THIRD SESSION OF THE SPECIALISED TECHNICAL COMMITTEE ON HEALTH, POPULATION AND DRUG CONTROL (STC-HPDC-3)
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AFRICA COMMON POSITION ON ANTIMICROBIAL RESISTANCE
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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;
- 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), Interafriean Bureau for Animal Resources (AU-IBAR), African Union Pan-African Veterinary Vaccine Centre (AU-PANVAC), Interafriican 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

REGRETTING that AMR emergence may be further amplified by substandard or counterfeit 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 threatens the 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, and that Plans are mainstreamed 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;
   c. Increase the proportion of human and animal laboratories with quality assurance programs and international accreditation;
   d. Increase the number of national public health and veterinary laboratories conducting surveillance for AMR using standardized protocols;
   e. 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. Increase the proportion of physicians adhering to prudent antibiotic use guidelines;
   b. 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;
   c. Reduce availability and sales of sub-standard and counterfeit 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;
   b. Increase the availability and sales of animal products and crops produced with prudent antimicrobials use.

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 physicians, 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 in raising awareness about AMR and effective programs to delay emergence, limit transmission, and mitigate harm from AMR.

WE RECOMMEND TO REGIONAL ECONOMIC COMMUNITIES TO:

1. Harmonize regulation of antimicrobial agents used in humans and animals.
2. Harmonize protocols for recording 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, coordinating, and developing policies related to AMR with representation from all relevant human, animal, plant, and environmental agencies.
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.
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.