

Civil Society Organizations Virtual Workshop held on 24th to 26th March 2021

**Theme:
Increasing CSOs participation to address
AMR and contribute to the global
development agenda**

Workshop Report

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Annex 1: List of Abbreviations

Africa CDC	Africa Centres for Disease Control and Prevention
AIDS	Acquired Immunodeficiency Syndrome
AMs	Antimicrobials
AMS	Antimicrobial Stewardship.
AMR	Antimicrobial Resistance
AMRCC	Antimicrobial Resistance Coordinating Committee
AMU	Antimicrobial Use
AU	African Union
CDC	Centers for Disease Control and Prevention
CHK	Centre Hospitalier De Kabinda.
CME	Continual Medical Education
CSOs	Civil Society Organizations
DRC	Democratic Republic of Congo
FAO	Food and Agriculture Organization
FAO-RAF	Food and Agriculture Organization – Regional Office for Africa
FFS	Farmer Field School
GAP	Global Action Plan
GLASS	Global Antimicrobial Resistance Surveillance System
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication.
INERELA	International Network of religious Leaders Living with or Personally Affected by HIV
IPC	Infection Prevention and Control
KAP	Knowledge, Attitudes and Practices.
MSF	Médecins Sans Frontières
MUSUHUM	Mouvement Universel pour la Survie de l’Humanité
NAP	National Action Plan
OIE	Office International des Epizooties/ World Organization for Animal Health.
PATAM	Pan-African Treatment Access Movement
PEP	Post-exposure Prophylaxis
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-Exposure Prophylaxis
SDGs	Sustainable Development Goals.
SEO	Search Engine Optimization
SID	Society for international Development
UN	United Nations
UNEP	United Nations Environment Programme
VDAFACA	Veterinary Drug and Animal Feed Administration
WAAW	World Antimicrobial Awareness Week
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHO-AFRO	World Health Organization Regional Office for Africa

1.0 Background

Civil Society Organizations (CSOs) have a long history of working in Africa in many developmental issues such as governance, HIV/AIDS, child protection etc. CSOs play an important role in enhancing transparency and good governance in developing countries by contributing to increased public debate on issues surrounding the formulation and implementation of government budgets as well as in supporting greater transparency of public revenues. Many CSOs in Africa partner with governments on development issues. Unfortunately, their role in antimicrobial resistance (AMR) work has been limited.

According to the International Centre for Not-for-Profit Law (ICNL), there are at least nine characteristics that can be found in a civil society. Reciprocity, Commonwealth, Participatory, Justice, Control of Resources for the common good, Association and sovereignty. Looking at these characteristics and the global silent pandemic of AMR, it is clear that the role of CSOs in fighting AMR in Africa is a crucial one that cannot be ignored. Antimicrobial resistance is a growing public health threat in Africa. It's prevention and control require coordination across multiple sectors including government and civil society partners.

CSOs across Africa are currently supporting AMR prevention and control, however, there is potential for more engagement and more CSO players in the AMR work. Governments need to be fully engaged as AMR affects national development agendas. There is need for these African governments to prioritize AMR agendas within their national budgets.

The Global Action Plan calls for civil society organizations to help promote public awareness and understanding of AMR, improved infection prevention & control and appropriate use of antibiotics across all sectors.

ReAct (Action on Antibiotic Resistance) was initiated with the goal to be a global catalyst, advocating and stimulating for global engagement on antibiotic resistance by collaborating with a broad range of organisations, individuals and stakeholders. ReAct works closely with civil society organizations at the global, national and sub-national levels. ReAct encourages organizations, networks, community groups and other actors interested in collaborations in the AMR field working on antibiotics to reach out to them.

The South Centre is an intergovernmental organisation of developing countries that helps developing countries to combine their efforts and expertise to promote their common interests in the international arena. As part of its work, it also supports civil society organizations efforts on addressing AMR. It is based in Geneva, Switzerland.

It is with this background that ReAct Africa in collaboration with the South Centre hosted the annual CSOs workshop whose theme was ‘Increasing CSOs participation to address AMR and contribute to the global development agenda.’

2.0 Executive Summary

The three day ReAct Africa and South Centre Civil Society Organizations Virtual Workshop 2021 took place from 24th to 26th March 2021. The theme was ‘Increasing CSOs participation to address AMR and contribute to the global development agenda’. The previous year’s workshop was a physical one that took place end of February and was held in Nairobi, Kenya. It was organized by ReAct Africa and the Africa CDC. The main objective of the workshop was to build capacity on antimicrobial resistance (AMR) advocacy for civil society organizations working in human, animal, agriculture and environmental sectors – including those with substantial experience in advocating for health-related policy changes. This year’s workshop was virtual because of the challenges brought about by the COVID-19 pandemic.

This workshop provided a platform for engagement of various CSOs from Africa. The workshop also had the participation of the Africa CDC, the regional Tripartite Plus (UNEP, WHO AFRO, OIE and FAO) and representatives of various agencies. Each day featured a unique thematic area with day 1 focusing on the regional and global scenario of AMR through the presentations of the regional Tripartite Plus representatives. The second main agenda was AMR in the wake of COVID-19 by Professor Marc Mendelson. The presentation brought to light the huge challenges that COVID-19 presents to the fight against AMR such as wrong prescription of antibiotics by doctors to a viral disease that is COVID-19.

Day 2 started by analysing AMR from a One Health perspective. According to the Centers for Disease Control and Prevention (CDC), One Health is a collaborative, multisectoral, and transdisciplinary approach- involving the local, regional, national, and global levels - with the goal of achieving optimal health outcomes while recognizing the interconnection between people, animals, plants, and their shared environment. Data on the impact of AMR in the world was presented by Dr. Anna Zorzet who is the Strategic Advisor for ReAct Europe. This presentation revealed the dire situation where 214,000 babies die every year from sepsis caused by resistant bacteria. Dr. Zorzet further stated that AMR was now a concern amongst oncologists especially because cancer severely suppresses the immune system, exposing cancer patients to untreatable infections. This underscored the fact that AMR is indeed a global silent pandemic which requires urgent global solutions.

The AMR and Sustainable Food Systems presentation by Dr. Victor Yamo, the Farming Campaigns Manager at World Animal Protection, revealed the misuse of antibiotics in farming for reasons such as promoting faster growth of animals, treatment of infections and in prophylaxis and metaphylaxis. The latter two involve administering antibiotics to healthy animals to prevent infections bred through factory farming. Factory farming is a system of farming which involves

keeping animals indoors, often with very little space, and giving them special foods so that they grow faster or produce animal-food products such as meat, eggs and milk at a larger scale and a faster rate. It is a system that does not care for the welfare of animals and instead views animals as commodities. There is therefore need for responsible use of antibiotics in animals.

In matters, AMR and the environment, the presentation by Dr. Rajeshwari showcased the importance of collaboration of the point sources (farms, factories, households/community and health care settings) and non-point sources (rivers, groundwater and agricultural soil). This presentation revealed that environmental AMR is covered in most NAPs but is limited on the ground for reasons such as the complexity of AMR and unconsolidated evidence. Political will is also necessary to push the agenda of AMR and the environment.

The second session of day 2 focused on practical examples of successful campaigns through which CSOs could learn from in their AMR advocacy. Vanessa Carter, an AMR champion and survivor brought to light the use of social media in advocacy from her own experience. Social media is a huge field that could be explored in advocacy against AMR. She urged CSOs to implore content marketing as opposed to normal advertising. Content marketing involves the creation and sharing of online material (such as videos, blogs, and social media posts) that does not explicitly promote a brand but is intended to stimulate interest in its products or services. This would thus enable CSOs to stimulate interest in AMR and demystify it to people.

The HIV/AIDS campaign presentation was an encouragement to the participants. HIV/AIDS was once considered a global pandemic but is now controlled thanks to the creation of awareness and advocacy on the public health issue. In Kenya, successful advocacy strategies have resulted in improved access to ARVs, effective utilization of new prevention technologies (Prep, PEP) and development of policies advising HIV response in the country.

CSOs were also encouraged to use innovative Information, Education, Communication (IEC) materials to make AMR relatable to the community. These communication tools influence behaviour and enables individuals, families, groups, organizations, and communities to play active roles in achieving, protecting, and sustaining their own health. Dr. David Mpanju's presentation showcased how they effectively employed an AMR comic book to create awareness and advocate for AMR in secondary schools in Kampala, Uganda.

The participants were then divided into breakout discussion groups which focused on three areas: social media advocacy, lessons that AMR advocates could learn from HIV/AIDS for more impactful campaigns and the various ways to improve the animal and environmental AMR sectors response. In summary, it was noted that advocacy requires patience and creativity in communicating the messages. There is a need to analyse the suitability of a message and the channel used to relay the information. Community ownership in advocacy is crucial and can be done by empowering people at the grassroots level.

The 3rd and final day of the workshop focused on country experiences in AMR work, zeroing in on respective CSOs contribution. Different experiences and challenges were encountered in different countries; for instance, lack of AMR specialists and lack of adequate funding as in the case of Niger. The importance of CSOs collaborating with the government was seen in Zimbabwe. The DRC presentation by Médecins Sans Frontières (MSF) revealed the crisis of AMR in HIV patients with suspected sepsis or invasive bacterial infections. 85% of the organisms studied were found to be resistant to first line antibiotics. This study revealed the importance of having proper surveillance data.

The Q and A was a scintillating session that allowed participants and the presenters to engage in thought provoking dialogues. One of the issues that came out was how CSOs could actively engage the government. PATAM, a CSO in Zimbabwe advised CSOs to approach and propose a working relationship with the government as partners in the AMR projects. The other issue that is always a thorn in many CSOs projects, is working with limited resources especially financially. Niger advised CSOs to make use of human and material resources that are readily available in communities. MUSUHUM mentioned that in their case, there was a buy-in of the communities in the vision of the AMR work and thus their goodwill provided a good working environment.

The comments from the participants touched on crucial matters like the ongoing global pandemic-COVID-19. It was noted that COVID-19 had brought various stakeholders together and thus CSOs could emulate that if they are to tackle the AMR fight head-on. That notwithstanding, it is important to be cognizant of the conflict of interest that may come about by associating with some institutions so that the AMR advocacy efforts are not diluted or viewed as skewed. Participants also emphasized the need for CSOs to collaborate their efforts in advocating on the impact of AMR. The communication needs to be tailored to capture the attention of policy makers to make them understand that the problem is not just real but is causing significant impact. AMR communication should be in form of clear narratives that show cause, effect and interventions. This influences people to make informed, rather than emotive, decisions. This particularly applies to policy makers [the anchor of sustainable solutions], because they must base their decisions on legislations. Legislations require evidence as proof of their objectivity, rather than their emotive qualities. Once consumers are convinced through evidence-based information, they will use this evidence to push the system [policy makers] to implement the appropriate interventions.

The final session of the conference was conducted as a panel discussion to address practical questions and challenges faced by CSOs working in AMR moderated by Dr. Emmanuel Kabali, the AMR Project Coordination and Technical Support Consultant/Global Coordinator at FAO. The panel composed of Dr. Mirfin Mpundu (ReAct), Dr. Viviana Munoz-Tellez (South Centre) and Dr. Hayat Seid (Ethiopia AMR Focal person). The conversation steered around advocacy, the workshop take-aways and COVID-19 opportunities in the AMR work. In response to the

opportunities that COVID-19 has presented to AMR, Dr. Mpundu noted that this global pandemic has proven to be an equalizer, and similar to AMR, can affect anyone regardless of race, creed or colour. The main difference is that AMR is a silent pandemic. Both pandemics call for collaboration between different stakeholders, CSOs included, to urgently strengthen health and food systems. He emphasized that it is also important to give the correct information to the communities. The sad reality in this COVID-19 pandemic is the misinformation and myths regarding the COVID-19 vaccine in Africa. The downside is that the more people resist the vaccine, the longer COVID-19 will linger with us.

As the workshop drew to an end, Dr. Tracie Muraya shared a post-workshop evaluation form for all participants to complete. This would enable the organizers (ReAct Africa and South Centre) to have information on how best to conduct the workshops in future.

The closing remarks were made by Dr. Viviana Munoz-Tellez, the Coordinator, Health, Intellectual Property and Biodiversity Programme (HIPB) on behalf of the South Centre and Dr. Mirfin Mpundu, the Director of ReAct Africa. They both thanked the participants for attending the annual workshop and contributing to the fruitful deliberations.

3.0 Opening Session

On the first day of the workshop, the meeting was called to order by Ms. Julian Nyamupachitu, the Program Officer at ReAct Africa. She elucidated on the theme which was **‘Increasing CSOs participation to address AMR and contribute to the global development agenda’**, the conference objectives and the program of the day. The workshop objectives were:

1. Highlight **key regional and global development initiatives on AMR** including the latest developments in COVID-19 response.
2. **Reflect on progress made since the last workshop in 2020 in priority action areas** while highlighting the role of CSOs in advancing these in the region.
3. **Provide information on AMR basics-including infection, prevention and control** from a One Health perspective.

She urged participants to fill in the Mentimeter questionnaire through which they would give their pre-workshop expectations. She then introduced Dr. Mirfin Mpundu, Director ReAct Africa to give his introductory remarks on behalf of ReAct Africa.

3.1 Introductory Remarks by Dr. Mirfin Mpundu, Director, ReAct Africa

ReAct’s vision is to have ‘a world free from untreatable infections.’ Its **mission** is to ‘enable collective action that ensures sustainable and equitable access to effective antibiotics for all’.

Dr Mirfin Mpundu commenced by acknowledging the presence of the Africa CDC, the South Centre, the Tripartite Plus (UNEP, WHO AFRO, OIE and FAO), representatives of various agencies and all in attendance. He extended his gratitude to ReAct Africa and the South Centre for

hosting the workshop. He mentioned that it was gratifying to see that even as the world, the African continent included, is grappling in the clutches of the COVID-19 pandemic, the response towards addressing AMR had not taken a back seat. Though not commonly known to non-medical staff, AMR remains one of the biggest yet silent public health threats to mankind.

He also noted with concern that even though multi sectoral engagement is important in addressing AMR, the Civil Society which is often not acknowledged plays a key role. He mentioned that the biggest challenge countries are facing is to implement the NAPs. The AMR landscape needs an impartial voice. The input of Civil Society into the AMR agenda at National, Regional and Global levels is therefore crucial.

He emphasized the crucial role of the CSOs in addressing AMR which include capacity building around AMR so that the crucial advocacy issues are identified, and the strategic actions agreed upon. They also play a crucial role in awareness, catalysing action in communities, holding governments and organizations accountable to their commitments and supporting government policies and programs to control AMR.

He informed the participants that ReAct had organized several activities involving CSOs in 2020 including a Capacity Building and Workforce Development workshop in Nairobi on 20th – 21st February.

The **key take away** messages from the 2020 conference included:

- ❖ The lack of AMR awareness remains a great challenge and key priority action area for Africa.
- ❖ The need to have a One Health approach to address AMR.
- ❖ The complex nature of AMR and hence the need for contextualized messages to be packaged well to the masses.

The **key priority actions** agreed in the 2020 workshop include:

- ❖ The need to learn from other countries' experiences.
- ❖ Engaging media in creation of AMR awareness.
- ❖ Advocacy and calling for accountability of governments in the implementation of NAPs.
- ❖ Strengthening of monitoring and evaluation of AMR activities.

He concluded by wishing participants fruitful deliberations.

3.2 Introductory Remarks by Dr. Carlos Correa, Executive Director, South Centre.

The South Centre is an intergovernmental organization of 54 Member States that functions as an independent policy think tank, whilst also holding Observer Status at the United Nations and other

development agencies. Its **long-term vision** is to achieve a just world with an equitable, sustainable development of the global South, based on strong South- South cooperation and a fair, supportive and multilateral system. One of its key **mission** is to achieve the Sustainable Development Goals (SDGs) particularly poverty eradication, which requires national policies and an international regime that supports and does not undermine development efforts.

Dr. Correa commenced by stating that the South Centre acknowledges the crucial role of the civil society in addressing AMR and that is why it has collaborated with ReAct Africa for the last 5 years. The South Centre has published a policy brief by Dr. Mirfin Mpundu on COVID-19 and AMR. The South Centre also published a paper by Mirza Alas in December 2020 entitled, ‘How Civil Societies can Contribute to Combating AMR.’ The paper highlights the current work of the civil societies and how they can work in future against this silent pandemic.

He also mentioned that one of the crucial actions that the South Centre has taken in the recent past, was granting small-sized funding for CSOs to engage during the World Antimicrobial Awareness Week 2020 in African countries. He noted that AMR not only affects populations’ health but it also affects the development progress of countries; thus, the urgent need to implement the AMR National Action Plans.

3.3 Official Opening of the Workshop by Dr. Yewande Alimi, AMR Program Coordinator, Africa CDC

Dr. Yewande commenced by reiterating that AMR is a huge threat to Africa’s Health, Security and Economic growth. She added that there will be increased morbidity and mortality resulting from AMR if important steps to address it are not taken.

AMR is also becoming visible across the globe hence the increased response to fight it. Consequently, more countries are now developing their NAPs since the call to action announced in May 2017. One of the major requests by the AU member states is that the AU needs to engage more with civil societies in addressing AMR. She added that the African Union AMR framework highlights the strategies of the African Union to improve surveillance, delay emergence, limit transmission and mitigate harm due to AMR. Civil societies have a long experience in transforming public health policies and practice through their active engagement in advocacy, engaging community and educating people at the community level. Africa is home to diverse CSOs that have successfully advocated for various health issues including HIV/AIDS, malaria and tuberculosis. CSOs are important in simplifying AMR awareness messages to the general public.

She concluded by urging CSOs to work together with the technical organizations such as the Tripartite in implementation of country NAPs. She urged the CSO participants to share their experiences, best practices and challenges during the workshop.

3.4 Pre-Workshop Expectations

The Mentimeter questionnaire survey showed that there were participants from Nigeria, Togo, Kenya, Sweden, Malawi, Zimbabwe, Ethiopia and Burkina Faso. Majority of the participants worked in human health, with a small number in animal health and the environment sector. The main expectation from the participants was to collaborate and learn more about CSOs engagement in addressing AMR in Africa. Participants also highlighted the challenges that CSOs face in their respective countries including lack of funding and lack of coordination.

4.0 Conference Presentations

Day 2: Wednesday, 24th March 2021.

The first session was on **AMR global and regional scenario** and the session that followed was on **Antimicrobial Resistance & COVID-19**.

4.1 AMR: Global and regional scenario

This session was moderated by Dr. Mirfin Mpundu, Director of ReAct Africa

4.1.1 WHO AFRO Presentation

The WHO presentation was delivered by Dr. Laetitia Gahimbare and was entitled '*Increasing Civil Society Organizations Participation to Address AMR and Contribute to the Global Development Agenda.*' The role of the WHO secretariat in support of AMR includes:

- Advocating for universal healthcare
- Monitoring public health risks
- Coordinating responses to health emergencies and promoting human health and wellbeing.
- Providing technical assistance to countries on health-related issues and sets international health standards and guidelines.
- Coordinating the global AMR response in collaboration with key partners and- CSOs.

Alert to the global AMR crisis, the World Health Assembly adopted a Global Action Plan on AMR in 2015 which has 5 key objectives. They include improving awareness and understanding of AMR through effective communication, education and training; strengthening the knowledge and evidence base through surveillance and research and reducing the incidence of infection through effective sanitation, hygiene and infection prevention measures.

The WHO secretariat facilitates this work by:

- Supporting countries to develop, implement and monitor their national action plans.
- Leading and coordinating support to countries for assessment and implementation of investment needs and

- Monitoring the development of the countries' action plans.

The WHO engages with non-state actors in view of their significant role in global health for the advancement and promotion of public health. The regional office increased this engagement especially in 2020 in the advent of the COVID-19 pandemic.

WHO AFRO continues to engage with ReAct Africa and CSOs in various ways including during the WAAW activities. She concluded by stating that AMR requires a holistic and multi sectoral approach urging the CSOs to utilize the available documents and resources in executing their various missions including AMR NAPs implementation.

4.1.2 OIE Presentation

This presentation was done by Dr. Chadia Wannous and was entitled '*Drivers of AMR*'. AMR has several drivers across the different One Health sectors. In humans, this includes the misuse and overuse of antimicrobials, poor access to quality, affordable medicines and vaccines and lack of awareness and knowledge on AMR.

The main challenges in gathering AMR data in TB, HIV/AIDS and malaria include:

- Lack of a comprehensive policy and plan to address AMR.
- Circulation of substandard/ falsified antimicrobials
- Lack of essential laboratory reagents and consumables, and
- Limited funding to implement AMR/NAPs. Only 16 percent of countries with NAPs have budgets to cater for it.

4.1.3 FAO Presentation

Dr. Irene Ouba from FAO gave a presentation entitled '*Combating Antimicrobial Resistance in the Food and Agricultural Sector.*' Dr. Ouba urged the CSO participants to hasten their action on AMR as there was no longer any time left to wait.

FAO has worked closely with countries in Africa including Ghana and Kenya where it has the Farmer Field School approach whose main aim is to encourage farmers' systemic observation and informed decision-making based on discovery-based learning. This approach is a success story to the farmers as they recorded decreased mortality rates amongst their animals and cost savings in their farming projects.

4.1.4 UNEP presentation

- This presentation by Levis Kavagi entitled '*AMR and the Environment*' touched on nature and the human wellbeing (ecosystem services), antimicrobials and the environment, and suggested actions. The environmental dimension of AMR involves selection for resistance. This is a mechanism which drives

adaptation of organisms to better survive in their environment to thrive and multiply. In the context of AMR, antimicrobial substances exert a selective pressure on microbes that drives evolution of resistance. Overuse and misuse of antibiotics increase selection for antibiotic resistance among bacteria. In relation to the environment, irresponsible disposal of antimicrobials in crop and animal production as well as in human medicine overloads it with these substances, further propagating AMR. Nature is the foundation of life; its misuse threatens our existence.

The suggested actions to fight AMR include:

- Awareness raising and scientific research.
- Policy and legislative frameworks by governments of respective countries
- Preventing contamination by responsible use and disposal of antimicrobials in crop and animal production as well as in human medicine.
- There is also need for surveillance and monitoring of source pollutions e.g., waste water discharges.

4.1.5: Questions from the floor

Question: How can WHO, UNEP, OIE help CSOs in the area of funding?

Response: CSOs should be factored in all AMR activities from the beginning in the planned budgets, right from the onset.

4.2 Antimicrobial resistance & COVID-19

This session was moderated Dr. Viviana M. Tellez Program Coordinator, Development, Innovation and Intellectual Property Programme (DIIP), South Centre.

Dr. Viviana commenced by stating that the South Centre is a strong supporter of civil society engagements against antimicrobial resistance at the global, regional and domestic levels. She noted that the COVID-19 pandemic has affected the AMR space in two major ways. Firstly, it has **inhibited** important actions due to diversion of resources, thus posing several challenges in the AMR agenda. At the same time, it has **presented opportunities** such as expedited IPC interventions, which CSOs could leverage on, in addressing AMR.

4.2.1 Antimicrobial Resistance in light of COVID-19

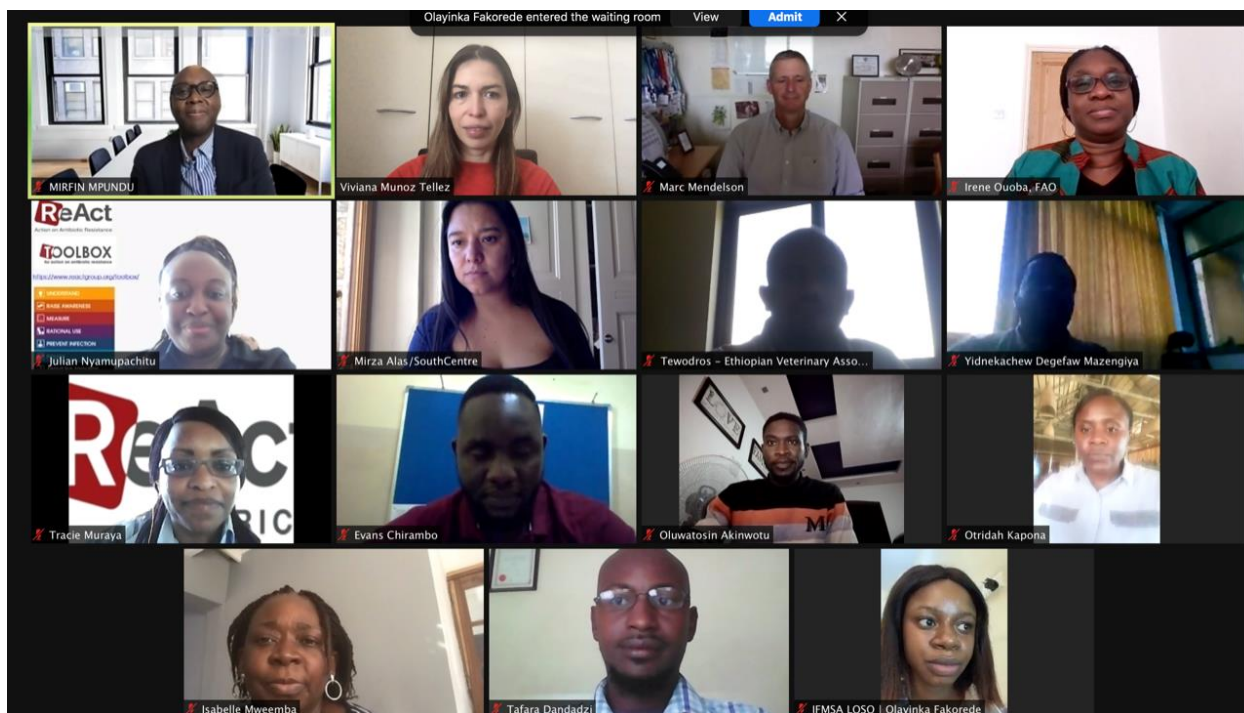
This presentation was delivered by Prof. Marc Mendelson, Professor of Infectious Diseases and Head of the Division of Infectious Diseases & HIV Medicine at Groote Schuur Hospital, University of Cape Town (UCT). He noted that antibiotics continue to be prescribed inappropriately to manage COVID-19 patients. Up to 80.6% of patients diagnosed with COVID-19 disease are receiving antibiotics upon admission. This dilutes the ongoing efforts to avoid reaching the predicted global deaths (10 million per annum by 2050), due to AMR. He also

emphasized on the need for governments to ensure establishment of effective and sustainable infection prevention control measures, as a preparedness and prevention measure for future pandemics.

AMR communication should be disseminated from bottom-up and not just top –down, using different media forums to increase awareness as has been shown by the different, impactful COVID-19 communication strategies.

The meeting was concluded by a group photo session of all participants.





4.3 Issues and recommendations arising from Day 1

- ❖ The civil society is an important stakeholder in the AMR arena at national and global levels and cannot be ignored.
- ❖ The AMR response certainly needs more players to accelerate its progress.
- ❖ CSOs play a crucial role particularly in advocacy, awareness, catalysing action in communities and holding governments and organizations accountable.
- ❖ Most CSOs and countries in Africa are limited in funding to implement AMR/NAPs.
- ❖ CSOs support government policies and programs.
- ❖ CSOs should utilize the available documents and resources in executing their various missions including AMR NAPs implementation
- ❖ Governments of respective countries need to establish policies and legislative frameworks on environmental AMR.
- ❖ There is need for surveillance and monitoring of source pollutions e.g., waste water discharges.
- ❖ COVID-19 pandemic has been a double-edged sword in the fight against AMR. **Negatively**, it has inhibited important actions during this period e.g., on funding as most governments divert resources to control the pandemic. **Positively**, it has presented an opportunity to take actions on AMR that the CSOs could leverage on e.g., IPC

Day 2 Thursday, 25th March 2021

Day two equally had a twofold agenda: **AMR; One Health perspective** and **Practical examples of successful campaigns**.

4.4 AMR: One Health perspective

This session was moderated by Mirza Alas, Programme Officer at the South Centre.

4.4.1 Epidemiology of AMR

Dr. Anna Zorzet, the Strategy Advisor, ReAct Europe gave this presentation. The focus was on impact and data of AMR in the globe. She commenced by stating that antimicrobials and antibiotics are two different terminologies that are often used interchangeably. Antimicrobials is the umbrella term that covers antibiotics/anti-bacterials, antivirals, anti-parasitic agents and antifungals. Antimicrobial resistance is thus the ability of microbes to protect themselves against antimicrobials. Antibiotics are indispensable in the treatment of several life-threatening bacterial infections such as pneumonia, sepsis and meningitis. It is important to note that one can still get a resistant bacterial infection, having never taken antibiotics. Drivers of AMR include bacteria evolution, antibiotic use (in humans, animals and environment) and hygiene and environmental factors.

The situation today is dire with **214,000** babies dying every year from sepsis caused by resistant bacteria and one child globally dies every third minute from this preventable AMR issue. Resistant bacteria are found in children in every region of the world. This underlines the need for urgent global solutions. A study undertaken in Africa, showed that AMR data was not available for almost half of the countries in the continent. Antibiotics are also not affordable nor accessible in some parts of the continent; a narrative that needs to change.

A ReAct 2020 survey involving over **400** physicians with **22%** respondents from African countries recorded some of the top reasons for neonatal sepsis treatment failures as resistant pathogens (**54%**) and lack of diagnosis to identify sepsis quickly (**42%**). **Oncologists** are also worried by the rise in AMR since cancer severely suppresses the immune system. The potential role of CSOs in the reduction of AMR includes supporting governments in implementation of NAPs, advocating for accountability and monitoring, creating awareness especially through sharing stories and networking to build social movements for impactful advocacy.

4.4.2 AMR and Sustainable Food Systems

Dr. Victor Yamo, the Farming Campaigns Manager at World Animal Protection, delivered this presentation. The focus was on factory farming as a driver in AMR. A sustainable food system is

a food system that delivers food security and nutrition for all in such a way that the economic, social and environmental bases to generate food security and nutrition for future generations are not compromised. Factory farming are systems that do not cater for the welfare of animals; thus, animals are viewed as commodities for profit.

A study done by UNEP has shown that **intensive farming** is responsible for more than half of all zoonotic infections that have moved between animals and people since 1940. Intensive farming, according to International Resource Panel (IRP) (2011), is a type of agricultural production system that uses high inputs of fertilizer, pesticides, labour and capital in relation to the size of the land area being farmed.

Factory farming encourages inappropriate use of antibiotics in animals for several reasons including promotion of growth of animals, treatment of infections and in prophylaxis and metaphylaxis. This involves administering antibiotics to healthy animals to prevent infections. There is need for the industry to improve animal welfare and responsibly use antibiotics, to curb AMR.

4.4.3: AMR and the Environmental Sector

Dr. Rajeshwari Sinha, Programme Manager, Food Safety and Toxins at the Centre for Science and Environment, India delivered this presentation. The focus was on waste, AMR and the environment. Environmental AMR involves collaboration of **point sources** (farms, factories, households/community and health care settings) and **non-point sources** e.g., rivers, groundwater and agricultural soil. Environmental AMR is addressed in NAPs in most cases, but it is limited on the ground for reasons such as the complexity of AMR, unconsolidated evidence and the historical focus of regulators on pesticides and heavy metals whereas AMR is different; it is also a microbiology issue.

There are gaps in global and national technical guidance and standards. Addressing these may take time but we cannot afford to delay any further. The way forward should include prioritizing and investing in the environmental AMR agenda (national/global), by all AMR stakeholders, as part of the true One Health action and managing waste through AMR-centric approaches. These approaches should also be relevant and affordable for developing countries. The political will of countries' governments is equally important to push the agenda of AMR and the environment.

4.4.4 Questions and comments from the floor

Question: When we use the term "antimicrobials" to cover anti-parasitics, are we limiting the meaning to the scope of microscopic parasites, such as protozoa? This is because parasites include helminthes, acarids and insects. Anthelmintic, insecticides and acaricides, which control parasites which are visible to the unaided eye, therefore lose an intuitive sense in this definition. It is also

noteworthy that these grossly visible parasites show drug resistance, especially where there is misuse. The parasites have shown serious public health challenges [zoonotic parasitosis] as well as agro-economic challenges. Therefore, they are of the concern that makes us assemble here today. Do you think that we should review this definition, for intuitive accuracy and to widen the scope?

Response: ReAct focuses mostly on antibiotic resistance (bacteria), so it may not have been discussed as much.

Question: Are there any statistics on the use of antibiotics in Africa?

Response 1: Unfortunately, there is a severe lack of use data in Africa.

Response 2: I absolutely agree availability of data is one piece but utilization of the data to get political traction is also often a challenge. Data on its own will not change behaviour nor have our governments invest in NAP implementation. A multi-prong approach is still critical.

Question 2: We notice that there is an important promotion currently on intensive livestock production. In this regard, have WHO or the FAO developed parallel initiatives in our African countries?

Response: CSOs have a critical role to empower consumers on issues of antibiotic use in the animal industry. We need a critical mass of consumers who would start demanding meat and milk products where antibiotics have not been used as shortcut for good biosecurity practices and for growth promotion. The previous presentation showed us again how the region is behind our Northern friends and have a strong movement that large food-chain producers cannot ignore.

Comments

I'm pleased to learn that there are people promoting agro-ecology. It certainly is the way for the future. While at it, we really need to promote our indigenous foods & cuisines [simple and uncomplicated by too much processing], because our foods are indeed highly nutritious, but sadly, the "colonization of the minds of Africans" makes us regard them as primitive, inferior, and shameful. CSOs have a big task to correct this serious mistake.

And this is a journey that leads to antimicrobial resistance, food insecurity and increased vulnerability to poverty. The solution is to promote indigenous crops and animal varieties, and indigenous cuisines.

4.5: Practical Examples of successful campaigns

This session was moderated by Dr. Tracie Muraya, Policy Officer, ReAct Africa.

4.5.1 Social Media Communication Campaigns

This presentation was delivered by Vanessa Carter, Founder Health Communication and Social Media, South Africa. The focus was on content marketing for online advocacy.

Content marketing promotes interest creatively though in an indirect way rather than the usual direct communication of messages. It requires crafting of advocacy messages in a simple and creative way bearing in mind that there is competition for online traffic from thousands of sources. The channels of communicating virtually include blogs, podcast, online magazines, video channels e.g., YouTube and memes. Apple™ is a good example of a company that continually excels in content marketing. CSOs can thus borrow from such types of marketing. It is equally important for CSOs to develop their SEO (Search Engine Optimization). This is the practice of optimizing a website or webpage to increase the quantity and quality of its traffic from a search engine's organic results. This is important because the advocacy messages on AMR have an end target which is the consumer (patient, community, other CSOs, government etc.) and SEOs can aid in reaching the targeted audience more efficiently.

Finally, the communication of AMR needs to be simplified for better comprehension by the consumer.

4.5.2: Nutrition, Agroecology and Sustainable Agriculture

Magdalena Ackermann, Policy and Advocacy Officer at Society for International Development (SID), delivered the above presentation. SID believes that the One Health approach forms a good entry point to unravel the different interconnections that exist between food, health, agriculture and environment. AMR is also a consequence of the highly industrialized agriculture in today's world and thus the need for advocacy on best agriculture methods, good nutrition and diet.

4.5.3 Advocacy strategies: Learning from HIV/AIDS

This presentation was delivered by Rev. Jane Ng'ang'a, Regional Director, INERELA Kenya. HIV/AIDS was once considered a global pandemic but now it has not just been controlled, but it has drastically reduced in the world. HIV/AIDS awareness and advocacy is largely the reason behind this change, hence the need for AMR to learn from it. Some of the advocacy strategies that have worked in Kenya include grassroots social mobilization to harness health promotion, meaningful involvement of communities and designing and implementation of people-centred responses. The successful areas of advocacy include advocacy for better access and sustainability of ARVs and advocacy for utilization of new prevention technologies (PrEP, PEP) and policies development and reviews.

CSOs in AMR could borrow some of their advocacy strategies including roundtable meetings with key leaders, media briefings and conferences, processions/ mammoth walks and letter writing by children. Multi sectoral partnership with the government, private sector, development partners and communities has equally been a plus in their HIV/AIDS advocacy journey.

4.5.4 AMR Awareness – Use of innovative IEC materials

Dr. David Mpanju delivered this presentation. Information, Communication, Education (IEC) is a method that empowers people to make decisions and take up positive behaviour change. In response to the challenge of effectively communicating and enabling the community relate to AMR, Dr. Mpanju and his team developed a comic book called ‘*The Unseen World*’ while still a medical student at the Makerere University. This book targeted secondary school students to advocate awareness around AMR.

Main lessons learnt by the project team at the end of this intervention was that IEC messages should be motivating to the public as well as inform them on AMR. They should be simple and should be tailored to suit a specific target audience.

4.5.5 Group Discussions

4.5.5.1 Group 1

This group was chaired by Ms. Julian Nyamupachitu. The **question** they tackled was:

What aspects of social media communications or awareness campaigns could be utilized by CSOs to increase AMR understanding and awareness in their organization/ community/ country?

Key points highlighted:

- ❖ The importance of social media in advocating for AMR should not be underestimated.
- ❖ CSOs should undergo training sessions to understand the best methods to use in awareness and advocacy.
- ❖ It is important to know how various social media platforms work and which messages can be suitable for each e.g., Twitter, Instagram, Facebook etc.
- ❖ Communication should be appropriate and contextualized for a specific target audience.
- ❖ Communication also needs to be collaborative in nature.

4.5.5.2 Group 2

This group was chaired by Dr. Tracie Muraya. The **question** they tackled was:

From the experiences shared about the response to HIV/AIDS, what do you think could be lessons that could help AMR campaigns be more effective and impactful?

Key points highlighted:

- ❖ Research on AMR to try and establish the pattern of AMR in our communities and hence present an effective advocacy platform.
- ❖ Another angle for advocacy is to establish the impact of gender inequality on AMR. Gender underlies most activities in our day-to-day lives. There is therefore the need to research and establish whether indeed there is the need to focus on a specific gender when addressing AMR, and bring this to the forefront of advocacy to policy makers.

- ❖ Community engagement is key. For this to happen effectively, there is need to integrate knowledgeable Community Health Volunteers in communicating and creating awareness in the community, as they are in a better position to break down AMR into digestible information and in local dialects, compared to technocrats.
- ❖ There is a need for national and/or global CSO network platforms. CSOs, once well capacitated, are able to put a face to AMR at both country and global levels, and effectively mobilize the AMR response.
- ❖ It is pertinent to educate students on AMR and avoid using complex, scientific lingo, but rather simplify terms such as “resistant microbes” to “superbugs”. Also, education on AMR should begin at elementary level; advocacy to include it in the national school curriculums is long overdue. Young children who are empowered through years of being taught about AMR will form strong advocacy pillars.
- ❖ There is a need for strong diversity of CSO groups. Currently, CSOs composition tends to revolve around academics and core CSO institutions whose activities are directly around One Health.
- ❖ There is also the need to change the kind of evidence CSOs are presenting, as they advocate for AMR. Most of it is technical in nature and communicates evidence that forecasts the impact of AMR in the future rather than the present devastating effects of AMR. This does not have the intended impact on policy makers and populations at large.

4.5.5.3 Group 3

This group was chaired by Mirza Alas. The question tackled was:

The animal and the environmental sectors seem to be less advanced in their response to AMR than the human sector. What could be areas from your experience that could help include these sectors in the AMR response?

Key points highlighted:

- ❖ Increased awareness:
 - on the connection between stress in animals [animal welfare], animal health and demand for antimicrobials
 - the link between biodiversity loss, stress in animals, and the increased and hence risk for AMR
 - the link between industrial agriculture, disruption of ecosystems, biodiversity loss and the increase in human and animal diseases and how this links to AMR
- ❖ It is important to highlight to Human Rights Organizations, the link between AMR and human rights and by extension, how this links with healthy environments. This would give us access to their powerful lobbying skills.
- ❖ Training for and with vets and farmers; important to communicate in a way that people understand the problem and the role.
- ❖ Identify influential people in these sectors in the AMR agenda.

- ❖ There is a need for creating a national platform which will bring all key players in the AMR response to the table.
- ❖ Need to introduce agroecology as a broader issue, but which automatically addresses environmental health. Also, worth noting that the human rights sector is the pillar of agroecology and hence an important AMR stakeholder.

Need to ensure that knowledge comes from participatory processes.**4.6 Issues and recommendations arising from Day 2**

- ❖ AMR advocacy requires patience and creativity in communicating the messages.
- ❖ There is need to analyse the suitability of a message and the channel used since different issues may require different communication strategies.
- ❖ CSOs in AMR, could learn and even borrow best advocacy strategies from other CSOs doing advocacy in other sectors such as HIV/AIDS.
- ❖ Community ownership in advocacy is crucial. This can be done by empowering people in the grassroots level, the community leaders and also targeting the different age-groups.
- ❖ **214,000** babies dying every year from sepsis caused by resistant bacteria and one child globally dying every third minute proves that AMR is a global issue.
- ❖ AMR data was not available for almost half of the countries in the continent.
- ❖ The rise of factory farming in Africa is increasing AMR in animals and consequently to humans.
- ❖ Oncologists are worried by the rise in AMR since cancer severely suppresses the immune system.
- ❖ Community engagement is key in AMR advocacy.
- ❖ There is general lack of statistics and data on antimicrobial use in Africa.
- ❖ CSOs should leverage on social media for AMR advocacy.
- ❖ One of the solutions in the AMR response within our African continent is to promote consumption of indigenous crops and animal food varieties, and indigenous cuisines to steer populations away from consuming over-processed foods.
- ❖ CSOs have a critical role to empower consumers on issues of antibiotic use in the animal industry.
- ❖ There is need for establishment of a social movement by a critical mass of consumers to start demanding meat and milk products in which antibiotics have not been used as shortcut for good biosecurity practices and as growth promoters. This will ultimately put an end to factory farming.

Day 3 Friday, 26th March 2021

Day 3 focused on two main agendas: **Role of CSOs and Country Experiences** and **Panel discussion to address practical questions and challenges faced by CSOs working on AMR.**

4.7 Role of CSOs and Country's experiences

This session was moderated by Dr. Mirfin Mpundu, Director, ReAct Africa.

4.7.1 Zimbabwe Country Experience presented by Tapiwanishe Kujinga, PATAM Director

A moment of silence was observed for the late Dr. Sekesai Zinyowera who was the AMR focal point in Zimbabwe and a great AMR champion in Africa. She passed away a few weeks to the workshop.

The Pan-African Treatment Access Movement (PATAM) is a movement that was born out of the HIV treatment access movement. The organization has worked on several projects including intellectual property and access to essential medicines, medicines regulatory strengthening and prevention of mother-to-child transmission (PMTCT) of HIV.

Following ReAct's AMR awareness activities in Zimbabwe, PATAM commenced its involvement in the AMR advocacy. This was done in collaboration with ReAct Africa. This was attributed to the realization that AMR, impacts heavily on health and quality of life.

PATAM collaborated heavily with the government and relevant stakeholders as well as CSOs in the AMR project. In June 2016, a One Health meeting was held which created a solid foundation for the process of the drafting of the AMR National Action Plan.

Some of the activities PATAM has initiated in the AMR project include organizing two (Continual Medical Education) CME events for doctors organizing radio and television appearances on AMR and related topics, organizing a public lecture at the University of Zimbabwe for a visiting professor, resource mobilization and providing technical support to other partners on AMR education and awareness. Since 2016, it has also involved itself with activities during the commemoration of the annual WAAW event. The annual events include newspaper articles on AMR, Radio and TV appearances, joint lectures for nurses and veterinary extension workers and One Health stakeholder sensitization meetings.

Zimbabwe received support from the Fleming Fund aimed at Laboratory capacity strengthening and this has meant a lot of work in planning meetings and other activities. PATAM has also worked with the AFRICA CDC and other stakeholders in building the capacity of African Civil Society in AMR. PATAM has also received support from WHO, FAO, Centre for Science and Environment and ReAct.

This presentation was proof of the impact that CSOs can have when they collaborate well with the government and other stakeholders. Since ultimately the governments of the specific countries play a crucial role in the implementation of the NAPs and in AMR projects in general.

4.7.2 Niger Country Experience

This presentation was entitled ‘The role of CSOs in addressing AMR and contribution to the global development agenda in Niger/Benin’ and was presented by Dr. Medegan Mario Crios from MUSUHUM. He informed the plenary that Benin and Niger countries have validated their National Action Plans (2018) but are still waiting for their submission for signature by the Ministry of Health.

As a CSO involved in AMR, MUSUHUM focuses on two aspects, **preventive** and **curative** interventions. **Prevention** activities include sensitization on different WASH aspects, training in water and hand disinfection, free distribution of consumables (bleach, aqua tabs) and epidemiological surveillance of infectious diseases. They also conduct surveillance of antibiotic consumption in their member health centers which have a database of over **5000** clients.

On the **curative** aspect, they ensure their clients have access to well-trained professional health care personnel, to promote community access to quality health care services at affordable consultation fees. The patients are provided with quality, affordable generic antibiotics. Continuous training of prescribers on good practices is also undertaken from time to time.

Their greatest strength as a CSO is their integration and mastery of the health situations in the community within which they work. The communities are largely involved in their annual as well as the community activities and campaigns. They also have qualified medical personnel.

Some of their weaknesses include lack of AMR specialists, lack of an autonomous, state-of-the-art laboratory, overcrowding of their health centers due to their quality work that the community recognizes which implies that they also need more resources to handle this overflow. The sporadic campaigns have limited effectiveness and are difficult to evaluate and assess. Most events are cancelled due to low resources. They look forward to create a national and a regional framework with CSOs since currently most CSOs work independently and in isolation.

4.7.3 Ghana Country Experience

This presentation was entitled, ‘*Overview of Antimicrobial Resistance Surveillance and Use in Poultry Sector- Antibiotic Classes and their Actions on Enteric Bacteria – Veterinary Perspective.*’ It was presented by Dr. Bashiru Boi Kikimoto, a Veterinary and Public Health Specialist. Antimicrobial resistance in poultry has been observed since most farmers in Ghana use antimicrobials for treatment and prevention of infectious diseases.

AMR interventions in Ghana focus on 4 key areas, from the veterinary perspective: Antimicrobial use (AMU), antimicrobial resistance (AMR), antimicrobial residues and washout period. Their main technical and financial partners in these focal areas include University of Cape Coast, FAO, OIE and the Fleming Fund. Some of the projects conducted are A Knowledge Attitude & Practices (KAP) study to assess AMU in one of the poultry hubs in Ghana was conducted in collaboration with FAO, following which a Farmer Field School (FFS) was developed; Fleming Fund-facilitated AMU data collection during sampling of poultry farms; pathogen identification and antimicrobial susceptibility testing for GLASS pathogens was also conducted.

Technology has been used to facilitate the FFS. At the farm level, android phones with a Kobo® tool helps the veterinary technical officers and doctors to collect real time antimicrobial consumption at farm level. This tool has been piloted in Central, Ashanti and Northern regions. It is worth noting that even though Ghana has about **360** CSOs only, a handful are involved in AMR activities which are coordinated through the Antimicrobial Resistance Coordinating Committee (AMRCC). They include Women in poultry value chain and Ghana poultry network.

4.7.4 MSF (Médecins Sans Frontières) in DRC

Dr. Gilles Van Cutsem, the Senior HIV/TB Adviser at Médecins Sans Frontières, gave a brief update on an AMR study conducted at Centre Hospitalier De Kabinda, an MSF-run hospital in Kinshasa, DRC, between February 2019 and April 2020. 18% of the 810 blood cultures collected from HIV+ve patients with suspected sepsis or invasive bacterial infections turned out positive. 59 out of 484 (12%) were community acquired while 90 out of 319 (28%) were hospital acquired. The key concern was that in community acquired with a positive culture, 85% of the organisms were resistant to Ceftriaxone, which is commonly used in Central and Southern Africa. Ceftriaxone is only effective in 15% of sepsis.

64% of the resistant organisms encountered were *Salmonella typhi* which is often encountered in HIV patients. In the hospital acquired infections, 89% were positive blood cultures. Of these, 39% were part of the **ESKCAPE** (*Enterococcus faecium*, *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Clostridoides difficile*, *Acinetobacter Baumanii*, *Pseudomonas Aeruginosa* and *Enterobacteriaceae*) group. These organisms present a high risk of invasive infection in hospitals.

In summary, this study showed that there is a relatively high prevalence of both community and hospital acquired invasive bacterial infections in the hospital, which are resistant to standard antibiotics, in particular Ceftriaxone. There is also a high rate of hospital-acquired multidrug-resistant infections, including ESKCAPE microbes.

This particular study should then open the dialogue on the importance of having proper AMR surveillance data, not only in persons living with HIV but the entire population. This data can also be used by CSOs to develop interventions to minimize or reduce the spread of hospital acquired

infections and the spread of AMR. These interventions should also encompass an IPC component, which is critical in reducing AMU and AMR.

4.7.5 Questions from the floor

Question: How can CSOs work successfully with the government?

Response: The CSOs need to approach and propose a working relationship with the government where they view each other as partners for instance, the case in PATAM in Zimbabwe. This is the approach that worked well in the AMR projects.

Question: Are there a couple of innovative ways CSOs can use when they have limited resources?

Response: The buy-in of the communities to the vision of the CSOs and their goodwill provides a good working environment for the AMR work. With this at hand, human and material resources can be found within the community thus making the AMR work cost effective. This is the case in Niger.

Question: What steps of action did MSF or the administration of Centre Hospitalier De Kabinda make after the comprehensive study that showed the extent of the real issue of AMR in the community?

Response: The study raised questions regarding which first-line antibiotic should be administered to sepsis patients. This data was presented to the national laboratory which had already obtained similar data in neonatal sepsis and presented to the Ministry of Health. However, no tangible action had been taken. There is therefore need for generation of similar data from other hospitals in DRC. This will strengthen AMR advocacy to the government and consequently effect policy change in terms of first line antibiotics.

Question: Dr. Kikimoto, your presentation clearly shows action from WHO, FAO, OIE, Research, Veterinary Services and Medical Services against AMR. There does not seem to be activity from UNEP, and yet we acknowledge that the best approach to tackle AMR is the One Health Approach. What is your comment about this observation?

Response: UNEP actually has not been with us at the AMRCC and that may be the reason why we did not get their attention.

Comments

1. COVID-19 has brought various stakeholders together. In the same light, CSOs should champion and advocate for the same to happen for AMR. It is however important to be

cognizant of the conflict of interest that may come about by associating with some institutions that may dilute AMR advocacy efforts through perceived conflict of interest.

2. Our interventions as CSOs should move away from communicating AMR as a phenomenon to be feared. Most people soon get accustomed to fear, after which they tend to ignore the threat. Instead, we should use clear contextualized narratives to show cause, effect and interventions. This way, people make informed, rather than emotive, decisions. This particularly applies to Policy Makers [the anchor of sustainable solutions], because they must base their decisions on legislations. Legislations require evidence as proof of their objectivity, rather than their emotive qualities. Once consumers are convinced through evidence-based information, they will use this evidence to push the system [policy makers] to implement the appropriate interventions.
3. AMR civil society groups must also extend themselves beyond the National AMR Committees and national action plans. Civil society voices need to be heard outside those technical/policy forums.
4. The Ethiopian Veterinary Association greatly acknowledges the support of South Centre, for providing funding during the 2020 WAAW. It has successfully carried out a campaign in collaboration with VDFACA and other partners in advocating for action on AMR and effective antimicrobial stewardship.

4.8 Panel discussion to address practical questions and challenges faced by CSOs working in AMR. This session was moderated by Dr. Emmanuel Kabali, FAO

The panel was composed of Dr. Mirfin Mpundu (ReAct), Dr. Viviana Munoz-Tellez (South Centre) and Dr. Hayat Seid (Ethiopia AMR Focal person).

Question: *What are some of the reflections/takeaways from the last 3 days of the workshop?*

Dr. Muñoz-Tellez: The role of CSOs as a key stakeholder in AMR work has been highlighted. The excellent work that CSOs are doing in various countries has been showcased and there is need to share more of such experiences with the world. There is however room for improvement for increased engagement. The challenge is on how to expand the space for CSOs and see how best each CSO can contribute to the AMR field. Finally, there is need to translate the theoretical AMR global discourse into the local African context. CSOs are best placed to do this as they understand the local context better.

Question: *How can CSOs increase advocacy on AMR at the local level?*

Dr. Mpundu: In 2013/2014, when ReAct Africa started, there were very few CSOs that were involved in AMR. However, more CSOs are now getting involved in the AMR space. CSOs form a critical mass that can increase AMR advocacy not only at national but at the regional and global

levels. There is therefore a need to tap into CSOs that are not interested in AMR, to add to our voice.

Question: *What are some of the opportunities we can draw from the COVID-19 pandemic in AMR advocacy?*

Dr. Muñoz-Tellez: Some concepts on Infection, Prevention and Control (IPC) are not complex at all at the community level. AMR IPC can be directed in a simple way at the community level. As a society, we should not wait for the silent AMR pandemic to rage out of control and bring hopelessness in the community; rather, we should advocate for small approachable, effective interventions such as those seen in the Farmer Field School in Ghana.

Dr. Mpundu: At the height of COVID-19, one could not enter any building without compulsory specific measures such as washing hands and similarly one could not enter a country without a negative COVID-19 test. Several ministries e.g., health, transport and communication all came together in the COVID-19 response. The same collaborative spirit was seen in different countries across the globe. Similar multi-sectoral collaboration in addressing AMR would be just as effective.

COVID 19 has proven to be an equalizer. Similar to AMR, it can affect anyone regardless of race, creed or colour. The main difference is that AMR is a silent pandemic. Both pandemics call for collaboration between different stakeholders, CSOs included, to urgently strengthen health and food systems. He emphasized that it is also important to give the correct information to the communities. The sad reality in this COVID-19 pandemic is the misinformation and myths regarding the COVID-19 vaccine in Africa. The downside is that the more people resist the vaccine, the longer COVID-19 will linger with us.

Question: *What are the strategies for CSOs to integrate AMR into other health areas (in countries) already being worked on looking at its complex nature?*

Dr. Hayat: There is need to engage CSOs in prevention and containment activities for example engaging in baseline assessments and gather evidence to table to the leaders and policy makers. There is also need for CSOs to engage in government-based technical committees. They should also involve themselves in advocacy activities for example during the World Antimicrobial Awareness Week. CSOs can also engage in pre-service and in-service training of professionals in matters AMR.

Dr. Muñoz-Tellez: CSOs should also hold governments accountable to their commitments in addressing AMR.

Dr. Mpundu: CSOs should understand the local, regional and international commitments governments have in place e.g., the Sustainable Development Goals in order to keep them fully accountable.

Question: *The Global Development Agenda provides an opportunity for including AMR in many of its objectives. How do you think CSOs could use this to increase their visibility to advocate for more resources towards the containment of AMR?*

There are important global governance bodies being established on AMR. Civil societies can partner and inform a global audience as well as state their specific needs and mobilize resources. The CSOs can also share their local stories and case studies at this level.

Question: *What do you suggest for CSOs that are thinking about integrating AMR work with other activities that they are already doing?*

Dr. Mpundu: They can contact ReAct and/or the respective countries' AMR focal persons for guidance. ReAct has also been in the process of creating a platform of CSOs. Finally, they can conduct a mapping exercise for organizations that are willing to fund their projects.

To conclude this session, Dr. Kabali urged CSOs to avoid the silo approach but instead collaborate to address AMR as one solid network. He also reminded participants that COVID-19 has strengthened IPC measures and CSOs should therefore strive to maintain them to strengthen the AMR response.

4.8.1 Post Workshop Evaluation

This session was moderated by Dr. Tracie Muraya, Policy Officer, ReAct Africa

Dr. Muraya shared a post workshop evaluation form for all participants to complete. This would provide the organizers of the workshop (ReAct Africa and South Centre) information on how best to conduct the workshops in future.

4.8.2 Closing Remarks

On behalf of the South Centre, Dr. Viviana Munoz-Tellez, the Coordinator, Health, Intellectual Property and Biodiversity Programme (HIPB), South Centre thanked the participants for sharing their knowledge and experience in the workshop. She reiterated the need for sustained multi-sectoral collaboration.

Dr. Mirfin Mpundu, the Director of ReAct Africa thanked participants for their participation and expressed his hope that their expectations highlighted in day 1 were met. In regard to the way forward, he reiterated that there is need for a sustained collaboration as CSOs in the African region and to also leverage on the opportunities that COVID-19 has presented. CSOs can also take lessons from the best practices such as those seen in the HIV/AIDS response. He noted that one of the biggest challenge's countries are facing, is how to implement the NAPs. Hence there is need for a supportive role of the civil society to the AMR agenda at different levels. Finally, he reaffirmed the notion that the AMR landscape needs more people to push the agenda through a One Health approach.

4.8.3 Issues and recommendations arising from Day 3

- ❖ CSOs need to work with the governments of their respective countries' operations as partners in the AMR field.
- ❖ CSOs need to integrate with the local communities and have a mastery of the health situations in the communities within which they work.
- ❖ CSOs need to work in unison and not in isolation.
- ❖ CSOs should leverage on the use of technology in their projects.
- ❖ There is need to have proper AMR surveillance data, not only in persons living with HIV but all populations.
- ❖ CSOs need to carry out due diligence when establishing collaborations with different stakeholders, to avoid conflict of interest that may compromise AMR advocacy efforts.
- ❖ There is need to translate the theoretical AMR global discourse into the local African context.
- ❖ CSOs need to engage in government-based technical committees and also involve themselves in advocacy for example during the World Antimicrobial Awareness Week
- ❖ CSOs should engage in pre-service and in-service training of professionals in matters AMR.
- ❖ CSOs that wish to integrate AMR work with their other ongoing activities should consult ReAct and their respective country's AMR focal persons for guidance.

5.0 Conclusion

The role of CSOs in the action against AMR cannot be ignored. AMR is a global pandemic affecting human beings, the environment and animals. There is need for a multi-sectoral approach and a sense of urgency in addressing this phenomenon. CSOs should collaborate to harness their different strengths in addressing AMR. ReAct Africa, the South Centre and the Africa CDC are ready and willing to offer the needed support where feasible. Funding and information support can also be availed by the Tripartite Plus.