Sharing AMR data: Why, what, how?

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Why sharing AMR data?

• Overview of what is going on on a large scale: e.g.
  • Where are resistance mutations emerging?
  • Are they being transmitted?

• Understand the relative contribution of different sectors to the AMR problem

• Learn from peers

Sharing data makes sense when it leads to action
The many ways of sharing data

**Integration**

- Laboratory AST results
- Patient information
- AMR
- AMU
- AMC
- Sentinel sites A
- Reference sites
- Country A
- Country B
- Country C
- Country D
- Human health
- Animal health
- Environment
The research question is what guides the level of data sharing, integration and aggregation.
1. Collaboration & integration with existing initiatives
2. Improving surveillance of AMU and AMR microorganisms
3. Delay emergence of AMR microorganisms
4. Limit transmission of AMR microorganisms
5. Mitigate harm from AMR microorganisms

Dr Yewande Alimi
AMR programme coordinator
Africa CDC
Increasing the number of member states conducting surveillance for AMU

- Advocate for Member States and regions to conduct surveillance for antimicrobial use and to share data publicly.
- 2. Identify barriers to Member States conducting surveillance for antimicrobial use and work to mobilize political commitment, resources and technical support to address barriers.

Increase the number of member states that continuously collect, analyse, report and disseminate data

- Develop and maintain agreements for sharing of specimens, isolates, other materials and data across countries and between regions.
- Convene partners periodically in each region and annually at the continental level to review protocols for data sharing, interpretation and authorship.
- Mobilize resources for sufficient staffing, infrastructure, administrative and policy support, and funding for surveillance and data dissemination.
- Support a comprehensive, continuously updated, and publicly available database of AMR on the African continent.
- Assist Member States with interpreting AMR surveillance data and revising treatment guidelines or other policies appropriately.
The AU framework for AMR supports the GLASS

GLASS is

23 African countries enrolled
15 African countries report any type of data
6 countries in the AFRO region report on the AMR surveillance system
3 report of AMC surveillance
14 countries

- DSA with Africa CDC and ASLM
- AMR and AMC data from 2016 to 2019
- 221 laboratory facilities and ~300 pharmacies reporting
- Reporting tools in place
- **Policy implications to be discussed with countries under the coordination of Africa CDC**
- Could this be a good starting point to continue the collective interpretation and sharing?
Thank you