Status of AMU/AMS activities in the African Region

Workshop on Vaccination and Alternatives to Antimicrobials for English Speaking Africa

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Presentation outline

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GLASS AMR and AMC enrollment

Out of the

45

countries
enrolled in
GLASS

25

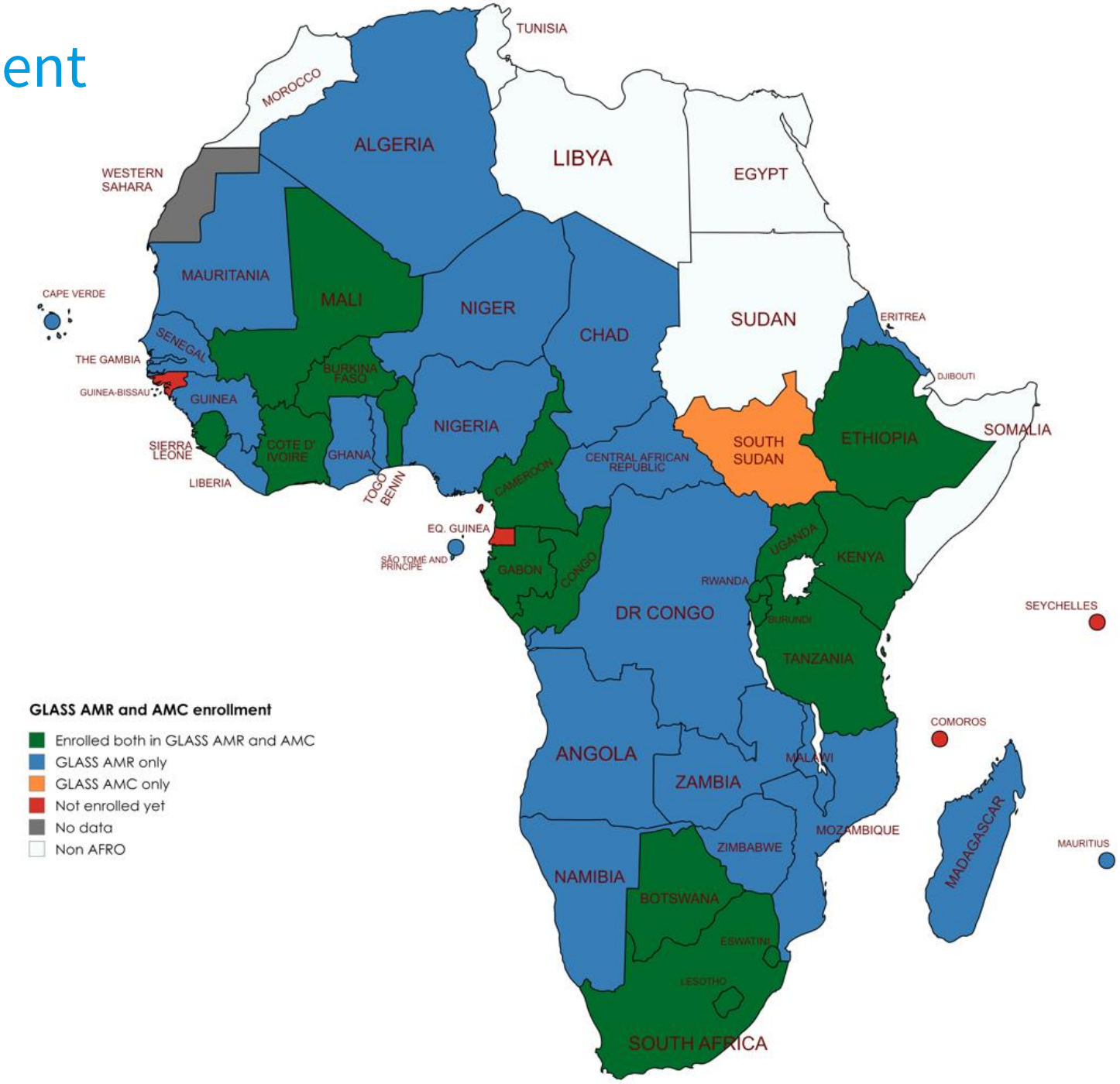
countries
are enrolled in
GLASS AMR only

1

country
is enrolled in
GLASS AMC
only

19

countries
are enrolled both
in GLASS-AMR
and GLASS-AMC



WHO Methodology for the surveillance of antimicrobial consumption (AMC) at national level

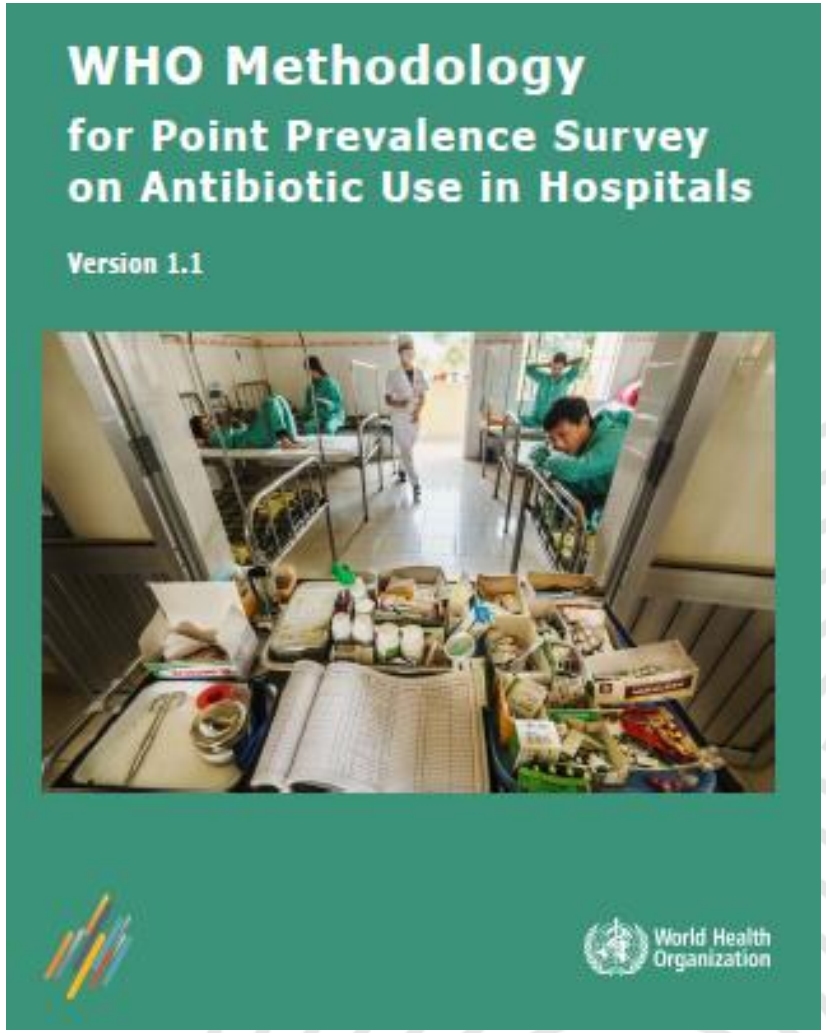
- AIM: Common methodology to measure consumption of antimicrobial medicines

18

countries capacities strengthened in monitoring antibiotic use in hospitals

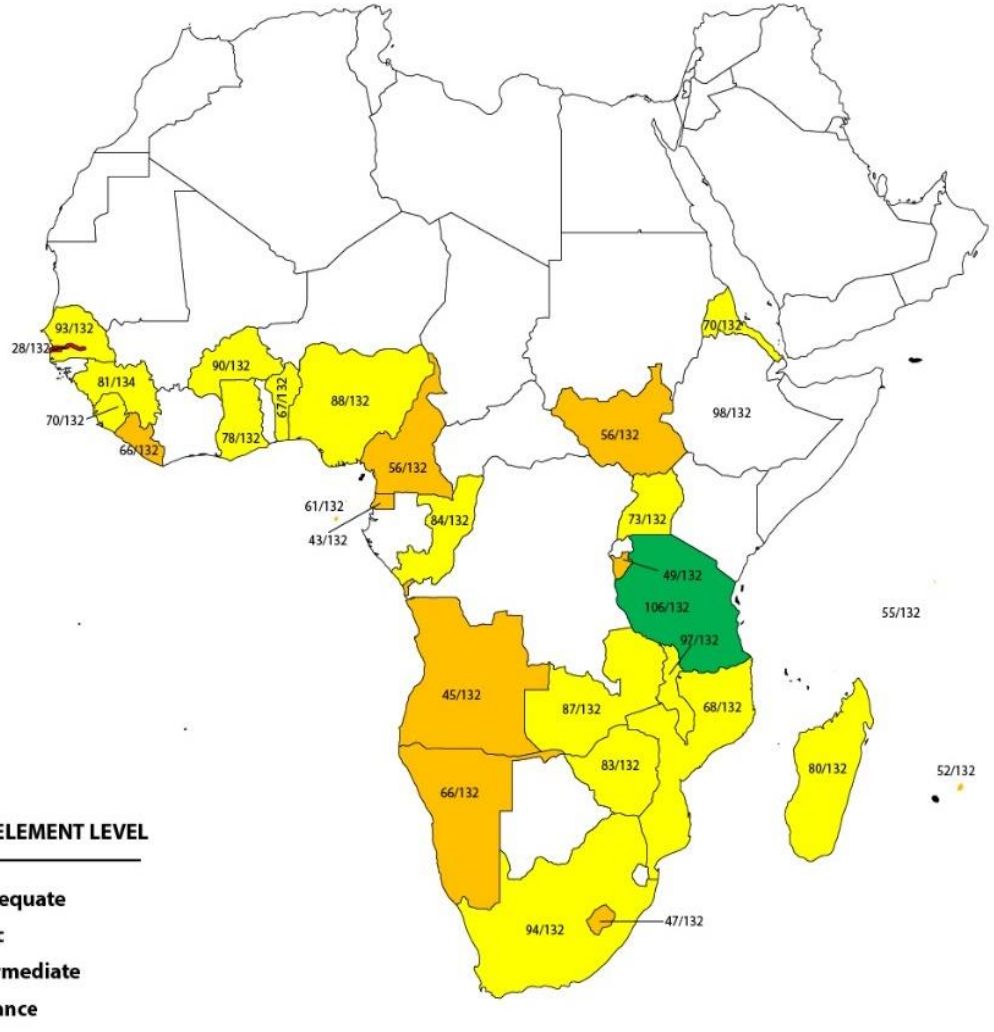
15

countries supported in point-prevalence surveys on antimicrobial use
in hospitals

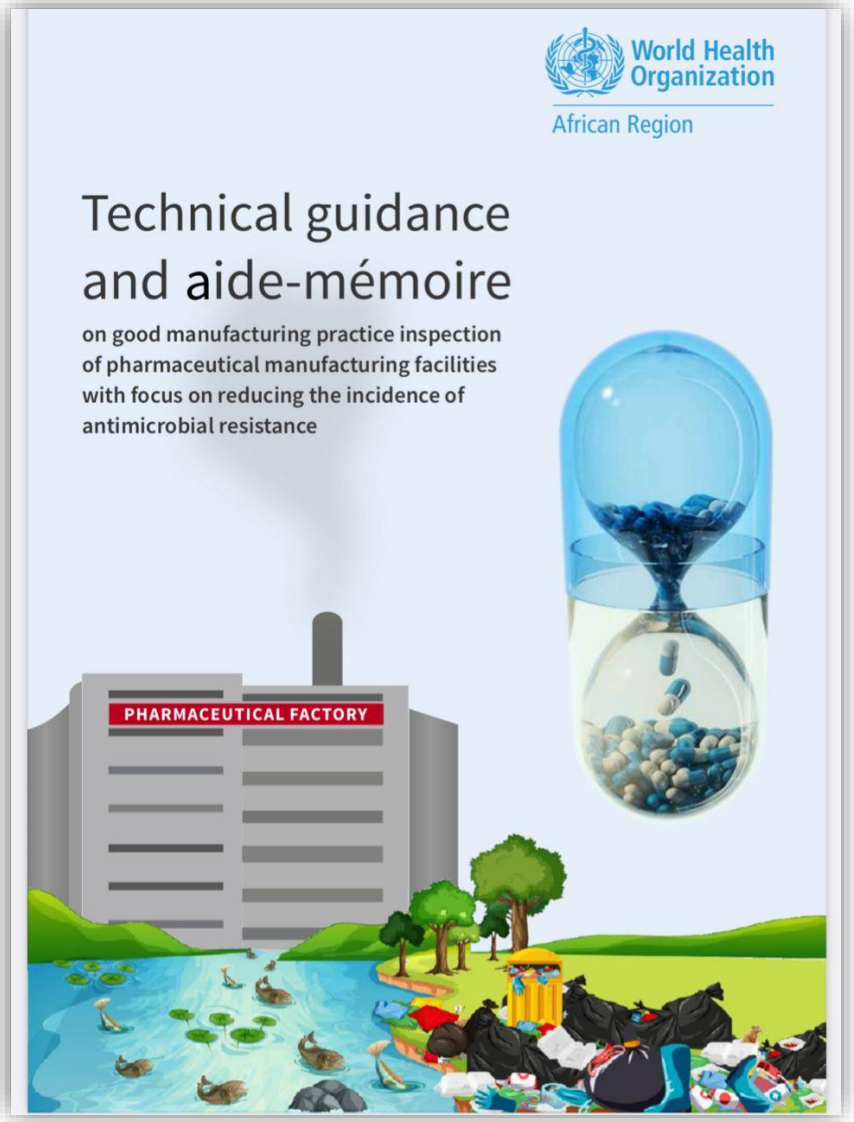


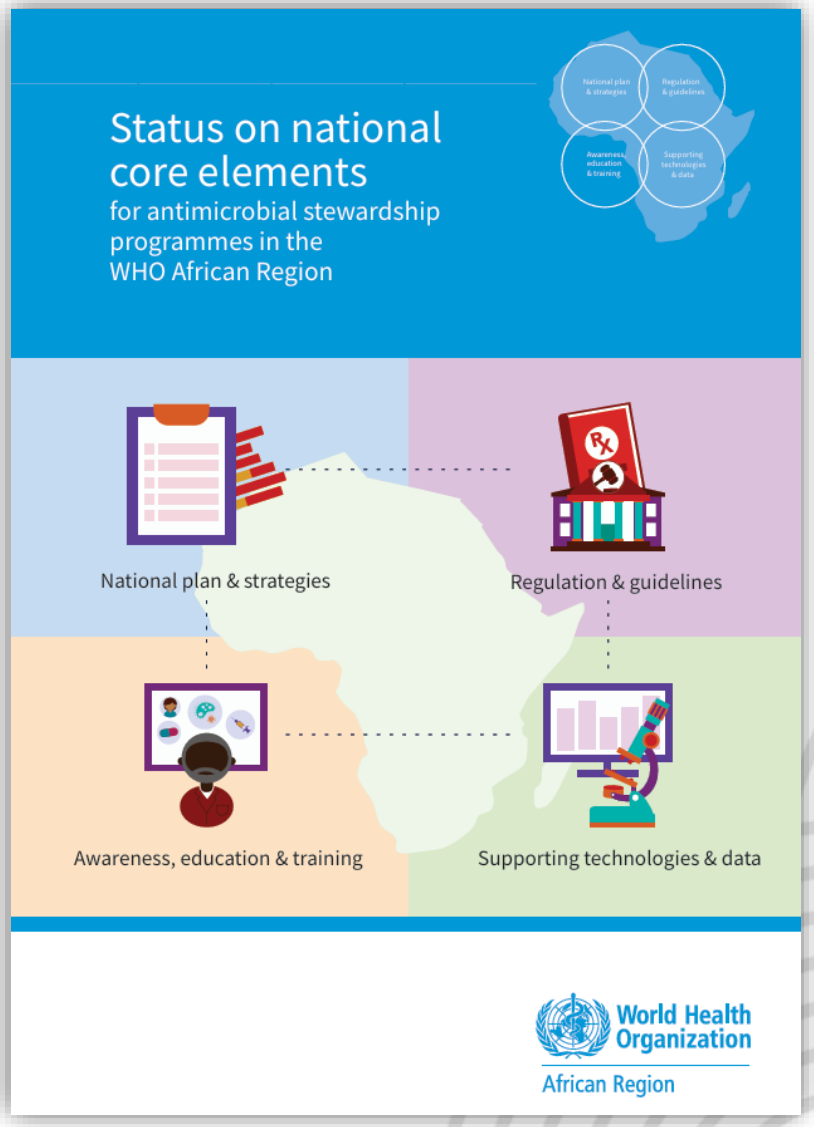
Assessment of national core elements of AMS

NCE	Tanzania	Uganda	Zimbabwe
National plans & strategies	41/44	26/44	24/44
Regulations & guidelines	42/52	26/52	39/52
Awareness, training & education	17/28	13/28	14/28
Supporting technologies & data	6/8	8/8	6/8
Final Score	106/132	73/132	83/132
AMS Core element level	Advanced	Intermediate	Intermediate



Norms, Standards and Tools





What are Member States Doing?

- Some countries conduct small scale surveys (mostly as part of research activities) on AMU
- A number of countries gather import and export data (by Medicine Regulatory Boards & Veterinary services) used as a proxy for AMU/C
- Some countries such as Tanzania, Uganda, Ghana, Nigeria, Burkina Faso, Senegal and Zambia are at different stages of AMR/AMU surveillance systems
- Majority of African countries have medicine policies emphasizing rational AMU in humans.
  - Burkina Faso, Ghana, Nigeria, Ethiopia, Uganda, Kenya, Tanzania, South Africa and Zambia have policies/guidelines addressing antimicrobial use in animal, food and agricultural systems using a One Health approach (Mshana, Stephen E., et al. 2021)

Technical Support to Member States

1. Strengthening National Policies and Regulatory Frameworks

Antimicrobial Stewardship Policies:

Support member states to develop and implement national AMS strategies, guidelines, and policies that align with global/regional recommendations (e.g., WHO's Global Action Plan on AMR, AFRO AMR Regional Strategy).

Regulation and Enforcement:

Help establish or strengthen national regulatory frameworks to control the sale, distribution, and prescription of antimicrobials, particularly over-the-counter sales and improper prescribing.

Legislative Support:

Provide guidance on developing legislation that mandates AMS practices in healthcare facilities, including the creation of national AMR/AMS committees.

Technical support to Member States on AWaRe Categorization

1. **AWaRe and National EML**: Support Member States to incorporate the AWaRe categorization when updating national EML. This can impact the procurement of antibiotics from the AWaRe list based on certain proportions for use by the public health system and healthcare facilities.
2. **AWaRe and Treatment Guidelines**: Support Member States to incorporate the AWaRe categorization and list into its infectious diseases treatment guidelines that are updated every 2/5 years years. This will ensure optimal use by healthcare professionals.
3. **AWaRe and Pharmaceutical Regulations**: How to use the AWaRe list for tightening the over-the-counter (OTC) sales of certain antibiotics, especially, the "Watch" and "Reserve" groups of antibiotics. Goal here is not to limit access but to ensure that we have systems to ensure appropriate use, registration and importations of certain classes of antibiotics.
4. **AWaRe and education/ training of Pharmacists and healthcare workers**: Education of pharmacists and healthcare workers and students on the AWaRe list and classification. Can positively impact prescription-based and OTC sales of certain antibiotics.
5. **AWaRe and Global targets**: Advocate/promote for UNGA proposed target for tracking national consumption of antibiotics –" ≥ 70% of national consumption from "Access" group antibiotics."

Technical Support to Member States

2. Establishing Healthcare Facility-Based AMS Programs

Capacity Building for Health Facility Multidisciplinary Teams:

Offer training programs to build the skills of healthcare professionals, including doctors, pharmacists, and nurses, on effective antimicrobial prescribing practices and stewardship principles.

Stewardship Guidelines and Tools:

Provide member states with tools and guidelines for local implementation, such as antimicrobial prescribing protocols, infection control practices, and education materials.

Clinical Audits and Feedback:

Support the establishment of clinical audit systems and provide feedback mechanisms to monitor antimicrobial prescribing patterns, ensuring appropriate use in hospitals and clinics.

Optimizing use of antimicrobial medicines

05

❖ 31 countries responded to National Antimicrobial Stewardship assessment survey using the WHO AMS assessment tool

❖Mainstreaming AMR in Product Manufacturing & regulatory Inspections

❖Antimicrobial Stewardship Regional Webinar Series –strengthen AMS implementation in the region-2022, 2023, 2024, & 2025

❖AMS training modules piloted in 4 countries & used in at least 3 countries for capacity building

05

❖Capacity strengthening of experts from 33 member states: more than 270 national experts trained AWaRe Categorization

❖ 32 (68%) countries have integrated Aware Categorization into the national essential medicines list/ formulary

❖Establish national / regional treatment guidelines for infectious diseases using AWaRe

❖8 (17%) countries have developed national antimicrobial stewardship implementation policy

❖40 countries have laws/regulations on prescription and sale of antimicrobials for human use.

Technical Support to Member States

3. Building National Surveillance Capacity

Data Collection Systems:

Support the development of robust, real-time surveillance systems for antimicrobial use (AMU) and antimicrobial resistance (AMR), ensuring high-quality data on both human and veterinary usage.

Human Resource Capacity Building:

Provide training to health ministries and relevant agencies in data collection, data management, and data analysis, enabling them to generate actionable insights from AMU and AMR surveillance data.

Interoperability:

Facilitate the integration of AMU surveillance systems with national health information systems to monitor trends, assess interventions, and track progress toward national and global AMR goals.

Technical Support to Member States

4. Capacity Building in the Use of Surveillance Data

Data Interpretation and Policy Application:

Train national public health officials and policymakers on how to interpret AMU and AMR data and use it to guide evidence-based decision-making and improve AMS programs.

Feedback Mechanisms:

Establish systems for feedback of AMU data to healthcare workers and administrators to foster accountability and continuous improvement.

Technical Support to Member States

5. Monitoring and Evaluation of AMS and AMU Interventions

National and Regional Impact Assessments:

Support countries in evaluating the impact of AMS and AMU surveillance programs through regular assessments and outcome evaluations, helping to identify gaps and areas for improvement.

Development of Key Performance Indicators (KPIs):

Help countries set up KPIs for both AMS and AMU surveillance programs, providing a basis for monitoring the effectiveness of implemented strategies and policies.

Technical Support to Member States

6. Providing Financial and Technical Support

Resource Allocation:

Assist member states in securing funding for the implementation and sustainability of AMS and AMU surveillance programs, through both national and international channels.

Technical Assistance:

Provide ongoing technical assistance, including expert consultations, to ensure that countries are equipped with the knowledge and resources to implement and sustain AMS and AMU surveillance systems.

Conclusion

There is need for Practical, impactful and context-specific, technical support to ensure member states receive the tools, training, and frameworks necessary to address AMR effectively within their healthcare systems and across different sectors.

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