



Approach to integrated AMR surveillance framework

**Pan-Africa Workshop on Effective Implementation of National
Action Plan on Antimicrobial Resistance**

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Why there is a need for integrated antimicrobial resistance surveillance

- **Resistance has no boundaries**
 - Seamless flow of AMR determinants across humans, animals, food and environment
 - Surveillance in any one sector will not give a true picture of AMR
 - Understanding on source and sink, where it is amplified, where suppressed, what are the pathways
- **Different aspects of integration**
 - Across sectors: human, animal, food (plants and animals), environment
 - Across AMR determinants (resistant bacteria, resistance genes, antimicrobial residues)
 - Across AMR and antibiotic use
- **Generation of harmonized set of information out of surveillance efforts**

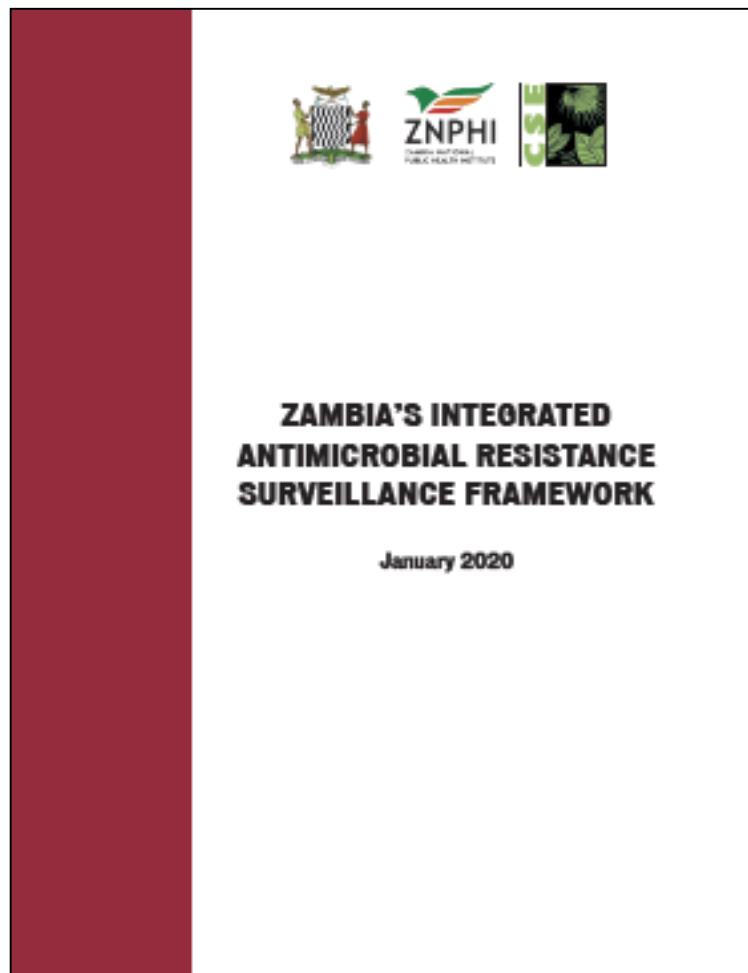


Integrated AMR surveillance in global guidance

- **Global understanding on the need for integrated AMR surveillance emerging**
 - Country level examples
 - WHO-**AGISAR**, FAO, Codex
- **Limited reflection through one guiding report on surveillance across all relevant sectors, including the environment**
- Opportunities of cross learning and knowledge transfer between nations are growing



Zambia's integrated AMR surveillance framework



- **Objectives**
 - To take Zambia's National Integrated AMR Surveillance Strategy a step forward and move from 'what to do' to 'how to do'?
 - Put necessary focus sectors which are otherwise neglected – environment, plant
 - **Phased and progressive plan**
- **Based on ground realities, current status , available skills, resources, and infrastructure**
- **Integration across**
 - human-health, food-animal, environment sectors
 - resistant bacteria, antibiotic residues, antibiotic resistance genes



Zambia's integrated AMR surveillance framework (examples)

| | Human-health | Food animals | Environment |
|---|-----------------------|---------------------------------|--|
| Bacteria for AST | Select bacteria | Select bacteria | Indicator + sector specific bacteria |
| Antibiotics for AST | | | |
| Genetic markers | | | |
| Sample types | Blood, urine, faces | Swabs: air-sac, carcass, faecal | Sewage, effluent |
| Sampling sites | Hospitals, clinics | Farms, retail, abattoirs | Hospitals, farms, factories, community |
| No. of sampling sites per province | | | |
| Total no. of samples per province per year | | 300 250 for a new province | |
| Frequency of sampling | | | |
| AST interpretation method | CLSI | CLSI | CLSI |
| No. of labs/ networks | Expands across phases | Expands across phases | Third party support |
| Training required | | | |



Learnings

- Integrated surveillance design is not as difficult as it looks to be
- Possibilities of convergence makes the implementation realistic; leads to greater buy-in
- A good understanding of baseline scenario is very useful
- Sitting together with multi-sectoral colleagues helps in an optimised design – which is not only integrated but is also well informed, effective



Thank you

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