



# Creating a Sustainable Innovation Ecosystem for Antimicrobial R&D: Policy Recommendations

**Representatives from the U.S., Japan, and Canada gathered on August 1 in Seattle to examine deliberate steps their countries can take to address the global threat of antimicrobial resistance (AMR) ahead of next year's United Nations General Assembly's High-level Meeting on AMR.**

Panelists agreed there is significant work to be done to avert millions of needless deaths and trillions of dollars in added health care expenditures in the coming decades.

## KEY TAKEAWAYS & RECOMENDATIONS

### **Expand the number of stakeholders invested in AMR policy changes and market reforms**

Convincing health ministers to prioritize AMR is not enough; we should engage finance ministers to drive policy changes. And all stakeholders must find new ways to ensure that legislatures, the biopharmaceutical industry, medical societies, and think tanks see AMR as an urgent priority. We can educate decision makers, provide country-specific research with health and economic forecasting, and work with patient groups. More coordinated public-private synergy is needed around different areas of AMR, including human and animal health, agriculture, and the environment. The threat of resistance transcends health care; it may even undermine military readiness. National security leadership should be brought into the conversation to strategize across their leadership.

### **Governments must implement meaningful and timely economic pull mechanisms to incentivize R&D in novel antimicrobials**

The broken marketplace for antibiotics has depressed investment in antimicrobial research and development to unsustainable lows. Private investment in early- and late-stage research will be rekindled if governments pursue policies that change how antibiotics are valued and reimbursed, allowing drug makers to be rewarded for innovation. As promising as pull incentives are, they only work if they are large enough to attract investment. Therefore, G7 and G20 nations need to pass financially meaningful policies. As it can take upwards of ten years and \$1 billion USD to bring a drug to market, policymakers should act swiftly.

### **Include patient voices in public and private decision-making, and give them more weapons in the fight against AMR**

Millions of patients worldwide are already being harmed by the scarcity of effective antimicrobial treatments—particularly those who are living with diseases such as cancer and diabetes, and other diseases impacted by rising rates of AMR. Their lived experiences demonstrate the human toll of uncontrolled infections. Unlike other diseases, there is no “face” of AMR; it cuts across patient populations. Connecting patients with the media and the public will bring visibility to what can seem like a nebulous threat. Stakeholders should convene patient roundtables, and patient groups should be empowered to connect with lawmakers who hold the keys to reform. This will be reinforced by the forthcoming updated GRAM Report, which will contain in-depth regional data.

For more information, please contact Jaclyn Levy, Director of North American Policy at AMR Action Fund, at [jaclyn.levy@amractionfund.com](mailto:jaclyn.levy@amractionfund.com), Deepali Patel, Director of International Policy at AMR Action Fund, at [deepali.patel@amractionfund.com](mailto:deepali.patel@amractionfund.com), or Yui Kohno, Manager at HGPI, at [yui\\_kono@hgpi.org](mailto:yui_kono@hgpi.org).

*This document was prepared by the AMR Action Fund and HGPI as a thematic summary of the event. The statements do not necessarily represent the views of all participants or organizations.*