

ADVANCING THE LABORATORY PROFESSION AND NETWORKS IN AFRICA

## What Can a Framework for Surveillance Laboratory Networks for Antimicrobial Resistance in Five Regions of Africa Look Like: Role of Africa CDC Regional Collaborating Centers

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## Why does AMR surveillance matters?

Estimate trends in AMR rates and detect the emergence and potential spread of AMR to inform guidelines on:

• empirical treatment of bacterial infections:

- In settings where AMR testing can not be done because of limited resources.
- In situation when empirical treatments need to be initiated rapidly.

Prevention of AMR transmission





### Common barriers in establishing AMR surveillance in Africa

#### Laboratory networks

- Insufficient capacity of lower levels laboratories to collect and share data on AMR. Clinical data cannot feed into the surveillance system.
- No AMR containment strategies at national level and absence of 'actionable' data.

Lack of staff supervision on the ground.

#### Larger context

Lack of awareness on AMR.

Poor inter sectoral collaboration under the One-Health concept.

Logistical challenges in areas such as the supply chain management.

No research to improve AMR diagnostics

# Paucity of quality data on AMR from Africa

- 61% of studies from East/South African region
- 60% of studies are hospital-based
- 73% in urban areas
- 42% on febrile illnesses
- <50% report on quality procedure of susceptibility testing

pathogens	antibiotic	Median prevalence
Enterobactericeae	chloramphenical	31.0% - 94%
Salmonella enter. typhi	Nalidixic acid	15.4% - 43%



# Exploring practices in antibiotic usage in poultry farms from the West and North West region of Cameroon (GHSS-AIGHD)





□ 95.3% of the farms used antimicrobials

□ 340 antibiotic formulations were found (counterfeit!)

Veterinarians are never the first contact for advise.

Poor biosecurity practices and biosafety practices

□ rodents seen in >80% of the farm

□ foot bath not used in 1/3 of the farms













### Deaths attributable to AMR every year





AMR surveillance should be done in the context of a holistic set of interventions to reduce the demand in antibiotic consumption



- INTERVENTION 1: A GLOBAL PUBLIC AWARENESS CAMPAIGN.
  - INTERVENTION 2: IMPROVE SANITATION AND PREVENT THE SPREAD OF INFECTION.
  - INTERVENTION 3: REDUCE UNNECESSARY USE OF ANTIMICROBIALS IN AGRICULTURE AND THEIR DISSEMINATION INTO THE ENVIRONMENT.
  - INTERVENTION 4: IMPROVE GLOBAL SURVEILLANCE OF DRUG RESISTANCE AND ANTIMICROBIAL CONSUMPTION IN HUMANS AND ANIMALS.
  - INTERVENTION 5: PROMOTE NEW, RAPID DIAGNOSTICS TO REDUCE UNNECESSARY USE OF ANTIMICROBIALS
  - INTERVENTION 6: PROMOTE DEVELOPMENT AND USE OF VACCINES AND ALTERNATIVES.

INTERVENTION 7: IMPROVE THE NUMBER, PAY AND RECOGNITION OF PEOPLE WORKING IN INFECTIOUS DISEASES .

ASLM AFRICAN SOCIETY FOR LABORATORY MEDICINE

Global & regional AMR surveillance depend on surveillance networks incountry.

Stepwise establishment of an AMR surveillance network at country level.



Olga Perovic & Constance Schultsz, AJLM.2016

## Moving forward with AMR surveillance in a context of limited resources



- e.g. New sampling strategies
- ECHO model for staff supervision
- Local production of reagents



Africa CDC Regional Integrated Surveillance and Laboratory to contribute to the standardization of approaches for surveillance

Advise countries on the prioritization of organisms that should be monitored.

- Advise on the selection of antibiotics to be tested.
- Provide access to standardized practices for conducting laboratory-based surveillance of AMR
- □ Provide advanced and specialized testing.
- Setting up a database for collating and sharing information with stakeholders through existing mechanisms such as IDSR.
- Establish and maintain inter-sectoral (One-health) collaboration for AMR surveillance at regional level.

### Thank you