From Dialogue to Decision: Practical Lessons for Translating One Health Anti Microbial Resistance (AMR) Priorities into Ministerial Resolutions in the East Central and Southern Africa Region

Abstract

Antimicrobial resistance (AMR) is eroding decades of health gains in the East, Central and Southern Africa (ECSA) region, threatening clinical care, health systems, food security, and livelihoods. Ahead of the 76th ECSA-HC Health Ministers' Conference, regional leaders, country experts, and partners convened an AMR pre-conference to align priorities, examine AMR through the lens of local manufacturing, and translate One Health commitments into ministerial action on the pathway to the 5th Global Ministerial Conference on AMR in Abuja in 2026. Forty-five participants were purposively selected to ensure multisectoral One Health representation and country diversity. Presentations, plenary discussions, and group work were analysed through thematic synthesis using an iterative coding matrix to identify recurring priorities, implementation gaps, and practical lessons. Key gaps included limited access to AMR countermeasures, inadequate sustainable financing, weak accountability, and persistent weaknesses in antimicrobial stewardship, infection prevention and control, diagnostics, surveillance, and broader One Health resilience. The meeting informed the 76th HMC resolutions, including commitments on local manufacturing, innovative financing, parliamentary accountability, and stronger preparedness and laboratory systems, demonstrating a practical pathway from technical dialogue to formal ministerial action.

Keywords: Antimicrobial resistance (AMR); One Health; Policy translation; ECSA Region

Background

Antimicrobial resistance (AMR) is a major global health and development threat, with increasing impacts on mortality, health systems, livelihoods and food security. Recent burden estimates underscore its scale and urgency, particularly for low- and middle-income countries, particularly in Africa[1]. AMR arises when bacteria, viruses, fungi, and parasites develop resistance mechanisms that reduce antimicrobial effectiveness, resulting in treatment failure, prolonged illness, increased transmission, and higher risk of severe outcomes[2]. Its spread is accelerated by "One Health" drivers, including inappropriate antimicrobial use in humans and animals, weak infection prevention and control (IPC), limited diagnostic capacity, inadequate surveillance, and environmental contamination from healthcare, agriculture, and pharmaceutical waste[3].

Global and regional commitments to address AMR have expanded over the past decade, including the World Health Organisation (WHO) Global Action Plan 2015, the African Union (AU) framework for AMR Control (2020–2025), strengthened surveillance efforts through Global Antimicrobial Resistance Surveillance System (GLASS), and renewed political commitments at the 2024 UN General Assembly High-Level Meeting on AMR[4–6]. While many countries have developed national action plans (NAPs), implementation remains uneven, with less than 10% fully funded[7]. Progress is often slower in financing, surveillance functionality, antimicrobial use monitoring, and institutionalized implementation support[8,9].

These gaps are especially pronounced in a "One Health" context, where effective AMR response depends on coordinated systems across human, animal, food and environmental sectors. This requires interoperable multisectoral surveillance, routine data sharing, and joint risk assessment to inform timely policy and operational decisions. Regional platforms can help bridge these gaps by aligning priorities, enabling peer learning, and translating commitments into actionable policies. These platforms also accelerate delivery by standardizing stewardship and IPC competencies, strengthening laboratory and diagnostic networks, and mobilizing predictable financing for prioritized NAP interventions, including access to quality-assured antimicrobials and diagnostics.

The AMR Pre-Conference Meeting held in Eswatini on 2 February 2026, prior to the 76th ECSA-HC Health Ministers' Conference (HMC), served as a regional policy-to-implementation platform to address persistent gaps between AMR commitments and delivery. It aimed to align country and partner priorities, strengthen resource mobilization, and consolidate a unified regional position toward the Global High-Level Ministerial Conference on AMR in Abuja in June 2026. The agenda focused on four implementation priorities: 1) equitable access to AMR countermeasures; 2) financing NAP implementation; 3) political leadership and accountability; and 4) sustainable training and education for antimicrobial stewardship (AMS). This was followed by co-creation of working groups to generate ministerial briefing outputs.

Evelyn Wesangula[1], Julius Tingai[1], Emmanuel Tanui[2], Beth Ward[3], Relebohile Patricia Lefojane[4], Yamanya Tembo[5], Helle Engslund Kraup[6], Watipaso Nyirenda[6], Nkatha Gitonga[7], Mohamed Mohamed[1], Ntuli Kapologwe[1].East Central Southern and Africa Health Community[1], Kenya National Public Health Institute[2], Commonwealth Pharmacists Association[3], Ministry of Health Eswatini[4], ReAct Africa[5], International Center for Antimicrobial Resistance Solutions[6], Independent Consultant, Nairobi Kenya[7].

Objectives

The AMR Pre-Conference Meeting aimed to translate "One Health" AMR commitments into pragmatic ministerial action by aligning country and partner priorities. Specifically, it sought to (a) build consensus on priority implementation bottlenecks, (b) strengthen coordination and resource mobilization for NAP delivery, and (c) generate structured briefing outputs to inform the 76th HMC deliberations and resolutions.

Methodology

The pre-conference applied a structured policy-to-implementation approach to generate inputs for the 76th ECSA-HC HMC. Forty-five participants from 11 countries were purposively selected to ensure representation across human, animal, environmental, and food sectors, alongside expertise in laboratory systems, medicines regulation, national AMR coordination, professional associations and regional and technical partner institutions.

The conference combined plenary sessions to identify implementation bottlenecks and evidence-informed options with facilitated working groups to prioritize actions, assign responsibilities, and develop practical recommendations aligned to national and regional frameworks. Outputs were validated, consolidated into a ministerial briefing package, and later reflected in the adopted 76th HMC resolutions.

Participation was voluntary, no patient-level data were collected, and findings are presented in aggregated, non-attributable form. Meeting materials, including presentations and group outputs were reviewed and synthesized to identify recurring implementation priorities and lessons[10]. Key themes were organized around access, financing, accountability, and workforce systems, and cross-checked against source materials to ensure consistency.

Findings

Findings are presented as a crosswalk between pre-conference priority and the adopted 76th HMC resolutions (Table 1), demonstrating how technical dialogue translated into ministerial policy direction. The synthesis of the AMR pre-conference programme, session outputs and the 76th HMC Resolutions[11–13] identified five interdependent implementation lessons: (i) access as a systems issue, (ii) financing as the primary constraint, (iii) accountability as an implementation progress mechanism, and (iv) workforce platforms as a core system building bloc and (v) stewardship mechanisms.

Working analysis matrix and HMC resolution interrelation

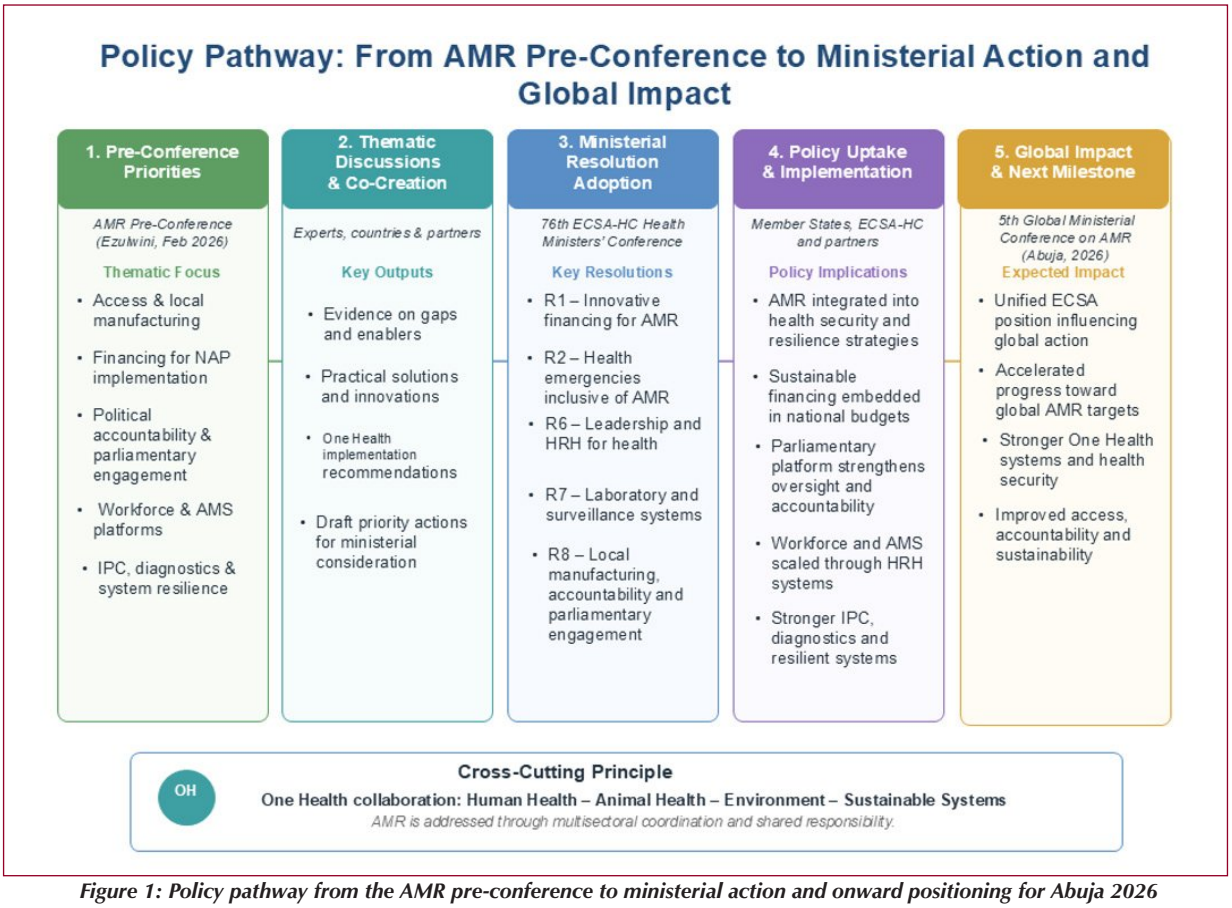


Figure 1: Policy pathway from the AMR pre-conference to ministerial action and onward positioning for Abuja 2026

Discussion

Access to AMR countermeasures framed as a systems readiness issue: implications for local manufacturing

The pre-conference framed access beyond medicine availability, discussions linked equitable access to antimicrobials, diagnostics and vaccines with local manufacturing, regulatory harmonization, pooled procurement approaches, surveillance tools and systems. This reflects how AMR outcomes are shaped in practice by interactions across products, diagnostics, prescribing, IPC and data use. This theme shows strong policy uptake in the HMC resolutions, particularly the ECSA/HMC76/R8 on local manufacturing for health security, which integrates access with broader resilience and AMR priorities.

Financing emerged as the central implementation bottleneck

Financing discussions emphasized predictable domestic resource mobilization, innovative/blended financing, and integration of AMR into broader health and multisectoral investment frameworks. This reflects the need to embed AMR within existing budgeting and health system resilience agendas rather than relying on stand-alone funding. These priorities are reflected in HMC policy outputs, particularly resolution R1 on innovative health financing, Primary Health Care and relevant provisions within resolution R8, demonstrating alignment between pre-conference dialogue to ministerial policy direction.

Political leadership and accountability as operational mechanisms

The pre-conference highlighted political leadership, accountability and parliamentary engagement as key drivers of implementation, including proposals for a regional parliamentary platform and a common regional AMR position to support coordinated advocacy and oversight. This shifts AMR from technical recommendations to institutional follow-through. These proposals are reflected in HMC resolutions R8, which provides a policy channel for sustained regional and national action and establishment of a regional parliamentary network.

Workforce development and institutional learning platforms were recognized as critical stewardship support

The pre-conference emphasized sustainable training and education, as critical stewardship implementation support, including regional centres-of-excellence, recognizing that AMR and IPC progress depends on institutionalized capability. Lessons from the ECSA-HC collegiate model, with a focus on the ECSA College of Surgeons (COSECSA), informed proposed establishment of the ECSA- College of Pharmacists to support workforce development. This aligns with HMC resolution (ECSA/HMC76/R6) on leadership and human resources for health, reinforcing the need to embed AMR, IPC and stewardship competencies within existing professional systems.

Policy uptake of pre-conference priorities in the 76th HMC resolutions

A crosswalk between pre-conference priorities and the adopted 76th HMC resolutions shows clear policy uptake. Key themes—including access, local manufacturing, financing, accountability, and workforce strengthening—are reflected in the adopted resolution ECSA/HMC76/R8 on local manufacturing for health security, with additional alignment across financing, health emergencies, communicable diseases and workforce/leadership-related resolutions. This demonstrates the role of the pre-conference as a policy-to-implementation platform rather than a standalone technical meeting.

What does the pre-conference add to One Health AMR implementation practice?

The pre-conference demonstrated that regional platforms can translate AMR priorities into formal ministerial policy. The crosswalk shows clear uptake of key themes within the adopted ministerial resolutions, particularly R8 on local manufacturing for health security.

Rather than introducing new AMR priorities, the pre-conference organized existing ones into an implementation-oriented framework and linked them to policy uptake. This is critical for "One Health" AMR action in the ECSA region, where the main challenge is operationalizing commitments across sectors, institutions and financing systems, and keeping AMR high on the political agenda. Alignment with HMC resolutions on financing (R1), workforce (R6), and health systems (R2 and R7) further reinforces that AMR implementation depends on integration within broader health system and resilience agendas.

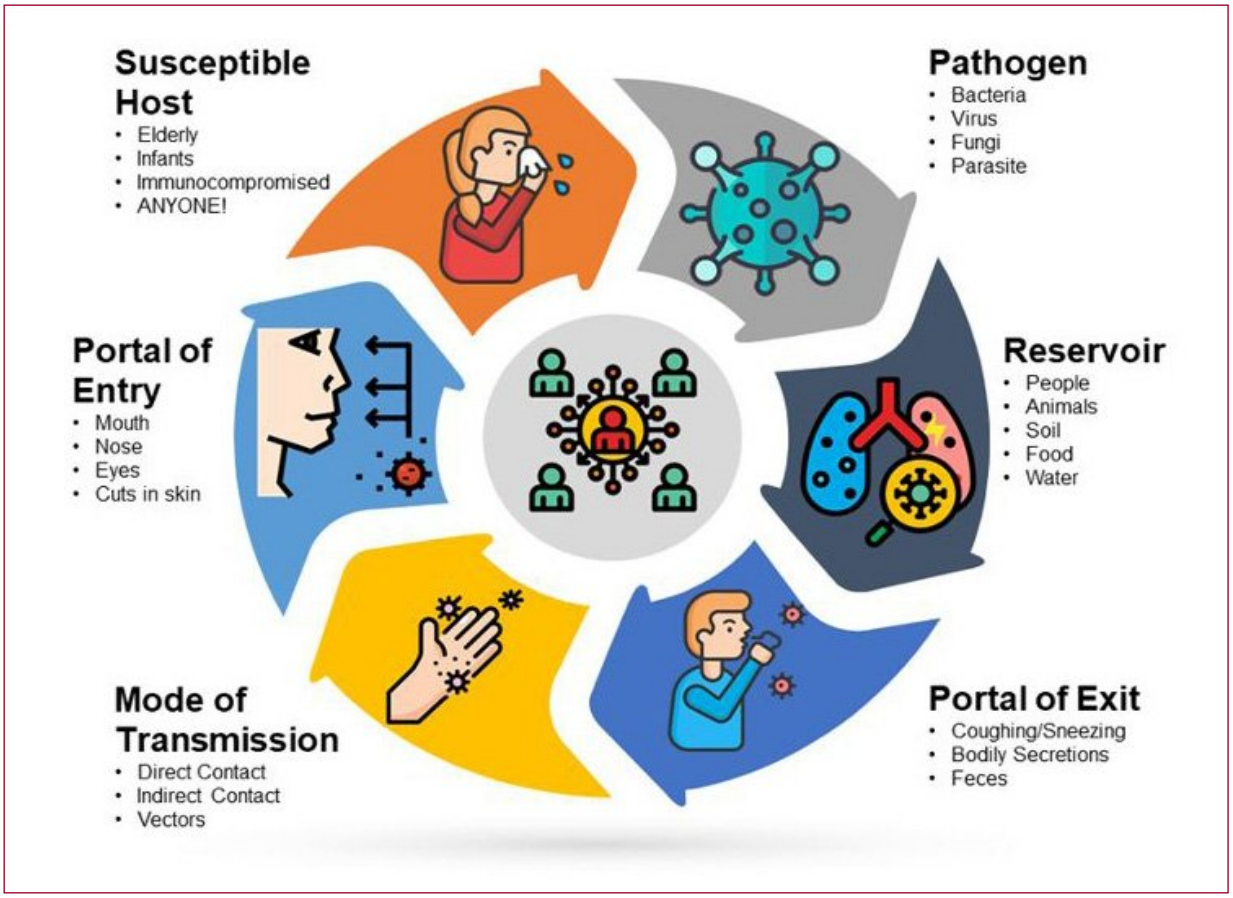
A key insight is that the four priority areas function as an integrated implementation architecture rather than separate technical workstreams. Access depends on diagnostics, regulation, and surveillance capacity; predictable financing enables delivery; accountability sustains action; and workforce development systems are critical for AMR and IPC stewardship. The pre-conference design supported this integration by linking technical discussions, political dialogue and co-creation of outputs with ministerial processes.

For implementation, this synthesis reinforces that the main implication is the need to avoid siloed approaches. Progress will depend on embedding AMR within existing policies and systems, such as health financing reforms, laboratory strengthening, outbreak preparedness, HRH development and parliamentary oversight—rather than creating parallel structures. This is especially important at subnational and facility levels, where policy translation depends on operational guidance, budgets, supervision and workforce capacity.

Conclusion

This synthesis demonstrates that the ECSA-HC secretariat, Member States and partners should institutionalize a pre-conference-to-resolution implementation tracking mechanism that links thematic priorities to HMC resolutions, implementation milestones, and accountability processes. This will ensure that regional consensus is translated into funded, and measurable action.

The AMR pre-conference further demonstrates that regional platforms can bridge the gaps between policy commitments and implementation when linked



Chain Of Infection *Courtesy of FREEPIK*

to ministerial processes. By aligning priorities and generating actionable outputs, it created a pathway from technical dialogue to policy uptake.

Strengthening "One Health" AMR action requires integrated systems thinking and operational follow-through. The priority now is implementation—translating these commitments into financed, coordinated, and measurable action across sectors and levels of the health system. Additionally, future evaluation should examine the extent to which these adopted resolutions are operationalized.

References

1. Naghavi M, Vollset SE, Ikuta KS, Swetschinski LR, Gray AP, Wool EE, et al. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050. The Lancet. 2024 Sep 28;404(10459):1199–226. doi:10.1016/S0140-6736(24)01867-1
2. Tang KWK, Millar BC, Moore JE. Antimicrobial Resistance (AMR). Br J Biomed Sci [Internet]. 2023;Volume 80-2023. Available from: https://www.frontierspartnerships.org/journals/british-journal-of-biomedical-science/articles/10.3389/bjbs.2023.11387
3. World Health Organization. Antimicrobial resistance [Internet]. [cited 2026 Mar 17]. Available from: https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance
4. World Health Organization. Global action plan on antimicrobial resistance. [Internet]. Geneva: World Health Organization; 2015 [cited 2026 Feb 19]. Available from: https://www.who.int/publications/i/item/9789241509763
5. Global Antimicrobial Resistance and Use Surveillance System (GLASS) [Internet]. [cited 2026 Mar 17]. Available from: https://www.who.int/data/gho/data/themes/topics/global-antimicrobial-resistance-surveillance-system-glass
6. Political Declaration of the High-Level Meeting on Antimicrobial Resistance: resolution [Internet]. New York: UN; 11 [cited 2026 Mar 17]. Available from: https://digitallibrary.un.org/record/4064023
7. Africa Centres for Disease Control and Prevention (Africa CDC). African Union AMR Landmark Report: Voicing African Priorities on the Active Pandemic [Internet]. Africa CDC; 2024. Available from: https://africacdc.org/download/african-union-amr-landmark-report-voicing-african-priorities-on-the-active-pandemic/
8. Gahimbare L, Mwamelo A, Yahya A, Fuller W, Padiyara P, Prakash P, et al. Monitoring progress on Antimicrobial Resistance (AMR) response in the World Health Organization African region: Insights from the Tracking AMR Country Self-Assessment Survey (TrACSS) 2021 results for the human health sector. J Public Health Afr. 2024 Mar 1;14(11):2392. doi:10.4081/jphia.2023.2392
9. World Health Organization, Regional Office for Africa. Tracking implementation progress of AMR national action plans in the WHO African Region: Insights from the 2024 survey on human health [Internet]. World Health Organization; 2025. Available from: https://www.afro.who.int/publications/tracking-implementation-progress-amr-national-action-plans-who-african-region-insights
10. Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Med Res Methodol. 2008 Jul 10;8:45. doi:10.1186/1471-2288-8-45
11. ECSA-HC. AMR Preconference Programme ahead of the 76th HMC. ECSA-HC; 2026.
12. ECSA-HC. Consolidated AMR Preconference presentation/output materials. ECSA-HC; 2026.
13. ECSA-HC. Resolutions of the 76th Health Ministers Conference (Final). ECSA-HC; 2026.