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Online Workshop on Implementation Status and Reprioritization of Zimbabwe's One Health Antimicrobial Resistance National Action Plan).

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LIVESTOCK OVERVIEW

Based on a 2014-2015 census (DVS, MLAWRR) ☐ 5.5 million head of cattle ☐ 3.3 million goats □ 975 000 sheep □ 200 000 pigs ☐ 40 million chickens 800 ostriches and farmed crocodile

| ☐The Zimbabwe livestock industry is also a significant contributor to the | e growth |
|--|------------|
| and development of the national economy. | |
| □livestock contributes about 86% to household income in small holder | sector. |
| \square In 2005, livestock alone contributed to 5.5 % of the annual GDP of the | e country, |
| but the recent 5 year Agriculture recovery and Livestock growth strategy | is aimed |
| at increasing this contribution. | |
| ☐The agricultural sector is the backbone of the economy | |
| □food security and poverty eradication hinged on agriculture. | |
| lacktriangle In Zimbabwe, the animal diseases in which antibiotics are highly used | are |
| mastitis, tick borne diseases (January disease, heartwater, redwater, | |
| gallsickness) and, fowl typhoid, colibacillosis, coccidiosis, other causes | of |
| diarrheal disease, streptococcosis in fish and even viral diseases such a | as lumpy |
| skin disease. | |
| | |

DRIVERS OF AMU/AMR

| ☐ Poor hygiene(e.g. poultry farmers) |
|--|
| ☐ Lack of knowledge |
| ☐ Limited professionals on the ground< 30% vets, |
| national establishment |
| Unlicensed AM traders(fake products, little of the |
| active ingredient) |
| Use of expired drugs by farmers |
| Social, economic and political reasons |
| Ref :FAO AMR KAP study 2019 |
| |

CAPACITY AND GAPS

4.1. SURVEILLANCE SYSTEM FOR ZIMBABWE

Governance:

General National framework and how is AMR issue addressed at national level:

| National framework for AMR: | Zimbabwe |
|--------------------------------------|----------|
| A national policy to combat AMR | × |
| A national action plan to combat AMR | 4 |
| A national strategy | × |
| Regulatory measures | × |

AMR surveillance is addressed (S4) in Zimbabwe:

| Surveillance domains | Zimbabwe |
|--|----------|
| AMR surveillance in human health | 4 |
| AMR surveillance in veterinary public health | 4 |
| AMR surveillance in agriculture | × |
| AMR surveillance in the environment | × |

Actors actively involved in national AMR surveillance in veterinary public health (S10):

| Actors involved in Veterinary public health (VPH) | | Zimbabwe | | |
|---|---|----------|--|--|
| Central/peripheral Laboratories | 4 | 1 | | |
| Epidemiological unit responsible for AMR surveillance | × | 0 | | |
| National unit responsible for AMU surveillance | × | 0 | | |
| National regulatory authorities | × | 0 | | |
| Veterinary practitioners organizations | × | 0 | | |

AMR surveillance conducted in Zimbabwe through occasional studies (S5).

Funding for AMR data collection and analysis (S9-25-26-34) is organized as below:

| AMR funding (data collection, testing for | AMR data collection and analysis | AMR Plans | | | |
|---|----------------------------------|--|---|----------------|--|
| surveillance and diagnostic) | | Animal Health- Surveillanc e purposes | Animal Health- Diagnostis purposes | Food Safety | |
| Government | × | × | × | | |
| Own lab budget | × | × | × | | |
| External funding, e.g. specific studies | 1 | 1 | × | | |
| Animal or product owners | | × | 1 | | |
| Antibiotics manufacturers, suppliers or users | × | | | | |

| Area | Category | Sub category | Current lab LMT score | Improvem ents for next level | Next level | Improvem ents for next level | Next level +1 |
|-------------------------|--|--|--------------------------|------------------------------------|------------|------------------------------------|------------------|
| | Control of 199 | Financial capacity (allocation of funds)- L1 | 4 | | ≥1 | | ≥2 |
| | Sustainability | Management- L2 | 3 | | ≥1 | | ≥2 |
| | Workflow organization | Quality of samples submitted - L3 | 4 | | ≥3 | | ≥3 |
| Activity | | Training about antimicrobial resistance- L6 | 3 | | ≥1 | | ≥1 |
| | | Scientific publications- L7 | 1 | | ≥1 | | ≥1 |
| | Collaborations | Collaboration with other labs in the country- L8 | 4 | | ≥1 | | ≥1 |
| | | Collaboration with reference labs outside the country- L9 | 1 | | ≥1 | | ≥1 |
| | | Biosafety of bacteriology lab - L10 | 3 | | ≥2 | | ≥3 |
| | | Equipment for bacteriology and AST - L11 | 3 | | ≥3 | | ≥3 |
| | Resources for | ANIMAL DISEASES - Media and consumable- L12 | 3 | | ≥3 | | ≥3 |
| | Bacteriology testing | FOOD SAFETY - Media and consumable- L13 | N/A | | ≥3 | | ≥3 |
| | | WATER and ENVIRONMENT - Media and consumable- L14 | N/A | | ≥3 | | ≥3 |
| | | Reagents availability for AST - L15 | 3 | | ≥3 | | ≥3 |
| | Bacteriology- technical | Bacteriology methods - L16 | 3 | | ≥3 | | ≥3 |
| | practices | Bacterial identification- L17 | 2 | | ≥2 | | ≥2 |
| Technical practices | | Standard for AST- L18 | 3 | | ≥2 | | ≥3 |
| recimical practices | | Bacterial inoculum calibration for AST - L19 | 3 | | ≥3 | | ≥3 |
| | Antimicrobial susceptibility testing (AST) methods | Panels definition- L20 | 4 | | ≥4 | | ≥4 |
| | | Revision of panels of antibiotics- L21 | 4 | | ≥3 | | ≥4 |
| | | Method for reading disc diffusion results- L22 | 1 | | ≥2 | | ≥2 |
| | | Method for reading MIC results- L23 | N/A | | ≥2 | | ≥2 |
| | | Standard for interpretation of disc diffusion results - L24 | 2 | | ≥3 | | ≥4 |
| | | Standard for interpretation of MIC results- L25 | N/A | | ≥3 | | ≥4 |
| | Molecular Tools | Molecular characterization (resistance gene confirmation or typing)- L26 | 1 | | ≥1 | | ≥1 |
| | ivioleculai 100is | Sequencing of resistant strains- L27 | 1 | | ≥1 | | ≥1 |
| | | Sample identification and follow-up- L28 | 4 | | ≥2 | | ≥3 |
| | Management of biological material | Proportion of isolates stored in a library- L29 | 1 | | ≥1 | | ≥2 |
| | | Method for bacterial preservation- L30 | 1 | | ≥1 | | ≥3 |
| Management of data | | Inventory of stored isolates- L31 | 1 | | ≥1 | | ≥3 |
| and biological material | | Duration for bacterial isolates storage- L32 | 1 | | ≥1 | | ≥2 |
| | | Individual reports on AMR data to the customers- L33 | 3 | | ≥3 | | ≥4 |
| | Data management | Data archiving- L34 | 4 | | ≥2 | | ≥3 |
| | | AMR data transmission to a dedicated epidemiology unit and analysis- L35 | 1 | | ≥1 | | ≥2 |
| | Documentation | SOPs on AMR detection implemented- L36 | 4 | | ≥2 | | ≥3 |
| | | SOPs on AMR detection updating- L37 | 2 | | ≥2 | | ≥3 |
| Quality Assurance | AIVIR Detection | Reference strains for AST quality control- L38 | 4 | | ≥2 | | ≥3 |
| | Staff | Proficiency testing for AST- L39 | 1 | | ≥2 | | ≥3 |
| | | Initial training in AMR testing- L40 | 2 | | ≥1 | | ≥2 |
| | | Staff skill validation and continuous proficiency- L41 | 2 | | ≥1 | | ≥2 |

PRIORITIES

□ National policy to combat AMR □ National strategy(ies)[TWGs e.g. surveillance, communication] ☐ Regulatory measure □AMR surveillance in agriculture(strong lab networks & collaboration) AMR surveillance in environment AMR funding for data collection and analysis ☐ Management of data and biological material □Quality assurance

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