

AMR + Africa + Diagnostics

How can we work together to stem the tide of antimicrobial resistance?

Regional stakeholders' summit: Khayelitsha, Cape Town, South Africa, 30 January 2018

- QUOTES PROVIDED IN SUPPORT OF THIS MEETING -

FRANCIS AMOAGYE-NYAME, *Program Director, Systems for Improved Access to Pharmaceuticals and Services (SIAPS)*

"Inappropriate use of diagnostics can lead to incorrect/irrational use of medications leading not only to poor health outcomes but also the likely development of antimicrobial resistance resulting in unnecessary escalation of treatment length and costs. Patients and providers need to be educated on the role diagnostics play in effective treatment, preservation of treatment and cost containment. Capacity of prescribers and technicians need to be built to optimize use of diagnostics to support efforts to contain the development of AMR."

VANESSA CARTER, *AMR e-patient activist and founder of Health Care Social Media South Africa (#hmcsSA)*

"I chose to become a patient voice after suffering from an extensive MRSA (Methicillin-resistant Staphylococcus aureus) infection that nearly cost me my face. I chose to advocate for others because I was a concerned citizen. I had never heard of this superbug before, but as I became more informed, I learned that meant the bacteria causing infection in my face had become resistant to the antibiotics that were meant to heal me. We have been oblivious to the microbial world that we live together with – a hidden, microscopic world that has been evolving for billions of years before us. My hopes from events like this one is that we learn to treat antibiotics and other antimicrobial medications as the precious resource they are. World health leaders have described antibiotic resistant microorganisms as nightmare bacteria that pose a catastrophic threat to people in every country in the world, and South Africa is not exempt. We need to learn to use antibiotics wisely."

Watch Vanessa's story: <https://youtu.be/1KyYQfKHLkI>

Find out more about her here: <http://vanessacarter.co.za/antibiotic-resistance/>

GARY COHEN, *EVP and President, Global Health, BD (Becton Dickinson & Company)*

"It is encouraging to see the private sector being brought into the conversation about how AMR can be controlled through better diagnosis. For-profit companies, working together with non-profits and governments, can play a huge role in bringing to market desperately needed tools – from tests that identify causes of fever to those that hone in on drug resistant strains of tuberculosis. We also have a shared interest in collaborating in implementation efforts, including strengthening laboratory capacity at national levels. This meeting is an important opportunity to advance the dialogue with all stakeholders."

THOMAS CUENI, *Director-General, IFPMA; Chair, AMR Industry Alliance*

“We need the integrated deployment of vaccines and medicines, diagnostics, antibiotics and other therapies to address the multiple challenges across the continuum of care. Diagnostics play an invaluable role in fighting antimicrobial resistance. They guide the effective use of antibiotics by identifying the infectious agent, as well as any potential resistance to antibiotics, in order to help clinicians prescribe the most appropriate treatment with the shortest time delay.”

Professor Dame SALLY DAVIES, *UK Chief Medical Officer, IACG on AMR co-convenor*

“This is a global problem requiring multiple solutions – and accessible, accurate, and affordable diagnostics play a vital role in protecting our antibiotics and for surveillance in humans, animals, and the environment. I am pleased that organisations such as FIND are not only focusing on developing new diagnostics but also implementing existing ones in all parts of the world. Global leaders have recognised the importance of addressing antimicrobial resistance – but now it is time to act.”

Professor KEERTAN DHEDA, *Professor of Medicine, Head: Division of Pulmonology, University of Cape Town*

“Current treatment for drug-resistant TB is often a gamble – a shot in the dark – because we don’t have quick and easy access to diagnostic readouts that can tell us how best to efficiently kill the TB bug; the consequences of getting it wrong, which is often the case, is amplification of resistance and encouraging the vicious the ‘monster’ we call XDR-TB, with dire consequences for many vulnerable patients. Thus, multiplex rapid diagnostic readouts for TB are urgently needed. The future calls for readouts that will predict drug resistance before it causes clinical disease.”

Dr. LUCICA DITIU, *Executive Director, Stop TB Partnership*

“Every single hour, in the world, 80 people die because of drug resistant forms of infectious diseases and 22 of them die because of drug resistant TB. If we want to save these lives and avoid all the financial impact that AMR represents for countries economy, we should bring real action and disrupting partners and ideas in this space. At Stop TB, we are pushing through our different teams, country programmes and partners, including FIND – new tools, new diagnostics, new regimens and new innovations in service delivery as well as engagement of new private sector partners and civil society and communities. South Africa Ministry of Health through the TB programme and the SA Medical Research Council and all their partners are always at the forefront of research and roll out of new tools, so the world can follow their example.”

Dr. FAROUK JEGA, *Senior Country Director Nigeria, Pathfinder*

“The problem of antimicrobial resistance is a huge quality of care impediment, and can often make the difference between life and death especially for TB patients. Without access to high quality

diagnostics, multi-drug resistant (MDR) TB is often diagnosed late when much harm has already been done and leads to death or serious disability.”

Dr. ERIC GOEMAERE, *Regional HIV/TB Technical Support Coordinator, MSF*

“Antibiotic resistance has emerged as a global health crisis and we need to promote antimicrobial stewardship innovations to help stop the trend, otherwise we are on a course towards a post-antibiotic era.”

MAH-SÉRÉ KEITA, *Director of Global Health Security, African Society for Laboratory Medicine (ASLM)*

“We have a unique opportunity to plan ahead for a known public health threat called AMR, but Africa still lags behind. We must move quickly and strategize wisely because resources are limited but capacity does exist on the continent. This capacity needs to be augmented and well harnessed to serve the whole of the continent.”

MARK KESSEL, *Chairman of the FIND Board of Directors*

“Drug-resistant infections are presently causing 700,000 deaths worldwide. Doctors often prescribe drugs based on symptomatic diagnosis, trial and error, or simply because patients demand them. When misdiagnosed, resistance blossoms and the benefit of antibiotics are eroded. Diagnostics are desperately needed to ensure correct identification and treatment of disease – which patients deserve – and to safeguard our remaining precious medical resources.”

ZIBUSISO NDLOVU, *Laboratory Advisor, Southern Africa Medical Unit, MSF*

“We need better diagnostics to help the medical community to preserve the utility of these precious drugs, because it takes so much time and resources just to discover a new, safe and effective antibiotic.”

Lord JIM O’NEILL, *Chair of the UK-commissioned Review on Antimicrobial Resistance*

“Diagnosis is an essential weapon in our fight against AMR. It is shocking that the way in which we make prescribing decisions today hasn’t fundamentally changed since the 1950s. There are many reasons for this, including a lack of good and rapid tests to confirm the judgement of the doctor, and the cost of such tests exceeding the price of the drugs, leading to “just in case” prescribing. Without bold steps being taken, it is unlikely that rapid progress can be made to reduce the scale of inappropriate use, and limit the rapid emergence of resistance to our available drugs.”

Dr. MIRFIN MPUNDU, *Head of ReAct Africa*

“The development and affordable access to diagnostics suitable for use and improved laboratory capacity in LMICs is a top priority in addressing AMR. Access to diagnostics, especially rapid

diagnostic tests (RDTs), will aid treatment and reduce unnecessary use of antibiotics. Immediate investment in diagnostics and countries providing enabling environments through supporting policies and legal frameworks will also be needed.”

MIRIAM SCHNEIDMAN, *Lead Health Specialist, Africa Region, World Bank*

“World Bank estimates have found that low-income countries could lose more than 5 percent of their GDP and an added 28 million people could fall into extreme poverty by 2050 under a high-impact AMR scenario. AMR can impede our ability to meet our poverty and global development goals. We need to treat antimicrobials as a global public good, and support for multidisciplinary research networks and advances in innovation are key ways to do that.”

Dr. SOUMYA SWAMINATHAN, *Deputy Director-General (Programmes), World Health Organization*

“Diagnostics are at the heart of the fight against AMR. Countries need affordable, accessible tests that can guide treatment for diseases like drug resistant TB or that can determine if childhood fevers are caused by bacterial agents and therefore merit use of antibiotics. We need more research and investment to develop these tools, and need to make sure they are linked to robust surveillance systems that cut across national borders.”

Dr. JAY VARMA, *Senior Advisor, Africa CDC*

“Antibiotic resistance is an urgent threat to the health of Africans. Africa CDC is committed to working with governments and all public and private partners to make sure patients are diagnosed correctly and treated effectively.”

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