

Working together to fight AMR through Global Fund investments



Esther Nabende, a laboratory scientist, examines samples at the National Health Laboratory and Diagnostic Services in Uganda. The Global Fund/Brian Otieno

The challenge

Antimicrobial resistance (AMR) is an urgent global public health threat. According to a recent Lancet study, almost 5 million deaths per year are associated with AMR, including 1.14 million deaths directly attributed to resistance. AMR occurs when disease-causing microbes evolve to withstand the effects of drugs intended to eliminate them and it is especially prevalent in low- and middle-income countries. Although drug-resistant TB was the 7th largest cause of AMR related mortality globally in 2021, the vast majority of deaths were caused by non-TB bacterial infections that are primarily hospital-associated. This critical threat could compromise our ability to effectively fight diseases and puts millions of lives at risk. The potential implications are grave and would affect not only human health, with potentially 8 million deaths per year by 2050, but also food security and development. According to World Bank estimates, AMR could result in US\$1 trillion in additional health care costs by 2050, and US\$1 trillion to US\$3.4 trillion in gross domestic product (GDP) losses per year by 2030.

Preventing and responding to AMR

To address the increasing risks of AMR, we need to strengthen whole health systems. As the world's largest multilateral provider of grants to strengthen health and community systems, the Global Fund partnership has been combatting AMR, with a focus on HIV-, TB- and malaria-related drug (and pesticide) resistance for years and has a critical role to play in the fight against this broad global health threat. We are now helping countries to address additional facility-based AMR through cross-cutting investments in laboratory capacity to detect AMR, AMR surveillance systems and workforce development activities linked to bacterial resistance, which are the primary causes of AMR mortality.

Five of the six most lethal antimicrobial-resistant bacteria are predominantly found in health care settings, making rigorous infection prevention and control (IPC) measures an essential and cost-saving approach to controlling AMR. IPC is a cross-cutting clinical and public health specialty area that strengthens health systems to be more resilient against outbreaks and pandemics and helps to ensure continuity of essential health services. Reducing transmission of AMR in health care facilities requires complementary investments in IPC programs and practices at both the national and facility levels.

The COVID-19 pandemic highlighted just how vulnerable patients and health care workers can be in health

care settings, especially in low- and middle-income countries. When the Global Fund established the COVID-19 Response Mechanism (C19RM) to quickly mobilize resources to fight COVID-19, strengthening IPC/AMR activities across a wider range of pathogens became a key focus area. C19RM provided countries with the first opportunity to leverage Global Fund support to drill down on implementing IPC/AMR activities that go beyond procuring IPC commodities (such as personal protective equipment). The expanded scope meant that resources could be directed towards establishing and improving coordinated national- and facility-level IPC programs, enhancing laboratory systems, boosting testing capacity for AMR, and strengthening AMR surveillance systems.

Working in partnership

The rollout of these Global Fund investments has been defined by strong collaboration and partnership between the implementing countries, the Global Fund and the U.S. Centers for Disease Control and Prevention (CDC) International Infection Control Branch, with positive impacts already evident from the national level to health facility level. Technical support provided by CDC and the CDC Foundation to national IPC and AMR programs in seven countries has improved awareness of C19RM funding opportunities and supported the development of quality funding requests. This has resulted in over US\$12 million in C19RM funds being awarded for IPC/AMR activities in the Democratic Republic of Congo (DRC), Ethiopia, Kenya, Nigeria, Pakistan, Sierra Leone and Tanzania.

CDC is working closely with country partners and the CDC Foundation to provide technical assistance in the implementation of Global Fund

C19RM grants for IPC/AMR.

This includes strengthening IPC programs, developing national IPC guidelines and monitoring and evaluation systems, and building capacity for surveillance of health care-associated infections and AMR. In Nigeria, Sierra Leone and Tanzania, evaluation frameworks and national-level indicators are being put in place to monitor and evaluate the progress of IPC/AMR programs. For example, Tanzania is strengthening reporting of key IPC indicators by expanding the number of regions collecting data using the national IPC evaluation framework.

Another core focus is strengthening the capacities of health care workers, both by producing targeted training content and workshop materials and developing plans to scale up IPC/AMR-specific workforce development programs. In Nigeria, the IPC/AMR workforce is being reinforced with an expansion of the national IPC

diploma program. This means that increasing numbers of dedicated IPC focal points are gaining the necessary knowledge and skills to lead state and facility IPC programs and become multipliers of essential approaches. The country is appointing IPC focal points for each state and has plans to have a further 300 facility level IPC focal points operational by 2026.

In DRC, the national action plan for AMR is being strengthened through a workshop, the development of technical documents on AMR detection (e.g., laboratory standard operating procedures), and the development of plans to expand AMR surveillance. Ethiopia is strengthening and expanding its national network of AMR surveillance sites through a workshop to sensitize sites to surveillance system expectations and requirements, the procurement of surveillance supplies, and improving national-level capacity for data management.

58-year-old nurse Pauline Katsongo examines a child at Virunga Health Center in Karasimbi, Democratic Republic of Congo.

The Global Fund/
Pamela Tulizo/Panos



Looking ahead

The CDC/CDC Foundation IPC/AMR technical assistance project will be completed at the end of September 2025. The support provided by CDC to national IPC/AMR programs since the beginning of this initiative offers a strong template for future collaboration on IPC/AMR programs.

Partnerships like the one that exists between the Global Fund, CDC and implementing countries are helping to build the momentum needed

to drive global efforts to address AMR. The UN High-Level Meeting on Antimicrobial Resistance held in September 2024 underscores the importance of this type of multilevel action to confront AMR. To avoid losing the medical and scientific advances of the last century, to protect human lives, and to ensure a healthier, safer, more equitable future for all, we must confront the risks of AMR together.



Sulaman Victoria, DOT provider at Akonwonjo, Alimosho Primary Health Center (Lagos), sorting out drug refills for tuberculosis client.

The Global Fund/
Andrew Esiebo/Panos

About the Global Fund

The Global Fund is a worldwide partnership to defeat HIV, TB and malaria and ensure a healthier, safer, more equitable future for all. We raise and invest more than US\$5 billion a year to fight the deadliest infectious diseases, challenge the injustice that fuels them, and strengthen health systems and pandemic preparedness in more than 100 of the hardest hit countries. We unite world leaders, communities, civil society, health workers and the private sector to find solutions that have the most impact, and we take them to scale worldwide. Since 2002, the Global Fund partnership has saved 65 million lives.

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