

AFRICAN COMMON POSITION ON ANTIMICROBIAL RESISTANCE

RECALLING the commitments, strategies, and guidance from international organizations, intergovernmental organizations, and Member States regarding antimicrobial resistance (AMR) and the highest level commitment shown by Africa's Heads of State and Government to improve the health of Africans, including:

- Agenda 2063, the Africa We Want
- The Africa Health Strategy, 2016-2030
- Animal Health Strategy for Africa, 2018 - 2030
- African Union Framework for Antimicrobial Resistance Control, 2020-2025
- Africa Centres for Disease Control Framework for Antimicrobial Resistance Control, 2018-2023
- Declaration of Heads of States on Accelerating Implementation of International Health Regulations in Africa (2017)
- Political declaration of the High-Level Meeting of the UN General Assembly on AMR (2016)
- The 2030 Agenda for Sustainable Development
- Antimicrobial Framework for Action of the Inter-Agency Coordination Group
- The WHO Global Action Plan on Antimicrobial Resistance
- The FAO Action Plan on AMR
- The OIE Strategy on Antimicrobial Resistance
- International Health Regulations IHR (2005)
- Abuja Declaration and Africa Scorecard on Domestic Financing for Health
- Continental Free Trade Area (CFTA)

ACKNOWLEDGING that addressing AMR requires action by governments, international organizations, private sector, academia, and civil society, across human, animal, and environmental health sectors; and that African Union organs have begun implementing programs to address AMR, including the Africa Centres for Disease Control and Prevention (Africa CDC), Interafrican Bureau for Animal Resources (AU-IBAR), African Union Pan- African Veterinary Vaccine Centre (AU-PANVAC), Interafrican Phytosanitary Council (AU-IAPSC), and AU Pan-African Tsetse and Trypanosomiasis Eradication Campaign.

RECOGNIZING that antimicrobials are a resource shared by humans for the benefit of humans, animals, and plants, and that AMR organisms are increasing globally, threatening to render existing treatments ineffective against many infections.

RECOGNIZING ALSO that the emergence of AMR is accelerated by inappropriate use of antimicrobial agents in humans, animals, plants, and the environment, including:

- Self-treatment of illness by lay persons
- Non-indicated administration to ill persons by healthcare providers and others
- Distribution in the environment to improve crop yield
- Addition to feed to promote growth in animals reared for food consumption

RECOGNIZING ALSO that AMR control is threatened by gaps in research and development on new antimicrobials, vaccines, diagnostics, waste management tools, and other interventions.

REGRETTING that AMR emergence may be further amplified by substandard or falsified antimicrobials, which impair treatment of existing infections and may help select for AMR strains.

REGRETTING ALSO that transmission of AMR is accelerated by inadequate infection prevention and control in healthcare facilities, by contamination of the food supply with AMR bacteria, by impaired access to potable water, and by limitations in public health prevention programmes, including immunisation, sanitation, and sexual health.

CONCERNED that AMR is a development challenging, threatening achievement of Sustainable Development Goals and Agenda 2063, related to human, aquatic, marine and terrestrial animal health, biodiversity and ecosystems, clean water, poverty, and hunger; and that drug resistance causes an estimated 700,000 deaths each year globally, and, if current trends continue, AMR could result in over 10 million deaths per year and over 100 trillion USD in lost output globally by 2050.

CONCERNED ALSO that many Africans lack access to high-quality antimicrobials, resulting in millions of preventable illnesses and deaths annually.

COGNIZANT that Member States face challenges in ensuring that National Action Plans on AMR are fully developed, funded, implemented, and measured, that Plans include a One Health approach and cover all sectors, and that Plans are main-streamed into universal health care, economic development, and other high development priorities.

WE RECOMMEND TO AFRICAN UNION MEMBER STATES TO:

1. Develop policy, implement programs, finance, and train human resources to improve monitoring of AMR, including:
 - a. Increase the number of tests performed on humans, animals, and plants for AMR organisms;
 - b. Increase the proportion of human and animal diagnostic laboratories with quality assurance programs and international accreditation
 - c. Increase the number of national laboratories conducting surveillance for AMR using standardized protocols;
 - d. Continuously collect, analyze, report, and disseminate data about AMR and antimicrobial use for high priority pathogens to relevant AU agencies and international organizations, such as the Tripartite Collaboration on AMR.
2. Develop policy, implement programs, finance, and train human resources to delay emergence of AMR, including:
 - a. Restrict over-the-counter sales of antimicrobials classified as “watch” and “reserve” by the World Health Organization;
 - b. Increase the proportion of healthcare providers adhering to prudent antimicrobial use guidelines;

- c. Increase the proportion of veterinarians and food producers adhering to prudent antimicrobial use guidelines, including use of safe farming practices (e.g. good nutrition, vaccination, biosafety and biosecurity) and halting all use of medically important antimicrobials for growth promotion;
 - d. Reduce availability and sales of sub-standard and falsified antimicrobials.
- 3. Develop policy, implement programs, finance, and train human resources to limit transmission of AMR, including:
 - a. Increase the proportion of healthcare facilities implementing infection control and prevention programs and antimicrobial stewardship programs;
 - b. Increase the availability and sales of animal products and crops produced with prudent antimicrobials use;
 - c. Increase access to clean water, sanitation, and hygiene in healthcare facilities, farms, schools, households, and community settings;
 - d. Increase compliance with international standards for management of human, animal, and industrial waste.
- 4. Develop policy, implement programs, finance, and train human resources to mitigate harm from AMR, including:
 - a. Increase the number of healthcare facilities with quality diagnostic tests for infection and AMR;
 - b. Reduce the availability and use of substandard diagnostic tests and supplies;
 - c. Increase the proportion of healthcare providers, veterinarians, and healthcare facilities adhering to guidelines for treatment of susceptible and AMR infections in humans and animals;
 - d. Maintain consistent supply of and access to essential antimicrobials that have been quality assured.
- 5. Establish and strengthen national task forces that represent human, animal, plants and environmental agencies.
- 6. Develop or revise, fund, and monitor national action plans for AMR.
- 7. Engage civil society organizations, media, and the general public to promote awareness and understanding of AMR and support for programs to control AMR.

WE RECOMMEND TO REGIONAL ECONOMIC COMMUNITIES TO:

- 1. Harmonize regulation of antimicrobial agents used in humans, animals and plants.
- 2. Harmonize protocols for recording, analyzing, and reporting AMR and antimicrobial use.

WE REQUEST THE AFRICAN UNION COMMISSION TO:

1. Fully constitute, fund, and manage an African Union Task Force on AMR, for monitoring, reviewing, coordinating, and developing policies related to AMR with representation from all relevant human, animal, plant, and environmental agencies in a One Health approach.
2. Advocate for Member States, Regional Economic Communities, and other relevant organizations to adopt policies and laws to enable long-term prevention and control of AMR.
3. Support human resources development for AMR prevention and control among African Union human, animal, plant, and environmental agencies.
4. Convene at least one high-level meeting annually in conjunction with AU Summit to update Member States about progress in AMR prevention and control and advocate for sustained progress.
5. Work with African universities and research institutions to promote innovation in defining and quantifying the source and extent of AMR and development of new antimicrobials, vaccines, diagnostics, and waste management tools to secure the future of antimicrobial resistance so no one is left behind.
6. Strengthen the African Union to become a unified and influential voice in global governance and accountability in AMR.