UK AFRICA HEALTH SUMMIT THEMATIC REPORT:
Following the High-Level Meeting on Antimicrobial Resistance (AMR): Improving Interventions for Effective Antimicrobial Stewardship

Introduction

The 2025 UK-Africa Health Summit convened key international stakeholders to foster international cooperation to address urgent global health priorities under the central theme: 'Shared Solutions for Health for All'. Underscored by the UK Government's ambition to modernise its partnerships with African nations and restore trust, the Summit offered a platform for dialogue, knowledge exchange, and collaboration in key areas of health.

Background

Delegates from across UK and African continent gathered at the UK-Africa Health Summit 2025 to reflect on progress made in the fight against antimicrobial resistance following the UN General Assembly (UNGA) High-Level Meeting (HLM) on AMR held in September 2024. The Summit convened African and UK leaders at a roundtable discussion focussed on how African leaders can respond to the recommendations from the recent HLM on AMR. Senior Ministry of Health officials and politicians from six African countries joined officials from the UK Government to explore coordinated action.

Attendees were reminded of the threat posed by AMR, with projections estimating it will kill nearly 2 million people each year by 2050, with Sub-Saharan Africa most affected. Health workers play a vital role in addressing this threat, and the Summit encouraged delegates to consider holistic approaches and policy levers that could support them in doing so.

A panel session considered how to best integrate a health systems strengthening approach into antimicrobial stewardship initiatives. Anticipating a new phase of the Commonwealth Partnerships for Antimicrobial Stewardship programme (CwPAMS), panellists from the UK Government, Amref UK, the UK Faculty of Public Health and the Commonwealth Pharmacists Association (CPA) explored how pharmacist-led partnerships between African and NHS institutions could expand beyond hospital workforce capacity development.

The AMR stream concluded with current CwPAMS(1) grant holders showcasing their work through a series of presentations. Speakers highlighted their achievements, shared the challenges they encountered, and reflected on the lessons they would carry into the next phase of the programme.

Purpose and objectives

It is within this landscape that the UK Africa Health Summit hosted sessions to share learnings, promote discussion, and identify collaboration to tackle AMR.

The sessions were designed to:

- Explore how antimicrobial stewardship interventions can incorporate a wider health system strengthening (HSS) approach to ensure sustainable impact.
- Showcase best practice in antimicrobial stewardship interventions in sub-Saharan Africa.
- Identify strategic opportunities to build momentum on Africa's priorities from the UNGA High Level meeting Political Declaration.

Key discussions

The sessions highlighted three key areas of priority action to address AMR:

1. **Strengthening Africa's Response to AMR Through Policy, Collaboration, and Tailored Approaches:** strong emphasis on leveraging global commitments and regional platforms to advance tailored national AMR responses, supported by domestic resources, private sector collaboration, UK-Africa partnerships, and data-driven policy-making.
2. **The Critical Role of Communities and Communication in AMR Awareness and Behaviour Change:** Community engagement on AMR must be context-specific and rooted in accessible concepts like IPC and WASH, recognising the influential roles of trusted local figures and addressing widespread public misconceptions and misuse of antibiotics.
3. **Workforce Development and Systems Integration for Effective AMR Management:** Strengthening AMR responses requires integrating efforts into broader health systems and One Health strategies, fully utilising pharmacists, fostering peer support networks, and aligning training with practical clinical application. The roundtable focussed on identifying strategic opportunities to build momentum on Africa's priorities from the UNGA High Level Meeting Political Declaration. Specifically, attendees discussed the upcoming Ministerial Conference on AMR, which will be held in Nigeria in 2026, and the creation of the Independent Panel on Evidence for Action against Antimicrobial Resistance (IPEA), along with efforts to strengthen and integrate Africa's capability to respond to AMR.

Attendees were reminded of the findings of the Africa Union AMR landmark report from 2024, which identified that AMR has emerged as a leading cause of death in the region and is now surpassing fatalities from malaria, HIV and TB. Each country is at a different stage of its response and faces different challenges; therefore, a tailored approach is required. Attendees identified that domestic resources also need to be mobilised, however, even those resources would need to be working in collaboration with the private sector.

The importance of robust regulation and parliamentary oversight was noted, as was the move to integrate AMR initiatives into broader health systems strengthening and One Health (2) efforts to ensure widespread impact.

The role of communities, including churches and schools, was also highlighted as a mechanism for communicating the dangers of AMR and the importance of using prescribed antibiotics correctly.

The role of the IPEA was outlined as a resource to support countries to adopt a tailored approach to tackling AMR, drawing on African clinical expertise. It will not have the capacity to enforce or implement, but it will provide recommendations that can be translated at the government level into national policies.

The UK Government-funded Fleming Fund was cited as an example of strong UK-African collaboration, with 12 countries in Africa supported through grants and fellowships. Attendees noted the need to use the increasingly strong surveillance data to support policy makers.

The subsequent panel session picked up on the theme of the importance of data and point of care diagnostics; a 'northern star' or guiding information which should steer AMR initiatives. Panellists also discussed the importance of community engagement. One panellist's experience in Ghana suggested that awareness of AMR amongst community pharmacists did not translate into appropriate prescriptions over the counter. Understanding the motivation of community pharmacists to adhere to guidelines is critical. While financial issues do factor into their decision-making, so too does their standing within their communities and being seen to provide effective medication for their patients. Engaging with the community starts with community pharmacists and others, such as church leaders, traditional healers, and unlicensed sellers. Unlicensed sellers are not often part of the discussion on AMR, but they are necessary for understanding community networks. The panel also discussed how AMR can be engaged with early, for example in schools, through concepts around Infection Prevention and Control (IPC), which is a more accessible message than AMR. This should continue into practice, where training on AMR and IPC should be interwoven.

Sessions revealed that patients' understanding of appropriate use of antibiotics and the threat of AMR and is also lacking. A recent study by AMREF demonstrated that 70% of people stopped taking antibiotics when they experienced side effects. Seventy-five percent (75%) did not understand how antibiotics should be used, with the example of their widespread use for the common cold, while 75% of animal owners did not go to a vet to access antibiotics. The complexity of the issues and the language was cited as one reason. WASH (Water, Sanitation and Hygiene) initiatives were seen as a good entry point for community engagement, as access to safe water was well understood.

Presenters in our final session focussed on the experiences of clinical health workers at the hospital. One speaker found that pharmacists leave university with substantial knowledge but lack the opportunities to apply this in a clinical setting; they are often sidelined and spend much of their time procuring medicines. Encouraging a pharmacist presence on the wards helped change this culture, with pharmacists able to challenge and improve prescribing practices.

Another successful initiative shared was the formation of an AMS Pharmacy Leads Forum in Sierra Leone, which brings together lead pharmacists from three AMS committees at different hospitals to share ideas and support motivation and momentum.

Similar concerns about community knowledge were also raised, with this lack of understanding driving pressure on dispensers to prescribe antibiotics incorrectly. CwPAMS partnerships ran several initiatives to support with this, including engaging schools, broadcasting an AMS Champion graduation ceremony, and sharing accessible information (such as public health videos) via WhatsApp and Facebook.

Conclusion

The sessions reiterated that the current description of a ‘silent pandemic’ is mistitled as it is becoming louder and more urgent.

Those present raised the need for improved data collection, interpretation and communication, particularly at the community level. Training and greater mentorship of pharmacists is undoubtedly required, as is supporting the governance of committees and professional fora, but equally, education and public awareness in communities is vital for unlicenced sellers and patients alike.

Panellists reminded delegates that misconceptions about antibiotics and AMR remain high and disruptive, and encouraged public health campaigns and community engagement approaches to reflect on the language employed, to use accessible formats, and to tailor approaches to build awareness and change behaviour.

They considered how National Action Plans (NAPs) and unified strategies should include details on how multi-sectoral action should be employed to tackle AMR, and emphasise the integration of human, animal and environmental health: the One Health strategy. The National Action Plans support the decolonisation of development and empower local leadership by encouraging sustainable financing and local accountability at all levels. Antimicrobial Stewardship is not just the responsibility of pharmacists, but of whole multidisciplinary teams, as well as the wider community and their religious leaders.

While attention was drawn to the inadequacies of WASH facilities and practices, these were also highlighted as an entry point for broader discussions and increased awareness around infectious disease control, hygiene practices, and proper use of antibiotics.

Finally, there were strong sentiments on the desired composition of the IPEA. It should not only be globally representative but also include true champions and leading experts. This will ensure the panel has the credibility to respond effectively, influence policy, and recommend changes that can be adapted and tailored to national contexts.

Recommendations

Several recommendations emerged from discussions, spanning national policy to community engagement. These were as follows:

1. Improve the enforcement of regulation of antibiotic prescriptions.
2. Integrate AMR policy and communication into wider health systems strengthening initiatives, aligning them with One Health approaches.
3. National Action Plans (NAPs) should reflect multi-sectoral collaboration, local leadership, and community engagement, and be informed by data and evidence.
4. Ensure the Independent Scientific Panel on AMR brings the necessary diversity and expertise to facilitate uptake of its recommendations.
5. Improve the data on community prescriptions, address the clinical integration and motivation of community pharmacists, and provide training programmes to address knowledge gaps.
6. Engage and educate community members in accessible language and tailored formats to enhance public awareness and ensure underused community influencers, such as street sellers and leaders, are empowered.
7. Share experiences on domestic resource mobilisation and private sector engagement.

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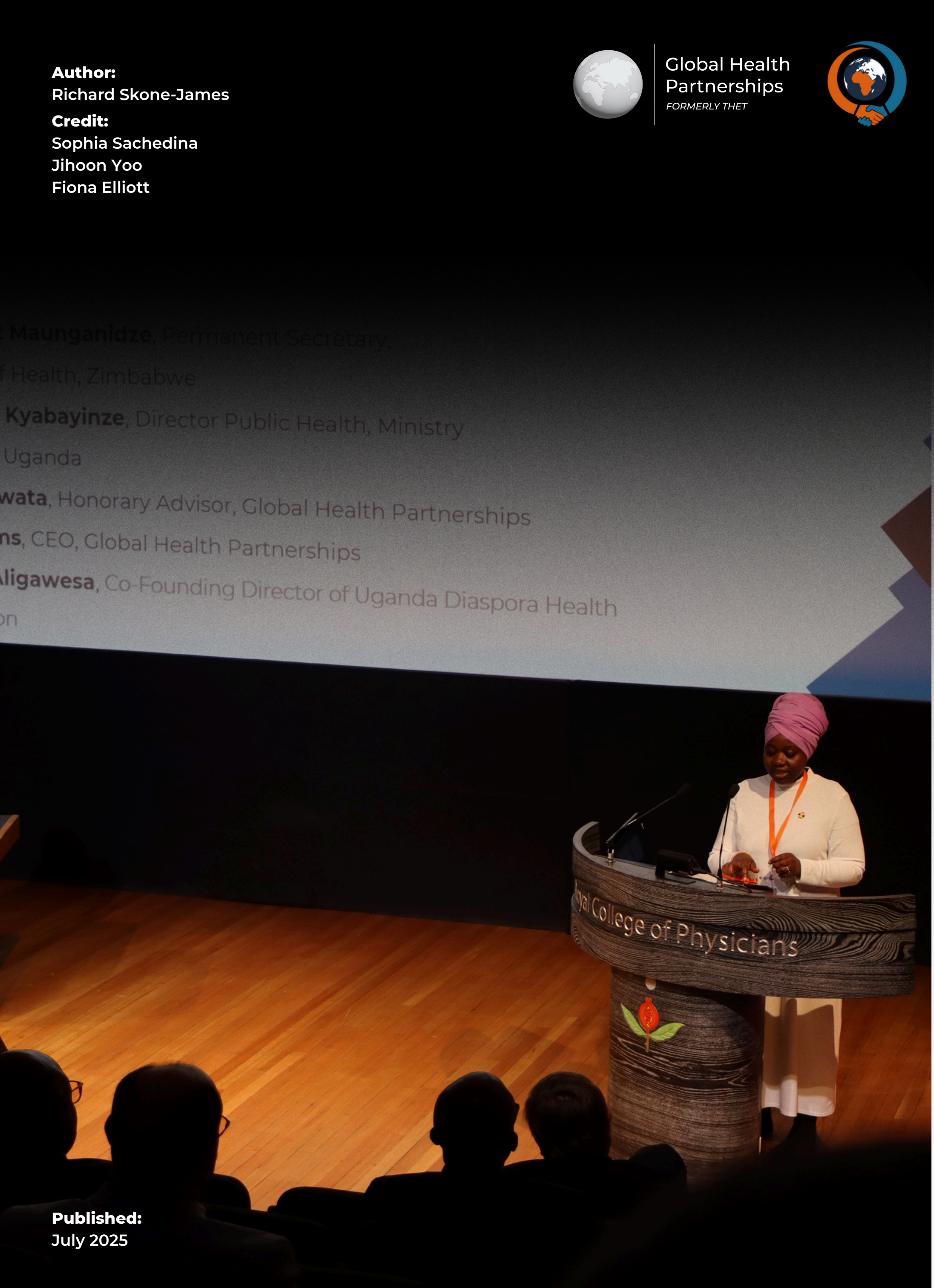

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