Thursday 10th September

London | 12:00–13:30 (GMT+1)
Paris | 13:00–14:30 (GMT+2)
New York | 07:00–08:30 (GMT-4)

THE GLOBAL ANTIMICROBIAL RESISTANCE CRISIS:
rethinking how we secure and value antibiotics for the future

Join our world-class panel as they discuss the pressing issues created by the increasing emergence and spread of antimicrobial resistance. Emphasising recognition of the full value of anti-infectives, they will consider the need for individual and collective action to transform the current environment to ensure that effective anti-infective treatments are in place to enable and secure modern medicine.

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<td>The complex threat of antimicrobial resistance: moving on from a global pandemic</td>
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Please see below for more information including adverse event reporting.

CLICK HERE TO REGISTER
Register now and learn how you can join the global call-to-action as we seek to secure access to effective anti-infective treatments and reinvigorate antibiotic innovation

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Professor Dame Sally Davies
UK Special Envoy on Antimicrobial Resistance, London, UK

"Antimicrobial resistance poses a catastrophic threat. If we don’t act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can’t be treated by antibiotics. Routine operations like hip replacements or organ transplants could be deadly because of the risk of infection. With global action and co-operation, we can reduce antibiotic use and take steps to containing and controlling antimicrobial resistance."

Dr Christine Årdal
Co-Lead, Research and Innovation, EU Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections, Norway

"Investments by the pharmaceutical industry and biotechnology companies for research into and development of new antibiotics are diminishing. The public health implications of a drying antibiotic pipeline are recognised by policymakers, regulators and many companies."

Dr John Rex
Chief Medical Officer and Director, F2G Ltd, Manchester, UK; Operating Partner, Advent Life Sciences, London, UK; Adjunct Professor of Medicine, McGovern Medical School, Houston, Texas, USA

"The antibiotic pipeline is not just narrowing, it’s close to a drought and this is one of the great catastrophes of our age. If we don’t have new antibiotics soon, modern medicine is going to be in trouble... yet we’re seeing companies with new antibiotics go bankrupt! To fix the antibiotic ecosystem, it’s important that we reverse the economics behind building vibrant and diverse pipelines while also discussing different ways to reimburse the value of antibiotics."

Dr Nick Crabb
Programme Director, Scientific Affairs, National Institute for Health and Care Excellence, Manchester, UK

"Capturing the full value of new antimicrobials is complex, partly due to the public health value going well beyond the benefits of curing a patient’s infection. The UK is the first country in the world to test an innovative model that pays companies for antimicrobials based primarily on a health technology assessment of their value to our NHS, as opposed to the volumes used. The project, led by NICE and NHS England and Improvement, aims to promote investment in these vital medicines, but we recognise that we will not have the desired impact if we act alone; this is why we want to share our learning with as many other countries as we can and encourage them to test the same or similar models in their own healthcare systems."

Professor Mark Wilcox
Consultant Medical Microbiologist, Head of Microbiology Research & Development and NIHR Diagnostic Cooperative Infection Lead, Leeds Teaching Hospitals NHS Trust, UK; Professor of Medical Microbiology, University of Leeds, UK

"We’ve been too slow in recognising the threats posed by resistance, undervaluing antibiotics and a perception that ‘it’ll be alright on the night’. The cliff edge is getting closer and is already being reached in some cases. Are masses of people dying from untreatable infections? No, not at the moment, but it could well get to that stage — especially noting that it takes 10 years to go from a bright idea to an antibiotic that a doctor can prescribe."

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