



Alliance Round-Up

AMR Industry Alliance Round-Up, Issue No.2, September 2019

Welcome to the second issue of the Alliance Round-Up – written for more than 100 biotech, diagnostic, generic and R&D pharma companies that are members of the AMR Industry Alliance, as well as people interested in collaborating with the alliance to combat antimicrobial resistance. Through this newsletter, we aim to share news, updates and expert opinions that show the importance of putting our recently adopted commitments into action. We also give you tips on how to spread the word via social media channels. Please feel free to distribute the Alliance Round-Up to your networks and encourage your colleagues to subscribe using the button at the bottom of this newsletter or by writing to us at roundup@amrindustryalliance.org. We look forward to hearing from you!

Magdalena Babinska, Secretariat Lead [AMR Industry Alliance](#)

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TO DOs

Please help spread the word about what the life-sciences industry is doing and what it can do to tackle antimicrobial resistance. We invite you to:

- Forward [this email to your colleagues and friends](#)
- Follow us on twitter [@AMRAlliance](#) and use/adapt the tweets proposed in this Round-Up
- Join the new "[AMR Industry Alliance](#)" [LinkedIn group](#) (for the member companies and associations)
- Check out the new [AMR Industry Alliance Brochure](#)
- Don't forget to share with the Alliance any [new case studies](#)

Expert views



**Making the connection between AMR and health for all,
by Thomas Cueni, Chair, the AMR Industry Alliance**

By prioritizing primary health care in the forthcoming UN political declaration on universal health coverage (UHC), world leaders and health experts will reinforce the global armor in the fight against antimicrobial resistance (AMR).

The UN High-Level Meeting on UHC will take place on 23 September 2019, with the theme 'moving together to build a healthier world'. In shaping the political declaration that will emerge from the meeting, world leaders have a golden opportunity to acknowledge the intrinsic links between UHC and AMR and ensure more concerted action for both.

In low- and middle-income countries, there is potential to systemically tackle the double-burden of AMR and infectious disease caused by poor hygiene and insufficient access to antibiotics. It requires: investing in healthcare infrastructure; training and upskilling healthcare workers; scaling up infection prevention and control measures; and strengthening supply chains to deliver safe, effective and quality medicines and vaccines for all.

All four of these actions are essential to achieve UHC. But more health clinics also means people have to travel less distance to find health services and so are better able, and more likely, to get antibiotics when they need

them, or to get vaccinated to prevent infections in the first place. Training healthcare workers should include equipping them with the antibiotic stewardship knowledge and diagnostic tools they need to determine which antibiotic will work best to treat an infection, on a patient-by-patient basis. And strong supply chains also reduce the risk of patients taking falsified or sub-standard antibiotics.

Today's complex and integrated health challenges call for joined-up thinking to maximize results. The life-sciences industry is involved in many partnerships that help bring UHC closer to reality and is spearheading the fight against AMR by improving existing and discovering new tools and technologies against resistant bacteria. It's time we brought these two efforts together to move in the same direction.

Further reading: [Health – A Political Choice](#), [CDDEP](#), [UHC 2030](#)



Like or retweet: [Investing in healthcare infrastructure, training healthcare workers and ensuring strong supply chains are key to achieve #HealthForAll. The return on investment help in the fight against #AMR:](#)

<https://bit.ly/2knL6rH>

[#HLMUHC](#)



Putting the brakes on AMR in India, by [Nainesh Katagihallimath and Anand Anandkumar](#), [Bugworks Research Inc.](#)

India's ban on colistin in the animal food industry marks a critical move against AMR in the country; one that should go hand in hand with a stringent crackdown on inappropriate use in human medicine.

When scientist Thomas Jukes added trace amounts of the antibiotic aureomycin (chlortetracycline) to feed in 1948, he discovered that the drug fueled quick growth of chicks raised in confinement. This revolutionized the poultry industry but is now ushering in antibiotic resistance.

Colistin is an old antibiotic that has been used to treat gram-negative bacterial infections in human medicine since the 1950s. It fell out of favor in the 1980s because of its kidney toxicity but has recently regained prominence as a valuable last-resort option for treating resistant infections when all other antibiotics fail.

The World Health Organization (WHO) considers colistin a 'highest priority critically important antimicrobial' for humans. With no alternatives for multi-drug resistant infections in the pipeline, the need to preserve the effectiveness of colistin through responsible use has never been higher. The recent crackdown by the Government of India's Ministry of Health and Family Welfare on colistin use in the animal food industry is a critical first step in the right direction.

For years, Indian farmers were sold animal feed containing sub-therapeutic doses of antibiotics by some of the world's biggest animal drug companies. (It was neither for therapeutic nor for prophylactic purpose). The scale of this 'growth promotion' problem was highlighted in a scathing news report published by the London-based

Bureau of Investigative Journalism in January 2018 ([A game of chicken: how Indian poultry farming is creating global superbugs](#)). It described how animal pharmaceutical companies in India were openly advertising products with colistin as growth promoters and how most major poultry producers in the country were using colistin products on their farms to make their birds gain weight faster to get greater profits.

The WHO urges all countries to legislate against growth promotion practices and many nations already do, including European nations, the United States, Brazil and China. This year, the Government of India unequivocally banned the use of colistin in industry animal formulations for all food-producing animals, poultry, aqua farming and animal feed supplements.

The strong ban is a welcome move in the fight against AMR. But to truly protect the effectiveness of existing antibiotics it will need to be swiftly followed by similar sanctions to prevent the abuse of critical drugs through inappropriate human use. The reprehensible practice of selling antibiotics over the counter needs to stop; as must improving waste management. Combined with the ban on colistin, these additional stringent measures could give antibiotic stewardship initiatives much needed teeth to put the brakes on AMR and thwart the spread of superbugs.

Further reading: [The Bureau of Investigative Journalism](#) - 22 July, 2019, [WHO](#), [The Bureau of Investigative Journalism](#) - 12 October, 2018.



Like or retweet: [India's ban on colistin in the animal food industry marks a critical move against #AMR in the country – however, more can be done](#) <https://bit.ly/2IXz1di>



**The new reality for next-gen antibiotics, by Manos Perros,
President and CEO, [Entasis Therapeutics](#)**

The future of antibiotic development lies in targeted approaches that can deliver novel drugs tailored to tackle those highly resistant pathogens with greatest medical need.

The world of antibacterial therapy as we know it is changing fast. For decades we have used antibiotics empirically, treating infections with little understanding of the pathogens responsible for causing them. Today, mass-produced, broad-spectrum antibiotics are still prescribed widely. As a result, antibacterial resistance to many of those drugs is rising fast, threatening to send us back to a world in which patients can die from a scratch and many routine interventions.

The good news is that, for most patients, broad-spectrum drugs still work to save lives. But for those patients for whom these older drugs no longer work, disinvestment from R&D in antibiotics means treatment options are rapidly waning.

Against this backdrop, treating patients indiscriminately with innovative antibiotics is no longer an option. Rather, we need to preserve new drugs for the patients who really need them. At Entasis, we focus on those patients and tailor our drugs to fight the multi-drug resistant bacteria with the highest medical need. We do so thoughtfully and responsibly, from discovery to clinical development and, if we are successful, commercialization.

We are inventing and developing pathogen-targeted products that will be more effective and safer for patients. But these will not be the high-volume, low-margin drugs that we have been used to in years past, and prescription and reimbursement practices are only now starting to adapt to this new reality.

In the United States, the country's biggest reimbursement mechanism is being reformed to cover the excess costs incurred by hospitals when they use new antibiotic products. And the recently proposed DISARM Act aims to take that reimbursement outside the limitations of the current system altogether. The United Kingdom is also planning to test a value-based reimbursement model, while other countries are similarly considering reimbursement and distribution models that can improve access to life-saving antibiotics.

The biotech and pharmaceutical industries are rolling up their sleeves, and I am confident that there's plenty of knowledge and know-how still in reserve waiting to spark much needed innovation.

Further reading: [In-Pharma Technologist](#), [Entasis Therapeutics](#)



Like or retweet: *The future of #antibiotic development lies in  targeted approaches that can deliver novel drugs tailored to tackle those highly resistant pathogens with greatest medical need", says Dr. Manos Perros, President and CEO of @Entasistx: <https://bit.ly/2kqJpvY>*



New coalition pursues AMR advocacy and awareness, by Gregory Frank, Director of Infectious Disease Policy, Biotechnology Innovation Organization, and board member of the AMR Industry Alliance

A new coalition of scientists, public policy experts and biotech industry leaders aims to combat the AMR crisis by stimulating the production of new antimicrobial medicines.

Led by the Biotechnology Innovation Organization, the newly launched [Working to Fight AMR](#) coalition is working to educate the general public about the threat of AMR and to advocate for policy solutions that help ensure we have a robust pipeline of medicines that can stay ahead of resistance.

The coalition has a two-pronged policy approach. The first lies in promoting the DISARM (Developing an Innovative Strategy for Antimicrobial Resistant Microorganisms) Act, which helps address reimbursement challenges for antimicrobials and ensures their appropriate use. The second is to advocate for "pull incentives" that reward companies for bringing innovative antimicrobial medicines to the market, helping to stimulate investment in new medicines.

The coalition will work to mobilize grassroots advocates to tell their representatives and senators that AMR is an urgent problem in the here and now, and highlight the need for decisive action by the Administration and Congress to address this public health crisis.

Further reading: [Working to Fight AMR](#), [BIOtechNOW](#)



Like or retweet: [We welcome a new coalition of scientists, public policy experts and biotech industry leaders at @WeFightAMR stepping up in fight against the #AMR crisis!](#)

<https://workingtofightamr.org/>

Policy highlights

Regulators call for One Health response to AMR ([ICMRA](#) | [RAPS](#))

In July 2019, ICMRA issued a statement acknowledging the complexity of AMR and calling for a coordinated response across sectors and stakeholders.

The coalition further recognized the unique challenges facing the development, commercialization and viability of products to tackle AMR and argued for modern regulatory systems that can adapt to these needs. To that end, ICMRA members pledged to work together to streamline regulatory requirements, without compromising the quality, efficacy and safety review of these products. They also committed to developing processes that facilitate the review of emerging technologies, such as phage therapy and point-of-care diagnostics.

ICMRA called for supporting action from other stakeholders, including asking industry leaders to increase their collective investment in research and development.

GARDP aims to develop and deliver five new antibiotics by 2025 ([GARDP](#) | [Health Policy Watch](#))

The Global Antibiotic Research & Development Partnership (GARDP) is looking for €500 million to support research and development of five new treatments for antibiotic-resistant infections.

In late June, the GARDP, which is an integral element of the WHO's Global Action Plan on AMR, announced a '[5 BY 25](#)' goal to develop and deliver five new treatments by 2025 to address the growing threat of AMR. The five new treatments will focus on priority bacterial pathogens identified by WHO, and current unmet needs for diseases and key populations.

GARDP's Chair of the Board, Professor Ramanan Laxminarayan said: "We are in a race against time to develop new antibiotics and make them accessible to the millions of people who need them. GARDP's remarkable progress over the last three years in building strong partnerships and a talented team positions it well to meet this ambitious new goal. We need to work together with all stakeholders, including governments, academia and civil society, philanthropic organizations and the private sector, to make this goal a reality."

The '5 BY 25' strategy will be launched at the [World Health Summit](#) in October 2019, as part of GARDP's new business plan.

Reimbursement reform in Medicare and Medicaid ([Health Affairs](#))

In an attempt to stimulate antibiotic development, the US Centers for Medicare and Medicaid (CMS) is changing the way it reimburses hospitals for using antibiotics and treating drug-resistant infections. The changes, which are articulated through the [Fiscal Year 2020 Inpatient Prospective Payment System \(IPPS\) rule](#), will:

1. Make it easier for new antibiotics to qualify for New Technology Add-On Payments (NTAPs); and will increase the level of such payments.
2. Increase the severity level for cases involving AMR, making it easier for doctors to prescribe new, costlier antibiotics (when appropriate) without hurting the hospital's finances.

The hope is that the enhanced IPPS rule will remove barriers to innovation while simultaneously increasing patients' access to the latest antibiotics. CMS also stresses the need to go beyond reimbursement reform and invest in public health infrastructure to slow the development of resistance and protect the effectiveness of existing antibiotics. This includes supporting, strengthening and potentially regulating antibiotic stewardship in healthcare settings.

The new IPPS rule goes into effect on October 1, 2019.

Further reading: [CMS Fact sheet, Health Affairs](#)

G20 calls for stronger action against AMR ([G20 Call to Action](#) | [G20 Osaka Leaders' Declaration](#))

At the Health 20 Summit held in June 2019, G20 leaders committed to deeper and more coordinated efforts in the fight against AMR.

Through their call for action and recommendations, G20 leaders urged countries to:

- join and support the Global AMR R&D Hub;
- strengthen the AMR infrastructure, including more grant funding for product development;
- recognize the need for joint development of new therapeutics and rapid diagnostics;
- establish effective reimbursement models and market entry rewards; and
- harmonize global trials data for new antibiotics.

G20 leaders also adopted a declaration to accelerate efforts to tackle AMR based on a One Health approach. Recognizing the need for policy measures for infection prevention and reduction of excessive antimicrobial use, they asked for more action to promote stewardship of and access to antimicrobials. They also called on interested countries and the Global AMR R&D Hub to analyze push and pull mechanisms to identify best models for AMR R&D; and to report back to relevant G20 Ministers.

Latest WHO essential lists support AMR action ([WHO](#))

The latest WHO essential lists for medicines and diagnostics include new products that could improve access to antibiotics and encourage more appropriate use.

The 2019 WHO Essential Medicines List ([EML](#)) includes the addition of three new antibiotics for the treatment of multi-drug resistant infections: ceftazidime-avibactam, meropenem-vaborbactam, and plazomicin. All three are relatively new antibiotics that have only been approved by the US Food and Drug Administration within the last five years.

The latest List of Essential in Vitro Diagnostics ([EDL](#)) has been updated to include diagnostic tests to guide antibiotic prescribing. These include biochemical tests that identify the genus or species of bacteria from cultured isolates; and procalcitonin tests, which monitor levels of a peptide associated with the body's response to a bacterial infection.

Access, watch and reserve ([WHO](#) | [UN](#) | [BMJ](#) | [Health Policy Watch](#) | [Pharmaceutical Journal](#))

The WHO launches campaign urging governments to adopt a new tool, AwaRe, to reduce the spread of AMR.

The [AWaRe tool](#) classifies antibiotics into three groups: Access, Watch and Reserve. It shows which antibiotics should be used for common or serious infections and which ones should be used sparingly and only as a last resort. The new campaign aims to increase the proportion of global consumption of antibiotics in the Access group to at least 60%, and to reduce use of the antibiotics most at risk of resistance from the Watch and Reserve groups.

UN agencies set up trust fund to tackle AMR ([FAO](#) | [AMR Multi-Partner Trust Fund Brochure](#))

The UN Tripartite — a collaborative initiative by the Food and Agriculture Organisation (FAO), World Organisation for Animal Health (OIE) and World Health Organization (WHO) — has launched a dedicated funding vehicle to accelerate global action against AMR.

The new AMR Multi-Partner Trust Fund has a five-year scope, through 2024, and aims to scale up efforts to support countries to counter the immediate threat of AMR. Started with US\$5 million from the Government of the Netherlands, the fund is appealing in the first instance for US\$70 million, which will be used to provide technical support to countries designing National Action Plans on AMR and to scale up local action.



Like or retweet: [Combating #AntimicrobialResistance relies on a coordinated effort from all actors. In a new statement, medicines regulatory authorities commit to work together to streamline regulatory requirements for tools against #AMR: !\[\]\(f95dab70c751fda7d824b8b03650f7aa_img.jpg\) <https://bit.ly/2ysxZZJ> #ICMRA @EMA_news @MHRAgovuk](#)



Like or retweet: [Public-private partnerships are key to deliver new @gardp_amr '5 BY 25' plan. "We need to work together with all stakeholders, incl. governments, academia, and the private sector, to make this goal a reality". says @CDDEP Director Ramanan Laxminarayan: <https://bit.ly/2IUWjAd>](#)



Like or retweet: [*We highly welcome the @G20Partnership call to action and recommendation to the world's health and finance leaders, of a more coordinated effort in the fight against #AMR, at the recent summit in Tokyo*](#)  [*Read their recommendations here*](#)  [*http://bit.ly/2NunL5w*](http://bit.ly/2NunL5w)

Announcements

The WHO is developing its priority list of AMR diagnostics and is [asking for feedback](#) on two draft TPPs to help fill testing gaps at primary and secondary healthcare facilities in low- and middle-income countries. Comments should be submitted by **29 September**. All feedback will be validated at an expert meeting on the draft TPPs for needed antibacterial agents in October.

Further information: [Request for feedback on target product profiles](#), [Meeting on TPPs for needed antibacterial agents](#)

The UN Inter-Agency and Expert Group on SDG indicators (IAEG-SDGs) has just closed an [open consultation on proposals](#) for its 2020 Comprehensive Review to improve the indicator framework. Proposals included suggestions for new indicators as well as potential revisions, deletions and replacements.

One proposal widely supported by the global health community is to develop a new indicator that focuses on AMR: *'Reduce the percentage of bloodstream infections due to selected antimicrobial-resistant organisms.'* Dame Prof. Sally Davies, soon-to-be UK Special Envoy on AMR, emphasized the need for such a measure, [saying](#) that "the lack of an AMR indicator within the SDGs framework has hindered our ability to monitor progress".

The AMR Industry Alliance submitted a comment encouraging the expansion of the indicator plan to include some of the pathogens mentioned in the [WHO Priority Pathogens List](#) and the [AR Threats Reports](#) by CDC and to emphasize the importance of using modern diagnostic tools to make the proposed metric viable.

Further information: [IAEG-SDGs 2020 Comprehensive Review](#)



Like or retweet: [*3 new #antibiotics for the treatment of multi-drug resistant infections are on the #EML 2019. @WHO strengthening advice on antibiotic use to achieve better treatment outcomes and reduce the risk of #AMR. Find out more in the WHO Executive Summary*](#)  [*https://bit.ly/2Se1Y0F*](https://bit.ly/2Se1Y0F)

Alliance out and about

Alliance action

The AMR Challenge: UNGA Side Event

23 September 2019, 6 – 9 pm | New York

The Antimicrobial Resistance Fighter Coalition, an AMR awareness campaign supported by BD, is co-hosting, together with the CDC, Wellcome Trust, Gates Foundation and ASM, a [side-event](#) celebrating the conclusion of CDC's AMR Challenge. Entitled "A Night Celebrating Global Antimicrobial Resistance Fighters", the evening will include presentations from HHS Secretary Azar, art installations inspired by the problem of AMR, and the U.S. premiere of the documentary "Antimicrobial Resistance Fighters".



Alliance members at World Water Week

AMR Industry Alliance members Centrient Pharmaceuticals and GSK showcase our work at the world's leading annual water event.

[World Water Week](#), organized by the Stockholm International Water Institute, is the annual focal point for global water issues. With more than 3,300 participants from 130 countries, the event brings stakeholders from academia, business, government and civil society together for six days of knowledge exchange, dialogue and networking.

This year's event saw AMR Industry Alliance members Centrient Pharmaceuticals and GSK share their experience and expertise in two sessions: 'Water, Health, AMR and Rights-based approaches' and 'Reducing Emissions from Antibiotic Production – Demand and Supply Sides'. Through their presentations, participants learned about the alliance's work in developing our Common Antibiotic Manufacturing Framework and our set of science-driven PNEC-based discharge targets; and how individual companies across the value chain are implementing these. Feedback from the audience on our progress was very positive.

bioMérieux sponsors a fifth Global-PPS

Sponsored by AMR Industry Alliance member bioMérieux, the Global Point Prevalence Survey of Antimicrobial Consumption and Resistance (Global-PPS) is being conducted for a fifth consecutive year and will include a new optional module on healthcare-associated infections (HAIs) to help hospitals improve their antibiotic stewardship programs.

Managed by the University of Antwerp, the Global-PPS is an ambitious global surveillance project that collects annual data to monitor rates of antimicrobial prescribing in hospitals around the world. Supporting a network of around 1,000 hospitals in 96 countries, the survey has collected relevant data from more than 200,000 hospitalized patients across the globe. Hospitals can use these data to evaluate their prescribing practices, identify targets for quality improvement and track progress over time.

The new module on HAIs, which will launch in September 2019, goes one step further in supporting hospitals to plan and deliver effective stewardship programs. Through the module, hospitals can estimate their own HAI burden, identify risk factors, and design interventions to prevent HAIs and limit AMR (for example, by educating healthcare professionals and patients on appropriate use).

Further reading: [Global-PPS](#), [bioMérieux case study](#)

BUGWORKS deepens partnership between India and Japan

AMR Industry Alliance member BUGWORKS Research India has signed a [Memorandum of Understanding](#) (MoU) with Mitsubishi UFJ Research and Consulting to promote collaboration in the global fight against AMR. The MoU focuses on collaboration in a range of specific areas aimed at strengthening the partnership between India and Japan. In particular, it will be used to promote BUGWORKS's knowledge of drug discovery as a solution to help reduce AMR issues; and it will draw on the resources and networks of both parties to work on infection prevention, surveillance, diagnostics R&D and development of novel antibiotics.

Media mentions

Facts and figures on AMR

In an analysis looking at the cost of inaction on AMR, SciDev.Net mentions the groundbreaking effort made by the life-sciences industry to tackle the problem.

After acknowledging the growing awareness of the need for action to tackle AMR, SciDev.Net draws attention to the more than 100 companies that joined forces to form the AMR Industry Alliance. The author describes how we are already spending nearly US\$2 billion a year to develop new antibiotics and underscores our call on governments to help fund those areas of research that are economically riskier, and to do more to address issues such as over-prescribing and inappropriate use of antibiotics through better regulation.

The article concludes that left unchecked, AMR could claim more lives than TB, diabetes and HIV / AIDS combined.

Further reading: [SciDevNet](#)

Biotechs fight fears of ‘antibiotic apocalypse’

In an analysis of the limited incentives small biotechs have to develop new antibiotics, the Financial Times asks Summit Therapeutics chief Glyn Edwards where the future lies.

Despite an increase in activity in the early stages of antibiotic research, the pharmaceutical industry has little financial incentive to take promising projects through the later stages required for regulatory approval, which may cost too much for a smaller biotech company.

Various solutions have been proposed, notably from Jim O’Neill, who suggested creating a “pay or play” levy on sales of other drugs to form a reward fund of up to US\$1.2 billion for new antibiotics. But Glyn Edwards, Chief Executive of AMR Industry Alliance member Summit Therapeutics, argues that it is unlikely that a new broad-spectrum antibiotic will be found. Instead, says Edwards, companies should be focusing on narrow-spectrum antibiotics, combined with new diagnostic technologies, that kill a specific pathogen without harming other bacteria.

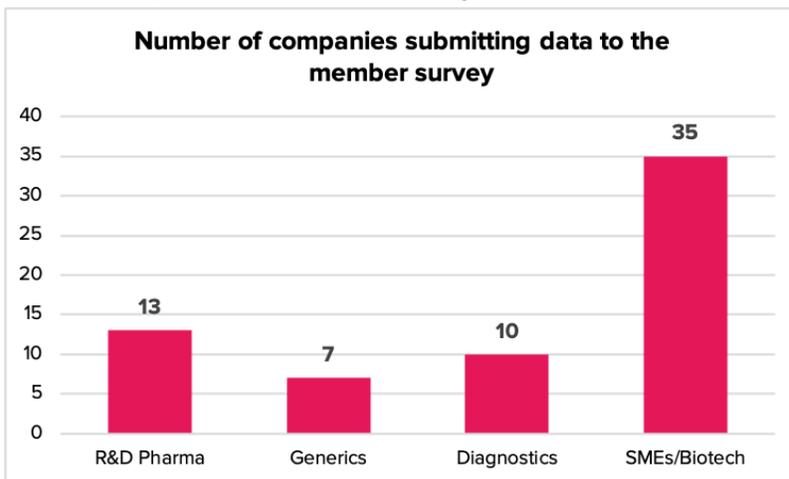
Further reading: [Financial Times](#)

Catch up

Tracking our progress: Alliance survey update

The AMR Industry Alliance biennial survey of members is now closed; a big thank you to all companies who submitted data!

A total of 65 companies responded to the survey, representing around two-thirds of our membership; and nearly twice the number of participants in the last member survey in 2017. Participating companies included all of our R&D Pharma and Generics members as well as a significant number of members from the diagnostic subsector. The most notable increase in response rate compared with the last survey was in the SMEs/biotech subsector, where 35 companies submitted data (see figure below).



The survey covered our four areas of work: access, R&D, stewardship and manufacturing. Our partner company, SustainAbility, is analyzing all the survey data and will present preliminary findings to our External Advisory Group (EAG) in Geneva on 23 October 2019. SustainAbility will use comments and feedback from the EAG to help shape the key messages and recommendations of our second progress report, which, once approved by our Board, will be published in early 2020.

It is not too late to submit a case study. We have received twenty-four case studies so far, but most of these focus on appropriate use and R&D. If you have something interesting to share on access and manufacturing please get in touch at: amr@sustainability.com. We look forward to reading your great stories!

Further reading: [Tracking progress to address AMR, In action](#)

Get ready for World Antibiotic Awareness Week

The AMR Industry Alliance will actively engage in this year's [World Antibiotic Awareness Week](#) in November.

World Antibiotic Awareness Week (WAAW) aims to increase awareness of global antibiotic resistance and to limit its spread by encouraging best practices among the general public, health workers and policymakers. The event forms a key activity in delivering the global action plan on AMR that was endorsed at the World Health Assembly in May 2015. During WAAW, all stakeholders are invited to share information that raises awareness about the serious health issue of antibiotic resistance and to encourage people to use antibiotics with care.

In 2019, WAAW takes place from 11-19 November. As the AMR Industry Alliance, we will be actively engaged so be sure to follow us on Twitter and LinkedIn!

Find us at the 2019 World AMR Congress

The AMR Industry Alliance is thrilled to announce our involvement in the 2019 [World Anti-Microbial Resistance Congress](#), where we are sponsoring the first day's cocktail reception.

The congress, which takes place on November 7–8, 2019 in Washington D.C., is the world's only commercially-focused AMR conference. With more than 200 speakers from 40 countries, it will gather global experts in AMR to discuss challenges and opportunities in antibiotic R&D, diagnostics, stewardship, finance, infection prevention, manufacturing and vaccines.

The AMR Industry Alliance cocktail reception will take place at 6:20 pm on November 7, and will be opened by our chair, Thomas Cueni. Please join us there! We will also have a booth on the expo floor; and a number of our board members and representatives from member companies will be speaking at different sessions across the two days.

Members of the AMR Industry Alliance can attend the show at a discounted rate! Email info@AMRIndustryAlliance.org for the promo code to save 30% on your ticket.

We hope to see you in D.C.!

Further reading: [World Anti-Microbial Resistance Congress](#), [Register for the conference](#), [Conference brochure and program](#)

See more...

Alliance resources:

- [New brochure](#) to discover the AMR Industry Alliance in 2 minutes
- [Overcoming Access Barriers to Antibiotics](#), blog by Ramanan Laxminarayan, founder and director of the CDDEP

Upcoming events

- 23 Sep 2019 (New York): [UN High-Level Meeting on Universal Health Coverage](#).
 - 2-6 Oct 2019 (Washington, D.C.): IDSA's annual [IDWeek](#) meeting.
 - 23 October 2019 (Geneva). Consultation of the External Advisory Group. External experts and members of the AMR Industry Alliance Board will meet to reflect on preliminary results of our member survey and to help develop a list of recommendations and key messages for the second progress report.
 - 24 October 2019 (Geneva). 8th Meeting of the AMR Industry Alliance Board. The AMR Industry Alliance Board will discuss various topics, including publication plans for the second progress report.
 - 7–8 November 2019 (Washington, D.C.). [The World Antimicrobial Resistance Congress](#). Find us here.
 - 11–17 November 2019 (Global). [World Antibiotic Awareness Week](#). AMR Industry Alliance activities are planned.
 - 1–6 March 2020 (Il Ciocco, Tuscany, Italy). [Disruptive Antibiotics and Non-Antibiotic Therapies to Combat Drug-Resistant Bacterial Infections](#). Gordon Research Conference on antibacterial discovery and development.
 - 12–13 March 2020 (Location TBD). [4th Conference on Novel Antimicrobials and AMR Diagnostics](#). This conference is a platform for SMEs, start-ups, big pharma, academia, investors and public institutions to discuss strategies and challenges in bringing new antimicrobial treatments and diagnostics to the market.
 - 16–17 March 2020 (London). [BSAC Spring Conference](#). This year's conference is called 'Into clinical practice: Bridging the gap between science, policy and effective antimicrobial use.'
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Please let us know of any upcoming events which you would like to see included in this Alliance Round-Up.

Contributions, suggestions and comments from AMR Industry Alliance members are welcome.

For all communications, please contact the Secretariat Lead, Magdalena Babinska,

email: M.Babinska@AMRIndustryAlliance.org.

Newsletter editor: AMR Industry Alliance and acumen public affairs

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