

## **IDSA Comments for HHS Listening Session on INB Zero Draft: Pandemic Accord**

Thank you for the opportunity to speak on behalf of the Infectious Diseases Society of America, a community of over 12,000 physicians, scientists and other health professionals working in infectious diseases responses, patient care, research and public health. We commend the Biden administration for including a \$500 million contribution to the Pandemic Fund in the FY24 budget proposal, to catalyze and accelerate improvements to global health security and pandemic preparedness. Improving global readiness and response capacities for health emergencies cannot be done without robust and sustained resources, and the President's proposed contribution is a step in the right direction.

We commend the Intergovernmental Negotiating Body for developing the zero draft on a pandemic accord, however believe the accord should include stronger language on addressing antimicrobial resistance both during "peace time" and during health emergencies. As the World Health Organization has designated AMR as one of the top 10 global public health threats facing humanity, addressing AMR as part of pandemic preparedness and response must be elevated within the accord.

The zero draft iterates that each party should develop national One Health action plans on AMR – this is nothing new. The Global Action Plan on AMR, adopted by all WHO member states in 2015, already requires countries to develop national action plans to address AMR. We recommend a greater emphasis on accelerating efforts to address AMR within the accord, including:

- Implementing infection prevention and control (IPC) strategies, improving water, sanitation and hygiene (WASH) strategies and training health care workers on IPC and WASH at all health care sites, including community health centers
- Scaling up antibiotic stewardship strategies at appropriate health care sites – during both "peace time" and health emergencies – while ensuring access to and appropriate use of antibiotics in settings that historically have lacked access to needed antibiotics
- Strengthening diagnostics capacities and infrastructure in LMICs to correctly diagnose and treat infectious diseases and discourage the prescription of antibiotics without appropriate diagnosis
- Training health care providers on the appropriate use of antibiotics and educating the general public on the dangers of misuse and overuse
- Expanding access to adult and pediatric vaccines to reduce disease burden and contain antimicrobial resistance
- Establishing a global surveillance network of drug resistant infections and ensuring greater knowledge sharing and collaboration between global partners

In addition to stronger, more concrete language on AMR, we recommend a greater emphasis on ensuring the continuation of service delivery for ongoing epidemics, including HIV, tuberculosis and malaria, during health emergencies. Disruptions to HIV testing and treatment, TB detection and distribution of bednets and other commodities resulted in years of progress against these diseases being reversed. We must do more to protect the gains we've made against existing infectious disease threats while strengthening pandemic preparedness and response. Lastly, stronger language is needed on ensuring continuation of routine childhood and adult vaccination services in affected countries during outbreaks, including in conflict settings and among displaced populations.

I thank you again for the opportunity to speak today and offer IDSA as a resource as you continue to engage in this important process.