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April 12, 2021

Loyce Pace, Director  
Office of Global Affairs  
U.S. Department of Health and Human Services

Dear Ms. Pace,

The Infectious Diseases Society of America (IDSA) congratulates you on your appointment as Director of the Office of Global Affairs (OGA) at the Department of Health and Human Services. As a longtime member of the Global Health Council (GHC), IDSA valued your leadership there and now welcomes your expertise at the helm of OGA. We recognize this as a particularly critical time for global public health as the U.S. renews global health diplomacy to advance health protection at home and abroad. **We request an opportunity for IDSA leaders to meet with you to discuss our priorities — including pandemic preparedness, global health security, antimicrobial resistance, HIV and TB — and how our Society can be a resource to you.**

### **Pandemic Preparedness, Emerging Infections and Global Health Security**

As infectious diseases physicians, scientists, and other public health and health care professionals practicing in the U.S. and globally, we know firsthand that resilient and equitable health systems everywhere are critical to pandemic preparedness.

IDSA applauds the Biden-Harris Administration's national security directive on strengthening the U.S. response to COVID-19 globally and advancing global health security. The pandemic has profoundly impacted domestic and global public health in ways that will be felt for years to come. It has devastated healthcare systems in already resource-limited countries, further weakening already fragile health infrastructure and leaving countries more vulnerable to other infectious disease threats.

We urge the OGA to promote and support bilateral and multilateral efforts to strengthen global capacities to prevent, detect and respond to pathogens with pandemic potential. This includes strengthening disease surveillance systems, expanding testing and laboratory capacities, training health care personnel, developing comprehensive research strategies, as well as other efforts to improve public health infrastructure in countries with underdeveloped capacities.

In addition, efforts to prevent and respond to emerging and re-emerging infectious diseases that do not have pandemic potential are also important. Infections that include cholera and diseases caused by newly discovered microorganisms such as *Rickettsia felis* and *Tropheryma whippelii* may not spread as rapidly as diseases with

pandemic potential, but cause considerable harm to individual and community health in low- and middle-income countries (LMIC).

Now more than ever, U.S. leadership is urgently needed not only to control the current pandemic, but to address its impacts on other longstanding epidemics and to prepare for emerging future threats. IDSA welcomes the opportunity to work closely with you to build stronger, more equitable and accessible health systems around the world.

### **Antimicrobial Resistance**

Along with strengthening global capacity to respond quickly and effectively to emerging health threats, we urge prioritizing antimicrobial resistance (AMR) as part of global health security activities and U.S. global health diplomacy. The World Health Organization has declared AMR one of the top ten global public health threats. Antimicrobial resistance has the power to undo decades of progress in fighting infectious diseases, particularly in low and middle-income countries where infectious disease burdens are high and underdeveloped health care systems are ill-equipped to prevent growing drug resistance. Scaling up efforts to address AMR must become a core component of building more resilient health systems in a post-pandemic world. At the same time, efforts to strengthen access to new antibiotics – particularly those for gram-negative resistant bacteria such as carbapenem-resistant Enterobacterales – are critical as patients in resource-limited settings often lack access to the antibiotics they need.

While antimicrobial resistance affects all countries, low- and middle-income countries are disproportionately impacted. It is [estimated](#) that by 2050 more than 10 million people will die of drug-resistant infections annually if efforts to prevent AMR are not significantly strengthened, compared to a conservative estimate of 700,000 AMR-related deaths per year currently. Of those 10 million deaths, half are projected to occur in Africa and four million are projected to occur in Asia – compared to half a million projected deaths in North America. Already more than [214,000 infants die each year](#) from drug-resistant bacteria, the vast majority in low and middle-income countries.

LMICs face a dual dilemma of ensuring appropriate access to antimicrobials for common infections while struggling to curb misuse and overuse of antimicrobials. Antimicrobials are often abundantly available in urban settings with little oversight, while availability is less reliable in rural and other under-resourced settings. Both urban and rural settings lack sufficient resources for comprehensive antimicrobial stewardship programs and face shortages of healthcare professionals. The overuse and misuse of antimicrobials as a “quick fix” in places with weak healthcare infrastructures contributes to high levels of AMR and greater health disparities for low-income communities unable to access quality healthcare.

Some strides in global action to address AMR have been demonstrated, with more than 100 countries meeting the goal from the UN High Level Meeting on AMR to develop national action plans while 67 more have plans in development. As of 2020, 92 countries were enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS). LMICs have the will to strengthen their responses to AMR but often lack the scientific and technical expertise. The U.S. has helped some partner countries in filling the gap, including Kenya where the CDC worked

with the Ministry of Health to establish an AMR surveillance network and Senegal where the agency is helping to transition AMR reporting to an upgraded system.

Closer to home, however, many Latin American countries still lack necessary and robust surveillance systems to track the spread of drug-resistant organisms and mechanisms of resistance. Healthcare settings require stronger antibiotic stewardship programs to prevent the spread of drug-resistant infections in hospitals. Already [50%](#) of hospital-acquired infections in Latin American countries that include Brazil and Peru are drug-resistant infections. The U.S. must prioritize bilateral partnerships with our neighbors in the Western Hemisphere to strengthen their ability to prevent and track AMR, and better protect U.S. health security.

As one of the first countries to launch and fund an AMR national action plan during the Obama Administration, the U.S. was an early global leader in combatting AMR and is well-positioned to drive further progress. We recommend that the Biden Administration designate a central leader for AMR to elevate the importance of our national AMR response, coordinate efforts across agencies and help ensure progress. The U.S. National Action Plan on Combating Antibiotic-Resistant Bacteria (CARB) aims to promote U.S. leadership in the global fight against AMR. We urge the Office of Global Affairs to strengthen global partnerships to address AMR and help LMICs build more resilient health systems by scaling up stewardship and prevention activities. The G7 in particular provides an important opportunity to strengthen global commitments on AMR.

As AMR threats continue to grow, the pipeline of new antibiotics is extremely fragile and insufficient to meet current or future patient needs, with the last FDA approval for an antibiotic in November 2019. This dangerous trend requires immediate action. It is critical that the US and other high-income countries demonstrate greater leadership in incentivizing antibiotic research and development. Global experts have long called for novel financing mechanisms for critically needed new antibiotics that delink payments from use. Such an approach could pave the way for sustainable antibiotic R&D that aligns with appropriate use and access.

## **HIV/AIDS**

We also urge the Office of Global Affairs to strengthen multilateral and bilateral partnerships to accelerate progress against longstanding epidemics, including HIV/AIDS, tuberculosis and malaria – all ongoing infectious disease threats that have been profoundly impacted by the COVID-19 pandemic. The President’s Emergency Plan for AIDS Relief (PEPFAR) has reported impacts on HIV testing and prevention services, resulting in a 25% reduction in new HIV treatment initiation, among other impacts. The assignment of the previous Global AIDS Coordinator to COVID-19 activities in the last year has also compromised the flagship global health program’s ability to advance global HIV control activities. The position has remained open since January.

The upcoming United Nations High Level Meeting on HIV presents an important opportunity to renew U.S. leadership in the fight against HIV and leverage partnerships to accelerate global efforts. We ask the OGA to work closely with State Department partners to strengthen international partnerships to fight HIV and renew U.S. leadership in achieving global HIV

elimination goals, including advocating for the strongest possible commitments in the political declaration resulting from the High Level Meeting.

### **Tuberculosis**

The COVID-19 pandemic has had profound impacts on global TB elimination efforts. TB programs and personnel were the first to be repurposed and redeployed for COVID-19 responses and ongoing TB research and development efforts, including clinical trials for TB vaccine development, were redirected to address COVID-19. Globally tuberculosis case notification has dropped by between 16% and 41% in high-burden countries due to disruptions in case finding programs. This substantial decline has brought the number of people diagnosed and treated for TB back to 2008 levels – with 12 months of COVID-19 undoing 12 years of progress against TB, which until 2020 was the world’s biggest infectious disease killer. The continued spread of drug resistant forms of TB poses a significant threat to global health security and threatens to derail global efforts to control TB. Even before the pandemic the world was not on track to reach the TB elimination goals set out in the UN High Level Meeting on Ending TB in 2018. Disruptions to TB diagnosis, prevention and treatment resulting from the pandemic sets us back even further from meeting the HLM’s goals.

We urge the Office of Global Affairs to prioritize addressing the COVID-19 pandemic’s impacts on these and other infectious disease threats through U.S. health diplomacy and in championing more coordinated global action to protect the gains made against HIV, TB and other infectious diseases. As the U.S. has been the leader in combatting the world’s biggest infectious disease killers, we urge the Biden-Harris Administration to renew U.S. leadership in this space and work to leverage stronger support and action from multilateral and bilateral partners.

### **Multilateral Engagement with Civil Society**

Lastly, we urge the Office of Global Affairs to champion and strengthen opportunities for civil society engagement at the World Health Organization. We greatly appreciated your leadership at the Global Health Council to ensure that the voices of non-state actors were heard within the WHO. As infectious disease professionals we join the rest of the global health civil society community in our concern about potential changes in how non-state actors can engage with the WHO, including at forums such as the World Health Assembly and WHO Executive Board meetings.

Now, more than ever, professional and civil society must be fully engaged at the multilateral level to represent the voices of scientific and medical experts and affected communities, particularly to champion the decolonization of global health and help engender more equitable and accessible global health services. We applaud the Biden-Harris Administration’s commitment to principles of inclusion, diversity and equity in the federal government and hope those commitments translate to minimizing longstanding power imbalances in global health practices rooted in colonialism. IDSA is dedicated to championing inclusive global health efforts and promotion of equitable practices and structures. Our members are ready to be a resource to the OGA in this and other efforts as the U.S. renews its commitment to global health.

We welcome the opportunity to further discuss these and other pressing global health issues with you, ideally ahead of the 74<sup>th</sup> World Health Assembly in May. If you have any questions or if we can be of any assistance, please feel free to contact us through Amanda Jezek, IDSA's senior vice president for public policy and government affairs at [ajezek@idsociety.org](mailto:ajezek@idsociety.org).

Sincerely,

A handwritten signature in black ink, reading "Barbara D. Alexander". The signature is written in a cursive style with a long, sweeping tail.

Barbara D. Alexander, M.D., MHS, FIDSA  
President, IDSA