



## **CONCEPT NOTE**

### **Africa CDC Antimicrobial Resistance Civil Society Organization Engagement Workshop**

#### **1. Purpose**

Taking into account the health challenges faced by the African continent and the necessity for an accountability framework for health security to protect citizens of the continent, the AU Heads of States and Governments approved the establishment of the Africa Centres for Disease Control and Prevention (Africa CDC) through **Assembly Decision|AU|DEC.589(XXVI)**, at the AU summit in January 2015 at Addis Ababa, Ethiopia. At its 26<sup>th</sup> Ordinary Session in January 2016, the Assembly adopted the Statute of the Africa CDC and its framework of Operations. Africa CDC was officially launched on 31<sup>st</sup> January 2017.

Article 3 (6) of its Statute (approved by **Assembly Decision |AU|DEC.589(XXVI)**) states that the Africa CDC shall “promote partnership and collaboration among Member states to address emerging and endemic diseases and public health emergencies,” and Article 5 states that the Africa CDC shall “work with the WHO , other multi-sectoral partners such as the African Union specialized institutions and agencies, external partners as well as Africa CDC Collaborating Centres to pursue the strategic objectives of the Centre.” In October 2017, Africa CDC officially launched its Framework for Antimicrobial Resistance, 2018 – 2023. This Framework describes strategies and tactics for Africa CDC to improve surveillance, delay emergence, limit transmission, and mitigate harm of antimicrobial resistant (AMR) pathogens.

Member states of the Africa Union and partners during a continental meeting held in April 2018, on implementing the Africa CDC AMR framework recognized the need to mobilize and engage civil society organizations on AMR activities.

#### **2. Background and Context**

The threat of AMR has gathered momentum over the last decade on the back of scientific evidence showing its potentially harmful effects in the coming years. After the HIV and AIDS pandemic, another public health emergency is likely to take a heavy toll on the global health systems. The WHO country situation analysis published in April 2015<sup>1</sup>, for instance, reported a

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<sup>1</sup>[http://apps.who.int/iris/bitstream/handle/10665/163468/9789241564946\\_eng.pdf;jsessionid=129753DED1F32168701BDF0F0BC3CDED?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/163468/9789241564946_eng.pdf;jsessionid=129753DED1F32168701BDF0F0BC3CDED?sequence=1)

high rate of resistance to powerful antibiotics such as carbapenems, third generation cephalosporins and methicillin by pathogens such as *e. Coli*, *Klebsiella* and *Staphylococcus aureus*. This scenario points to a post-antibiotic era where people will die from bacterial infections that should be easily treated using available antibiotics.

The “Review on Antimicrobial Resistance” study chaired by Jim O’Neill<sup>2</sup> is further evidence of a post-antimicrobial era in the event that no action is taken today. The prediction of an estimated additional 10 million deaths by 2050 as a global cost of US\$100 trillion have not been taken lightly by political figures. David Cameron, former UK Prime Minister summed up the AMR situation: "If we fail to act, we are looking at an almost unthinkable scenario where antibiotics no longer work and we are cast back into the dark ages of medicine".

### **Momentum in the AMR response**

The AMR agenda has gained momentum since the World Health Assembly passed a resolution in 2015 directing that all member states should have national action plans on AMR by May 2017. Various commitments to fighting AMR have been made by various institutions such as the CDC<sup>3</sup>, G20<sup>4</sup> and G7<sup>5</sup>, as well as the Africa Union CDC.

It must be noted that, whilst AMR activities is gaining momentum at national, continental and global levels, civil society organizations have not been fully engaged. Large-scale efforts to mitigate the harm of AMR can only succeed with the robust involvement of civil society organisations.

To date, engagement of civil society has been challenging, because the science can be complex to explain, the threat often characterised as distant, patients’ stories of illness and death often not told because of under-diagnosis, interventions not readily distilled into high-impact slogans, and public health agencies investing too little in civil society engagement. Enacting laws and policies for AMR control depends critically on robust engagement of civil society; the demand of its citizens, far more than science alone, will convince governments to take concerted action. A number of African countries have started taking steps towards the drafting of national action plans for AMR, and these include Zimbabwe, Kenya, Tanzania, South Africa, Ethiopia, Ghana and Zambia. The majority of countries have not been able to meet the May 2017 deadline and, as was the case with the HIV response, will not have the capacity or political will to mount an effective response against AMR. Further, it is yet to be seen whether the various regions will be able to adopt a collaborative approach to AMR given the relative ease with which it can spread between humans and animals with no regard for political borders.

### **Need for action**

AMR poses a much greater threat to human health than the HIV pandemic due to a number of factors, including the ease of transmission, the multiple pathways of transmission, the inability of weak health systems to identify it and concurrent health challenges which may overwhelm

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<sup>2</sup>[https://amr-review.org/sites/default/files/160525\\_Final%20paper\\_with%20cover.pdf](https://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf)

<sup>3</sup>[https://www.cdc.gov/drugresistance/biggest\\_threats.html](https://www.cdc.gov/drugresistance/biggest_threats.html)

<sup>4</sup><https://noharm-europe.org/articles/news/europe/g20-health-ministers-declaration-amr>

<sup>5</sup><http://antibiotic-action.com/g7-health-ministers-declaration-on-amr/>

health systems. Not surprisingly, the O'Neill report identified Africa as being the epicenter of the AMR scourge by 2050 as the factors which promote the spread of AMR are prevalent in the continent's health systems. For a continent that is continuously struggling to contain the HIV pandemic, a more sinister pandemic will roll back the successes that have been achieved over the decades. Further, an AMR scourge is likely to take much longer to address due to inadequate domestic resources and donor fatigue, and already delayed response and the sheer amount of resources required to contain it. Unfortunately, history has shown that Africa is slow to react to public health threats and has relatively few domestic resources to expend in responding to such threats. Not only will the poorest endure the most of this phenomenon but also unintentionally contribute to the spread of AMR. The need for an effective early response to AMR has therefore never been greater.

### **Mobilizing civil society in AMR**

The HIV global response was triggered by civil society advocacy, and much of the successes in the HIV response were pushed through by civil society in the face of government or official indifference. The AMR response is likely to fail if civil society does not step into an active role to ensure that an effective global response is launched, and that no lives are unnecessarily lost.

It is therefore necessary to ensure that civil society utilizes its advocacy capacity and experience to push the governments into taking action. However, civil society is yet to be fully capacitated and involved in the AMR various processes that are taking place on the continent and individual countries.

To engage civil society, it is necessary to build capacity around AMR so that the crucial advocacy issues are identified, and the strategic actions agreed upon. Currently, there are a few civil society organizations that are involved in AMR. In light of the significant CSO capacity that the continent holds, it is therefore necessary to initiate an engagement process around AMR with relevant organizations.

Africa CDC will engage various civil society organizations addressing AMR in their respective areas, including human health, animal health, agriculture, environment, commerce, and sanitation.

In addition to incorporating civil society voices into technical discussions, Africa CDC will seek to engage civil society, specifically for:

- 1) Ensuring that excess use of medicine is curtailed, while access is not.
- 2) Promoting public awareness of the harms of antimicrobial overuse and antimicrobial resistance.
- 3) Promoting consumer demand for food free from antimicrobial residue and antimicrobial-resistant pathogens.
- 4) Promoting patient safety and healthcare free from nosocomial infections.