



Swiss Round Table on Antibiotics March 2024 Newsletter

Dear Members, Partners and Friends of the Swiss Round Table on Antibiotics,

The last six months were characterised by a vast amount of work and activities along our Pull-project to support a Swiss pilot of a Pull-incentive for antibiotics. The most important output of the Pull-project so far, the White Paper on “Effective antibiotics for the Swiss health care system: Today and in the Future” was published on 25 March 2024. Colleagues of the Round Table on Antibiotics presented a teaser of the results and conclusions at the 8th AMR conference in Basel.

Further we expanded our network in Switzerland and abroad and exchanged experiences with representatives of AMR initiatives from other countries. Accordingly, you will find a new section “Other Initiatives” in the newsletter where we introduce such initiatives and networks that foster the implementation of AMR countermeasures on the national level. We start the series with the Australian Antimicrobial Resistance Network and the newly founded Danish AMR Alliance.

I would like to thank the members of the Round Table team and the numerous contributors from our “ecosystem” for their tireless support in pursuit of our mission.

Wishing you an interesting read!

Barbara Polek
Managing Director

Our Activities



White paper – Effective antibiotics for the Swiss health care system: today and in the future

In a collaborative effort supported by many stakeholders from Switzerland and abroad, the Swiss Round Table on Antibiotics (RTA) evaluated alternative reimbursement models (so-called “pull” incentives) for their capacity to help Switzerland get more new antibiotics on the Swiss market and to prevent older ones from being withdrawn from it.

Switzerland is by far not the only country affected by an inadequate offer of novel antibiotics to mitigate the eroding effectiveness of the existing ones due to antibiotic resistance. Rather do the low level of global antibiotic research & development (R&D) activities and the reluctance of

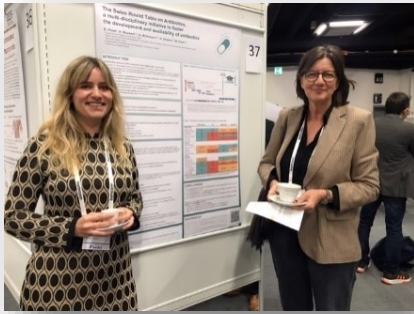
manufacturers to launch the few new antibiotics in more than a handful of countries signal that the global antibiotic market is no longer intrinsically motivated to effectively meet the need for a continuous flow of new antibiotics.

The reason for this phenomenon is generally acknowledged to be a lack of adequate market incentives which has caused a massive drain of research and financial resources from the infectious diseases area to other more lucrative indication areas in the last decades. To revert this trend, so-called “push” vehicles have been set up to support the funding of antimicrobial R&D programmes up to marketing authorisation of new antibiotics. “Pull” incentives come into play after their market entry, aiming to provide an appropriate remuneration, ideally decoupled from the quantity of product used, to prevent their excessive or abusive use – the major man-made driver of antibiotic resistance.

The RTA White Paper evaluates four pull-incentive models – Subscription model, Transferable exclusivity extension vouchers, High price model, Prevalence model – and recommends the subscription model for a pilot project in Switzerland: Subscription models foresee annual guaranteed reimbursement amounts that enable manufacturers to generate adequate revenue independent of the product volume used. The size of the guaranteed reimbursement should reflect the value of antibiotics in safeguarding public health, e.g. by de-risking cancer treatments or surgeries or by preventing the spread of resistant pathogens, over and above their value in the treatment of individual patients. Only subscription models have significant real-world evidence from pilot projects in England and Sweden and are transparent in terms of cost and payers.

The White Paper was published on 25 March 2024 and is available on the [RTA homepage](#) or here:

- English: <https://doi.org/10.48350/194363>
- German: <https://doi.org/10.48350/192659>
- French: <https://doi.org/10.48350/194389>
- Italian: <https://doi.org/10.48350/194450>



RTA Poster presentation at 8th AMR Conference in Basel

At this year's AMR Conference in Basel the RTA presented a poster summarising the analyses and conclusions from the White Paper "Effective antibiotics for the Swiss health care system" (refer to the previous article). You may find the poster on our website.

The poster gave the impetus for many interested discussions with its visitors, including the Wellcome Trust, HERA (the EU's Health Emergency Response Authority), and EMPA.

RTA Webinar as part of the BEAM Alliance webinar series

"Why do we need a pull incentive to push antibiotics onto the market?"

- Save the date: 18 April 2024, 13-14h
- Register here: www.beam-alliance.eu

General assembly of the RTA on 29 May 2024

Keynote presentations slides will be made available on RTA homepage after the event.

Members register here: <https://tinyurl.com/RTABern>

Featured studies



Focus on market access and patient benefit at the 8th AMR Conference in Basel

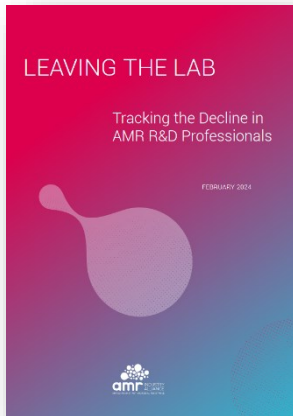
This year's AMR Conference put a special emphasis on the topics of market access and patient well-being.

Brenda Waning of Stop TB Partnership which promotes measures that facilitate access of paediatric TB patient populations (including very small populations in EU member states) to high-quality treatments. For this purpose, the Stop TB Partnership buys and stockpiles entire product batches – something that manufacturers would not normally do at their own cost.

Cary Adams of the Union for International Cancer Control (UICC) highlighted the huge impact of antimicrobial resistance on treatment outcomes in cancer patients: About 20% are hospitalised with a bacterial infection which is the second leading cause of death among cancer patients.

The high mortality of cancer patients with bacterial infections can be attributed to several factors including elevated resistance rates in gram-negative pathogens (1.5 higher), elevated incidence of Vancomycin-resistant enterococci (VRE) and fungal pathogens (2 times higher) compared to other patient populations. Consequently, the UICC fosters the better understanding of the negative effects of AMR on the treatment outcomes in cancer patients and pleas to systematically integrate AMR countermeasures in treatment guidelines.

You will find the full study [here](#).



An AMR Industry Alliance report shows that more and more R&D professionals leaving the AMR field

While the threat of AMR is widely acknowledged, the continued loss of scientific and research talent remains largely overlooked. This “brain drain” has been ongoing for more than two decades. Following the career paths of researchers who worked at companies that had previously funded but then abandoned AMR research, the authors found that most immediately left the field of antimicrobials; by their second job change, just 10% remained in the field.

The decline in AMR research stands in stark contrast to fields like HIV/AIDS and cancer. In 2022, there were 5.5 times more papers published on HIV/AIDS than on priority bacteria, even as AMR is estimated to contribute to more deaths every year. Overall, there are an estimated 3,000 AMR researchers currently active in the world compared to 5,000 for HIV/AIDS and 46,000 for cancer.

This brain drain could further impede progress in the combat of AMR for years to come, even if policies to incentivise antimicrobial R&D are enacted.

You find the full study [here](#).

Other Initiatives

The AMR Conference offered an opportunity for different national organisations engaging in AMR countermeasures to meet and present themselves. This great experience inspired us to create this new section in the newsletter. The series starts with an introduction of initiatives in Australia and Denmark.

Australian Antimicrobial Resistance Network (AAMRNet)

AAMRNet is a multi-stakeholder expert group committed to combating the urgent global threat of AMR. The network is a public-private partnership established and operated by Australia’s life sciences innovation accelerator. AAMRNet is supported by contributions from industry. The network works with key national and international stakeholders across the biotechnology and pharmaceutical industry, the health and medical sector, clinicians, and government, to identify and tackle the challenges of AMR. AAMRNet is the only body in Australia able to provide whole-of-sector representation and to promote Australia’s role in the fight against AMR.

Find out more about AAMRNet [here](#).

Danish AMR Alliance

Last November, 20 partners – lead by the Novo Nordisk Foundation, Pfizer Denmark and Pharmadanmark – initiated the Danish AMR Alliance. The goal is to bring together all stakeholders that are affected by and can pay a contribution to solving the problem of AMR. The Alliance will seek to organise joint initiatives that will supplement the activities already in place in Denmark.

The RTA was invited to the Alliance’s founding event. We shared our experience in establishing the RTA as a multidisciplinary non-profit association and in expanding the scope of our activities to include projects.

Find out more about the Danish AMR Alliance [here](#).