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**Progress report on the Regional strategy for expediting the implementation and monitoring of
national action plans on antimicrobial resistance, 2023-2030 in the WHO African Region**

Information document

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Background

1. Antimicrobial resistance (AMR) is a growing challenge in the WHO African Region, driven by limited health care infrastructure, a high burden of infectious and noncommunicable diseases¹, and antibiotic misuse. In 2021, bacterial AMR was associated with an estimated 4.71 million deaths globally, with 1.14 million directly caused by AMR. Sub-Saharan Africa had the highest mortality rates. By 2050, it is predicted that AMR could cause 1.91 million deaths annually and be associated with a total of 8.22 million deaths worldwide.²
2. In 2023, the Seventy-third session of the WHO Regional Committee for Africa adopted the Regional strategy for expediting the implementation and monitoring of national action plans on antimicrobial resistance, 2023–2030. The strategy outlines four objectives and five targets for 2030: all Member States are expected to (i) establish functional One Health AMR governance mechanisms; (ii) establish in-country monitoring and evaluation systems; (iii) conduct nationwide awareness campaigns; (iv) enrol in the Global Antimicrobial Resistance and Use Surveillance System (GLASS), report and use data for decision-making; and (v) implement interventions to optimize the use of antimicrobials.
3. This report summarizes the progress made in 2024 in implementing the strategy based on data from the 2024 Tracking AMR Country Self-Assessment Survey (TrACSS), in which all 47 Member States participated.³ It also highlights the challenges faced and presents the next steps.

Progress made/actions taken

4. Twenty-two Member States⁴ (47.0%) have a functional One Health AMR governance mechanism with defined roles and responsibilities across sectors, and established accountability arrangements for the achievement of priority AMR interventions. All 47 Member States of the WHO African Region have a national action plan on AMR based on the One Health approach, of which 35⁵ (74.5%) are formally endorsed by national authorities.
5. All the 47 Member States submitted responses to the 2024 Tracking AMR Country Self-Assessment Survey, marking a significant milestone in monitoring progress in the implementation of AMR national action plans (NAPs) in the Region. Notably, 19 (40.4%) Member States⁶ have established in-country monitoring and evaluation systems, developed a monitoring and evaluation plan, and appointed a dedicated focal point to track and report on the progress of their NAPs.

¹ World Health Organization. Communicable and noncommunicable diseases in Africa in 2021/22. Brazzaville: WHO Regional Office for Africa; 2023. (<https://www.afro.who.int/publications/communicable-and-non-communicable-diseases-africa-202122>)

² Mohsen N, Vollset SE, Ikuta KS, Swetschinski LR, Gray AP, Wool EE. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050.

³ Tracking AMR Country Self-Assessment Survey (TrACSS 2024): (<https://new.amrcountryprogress.org/>)

⁴ Algeria, Burkina Faso, Central African Republic, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Nigeria, Rwanda, Sierra Leone, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

⁵ Algeria, Benin, Burkina Faso, Burundi, Central African Republic, Cameroon, Comoros, Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, United Republic of Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

⁶ Benin, Burundi, Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Liberia, Mali, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, Togo, United Republic of Tanzania, and Zimbabwe.

6. All Member States actively participated in the celebration of World AMR Awareness Week (WAAW) to improve awareness and understanding of AMR through effective communication, education, and training targeting priority stakeholders across sectors. Eighteen Member States⁷ (38.0%) are conducting nationwide AMR awareness campaigns involving various sectors to promote understanding and encourage behavioural change.

7. Forty-four Member States⁸ (94.0%) are enrolled in GLASS, with 25⁹ (53.2%) of them using the evidence generated to inform policy and practice, and to mitigate the threat posed by AMR. Additionally, 45 Member States¹⁰ have one or more reference laboratories with the capacity to perform susceptibility testing for some critically important bacteria.

8. Twenty-two Member States¹¹ (47.0%) are implementing interventions such as the establishment of antimicrobial stewardship programmes at national and/or health care facility level, and the development of national guidelines to optimize responsible use of antimicrobials in health care facilities for improved patient outcomes. Furthermore, 40 (85.1%) Member States¹² have laws or regulations on the prescription and sale of antimicrobials for human use.

Issues and challenges

9. While progress has been made, some challenges remain, including fragmented One Health coordination between AMR and related programmes; lack of dedicated monitoring and evaluation focal points; inadequate multisectoral stakeholder engagement in AMR awareness campaigns; limited number of countries with nationwide surveillance data for tracking AMR trends; and insufficient stewardship programmes to promote responsible antimicrobial use.

⁷ Algeria, Botswana, Burundi, Cameroon, Côte d'Ivoire, Eritrea, Ethiopia, Gambia, Kenya, Lesotho, Liberia, Madagascar, Mozambique, Namibia, Niger, Senegal, United Republic of Tanzania, and Zimbabwe.

⁸ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

⁹ Algeria, Burkina Faso, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Mali, Malawi, Mauritius, Mozambique, Rwanda, South Africa, United Republic of Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

¹⁰ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

¹¹ Algeria, Burkina Faso, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Malawi, Mauritius, Namibia, Rwanda, Senegal, South Africa, United Republic of Tanzania, Uganda, and Zambia.

¹² Algeria, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

Next steps

10. Member States should:

- (a) establish a formalized national One Health governance structure to enhance cross-sector coordination;
- (b) strengthen capacity for monitoring and evaluating AMR national action plans and ensure annual reporting via TrACSS for advocacy and resource mobilization;
- (c) promote AMR awareness and multisectoral stakeholder engagement through education, media campaigns, and community initiatives;
- (d) enhance national capacity to report priority pathogens and utilize surveillance data from GLASS for informed decision-making;
- (e) strengthen antimicrobial stewardship core competencies across sectors by incorporating AMR into education and training curricula.

11. The WHO Secretariat and partners should:

- (a) build capacity and mobilize partners and resources to support effective implementation of the strategy;
- (b) continue to monitor progress towards the targets and disseminate guidance and tools to countries for implementation of the strategy.

12. The Regional Committee is invited to note this progress report.