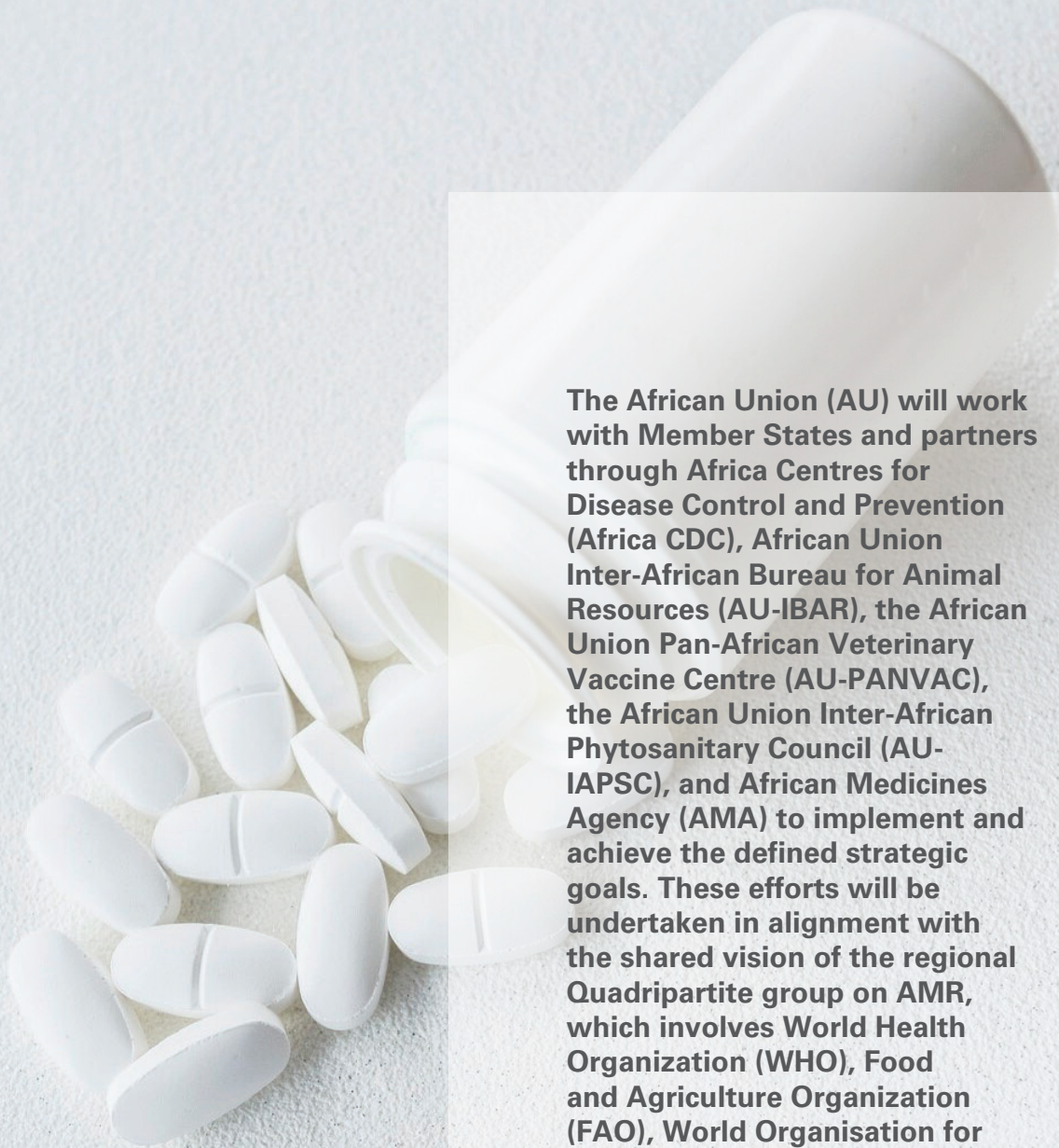




Antimicrobial Resistance Control

FRAMEWORK | 2026-2030



The African Union (AU) will work with Member States and partners through Africa Centres for Disease Control and Prevention (Africa CDC), African Union Inter-African Bureau for Animal Resources (AU-IBAR), the African Union Pan-African Veterinary Vaccine Centre (AU-PANVAC), the African Union Inter-African Phytosanitary Council (AU-IAPSC), and African Medicines Agency (AMA) to implement and achieve the defined strategic goals. These efforts will be undertaken in alignment with the shared vision of the regional Quadripartite group on AMR, which involves World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organisation for Animal Health (WOAH) and UN Environment Programme (UNEP), to advance a coordinated One health response to AMR.



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ABBREVIATIONS

Africa CDC	Africa Centres for Disease Control and Prevention
AMA	African Medicines Agency
AMC	Antimicrobial Consumption
AMR	Antimicrobial Resistance
AMRCC(s)	AMR Coordinating Committee(s)
AMS	Antimicrobial Stewardship
AMU	Antimicrobial Use
ANIMUSE	WOAH platform for animal AMU/AMR data
AU	African Union
AU-IBAR	African Union Inter-African Bureau for Animal Resources
AU-IAPSC	African Union Inter-African Phytosanitary Council
AU-PANVAC	African Union Pan African Veterinary Vaccine Centre
AWaRe	WHO antibiotic classification: Access / Watch / Reserve
CAHW(s)	Community Animal Health Worker(s)
CHW(s)	Community Health Worker(s)
CLSI	Clinical and Laboratory Standards Institute
CoP	Community of Practice (FAO)
CSO(s)	Civil Society Organization(s)
DDD	Defined Daily Dose
DRI	Drug Resistance Index
EQA / PT	External Quality Assessment / Proficiency Testing
EQaAFRICA	External Quality Assessment for Africa
EUCAST	European Committee on Antimicrobial Susceptibility Testing
FAO	Food and Agriculture Organization
GAP-AMR	Global Action Plan on Antimicrobial Resistance
GDP	Gross Domestic Product
GLASS	Global Antimicrobial Resistance Surveillance System
HACCP	Hazard Analysis and Critical Control Points
HAI(s)	Healthcare-Associated Infection(s)
HIC(s)	High-Income Country(ies)
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HP-CIA	Highest-Priority Critically Important Antimicrobials
IAPSC	Inter-African Phytosanitary Council
InFARM	International FAO Antimicrobial Resistance Monitoring
IPC	Infection Prevention and Control
ISO 15189	Medical laboratories: requirements for quality and competence
ISO/IEC 17025	General requirements for the competence of testing/calibration laboratories
IVD(s)	In Vitro Diagnostic(s)
LIMS	Laboratory Information Management System
LMIC(s)	Low- and Middle-Income Country(ies)
MAAP	Mapping AMR and AMU Partnership
MCM(s)	Multisectoral Coordinating Mechanism(s)
MDRO(s)	Multidrug-Resistant Organism(s)
NAP / NAP-AMR	National Action Plan (on AMR)
NEML(s)	National Essential Medicines List(s)
NEPAD	New Partnership for Africa's Development
NMRA(s)	National Medicines Regulatory Authority(ies)
NPPO	National Plant Protection Organization
PATTEC	Pan African Tsetse and Trypanosomiasis Eradication Campaign
PCU	Population Correction Unit (denominator for animal AMU/mg/PCU)
PPE	Personal Protective Equipment
QMS	Quality Management System
QWArS	Qualifying the Workforce for AMR Surveillance in Africa

RCCE	Risk Communication and Community Engagement
REC(s)	Regional Economic Community(ies)
RHO(s)	Regional Health Organizations
RENOFARM	Reduce the Need for Antimicrobials on Farms for Sustainable Agrifood Systems Transformation
SF	Substandard and Falsified (medicines)
SLIPTA	Stepwise Laboratory Improvement Process Toward Accreditation
SLMTA	Strengthening Laboratory Management Toward Accreditation
SOP(s)	Standard Operating Procedure(s)
S/I/R	Susceptible / Intermediate / Resistant
TB	Tuberculosis
TrACSS	Tracking AMR Country Self-Assessment Survey
UN / UNGA	United Nations / United Nations General Assembly
UNEP	United Nations Environment Programme
VMP(s)	Veterinary Medicinal Product(s)
WAHIS	World Animal Health Information System
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WOAH	World Organization for Animal Health

EXECUTIVE SUMMARY

Antimicrobial resistance (AMR) remains one of the most pressing global health threats, with disproportionate impacts across Africa. If urgent and coordinated action is not taken, AMR is projected to significantly increase morbidity, mortality, and economic losses across human, animal, and environmental health systems. Beyond human health, AMR threatens livestock productivity, food security, trade, and the livelihoods of millions of smallholder farmers across the continent.

The burden of AMR is further exacerbated in fragile and conflict-affected settings, where health systems, laboratory capacity, surveillance systems, and veterinary services are often weak or disrupted. These contexts require tailored, flexible approaches, including community-based surveillance and service delivery models, to ensure no Member State is left behind.

Over the 2020–2025 period, the Framework supported progress across key areas: Member States increased adoption of National Action Plans (NAPs), strengthened One Health coordination mechanisms, expanded AMR and antimicrobial use (AMU) surveillance systems and improved laboratory capacity and workforce development. Access to diagnostics, antimicrobials and vaccines increased, alongside improvements in Infection Prevention and Control (IPC)/ Water, Sanitation and Hygiene (WASH), Biosecurity and antimicrobial stewardship.

Despite these gains under the 2020–2025 Framework, progress has been uneven, with significant gaps remaining in implementation, sustainable financing, multisectoral coordination, equitable access to services, and accountability. These challenges underscore the need for a more focused and action-oriented Framework for 2026–2030.

To address these gaps, the African Union Framework for AMR Control 2026–2030 provides a strengthened, action-oriented roadmap that emphasizes:

1. Operationalization of One Health coordination mechanisms
2. Expansion of equitable access to diagnostics, antimicrobials, and vaccines and appropriate use of antimicrobials
3. Strengthening infection prevention and control (IPC), water, sanitation, and hygiene (WASH) systems and enhanced Biosecurity
4. Improved surveillance systems supported by robust data governance Framework
5. Sustainable financing and accountability mechanisms

The African Union (AU) will work with Member States and partners through Africa Centres for Disease Control and Prevention (Africa CDC), African Union Inter-African Bureau for Animal Resources (AU-IBAR), the African Union Pan-African Veterinary Vaccine Centre (AU-PANVAC), the African Union Inter-African Phytosanitary Council (AU-IAPSC), and African Medicines Agency (AMA) to implement and achieve the defined strategic goals. These efforts will be undertaken in alignment with the shared vision of the regional Quadripartite group on AMR, which involves World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organisation for Animal Health (WOAH) and UN Environment Programme (UNEP), to advance a coordinated One health response to AMR.

Within the next five years, implementation of this Framework will be guided by a shared commitment between the AU and Member States, anchored in national ownership, continental coordination, and collective learning.

Member States will be supported to:

- Establish and maintain functional multisectoral One Health coordination mechanisms to address AMR.
- Develop, update, and implement costed National Action Plans on AMR Control aligned with AU Framework for AMR Control 2026–2030.
- Strengthen surveillance, stewardship, infection prevention and control, and access to quality-assured antimicrobials and diagnostics in line with national priorities.
- Share AMR- and AMU-related information through existing national, regional, and global reporting systems to support learning, monitoring the ongoing initiatives for improvement and strategic reflection.
- Advocate for sustainable financing mechanisms to support AMR interventions.

At continental and regional levels, the African Union, through Africa CDC, AU-IBAR, AU-IAPSC, AU-PANVAC, AMA and Regional Economic Communities, will:

- Provide strategic guidance, harmonised tools, and technical support to strengthen AMR control across One Health sectors.
- Facilitate peer learning, regional collaboration, and exchange of good practices among Member States.
- Support the development of a continental investment case for AMR and promote sustainable financing and partnerships.
- Synthesise progress and lessons learned to inform refinement of continental strategies and priorities.



ACKNOWLEDGEMENTS

The African Union (AU) through the AU Taskforce for Antimicrobial Resistance Control, co-chaired by the Africa CDC and the AU-IBAR extends its sincere appreciation to all Member States, Regional Economic Communities and partners for their commitment, valuable insights, and technical contributions throughout the development of the African Union Framework for Antimicrobial Resistance Control 2025–2030. Your strategic guidance and dedication to safeguarding the health and well-being of Africa's people, animals, and environment have been instrumental in shaping this continental Framework. Your expertise and perspectives have enriched the development process and ensured that the Framework reflects Africa's diverse realities and priorities.

THE THREAT OF ANTIMICROBIAL RESISTANCE BURDEN

Antimicrobial agents, of which antibiotics are a subset, are rightly considered the cornerstone of modern medicine saving hundreds of millions of lives from infectious diseases in humans, animals, and plants. Antimicrobials also remain an essential tool in the treatment, prevention and control of agricultural pests and diseases important to assuring productivity, food safety, and nutrition security. However, the emergence and re-emergence of resistant microorganisms risks reverting us to the pre-antibiotic era when common infections and minor surgeries took a heavy toll on lives. The AMR burden threatens to reverse decades of development gains and disrupt healthcare services, while posing a significant barrier to attaining sustainable development goals, global health security, and economic growth. By 2050, the World Bank projects that AMR could result in an additional US\$1 trillion in healthcare expenses, and annual GDP losses could range from US\$1 trillion to US\$3.4 trillion.

Although AMR affects populations globally, the Global Research on Antimicrobial Resistance (GRAM) study identified the disproportionate impact in low- and middle-income countries, which face the most significant burden of infectious diseases coupled with weaker health systems. It is estimated that by 2050 in the absence of interventions, AMR will claim 10 million lives annually whereas Africa as a continent is projected to contribute to 4.1% of the global AMR deaths surpassing malaria, TB and HIV fatalities. In the year 2019, 4.95 million deaths were associated with drug-resistant bacterial infections, including 1.27 million deaths directly attributable to bacterial AMR, 20% being children below 5 years. Without a stronger response there will be an estimated average loss of life expectancy of 1.8 years globally by 2035.

The drivers of AMR are multifaceted and require tailored approaches to address them. The African Union AMR Landmark report highlights multiple issues that contribute to the spread and persistence of AMR pathogens including gaps in infection prevention and control (IPC)/ Water, Sanitation and Hygiene (WASH) programs, misuse and overuse of antimicrobials, poor adherence to biosecurity and animal husbandry practices, weak surveillance and regulatory systems, limited access to quality-assured, effective, affordable and life-saving antimicrobials, diagnostics, and vaccines, low public awareness, and underdeveloped public health systems. Global interconnectedness

through travel and trade drives and accelerates the spread of resistant pathogens across borders, underscoring AMR as a global security threat that requires global efforts and solidarity in tackling it.

In the African context, the consequences of antimicrobial resistance extend beyond health outcomes. Rising AMR threatens the resilience of health systems already under pressure, increases the cost and complexity of treating common infections, and undermines progress towards universal health coverage. In food and agriculture systems, AMR poses risks to livestock productivity, food safety, and market access, with potential impacts on livelihoods and trade. The cross-border nature of resistant pathogens further elevates AMR as a regional health security concern, requiring coordinated action across countries and sectors.

Recognizing the urgent need for revised strategies for global AMR countermeasures, world leaders adopted a political declaration at the 79th United Nations General Assembly (UNGA) High-Level Meeting on AMR in 2024. The 2024 UNGA Political Declaration on AMR came at an opportune moment to review a decade of Global Action Plan on AMR (GAP-AMR) implementation that birthed country-specific National Action Plans on AMR (NAP-AMR).

The declaration reaffirms AMR as one of the most pressing global threats to human, animal and environmental health, food security and socio-economic development. It has set new targets by 2030, whereby for human health key targets include a 10% reduction in bacterial AMR-associated deaths with 2019 data as a baseline, 70% of antibiotics used belong to WHO Access Group, 100% availability of basic WASH services in all healthcare facilities, and 90% of countries meeting WHO IPC standards. For animal health, agriculture and food systems, the set targets include substantial reduction of antimicrobial use in agri-food systems and more emphasis on preventive measures such as biosecurity, vaccinations, good animal husbandry and welfare. Of interest, environmental contamination was recognized for the first time at the UNGA AMR political declaration as a contributor to AMR, and the commitment to prevent antimicrobial discharge into the environment and promote environmental dimensions research was made.

From a Plant Health perspective, up to 40% of crops are lost to pests and diseases and this drives pesticide and antimicrobial use. Antibiotics are used in plant agriculture yet remain poorly monitored; only 3% of countries systematically track antimicrobial use in plants. Plant systems therefore contribute to environmental AMR reservoirs, foodborne AMR pathways and cross-resistance via pesticides. Plant health is therefore not peripheral; it is also a driver, amplifier, and solution space for AMR.

Moreover, the declaration calls for sustained AMR response solutions underpinned by stronger political and financial engagement. As a measure to strengthen global AMR governance, accountability and oversight mechanisms, the declaration calls for an establishment of an Independent Evidence Panel by 2025, revision of the GAP-AMR by 2026 and at least 60% of countries to have funded NAP-AMR with US\$ 100 million catalytic fund support.

Recognizing the value of having quality data for action, the declaration calls for enhancement of reporting frameworks such as GLASS (human health), ANIMUSE (animal health) and InFARM (agriculture), and aim for the target of 95% of countries reporting their annual implementation through TrACSS.

Despite growing efforts to strengthen AMR surveillance across the continent, Africa remains significantly underrepresented in global reporting systems. As of 2023/2024, 57% (27/47) of the WHO African region Member States were reporting AMR data to the WHO Global Antimicrobial Resistance Surveillance System (GLASS), reflecting progress but also highlighting gaps in coverage, data quality, and system functionality. While more than 90% of the WHO African region Member States have reported to develop National Action Plans (NAPs) on AMR, only 32.6% were costed and monitored (TrACSS 2023). The NAPs implementation remains uneven, with significant challenges in operationalization, sustainable financing, multisectoral coordination, and monitoring of impact. These gaps limit the ability of countries to generate and use data effectively to guide policy, clinical practice, and public health interventions.

Promotion of equitable access to antimicrobials, diagnostics and vaccines is another key area highlighted in the 2024 UNGA Political Declaration on AMR where global leaders called for introduction of incentives to support the development of new tools embracing research, innovation and public-private partnerships.

The implementation of the key action points drawn from 2024 UNGA declaration require coordinated global and regional multisectoral coordinating mechanisms that translates to country-owned, funded NAPs integrating health, agriculture and environment components.

The established strategic collaboration and partnerships between UN Quadripartite on AMR (WHO, FAO, WOA and UNEP) and respective regional entities is key in translating commitments into measurable national targets, robust governance and cross-sectoral leadership, and sustainable response actions.

Recommendations include the need to:

1. Act now.
2. Improve routine monitoring of AMR trends and antimicrobial use
3. Ensure appropriate use of antimicrobials and access to diagnostics, antimicrobials and vaccines.
4. Strengthen measures for limiting transmission of AMR pathogens among and between humans, animals, plants and their environment.
5. Strengthen management of biomedical, pharmaceutical and agricultural waste and reduce environmental contamination pathways that contribute to the emergence and spread of AMR.
6. Strengthen AMR governance, leadership, partnership and financing
7. Strengthen education, advocacy and awareness

These priorities are reflected in the five Strategic Goals (Figure 1), which together define the African Union's approach to strengthening AMR control across human, animal, and environmental sectors over the 2026–2030 period.

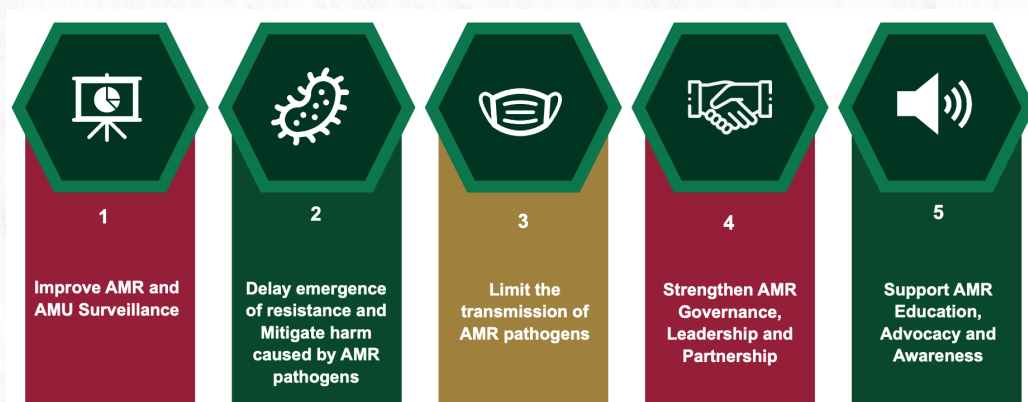


Figure 1:
Strategic Goals

AFRICAN UNION'S RESPONSE TO THE ANTIMICROBIAL RESISTANCE THREAT

In response to the growing threat of antimicrobial resistance (AMR) and reflecting UN consensus on priorities and the establishment of AMR coordinating mechanisms, the AU established the AU Task Force for AMR Control in 2018. The Taskforce was established under the mandate of AU and is co-chaired by the Africa CDC (human health) and the AU-IBAR (animal health), for the coordinated continental One Health response.

The Taskforce, supported by the joint technical secretariat (Africa CDC and AU-IBAR), operates under the authority of the AUC/HHS and the AUC/ARBE. It operates within a One Health Framework, bringing together stakeholders from human, animal, plant, and environmental health sectors, as well as academia, researchers, political leaders, UN agencies, development partners and civil society organizations.

To enhance efficiency and avoid duplication, operational coordination between AU entities will be clearly defined under the AU Taskforce on AMR Control. Africa CDC will lead coordination for human health surveillance, laboratory systems, and public health response; AU-IBAR will provide leadership on animal health, veterinary systems, and food safety; the AU-IAPSC will safeguard plant health through strengthened agricultural systems; the African Medicines Agency (AMA) will strengthen regulatory systems for antimicrobials, devices and diagnostics; and AU-PANVAC will support vaccine development and access. These institutions will work through harmonized coordination platforms aligned with national multisectoral AMR coordinating mechanisms, ensuring clear roles, shared accountability, and integrated planning across sectors.

The Taskforce is mandated to:

- Oversee the implementation, monitoring, and review of the AU Framework for AMR Control and African Common Position on AMR
- Contribute to creating an enabling environment that facilitates the work of Member States, UN Agencies, development partners, research and academia, industry and other relevant stakeholders.
- Collaborate with Member States and RECs to prioritize continent-wide efforts to strengthen political commitment, mobilize resources, and promote policies that improve AMR control.
- Monitor, evaluate and report on progress in achieving the objectives of the AU Framework for AMR control to ensure accountability and alignment with continental and global commitments

The Taskforce membership includes:

1. AU Chairperson's Office
2. Department of Human Resources, Science and Technology
3. Department of Rural Economy and Agriculture
 - Division of Environment, Climate Change, Water and Land Matters
 - Inter-African Bureau for Animal Resources (IBAR)
 - Inter-African Phytosanitary Council (IAPSC)
 - Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC)
 - AU-Pan African Veterinary Vaccine Centre (AU-PANVAC)
4. Department of Social Affairs
5. Africa Centres for Disease Control and Prevention
6. Division of Social Welfare and Drug Control
7. Division of AIDS, TB, Malaria and Other Infectious Diseases
8. Department of Medical Services

9. The Civil Society Division
10. The New Partnership for Africa's Development (NEPAD)
11. Regional Economic Communities

To fulfil its mandate, the AU Taskforce for AMR Control serves as the primary coordination mechanism for AMR control in Africa, creating an enabling environment that facilitates the work of AU Member States, UN Agencies, and other partners. The Taskforce prioritizes continent-wide efforts to strengthen political commitment, mobilize resources, and promote policies that improve AMR control across human, animals, agriculture, and environmental sectors.

Implementation of the Framework will be anchored in national ownership, supported by regional coordination, and guided by continental

leadership. Member States will lead implementation through their National Action Plans on AMR and existing and One Health coordination mechanisms, integrating AMR control into national health, agriculture, environment, and development systems.

Regional Economic Communities will support implementation by facilitating peer learning, cross-border coordination, and regional dialogue, and by consolidating lessons and challenges emerging from Member States.

At the continental level, the African Union, through the AU Taskforce for AMR Control, will provide strategic guidance, harmonised tools, and technical support; synthesise learning across regions; mobilise partnerships and financing; and periodically refine continental priorities to strengthen AMR control across the continent.

STRATEGIC GOAL 1: IMPROVE SURVEILLANCE OF AMR MICROORGANISMS AND ANTIMICROBIAL USE

Robust, integrated One Health surveillance of antimicrobial resistance (AMR) and antimicrobial use (AMU) remain the cornerstone of generating evidence-based data to guide clinical and AMR programme interventions, inform policy decision-making and monitor progress toward national, regional, and global commitments. Effective integrated AMR surveillance generates reliable data on the emergence and distribution of resistant strains, their transmission pathways, the burden of resistance and rates of AMU across human, animal, plant and environmental health sectors, as well as food safety systems.

Improving AMR and AMU surveillance requires a coordinated approach through multisectoral collaboration and investment in laboratory capacity, the workforce, and data management infrastructure. Harmonization and standardization of standard operating procedures and protocols are essential to enable aggregation, comparability, and quality assurance of data across sectors and member states. To safeguard continental human, animal and environmental health, food and economic security,

there is need to equip stakeholders with the knowledge and tools for prevention, early detection, and response to emerging resistant pathogens, allocate adequate resources and routinely evaluate the impact of interventions.

Despite the commendable progress made in five years (2020–2025) including strengthening of human, animal and environmental laboratory capacities and institutionalizing of integrated AMR surveillance systems within member states, Africa continues to face significant challenges. These include weak multisectoral coordinating mechanisms, fragmented and inconsistent surveillance systems, limited laboratory capacity and infrastructure, weak data management and sharing interoperability mechanisms, limited resources, inadequate monitoring tools and mechanisms, and weak regulatory policies.

Despite these challenges, the foundations laid through the implementation of the AU Framework for AMR Control 2020-2025 provide a strong platform to accelerate progress. Opportunities include growing

political commitment, well-defined AMR governance and leadership structures, expanding One Health multisectoral coordinating mechanisms and platforms, strengthened global and regional partnerships, such as the AU-Regional Quadripartite AMR Group, the establishment of regional reference laboratories and centres of excellence, established capacity building and training programs, and expanding digital health innovations.

To support progressive strengthening of AMR and AMU surveillance across diverse country contexts, implementation under this Strategic Goal will follow a stepwise approach. At a minimum, Member States are encouraged to establish sentinel surveillance systems with basic laboratory capacity for priority pathogens, standardised antimicrobial susceptibility testing, and clear national reporting pathways. As capacities strengthen, countries may progressively expand surveillance coverage, integrate AMU monitoring, improve data interoperability across One Health sectors, and strengthen the systematic use of surveillance data to inform treatment guidelines, policies, and interventions.

1.1 Increase the Number of Member States Conducting AMR Surveillance using One Health Approach.

Integrated AMR surveillance remains crucial for generating knowledge and reliable information on AMR epidemiology, supporting evidence-based policy development and monitoring the impact of interventions to reduce the AMR threat. In addition, the emergence and spread of resistant pathogens are closely linked to interactions between the human, animal and environmental sectors, underscoring the need for a One Health approach in the development and implementation of mitigation strategies. The One Health concept recognizes the interdependence and interconnectedness of healthy humans, domestic and wild animals, plants, and the wider ecosystem, and promotes collaborative efforts across multiple sectors, disciplines, and communities at varying levels of society to foster well-being and tackle threats to health and ecosystems. Integrated AMR surveillance systems are therefore, essential for generating information on the complex epidemiology of resistant pathogens across humans, animals, food systems and the environment, and for informing policy development and implementation.

According to the AU AMR Landmark Report, Africa has made significant strides in improving AMR surveillance with 50% of its member states implementing integrated AMR surveillance systems, demonstrating progress

in evidence generation and reporting. The report further identifies 48% of African countries that have either formalized or initiated the formalization of One Health multisectoral coordinating mechanisms. These improvements highlight the continent's potential and ongoing efforts to combat AMR through comprehensive and coordinated strategies across One Health sectors. However, accelerated, and sustained efforts are required to approach the global average target of full coverage by 2030, and there remains limited published information on the organization and functionality of existing integrated surveillance systems.

Globally reported data from Africa is largely under-represented as surveillance data in many countries is generated from a single national reference laboratory and a limited number of sentinel sites. Some of the challenges that hamper the generation of quality AMR data, and the implementation of integrated AMR surveillance systems include technical (limited expertise, insufficient laboratory infrastructure, information technology systems), institutional (weak One Health governance mechanisms, poor enforcement of regulations and political instability,) and budgetary (financial constraints).

Although some AU Member States have made significant progress in operationalization of One Health policies, implementation remains fragmented in more than half of the Member States particularly with respect to roles, responsibilities, and accountability across ministries leading to lack of transparency in implementing integrated AMR surveillance. Additionally, in many LMICs, NAPs implementation remains heavily dependent on external funding, resulting in limited domestic financing and reduced sustainability.

To address existing AMR surveillance challenges, the African Union will work with partners to:

1. Adopt standardized frameworks that integrates human, animal, food, plant, and environmental health systems.
2. Strengthen AMR surveillance and monitoring in Member States and RECs using harmonized and standardized protocols.
3. Modernize, integrate, and automate AMR data collection and reporting tools.
4. Build on the existing functioning human and animal health AMR surveillance platforms to integrate food safety and environmental (including wastewater) AMR-based surveillance.
5. Expand surveillance scope to include crop production systems, to monitor antimicrobial

resistance in plant pathogens and resistance related to antimicrobial pesticide use.

6. Identify barriers to integrated AMR surveillance and mobilize political commitment, resources, and technical support to address them.
7. Promote interoperable, open-source data sharing platforms (e.g., AMRSNET) for reporting, visualization and cross sectorial analysis.

1.2 Increase the Number of Member States Conducting AMU Surveillance

Antimicrobial use (AMU) data are essential for guiding antimicrobial stewardship (AMS) programs by providing evidence on the type, volume and patterns of antimicrobial use across populations and sectors. This promotes targeted AMS interventions, including prescriber feedback, updates to clinical and veterinary treatment guidelines, herd/flock health protocols, and controls on medicated feed and highest-priority critically important antimicrobials (HP-CIA) use.

When combined with laboratory-based AMR surveillance data, AMU data enables analysis of the relationship between antimicrobial consumption and resistance trends. This linkage strengthens the evidence base for policy action, early detection of emerging resistance, and for monitoring progress against national, regional, and global commitments.

Few countries in Africa collect high-quality AMU data across human, animal, plant, and the environmental sectors. One approach is to measure aggregate data from imports, sales, distribution, or facility level records, also known as antimicrobial consumption (AMC) data. Another approach is to collect data at the unit of a person or animal, including drug, dosage, duration, and indication. For human health, antimicrobials can be further classified into “access,” “watch,” and “reserve” using the WHO Essential Medicines List. While protocols for both consumption and use surveillance have been developed by international organizations, these must be extensively adapted to conform to the laws and available records in Member States.

The MAAP (Mapping AMR and AMU Partnership) study revealed the AMU picture in Africa that can benchmark future progress. The study identified 67% of antibiotics used in healthcare settings were concentrated in just four drugs (amoxicillin, ciprofloxacin, doxycycline, co-trimoxazole) highlighting the limited treatment options. While 80% of consumption fell within the Access category, exceeding the WHO target of 60%, the absence of 86% of Reserve antibiotics from national Essential Medicines Lists remains a significant concern.

The MAAP study further assessed Drug Resistance Index (DRI) scores in 12 countries with all reporting DRI values above 50%, double the benchmark of 25%, indicating reduced overall effectiveness of available antimicrobials.

To address AMU surveillance challenges, the African Union will work with partners to:

1. Advocate for high-level political buy-in by elevating AMU surveillance as a priority in high level meetings and conferences.
2. Support Member States to integrate AMU surveillance into national AMR surveillance using One Health approach and share data to open-source platforms.
3. Establish plant and animal antimicrobial use metrics particularly bactericides and fungicides with cross-resistance potential
4. Support regulation of bactericides (e.g., streptomycin use in crops) and align with phytosanitary standards.
5. Identify barriers to AMU surveillance and mobilize resources and technical assistance to resolve them including data access.
6. Strengthen regulatory frameworks for veterinary medicinal products (VMPs) to improve traceability (prescription-only sales, record-keeping, import controls) and to phase out non-therapeutic use of HP-CIA.
7. Lead the development of standardized testing models.
8. Build capacity for data capture and analytics (health facilities, farms, abattoirs, veterinary pharmacies/wholesalers) and provide guidance/ SOPs for aggregating mg/PCU and linking AMU with AMR trends.
9. Develop phytosanitary AMR data pipeline linking NPPOs and AU AMR Data Hub (AMRSNET).

1.3 Strengthen Microbiology Laboratory Capacity

Strengthening microbiology laboratory capacity across human, animal, plant, and environmental sectors is essential for generating high-quality AMR data to inform clinical care, surveillance, and policy decisions. This includes expanding capacity for phenotypic antimicrobial susceptibility testing (AST), molecular diagnostics (including multiplex testing for AMR genes), and genomic sequencing, using a tiered approach aligned with country capacity.

Significant gaps remain across the continent, particularly in bacteriology and mycology diagnostic capacity. While progress has been made, fungal diagnostic and susceptibility testing capacity

remains considerably limited compared to bacterial testing, further constraining effective detection and management of resistant infections.

Sustainable strengthening of laboratory systems for therapy guidance and resistance detection will require integration of diagnostics agenda into national budgets and long-term financing strategies to support infrastructure and workforce development as well as strengthened supply chains and equipment maintenance systems.

In many low- and middle-income countries (LMIC's), limited diagnostic capacity, including weak infrastructure, equipment maintenance gaps, supply chain challenges, workforce shortages, weak collaborations between AMR laboratories with different capacities and a lack of real-time data recording and reporting, continues to constrain AMR detection. The MAAP study found that only 1.3% of approximately 50,000 laboratories across 14 African countries could perform basic bacteriology testing, with even lower coverage in veterinary, food-chain, and environmental laboratories.

In response, governments and AMR stakeholders have advanced flagship programs such as the Qualifying the Workforce for AMR Surveillance in Africa (QWArS). The program aims to generate high-quality AMR surveillance data, by building a skilled and competent workforce of microbiologists and epidemiologists. Using a Master Trainer model, Member States implemented training-of-trainers programmes covering bacteriology testing, results interpretation, data quality checks, linkage of laboratory-generated data with surveillance frameworks, and the use of surveillance data for patient care and policy formulation. Between 2020 and 2025, a total of 536 professionals were trained, comprising 299 microbiologists and 237 epidemiologists. Participants were drawn from the human health (325), animal health (195), environmental health (13), and food safety (3) sectors.

While acknowledging the progress made, Africa continues to face significant challenges in strengthening bacteriology diagnostic capacity to sustainably support AMR surveillance programs and patient care. These challenges include inadequate bacteriology infrastructure that meets biosafety and biosecurity standards, shortages of trained and skilled personnel specialized in bacteriology and AMR diagnostics, limited access to diagnostic tools, reagents, and supplies, weak equipment maintenance and management systems, and underdeveloped laboratory quality management systems, including

inconsistent implementation of standardized antimicrobial susceptibility testing (AST) methods.

A further critical gap is the limited engagement of multidisciplinary teams, clinicians, veterinarians, pharmacists, and public and environmental health professionals, in diagnostic stewardship programmes. This results in underutilization of bacteriology laboratories and weak integration between clinical services and public health surveillance systems. In addition, uneven coverage of interventions across One Health sectors, compounded by insufficient domestic financing for AMR interventions, continues to hinder sustained progress toward this objective.

To address diagnostic challenges, the African Union will work with partners to:

1. Support laboratories across One Health sectors to expand phenotypic and genomic bacteriology testing.
2. Identify and address infrastructural, workforce, quality, supply chain, equipment management, regulatory, equity and financial barriers to expansion of diagnostic testing.
3. Advocate for increased testing of food-producing animals, food products, and their immediate environments, and for routine veterinary submission tied to heard/flock health management.
4. Advocate for collaboration with national plant health diagnostic laboratories and reference laboratories as part of the AMR surveillance network under the One Health Framework.
5. Engage with AMR stakeholders and the private sector to build a strong business case for sustainable access to diagnostics.
6. Standardize methods and reporting to ensure interoperable data flows to GLASS (human), ANIMUSE (animal) and InFARM (food chain), feeding national systems and AU dashboards.

1.4 Increase the Proportion of Laboratories with Quality Assurance Programmes and International Accreditation

Quality-assured and accredited laboratories are pivotal in AMR surveillance across One Health spectrum. They generate reliable, standardized data that inform clinical decision making, and veterinary practice, food-safety controls, and public health policy. Accurate detection of priority pathogens and resistance traits allows timely outbreak response and containment. Despite their critical importance, many laboratories across the continent continue to face persistent challenges, that limit their ability to deliver

high-quality diagnostic services. These include limited implementation of laboratory quality management systems (QMS), infrastructure deficiencies, and supply-chain constraints, which collectively undermine accurate diagnostics, food safety, environmental monitoring, and broader economic growth.

Over the past decade, Africa has made measurable progress in advancing laboratory QMS through initiatives such as the Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) and Strengthening Laboratory Management Toward Accreditation (SLMTA). However, international ISO accreditation coverage remains limited. According to the MAAP study (2016–2019), only 23% of surveyed laboratories in 14 African countries were ISO 15189 accredited. As of mid-2025, Africa had 1,264 laboratories with limited or full ISO 15189 accreditation serving a population of approximately 1.56 billion, equivalent to one accredited laboratory for every 1.23 million people. By comparison, Europe had approximately 3,800 accredited laboratories in 2022, serving a population of 744 million, or roughly one accredited laboratory for every 196,000 people.

In parallel, laboratories operating within the veterinary, food, and environmental sectors, where ISO/IEC 17025 is the applicable standard, remain significantly underrepresented in continental quality assurance and accreditation baselines. This gap highlights the need for coordinated, cross-sectoral, and stepwise pathways to quality improvement and accreditation across the One Health continuum.

Key challenges hindering QMS implementation in African laboratories include inadequate infrastructure and resources, shortages of skilled personnel, inconsistent quality-assurance practices, fragmented quality and regulatory frameworks across One Health sectors, limited awareness and political buy-in and persistent financial constraints.

To address these challenges, the African Union will work with partners to:

1. Support Member States through a phased approach to progressively implement quality management systems through stepwise frameworks such as SLIPTA and SLMTA, before achieving full ISO accreditation.
2. Promote the adoption, harmonization and implementation of quality assurance systems and aligned policies across One Health sectors to improve the quality, comparability and reliability of AMR data generated by human, veterinary, food,

and environmental testing laboratories.

3. Establish a sustainable workforce development program and define a continent-wide approach to assess human, veterinary, environmental and plant health laboratories' adherence to quality standards, using established international approaches.
4. Create a continental registry of laboratory quality mentors and assessors and promote twinning and exchange programmes across Regional Economic Communities (RECs) to accelerate pre-audits, internal audits, and implementation of corrective action plans.
5. Establish a continental proficiency testing (PT) network and strengthen Africa-based PT hubs for harmonized quality standards, improved performance monitoring and cost efficiency.
6. Promote increased domestic financing for laboratory quality systems to ensure long term sustainability and reduced reliance on external funding.

1.5 Increase the Number of National and sub-National Laboratories Conducting Surveillance for AMR using Standardized Protocols

Inference from surveillance data remains critical for accurately estimating the burden of AMR and informing effective interventions to mitigate its spread. However, Africa is faced with significant challenges in generating high quality, comparable AMR data due to limited and uneven diagnostic capacity. Key challenges include the absence of consensus on priority pathogens for AMR surveillance, variability in identification methods (e.g., culture-based versus molecular approaches), lack of harmonization in antimicrobial panels for susceptibility testing, inconsistent interpretation of breakpoints and zone diameters, and non-standardized reporting practices. Together, these gaps undermine data comparability within and across countries and limit the utility of AMR data for clinical care, surveillance, and policy decision-making.

International standards and guidelines, most notably those developed by the European Committee on Antimicrobial Susceptibility Testing (EUCAST) and the Clinical and Laboratory Standards Institute (CLSI), play a critical role in promoting consistency, accuracy, and reliability in microbiology laboratories. However, the breakpoint development processes for these guidelines are largely informed by clinical and pharmacokinetic/pharmacodynamic data generated in Europe and North America, which may not fully reflect African populations, epidemiology, and treatment

contexts. This limitation has implications for breakpoint applicability and clinical decision making in African settings.

In addition, a substantial proportion of antimicrobials recommended within CLSI or EUCAST testing panels are not routinely available within many African health systems. This mismatch between guideline recommendations and medicines availability further constrains the use of antimicrobial susceptibility testing to guide therapy and antimicrobial stewardship.

The development and adoption of continentally standardized laboratory and AST guidelines, grounded in African generated evidence and aligned with health system realities, would support improved patient management, rational antimicrobial use, reduction of resistant pathogens, and generation of high-quality AMR and antimicrobial stewardship (AMS) data. Importantly, data generated through standardized protocols would also inform African Union initiatives on sustainable local manufacturing of health commodities and pooled procurement mechanisms by providing clear, evidence-based guidance on priority microbiology supplies, reagents, and commodities, as well as forecasted quantities.

To address this challenge, the African Union will work with partners to:

1. Develop continental standardized laboratory and AST guidelines or bacteriology and antimicrobial susceptibility testing, informed by African epidemiological, clinical, and laboratory evidence.
2. Develop plant AMR surveillance protocols which integrates crop pathogens, fungicide/bactericide resistance.
3. Establish consensus on a core set of priority pathogens and corresponding microbial agents to be routinely monitored for AMR by domain (Food safety, Human, Animal, Plant and Environment health) while recognizing that additional pathogens of national or sub-regional importance may be included.
4. Adopt or adapt standardised training materials implement capacity building programmes through respective African Union organs or specialized agencies (Africa CDC, AU-IBAR etc) collaborating centres and networks.
5. Align supply chains and procurement with the agreed panels, including publishing a minimum list of essential microbiology equipment and supplies, establishment of pooled procurement and vendor qualification mechanisms, and support local manufacturing where feasible.

6. Standardize data elements and interoperability frameworks including minimum metadata requirements (site/matrix, method and version, panel, susceptibility status), routine data flows to global and continental systems GLASS (human), ANIMUSE (animal), InFARM (food chain) and integration into national platforms and AU dashboards.

1.6 Increase the Number of Member States that Continuously Collect, Analyse, Report and Disseminate AMR and AMU Data across One Health Reporting Platforms

Effective data sharing is the most critical step and the backbone of coordinated national, regional, continental, and global response to the growing AMR burden. Timely analyses and dissemination of AMR and AMU data, particularly to policy makers, increases awareness and enables the translation of awareness into actions. Integration, transparency, and comparability of AMR and AMU data across human, animal (including food-producing species), plants and environmental sectors is essential for informed collective decision making and demonstrating a functional One Health approach.

Significant progress has been made in establishing AMR and AMU data reporting global platforms, with AU Member States already contributing data. These include the WHO-Global Antimicrobial Resistance Surveillance System (GLASS) for human health, the FAO International AMR Monitoring (InFARM) platform for food and agriculture, and the WOAHS World Animal Health Information System (WAHIS) for animal health. In contrast, global reporting mechanisms for environmental AMR and antimicrobial residue surveillance remain under development, with most available data currently generated through research projects, academic consortia, and limited national pilot initiatives.

At continental level, efforts are underway to establish an open-source Africa AMR/AMU Data Hub to enable Member States to share integrated human–animal–food–environment datasets. This platform is intended to support African Union One Health responses and to provide harmonized African datasets for submission to global reporting systems. However, progress is constrained by several challenges, including the absence of harmonized data dictionaries and data-sharing agreements, weak One Health integration, fragmented or non-interoperable databases and laboratory information management systems, limited

legal and policy frameworks for data governance, and uneven laboratory and surveillance capacity to generate statistically robust and representative data.

To address these challenges, the African Union will work with partners to:

1. Support the development of a continental AMR data governance Framework to guide standardized data collection, sharing, protection, and use.
2. Support the establishment and maintenance of a comprehensive, open-source, and continuously updated continental AMR and AMU database, including plant AMR data, farm biosecurity and strengthen national and regional capacity for routine data analysis and interpretation.
3. Develop and maintain agreements for data and material sharing including provision for priority isolates of interest across countries, regions and at the continental level.
4. Convene partners periodically at regional and continental levels to review and align protocols for data sharing, interpretation, publication, and authorship.
5. Mobilize resources to strengthen surveillance systems, including adequate staffing, infrastructure, administrative support, and enabling policy environments for sustained data collection and dissemination.
6. Support AU member states with the interpretation and utilization of AMR surveillance and AMU data to inform evidence-based interventions, including revision of treatment guidelines, stewardship programmes, and policy decisions.
7. Ensure data protection, confidentiality, and appropriate data-use safeguards to build trust among Member States and partners and promote sustained data sharing.

STRATEGIC GOAL 2: DELAY EMERGENCE OF RESISTANCE AND MITIGATE HARM CAUSED BY AMR PATHOGENS

Microorganisms, including bacteria, fungi, viruses, and parasites, naturally develop resistance to antimicrobials over time. However, the rate of resistance emergence is significantly accelerated by the misuse and overuse of antimicrobials across the One Health spectrum. These practices are driven by inappropriate prescribing, informal and unregulated sale of antimicrobials, inadequate user and prescriber education, weak regulatory oversight of antimicrobials and diagnostics, use of antibiotics in animal production, and limited diagnostic capacity.

Additional drivers include, therapeutic, metaphylactic, and prophylactic antibiotic use in animal production (and growth-promotion where applicable), gaps in infection prevention and control (IPC) water, sanitation and hygiene, (WASH) and biosecurity systems, all of which facilitate the spread of resistant pathogens.

Delaying the emergence of resistance and mitigating the harm caused by resistant infections is essential in controlling the growing burden of AMR. This will be achieved by strengthening stewardship in human and veterinary care, expanding access to quality diagnostics and standardized AST,

improving IPC/WASH and food-chain biosecurity, tightening regulatory control of veterinary and human antimicrobials, and promoting vaccination and good husbandry- all underpinned by routine collection, analysis, and use of AMR/AMU data across human, animal, plant, and environmental sectors.

2.1 Increase the Proportion of Prescribers and Food Producers adhering to Prudent Use of Antimicrobials

Misuse and overuse of antimicrobials accelerate the emergence and spread of resistant pathogens, threatening health and food systems. Prescribers in human and animal health, including physicians, veterinarians, pharmacists and other authorized prescribers, serve as critical gatekeepers in ensuring antimicrobials are prescribed when clinically indicated in accordance with the right diagnosis, dose, duration and route, in line with antimicrobial and diagnostic stewardship guidelines.

Food producers, including farmers, crop producers, livestock keepers and aquaculture operators, play a pivotal role in preserving the effectiveness of lifesaving antimicrobials by avoiding routine and preventive

use, particularly of highest-priority critically important antimicrobials (HP-CIA) for human health. Adoption of vaccination, improved hygiene, biosecurity, and good husbandry practices can substantially reduce reliance on antimicrobials while improving productivity and animal health outcomes.

Inappropriate or delayed antimicrobial therapy has been associated with increased mortality, prolonged illness and hospital stay, and emergence of highly resistant pathogens with significant transmission potential.

Antimicrobials are used in crops, and resistance management efforts often overlook that aspect. Agronomists, crop protection advisors and pesticide regulatory authorities involved in antimicrobial pesticide use are important stakeholders in promoting appropriate use of antimicrobials in plant health.

Despite the critical importance of antimicrobial stewardship (AMS), the 2024 WHO-AFRO report on implementation of national core elements for AMS programmes found that 29 of 31 Member States (93.5%) were at basic or intermediate levels of implementation. Key gaps included the absence of national AMS policies and facility level programmes, lack of dedicated budget lines for AMS activities, and limited incorporation of the WHO AWaRe (Access, Watch, Reserve) classification into national essential medicines lists. However, there is also a need to develop plant-specific stewardship guidelines, especially in the context of Integrated Pest Management (IPM).

Reliance on guided therapy secondary to reliable diagnostic results is of essence to ensure targeted and evidence-based prescriptions. Improved access to diagnostics will be aligned with antimicrobial stewardship efforts, including timely access to antimicrobial susceptibility testing and the systematic use of diagnostic data to inform treatment guidelines, prescribing practices, and policy decisions across human and animal health sectors.

To address gaps in treatment guidance, particularly in the 38 AU Member States lacking locally developed treatment guidelines, Africa CDC developed the African Antibiotic Treatment Guidelines for Common Bacterial Infections and Syndromes (First Edition, 2021). These adult and paediatric guidelines provide expert recommendations on antimicrobial selection, dosing, and duration for common bacterial infections, supporting appropriate antimicrobial use and mitigating AMR emergence.

Within the agrifood sector, AU-IBAR, through its continental programme on Containing the Emergence and Spread of AMR (CES-AMR), has significantly advanced antimicrobial stewardship by building the capacity among veterinarians, veterinary paraprofessionals, and livestock producers in responsible antimicrobial use, biosecurity, and infection prevention and control. These efforts are laying the necessary institutional and technical foundation for future development of sector-specific antimicrobial use guidelines. Complementing these efforts, FAO launched the Community of Practice (CoP) in February 2024 as part of the Reduce the Need for Antimicrobials on Farms for Sustainable Agrifood Systems Transformation (RENOFARM) initiative, providing a global platform for knowledge exchange on good agricultural practices and prudent antimicrobial use.

Several countries have begun using AMR surveillance data to inform treatment guidance. Ethiopia, Tanzania, and Zambia have developed their first Standard Treatment Guidelines for Animal Diseases using evidence-based surveillance data, demonstrating the value of guided therapy informed by quality laboratory results in the animal sector.

To advance antimicrobial stewardship efforts and address existing challenges, the African Union will work with partners to:

1. Convene experts to review existing AMR surveillance data from Africa and develop or update Africa-specific antimicrobial treatment and stewardship guidelines for human and animal health.
2. Collaborate with governments, academia, research institutions, and civil society to evaluate treatment outcomes following adherence to treatment guidelines to continuously improve treatment approaches.
3. Convene a broad set of stakeholders from government, agriculture, veterinary health, aquaculture and consumers to review current practices and barriers to good agricultural practices and prudent antimicrobial use across species and production systems.
4. Collaborate with partners to develop antimicrobial use guidelines for priority agricultural value chains (e.g. poultry and aquaculture) and promote their adoption.
5. Advocate for capacity building in prudent antimicrobial use for the treatment of animal diseases and institutionalize of regular monitoring

- of antimicrobial residues in food.
- 6. Encourage policies that promote procurement of animals and animal products only from producers adhering to prudent-use standards.
- 7. Promote purchasing policies favouring compliant producers, supported by traceability systems.

2.2 Reduce Antimicrobial Residues in the Environment

Antimicrobial residues enter the environment through multiple pathways, including, pharmaceutical manufacturing waste, human and animal excreta, aquaculture effluents, agricultural runoff, abattoir waste, and improper disposal of expired or unused medicines and hospital effluent. Once in the environment, these residues contaminate soil, surface, and ground water and food crops creating persistent low-level antimicrobial exposure that drives selection pressure for resistant microorganisms and facilitates horizontal gene transfer. The emerged resistant microorganisms can subsequently become transmissible among humans, animals, and the environment.

To address antimicrobial residues challenge in the environment, the African Union will work with partners to:

1. Support the integration of wastewater monitoring systems and environmental sampling into human and animal surveillance systems to detect antimicrobial residues and resistant organisms.
2. Strengthen and harmonize regulatory frameworks aligned with One Health policies, including enforcement of maximum residue limits (MRLs) in food and environmental quality standards (EQS) or discharge limits for hospitals, abattoirs, farms, aquaculture, and pharmaceutical plants.
3. Establish a One Health residues and effluents surveillance network across human, animal, plant, food, and environmental sectors.
4. Support the establishment of surveillance and monitoring of antimicrobial residues in the environment and resistance genes.
5. Promote awareness and training programs on environmental AMR risks and mitigation measures.
6. Monitor antimicrobial residues in soils/crops.
7. Promote good phytosanitary practices.

2.3 Expand Equitable Access and Accelerate Innovation for Quality and Affordable Diagnostics

Limited access to reliable, quality-assured, and affordable diagnostic services remains one of the most significant bottlenecks in the fight against antimicrobial resistance (AMR) across Africa.

Despite the disproportionately high burden of infectious diseases in the continent, diagnostic capacity remains limited, unevenly distributed, and often costly. As a result, in most health facilities, particularly at the primary healthcare level, the management of patients remain syndromic. The Lancet Commission on Diagnostics reported that 47% of the global population lacks access to diagnostics, with the greatest gaps in LMICs. In primary healthcare settings in LMICs, only 19% of the population have access to the most basic essential diagnostic tests, excluding disease-specific programmes such as HIV and malaria. The WHO Africa Regional Strategy on Diagnostic and Laboratory Services and Systems (2023–2032) highlights a pronounced urban–rural disparity, with diagnostic access in rural areas falling below 20%.

Further, the MAAP study found that only 1.3% of approximately 50,000 laboratories across 14 African countries have the capacity to perform bacteriology testing, and among these, just 23% are ISO 15189 accredited. The combined lack of simple diagnostics to distinguish bacterial from viral infections, inadequate laboratory infrastructure, limited skilled personnel, weak supply chains, and poor adherence to quality-assurance and operational standards results in unreliable test outcomes. This undermines prescriber confidence, drives empirical use of broad-spectrum antimicrobials, compromises clinical outcomes, and accelerates the emergence and spread of AMR pathogens.

To address access and quality-assurance gaps, the African Union will work with partners to:

1. Strengthen governance and stewardship for integrated One Health diagnostic systems.
2. Expand diagnostics and innovation ecosystems to improve access, strengthen surveillance, evidence-based prescribing and local adaptation of technologies.
3. Establish baselines and tracking systems for

diagnostics, covering procurement audits and conformity assessments, and lot-verification pass rates at receipt.

4. Support the implementation of quality management systems and accreditation of diagnostic laboratories under certified programs to ensure continuous monitoring of diagnostics performance across member states.
5. Promote regional manufacturing and resilient supply chain for quality-assured diagnostics.
6. Build sustainable financing, procurement, and manufacturing pathways.
7. Promote AMR research with academia and industry, including Point of Care diagnostic tools, molecular assays, and artificial intelligence.

2.4 Reduce Availability and Sales of sub-Standard and Falsified Antimicrobials

Sub-standard and falsified (SF) antimicrobials remain widespread in Africa and contribute significantly to AMR, treatment failure, and preventable deaths. Likewise counterfeit pesticides and illegal agrochemicals remain a serious issue faced by African countries. Pesticide registration and regulation across Africa remains weak and fragmented. Registration procedures for pest control products including biopesticides are obsolete or inexistent.

Substandard products exert selective pressure without curing infection, while falsified products delay appropriate treatment and increase morbidity and mortality. Recent studies, including the 2024 African Pharmaceutical Network report, estimate the prevalence of substandard and falsified (SF) medicines in Africa at 22.6%, with unregistered medicines averaging 34.6%. Antibiotics, antimalarials, and antihypertensive medicines account for a substantial share of SF products, representing 44.6%, 15.6%, and 16.3%, respectively. Country-level evidence underscores the scale of the problem, with a 2020 study in Uganda reporting that 30% of medicines were substandard or falsified. Overall, SF medicines are estimated to contribute to nearly 500,000 deaths annually in Africa, more than half (267,000; 53%) linked to falsified antimalarials, with West Africa bearing the highest burden.

Most countries lack strong regulatory policies and enforcement capacities to ensure antimicrobials that are manufactured, procured, or donated meet the required quality and supply chain standards, and are used for appropriate purposes. Limited laboratory infrastructure, low public awareness and health literacy, and insufficient resources to evaluate,

approve drugs and withdraw substandard drugs from the market contribute to the pool of significant challenges to be addressed.

To address the challenges of SF antimicrobials, the African Union will:

1. Coordinate through African Medicines Agency (AMA) and relevant AU entities to harmonize prohibition and post marketing surveillance.
2. Strengthen laboratory systems for drug quality control while building pharmacist capacity to identify substandard and falsified medicines and apply innovative tools for drug-quality testing.
3. Promote policies that advance the availability of quality-assured antimicrobials at affordable prices.
4. Collaborate with governmental and non-governmental partners (including community groups) to increase awareness of clinicians, veterinarians, pharmacists, agronomists, veterinary paraprofessionals, animal and crop producers of SF antimicrobials.
5. Support Member States to strengthen regulation of antimicrobial sales, enhance post-marketing surveillance, and reinforce regulatory oversight of the manufacture and distribution of substandard and falsified (SF) antimicrobials across Africa.
6. Leverage the African Medicines Agency, in collaboration with international and multi-lateral partners to coordinate and enforce sanctions against entities involved in the manufacture and distribution SF antimicrobials in Africa.
7. Develop and promote the adoption of harmonized model regulations governing the sale and distribution of antimicrobials across the human, animal and plant production sectors.
8. Strengthen phytosanitary input regulation and quality control of plant protection products.

2.5 Ensure Equitable Access to Quality Antimicrobials and Vaccines

Equitable access to quality assured antimicrobials and vaccines is fundamental to infection prevention, delaying the emergence of resistance and generating reliable, quality-assured bacteriological data to inform patient care, program implementation, and policy decision making. At the continental level, the African Union (AU) has taken steps to promote access and quality, including the establishment of AU-PANVAC to support independent quality control testing of veterinary vaccines.

Alongside the 2024 UN General Assembly, Africa CDC and partners launched the AU AMR Landmark

Report, calling for urgent continental action to ensure equitable access to quality-assured antimicrobials, vaccines, diagnostics and enabling technologies.

The report highlights significant access constraints, including the concentration of 67% of antibiotic use in healthcare settings within just four agents (amoxicillin, ciprofloxacin, doxycycline, and co-trimoxazole), reflecting limited treatment options. While 80% of antimicrobial consumption in 14 surveyed countries fell within the WHO AWaRe “Access” category, exceeding the global 60% target, the finding that 86% of Reserve antibiotics were neither available nor listed on national Essential Medicines Lists raises serious concerns about access to last-resort therapies.

Despite vaccination being among the most cost-effective public health interventions in human and animal history, inequities persist. As of November 29, 2023, only 32.8% of people in low-income countries had received at least one vaccine dose, compared to 79.9% in high-income countries. These disparities underscore the urgent need for improved supply chains, healthcare infrastructure investment, and international support to ensure that essential antimicrobials, diagnostics, and vaccines are accessible to all healthcare facilities across the continent.

Access challenges are especially pronounced in the veterinary sectors. While large-scale commercial farms have better access, smallholders, and pastoralists, producers, who represent the majority of producers, face major barriers, including cost, weak infrastructure, and limited availability. Vaccination coverage for ruminants and poultry remains low, with only 5–15% of smallholders routinely vaccinating in some Member States. In aquaculture, access is even more restricted. A 2025 AU-IBAR/AU-PANVAC survey found that only two countries, primarily among large scale operators, reported use aquatic vaccines. Unequal access drives overreliance on antibiotics, heightening AMR, making equitable vaccine delivery vital to Africa’s AMR strategy. AU-PANVAC and AU-IBAR are addressing these gaps through quality control, regulatory harmonization, improved delivery models, and disease eradication programs.

Some of the same drugs that are used in human and veterinary medicine (e.g., streptomycin, tetracyclines, triazoles) are also used to control plant diseases. Thus, resistance that develops in one sector can be transferred and clinically relevant across sectors and species. In LMICs, the quantity and types of antimicrobials being used for agronomic application are undocumented, a problem compounded by

challenges of access to quality-assured antimicrobials, including a growing industry of fraudulent and substandard products.

To address chronic shortages, frequent stock-outs, and the importation of over 90% of pharmaceutical products, the AU, through the African Medicines Agency (AMA) and Africa CDC, is advancing initiatives to strengthen local manufacturing, pooled procurement, and supply chain resilience, with the aim of improving affordability, availability, and sustainability of health commodities.

Despite the progress made, Africa urgently requires a comprehensive, coordinated, multi-sectoral and multi-disciplinary approach to align priorities, share best practices, address systemic barriers and develop innovative solutions to sustainable access to antimicrobials and vaccines. Ensuring access is a critical pillar of AMR control, as lack of access contributes to morbidity and mortality that may exceed the direct burden of AMR itself.

To address access challenges, African Union through its respective entities will work with partners to:

1. Review and prioritize access related actions from the AU AMR Landmark Report and other published evidence aligned with the AU AMR Policy Framework and the Partnership Platform on AMR.
2. Develop a continental access roadmap and investment case for antimicrobials, diagnostics and vaccines to guide implementing partners and Member States.
3. Promote equitable resource mobilisation in support of the AMR Access Investment Case for Africa.
4. Identify opportunities to strengthen regulatory, procurement, and local manufacturing capacity for AMR-relevant health technologies.
5. Engage with global partners, funders, and private sector actors to elevate African perspectives and share best practices on sustainable access models.
6. Strengthen last-mile delivery and cold-chain systems, including REC-level distribution backbones, service agreements for priority human and animal vaccines, diagnostics, and AST supplies, and standardised sample transport to reference laboratories.
7. Promote harmonized standards for vaccines registration across AU Members States.

STRATEGIC GOAL 3: LIMIT THE TRANSMISSION OF AMR PATHOGENS

The spread of antimicrobial resistance is driven by interconnected transmission pathways across the One Health spectrum, linking people, animals, food systems, waste streams, and the environment. Breakdowns in infection prevention and control, biosecurity including farm biosecurity, phytosanitary processes, food hygiene, and water, sanitation and hygiene allow resistant microorganisms to persist and spread across sectors and communities. Agricultural crops act as reservoirs for AMR transmission and environmental contamination. Limiting transmission therefore requires coordinated, cross-sectoral interventions that reduce infection risk at source, interrupt pathways of spread, and limit environmental dissemination.

3.1 Increase the Proportion of Healthcare and Veterinary Facilities Implementing Infection Prevention and Control Programs.

Transmission of AMR pathogens occurs frequently in healthcare and veterinary facilities. Compared to community acquired pathogens, healthcare associated pathogens are more likely to be resistant to broad spectrum antimicrobials, increasing morbidity, mortality, and treatment costs.

Strong infection prevention and control (IPC) measures and veterinary biosecurity, such as hand hygiene, safe injection practices, sterilization /reprocessing, vaccination, environmental cleaning and proper waste management, have been proven to reduce healthcare-associated infections (HAIs). Studies show that, consistent implementation of IPC and biosecurity measures significantly limits the transmission of multidrug-resistant organisms (MDROs) among patients, animals, healthcare workers, veterinary staff, and their shared environments.

The HAIs, particularly those caused by MDROs place a heavy burden on human and animal health systems, contributing to increased mortality and morbidity rates, prolonged hospital stays and higher healthcare costs. The 2024 WHO Global Report on IPC estimated HAI prevalence in low- and middle-income countries (LMICs) at 15%, double that of high-income countries (7%). In Africa, reliable HAI data remain limited due to weak surveillance and IPC systems, fragmented

or absent reporting mechanisms, and inadequate monitoring and feedback loops. These gaps result in a lack of actionable data to guide patient care and policy decisions.

Despite the strong evidence that many HAIs can be prevented by basic IPC measures and WASH interventions, Africa still falls behind. The African Union AMR Landmark Report indicated that only 13% of African countries had nationwide IPC/WASH programmes aligned with WHO guidelines. In addition, approximately one in five African children do not receive essential vaccines, contributing to over half a million deaths annually from vaccine-preventable diseases increasing vulnerability to HAIs and AMR-related issues.

Importantly, IPC and WASH interventions must also extend beyond human health facilities to include terrestrial and aquatic animal food processing and handling sites, such as abattoirs, fish landing sites, and informal markets. These settings often lack adequate hygiene infrastructure, facilitating cross-contamination through direct contact or vectors like flies, and contributing to the environmental spread of resistant pathogens.

To strengthen IPC implementation, Africa CDC developed the IPC Legal Framework to guide member states in developing or strengthening their national laws, regulations and policy systems. By mid 2025, Cameroon, Nigeria, Malawi and Liberia had already adapted the Framework nationally. In parallel, AU-IBAR, working with FAO, WOAHA and Member States' veterinary services and RECs, is operationalizing biosecurity in livestock systems and veterinary facilities through farm-level herd/flock health protocols, Hazard Analysis and Critical Control Points (HACCP) aligned procedures in abattoirs and live-animal markets, training packages, and integrating biosecurity indicators into routine inspections and One Health surveillance.

Considering the critical role of plant health in AMR transmission, AU-IAPSC has an important role to play particularly in guideline development of safe use of antimicrobials in crops but also irrigation water contamination.

To achieve the increased proportion of healthcare facilities with IPC programs, the African Union will work with partners to:

1. Support Member States to domesticate the Africa CDC IPC Legal Framework and develop or update AU-IBAR biosecurity frameworks for veterinary facilities, farms, abattoirs, markets, and aquaculture.
2. Develop guidelines for safe use of antimicrobials in crops.
3. Advocate for Member States to establish national IPC programs and standardized HAIs surveillance systems and establish national biosecurity programs (HACCP-aligned food-chain hygiene) that address staffing, hygiene, supplies, monitoring, and in infrastructure design including for fish landing sites and both terrestrial and aquatic animal food markets.
4. Work with member states and healthcare delivery partners at all levels to develop and measure a minimum set of indicators to assess adequacy of IPC in healthcare facilities.
5. Promote the development of formal IPC/biosecurity education materials and training programs at professional schools (e.g., medical, nursing, veterinary, laboratory technician), and in-service programs for healthcare and veterinary workers, para-vets and abattoir/market personnel on areas including hand hygiene, standard precautions, biosecurity and isolation techniques.
6. Collaborate with public and private partners to assure a stable supply chain for IPC commodities (e.g., personal protective equipment, hand hygiene stations, water, safety-engineered injection devices, autoclaves).
7. Strengthen readiness and maintenance systems for PPE, water and energy supply, sterilization, disinfectants, and waste management.
8. Develop guidelines on irrigation water contamination.

3.2 Strengthen Biosecurity, Good Husbandry Practices, Phytosanitary Measures and Vaccination on Farms

Biosecurity, good husbandry practices, phytosanitary measures and vaccination are cost-effective and sustainable preventive measures that play a vital role in reducing the need for antimicrobials and limiting the emergence and transmission of AMR pathogens. Effective on-farm AMR control requires tighter movement control or quarantine, clean water and feed hygiene, appropriate housing and stocking

density, vector and pest control, robust waste and effluent management, and balanced nutrition. Consistent adoption of these measures across African livestock and aquaculture systems is essential to slow resistance, protect livelihoods, and build resilient agrifood systems.

The 2025 *State of the World's Animal Health* report highlights that 47% of animal diseases are zoonotic and are increasingly spreading to new geographic areas, underscoring the urgency of a One Health approach. Despite the availability of effective preventive measures, the report identifies unequal access to veterinary vaccines, limited awareness and training, weak infrastructure, and inadequate policy enforcement as persistent barriers to their consistent adoption across livestock and aquaculture systems.

As the African Union's lead for animal resources and co-secretariat of the AU Taskforce for AMR Control, AU-IBAR works with RECs and national veterinary services to operationalize farm level biosecurity and vaccination. This includes the development and implementation of species- and production-specific standard operating procedures, herd and flock health protocols, and application of HACCP principles in abattoirs and livestock markets. AU-IBAR also supports capacity building for veterinarians, para-veterinarians, and extension services, while strengthening AMR stewardship through WHO high-priority critically important antimicrobial (HP-CIA) safeguards, prescription-only use, controls on medicated feeds, enforcement of withdrawal periods, and residue testing. In addition, AU-IBAR supports AMU/AMR data flows, mg/PCU by species to ANIMUSE, food-chain AMR/AMU to InFARM, and links these to national M&E and AU dashboards.

Limiting the use of antimicrobials in plant production can be achieved using the well-established measures of "Integrated Pest Management" (IPM) to minimize economic losses to crops, as well as to minimize risks to people and the environment. The FAO publication on how to use antimicrobials effectively and responsibly in plant production, for the sake of human and plant health recommends crop biosecurity, plant quarantine measures, and integrated pest management as preventive tools for reducing antimicrobial use.

To address the challenges, the African Union will work with partners to:

1. Promote implementation of good farming, hygiene, and husbandry practices that minimize transmission of AMR microorganisms within

and between animal populations, and at the human to animal interface, including, movement control, compartmentation, pen and production flow separation, and effective cleaning and disinfection, supported by routine record-keeping to support on-farm stewardship.

2. Improve access to and adoption of appropriate husbandry systems and feeding regimes including aquaculture water-quality management, feed hygiene and use of probiotics, to reduce disease occurrence and lower antimicrobial use, with mg/PCU reduction targets in priority species and production systems.
3. Promote the uptake of vaccination as a core preventative animal health intervention to prevent infections and reduce the need for antimicrobials use.
4. Support training on good animal husbandry and animal welfare to reduce disease risk across different sectors of the animal industry.
5. Advocate for the termination or phased withdrawal of veterinary antimicrobial drugs for growth promotion that belong to classes of antimicrobial agents used (or submitted for approval) in humans and animals in the absence of risk-analysis and regulatory oversight.
6. Strengthen community animal health systems and risk communication and community engagement (RCCE) to boost uptake of biosecurity, good husbandry, and vaccination at farm and community levels.
7. Advocate for the implementation of farm biosecurity, plant quarantine measures, and integrated pest management as preventive tools for reducing antimicrobial use.

3.3 Increase the Availability and Sales of Foods from Animals raised with Prudent Antibiotic Use

In the community setting, food products contaminated with AMR microorganisms or antimicrobial residue can increase the burden of AMR infections in humans. Once consumed, AMR microorganisms may not cause human illness but can transfer resistant genes to other microorganisms that do cause human disease., increasing the risk increasing the risk of difficult-to-treat infections. Humans may subsequently develop illness caused by these newly resistant microorganisms or transmit resistant pathogens to others. The presence of antimicrobial residues in food further promotes the selection and development of antimicrobial resistance.

As noted above, a key challenge in reducing AMR microorganisms and residues in food products is that antimicrobials remain essential for the treatment of diseases in plants and food-producing animals. However, in many contexts across the region, their use occurs without adequate oversight, guidance, or enforcement of prudent-use principles, increasing risks to public health, livelihoods, and food systems.

To address the challenge, the African Union will work with partners to:

1. Convene a diverse group of stakeholders to review, synthesize and periodically update the evidence on antimicrobial use in plant-based foods, food-producing animals and its public health, animal health, and food system implications, and issue reports to inform policy and practice.
2. Advocate among African policy makers to elevate AMR associated with animal-sourced foods as a priority issue public health, livelihoods, and food systems resilience.
3. Promote awareness and enhance knowledge on AMR and prudent antimicrobial use amongst farmers, producers, and other value-chain actors.
4. Strengthen and promote access to quality, affordable animal health delivery systems and support services, especially at the community level, to reduce inappropriate antimicrobial use driven by limited access to veterinary care.
5. Encourage policies and market-based incentives, such as public procurement standards and voluntary certification or labelling schemes, that promote the sale and sourcing of animal commodities and plant-based foods only from producers adhering to prudent antimicrobial use and residue compliance guidelines.
6. Build producer and veterinary capacity by training farmers, agronomists, veterinarians, and community animal health workers (CAHWs) on prudent antimicrobial use (appropriate dose, duration, and indication), withdrawal period and residue compliance, medicated-feed controls, and record-keeping; and deploy risk communication and community engagement (RCCE) approaches, including local languages, to shift behaviours and counter misinformation.

3.4 Strengthen Water, Sanitation, and Hygiene in all Settings

Water, sanitation, and hygiene (WASH) programs are central to AMR control across human animal and environmental health. High-quality water systems and

hygiene, together with biosecurity in animal facilities and farms, prevent infections in people and animals, reducing the need for antimicrobial use and the limiting the emergence and spread of AMR microorganisms. Effective sanitation systems can further reduce infections and transmission risks, while limiting contamination of the environment with antimicrobial agents and/or residues. Environmental contamination can occur through multiple pathways, including waste from the manufacture, use, and disposal of antimicrobials; excreta (faeces and urine) from humans and animals treated with antimicrobials; wastewater from aquaculture facilities using antimicrobials; improper disposal of expired or unused medicines; hospital effluents; and antimicrobial compounds used in fruits, vegetables, and other crops. Once released into the environment, antimicrobials can accelerate the emergence of AMR microorganisms through direct selection pressure and by disrupting microbial ecosystems.

The continental AMR Landmark report highlights only 13% of African countries have nationwide IPC/WASH programs aligned with WHO guidelines, leaving many populations vulnerable to healthcare-associated infections and other AMR-related issues.

Key challenges in improving WASH services in Africa include but are not limited to, limited access to safe water, poor infrastructure, the impact of climate change on water availability and sanitation systems, cultural and behavioural barriers, insufficient veterinary WASH and biosecurity capacity (farms, veterinary clinics/hospitals, abattoirs, live-animal markets, aquaculture), and lack of community ownership and limited financing for infrastructure investment, operation and maintenance.

Recognizing the severity of the WASH challenge and how it affects economic transformation, climate resilience, public health, food security and regional stability, the African Union has elevated water and sanitation to a continental political priority, and declared 2026 as the Year of “Assuring Sustainable Water Availability and Safe Sanitation Systems to Achieve the Goals of Agenda 2063.” recognizing them as catalysts for.

To address WASH improvement challenges, the African Union will work with partners to:

1. Advocate for laws, policies, and regulatory frameworks that strengthen water, sanitation, and hygiene in settings at high risk for AMR transmission, including human healthcare facilities, congregate settings, farms, slaughterhouses, aquaculture facilities, and pharmaceutical manufacturing sites.
2. Support community-led and locally driven initiatives to improve WASH in underserved addressing access and equity gaps while strengthening community ownership and sustainability.
3. Promote public- private partnerships to mobilize resources, technical expertise and innovation for implementing and scale-up of WASH interventions.
4. Promote safe treatment and management of biosolids, wastewater, manure, agricultural chemical runoff, pesticide disposal. and waste-derived fertilizers to reduce inadvertent release of antimicrobials into environment limit environmental transmission of AMR microorganisms.

STRATEGIC GOAL 4: STRENGTHEN AMR GOVERNANCE, LEADERSHIP AND PARTNERSHIP

Effective governance, leadership, and partnership are the backbone of a sustainable and impactful response to antimicrobial resistance. While technical interventions are essential, their success depends on strong political commitment, clear institutional arrangements, and coordinated action across sectors and levels. This strategic goal focuses on strengthening the political, institutional, and financing foundations required to translate AMR policies and plans into coherent, accountable, and long-term action across the One Health spectrum. It emphasises high-level leadership to elevate AMR as a national and continental priority; functional multisectoral coordination mechanisms to align efforts across human, animal, plant, environmental, and food systems; sustainable financing to support implementation and scale-up, and institutional and human resource capacity to sustain progress. Together, these elements provide the enabling environment necessary for effective implementation of the Framework at national, regional, and continental levels.

4.1 Enhance Political Commitment and Leadership

Leadership and political commitment form a strong foundation of an effective AMR response by driving policy, enforcing regulations, mobilizing resources, ensuring coordinated, sustained, and accountable action across all sectors and levels.

Political leadership ensures AMR is recognized as a national priority, drives the development and implementation of the National Action Plans (NAPs), including allocation of domestic financing, enables functional One Health coordination mechanism across sectors, and fosters regional and global collaboration through different AMR platforms and partnerships.

At the continental level, African Union demonstrated leadership and high-level political commitment through the Declaration of African Common Position on Antimicrobial Resistance (Decision Assembly/AU/Decl.3(XXXIII)) adopted in February 2020 at the AU Assembly session in Addis Ababa. To ensure coordinated AMR response using One Health approach, the AU established the AU Taskforce for AMR Control, co-secretariat by Africa CDC (human

health) and AU-IBAR (animal health), anchoring governance across sectors and RECs. AU-IBAR leads veterinary stewardship, biosecurity, and food-chain alignment (including VMP regulation and data flows to ANIMUSE/InFARM), while Africa CDC steers human-health surveillance, IPC/WASH and GLASS/TrACSS reporting. The African Medicines Agency (AMA) underpins regulatory convergence for quality-assured antimicrobials, diagnostics and vaccines.

However, across Africa, AMR response efforts remain challenged by limited political prioritization, competing policy agendas, inadequate domestic financing, weak and fragmented governance with multiple focal points across One Health sectors, insufficient political advocacy and awareness, inadequate legislative and regulatory enforcement, limited standardized accountability frameworks, and limited data-driven decision making.

According to the WHO-AFRO 2023 Tracking AMR country self-assessment survey (TrACSS), 97.8% of the 47 Member States reported having developed National Action Plans (NAPs) for AMR using a One Health approach of which 71.7% have been approved and are under implementation. However, only 32.6% of Member States reported having costed, budgeted, and monitored NAPs, and none reported explicit financial provisions for AMR implementation within national plans and budgets.

Under this Strategic Goal, emphasis will be placed not only on the existence of AMR governance structures, but on their functionality, including regular convening, clear mandates, costed workplans, defined leadership accountability, and monitoring of implementation outcomes.

To strengthen AMR political leadership, the African Union will:

1. Collaborate with governments and partners to elevate AMR as a political, developmental, and security priority.
2. Support the establishment of a continental AMR monitoring dashboard to track Member State progress against defined indicators and commitments.
3. Support the engagement and capacity building of

Parliamentarians and legislative bodies in AMR governance and oversight.

4. Foster national, regional, and continental political collaboration for collective actions on AMR.
5. Strengthen evidence-based advocacy to inform political oversight and decision making.
6. Institutionalize One Health coordination and accountability, including formalized technical and inter-ministerial AMR review meetings, annual continental reviews, and One Health scorecards integrating human, animal, environmental and food-chain indicators.

4.2 Foster Multisectoral Coordination and Partnership

One Health Multisectoral Coordinating Mechanisms (MCMs) and Partnerships form the backbone of the effective, coherent, and accountable AMR governance. Through MCMs, relevant sectors are brought together, fragmented efforts are aligned, resource mobilization become a shared responsibility and AMR actions become sustainable and impactful. Partnerships and MCMs have proven instrumental in accountability, coordination, and reporting of AMR responses at national, regional, and continental levels.

National AMR Coordinating Committees (AMRCCs) remain central to a unified, evidence-driven, and sustainable AMR response by providing strategic leadership, national oversight for AMR policy, planning and implementation. The AMRCCs ensure coordination and accountability of AMR interventions across human, animal and environmental sectors. This coordination is operationalized through national One Health platforms. Despite their importance, many AMRCCs do not meet regularly and lack annual, costed workplans.

While 48% of the countries have established One Health multisectoral coordinating mechanisms, more effort is needed to reach the global target of 100% by 2030, while ensuring functionality, sustainability, and measurable impact. Effective multisectoral coordination is key for joint planning, aligned strategies, shared oversight, efficient resources use, and coherent policy implementation.

At continental level, the AU works with the UN Quadripartite (WHO, FAO, WOA, UNEP) to support countries in operationalizing One Health for AMR. Africa CDC and AU-IBAR co-anchor the AU Taskforce for AMR Control, ensuring that human-health surveillance (GLASS/TrACSS), veterinary stewardship and biosecurity, and food-chain AMR/AMU (ANIMUSE/InFARM), supported by interoperable data systems and regulatory convergence through the African Medicines

Agency (AMA). At country level, coordination is ensured by national One Health platforms, which convene relevant sectors, align AMRCC workplans, and link routine data-sharing and accountability mechanisms to GLASS, ANIMUSE, and InFARM. It is important to recognize the marginal contribution of plant health and phytosanitary issues. Strengthening the operationalization of plant health actors could be a determinant factor for the multisectoral coordination.

Despite the progress made, implementation of One Health MCMs in Africa continues to face political, technical, financial and regulatory challenges, including limited harmonized indicators and weak feedback loops for timely data use.

To address existing challenges and strengthen MCMs and partnership, the African Union will work with partners to:

1. Support the institutionalization and sustainability of One Health governance structures to strengthen multisectoral coordinating mechanisms within the Framework of existing or planned One Health platforms.
2. Support the integration and harmonization of AMR and AMU surveillance and reporting systems (e.g., AMRSNET, RISLNET, DHIS2) for evidence-based decision-making at national, regional, and continental levels.
3. Advocate for sustainable financing mechanisms to support AMR interventions.
4. Build capacity and peer learning by establishing regional communities of practice and an MCM toolkit (governance templates, data-sharing protocols, monitoring guides), with technical assistance from Africa CDC and AU-IBAR.
5. Ensure plant health representation in AMRCCs.
6. Ensure integration of AMR issues with NPPO systems.

4.3 Secure Sustainable Financing for AMR Mitigation Initiatives

Sustaining AMR financing requires strong political commitment, strategic integration into broader health and development programs, increased domestic financing, and catalytic donor and private sector investments. As global and domestic funding streams shrink, the sustainability of AMR interventions is increasingly at risk; threatening hard won gains made in AMR prevention, surveillance, stewardship, and response.

The 2023 TrACSS indicates that only 32.6% of AMR NAPs are costed and budgeted, meaning that most NAPs have not been translated into actionable

implementation roadmaps, limiting their usefulness for prioritization and resource mobilization.

In response to shifting global funding dynamics, Africa CDC launched the *“Rethinking Africa’s Health Financing in a New Era”* strategy, calling for reduced reliance on external aid and increased domestic investment to advance health system self-reliance. This approach is highly relevant for sustaining AMR interventions and building long-term resilience.

To maintain momentum, AMR must be framed as a political, cost-saving and development-enabling investment. Demonstrating value for money, transparency, intersectoral collaboration, and sound financial governance will be essential for long-term success.

To address AMR financing challenges, the African Union will:

1. Collaborate with member states, donors, and partners to integrate AMR priorities into existing national health, agriculture and environmental programs and budgets.
2. Engage high-level champions, (e.g., ministers, parliamentarians), economists, and policy experts to advocate for sustainable domestic financing.
3. Promote a Continental AMR Partnership Forum and develop an AMR Investment Case to attract blended public and private financing.
4. Collaborate with member states and partners to leverage innovative and alternative financing mechanisms for AMR.

4.4 Strengthen Institutional and Human Resource Capacities

Robust institutional frameworks and a skilled human resource base are essential to detect, prevent, and respond effectively to AMR, a complex, multi-sectoral threat requiring coordinated action across stakeholders. Effective implementation of the AU Framework for AMR Control depends on adequate and sustained human resource capacity across all sectors.

Despite progress, significant workforce gaps persist across One Health sectors (human, animal, plant, and environmental health). Critical shortages exist in microbiologists and laboratory personnel for AMR diagnostics; pharmacists and pharmacologists for monitoring antimicrobial use; IPC specialists; veterinarians and paraprofessionals; epidemiologists and data scientists to manage and interpret AMR and AMU data. Existing training initiatives, while valuable, are fragmented, lack standardized curricula, and are

often delivered as isolated modules, limiting coherence across professions and sectors.

At continental level, flagship initiatives such as QWArS have played an important role in building a pool of skilled microbiologists and epidemiologists. While sustaining these efforts is essential, additional investment is required to strengthen preventive, regulatory, and stewardship-focused workforce capacities.

To strengthen institutional and human resource capacities, the African Union will work with partners to:

1. Engage health systems leaders, economists and policy experts to document workforce gaps, develop a business case for closing them, and monitor progress over time.
2. Establish a continental Workforce development hub hosting online and blended training programmes for diverse audiences (public health officials, clinicians, microbiologists, veterinarians, policy makers etc.) across One Health sectors, promoting a shared competency Framework for AMR.
3. Collaborate with partners to implement targeted advocacy campaigns aimed at policy makers, donors, and private sector actors to highlight workforce needs for AMR surveillance, prevention and response.
4. Advocate for governments and donors increase budget allocations for institutional strengthening and workforce development.
5. Invest in workforce sustainability and systems maintenance, including continued support for QWArS cohorts (microbiology, epidemiology, data analytics) and operational and maintenance financing for laboratories, IPC/WASH systems, and abattoir and farm biosecurity infrastructure to protect capital investments.
6. Build capacity in phytopathology, pesticide resistance and plant-AMR interface.

STRATEGIC GOAL 5: SUPPORT AMR EDUCATION, ADVOCACY AND AWARENESS

Advocacy and awareness are critical enablers of sustained action on antimicrobial resistance. They shape social norms, influence professional practice, strengthen accountability, and build the political will required to implement and finance AMR interventions over time. Overall, sustained behaviour change at the individual, community, and institutional level serves as a foundation for success for controlling and preventing AMR. When people understand that antimicrobials are a shared, finite resource; when healthcare workers, farmers, and food producers internalize the consequences of misuse; and when communities demand accountability from their governments and health systems, the conditions for sustainable AMR control actions are created. Awareness raises the question; advocacy provides the answer, by converting understanding into action, mobilizing constituencies, and building the collective responsibility without which no technical intervention can be sustained.

Under this Strategic Goal, advocacy is positioned not as a standalone communication activity, but as a cross-cutting mechanism that supports behaviour change, policy uptake, community ownership, and long-term sustainability of AMR control efforts across the One Health spectrum including plant health. AU-IAPSC should take a lead role evaluating AMR risks in crop production. In the same vein, protocols and guides for safe pesticide use and trade implications should be strengthened. Advocacy strategies will incorporate social and behavioural change approaches tailored to different audiences, including healthcare providers, farmers, and the public. Targeted communication strategies will be developed for livestock producers, crop protection service providers, agro-input dealers and pastoralist communities, using culturally appropriate channels such as radio, local languages, and visual tools to promote prudent antimicrobial use and biosecurity practices.

5.1 Increase Community and High-Level Advocacy of AMR Mitigation Initiatives

The fight against AMR requires a holistic, whole-of-society approach that integrates community-level engagement with high-level policy and political advocacy. Advocacy is essential in shaping public attitudes, promoting behaviour change, and accelerating policy implementation and sustained

action across the human health, animal health, agrifood, and environmental sectors.

Given the complexity of AMR and its cross-sectoral nature, effective advocacy efforts should be multi-level, multisectoral, evidence-informed, and sustained over time. Such advocacy efforts should target distinct audiences with tailored messages that contribute to the common goal of building informed populations and professional communities that are more likely to adopt practices that prevent the development and spread of AMR.

Significant progress has been made in expanding AMR advocacy at community level through campaigns that communicate simple, practical messages on what AMR is, how resistance emerges and spreads, and its impacts on health and livelihoods. One of the most effective recent approaches has been the integration of AMR advocacy and training into the roles of Community Health Workers (CHWs) and Community Animal Health Workers (CAHWs), who serve as first points of contact with households, farms, and value chains. In many African settings, CHWs and CAHWs act as trusted grassroots intermediaries between communities and health systems, positioning them as critical agents for behaviour change.

At high-level, notable progress has been achieved through the growing engagement of parliamentarians, including in Tanzania, Uganda and Zambia, in the fight against AMR. As custodians of national legislation, budgets (approvals and allocations) and oversight functions, Parliamentarians play a critical role in sustaining AMR mitigation initiatives through policy prioritisation, budget approvals, and accountability.

Despite its significance, AMR advocacy in Africa still faces challenges including low political prioritisation, inadequate and fragmented funding for advocacy, weak coordination and inconsistent One Health messaging, limited advocacy capacity, persistent biosecurity gaps at farms, abattoirs, and live-animal markets, insufficient data to support evidence-based advocacy, and cultural and behavioural barriers.

Effective advocacy will be supported by routine synthesis of surveillance, stewardship, and implementation data to ensure messaging is evidence-based, context-specific, and responsive to emerging AMR risks and policy gaps.

To sustain established efforts and address existing challenges, the African Union will work with partners to:

1. Support the development and adaptation of clear, culturally appropriate, and evidence-based AMR messages tailored to different audiences across One Health sectors.
2. Support through partnerships, the capacity building of strategic advocates, including the training and financing of targeted AMR advocacy projects.
3. Engage policy makers and partners to generate and use evidence that positions AMR as a development, food-system, and national security priority.
4. Use evidence-based advocacy to advocate for dedicated budget lines for AMR advocacy activities at national levels through engagement of policy makers, respective ministries, stakeholders, and private partnerships.
5. Institutionalise an AU annual advocacy calendar (e.g.: World AMR Awareness Week, World Rabies Day, food-safety days) with harmonised One Health messaging and country-level customisation.
6. Establish regional advocacy networks to improve coordination, coherence and reach of AMR awareness campaigns.

5.2 Strengthen Education and Training on AMR and IPC

AMR control depends on more than surveillance systems and policies; it also requires a skilled multidisciplinary workforce able to generate credible data, interpret evidence, apply stewardship and IPC practices, and engage communities. Africa CDC's AMR programme and Institute for Workforce Development both highlight training of public officials, clinicians, laboratorians, managers, and civil society as part of strengthening country capacity and implementation. Recent regional AMR surveillance guidance also stresses stronger capacity, better data quality, integration into national systems, and collaboration across sectors. Strengthen sustainable, competency based One Health education, training, and continuous professional development on AMR across human, animal, food, plant, and environmental sectors to build a workforce capable of preventing, detecting, monitoring, and responding to AMR effectively.

To achieve this, the African Union will work with partners to:

1. Support the integration of AMR, IPC and biosecurity knowledge into pre-service education across medicine, pharmacy, nursing, veterinary medicine, laboratory sciences, public health, agriculture, and environmental health.
2. Support the institutionalization of the in-service and continuing professional development (CPD) training curriculum on AMR, AMS, IPC, diagnostics,

3. Support the development and scale up of standardized, multilingual training packages and training-of-trainers models through regional collaborating centres, professional networks, and digital learning platforms.
4. Support the strengthening of public and community AMR and IPC literacy through risk communication, behaviour change, and targeted education for policymakers, producers, health workers, farmers, students, communities, and civil society.

5.3 Increase the Engagement of non-State Actors to Educate, Advocate and Support Initiatives that Mitigate AMR

This objective emphasises the structured engagement of organised non-state actors as implementation partners, advocates, and accountability agents within national and local AMR responses.

Engagement of non-state actors including civil society organizations (CSOs), youths, the media and philanthropists has proven effective in complementing government efforts by raising awareness, influencing behaviour change, and holding institutions accountable. Their grassroots presence, community trust, and cross-sectoral reach make them strategic actors in addressing AMR across human, animal, agri-food, and environmental sectors in Africa.

The CSOs have been instrumental in translating complex AMR concepts into locally relevant and understandable messages, promoting behavioural change communication for different target groups, advocating for policy change and accountability, and mobilizing diverse stakeholders to work together for common causes. The CSOs have the potential and skills to partner with diverse community-linked, influential stakeholders including religious leaders, traditional healers, women's groups, and farmer cooperatives to spread awareness, promote responsible practices and facilitate multi-stakeholder forums to align messages and actions across sectors.

Livestock- and aquaculture-specific CSOs, including farmer and herder associations, pastoralist CSOs, dairy and poultry associations, aquaculture producer groups, abattoir and live-market committees, trader/transport unions, feed-millers', farmer organizations, agro-dealer networks, crop protection industry and extension services, and agrovets' associations, veterinary professional and paraprofessional bodies, women, and youth cooperatives in livestock value chains play a distinct operational role. They can translate prudent-use principles into daily practice, covering biosecurity, vaccination, prescription-only access, WHO HP-CIA safeguards, withdrawal-period and residue compliance, medicated-feed controls, and traceability, co-lead risk

communication and community engagement (RCCE) at farm and market level, and reinforce AMR/AMU data flows (e.g. ANIMUSE and InFARM reporting, community-level residue monitoring).

Youth represent a particularly strategic constituency. With over 60% of Africa's population under the age of 25, young people are powerful agents of change, bringing energy, innovation, and digital fluency to AMR advocacy. Across the continent, youth-led initiatives have advanced AMR education through school debates, arts and cultural activities, digital campaigns (videos, infographics, blogs, memes), short films, mobile applications, and behaviour-change tools that resonate with peers and communities.

The 2024 launch of the African Youth Antimicrobial Resistance Alliance Taskforce represents a major milestone in amplifying youth voices at continental level. The alliance represents over 600,000 young people across 13 youth-led and youth-serving organisations. Notably, the Taskforce elevated youth perspectives at the 2024 UN General Assembly, calling for inclusive and meaningful youth engagement in intergovernmental and UN processes. Its AMR position statement urged African governments, international agencies, civil society, and donors to prioritise AMR and support youth-led AMR movements.

Despite their demonstrated value, non-state actors remain under-represented and under-resourced in AMR initiatives. Persistent challenges include weak coordination, limited technical understanding of AMR, restricted access to tailored and culturally relevant materials, and insufficient and unpredictable financing.

To strengthen engagement of non-state actors, the African Union will work with partners to:

1. Collaborate with member states and partners to build capacity and awareness among non-state actors creating a pool of informed advocates able to communicate AMR messages accurately and confidently.
2. Advocate for dedicated funding mechanisms and incentives to support non-state actor-led AMR initiatives and ensure sustainability.
3. Provide small grants and challenge funds for CSO-led initiatives.
4. Support Member States to develop simple guidelines or modalities for engaging non-state actors in AMR governance and implementation, including roles, coordination mechanisms, and accountability arrangements.

STRATEGIC GOAL 6: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK

6.1 Context and Background

The Monitoring, Evaluation, Accountability, and Learning (MEAL) component provides a structured approach for tracking progress, strengthening accountability, supporting evidence generation and learning, and guiding continuous improvement in the implementation of the African Union Framework for Antimicrobial Resistance Control 2026–2030. Building on lessons learned from the implementation of the 2020–2025 Framework, the 2026–2030 Framework shifts from primarily tracking activities toward results-based monitoring and accountability system strengthening, policy implementation and enforcement, multisectoral coordination, learning, and demonstrable public health impact across the One Health spectrum, including the human, animal, food, plant, and environmental sectors.

This Framework outlines the overarching MEAL approach, including the Theory of Change (Figure 2), high level result-based management principles, monitoring and reporting, learning and adaptive mechanisms and institutional roles and responsibilities. A complementary detailed MEAL Framework will subsequently be developed through a consultative process with Member States, AU institutions, Regional Economic Communities (RECs), partners and other stakeholders. A detailed Logical Framework (Logframe) will be developed to operationalize the results architecture of the African Union Framework for Antimicrobial Resistance Control 2026–2030 and strengthen results-based implementation, monitoring, accountability, and reporting. The Logframe will provide a structured and systematic approach for translating the Theory of Change and strategic goals

into measurable results across the different levels of the Framework, including outputs, outcomes, and impact.

To ensure consistency comparability and reduced fragmentation of monitoring and evaluation, a Performance Measurement Framework (PMF) will also be developed to systematically track, measure, and report progress toward achieving expected results. This will be achieved through a harmonized strategic approach, and leveraging on existing continental, global and national accountability frameworks, reporting standards and data systems. These includes the Sustainable Development Goals - SDGs (3, 6, 12, 17), AU Agenda 2063, the WHO Global Action Plan on AMR, relevant FAO and WOA (OIE) One Health monitoring systems, GLASS reporting standards, TrACSS, InFARM, WAHIS ANIMUSE, and national AMR, AMU reporting systems.

6.2 Purpose

The purpose of this MEAL Framework is designed to support the AU Member States, RECs, technical and development partners, civil society organizations, private sector actors, and One Health institutions and professionals to systematically monitor progress, strengthen accountability, and support evidence informed decision making in the implementation of the AU Framework for AMR Control 2026–2030.

The MEAL Framework will support the assessment of whether AMR interventions are being implemented effectively as planned; whether One Health systems and capacities are becoming stronger, more integrated and functional; whether antimicrobial use, transmission risks, and environmental contamination pathways are being reduced; and whether policies, governance, financing, and coordination mechanisms are translating into measurable action and sustained results. The Framework will also support continuous learning, adaptive management, and the generation and use of strategic evidence to strengthen implementation, improve performance, inform policy and programmatic decision making, and accelerate progress toward reducing the burden of AMR across Africa.

6.3 Goal

To support a coordinated, evidence-driven, accountable, transparent and learning-oriented continental AMR response that reduces the emergence, transmission, and impact of antimicrobial resistance across human, animal, plant, food, and environmental health systems.

6.4 Objectives

The objectives of the MEAL approach are to:

1. Measure progress toward the five Strategic Goals and associated objectives of the Framework.
2. Strengthen accountability, transparency and reporting for AMR commitments made by AU Member States, institutions and partners, including alignment with the 2024 UN General Assembly Political Declaration on AMR.
3. Monitor implementation progress and identify strengths, gaps, bottlenecks and areas requiring technical support, corrective action, or adaptive management.
4. Support evidence-based prioritisation, resource mobilisation, policy adjustment, strategic planning and decision making for AMR prevention and control.
5. Promote harmonised AMR monitoring, reporting and data systems across sectors and Member States.
6. Institutionalise continuous learning and knowledge generation and use of evidence as core principles of AMR control across the continent.

6.5 Scope of the MEAL Framework

The MEAL approach is grounded in a One Health approach, reflecting the inherently multisectoral nature of AMR. It supports the monitoring of implementation, performance and results across human and animal health, food and agriculture systems, plant health and the environment, including wastewater and antimicrobial residues, to ensure a comprehensive and integrated assessment of AMR control efforts across the continent.

The scope of the MEAL Framework covers the five Strategic Goals of the Framework, including surveillance and evidence use; antimicrobial stewardship and equitable access; infection prevention and control, WASH, biosecurity and vaccination; governance, leadership, financing and partnership; education, advocacy, awareness and community engagement. Anchored in the Results-Based Management (RBM) principles, the MEAL approach focuses on strengthening accountability, measuring results, promoting learning and supporting evidenced-informed decision making and adaptative management throughout implementation. To operationalise the results architecture of the Framework, a detailed Logframe and complementary PMF will be developed.

6.5.1 Logical Framework

A detailed Logical Framework (Logframe) will provide a structured approach for translating the Theory of Change and strategic goals into measurable results across the different levels of the Framework, including outputs, outcomes, and impact. It will define the expected results, indicators, baselines, targets, means of verification, reporting frequency, assumptions, and risks associated with each strategic intervention pathway. The Logframe will serve as a central accountability and performance management tool to guide implementation and support harmonized tracking of progress and reporting across Member States, sectors, institutions, and partners involved in AMR prevention and control. It will also strengthen alignment between results-based planning, implementation, monitoring, reporting, evaluation, and learning processes. It will support harmonized reporting, while supporting evidence-based decision-making, strengthen transparency and accountability, and provide a common Framework for assessing progress toward achieving the Framework's strategic goals, objectives and long-term impact.

6.5.2 Performance Measurement Framework

A complementary PMF will be developed to support the systematic measurement, monitoring, analysis, and reporting of performance under the African Union Framework for Antimicrobial Resistance Control 2026–2030. The PMF will operationalize the monitoring component of the broader MEAL Framework by providing detailed guidance on how progress and results will be measured over time.

The PMF will outline the performance indicators linked to the Framework's outputs, outcomes, and impact, including their definitions, baselines, targets, methodologies, data sources, reporting timelines, disaggregation requirements, and institutional responsibilities. It will also support standardization of data collection, analysis, interpretation, and reporting processes across Member States and sectors to strengthen consistency, comparability, interoperability, and data quality.

As part of the overall MEAL Framework, the PMF will support routine performance tracking, accountability, learning, evidence generation, and adaptive management. It will facilitate the timely identification of implementation gaps, emerging risks, performance bottlenecks, and areas requiring corrective action or additional technical support. The PMF is closely linked to the Theory of Change and Logical Framework and serves as the primary operational tool for measuring,

monitoring and reporting results. While the Theory of Change explains how change is expected to occur and the Logical Framework defines the results structure and accountability pathways, the PMF provides the detailed measurement approach and performance information required to monitor progress, demonstrate results, and inform continuous improvement throughout implementation.

6.6 Theory of Change

The Theory of Change (Figure 2) describes how the AU Framework for AMR Control 2026–2030 is expected to contribute to sustained reductions in AMR burden across Africa. This Theory of Change is anchored in a One Health approach, recognizing the interconnectedness of human, animal, plant, food, and environmental systems in addressing AMR. The Framework assumes that if Africa strengthens integrated surveillance and laboratory systems, promotes responsible and equitable antimicrobial access and use, reduces infection transmission and environmental contamination risks, strengthens governance and sustainable financing mechanisms, and increases awareness, advocacy, education, and community engagement, then Member States and regional institutions will be better positioned to prevent, detect, monitor, and respond effectively to AMR threats.

The Framework is implemented through five mutually reinforcing strategic intervention pathways. The first pathway focuses on strengthening surveillance, laboratory systems, and evidence generation to improve AMR and antimicrobial use (AMU) detection, reporting, interoperability, and evidence-informed decision-making. The second pathway promotes antimicrobial stewardship, regulatory strengthening, and equitable access to quality-assured diagnostics, antimicrobials, and vaccines to support safe and appropriate antimicrobial use across sectors. The third pathway emphasizes infection prevention, biosecurity, WASH, food safety, and environmental risk management to reduce the transmission of resistant pathogens and contamination risks. The fourth pathway strengthens governance, leadership, financing, multisectoral coordination, and institutional capacity to ensure sustainable and accountable AMR responses. The fifth pathway promotes education, advocacy, risk communication, and community engagement to improve awareness, behavioral change, and collective action against AMR.

Together, these strategic interventions are expected to contribute to strengthened and integrated One Health

AMR systems, improved antimicrobial stewardship and access to quality-assured tools and services, reduced infection and transmission risks, strengthened governance and accountability systems, and increased public and institutional engagement in AMR prevention and control.

The successful implementation of this Theory of Change depends on several enabling conditions, including sustained political commitment, multisectoral collaboration, adequate financing, strong partnerships, skilled workforce capacity, functional laboratory and digital systems, and continued regional and continental cooperation. At the same time, the

Framework recognizes potential risks that may affect implementation, including financing gaps, weak institutional capacity, policy delays, competing public health priorities, and limited multisectoral coordination.

Monitoring, Evaluation, Accountability, Learning, and Adaptive Management (MEAL) serves as a cross-cutting enabler to support evidence generation, performance tracking, continuous learning, adaptive implementation, accountability, and strategic decision-making throughout the implementation of the Framework.

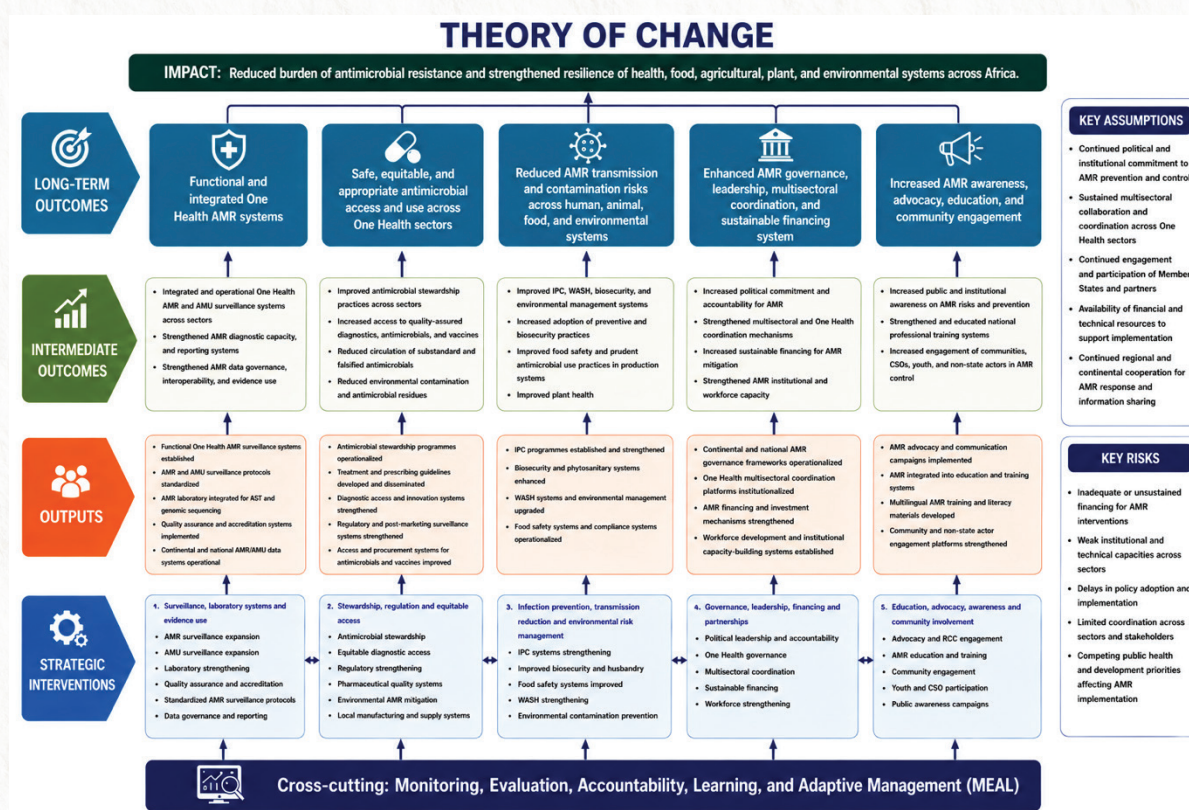


Figure 2: Theory of Change of the AU Framework for AMR Control 2026-2030

6.7 Results Based Monitoring, Evaluation, Accountability and Learning Approach

This section describes the key mechanisms and processes for monitoring implementation progress, strengthening data management and reporting systems, assessing performance and results, supporting accountability, promoting learning and knowledge management, and facilitating continuous improvement and adaptive management across the implementation of the Framework. The approach is intended to support coordinated, harmonized, and evidence-informed implementation and reporting across Member States and One Health sectors.

6.7.1 Monitoring and Reporting

Routine monitoring under the Framework will be nationally led by Member States through established AMR and One Health coordination mechanisms. Monitoring and reporting processes will build on existing national, regional, continental and global AMR reporting systems and platforms to promote harmonization, reduce fragmentation, duplication and minimize reporting burden. These include GLASS, TrACSS, ANIMUSE, InFARM, WAHIS, and relevant ASU reporting mechanisms (Figure 3).

Member states will report implementation progress and performance information annually through agreed mechanisms. Regional Economic Communities (RECs) complement these efforts by supporting regional data aggregation, validation, analysis, peer review, and knowledge exchange to strengthen comparability, accountability and shared learning across Member States.

At continental level, the AU Taskforce for AMR Control, in collaboration with relevant AU institutions and partners, will consolidate and analyse monitoring information to assess progress toward the Framework's strategic objectives and outcomes identify implementation strengths and gaps, inform technical support, and corrective actions and guide strategic dialogue, policy engagement and resource mobilisation. Periodic regional and continental reviews will be conducted to assess progress, promote accountability, facilitate peer learning, and support adaptive management. The detailed MEAL Framework will further define the reporting frequency, institutional responsibilities, indicators, data sources, means of verification, data quality requirements, and reporting tools to support standardized and coordinated monitoring and reporting across all levels.

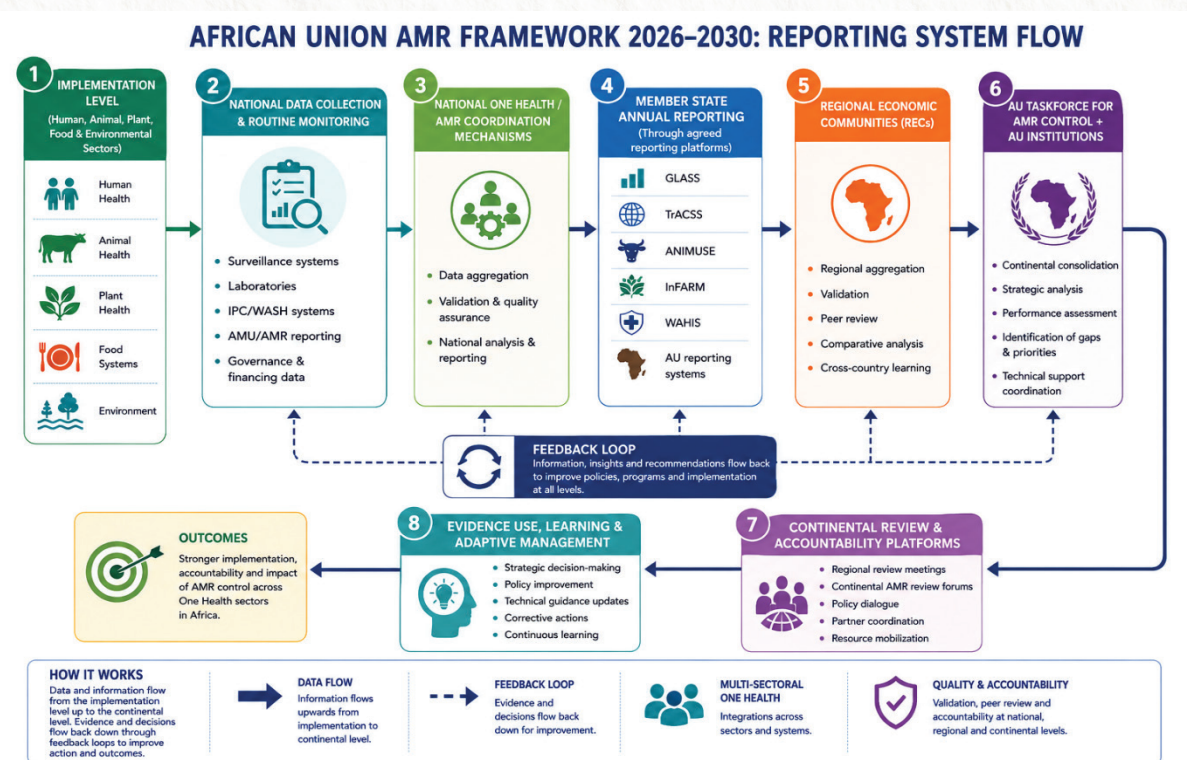


Figure 3: Reporting System Flowchart

6.7.2 Data Management and Reporting Systems

The MEAL Framework will promote a coordinated and interoperable approach to AMR data management and reporting across the One Health sectors. Data and information generated through implementation will be systematically collected, managed, validated, analyzed, stored, shared, and reported at national, regional, and continental levels to support evidence-informed decision-making, accountability, and continuous improvement. Data management and reporting processes under the Framework will include clearly defined reporting pathways from implementation and sectoral levels to national coordination mechanisms, RECs, and continental reporting structures.

Furthermore, it will also define institutional roles and responsibilities for data collection, analysis, validation, reporting, and dissemination across Member States and sectors. To strengthen the quality, consistency, and reliability of data and reporting, the Framework will support standardized reporting tools, indicator definitions, data quality assurance and validation processes, reporting timelines, and mechanisms for

verification and accountability. Emphasis will also be placed on strengthening digital and interoperable information systems, data governance and confidentiality protocols, secure data storage and sharing mechanisms, and the timely accessibility and dissemination of strategic information and evidence.

6.7.3 Evaluation Plan

Evaluation under the Framework will be grounded in baseline data established at the outset of implementation, drawing on the most recent national, regional, and global AMR reporting. These baselines values will serve as reference points for assessing progress, effectiveness, and overall impact over time. The evaluation approach will include annual progress reviews, biennial regional review forums, a mid-term review in 2028 and end-term evaluation in 2030 (Table 1).

Together these processes will support the systematic assessment of implementation progress, identification of strengths and gaps, measurement of results against baseline values and targets, and refinement of continental and national AMR priorities and strategies where necessary.

Table 1: Evaluation and Review Processes

Activity	Description	Implementation Timeline
Baseline assessment	Establish baseline values for strategic indicators and priority areas	Start of implementation
Annual progress review	Track implementation progress, identify gaps, and guide technical support and corrective actions	Annually
Regional review forum	Facilitate peer learning, cross-country comparison, validation of progress, and regional accountability	Biennial
Mid-term review	Assess implementation effectiveness, progress against baseline values and targets, and adapt strategies where necessary	2028
End-term evaluation	Assess overall impact, sustainability, and lessons learned, and inform the next AU AMR Framework	2030

6.7.4 Learning, Continuous Improvement and Adaptive Management

Learning and continuous improvement will be central to the implementation of the Framework. Findings generated through monitoring, evaluation, accountability, and learning processes will be used not only for reporting, but also to support adaptive management, peer learning, strategic reflection, policy dialogue, and continuous improvement across the One Health sectors. Learning will be facilitated through periodic technical and policy review forums, regional and continental knowledge exchange platforms, communities of practice, and the systematic sharing of lessons learned, good practices, innovations, and implementation experiences across Member States and sectors.

Knowledge management approaches will support the complementary development and dissemination of knowledge products, technical reports, policy briefs, dashboards, case studies, and other strategic

information products to improve accessibility and use of evidence by Member States, AU institutions, RECs, partners, and other stakeholders.

Adaptive management processes will further support timely identification of implementation gaps, emerging risks, changing priorities, and opportunities for improvement, enabling strategies and interventions to be refined based on evidence, lessons learned, and contextual realities.

6.8 Roles and Responsibilities

Effective implementation of the Framework requires clearly defined roles and strong coordination across continental, regional, and national levels, supported by strategic partnerships. The MEAL approach promotes collaboration among AU institutions, Member States, RECs, and partners to ensure harmonised action, accountability, shared learning and evidence informed decision making in AMR control (Table 2).

Table 2: Roles and Responsibilities for Implementation and MEAL Coordination

Level	Entity	Roles and Responsibilities
Continental	African Union Commission (AUC)	Provides strategic oversight and ensures accountability for implementation of the Framework
	AU Taskforce for AMR Control (cochaired by Africa CDC and AU-IBAR)	Serves as the primary coordination mechanism for implementation, monitoring, strategic review, and MEAL oversight.
	Africa CDC, AU-IBAR, AU-PANVAC, AU-IAPSC, AMA	Provide technical leadership, according to institutional mandates, support harmonization of indicators and tools, strengthen national and regional capacities, and support data use, learning and reporting.
Regional	Regional Economic Communities (RECs)	Support Member States, facilitate peer learning and regional dialogue, and support aggregation validation and review of regional monitoring data
National	Member States	Lead monitoring and reporting through NAP-AMR and One Health coordination structures, ensure multisectoral engagement, and use MEAL findings to inform policy and program adjustments
Partners	Development partners, academia, Civil Society Organizations	Support implementation through technical assistance, capacity building, financing, research, innovation, advocacy, and learning

ANNEX

Name	Organization	Contribution
Dr. Yewande Alimi	Africa CDC	Oversight (co-chair) – AU Taskforce for AMR Control
John Oppong-Otoo	AU-IBAR	Oversight (co-chair) – AU Taskforce for AMR Control
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Dr. Charles Bodjo	AU-PANVAC	Team Member- Laboratory Systems, and Animal Disease Diagnostic and Control Expert
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Dr. Watipaso Nyirenda	ICARS	Team Member – AMR Expert
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Fowzia Mohamed	Africa CDC	Team Member – Laboratory Systems and AMR Expert
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Degninou Yehadji	Africa CDC	Team Member – MEL Expert
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