Setting and Implementation Targets at the Country Level

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From Global Commitments to Local Action – The Imperative for Target-Setting

A **10%** reduction in global deaths from bacterial AMR.

70% of antibiotics used must come from the Access category.

80% of countries able to test resistance in all GLASS pathogens.

60% of countries with fully funded AMR national action plans.

Setting National Targets Requires: Translating global targets into local realities

Asking: Where do AMR-related deaths occur? Who is affected?

Auditing: What's our current Access antibiotic usage? IPC compliance?

Ensuring visibility and equity in surveillance, access, and interventions

Counting the right things & counting everyone.

If data only comes from places where systems exist, we risk building a national strategy on partial truths.

Implementing with Purpose – Equity, Strategy, and Accountability

Strategic Information & Pragmatism

- Build integrated systems linking AMR, IPC, AMS, and surveillance
- Use tiered scorecards to monitor inputs → outcomes
- Prioritize interventions where change is most possible and impactful

Equity Must Be Central

- Disaggregate AMR data by region, gender, socioeconomic status
- Track access in rural, underserved, displaced populations
- Set equity targets: e.g.,
- ▪ X% of IPC/WASH investment to underserved facilities
- ▪ AMR data from fragile/conflict settings
- ▪ Antibiotic access in informal sectors

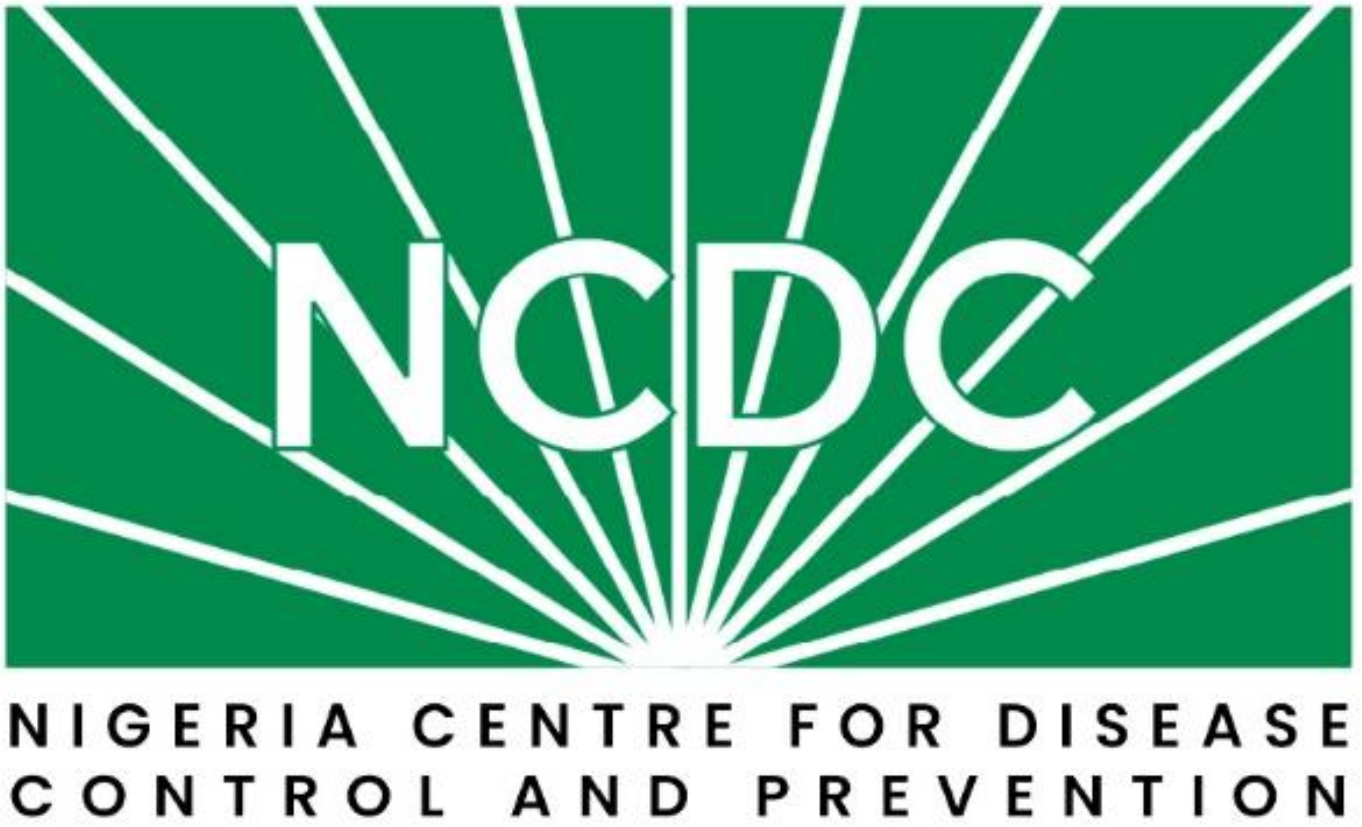
Accountability = Inclusion

- Who is responsible for what? no one is left behind
- Focus not just on facilities with labs, but also on those without water
- Embed AMR work in realities of conflict, climate stress, and health system gaps

Science as North Star

- Evidence must guide investment, prioritization, and evaluation
- Modelling lives saved, DALYs averted, and system costs can guide scale-up


UNITY AND FAITH, PEACE AND PROGRESS


NCDC
NIGERIA CENTRE FOR DISEASE
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Thank you