# MAAP PROJECT BRIEF

### Introduction
Antimicrobial Resistance (AMR) poses a significant threat to human and animal health globally, with Africa being particularly vulnerable due to inadequate surveillance systems.

### Problem Statement
Patchy surveillance efforts across Africa hinder our understanding of AMR prevalence and drivers, limiting effective public health interventions.

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## Current Situation:

**Africa bears a disproportionately high burden of AMR-related mortality,** surpassing that of HIV/AIDS and COVID-19.

Only **1.3%** of the **50,000** medical laboratories in 14 African countries surveyed, conduct bacteriology testing.

Drug Resistance Index (DRI) scores derived from 12 of the 14 African countries show that all countries assessed scored at least twice the benchmark of 25%.

Existing **data on AMR are incomplete and fragmented,** hindering policy development and intervention strategies.

**88%** of samples tested for antimicrobial resistance did not include records of patients' clinical profiles.

**Africa has the highest mortality rate** from AMR infections globally, with **27.3** deaths per **100,000** attributable to AMR.

The average **Access category consumption** of antibiotics across 14 African countries was almost **80%**, indicating a high usage rate.

## Challenges:

1. Limited laboratory capacity and accessibility for AMR testing.

2. Disconnect between clinical and laboratory data.

3. Irregular use of antibiotics exacerbates the crisis.

## Recommendations:

**Enhance Laboratory Data:**
Increase the number and capacity of laboratories for AMR testing (only 1.3% currently conduct bacteriology testing), prioritize conventional testing methods (less than 1,000 Antimicrobial Susceptibility Tests per year in 80% of labs), and ensure data digitization and integrity (only 20% use electronic laboratory information systems).

**Expand Data Collection:**
Embrace a One Health approach to include human, animal, and agricultural sectors in AMR surveillance. Support the creation of a coordinated knowledge hub for data analysis.

**Improve Surveillance Protocols:**
Develop protocols for community-based AMR surveillance to capture a more comprehensive picture of the crisis.

# Strategic Approach of MAAP towards AMR

## Building on MAAP Phase I, Phase II will:

Utilize established processes, tools, and networks from Phase I.

Establish a regional network/hub for continuous generation and analysis of AMR and AMC data.

Emphasize country ownership, best practices in data sharing, and scientific integrity for data analysis.

## Regional Data Utilization:

Improve relevance of National AMR Action Plans (NAPs).

Support implementation of Africa CDC AMRSNET through the MAAP store data system.

Contribute to enhanced reporting to Global Antimicrobial Resistance and Use Surveillance System (GLASS).

## Capacity Building

Enhance countries' capacity for AMR surveillance and data utilization.

Facilitate ongoing support for effective AMR containment.

## Grant Utilization:

Build on Phase I grants to improve data collection, analysis, and utilization.

Support monitoring of surveillance site and system performance.

Assist in strategic planning for surveillance system improvement.

## Quality Improvement:

Focus on improving AMR data quality and quantity.

Identify gaps in data and areas for improvement in surveillance capacity.

## Data Outputs and Dissemination:

Utilize data outputs to inform regional and national efforts.

Provide policy recommendations based on analysis and findings.

## Expected Outcomes:

**01** Improved quality and quantity of AMR surveillance data.

**02** Enhanced capacity at regional and national levels for evidence-driven decision-making.

**03** Strengthened collaboration among partners for sustained impact.

**04** Informed policy recommendations contributing to AMR containment strategies.
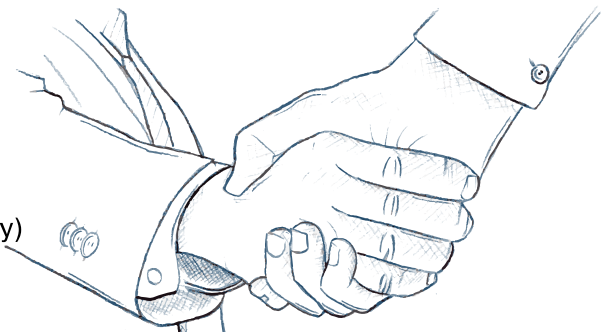
## Partnerships and Collaborations:

This project is implemented in collaboration with:

Africa CDC

ESCA-HC (East, Central and Southern Africa Health Community)

WAHO (West African Health Organization)

## Timeline:
The project begins in December 2023 and ends in December 2025.

## Call to Action:
Addressing the incomplete AMR data in Africa requires concerted efforts to strengthen surveillance systems, enhance data collection, and adopt a multisectoral approach. Urgent action is needed to mitigate the growing threat of AMR to public health in Africa.