

Subregional Workshop on Antimicrobial Resistance (AMR) in Aquaculture

Durban, South Africa

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WHO AFRO-Regional perspective on AMR: Development and Implementation of AMR National Action Plans

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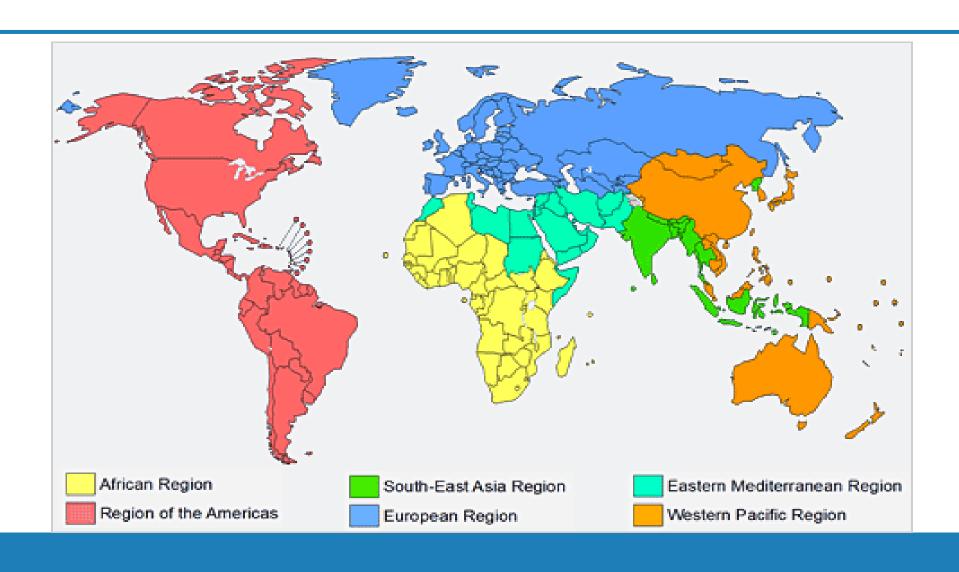
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WHO/AFRO – BRAZZAVILLE, CONGO

Presentation outline

- Introduction/Context :
- WHO GPW13, Global & Regional Priorities
- Challenges in Africa
- WHO AFRO regional perspective
- Summary
- Conclusion

WHO Regions



WHO Africa Region

AFRO regional office is in Brazzaville and has 3 AFRO Inter country support teams (IST) - offices in Harare, Libreville and Ouagadougou

- Eastern and Southern Africa(ESA) -20 countries: Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.
 - 15 countries of Eastern Africa are covered by IST ESA
 - 1 country is covered by CA(Burundi)
 - 4 are not covered by AFRO(Djibouti, Somalia, Mayotte, Reunion)
- Central Africa (CA)-10 countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Republic of Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, and Sao Tome and Principe.
- West Africa 17 countries: Algeria, Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo



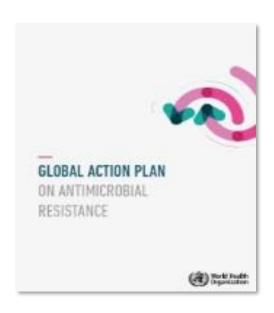
GAP endorsed by three resolutions

- **68th World Health Assembly** (May 2015):Adoption of the Global Action Plan (GAP) on antimicrobial resistance (FAO and OIE contribution)-Resolution 68.7
- 83rd World Assembly of the OIE Delegates (May 2015)-Resolution No. 26 on AMR: "Combating Antimicrobial Resistance and Promoting the Prudent Use of Antimicrobial Agents in Animals"
- 39th Food and Agriculture Organization (FAO) Conference (June 2015)-Resolution 4/2015 on AMR "Antimicrobial Resistance in food, agriculture and the environment



Global Action Plan's 5 Strategic Objectives

- 1. Improve awareness and understanding
- 2. Strengthen knowledge through surveillance & research
- 3. Reduce the incidence of infection
- 4. Optimize the use of antimicrobial medicines
- 5. Ensure sustainable investment in R&D

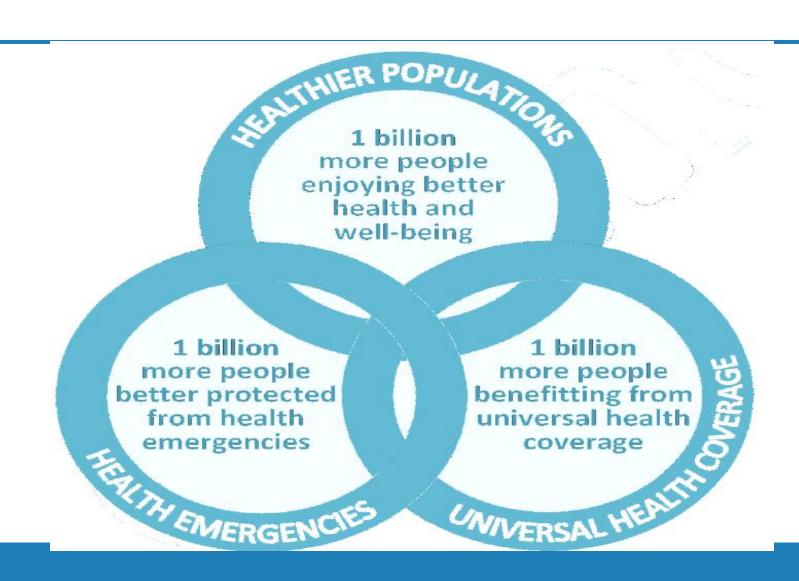


Global and Regional Priorities

WHO's 13th General Program of Work (GPW).

Focused on the SDGs, UHC & WHO Impact Framework; By 2023

- UHC coverage 1 billion more people with health coverage
- Health emergencies 1
 billion more people made safer
- Health priorities 1 billion lives improved



AMR Threatens SDGs Critical to Development



AMR strikes hardest on the poor

- Rate of resistance is high
- → Lack of affordable treatment
- → Poor infection prevention



Antibiotic residues from hospitals, pharmaceutical companies and agriculture contaminate the water



Untreatable infections in animals threaten sustainable food production for our population



*Cumulative costs of AMR is predicted to be US \$120 trillion by 2050



Antimicrobials are fundamental components of all health systems



It is crucial to balance access, innovation and conservation of antimicrobials to contain AMR



All of which require multi-stakeholder partnerships

*World Bank Group Report on Drug-Resistant Infections (March 2017)



SDG 3 includes a commitment to achieve **UHC** by the year 2030. This implies significant increases in access to healthcare, and prevention of infectious diseases with including treatment of infections.

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« Ensuring as long as possible continuity of successful treatment of infectious diseeases effective and safe medicines.... »





IMPACT HEALTHY LIVES AND WELLBEING SDG 3 goal FOR ALL AT ALL AGES **OUTCOMES UNIVERSAL HEALTH** OTHER SDGS HEALTH **Essential services** COVERAGE **INTERVENTIONS** utilization 1. Poverty 8. Econ growth Essential services availability 2. Nutrition Essential services coverage 4. Education 5. Equality 16. Inclusiveness 6. Clean water 17. Partnerships **OUTPUTS** Health system **RESILIENCE IN** performance **ACCESS TO QUALITY OF DEMAND FOR ESSENTIAL ESSENTIAL ESSENTIAL ESSENTIAL** SERVICES SERVICES **SERVICES SERVICES PROVISION** INPUTS / NATIONAL AND SUB NATIONAL **SERVICE DELIVERY SYSTEMS**

PROCESSES

Health system building block investments



HEALTH **INFRASTRUCTURE** **MEDICINES, PRODUCTS** & SUPPLIES

HEALTH WORKFORCE

HEALTH GOVERNANCE

The Actions Framework

By 2030:

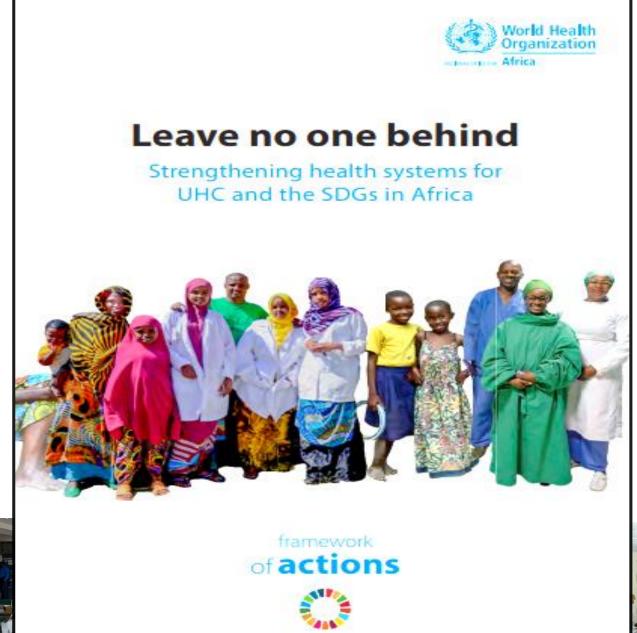
SERVICE SATISFACTION

at least 80% of Member States will have health systems that are performing optimally* for effective delivery of essential package of health and related services.

all Member States will have at least 80% of their populations utilising the identified essential package of health and related services

all Member States will have in place and be implementing the investments plans needed to align their health systems to the SDGs

Moving forward with actions







Challenges



Challenges to Addressing AMR in the African region

- High burden of Communicable diseases (respiratory tract infection, diarrhoea and HIV/AIDS).
- More than 40% of countries do not have AMR data.
- Recurrent disease outbreaks and other public health emergencies, antimicrobial resistance is a health security threat in the WHO African Region.
- Millions of people in Africa lack equitable access to healthcare and effective antimicrobial medicines, or are impoverished as a result of health spending*.
- Weak regulatory systems, weak governance and procurement systems and unscrupulous distributors created fertile ground for proliferation of substandard and falsified medicines in many African countries.
- Poor collaboration at regional and subregional level which negatively impacts the fight against AMR



Challenges of AMR in the African region(2)

• People can buy these from street corners and markets, taking enormous risks for health, jeopardising global health security, and draining economies.







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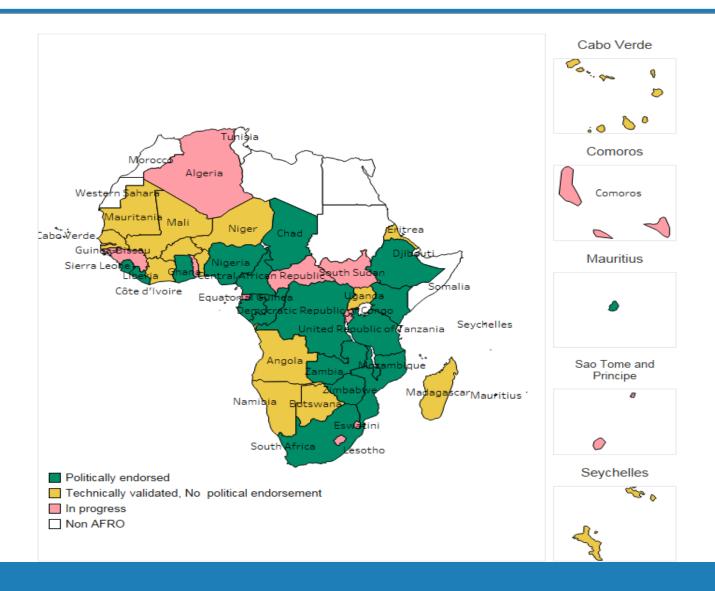
Strategies in place aim to ensure:

- 1. All countries have essential capacity to implement **national action plans**, to monitor, prevent and reduce infections caused by AMR
- 2. Appropriate use and availability of antimicrobial medicines in human health and food production settings as a contribution to improving access to and maintaining effectiveness of treatment
- 3. High level **political commitment** sustained and effective **coordination** at the regional level to combat AMR in support of the SDGs

Development of National Action Plans

- Capacitate and sustain governance support for
 - Situation analysis
 - Development of National Action Plans under "One Health" approach
 - Multisectoral coordination
 - Links with JEE & global health security agenda
 - Getting AMR into plans and budgets
- 33 countries have developed National Action Plans for AMR using the "One Health" approach; 18
 AMR plans have already been approved by national authorities.
- Monitoring using existing systems and indicators where possible
 - Annual Tripartite Country AMR Self-assessment Survey

Progress of NAPs-November 2019



Implementation of National Action Plans

- 1. Awareness, Education & Infection Prevention Control (IPC)
- 2. Strengthening medicines regulatory systems
- 3. Strengthening surveillance and data availability and rational use
- 4. Partrneship and collaboration



Raising Awareness, Education and IPC

- World Awareness Antibiotic Week (WAAW); Hand Hygiene campaigns
 - Dissemination of awareness material
 - Sensitization of journalists
- Awareness campaigns—public, policy makers, Human, Animal, Environment & agricultural sectors.
 - Nigeria: DRASA Foundation; Pilot project across 10 secondary schools in Lagos which focuses on young boys and girls ages
 10-18 and uses basic knowledge of AMR and IPC to understand the antecedents of behaviour change. Ogun State is Next.
- Training and dissemination of IPC tools and guidelines
- Monitoring of Hospital Acquired infections(HAIs):
 - Madagascar: launching a project in Madagascar (support from Robert Koch Institute, Germany)
- DRASA: Dr. Ameyo Stella Adadevoh



Strengthening medicines regulatory systems

Requires political leadership:

■ AFRO convened a high level side event during the UN General Assembly in September 2018 which drew together the governments and leadership of 12 countries in support of quality medical products in the African Region.

To strengthen regulatory capacity:

- WHO AFRO and the African Union spearheaded the establishment of the African Medicines
 Agency which will enhance regulatory system strengthening.
- WHO has trained over 300 African regulatory personnel to strengthen the ability of regulatory authorities to prevent, detect and respond to **substandard and falsified medical products**.
- 34 countries have quality control laboratories in place; 21 of them are involved in market surveillance.



Strengthening medicines regulatory systems

- Strong collaboration with IGAD, EAC promoting harmonization
 - The EAC sub-region is successfully implementing the African Medicines Regulatory Harmonization initiative (AMRHI). The regulators in the 6 countries collaborate through harmonized regulatory tools, joint inspections, information-sharing and exchange of expertise.
- WHO has developed an external benchmarking tool for assessing the capacities and needs of regulatory systems to determine their maturity level, and to address gaps through a joint development plan
 - An external evaluation conducted in November 2018 confirmed that Tanzania Food and Drug Authority had achieved the optimal maturity in medicines regulation.
 - Other countries including Kenya are developing comprehensive legislation to ensure better functioning of the regulatory systems, including for antimicrobials



Strengthening surveillance and data availability

- Establishment/reinforcement of national surveillance systems, diagnostic and laboratory quality assurance capacities
 - 19 countries are enrolled into the WHO Global AMR Surveillance System (GLASS)
 - Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA)
 - External Quality Assurance(EQA) for Microbiology Laboratories re-initiated and aligned with GLASS
 - Capacity building of reference laboratories on Integrated Surveillance of Foodborne diseases and AMR (8 countries)
 - 5 countries are implementing AMR integrated surveillance projects on AMR (across human, veterinary/food sectors and the environment): Ghana, Madagascar, Zambia, Zimbabwe and, Senegal



Strengthening surveillance and data availability(2)

- Regional trainings to monitor antimicrobial consumption/use to support the establishment of antimicrobial stewardship programs that promote the optimal use of antimicrobials in line with international standards.
 - **AMC**-Experts from 33 countries trained , 8 countries supported for national surveys; 7 submitted data; the first WHO report on surveillance of Antibiotic consumption was launched in November 2018.
 - **AMU**-20 experts from 10 countries trained, Seychelles, Ghana and Tanzania conducted surveys in antimicrobial use in hospitals using WHO methodology, which will inform the appropriate use of antibiotics and access to these medicines
- In 2018, Launch of the African prices and availability medicines platform (APRAMED), aiming to regularly
 monitor and inform decision-making for pricing regulation and scaling-up of medicines availability.
 - National Focal Persons from 14 countries trained on the use of APRAMED

Partnership and collaboration

- Strengthening Multisectoral partnerships to combat AMR with FAO, OIE, Africa CDC, UK; Canada; KOICA, ReAct Africa, Academic institutions; other parthers
 - AFRO Senior Technical Advisory Group (STAG): 1st meeting in July 2018 with regional stakeholders in attendance -Regional Action plan proposed.
 - Regional Tripartite Alliance: 1st meeting in April 19(AMR component)-regional priorities set
 - Annual course on Anitmicrobial stewardship for francophone countries in Burkina Faso
 - AMR Lessons learning workshop in July 2019 in Douala, Cameroon.
 - Regional Tripartite coordination of WAAW: 1st of its kind to ensure High level political advocacy on AMR
- Support to sub regional/regional initiatives: SADC, EAC, WAHO
- WHO Collaborating Centers on AMR surveillance



Summary

WHO-Afro provides support to address the multiple challenges of the 47 Member States by

- Supporting the development and implementation of NAPs under "One Health" approach while
- Sustaining high level political commitment and effective coordination at the regional level to combat AMR in support of the SDGs and,
- Leveraging major global agendas(SDGs, UHC, GHSA, PHC); GAP on AMR;
 WHO Global Program of Work; AFRO priorities.

Major issues are competing Priorities; weak multisectoral coordination & collaboration; poor country ownership of NAPs and, financial constrains.

Need for alignment and coordination











President's Emergency Plan for AIDS Relief

Accelerating **Access Initiative**





Initiative on Public-Private



































step forward

and the ABBOTT FUND for ORPHANS and

















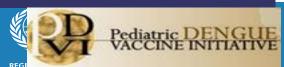


Schistosomiasis Control Initiative

US Presidential Initiative

PROGRAM

Micronutrient Initiative



Conclusion

There are opportunities to build strong value proposition(s) to accelerate and effectively address AMR in Africa:

- Investments for interventions with high impact, low complexity, low level of resources that build resilient systems should be prioritized to include robust data on and for access and surveillance
- Coordination, harmonization, convergence and joint efforts must be promoted
- Important shift needed: Move from managerial attitude that encourage silos to leadership attitude built on shared vision, anticipatory and pre-emptive action, partnership, strategic communication and accountability: Thinking about strategies that fit with country systems and complexities.



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THANK YOU!