FMAFS
FEDERAL MINISTRY OF AGRICULTURE AND FOOD SECURITY

FEDERAL MINISTRY OF ENVIRONMENT

Federal Ministry of Health & Social Welfare
Federal Republic of Nigeria

NCDC
NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

Nigeria Centre for Disease Control and Prevention

Protecting the health of Nigerians

Strengthening AMR Surveillance & Capacity Building through Evidence-based Solutions

Perspectives from the Frontlines – Nigeria's Experience.

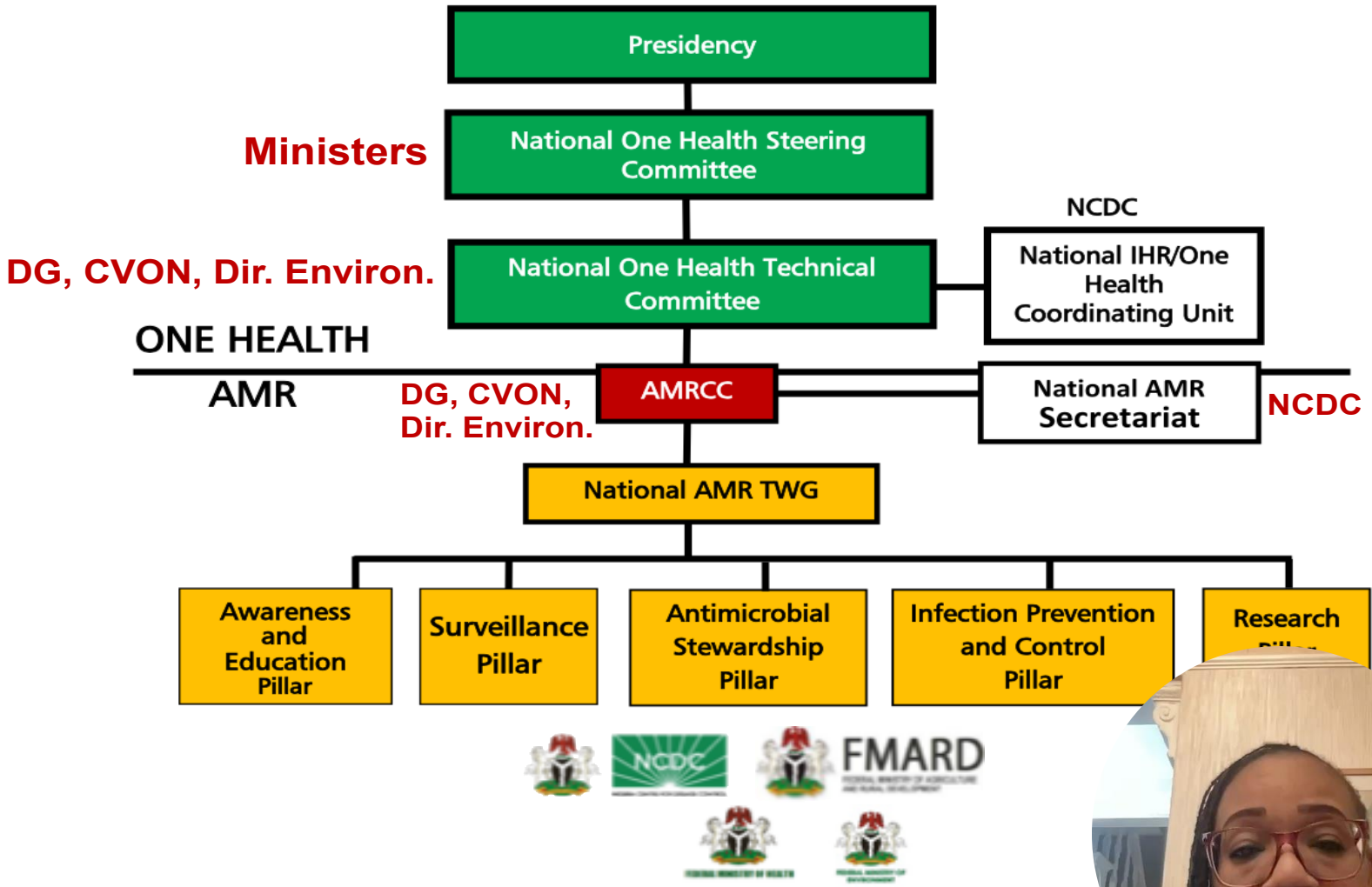
Chair Nigeria AMRCC
13th March 2025

Nigeria's AMR Governance Structure

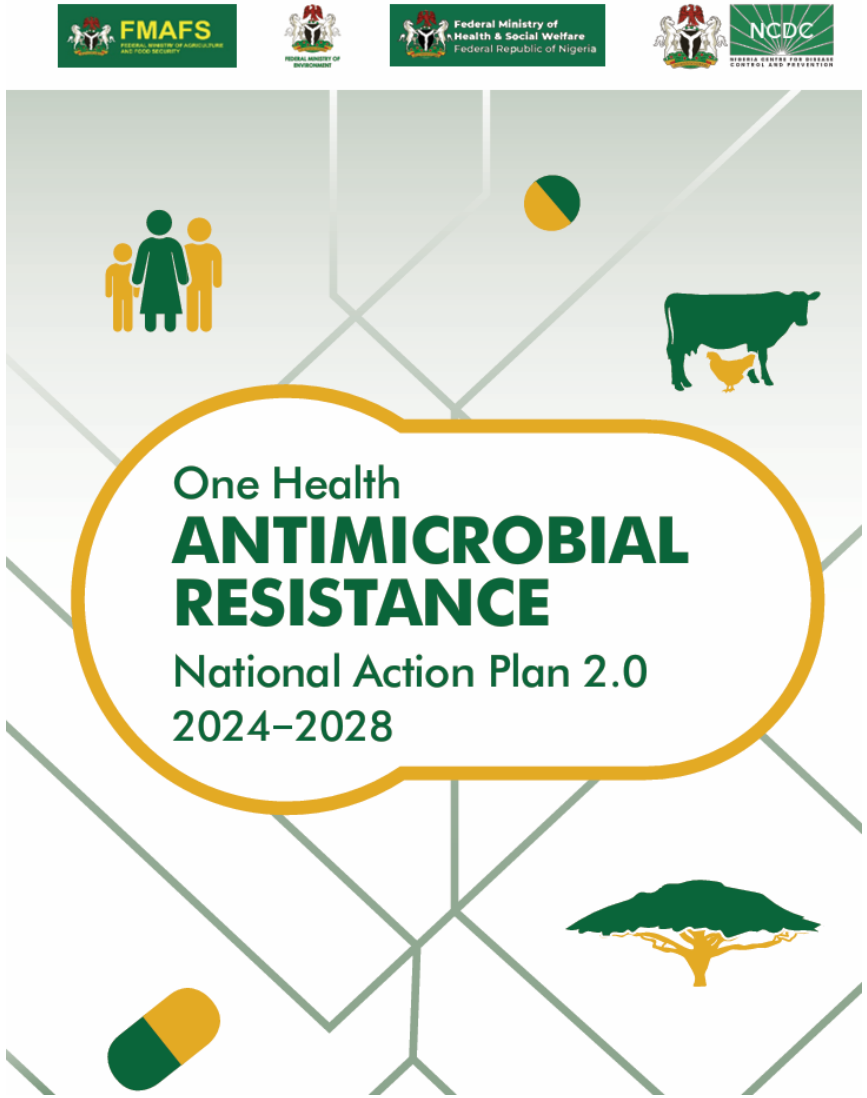
Coordinated collaboratively

- Nigeria Centers for Disease Control and Prevention
- Federal Ministries of Health and Social Welfare
- FMAFS
- FMoEnv

- AMR Governance Manual
  - **Approved by the NCH**



AMR Response/Implementation In Nigeria: NAP 2.0 focus Areas



1 Governance

Strengthen leadership, collaboration, coordination, and AMR governance structures at national and subnational levels.

2 Awareness & Education

Improve AMR awareness, education, understanding, and behavior change among all relevant stakeholders.

3 Surveillance

Improve evidence base through strengthening One Health AMR surveillance systems and operational research for decision making.

4 Infection Prevention & Control (IPC)

Improve implementation of IPC programs, biosecurity, and vaccination uptake including access to WASH across the One Health sectors.

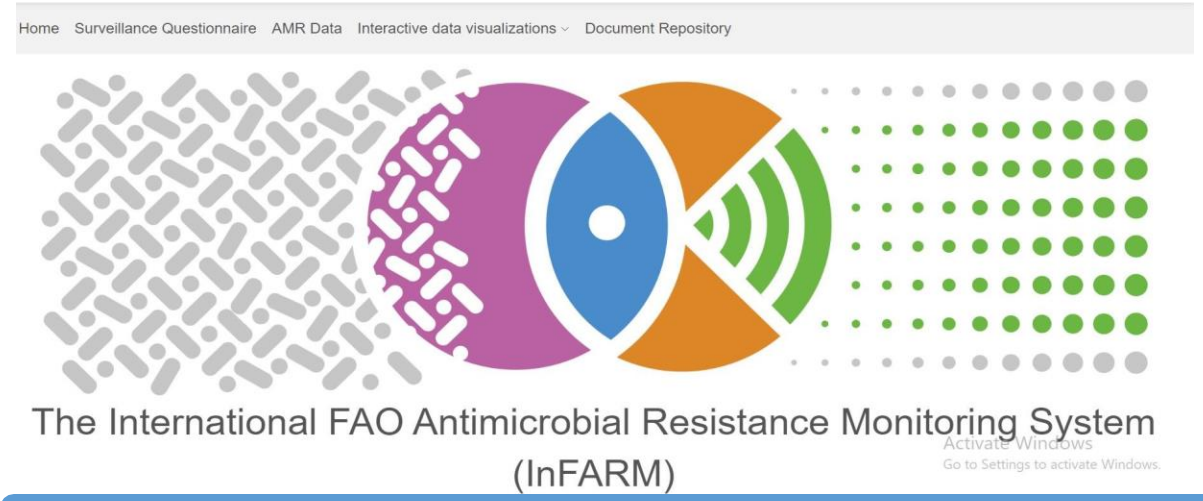
5 Stewardship

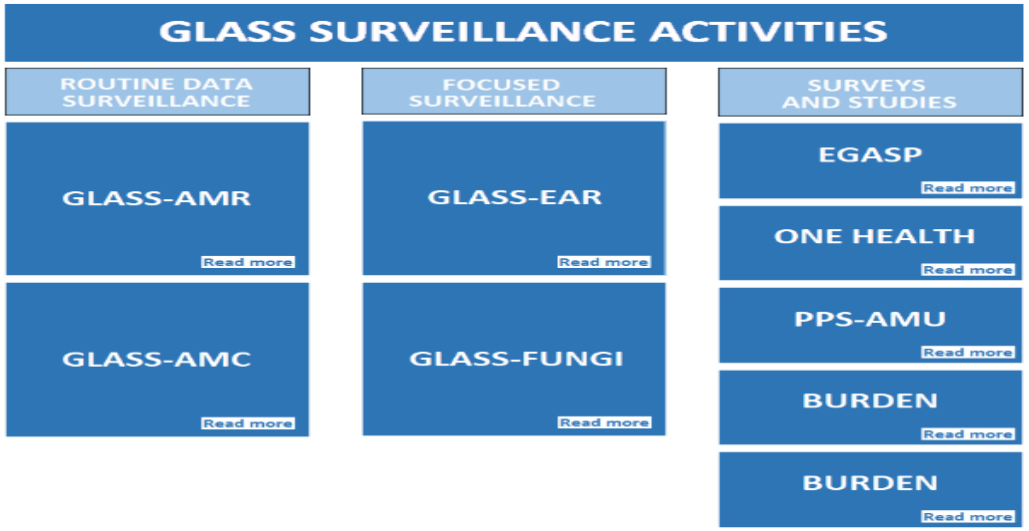
Improve access to quality antimicrobials and optimize their use across One Health sectors.

6 Research & Development

Build knowledge and capacity of relevant stakeholders to improve local inno
devel

Surveillance





Nigeria has joined the FAO InFARM reporting platform and WHO-GLASS

Has completed the enrolment questionnaire and the surveillance Questionnaire for GLASS-AMR, GLASS-FUNGI and in progress GLASS-AMC.

Trained AMR Sentinel lab Focal Points on the use of WHONET

Trained AMR Sentinel lab Focal Points on the FAO InFARM data reporting platform

Surveillance Approach

A sentinel-based surveillance system will focus on active collection of

- Bacterial
- fungal pathogens from clinical samples
- Genomics at the sentinel sites

Human Health Surveillance Laboratories

- 16 Sentinel sites
- National Reference Laboratory (NRL), Abuja
- University College Hospital (UCH), Ibadan
- Lagos University Teaching Hospital (LUTH), Lagos: A major hub to serve as reference site for fungal d… diagnostics and research.
- GHRU Laboratory, Faculty of Pharmacy, Un… Ibadan for genomics

Expansion of animal health Sentinel Labs for AMR surveillance

- The lab network for the AH sector is expanded to cover all six geopolitical areas of Nigeria and promote private sector engagement.

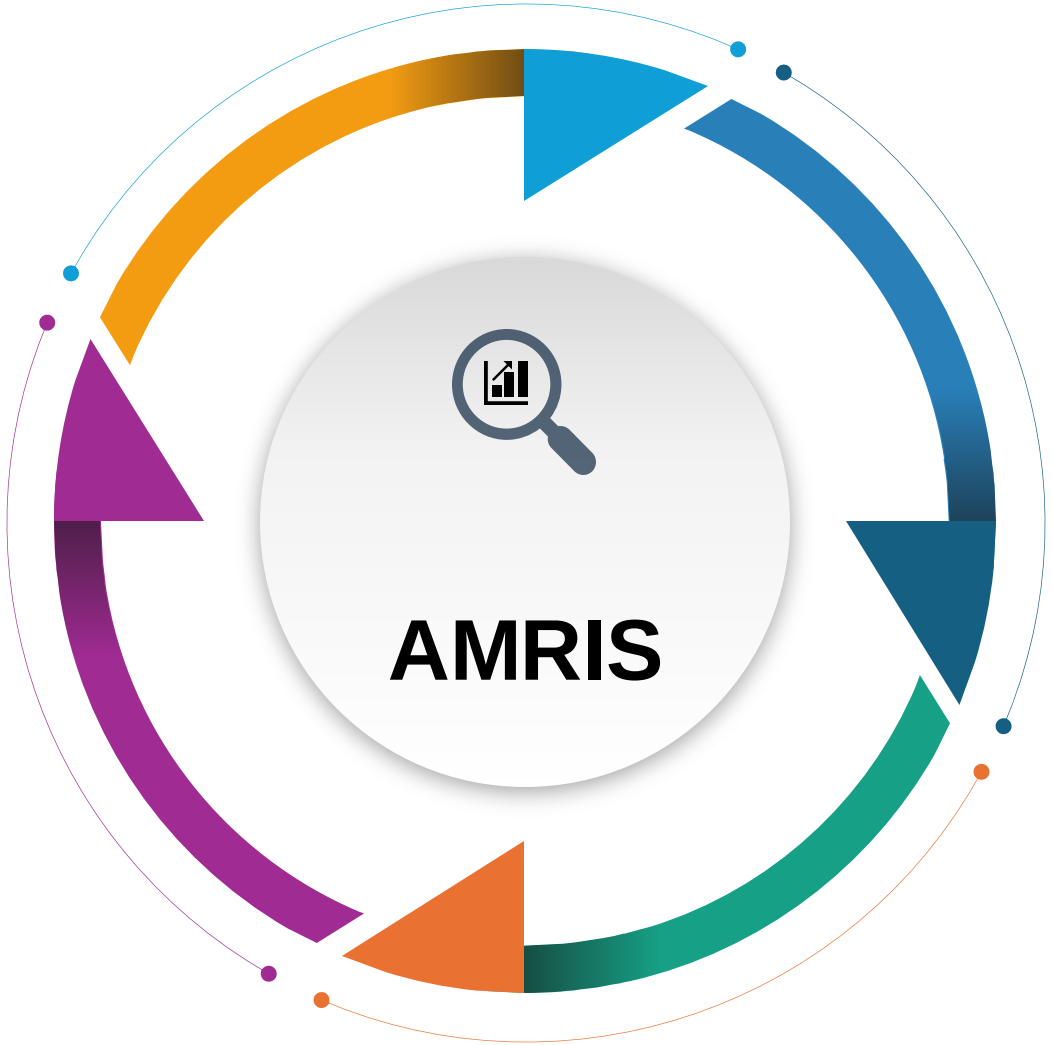
- Three active sites are added to the existing six sentinel labs
- The new sites include:
  - NVRI Central diagnostic lab
  - University of Maiduguri VTH
  - Animal care lab Asaba

- All labs were assessed using the FAO ATLASS

AMR surveillance System

04

FAO InFARM reporting platform and WHO-GLASS National Reports



01

Sentinel sites collate and submit data via WHONET

03

NCDC submits to WHO - GLASS

NCDC generates national report

02

NCDC and NRLs review data - AM

The Tricycle Project

Primary aim

Determine the prevalence of ESBL-producing *E. coli* in humans, animals, and the environment in Nigeria.

The specific objectives of the project are to:

- Determine the prevalence of ESBL-producing *E. coli* in humans, the food chain, and the environment in Nigeria.
- Compare the prevalence of ESBL-producing *E. coli* across
- Establish a longitudinal Integrated AMR Surveillance Syst producing *E. coli* as an indicator.
- The observed patterns will help us understand the role anim environmental reservoirs may play a in AMR transmission.

Facility-Level Challenges

1. Data Reporting & Tools

- Inconsistent data reporting by sentinel sites, despite MoU commitments to quarterly reporting.
- Non-uniformity in data collection tools/platforms (e.g., some use paper-based methods).
- No dedicated data managers or standardized data collection tools.
- Poor data quality due to lack of quality assurance and control mechanisms.

2. Diagnostic Capacity

- Underutilization of microbiological diagnostic services at the sites.
- Limited testing capacity for AMR.
- High cost of blood culture testing leading to underuse.
- High turn-around time for laboratory results.
- Poor or non-existent isolate storage facilities.

3. Infrastructure & Supply Chain

- Power (electricity) supply challenges affecting operations.
- Consumables either delayed or received close to expiration.

National-Level Challenges

1. Data Quality & Utilization

- Poor feedback and dissemination mechanisms for laboratory data.
- Limited availability of skilled data analysts.

2. Data Quantity & Representation

- Limited data quantity and lack of geographical spread.
- Overrepresentation of data from tertiary and public facilities.
- Underrepresentation of data from rural and private sector facilities.

Recommendations for Closing Gaps

Human Resource Strengthening

- Deploy ad-hoc staff, interns, and NYSC members to support AMR surveillance activities at sentinel sites.
- Assign the right personnel specifically trained for AMR data management and reporting.
- Build the capacity of AMR surveillance staff through targeted training and continuous professional development.
- Engage additional personnel to strengthen data management and reporting both at site and national levels.

Infrastructure & Technology

- Provide dedicated computers and IT infrastructure to sentinel sites for real-time AMR data capture and reporting.
- Improve isolate storage facilities at sites to support sample quality and long-term surveillance needs.

Recommendations for Closing Gaps

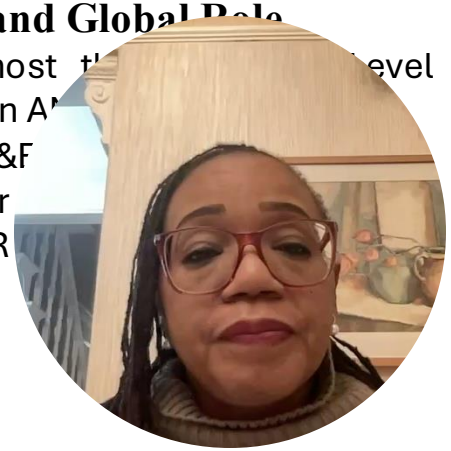
Systems Strengthening & Stewardship	Strengthen hospital-based Antimicrobial Stewardship (AMS) programmes and integrate with IPC efforts to reduce MDROs, HAIs, and contaminants. Prioritize the conduct of a national AMR prevalence survey and economic impact study to generate evidence for policy and investment.
Policy, Governance & Advocacy	Advocate to hospital CMDs and senior management for greater institutional ownership of AMR and AMS. Include blood culture testing under NHIS coverage to reduce out-of-pocket burden and improve diagnostic access. Elevate AMR indicators as Key Performance Indicators (KPIs) for CMDs and academic colleges.
Surveillance Expansion & Equity	Expand AMR surveillance to private sector, faith-based, and lower-tier facilities. Strengthen national data reporting systems and ensure geographic equity in AMR data coverage. Incorporate fungal, HAI, and MDRO surveillance into routine AMR data streams.

4th High-Level Ministerial Conference on AMR Jedda 2024

Resolve to translate the UNGA Political Declaration into practical commitments for urgent action

Nigeria's Leadership and Global Role

- Nigeria is set to host t[illegible]evel Ministerial Meeting on A[illegible]
- NAP 2.0 and its M&E[illegible] model for other [illegible] institutionalize AMR [illegible] progress.



THANK YOU