Achieving meaningful progress on AMR through better metrics in clinical and economic analyses

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UNGA POLITICAL DECLARATION ON AMR:
MOVING FROM COMMITMENTS TO ACTION

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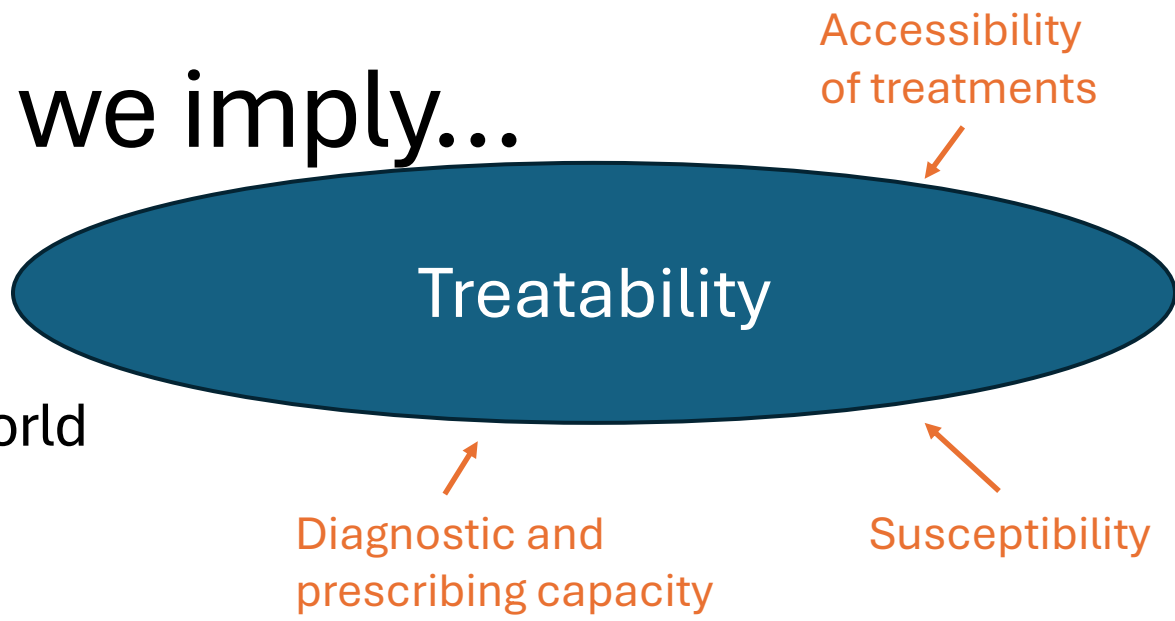
Current framing of AMR leads to slow pace of action in LMIC

- Bacterial AMR difficult to internalize
  - Disconnected from clinical impact
  - Disconnected from familiar causes of disease burden
  - Disconnected from local access reality
- Often considered in isolation of the health system so difficult to implement
- Action difficult to justify/motivate using economic analysis
- It's no wonder we are moving so slow on slowing AMR. Conceptually we have made a real mess of things!

- Targets may provide an opportunity to re-frame AMR…

Let's use the measure that we imply…



- Easier to understand outside the research world
- Universally applicable
- Actionable
- Easier to track
- Is it OK if treatability perspective takes into account non-bacterial infections?
  - Yes, from a HS perspective – most of the interventions are common
    - Can capitalize on familiarity with viral, parasitic infections
  - Yes, from an economic perspective -- it is the altering of treatability of infection rather than resistance itself that imposes an economic burden
- Can align efforts across all stakeholders
- Untreatability can be proxy for mortality or intermediate indicator to model mortality