



Annual AMR Conference **Summary Report** **2026**



Background

Antimicrobial resistance (AMR) remains a major global health threat, with low- and middle-income countries carrying a disproportionate burden because of weak infection prevention and control, limited access to water and sanitation, inadequate diagnostics, inappropriate antibiotic use and shortages within the health workforce. In Africa, the response is further constrained by insufficient and largely externally dependent financing for national AMR action plans.

Despite these challenges, African countries are increasingly demonstrating practical, locally led solutions through stronger surveillance, community engagement, digital innovation, improved diagnostics and cross-sectoral collaboration. The 2026 conference was therefore positioned as a platform to build on this progress and promote sustainable, scalable and people-centred AMR solutions that can be institutionalized from community to regional level.



Conference at a Glance

Lusaka, Zambia • 21–22 July 2026

200

Participants

35

Countries

2

Days

12

Main Sessions

1

Pre-Conference

Stakeholder Representation



Governments & national institutions



Academia & researchers



Animal-health, agriculture and environment actors



Youth & faith actors



Regional & global organisations



Health professionals



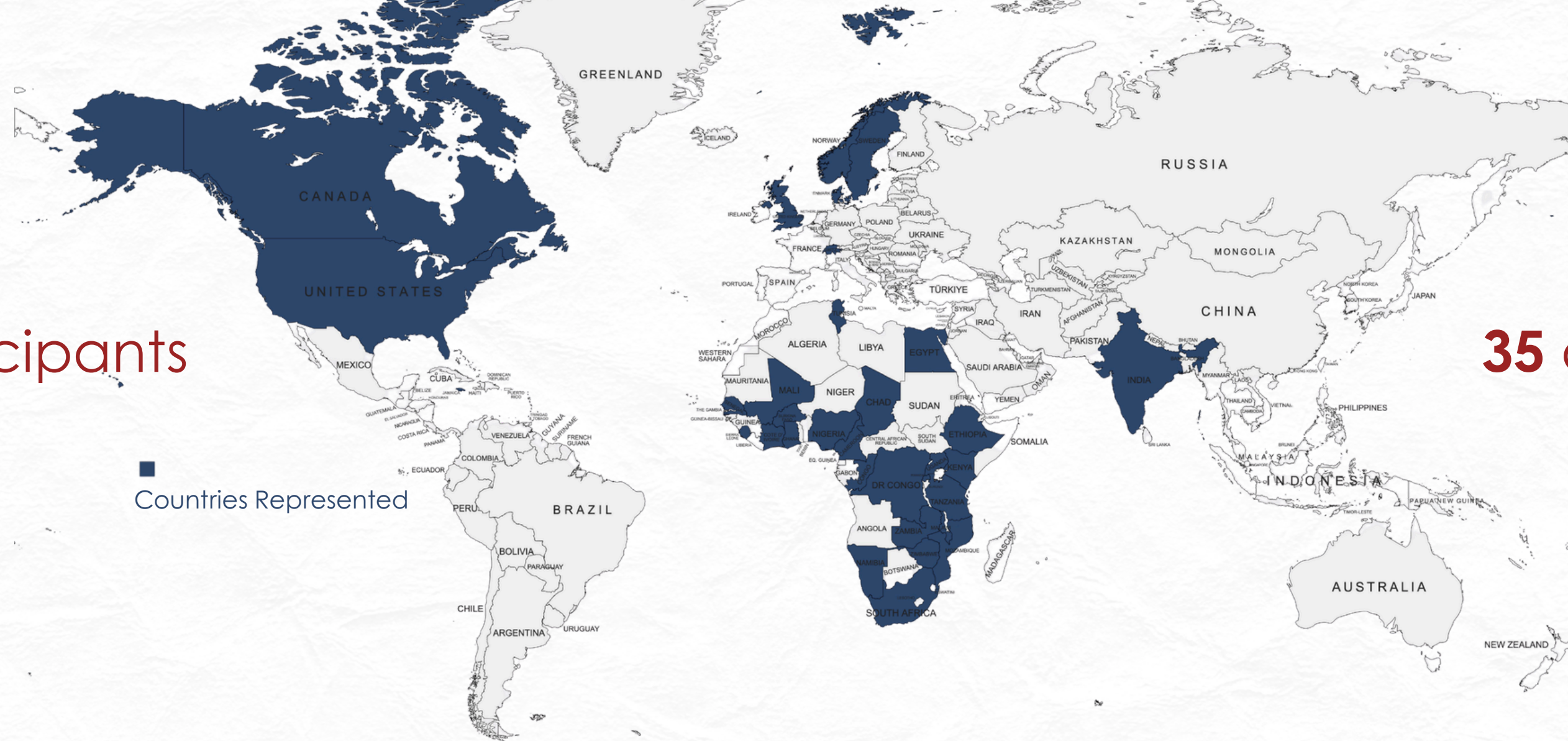
Civil society & communities



Development partners

200 participants

35 countries



Purpose of the Conference

The ReAct Africa Annual AMR Conference 2026 took place on 21–22 July in Lusaka, Zambia, under the theme “Africa Leading the Way to Institutionalising Pragmatic People-Centred AMR Solutions from Grassroots to Regional Level.”

The conference aimed to shift Africa's AMR narrative from challenges to actionable solutions, showcasing Africa's leadership in developing sustainable and adaptable approaches. It also sought to broaden AMR engagement beyond technical experts by involving stakeholders whose policies, decisions, professional practices and lived experiences shape the AMR response.



Objectives

1

Advance institutionalisation of effective AMR interventions within health systems, community platforms and One Health structures, so successful approaches become part of routine systems rather than dependent on individual projects

2

Showcase pragmatic, Africa-led models that have demonstrated feasibility in real-world settings and can inform adaptation and scale-up across countries.

3

Connect grassroots implementation with national and regional decision-making, ensuring lessons from facilities, communities and frontline actors inform policy, financing and accountability



Objectives



4

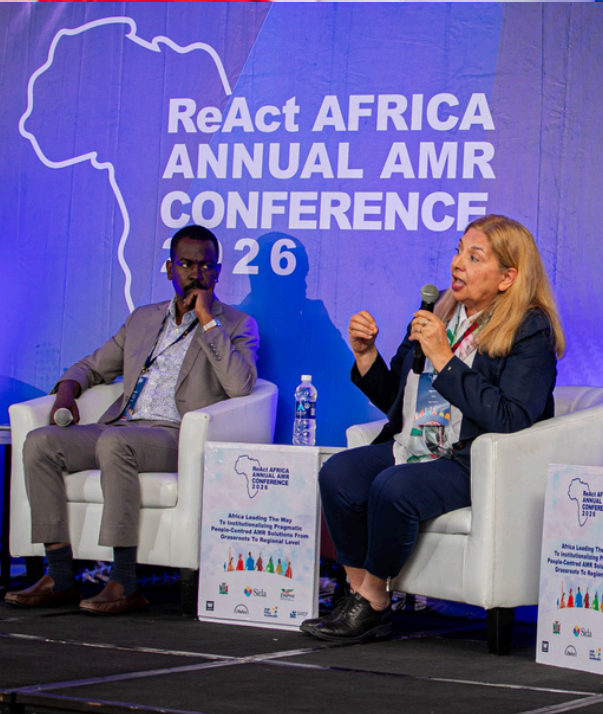
Strengthen One Health collaboration across human health, animal health, agriculture, food systems, the environment and communities, with greater emphasis on joint implementation and shared accountability

5

Mobilise political commitment, financing and partnerships to move priority interventions from plans and pilots into sustained implementation.

6

Promote innovation, equity, local leadership and people-centred approaches as essential elements of an effective and sustainable AMR response.



Conference Agenda Overview

The Conference featured a comprehensive two-day agenda designed to connect high-level political commitments with practical, country-led and community-responsive implementation. The programme combined plenary presentations, moderated panel discussions, country case studies, parallel technical tracks, breakout sessions, poster presentations, closed partner meetings and question-and-answer sessions. A closed pre-conference Knowledge Exchange and Partners Forum on AMR was also held on 20 July 2026.

Day One focused on assessing Africa's progress in translating global AMR commitments into national action. Following the official opening and partner remarks, discussions examined the continent's progress, remaining gaps and urgent priorities, alongside country experiences across human health, animal health, agriculture and the environment. The programme also addressed support for achieving global targets, governance and accountability mechanisms, sustainable financing and the role of poster presentations in showcasing practical One Health interventions.



Conference Agenda Overview

Day Two accelerated the conference's shift from dialogue to delivery, spotlighting concrete pathways for strengthening Africa's AMR response. Sessions generated actionable insights on health-workforce capacity building, parliamentary engagement, R&D acceleration, digital innovation, improved access to antimicrobials and diagnostics, stronger primary healthcare integration, enhanced surveillance, and more effective IPC, WASH and stewardship practices.

Emerging technologies, particularly artificial intelligence and early-warning systems were positioned as enablers of faster detection, smarter decision-making and more resilient health systems. Survivor testimonies and frontline perspectives further grounded the programme in real-world system needs and accountability.

The final sessions focused on translating people-centred AMR approaches into institutionalised, continent-wide practice. Participants identified practical roles for young people, faith-based organizations and vulnerable communities in driving sustained change. The closing high-level panel consolidated priority actions, strategic partnerships and coordination mechanisms required to strengthen Africa-led, sustainable AMR responses setting a clear direction for implementation beyond the conference.



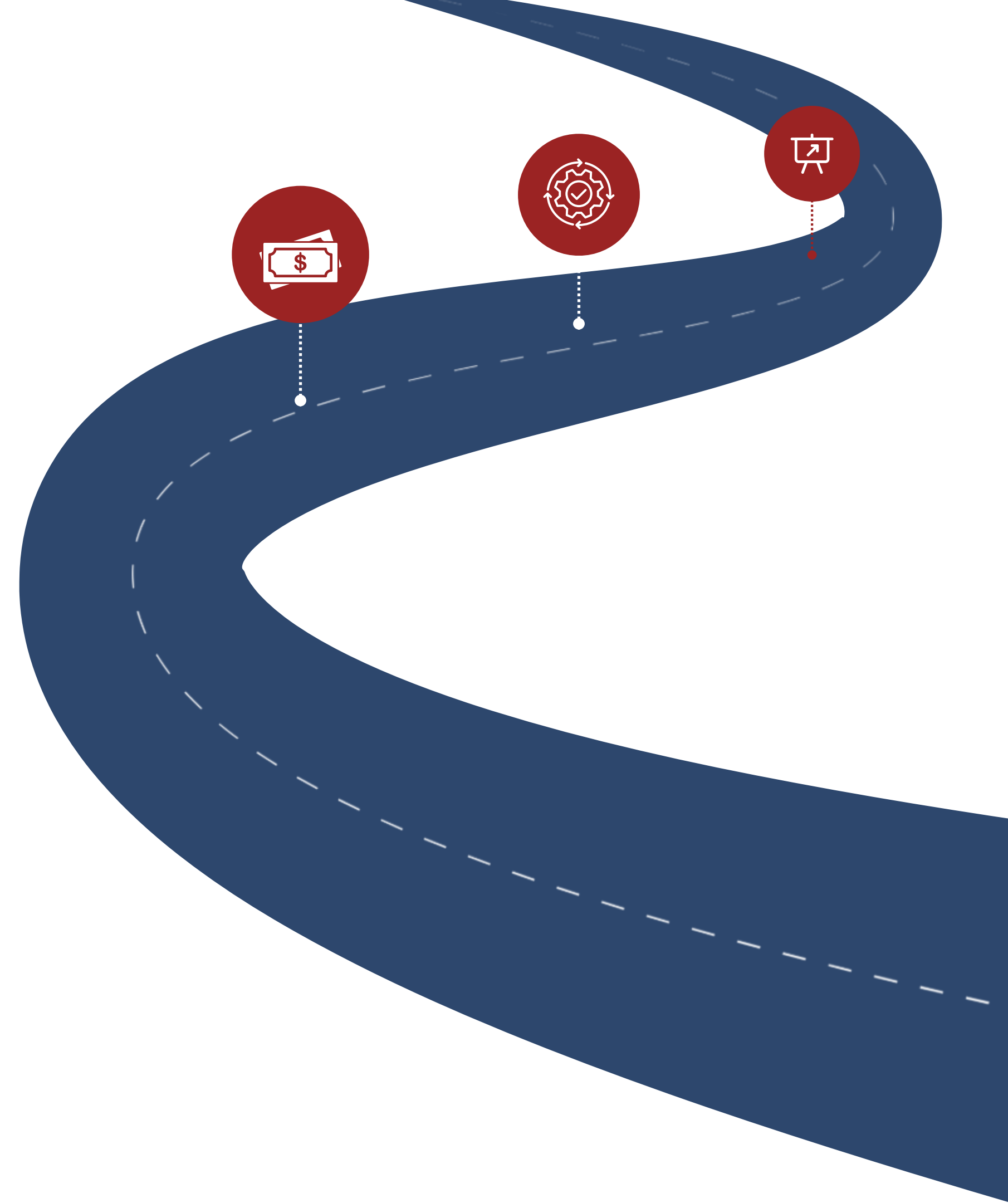
Key Takeaways

The conference identified six priorities for the way forward:

01 **Prioritise** a realistic set of high-impact interventions within national AMR plans.

02 **Institutionalise** responsibilities within routine systems and formal institutional mandates.

03 **Finance** implementation through domestic budgets, investment cases and existing financing mechanisms.



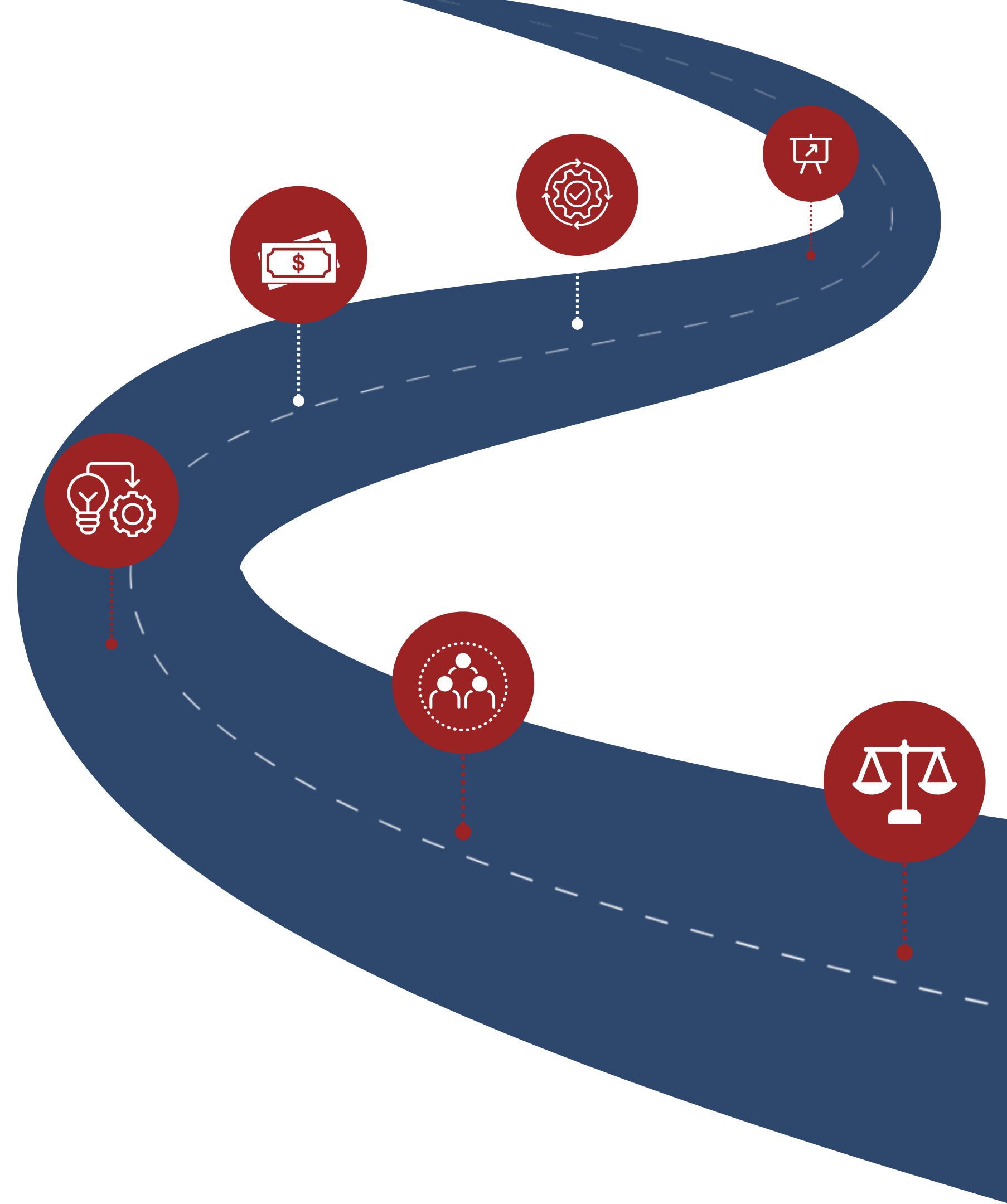
Key Takeaways

The conference identified six priorities for the way forward:

04 **Implement** integrated interventions across prevention, diagnostics, surveillance, stewardship and access.

05 **Include** communities, frontline workers and vulnerable groups in decision-making and implementation.

06 **Measure and scale** proven approaches using evidence, accountability mechanisms and regional peer learning.



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