Response by the MSF Access Campaign to the consultation on IACG discussion paper, 'Surveillance and monitoring for antimicrobial use and resistance'

The MSF Access Campaign welcomes the discussion paper on surveillance and monitoring and agrees that it is an important area of work requiring the commitment of funding and resources by donors and governments to facilitate the monitoring of antimicrobial use and resistance to track the epidemiology of AMR and the appropriate use of medicines, which is a necessary and important baseline for targeting areas of necessary and appropriate intervention. Crucially, the development and provision of tools and know-how required to feasibly and sustainably implement surveillance and monitoring in low-resource settings must be prioritized, and all data be made publicly availably, preferably following normative guidelines in terms of the methodology of collection.

The MSF Access Campaign would like to add the following considerations to improve the discussion paper:

Upfront key message could be extended to include:

- Priorities for surveillance in the context of human health should also be based on GLASS.
- Local surveillance data may also be used to inform clinical guidelines that may still be based on syndromic diagnosis.

Within the main text, the following points could be made clearer or amended:

- Agree that surveillance data should be made available via easily accessible, publicly available sources but this does not come through strongly enough.
- Agree that the variables and recommendations for harmonization – or equivalence – should preferably be evidence-based and set by a normative body, such as WHO

GLASS, for the standardization of surveillance in the context of human health, and should be further emphasized.

- "Counterfeit" is no longer a recognized definition as is can lead to "confusing the phenomenon of substandard and falsified products with the protection of intellectual property rights"; thus the WHO definition for substandard and falsified products should rather be used: http://www.who.int/medicines/regulation/ssffc/definitions/en/

Answer to some of the questions posed:

- **"What additional work is needed on methods for testing antimicrobial susceptibility or to include new technologies in existing systems (e.g. WGS)?"** Part of making surveillance more feasible and likely in LMICs is increased support for (i) more robust and affordable tests better adapted to the needs of low-resource settings, including with longer shelf-life and stability at ambient temperatures, (ii) the sustainable implementation of these at both point-of-care and more centralized laboratories, along with quality-assurance, (iii) training for the interpretation of results and/or simplification of reporting, and (iv) support for the analysis and publication of the results. This could be made apparent as part of the "recognized barriers for LMICs". In addition, when new technologies are available (e.g. mass spectrometry, rapid tests, WGS), very often they are too complex, too expensive or not sufficiently validated in MSF-type settings to be feasible in microbiology laboratories there, thus impeding equitable access to the best technologies even further.