already mentioned that – the HERA was created. And there they will be working very strongly on different pool
incentives and also globally in terms of making the needed antimicrobials available. And I’m sure my colleague, Wolfgang Philipp, will go into that work in the next session.

Looking at hospital-acquired infections, that is also an issue we are addressing now here in the EU with our new legislative instruments that we have together also with the different agencies. And we are always very happy to share. I can report that we do have a very good exchange and collaboration, for example, between our European Centre for Disease Control together with the African Centre for Disease Control on various issues including AMR, so we are outreaching through our global partners.

Last, but not least, we also have a new global health strategy that was discussed and that was also agreed last year where AMR, in the frame of also health security and universal health care, plays an important role and which we are also then implementing through what we call Team Europe, which would be the EU together with the different member states where we also put pooled resources on the table to support our global partners.

Thank you.

Dr. Gerberding: Thank you. It’s good to hear about that connectivity.

We’re at a point now where I think I can encourage the folks who are in the room, if you have questions or comments. We have a microphone in the back of the room if you would march up there, and give us your name, and ask your question or your comment. We would love to hear from you.

While we’re waiting for that, I would just kind of like to go back to the point you were making about the COVID pandemic and what we might have learned in that context. You know, I think everyone wants to put that in their rearview mirror, and it’s getting a little bit painful to keep going through these after action reviews and these lookbacks on COVID. As we all know, it’s actually not over yet, but hopefully we have learned some things along the way.

But when we think about the pandemic in the context of that global health threat and what we might be able to translate from the COVID experience into the AMR pandemic that we are experiencing, what are some of the most important lessons that we’ve learned? Linda, I’ll start with you, but I’ll ask all of our panelists to respond to that.

Ms. Ristani: Yeah, that’s really important and key, and I’d have to say it’s been really commendable for the global community to keep AMR not just on the agenda, but kind of somewhat to the top of the agenda when we discuss health issues during COVID. So I’m thinking of the G-7 presidencies and G-20 presidencies
of the past couple of years, right? And I think it really speaks to our collective will and the sense of urgency that we have to keep focusing on AMR. And in fact, Canada’s own AMR Task Force, you know – a new program – was built on the tail end of the pandemic.

I think what COVID has done is brought more attention on health threats that can become big problems. And I think COVID, for us, has become – or became a key opportunity to really raise public awareness on AMR. I think there is appetite for the general public to be informed on health threats and better understand them, and to demand from their government that we be better prepared.

And so I think health literacy as a result of COVID has been a very positive development, and I think preparedness now is top of mind, and speaking of AMR as part of that preparedness framework is now accepted in the global community. And I think it’s very important to keep AMR as part of the pandemic instrument and the other preparedness and MCM conversations in order for us to keep thinking about this issue that will require long-term solutions.

Dr. Gerberding: Thank you. This is really a teachable moment, right? I mean, we are in a state where people are aware of threats, and hopefully aren’t so eager to put it behind them that they can’t look ahead to what we need to do to make sure we minimize the potential for this to happen again.

Do you agree with that?

Mr. McIff: I do – I very much do agree with everything that my colleague just said.

The only thing I would add in terms of maybe a lesson learned that we’re to still kind of, frankly, explore and flesh out in more specific policy detail is the issue of One Health, and I know we’re not tackling that directly here in this session this morning, but recognizing those linkages and the gaps that are there in terms of, for example, you know, veterinary animal health surveillance systems communicating effectively with human health systems, and getting at some of those – just getting at the need to create some of those linkages more effectively over time.

We’ve engaged, for example, our Center for Veterinary Medicine at FDA in some of the recent TATFAR meetings expressly for this purpose, and I know colleagues are doing the same with other TATFAR members. So I think that’s the only thing I would add really to the great list that was provided on preparedness and prevention would be the One Health, and going beyond the rhetoric of One Health to the specifics of what does that actually look like from the nuts and bolts of getting different agencies and sectors to cooperate more effectively.
Dr. Gerberding: Getting serious about the gap between the principles and the practice of One Health.

Mr. McLff: Yeah.

Dr. Gerberding: Now Ingrid, Europe is a bit ahead of the rest of the world in the One Health dimension; specifically many countries in Europe have taken this seriously long before the pandemic. But, you know, COVID is an exemplar of One Health issues to the animal spillover, the spill back, the ecosystem, the environment, the sewage – (laughs) – it really brings it all together. And it is a teachable moment from that broader perspective. Do you see momentum in the One Health movement coming out of this?

Ms. Keller: Thank you, Julie. Yes, we’ve certainly seen momentum, if I can directly take up your question. And I mean to give a very blunt example.

We here at the Directorate-General for Health and Food Safety have been reorganized last year. So I’m in the European Commission.

In our Directorate-General, we actually now have a whole directorate which is called One Health –

Dr. Gerberding: Wow.

Ms. Keller: – which we didn’t have before. So I guess in our organigram, you know, the very first thing you see if you start reading from left to right is a full directorate on One Health. So that tells you that we have learned an important lesson also from the COVID that One Health is key. And that is now also reflected in our work, how we work together more closely between the animals and the human side. And we also reach out to the colleagues on the environmental side obviously.

There will be also one more point I would say in terms of lessons learned from COVID. We know that our trust with the population is a very precious good, and we should treasure that. We have seen that in the vaccination – COVID vaccination campaigns. But I think for AMR it is as precious and as important to keep that.

So one of the important highlights of the year we are taking up here in Europe also with our European Centre for Disease Prevention and Control is the Antibiotic Awareness Week, which is in November every year where we are putting out lots of material in different languages. We also – (inaudible) – and NGOs to really get the message out to the public, and taking the momentum obviously every year to spread – modifying the message maybe a bit every year, reaching also out and engaging health professionals to really
engage with the public because, after all, it’s them who need to understand the issues as well. And like for the COVID vaccination, they are really depending on their behavior.

Back to you.

Dr. Gerberding: Thank you, and you know, before we close the session and we thank all of our panelists, I just really want to say that sitting here, I feel a little bit more optimistic than I did when we started our discussion because there is a lot happening, and people really are recognizing the opportunity that we have to move this agenda forward.

I’d just like to close with a flash question. If you could just ask for one thing from your decision makers, just one thing that you think would really be important in addressing the AMR issue, what is the one thing you would most wish for?

Is there a volunteer to go first on that one? (Pause.) I’ll ask Linda because our Canadians to the north are usually very on top of their game, and – (laughs) –

Ms. Ristani: Thanks, Julie. I would say permanent, sustainable funding. It’s very difficult to go beyond piecemeal, fragmented efforts when you don’t have funding to build the sustainable, long-term program of investments.

Dr. Gerberding: Thank you. Colin?

Mr. McIff: Yeah, a sustainable commitment beyond – we rely a lot on personalities and individual commitment of individual leaders, and a sustained commitment over time, including resources.

Dr. Gerberding: Ingrid?

Ms. Keller: Yes, I think – I mean, we are coming from an EU angle, but we are also looking at a global angle. So for us it would be really important to see a very strong AMR component in the pandemic agreement, which is currently under negotiations. So that’s something we have been – put forward the language, and it is something we are working on, so we really would like, you know, to keep this there.

And then it is in the agreement, which will then hopefully be ratified by many, many countries globally, so I think that would be a very strong asset to have.

Thank you.
Dr. Gerberding: Thank you. You can see that our panelists truly are experts and really bring a lot of experience, but a lot of creative thinking to play here. So thank you all for participating.

Thanks to TATFAR, the CDC Secretariat, and everyone who has been involved in moving this agenda forward since 2009. The time is right; let’s strike while the iron is hot.

Thank you. And I will introduce Krishna – ooh, where did he go?

Mr. McIff: He’s in the back. I think –

Dr. Gerberding: Oh, there. (Laughter.) OK. Udayakumar – Dr. Krishna is going to take us into the next panel and lead the next discussion.

But let’s have a round of applause for our panelists. (Applause.) Thank you.

(END)