



Call to Action on AMR Conference

Latin America Regional Session



INTERNATIONAL
CENTRE FOR
**ANTIMICROBIAL
RESISTANCE**
SOLUTIONS

15-17 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 discuss solutions and invigorate action to tackle AMR.

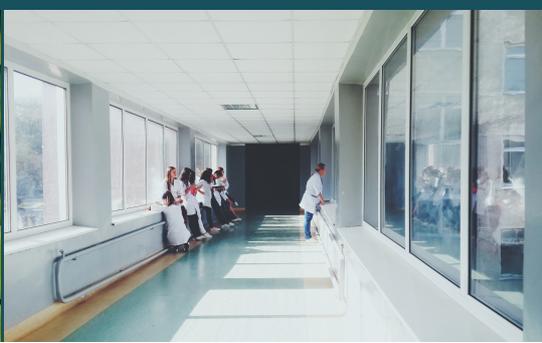
With a focus on sharing lessons learned from low- and middle-income countries, the conference provided concrete examples of how to successfully prioritise and implement AMR National Action Plans (NAPs) during a time of significant pressure on healthcare systems.

This report, developed by ICARS, synthesises the rich discussions and key themes emerging from the Latin America regional session at the conference. 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 (ICARS AMR Advisor) and Nicolas Winter (Independent Consultant) for their work putting together this session's report.



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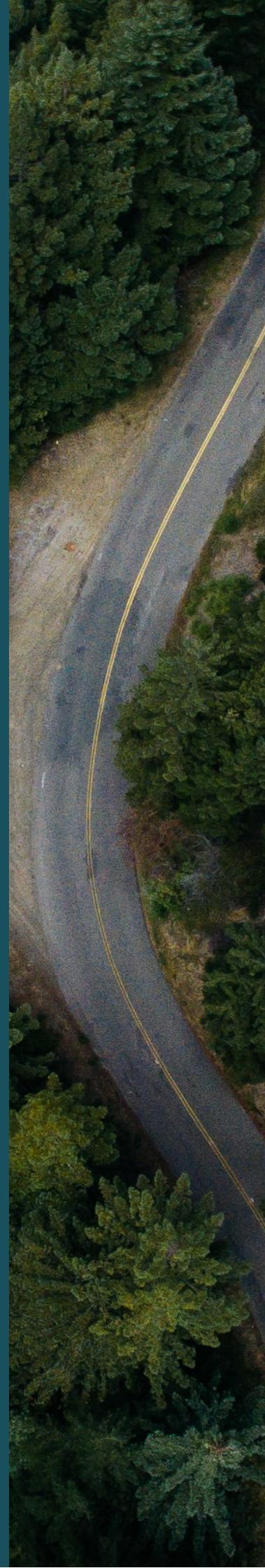


The session

The Call to Action on AMR conference programme included a Latin America regional session, to look at the progress of National Action Plan (NAP) implementation in countries of the region. The session, moderated by Gloria Cristina Córdoba Currea, ICARS AMR Advisor and Nicolas Winter, Independent Public Health Consultant, provided a platform for sharing country experiences, discussing prioritisation of activities, and promoting South–South learning.

Progress so far

As per the latest Tripartite Antimicrobial Resistance Country Self-Assessment Survey (TrACSS), Latin America is lagging behind other regions of the world. Only 23 out of the 35 countries that have developed or are in the process of developing National Action Plans on AMR (as of November 2021), responded to the survey. Latin America also had the lowest proportion of countries (47%) reporting that their action plans are being implemented. Only five countries reported having a NAP which is being actively implemented and monitored through a monitoring and evaluation framework.



Examples of NAP implementation success

During the session, country representatives gave an outline of the rich experiences that they had during the NAP implementation process. Though there were challenges in the form of lack of intersectoral coordination, poor resource mobilisation and large data gaps, progress was observed across some of the countries. Speakers presented several examples of activities that worked well, such as robust thematic working groups, platforms for multiple sectors to come together, and cross sectoral funding initiatives.

Some of the described interventions showed great innovation, such as rapid diagnostic kits provided to field-level veterinarians in Costa Rica, or multi-sectoral action to ban the use of colistin in agriculture in Peru. The session highlighted the need for platforms that facilitate sharing of experiences and best practices in the region.



Belize

- Ministries collaborating through a formal mechanism
- Ministry of Health funding agricultural AMR interventions



Colombia

- Regular roundtables between governmental agencies
- Formulation of trans-sectoral thematic groups



Costa Rica

- Ministries and sectors communicating and learning from each other



Paraguay

- Initiative to earn 'green points' for taking back expired and unused medicines has sensitised the public about the importance of environmental hygiene



Peru

- Veterinary departments at universities are training professionals and leading community engagement on AMR as part of the curriculum

Barriers to NAP implementation in the Latin America Region

Constraints on resource mobilisation

Session participants discussed that mobilising resources for NAP implementation is one of the biggest challenges facing the nodal officers and coordination committees at the country level. Often, as there are many activities listed in the NAP with no prioritisation, it becomes impossible to convince the finance ministries at the country level. In addition, the lack of data on drivers and impact of AMR makes it difficult to engage various high-level governance structures. Therefore, there is a need to prioritise the activities based on some locally developed framework with appropriate costing to mobilise interest from finance ministries. Speakers therefore suggested that raising resources for NAP implementation should happen locally and countries should not wait for donor funding to materialise.

One Health concept not operationalised

Though One Health is evolving as a transdisciplinary domain and walls between various sectors are increasingly being broken down, operationalising this concept at the country level is still a challenge. Despite coordination committees working across sectors, many governmental programmes on the ground are vertical in nature promoting a culture of working in 'silos', with various departments working very differently on the ground. The scope of an integrated surveillance system, harmonisation of laws between multiple sectors, common strategies for waste management, food systems policies, community-level infection prevention etc. needs to be clearly established and presented to the policy makers at country level. There is also a need to have a coalition of health, agriculture, environment and local self-government institutions at the grassroots level in order for One Health to be operationalised fully.

Data gaps

Speakers agreed to the urgent need to tackle the gaps in AMR related data which hinders its visibility and action on the ground. Scaling up surveillance efforts in humans and animals, should be addressed urgently to empower AMR coordinating committees to make the investment case for NAP implementation in the short term, and policy and behavioural change in the long term.

No formal AMR programme

The session participants argued that AMR needs a programme of its own, just like Tuberculosis, HIV or vector-borne diseases. Only a dedicated national programme can help to position the issue well in the policy landscape and mobilise funds. Currently, the AMR focal points are mostly doing the work on an ad-hoc basis, along with several other responsibilities.

Priorities to advance the AMR agenda and plan for NAP 2.0

A clear sentiment emerging from the session was that countries developing their second edition NAPs should not repeat the same mistakes. Speakers argued that when compiling the strategic objectives there should be multiple action levers which should be used to advance the AMR agenda at the country level.

Engage different sectors at all levels

Different sectors should be optimally engaged and there should be a mechanism for them in place to talk to each other on a regular basis, at all levels. Usually, the coordination mechanism between these sectors are top-heavy and functionality at the grassroots level is quite siloed. Speakers therefore expressed a need to share evidence at all possible levels in order to plan joint interventions.

Celebrate success and promote shared learning

Session speakers acknowledged that there are several interventions which have succeeded at country level. Some of them were AMR specific, while others have been AMR sensitive and mostly as a consequence of COVID-19 management - but these successes have not been published or advertised on relevant channels yet. This results in lack of awareness of interventions that have made an impact, which can support shared learning across countries.

Raise awareness about AMR

Raising awareness about AMR is one pillar of the NAPs which has faltered. Speakers in the session called for correction efforts and more targeted approaches in NAPs 2.0. They discussed the need for a coordinated messaging strategy between various sectors and more clarity on expected positive behaviour from the target groups. Speakers suggested that the policy community does not see awareness raising as value-for-money.

Increase financial investment

A big challenge for implementing NAPs has been the lack of financing. Several participants mentioned that they were unable to convince the policy community about the need to invest in AMR. There is no investment case for AMR at the country level and this seriously affects the funding chances when competing with more visible healthcare issues. The non-human dimension of AMR is also quite hard to understand due to a lack solid evidence at the country level. Therefore, speakers discussed that coming out with an 'investment case' and breaking down the issue into lucid policy briefs may be a way forward. There should be a seamless transfer of information and insights from the science-based groups to the administrative/management structures at the country level.



The way forward

The regional session highlighted the opportunity to raise awareness and sensitise the policy community about AMR, in order to increase ownership of national interventions. Speakers discussed how drawing on Latin America's history of people's movements may be the biggest opportunity to mainstream the issue of AMR and place it in the public narrative.

In addition, data gaps and the lack of an economic case for investment in AMR is affecting resource mobilisation at the country level. Economic evaluation of the existing AMR interventions are needed, for scale up and sustainability. Speakers in the session suggested that in order to gain adequate political traction for NAPs 2.0, non-traditional ministries including Finance need to be engaged. That can happen only by convincing them through evidence.

Finally, where successful interventions exist, AMR secretariats at the country-level should publish the results and share data and evidence as well as best practices on a regional platform.

