Opening Speech – Permanent Secretary (Technical), Ministry of Health
Antimicrobial Stewardship Dissemination Meeting – Radisson Blu, Lusaka

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SALUTATIONS

- THE CHAIRPERSON OF THE PARLIAMENTARY HEALTH COMMITTEE,
- THE EXECUTIVE DIRECTOR OF ICARS,
- THE DIRECTOR GENERAL OF THE ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE,
- DISTINGUISHED RESEARCHERS, CLINICIANS, PARTNERS, AND STAKEHOLDERS,
- LADIES AND GENTLEMEN, ALL PROTOCOLS OBSERVED.

IT IS MY HONOUR AND PRIVILEGE TO DELIVER THE OFFICIAL OPENING REMARKS AT THIS IMPORTANT DISSEMINATION MEETING ON ANTIMICROBIAL STEWARDSHIP (AMS) UNDER THE HUMAN PROJECT IN ZAMBIA. ALLOW ME TO BEGIN BY THANKING OUR PARTNERS—ICARS, THE UNIVERSITY TEACHING HOSPITAL, THE ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE, PARTNERS AND ALL THE NINE PROJECT FACILITIES REPRESENTED HERE—FOR THEIR CONTINUED DEDICATION TO ADVANCING THE FIGHT AGAINST ANTIMICROBIAL RESISTANCE IN OUR COUNTRY.

CURRENT AMR AND AMS SITUATION IN ZAMBIA

LADIES AND GENTLEMEN, ANTIMICROBIAL RESISTANCE (AMR) IS ONE OF THE GREATEST GLOBAL HEALTH THREATS OF OUR TIME. ZAMBIA HAS NOT BEEN SPARED. OUR SURVEILLANCE DATA SHOW RISING RESISTANCE PATTERNS IN BOTH COMMUNITY AND HOSPITAL SETTINGS,

THREATENING OUR ABILITY TO TREAT COMMON INFECTIONS SUCH AS BLOODSTREAM INFECTIONS, URINARY TRACT INFECTIONS, AND PNEUMONIA.

AT THE UNIVERSITY TEACHING HOSPITAL, POINT PREVALENCE SURVEYS AND MICROBIOLOGICAL DATA HAVE CONSISTENTLY SHOWN HIGH RATES OF ANTIMICROBIAL USE, MUCH OF IT INAPPROPRIATE OR SUBOPTIMAL. THIS NOT ONLY DRIVES RESISTANCE BUT ALSO INCREASES TREATMENT COSTS, PROLONGS HOSPITAL STAYS, AND WORSENS HEALTH OUTCOMES.

AT THE SAME TIME, ANTIMICROBIAL STEWARDSHIP PROGRAMS IN ZAMBIA ARE STILL IN THEIR INFANCY. WHILE WE HAVE MADE PROGRESS IN ESTABLISHING AMS COMMITTEES IN SOME TERTIARY AND SECONDARY HOSPITALS, IMPLEMENTATION REMAINS UNEVEN, LARGELY DUE TO RESOURCE CONSTRAINTS, CAPACITY GAPS, AND WEAK SYSTEMS FOR MONITORING ANTIMICROBIAL USE.

POLICY DIRECTION

THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA, THROUGH THE ANTIMICROBIAL RESISTANCE COORDINATING COMMITTE (AMRCC), HAS PLACED AMR CONTROL AND AMS AS A STRATEGIC PRIORITY. OUR NATIONAL ACTION PLAN ON AMR, ALIGNED WITH THE GLOBAL ACTION PLAN, PROVIDES A CLEAR ROADMAP FOR ACTION—SPANNING AWARENESS, SURVEILLANCE, INFECTION PREVENTION AND CONTROL, RATIONAL ANTIMICROBIAL USE, AND RESEARCH.

IN THIS REGARD, WE HAVE STRENGTHENED OUR SURVEILLANCE UNDER THE ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE AND SCALED UP THE ONE HEALTH

APPROACH, ENGAGING HUMAN HEALTH, ANIMAL HEALTH, AND ENVIRONMENTAL SECTORS.

IMPORTANTLY, WE ARE COMMITTED TO MAINSTREAMING AMS INTO ROUTINE HOSPITAL CARE. THIS INCLUDES STRENGTHENING PHARMACY AND THERAPEUTICS COMMITTEES, INTEGRATING AMS INTO QUALITY-OF-CARE INITIATIVES, AND BUILDING THE CAPACITY OF OUR HEALTHCARE WORKFORCE TO USE ANTIMICROBIALS RESPONSIBLY.

RELEVANCE OF THIS STUDY

THIS DISSEMINATION MEETING MARKS A CRITICAL MILESTONE. THE FINDINGS BEING PRESENTED TODAY—FROM THE KNOWLEDGE, ATTITUDES AND PRACTICES SURVEY, TO ANTIMICROBIAL USE IN BLOODSTREAM AND URINARY TRACT INFECTIONS, TO THE ECONOMIC EVALUATION—ARE NOT JUST ACADEMIC OUTPUTS. THEY PROVIDE PRACTICAL EVIDENCE THAT WE CAN USE TO REFINE OUR POLICIES, ALLOCATE RESOURCES MORE EFFICIENTLY, AND STRENGTHEN STEWARDSHIP PROGRAMS IN REAL-WORLD SETTINGS.

THE ECONOMIC EVALUATION, IN PARTICULAR, IS VITAL FOR INFORMING DECISION-MAKING IN A RESOURCE-LIMITED ENVIRONMENT LIKE OURS. IT DEMONSTRATES THE COSTS AND BENEFITS OF STEWARDSHIP INTERVENTIONS AND HELPS US MAKE THE CASE FOR SUSTAINABLE INVESTMENT IN AMS.

HERE, I WISH TO RECOGNIZE THE CATALYTIC ROLE OF THE **INTERNATIONAL CENTRE FOR ANTIMICROBIAL RESISTANCE SOLUTIONS (ICARS)**. ICARS HAS NOT ONLY PROVIDED TECHNICAL AND FINANCIAL SUPPORT BUT HAS ALSO WORKED HAND IN HAND WITH OUR LOCAL INSTITUTIONS TO GENERATE ACTIONABLE EVIDENCE AND BUILD LOCAL CAPACITY. THIS PARTNERSHIP EXEMPLIFIES HOW GLOBAL COLLABORATION CAN EMPOWER NATIONAL HEALTH SYSTEMS TO CONFRONT AMR MORE EFFECTIVELY.

THESE FINDINGS WILL FEED DIRECTLY INTO OUR EFFORTS TO UPDATE THE NATIONAL AMR ACTION PLAN AND GUIDE THE SCALING UP OF AMS INTERVENTIONS ACROSS THE COUNTRY.

CONCLUSION

DISTINGUISHED LADIES AND GENTLEMEN, AMR IS A SILENT PANDEMIC, BUT THROUGH PARTNERSHIPS, RESEARCH, AND STEWARDSHIP, WE CAN CHANGE THE TRAJECTORY. I URGE ALL STAKEHOLDERS GATHERED HERE TO ENGAGE FULLY IN THE DISCUSSIONS, REFLECT ON THE FINDINGS, AND HELP US CHART THE WAY FORWARD.

ON BEHALF OF THE MINISTRY OF HEALTH, I WISH TO REAFFIRM OUR COMMITMENT TO THE FIGHT AGAINST AMR, AND TO ENSURING THAT EVERY ZAMBIAN HAS ACCESS TO SAFE, EFFECTIVE, AND AFFORDABLE TREATMENT WHEN THEY NEED IT.

IT IS NOW MY HONOUR TO OFFICIALLY DECLARE THIS DISSEMINATION MEETING OPEN.

I THANK YOU, ALL.