

Conference Statement

Regional Conference on Combating Antimicrobial Resistance in Africa to Achieve the 2030 Agenda



**Panari Hotel, Nairobi, Kenya
5th to 7th November, 2018**

This regional conference brought together 67 participants from 22 African countries. Participants came from the human health, animal health, agriculture and environment sector – One Health Approach. The three-day meeting identified successes, challenges and recommendations for the implementation of NAPs in relation to SDGs and the One Health including governance. The conference also provided an opportunity for discussions on the link between SDGs and AMR and how the failure to address AMR would impact attainment of the 2030 Agenda. This conference statement provides a summary of key issues identified but does not represent the richness and diversity of the discussions held during the conference.

Opening Remarks - Collaborators



Dr. Mirfin Mpundu – Head of ReAct Africa

Action on Antibiotic Resistance (ReAct) has been in existence for over 20 years and constitutes of 5 nodes in 5 different continents namely, Latin America, North America, Europe, Asia Pacific and Africa. The objectives of the network are to:

- Establish globally coordinated governance
- Promote public health driven innovation
- Support development and implementation of National Action Plans on AMR and
- Promote Movement Building including creation of platform

In line with the event's theme – *Combating AMR in Africa to Achieve the 2030 Agenda* – the 5 expected conference outcomes were:

1. To raise awareness amongst the participants who would leave with a renewed vigour on how AMR needs to be addressed
2. To provide a platform to exchange experiences on the AMR situation and policy responses at country level; including on National Action Plans (NAPs) – the needs, successes and challenges faced during implementation.
3. To provide a platform to learn from each other and cross-fertilize through success stories, especially those of vertical programs, that can be adopted
4. To establish commitments from country participants on how they would contribute to mainstream AMR via the One Health context, going forward
5. To develop inputs for global AMR governance; how to keep political momentum high up on global agenda

Mirza Alas on behalf of Dr. German Velasquez, Special Advisor on Health and Policy - South Center

South Center, located in Geneva, is a 54-member state organization founded in 1990 following the South Commission by Julius Nyerere, which recognized the need to strengthen South-South cooperation in international affairs. South Center provides policy advise and technical support to developing countries' governments while providing a platform for multilateral negotiation processes.

In the line of AMR, South Center played a pivotal role in providing assistance to the G77 on the lead up to the negotiation of the UNGA political declaration on AMR in 2016. Particularly, on lobbying for increased access to medicines and the importance of delinking the cost of R&D from volumes and sales. In September 2018, in a similar exercise as the one reflected in this report, South Center convened a 10-country meeting in Penang to address the implementation of AMR NAPs; the opportunities and challenges identified and how best to table them at the global level so as to get the necessary, prioritized attention.

Systematic and coordinated efforts are required to address the intertwined AMR and SDG areas. For this to be realized, reliable data is required. In this light, sincere gratitude to Fleming Fund UK for extending funds for this intervention, through which such qualitative data can be gathered to further inform effective and efficient interventions on AMR.



Opening Remarks – Multi-Sectoral (One Health)



Key note addresses: Dr. Allan Azegele (Directorate of Veterinary Services – Kenya)



Key note addresses: Dr. Charles Kandie (Ministry of Health – Head of Patient Safety Unit, Kenya)

Dr. Stella Kiambi – Food & Agriculture Organization (FAO), Kenya

Inappropriate use of antibiotics in food animals and plants is fueled by increased demand whereby over 80% of the population relies in this source of nutrition. Paradoxically, due to overreliance on antibiotics rather than biosecurity and best hygiene practices, there is increased loss of animals due to untreatable infections, thus resulting in food insecurity.

To address this, FAO's interventions are informed via 4 pillars namely;

1. Awareness – to make stakeholders aware of best farming practices
2. Generating Evidence – to present to relevant policy makers
3. Promoting best practices
4. Governance – support countries build economic cases for AMR interventions

Dr. Jane Lwoyero – World Organization for Animal Health (OIE), Kenya

To augment to the FAO counterpart's remarks, it is important to know why the practices on ground are in existence and hence how best employ the most impactful practical and implementable interventions. The AMR messages to different stakeholders need to be personalized.

It is pertinent to recognize the crucial role that each stakeholder, including the environment partners play and in this way harness all strengths to address AMR through a One Health, Tripartite-plus (WHO, FAO, OIE + UNEP) pipeline.

Dr. Marcus Sprenger - Director AMR Secretariat World Health Organization (WHO), Geneva

The root cause of AMR is antibiotic misuse. However, lowering use of antibiotics is not the only solution; it must be implemented in the presence of other interventions such as good sanitation and good governance – there is no silver bullet to addressing AMR.

To date, WHO has developed different awareness campaign materials, established the Global Antibiotic Surveillance System (GLASS) as well as produced tools to support and promote good hand hygiene as a way of preventing and controlling infections in the health care setting. Unfortunately, African countries fall behind in terms of providing credible antibiotic use data and more than 40% lack decent water and sanitation hygiene (WASH) facilities.

Data from developed countries have proven that good hand hygiene decreases nosocomial infections; for example, in Australia, a 10% increase in hand hygiene resulted in a 15% decrease in Health facilities Acquired Infections (HAIs). There is therefore need to pay particular attention to this, while increasing access to vaccines for AMR.

Dr. Elizabeth Tayler – Technical Officer AMR Secretariat, WHO Geneva

Although more than 112 countries now have ANPs in place, only 22 are being implemented while 25 are awaiting approval and/or implementation.

From the 3 key areas analyzed from AMR African countries' self-assessment, there was obvious progress in antimicrobial use surveillance of human health compared to the other

3 sectors (agriculture, animal and environment), although the animal health surveillance is quickly catching up.

Universal Health Coverage (UHC) that has strong capacity to prevent and manage infections is key in achieving gains on AMR. More gains will also be realized through boosting primary health care (PHC) provision. The Global Health Security Agenda (GHSA) will be much easier to scale up from existing interventions that can be effectively synced rather than work in silos through existing vertical programs.

For maximum accountability and guarantee of effective and impactful interventions, there is need for proper Civil Society Organizations' (CSOs) engagement.

Prof. Otto Cars – Founder & Senior Advisor-ReAct

Framing the AMR issue around SDGs is key to providing a better understanding of how broad and complex this public health issue is and therefore how best to tie in effective global governance.

There was a missed opportunity to bring AMR in the SDGs targets and indicators and we are therefore racing against time.

There is a Inter Agency Coordination Group (IACG) is in the process of providing recommendations to the World Health Assembly. Important topics to be included in these recommendations include

- Sustainable access to affordable antimicrobials as a public good.
- Surveillance systems need to be strengthened
- Innovation an adequate financing (not only for R&D) but also for implementation of NAPS
- Monitoring and Evaluation (M&E) to strengthen accountability

The real barriers to AMR NAP implementation in LMICs (other than lack of financial capacity) need to be identified, to provide a clear picture and hence enable provision of realistic interventions.

The conference sessions begun with a summary on *Addressing AMR in the SDG Framework*. Dr. Mpundu highlighted on the SDGs affected by AMR (or vice versa), and stressed on the need to realize that there are other SDGs other than SDG3 that need to be aligned in addressing AMR. This calls for concerted efforts and partnerships beyond the 3 major one-health sectors, to produce a clear united message for the African Union.

Professor Sabiha Essack (*South African Research Chair in Antibiotic Resistance*) then highlighted on the Quintessential One Health nature of AMR. AMR knows no boundaries and is a function of time and use. To succeed in slowing AMR, specific targets on enablers, strategic coordination and coalitions that have effective M&E frameworks in place are key.

The succeeding sessions over the two days addressed each of the SDGs that are directly and/or indirectly affected by (or affect) AMR. The specific SDGs presented on were SDG1 (No poverty), SDG2 (Zero Hunger), SDG3 (Health and well-being), SDG4 (Quality Education), SDG5 (Gender Equality), SDG6 (Clean water & sanitation) SDG8 (Decent Work and Economic Growth), SDG9 (Industry, Innovation and Infrastructure), SDG10 (Reduced Inequalities), SDG11 (Sustainable Cities and Communities) and SDG16 (Peace, Justice and strong institutions). Presentations on updates of different countries' NAPs status were also made, namely; Sudan, Kenya, Uganda, Cameroon, Tanzania, Seychelles, Zambia and Lesotho.

Day 3's proceedings majorly addressed the governance of AMR - national, regional and global perspectives. Presentations for all days were delivered via a mix of direct power point presentations, virtual presentations, group discussions and panel discussions.



Break-out sessions – Group Discussions



Feedback from group sessions



Country NAP status updates - Panel discussions

In summary, the take-home points from the different presentations were as highlighted below:

Successes/progress made

Most countries have developed a national action plan (NAP) or are in the process of developing one. A few countries are yet to receive funds to support the development of their NAPs. Countries that have received political commitment and/or have established a multi-sectoral steering committee have been able to move towards implementation. The interventions cover all pillars of the Global Action Plan (GAP), with the exception of the R&D objective. Existing country policy structures have helped to support the implementation of NAPs.

Some countries that have begun implementation of the NAPs have observed a trickle-down effect resulting in sub-national action. Building institutional capacity has provided a stronger platform for action on AMR than when this is solely dependent on political appointments; that is, for sustenance and consistency, actions on AMR are linked to an office rather than an individual.

Guidance and technical assistance provided by FAO, OIE and WHO as well as CSOs such as ReAct, has been an important asset in building capacity at the national level. Countries are successfully involving CSOs in implementation of their NAPs and are seeking further opportunities for this type of collaboration. Furthermore, it was noted that countries have used outbreaks and health emergencies events as opportunities to integrate AMR with other programs and strengthen specific sectors such as implementing infection, prevention and control. The Ebola outbreak in Liberia is a good example of such.

Challenges

Despite the gains on ground, the development and implementation of different countries' NAPs has experienced many challenges. Important issues that have been identified and are yet to be adequately addressed include lack of awareness, capacity, funding and data on AMR. Also, important infrastructure is still lacking. Examples include laboratory diagnostic equipment, clean water, access to quality medicines, waste disposal systems and local producing/manufacturing capacity among others. Most countries need to strengthen their regulatory capacity, design and/or review appropriate legislation, enforce relevant laws and develop guidelines that can support the work against AMR. The glaring absence of a clear economic case for placing AMR as a high priority is coupled with inadequate support from development partners. The fact that majority of countries lack fulltime staff dedicated to AMR was highlighted as a major concern.

Despite collaboration between the multiple sectors, in-country coordination is a challenge. It has been difficult to convince policy makers of the importance of AMR and to harness adequate political commitment and leadership. Even when the commitment is there, bureaucracy can lead to delays.

Countries have observed that there is a low level of awareness among politicians, the general public and even among professionals. Existing cultural and behavioral practices are embedded and difficult to change. Adequate communication strategies, that provide

clear messages, to communicate AMR to all stakeholders and target groups remain difficult.

Integrating AMR into the SDGs programs in-country remains a challenge. For example, in addressing SDG2 (Zero hunger) and AMR, countries require clear guidance and resources to promote agricultural production that is sustainable. A “Leapfrog Fund” should be established to help small-scale farmers make the necessary transition to achieve a more sustainable food production approach, to become less reliant on antibiotics, and to abide by efforts to ban medically important antibiotics in farming. The support required would involve both technical and financial aspects in making the transition to more sustainable antibiotic use practices. This is a key area, since sustainable production has the potential to help achieve other SDGs such as economic growth (SDG8), reduced poverty (SDG1), and those directly affecting the environment such as SDG 6 (clean water and sanitation), etc.

Linking AMR with other health sector areas like non-communicable diseases is also a key challenge. Access and affordability to antibiotics remain a challenge in most countries and exploration of how to have a production system that is sustainable and increases production remains a challenge.

Under, the One Health approach, the health sector continues to be the lead in many countries while the full involvement of other sectors is still work in progress. There is a need to improve coordination of the tripartite plus UNEP at the national level including more involvement of government representatives. Guidance from the global level on funding opportunities and technical assistance on how to access funds is also critical. Sustained technical assistance from the tripartite country offices is currently insufficient and needs to be strengthened.

Opportunities for Action

The successes and challenges identified during the conference have also provided multiple opportunities for action.

A clear area where actions can be directed is at promoting engagements with media in order to support efforts of awareness raising. Along these lines, a global repository of effective communication and campaign materials to advance awareness raising and behavior change in tackling AMR could be established. Also, an opportunity exists in using outbreaks and health emergencies in other sectors as a way to raise awareness, strengthen capacity, put structures in place and mobilize funding for AMR in all sectors. Engaging civil society organizations and professional societies in addressing AMR—both in-country and across countries-also requires financial support. However, a platform for engaging such groups, from local professional societies to hospitals and farms, would recruit best practices, enable the sharing of lessons in implementing effective antimicrobial stewardship, and mobilize networks of key stakeholders to holistically address AMR.

Mainstreaming AMR at the country and regional levels (and through the support of development partners) could help ensure further integration of AMR interventions across sectors. Developing mechanism that allow integration of AMR interventions across existing programs in the different sectors could help rationalize and optimize the use of resources. Measurable targets of how the ongoing activities across sectors, (ranging from WASH interventions to vaccination strategies) contribute to mitigating AMR should be developed and justified, hence enabling the realization of mainstreaming AMR interventions going forward, rather than the existing rhetoric.

Incorporating AMR into existing legislation or country guidelines across all sectors could also support AMR action. Governments and other policy-influential institutions should tactfully use the bargaining tools at hand. For example, “power of procurement”, to engage supply chain stakeholders (ranging from procurement of antibiotics through to procurement of food animal products) and ensure adoption of practices that support the goals of reducing AMR. There is a clear need to involve more political leadership, while at the same time create institutions that would ensure continuity.

Countries could use the links between SDGs and AMR as a way to leverage resources and increase awareness. Those that are still in the process of NAPs’ development could look for opportunities to link their NAPs with identified, relevant SDGs. These should incorporate AMR-specific indicators that track progress towards SDGs, for both healthcare and food systems sectors.

Countries recognized the importance of using the experience, tools and lessons learned from other countries as well as the need to engage CSOs in order to utilize their expertise and broaden the reach. Seeking the assistance of FAO, OIE, WHO and UNEP can strengthen implementation. However, there was a clear call to the tri-partite plus and other relevant actors to coordinate their country support to avoid duplication and ensure optimized use of resources.

Priority should be given to build the economic case for addressing AMR in order to convince policy makers and potential funders on the gravity of the situation. Despite limited funding, there is a need to identify actions that can be done within existing budgets in addition to mapping what needs external support. Countries were encouraged to find innovative ways to raise resources and implement viable actions rather than solely rely on external financial support. Although countries have already begun some degree of NAP implementation using locally available funds, the need for monetary support from partners was identified as key to success in addressing AMR. LMICs will indeed need funding support to be able to fully implement.

It is important that the political momentum is kept at the highest level. It is therefore important to align messages from the national, regional and global level that target national policy makers. Efforts to involve regional bodies such as the African Union, East African Community and others (including financial institutions) are crucial to ensure support for, and success of AMR interventions.

The conference also recognized the role of alternative /traditional medicines as alternatives to the use of antimicrobials and recommended further research and discussions be held at country and regional levels.

Education on AMR and strategies to contain it need to be included in school curricula and public awareness campaigns

The IACG should think about establishing a system to coordinate actions at the global level and this coordination should be replicated at the regional and national levels to ensure coherence. There is a need to either expand the mandate of the IACG or create a structure that can help coordinate action at the global level. The IACG should ensure that AMR is taken up by other intergovernmental agencies apart from the Tripartite plus UN Environment, while ensuring strengthening of accountability at all levels.

AMR activities can be streamlined through national strategic plans while ensuring that all relevant agencies are involved.

There is an opportunity to advocate for the creation of an AMR fund. Actors that can amplify such advocacy efforts should be identified as this is key for success.

Finally, the different countries' members identified the need to enhance their participation on consultations and dissemination of information at global fora. For sustained attention on AMR at global level, linking the AMR agenda into reporting at the United Nations General Assembly was identified as an impactful intervention.



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Achieve the 2030 Agenda