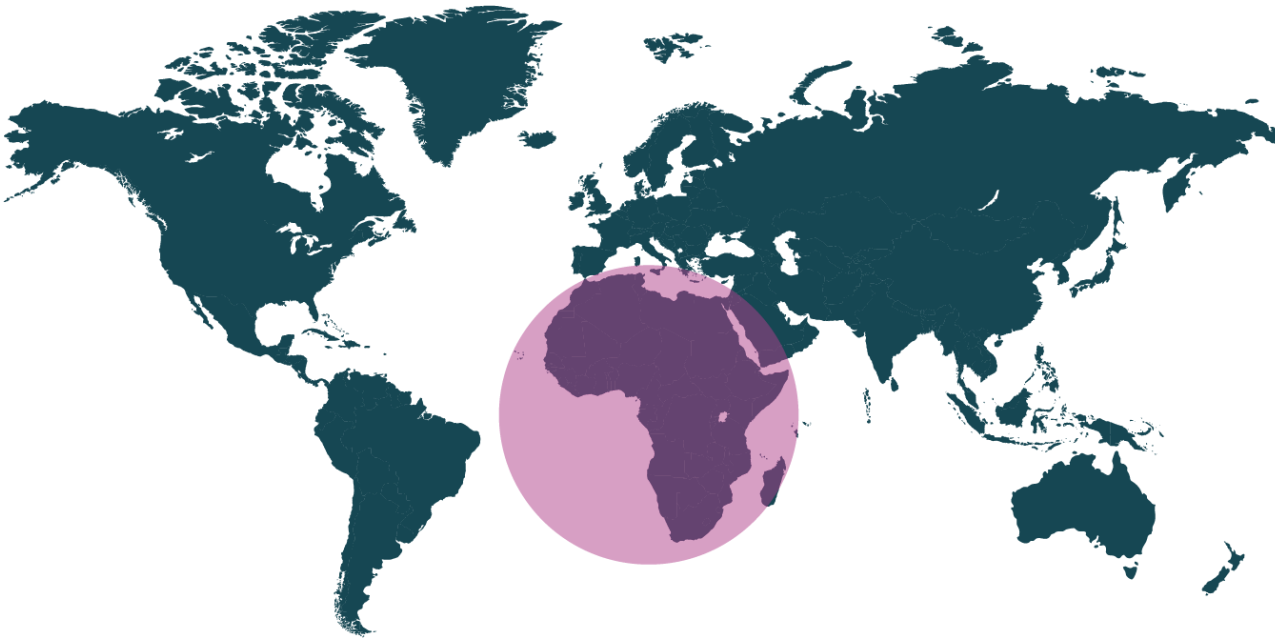


Africa Regional Session

ICARS

INTERNATIONAL CENTRE FOR **ANTIMICROBIAL RESISTANCE** SOLUTIONS

16th November 2021

Call to Action on Antimicrobial Resistance Conference

Introduction

In November 2021, ICARS was proud to partner with Wellcome Trust, the Fleming Fund, UN Foundation, UNICEF, World Bank and the governments of Colombia, Denmark, Ghana, Indonesia, Thailand and Zambia, to organise the Third Call to Action on Antimicrobial Resistance (AMR) Conference.

The event brought together global stakeholders – policymakers, civil society organisations, professionals, academics, and the private sector – across all regions of the world, to share solutions and invigorate action to tackle AMR.

With a focus on sharing lessons learned from low- and middle-income countries, the conference provided concrete examples of how to successfully prioritise and implement AMR National Action Plans (NAPs) during a time of significant pressure on healthcare systems.

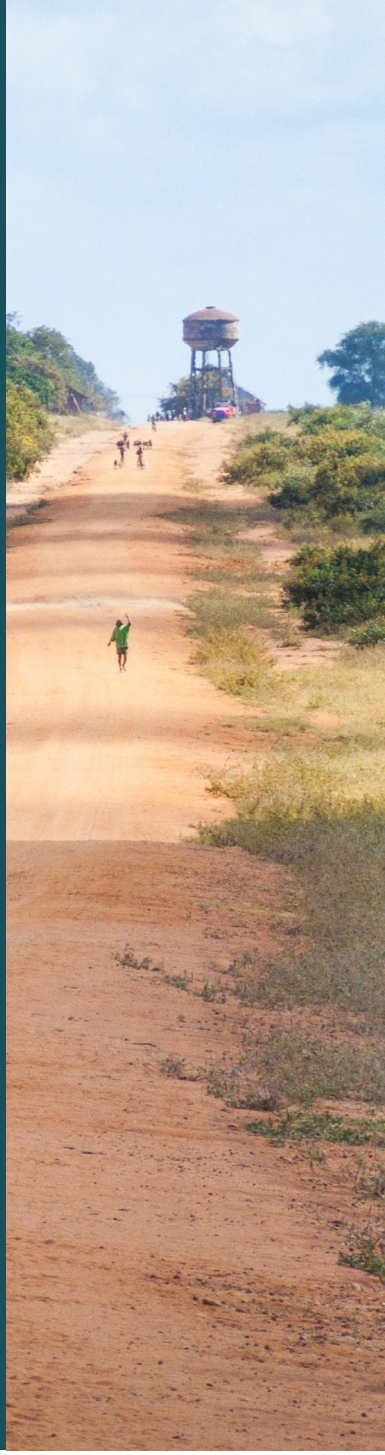
This report, developed by ICARS, synthesises the rich discussions and key themes emerging from the Africa regional session. We hope that the content is a useful resource for others working in the region, who can take forward the lessons learnt to support national action to mitigate AMR in their countries.

Special thanks to Philip Mathew, Mirfin Mpundu and Esmita Charani for their work putting together this session report.



The session

The Third Call to Action on Antimicrobial Resistance (AMR) Conference had an Africa Regional Session, aimed at understanding the progress of the AMR agenda in African nations. The session, moderated by Mirfin Mpundu (ReAct Africa & ICARS) and Esmita Charani (Imperial College, London) focused on the challenges that prevent National Action Plan (NAP) implementation and ways to overcome them.

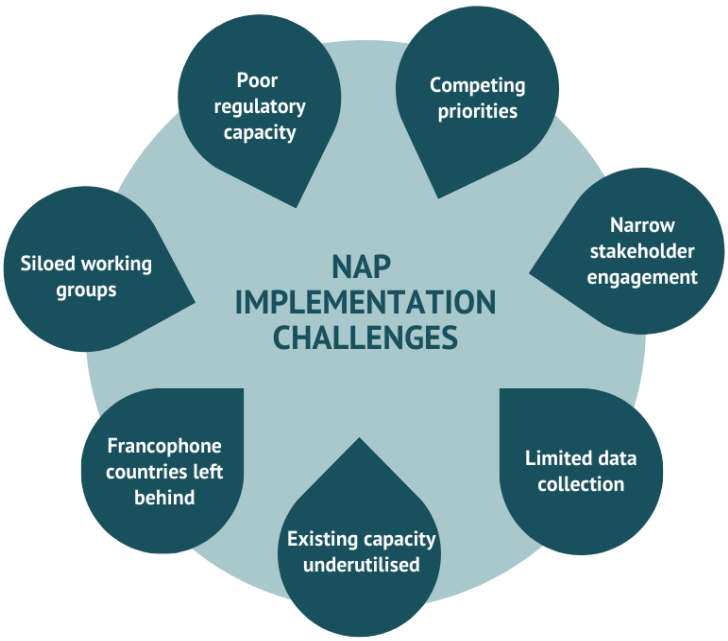


Progress so far

National Action Plans on AMR are currently in place in 38 out of 54 African Countries. According to the Tripartite AMR self-assessment survey, 21 countries reported that they are implementing their action plans. Out of this, only 6 countries had an active monitoring & evaluation framework. Despite issues associated with political commitment and funding, Africa performs better than some other WHO regions.

Barriers to NAP implementation in Africa

During the session, representatives from Kenya, Tanzania, Ghana, Benin and Egypt gave presentations. These countries were selected based on their commitment towards NAP implementation and to enable a spread of perspectives on the continent's situation. The session presentations and discussions identified the following themes as core barriers to NAP implementation.



Competing priorities

The NAP development process and AMR surveillance systems in several African countries were funded by external donors, and increasingly, the donor interests and country level priorities do not match. For example, many countries have surveillance systems in place which require huge resources to maintain, even when the basic building blocks of the healthcare system are deficient. Session participants discussed the need to mobilise resources locally and generate broader understanding that AMR cannot be solved without strengthening health systems.

Narrow stakeholder engagement

Participants shared concerns that NAPs are often approached in a top-down manner, with little involvement of local stakeholder groups and the private sector, or engagement with agriculture and environment sectors. To address these concerns participants suggested that the AMR agenda needs to be implemented through a multi-stakeholder process, with a good degree of ownership at every level. Unless there is a wide engagement, the interventions may not be sustainable and local resource mobilisation may become difficult.

Limited data collection

Collection, compilation, and dissemination of data on the drivers and impact of AMR is sometimes patchy, and the quality of data generated is often low. This affects the positioning of the issue in front of a broader audience, especially the policy community.

Existing capacity underutilised

There are several well-funded disease programs in most of the African nations. These include programs for Tuberculosis, HIV, and family planning. Some of these programs have successfully increased the systemic capacity for diagnostics, and strengthened the supply chains for healthcare products. COVID-19 has also strengthened the institutional capacity to manage infectious diseases and created a pool of talent for managing laboratories. Participants called for these advantages to be leveraged in NAP implementation.

Francophone countries left behind

Francophone countries of Africa are not adequately engaged by international and intergovernmental agencies. The health systems in these countries lag behind the rest of Africa and their NAP implementation process has several barriers. Participants identified a need to have more robust support processes, to engage these countries better and build local capacities for advancing AMR agenda.

Siloed working groups

Discussions covered concerns about the quality of implementation processes for NAPs as the coordination committees, though constituted, barely meet in several countries. Participants discussed how AMR is a multi-dimensional issue which has multi-sectoral drivers and solutions, but the various working and technical groups are not fully functional or integrated. In many countries working groups are not communicating to the stakeholders outside of their sector.

Poor regulatory capacity

While most countries have regulations to limit inappropriate use of antibiotics and sales without prescriptions, participants agreed that there were enforcement challenges due to poor regulatory capacity.



Strategies to improve NAP Implementation

Prioritisation and budgeting

Participants in the session agreed that local resource mobilisation is essential to drive the NAP implementation process, however only a small number of African countries have NAPs which are funded. Most of the focal points work without a secretariat and usually AMR is one among their many responsibilities. To increase funding, it was suggested that the AMR community identify a definite plan of action, which is feasible and based on sound scientific evidence. Participants felt most of the NAPs are wish-lists based on the Global Action Plan and have not been adapted to the country limitations. Therefore, implementing all the activities listed in the NAP may not be possible. To overcome this, participants suggested undertaking a prioritisation exercise before presenting the budget to finance ministries to increase the chance of securing funding.

Inter-sectoral coordination

Participants agreed that inter-sectoral coordination has been a problem in most African countries. The responsibility of the NAPs usually rests with the Ministries of Health and there is often no action to engage other ministries. The background of the focal point also heavily influences the activities undertaken as a part of the action plan. For example, a microbiologist may give priority to AMR surveillance and an Infectious Disease physician may focus on antimicrobial stewardship in healthcare facilities. Since the coordination committees are dysfunctional in many settings, there is no avenue for the National AMR focal point to get holistic advice on AMR interventions.

Piggybacking on other strategically placed issues and improving the quality of data compilation processes were two methods discussed to improve the impact of National Action Plans. The data collection and compilation should expand beyond the traditional narrative of lab surveillance, to case-based surveillance and behavioural drivers.

The way forward

The moderators and the WHO representative, Dr Anand Balachandran, spoke of the need to identify `best buys´ for the NAP implementation process. Countries should be able to link these ´best buys´ to a broader effort to strengthen health systems. The whole narrative should focus on the basic building blocks of health and agricultural systems, and their interface with AMR.

Focus on the basics

Session participants called for African governments to prioritise building the strength and resilience of healthcare systems to cope with COVID-19, AMR and other major health threats. As AMR is a systemic issue, improving the quality of healthcare delivery will help to prevent and control its impact. Discussions covered how strengthening the essential building blocks of healthcare systems, such as:

- access to essential medicines
- adherence to hygiene precautions
- standard treatment guidelines
- availability of lab tests

could serve AMR mitigation efforts by improving prescribing behaviour and reducing hospital acquired infections.

"Even when we talk of rationalising antibiotic use, it is sad that there are thousands of health care centres with no running water. Can we ask our governments to sink one borehole for each healthcare facility?"

Mirfin Mpundu, Partnership & Engagement Lead for Africa, ICARS