



REACT AFRICA & SOUTH CENTRE - VIRTUAL CONFERENCE
30th November – 3rd December 2021



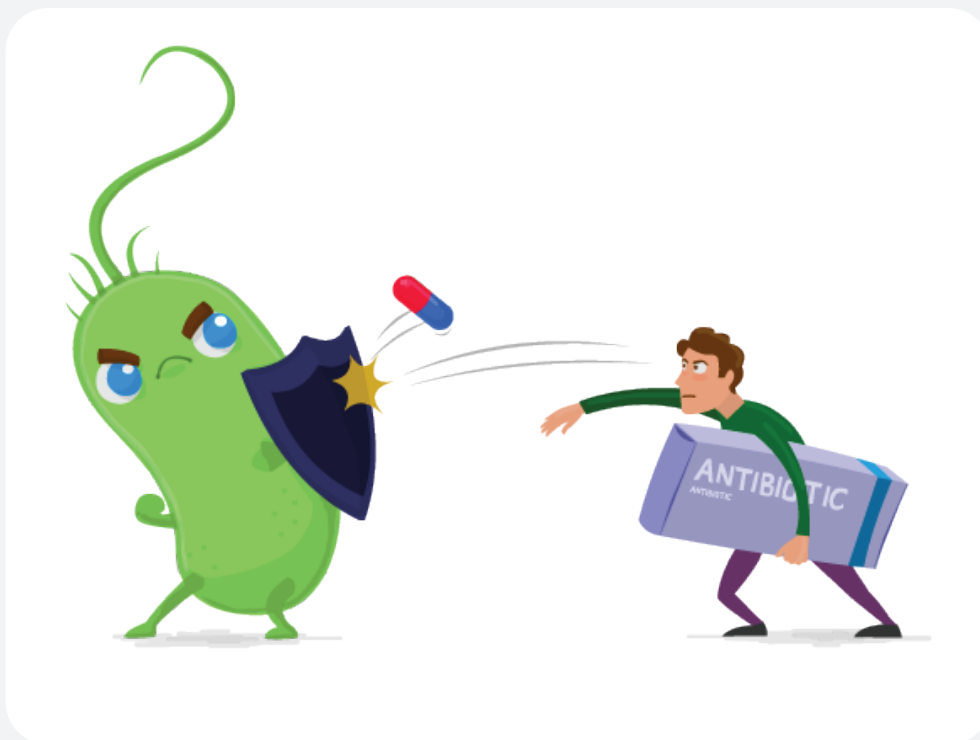
Theme: Progress achieved on the Global Action Plan on Antimicrobial Resistance and pandemic preparedness in the African Region.

Conference Report

LIST OF ABBREVIATIONS

Africa CDC	Africa Centres for Disease Control and Prevention
AMs	Antimicrobials
AMS	Antimicrobial Stewardship.
AMR	Antimicrobial Resistance
AMRLEP	AMR Leadership Program for Tertiary students in Africa
AMR MPTF	AMR Multi-Partner Trust Fund
AMR TWG	Antimicrobial Resistance Technical Working Groups
AU	African Union
AWaRe	Access, Watch and Reserve
AWP	Annual Work Plans
CME	Continuous Medical Education
CSOs	Civil Society Organizations
DVS	Directorate of Veterinary Services
ESBL	Extended Spectrum Beta Lactamases
FAO	Food and Agriculture Organization of the United Nations
FAO-RAF	Food and Agriculture Organization – Regional Office for Africa
GAP	Global Action Plan
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GPW	General Program of Work
HCWs	Health Care Workers
IACG	Interagency Coordination Group
ICARS	International Centre for Antimicrobial Resistance Solutions
ICP	Integrated Care Partnership
IHR	International Health Regulations
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LMICs	Low and Middle-Income Countries
MOH	Ministry of Health
NAAP	National Antimicrobial Action Plan
NAP	National Action Plan

ODA	Official Development Assistance
OIE	Office International des Epizooties/ World Organization for Animal Health.
PAN-RAM	Plan d'Action National Multisectoriel de lutte contre les Résistances aux Anti-Microbiens
R&D	Research and Development.
SAS	Students Against Superbugs
SDGs	Sustainable Development Goals.
STRAMA	Swedish Strategic Programme Against Antibiotic Resistance
TrACSS	Tripartite AMR Country Self-Assessment Survey
UHC	Universal Health Care
UN	United Nations
UNEP	United Nations Environment Programme
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection
WAAW	World Antimicrobial Awareness Week
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHO-AFRO	World Health Organization Regional Office for Africa



Theme: Progress achieved on the Global Action Plan on Antimicrobial Resistance and pandemic preparedness in the African Region.

INTRODUCTION

Braving the tough fight against AMR, ReAct Africa and South Centre convened their second virtual annual conference (2021) whose theme was, **‘Progress achieved on the Global Action Plan on Antimicrobial Resistance and Pandemic Preparedness in the African Region.’** The virtual conference brought together participants from diverse countries and backgrounds. As with previous conferences, relevant regional stakeholders such as the Tripartite bodies **(OIE, FAO, WHO AFRO) and Africa CDC** were in attendance. Other key stakeholders that graced the occasion included the **World Bank, ICARS, Fleming Fund, Civil Society Organizations, Ministries of Health from various countries, Professionals, University students and Academicians.** Country presentations were made from Cote d’Ivoire, Egypt, Kenya, Namibia and Zambia. This virtual conference took place from **30th November to 3rd December 2021.** The final day was dedicated to University Students' presentations from ReAct Africa and Students Against Superbugs flagship project dubbed AMRLEP.

The four-fold objectives of the conference were:

- 1. To assess implementation of the GAP including governance issues, implementation progress and ongoing challenges.**
- 2. To examine linkages between AMR and pandemic preparedness, One Health approach and lessons from COVID -19.**
- 3. To review NAP financial landscape, challenges and opportunities.**
- 4. To bring together AMR experts, CSOs, academia, government ministries, research institutions, intergovernmental institutions to discuss regional challenges and approaches to addressing AMR and the next step in NAPs’ review and implementation.**

This report outlines key outcomes and learnings from the different sessions. It is presented as per the different days’ themes and concludes by outlining the way forward.

KEY THEMES AND LEARNINGS FROM THE CONFERENCE

1. AMR IS A GLOBAL RISK WHICH REQUIRES MULTI-SECTORAL COORDINATION THROUGH THE ONE HEALTH APPROACH.

Addressing AMR requires a One Health approach by involving human, animal, plant and environment agencies which will serve to contain and minimize the threat of AMR in Africa. By promoting collaboration across all sectors, a One Health approach can achieve the best health outcomes for people, animals, and plants in a shared environment.

There is disproportionate effort in progress, with the human sector leading followed by animal and lastly the environment. The impact of AMR on the environment is not readily seen and therefore misunderstood by stakeholders. The NAPs have also generally taken more of a human health approach as opposed to One Health. It was also noted that there is lack of proper governance structures for AMR as it depends on the focal point person's professional cadre and expertise.

One health is enormously complex thus poses a real challenge in and within government ministries' acceptance and differentiation of individual and collective responsibility. This results in 'blame games'. For example, the human sector passing the blame to the agricultural sector and vice versa. The harsh truth is that everyone is contributing to the problem and thus everyone needs to contribute solutions. The quantity and quality of data collected from all sectors in all countries is crucial in enabling action on AMR. Different partners such as the Fleming Fund are committed to building AMR surveillance capacity using the One Health approach in African and Asian countries.

Matters financing, AMR financing through a One Health approach is complicated by the fact that very few countries commit or request finances to One Health. For example, of the 100 countries receiving financial support from the World Bank country project in LMICs, only 3% of those implementing One Health interventions have committed financing to One Health. In general, it was noted that most AMR NAPS were focused mostly on human health to a greater extent at the expense of agriculture, environmental and human health. The One Health approach should be central in developing and implementing the revised country NAPs, going forward.

2. COMPLEXITIES OF AMR NAPS

The country NAPS are riddled with complexities especially in resources acquisition. Priority setting was not done by individual countries thus hindering them from achieving context-based priorities. Apart from the continued creation of awareness and understanding, there is need to strengthen the IPC/WASH and AMS programs to delay emergence and limit transmission of AMR. In addition, the health systems need to be strengthened, to improve surveillance and provide evidence-based understanding of the extent and impact of AMR in the region. This would in turn solidify the political will and assure that resource mobilization is a part of the implementation.

Professor Otto Carrs the founder of ReAct Africa in his opening speech reiterated that AMR is not a disease but a complex phenomenon hence difficult to formulate narratives.

The GAP advocates for a One Health approach in addressing AMR. WHO AFRO and other UN agencies support this since AMR is complex in nature. Resultantly, these leading international organizations work in collaboration as the Tripartite (FAO, OIE & WHO) and the UNEP so as to apply a multidisciplinary approach.

Regarding AMR communication, there is need for continued and consistent community engagement and empowerment. This requires that the AMR language is simplified to enable the community understand this complex issue and that every person is made aware of their contribution to AMR.

The NAPS need to be revised to take into account the sociology and psychology of the rural-based populations when developing and transmitting the AMR awareness messages, for effective communication. Finally, the One Health approach should be central in developing and implementing the revised country NAPS, going forward.

In AMR advocacy to farmers, OIE doesn't focus only on livestock farmers but food crop farmers on the use of antimicrobials which can bring about AMR in one way or another. This is something that countries should borrow in communication of AMR.

3. LINK BETWEEN COVID 19 AND AMR

The sudden advent of the global pandemic COVID- 19 in 2019 has been both a blessing and a threat to the AMR work. While it has further pushed countries to strengthen their IPC, it has also exposed how antibiotics are being misused in the treatment of COVID-19. There is a tangible link between COVID- 19 and AMR thus there is need to identify and synergize efforts using internationally recognized tools such as International Health Regulations (IHR) tool.

Cross-cutting issues in COVID-19 and AMR include the need for global coordination, IPC, the need for strengthening health systems, surveillance, capacity for sharing data and samples, access to medical countermeasures (uninterrupted production, supply, delivery) and the need for a One Health approach.

The onset of the COVID-19 pandemic presented some challenges such as suspension of face-to-face activities for 6 months which led to delay in implementation of some AMR NAP activities such as in Cote d'Ivoire.

COVID 19 has also affected financing of AMR NAPs' activities in some countries such as Namibia. This is due to the country channeling most of its finances to the control of the pandemic.

The negative aspects of COVID-19 era notwithstanding, the lessons learnt are equally beneficial to AMR work. For instance, COVID-19 has demonstrated that this is an ideal time to catalyze a conversation about AMR and to think about this looming pandemic of drug resistance in the context of COVID-19. Another lesson is the direct impact of COVID-19 on AMR, including concerns of the increase in inappropriate antibiotic use in COVID-19 patients. The governments' regulatory bodies should provide for an environment that discourages inappropriate use of antibiotics in treatment of infectious diseases and pandemics such as COVID-19 so as to mitigate AMR.

The COVID-19 pandemic has proven that there is power in cooperation. National and international collaboration is therefore key to making giant strides in combating AMR. Governments are mandated to provide basic amenities such as clean, running water to promote cost-effective IPC practices such as hand washing. The same governments are also mandated to establish policies and guidelines and provide for an environment that discourages inappropriate use of antibiotics in treatment of pandemics such as COVID-19 so as to mitigate AMR. There is need for a high-level involvement and commitment from the MOH from the beginning. Setting up of ad-hoc committees by governments is not enough. Furthermore, there needs to be a multi-sectorial participation.

The group sessions on day three further elucidated that the global pandemic has brought to light the importance of rational use of medicine.

CONFERENCE PROCEEDINGS

SUMMARY OF THE DAILY SESSIONS

DAY 1 THEME: HIGH LEVEL OPENING SESSION

Official Opening



In his opening remarks **Professor Otto Cars**, noted that although international recognition of AMR was recorded as early as 2001 through a WHO Global Strategy for the containment of AMR, there was a dearth in political commitment and effective action across the globe. The shortfall was mainly credited to the slow and invisible nature of occurrence of AMR. Furthermore, AMR is not a disease but a complex phenomenon and hence difficult to formulate narratives. There was also an overreliance on the pharmaceutical industry to drive the narrative and develop new drugs. The turnaround in international momentum took place in 2015 when the Global Action Plan (GAP) on AMR was established.

He further highlighted that the recent comprehensive report of the WHO GAP on AMR documented the successes, challenges, gaps, lessons learned and recommendations to improve implementation of the GAP AMR at all three levels of the WHO. Regarding the global governance of AMR, there is need to frame AMR as an ongoing pandemic to help resume the momentum that had been gained pre-COVID. There is also need for AMR to be addressed with a systems view where transformation of weak health and agricultural systems towards resilient systems is supported. He concluded by stating that there is need to increase global collaboration and coordination on to address the fight against AMR.



Dr Carlos Correa, the Executive Director at the South Centre noted that African countries are advancing on implementation of AMR NAPs even while tackling a global pandemic. He also emphasized the importance to continue supporting and increasing the participation of civil society organizations (CSOs). He stressed that COVID-19 had shown the crucial need to strengthen health systems, increase capacity for infection, prevention and control and protect first-line health workers. He called for more resource mobilization for African countries to be able to address both COVID-19 and antimicrobial resistance. He further reiterated that the 2021 conference will help the South Centre to assess the challenges and look for opportunities to advance response to AMR.

The Director of ReAct Africa, Dr. Mirfin Mpundu acknowledged three key individuals who have been pivotal in the fight against AMR as ReAct commemorates 15 years of existence.

Professor Otto Cars, founder of ReAct was acknowledged for his strong efforts and contributions to the WHO's priority medicines for Europe and the world in 2005. He started STRAMA in 2008 and by this engaged key stakeholders to act on antibiotic resistance in Sweden; a model ReAct is looking into being adapted to low resource settings. He was also recognized for his impressive work toward the UN political declaration on AMR in 2016.

Dr. Martha Gyansa- Lutterodt, Director, Technical Coordination Directorate, MOH Ghana was acknowledged for being a Co-Convener for the UN Interagency Coordination Group (IACG) on AMR. She was also chair for Ghana's AMR working group that responded to the GAP on AMR.

Dr. Carlos Correa, Executive Director, South Centre was acknowledged for being part of the UN high level interactive dialogue that framed and called for action in recognizing and addressing AMR as a developmental issue. He has over the years, helped increase awareness on the needs of developing countries including financial and technical support to tackle AMR.

Key pointers from ReAct Africa's Presentation

- ReAct Africa supports development and implementation of NAPs on AMR in African countries such as Kenya, Malawi, Nigeria, Zambia and Zimbabwe; promotes the strengthening and extension of community networks across the public, private and the faith-based sectors; provides recommendations to influence coordinated governance by regional AMR stakeholders such as the regional Tripartite and Africa CDC; and promotes public health driven innovation to mitigate AMR through home-grown solutions.
- Last year's virtual conference had an attendance of participants from over 30 countries. 7 countries (Ethiopia, Cameroon, Senegal, Zambia, Zimbabwe, Kenya and Nigeria) shared country updates on NAP implementation status. There were also different perspectives presented from the Tripartite (WHO, OIE and FAO) and funding institutions such as the World Bank, Fleming Fund and the International Centre for Antimicrobial Resistance (ICARS).
- The remarkable progress noted during last year's conference include:
 1. 33 countries developed AMR NAPs with the support of ReAct Africa and the Tripartite
 2. AMS pilot programs had been supported by ReAct Africa and other stakeholders
 3. Fleming Fund Surveillance support in a number of African countries
- Some of the challenges noted include weak multisectoral engagement in each strategic objective, weak regulatory systems and lack of and weak surveillance structures. The opportunities that could be leveraged on in 2021 include leveraging on COVID-19 response financing and multi-sectoral collaboration engagement.
- It was noted that most NAPs are ending in 2021/2022. This provides opportunities for review, using local data for interventions.

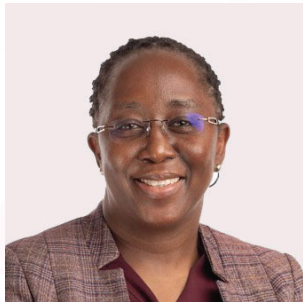
HIGH LEVEL PANEL PRESENTATIONS

FAO



Irene Ouoba, Regional AMR Programme Coordinator, FAO Regional Office for Africa echoed that AMR is a global challenge to Food and Agriculture as it changes consumer habits, social landscape, increasing population and increases infections and diseases.

OIE



Emphasizing on One Health, **Jane Lwoyero, AMR Technical Officer,** Sub-regional Representation for Eastern Africa, Nairobi highlighted that OIE supports the development and implementation of One Health NAPs and training of focal points for veterinary products. Regarding surveillance, OIE also supports the development and implementation of monitoring and evaluation systems for antimicrobial use such as the Tripartite AMR Country Self-assessment Survey (TrACSS)

WHO AFRO



This was presented by **Dr. Ali Ahmed Yahaya,** the AMR Team Lead/ ARD/ WHO-AFRO. It was entitled 'Status of AMR NAP in the WHO African Region.

He commenced by stating that there is an overall need to strengthen political commitment in WHO African region (47 countries) as some countries had no National AMR plans (2%), 15 countries had the National AMR plans approved by the government while only 6 countries had funding sources identified and are currently being implemented. 5 countries

had the National AMR plan being implemented.

Regarding National systems for monitoring antimicrobial consumption, 18 countries did not have a national plan or system for monitoring and use of antimicrobials while only two countries had an effective monitoring and evaluation system very two years. This M & E ensured antimicrobials data is collected and reported on a national level. AMR multi-sectoral coordination is essential to help implement and monitor AMR NAP. He further reckoned that only a meagre 5 countries had multi-sectoral working groups that are functional, with clear terms of reference, regular meetings, and funding for working groups with activities and reporting/accountability arrangements defined.

In matters IPC, 16 countries had a national IPC programme and operational plan in place. He concluded by noting that there is a tangible linkage between COVID 19 and AMR key interventions. For instance WHO Afro had over 50,000 IPC experts trained on covid-19 IPC implementation. These experts drawn from 47 member states, were trained through virtual and on-site platforms. In summing up, he mentioned that Awareness and understanding of AMR can be achieved through effective communication, education and training. Complying with the Global Antimicrobial Resistance Surveillance System (GLASS) will enhance understanding of the extent and impact of AMR on populations.

AFRICA CDC



Dr. Yewande Alimi, AMR Program Coordinator, emphasized that AMR presents an urgent threat to health, security and economic growth of countries in Africa. Unlike most public health concerns, AMR threat seems distant and unrelatable to the general public.

The AU Framework for AMR Control 2020-2025 aims to: Improve surveillance of AMU and AMR microorganisms; Delay emergence of AMR microorganisms and Limit transmission of AMR microorganisms.

ICARS



Robert Skov, Senior Consultant, Scientific Director focused on implementation research on AMR. He mentioned that every third minute a child dies from sepsis due to antibiotic resistant infections and if nothing is done, there will be 10 million AMR-related deaths by 2050, 9 million of which will be in LMICs.

Some of the main implementation bottlenecks in AMR work include lack of political/policy commitment, lack of local ownership, engagement or behavioural change from stakeholders for several reasons and poor understanding of the consequences of AMR.

CALL TO ACTION 2021 CONFERENCE BRIEFING



Dr. Mirfin Mpundu, Director, ReAct Africa gave a briefing on the third Call to Action virtual conference which took place in November 2021. This conference brought together global AMR stakeholders to deliberate on solutions and invigorate action to tackle AMR.

The parallel regional sessions for Africa, Asia and Latin-America enabled reflection and cross-learning for specific country contexts. One of the main challenges commonly experienced by the three regions include the lack of knowledge about the cost of implementing NAPs which results to lack of buy-in by the finance ministries. There is also no investment case for AMR that has been made at the country level and thus there is no good quality projection on the long-term damage to economies due to AMR. Engaging communities has also been a challenge. Resource mobilization and lack of a permanent secretariat for NAP implementation is hampering efforts in Asia. The environmental sector is not fully engaged in AMR work at the country level. Lastly the inter-ministerial coordination on AMR is still a challenge because of lack of established effective mechanisms in the countries which instead have ad-hoc structures in place.

DAY 2 THEME: FINANCING & PANDEMIC PREPAREDNESS

Linkage – AMR to pandemic preparedness & financing of health emergencies



Dr. Viviana Munoz Tellez, the Coordinator of the Health, Intellectual Property and Development at the South Centre noted that there is a mutual influence between infectious disease emergencies and AMR. Infectious diseases preparedness decreases the incidence of infections and therefore pressure for AMR, while mitigating AMR decreases the risk of infectious outbreaks and provides better chances to contain upcoming outbreaks. Hitherto, extensive discussions regarding what action ought to be taken from the lessons learnt during the COVID-19 pandemic response to ensure that all countries are better prepared to respond to future potential pandemics, were held during the recently held World Health Assembly special session.

Moderated Panel Session: Reflections on AMR/Pandemic PR Financing

The panellists for this session were **David Sutherland**, Acting Coordinator from The Multi-Partner Trust Fund (Under the Tripartite plus UNEP), **Dr Franck Berthe**, One Health Practitioner at the World Bank and **Holly Rhyner-Jones**, Head of the UK Fleming Fund.

THE WORLD BANK



Dr Franck Berthe - The G20 2021 summit revealed that countries are still focusing on response to AMR rather than the cause. In terms of financing of AMR, there is significant financing happening globally and more so in the African region. However stakeholders are working on a country demand-based model instead of creating actual demand. In fact, the issue isn't lack of money but rather the gap between what should be done and what is effectively done on the ground. In March 2020, The World Bank put in place a rapid response mechanism that it has framed as a multifaceted program approach. It comprises of a menu of activities that could be financed by the bank, following the Board's approval as well as the approval of individual country projects. To date, 100 country projects worth 157 billion USD have been supported in the LMIC region. Unfortunately, only few countries (7%) in the project are plugging in the One Health approach and in terms of financing, only 3% is allocated to One Health. The bank is now seizing the moment to steer these engagements through the One Health approach including AMR.

WHO (MULTI PARTNER TRUST FUND)

The MPTF is small and quite insignificant in terms of what it can achieve overall as it is not an investment fund to directly support the implementation of the National Action Plans on AMR. The fund is channeled through the Tripartite and is a joint approach between the Tripartite partners and UNEP. It works at the country, regional and global levels with national governments and concerned stakeholders. It supports the UNEP and the Tripartite to scale up efforts on One Health approaches to AMR.

FLEMING FUND



Holly Rhyner-Jones, Head of the UK Fleming Fund - The Fleming Fund's primary goal is to support countries across Africa and Asia to build AMR surveillance capacity, mainly at the country level via One Health Approach. This is because improving the quantity and quality of data is crucial in enabling countries take action on AMR. Since 2016, the Fund has established over 20 country partnerships and is currently operating in 21 countries and 4 regional hubs. It ensures that their investment supports national systems and focuses on sustainability. The financing model has both country and regional grants. They recognize that in some cases it is important to have the regional reach when looking at some areas of AMR and that it can be particularly beneficial where you have stronger countries in some regions that can support those that may need help.

The second priority is training; the Fund recognizes the cost-effectiveness of training and that when done well, can lead to mentorship and capacity building for others, consequently building on the small initial investment. Another crucial area that the Fund is looking into is that of One Health Financing.

COUNTRY EXPERIENCE IN AMR FINANCING – KENYA



Dr. Evelyn Wesangula, Head, Division of Patient and Health Workers Safety, MoH Kenya mentioned that the NAP was developed using the One Health approach in 2017. In implementing the NAP over the years, the AMR coordinating body realized that it is easier to get funding from external donors when there is effective coordination at the national government level. At the inception, the NAP was non costed hence it was a challenge to define the funding needs and this presented a barrier to getting funding from the line ministries.

Challenges experienced included mismatch between donor priorities and country priorities and inadequate engagement through the decision-making process.

DAY 3 THEME: AMR NAP IMPLEMENTATION IN COVID ERA IN AFRICA

AMR NAP Implementation in the African Region

Dr. Walter Fuller- AMR Technical Officer (Stewardship and Awareness Lead), WHO AFRO elucidated that the critical areas in which WHO AFRO offers support to countries include providing and sustaining governance support for situation analysis of AMR, development and implementation of NAPs on AMR and multi-sectoral coordination. They also provide direction on how to link AMR with cognate strategies such as Joint External Evaluation (JEE), Global Health Security Agenda and SDGs among others, and getting AMR into plans and budgets.

Notable achievement regarding development and implementation of AMR NAPs is that there are currently 38 countries in the AFRO region with NAPs in place, 27 of which are approved by the respective national governments. WHO AFRO's plan is to continue supporting member states to ensure that all 47 countries have NAPs. It also funds awareness campaigns across human health and many other sectors such as environmental and animal. 170 regulators have also been trained to mainstream AMR into regulatory & manufacturing product inspections.

Country presentations

The presenters were:

Nathalie Guessennd, PhD, Head of the National Reference Centre for Antibiotics, Pasteur Institute, Cte d'Ivoire

Dr. Paul Sitawala (DVM), State Veterinarian- Medicines Control and Advisory Services, Directorate of Veterinary Services

Dr Yara Mohsen, Infectious Disease Clinical Pharmacist, Head of the Antimicrobial Stewardship Program at Joint Commission International Accredited Hospital, Egypt

Otridah Kapona, AMR National Focal Point & Coordinator, National Public Health Institute, Zambia

Dr. Caroline Mwanthi, Infectious Diseases Pharmacist, Sultan Hamud sub-county Hospital, Kenya
The five country presentations came from Kenya, Zambia, Egypt, Cote d'Ivoire, and Namibia.

The main challenges in the AMR NAP implementation included

- There was lack of defined roles and responsibilities at all levels of the health pyramid and lack of a national institutional framework for AMR as in the case of Cote d'Ivoire
- Most NAPs were not implementing the One Health fully and the main focus was on human health as in the case of Cote d'Ivoire
- The NAPs have been severely affected by the COVID pandemic and much of the resources have been channelled towards the control of the pandemic as in the case of Namibia
- Increase in inappropriate antibiotic use in COVID-19 patients as in the case of Egypt.

- There is still limited data on AMR in Egypt thus the need for better data collection & utilization remains urgent
- In Zambia, the challenges in the implementation of the NAP are mainly due to resource-constraints often fuelled by competing priorities, inadequate policies and regulatory enforcement, inadequate human and financial resource capacities (including limited microbiological capacity) and lack of partner coordination.
- The facility experiences in Kenya revealed some gaps in AMS and IPC practices. They included: poor knowledge on WHO's Access, Watch & Reserve (AWaRe) classification for antibiotics; poor optimization of empirical therapies-resulting to irrational prescriptions; lack of microbial diagnostics, both clinical and laboratory; lack of surveillance data to measure antibiotic use and quality of prescriptions (important in identifying key AMR problematic areas) and reduced use of reference documents/guidelines on diagnosis and management of infectious diseases and IPC best practices.

The group discussions further revealed that:

- There is lack of proper governance and Coordination for AMR as it depends on the focal point person's professional cadre and expertise.
- There is also need to involve pharmacists (human and animal sectors), CSOs, pupils and students in the implementation of NAPs. Furthermore, the latter group have been seen to be effective agents of change.
- In addition, good governance via an effective governance structure is very important
- Countries should look for areas that provide for leeway to introduce AMR and rational antimicrobial use in to existing programs.
- All health care personnel should have performance contracts as this will promote sustained building of skills and capacity for both AMU and pandemic preparedness
- There is also need for continuous in-service training amongst all health care workers to promote adherence to treatment guidelines with the aim of curbing the rise of AMR.
- There is need for increased and coordinated surveillance by the One Health Ministries / governments.
- There is need for sustained allocation of funds by governments for continued creation of awareness to the general public, on the harmful effects of inappropriate AMU and AMR pandemic.

Closing Remarks

This was done by **Dr. Mirfin Mpundu**, Director, ReAct Africa and **Dr. Viviana Munoz Tellez**, the coordinator of the Health, Intellectual Property and Development at South Centre.

They noted that NAPs are not being implemented effectively; implementation is fragmented, slow and poorly resourced. Although some progress has been made in diagnostics and surveillance there still remains major gaps that need to be addressed urgently. AMR awareness levels are still low in Africa especially at community level. Similarly, monitoring of antibiotic consumption is low. The multi-sectoral coordination for action on AMR remains a challenge as there are no effective mechanisms in place, but ad-hoc structures. The regulations to address consumption and appropriate use are not being enforced and lack of mechanisms to hold people accountable further plague the dire situation. IPC, laboratory capacity and antimicrobial stewardship remain areas that need synergized and concerted efforts.

NAPs are country-owned documents. The way forward to advance the AMR agenda therefore is that prioritization for NAP implementation should be the first step for all countries and priorities should be contextualized. In resource mobilization, there should be inclusion of AMR objective areas in national and sub-national sectors expenditure frameworks, AWP, budgets & performance management systems. Good and effective governance is key to the success of AMR NAP implementation.

DAY 4 THEME: STUDENTS' ENGAGEMENT IN AMR

AMR Leaders Program for Tertiary Students in Africa

This side event was an end of year event to celebrate students who took part in ReAct Africa's AMR Leadership Program for Tertiary students in Africa (AMRLEP). This is an innovative pilot program that seeks to create AAMR champions in the African region by targeting the youth and tertiary level students.

Director's Remarks

Dr. Mirfin Mpundu, mentioned that the organisation considers young people an important and valuable stakeholder in addressing the global health threat of AMR since they are the future generation of public health professionals, antimicrobial prescribers, users, stewards, and policymakers.

The AMRLEP is a flagship program that was conceived by SAS and ReAct Africa. The AMRLEP had three main objectives. The first was to increase AMR knowledge of the targeted students and capacitate them to be AMR leaders both as students and in their career thereafter. The second objective was to establish a sustainable program for engaging students in AMR throughout Africa. The third objective was to inculcate knowledge and skills that are necessary for active and effective contribution in developing and implementing interventions on AMR prevention and control.

One of the programs that ReAct Africa has been piloting in Kenya, the Alforja Educativa, focuses on primary school children from ages 10-15 years. It is currently being piloted in Kisumu and Nyanza counties. This program employs the use of art and drama, amongst other modes of delivery, to communicate and educate these young children on issues around IPC, being good stewards of antibiotics and becoming agents of change in their own communities. This shows that young children can still be involved in AMR advocacy.

Lessons learnt in the AMR Leadership Program for Tertiary Students in Africa

Due to COVID-19 the intervention was planned as virtual and hence attracted students from other countries other than Kenya. The students learnt the importance of working with the available resources (low hanging fruits) to accomplish the set goals. The program's success is credited to the students' creativity, commitment, passion, and vibrant energy.

Thus, there is need for them to be supported in their work on AMR, especially since they are great agents for change. Sustaining efforts is extremely important as this program is just the beginning of the great work ahead.

Students Presentations

The student presenters included:

- Ssenyonjo Rogers, Bachelor of Medicine and Bachelor of Surgery, Busitema University, Uganda
- Lucy Gatitu, Bachelor of Veterinary Medicine (BVM), University of Nairobi, Kenya
- Polikalipo Kagina, Bachelor of Science in Radiation Medication, Muhimbili University of Health and Allied Science (MUHAS), Tanzania.
- Paradzai Innocent Njazi, Bachelor of Science in Nursing Science, University of Zimbabwe.
- Oluwatosin Tolulope Ajayi, Veterinary Medicine, Federal University of Agriculture, Abeokuta, Nigeria.

Some of the crosscutting issues that came out of these presentations include:

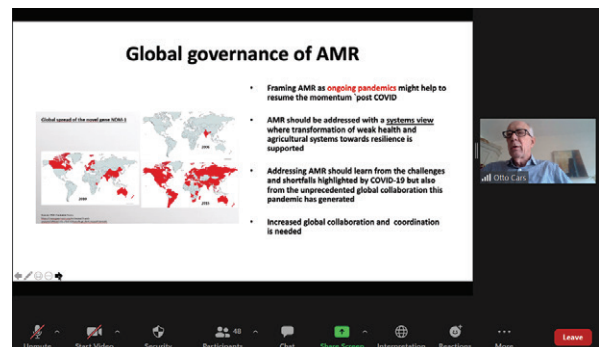
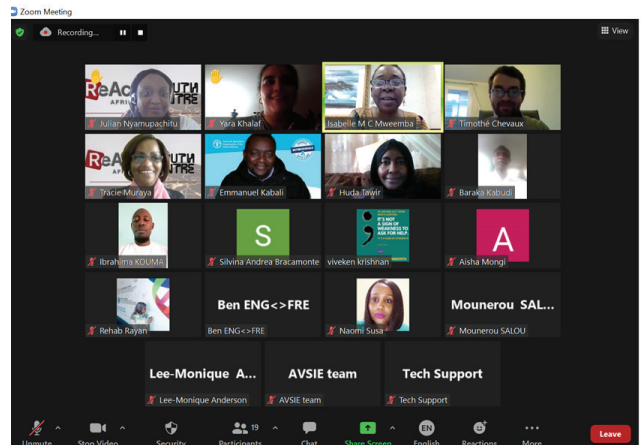
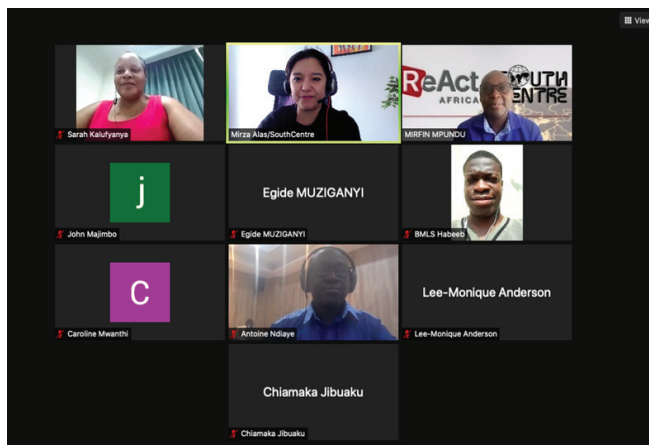
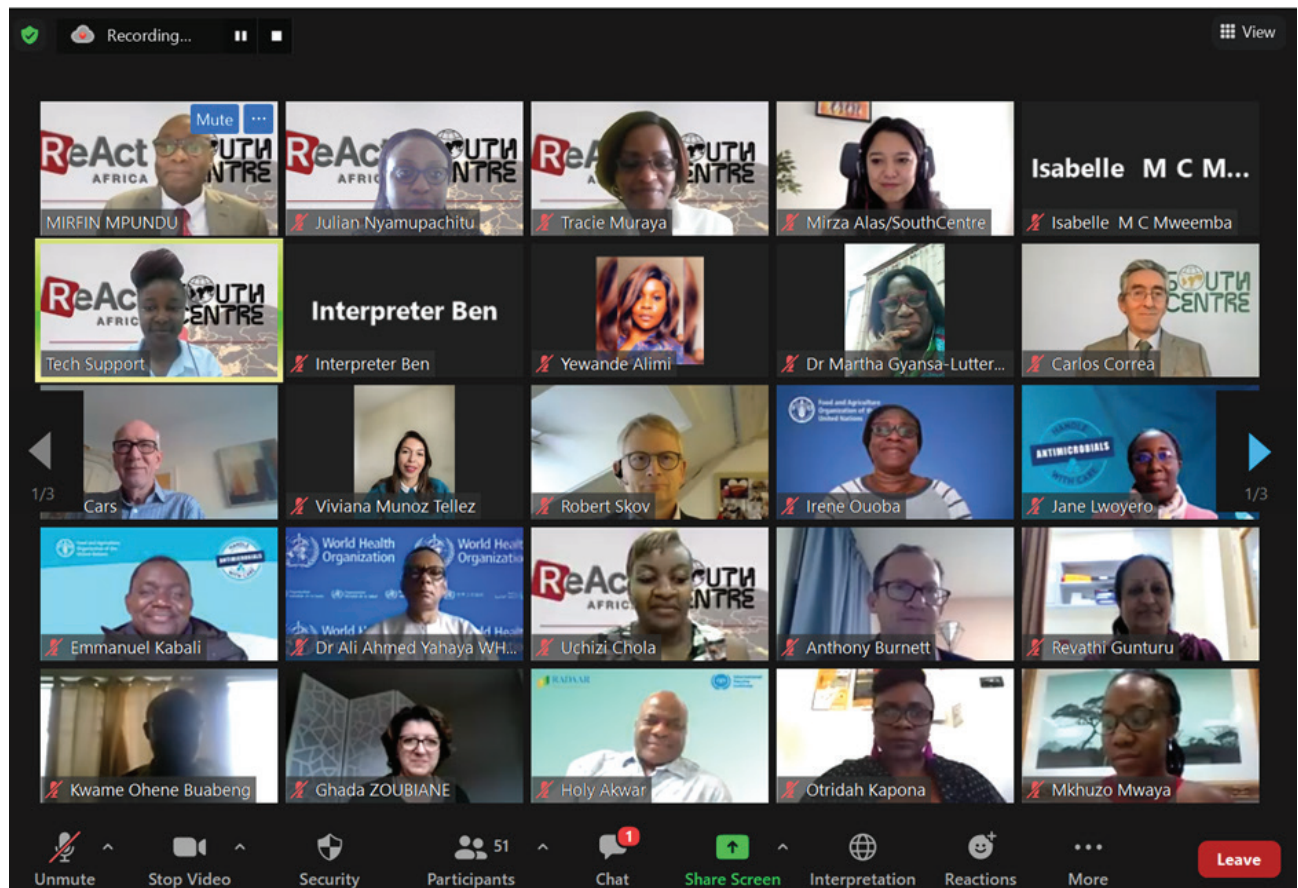
- Knowledge gained from the sessions include importance of the One Health approach, NAPs, leadership skills, personal branding, design and systems thinking, research, project planning, implementation and management.
- In AMR advocacy, there is need for continuous support mainly in publication of articles and research.
- There is need for creativity in AMR community engagement. For example, Polikalipo Kagina of Tanzania organised football matches to engage the community in AMR.
- It is important to target African women in AMR work as women are the primary caregivers in the family and society as a whole.

This side event culminated in the virtual graduation of the students. Several guest speakers were invited including Dr. Yewande Alimi, AMR and One Health Program Coordinator at Africa CDC, Dr. Ismaila Kane, One Health and AMR expert Public-Private engagement at FAO Regional Office and Dr. Philip Mathews, Global Health Researcher, ReAct Asia Pacific. Dr Yewande reminded the graduands that they are the pioneers and trailblazers of this initiative and the future of AMR work in Africa. She charged them to continue being innovative and simplify the AMR language to enable all populations understand the concept and its importance in human beings' existence.

Conclusion and Way forward


- There is need to increase country, regional and global political awareness so as to realize sustained political commitment. Political commitment and community engagement surround and blanket the development and implementation of National Action Plans.
- There is need for joint action in mobilizing resources, integrating programs and continued monitoring and evaluation. This will only happen when the policy makers are cognizant of the importance of AMR as a global health issue.
- There is need for continued and consistent community engagement and empowerment. This requires that the AMR language is simplified to enable the community understand this complex issue and that every person is made aware of their contribution to AMR.


Photos from the Virtual Conference




Recording...

Truly sustainable solutions need







Political will




Ownership throughout the whole stakeholder chain




To be context specific



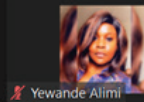
Country capacity



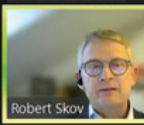
To understand people's behaviour



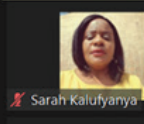
To be cost-effective




Julian Nyamup...
Julian Nyamupachitu




Tech Support
Tech Support



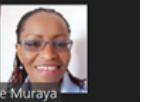
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MIRFIN MPUNDU
MIRFIN MPUNDU



Interpreter Ben
Interpreter Ben




Mirza Alas/Sout...
Mirza Alas/SouthCentre

Unmute Start Video Security Participants 49 Chat Share Screen Pause/Stop Recording Breakout Rooms Interpretation Reactions

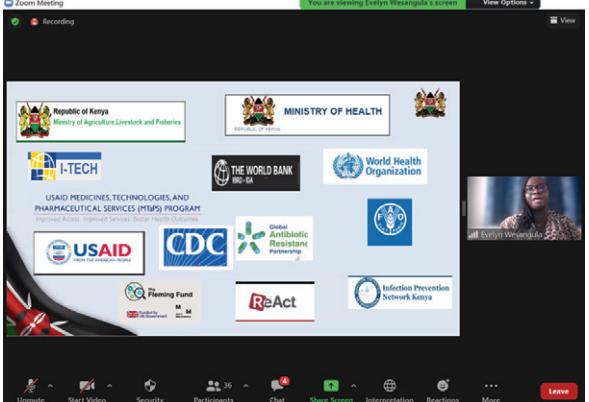
24 of 24 - Clipboard Item not Collected: D to increase available

CROSS-CUTTING ISSUES COVID-19 - AMR

- Global coordination
- Prevention, IPC
- Strengthening health systems
- Surveillance, capacity for sharing data and samples
- Access to medical countermeasures: production, supply, delivery
- One Health approach

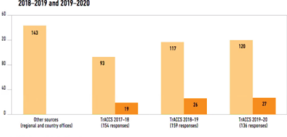


Viviana Munoz Tellez




Status on National Action Plans on AMR

Number of countries that developed AMR NAPs versus those with funded NAPs, 2017-2018, 2019-2020 and 2021-2022




*Of the 27 with funded NAPs: 15 are high-income, 5 are low-middle-income, 6 are upper-middle-income, and 1 is a low-income country.

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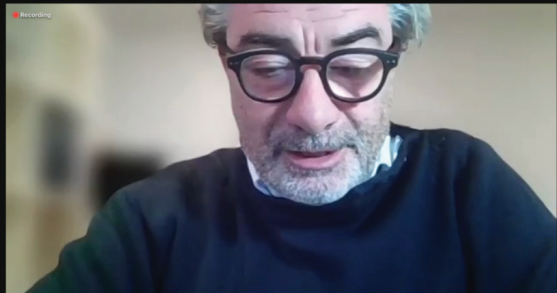
Helle Sogaard



MIRFIN MPUN...

Mirza Alas Por...


Viviana Muno...



MIRFIN MPUN...

Mirza Alas Por...

Viviana Muno...



Conference Agenda



ReAct Africa & South Centre Virtual Conference 2021

Progress achieved on the Global Action Plan on Antimicrobial Resistance and pandemic preparedness in the African Region

30th November – 3rd December 2021

13:00 – 16:00 hrs Central Africa Time (CAT)

Day 1: Tuesday, 30th November 2021

High level opening session

13:00 – 13:05 Participants log in (background video)

13:05 – 13:10 Introductory remarks Moderator: *Mirfin Mpundu, ReAct Africa*

Plenary 1: Official Opening

13:10 – 13:40	Setting the scene <i>Mirfin Mpundu, Director, ReAct Africa</i>	South Centre remarks <i>Carlos Correa, Director, South Centre</i>	Official Opening <i>Otto Carrs, Founder, ReAct</i>
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13:40 – 13:50 Acknowledgment video

Group photo

Plenary 2: High level panel presentations Moderator: *Viviana M. Tellez, South Centre*

13:50 – 15:15	OIE <i>Jane Lwoyero</i>	FAO <i>Irene Ouba</i>	WHO AFRO <i>Ahmed Ali</i>	Africa CDC <i>Yewande Alimi</i>
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ICARS (Implementation research on AMR) <i>Robert Skov</i>	AMR Call-to-Action Outcome (What support or direction was offered to countries?) <i>Mirfin Mpundu</i>
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15:15 – 15:45 Q&A

End of day 1

Day 2: Wednesday, 1st December 2021

Financing & Pandemic Preparedness

13:00 – 13:05 Participants log in (background video)

13:05 – 13:10 Day 1 Recap – *Mirza Alas, South Centre*

13:10 – 13:25	Linkage – AMR to pandemic preparedness & financing <i>Viviana Munoz-Tellez</i>		
Moderated Panel session		Moderator: <i>Helle Aagard, ReAct Europe</i>	
13:25 – 13:35 Overview in AMR Financing			
13:35 – 14:35	World Bank (Reflections on AMR/Pandemic PR Financing) <i>Franck Berthe</i>	WHO (NAP implementation & trust fund) <i>David Sutherland</i>	
	Fleming Fund <i>Holly Rhyner-Jones</i>		
14:35 – 15:00	Moderated/interactive Q&A with audience		
15:00 – 15:15	Country experience in AMR financing – Kenya <i>Evelyn Wesangula</i>		
15:15 – 15:30	Q&A		
15:30 – 15:35	End of day 2		
Day 3: Thursday, 2 nd December 2021 AMR NAP Implementation in COVID era in Africa			
13:00 – 13:05	Participants log in (background video)		
13:05 – 13:10	Day 2 Recap – Tracie Muraya, ReAct Africa		
13:10 – 13:20	Overview of students AMR activities (Julian)		
Plenary 3: Country presentations		Moderator: Tracie Muraya, ReAct Africa	
13:20 – 14:20	AMR NAP Implementation in the African Region <i>Walter Fuller</i>	Cote d'Ivoire (One Health implementation) <i>Nathalie Guessennd</i>	Namibia (Animal health sector) <i>Paul Sitawala</i>
	Egypt (Antimicrobial Stewardship – Human Health) <i>Yara Mohsen</i>	An overview of AMR activities in Zambia <i>Otridah Kapona</i>	Health facility experience (AMS/IPC Integrated intervention – Makueni County, Kenya) <i>Caroline Mwanthi</i>
Q&A			
Break Out Sessions			
14:30 – 15:15	Break out group 1 <i>Topic: Day 1 subtheme/outcome</i>	Break out group 2 <i>Topic: Day 2 subtheme/outcome</i>	Break out group 3 <i>Topic: Day 3 subtheme/outcome</i>
15:15 – 15:20	Health Break (Video)		
15:20– 15:50	Groups' feedback		

15:50 – 15:55	Conference evaluation	
15:55 – 16:15	Way forward/Official Conference closure <i>Mirfin Mpundu, ReAct Africa/ Viviana M-Tellez, South Centre</i> End of day 3	
Day 4: Friday, 3rd December 2021 Students’ engagement in AMR		
13:00 – 13:30	Students’ Side Event	Moderator: <i>Julian Nyamupachitu, ReAct Africa</i>
Highlight of main themes/outcome of the 3-day conference – Tracie Muraya, ReAct Africa		
AMRLEP experience with a focus on WAAW 2021 activities <i>Oluwatosin Ajayi, Federal University of Agriculture, Abeokuta-Nigeria</i>		AMRLEP experience with a focus on the Kenya “My Turn” event <i>Lucy Gatitu, University of Nairobi-Kenya</i>
AMRLEP experience with a focus on community engagement activities <i>Polikalipo Kagina, Muhimbili University of Health & Allied Science-Tanzania</i>	AMRLEP experience with a focus on publishing articles <i>Innocent Njazi, University of Zimbabwe-Zimbabwe</i>	AMRLEP experience with a focus on transitioning from student to professional practice <i>Oluwatosin Ajayi, Federal University of Agriculture, Abeokuta-Nigeria</i>
	Q&A	
	Health Break Video	
14:30 – 15:00	Student Award Ceremony (<i>Guest of honours from regional bodies</i>) <i>see full session’s agenda here</i> Way Forward/ Closing remarks <i>Mirfin Mpundu, Director, ReAct Africa</i>	

