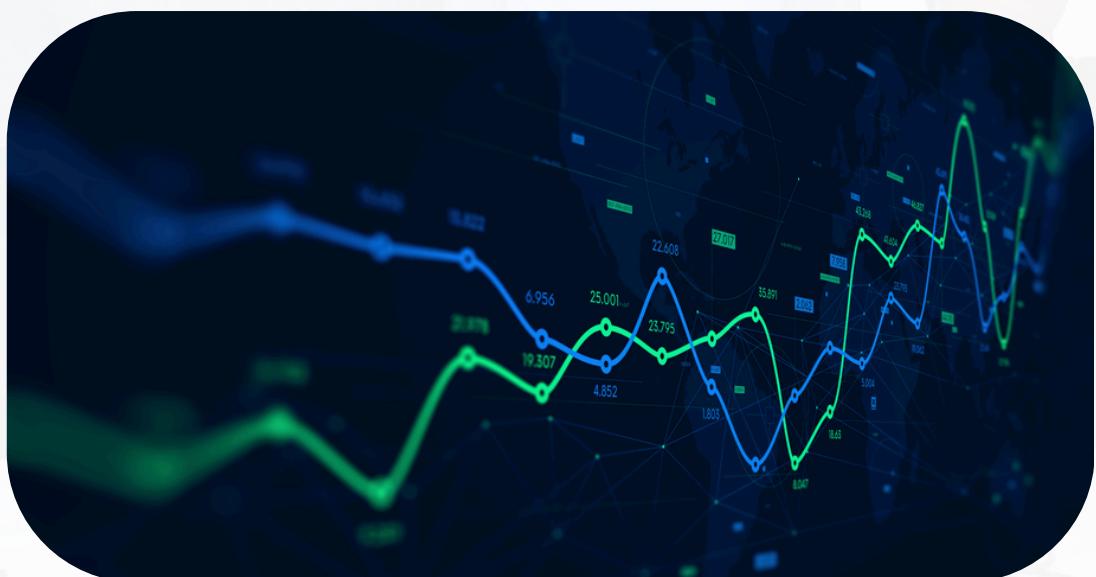




# AMR ALERT

## A Quarterly Bulletin on AMR Surveillance in Nigeria

## Theme: Strengthening AMR Governance Through Data, Dialogue, and Coordination



BY: Management Sciences for Health



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## About AMR Alert

AMR Alert is a quarterly newsletter highlighting antimicrobial resistance (AMR) surveillance efforts in Nigeria led by Management Sciences for Health (MSH) in collaboration with key government stakeholders across the One Health sector and funded through the Fleming Fund Country Grant Cycle II. This edition showcases significant progress across the One Health spectrum, from strengthening laboratory quality systems and building research capacity to establishing comprehensive surveillance frameworks spanning human, animal, and environmental health sectors. Through strategic partnerships with the Nigeria Centre for Disease Control and Prevention (NCDC), federal ministries, teaching hospitals, and diverse stakeholders, MSH has facilitated critical advances in surveillance infrastructure, data management systems, and stewardship programme development. The initiatives featured in this bulletin represent some of the ongoing coordinated, multi-sectoral approaches to combating AMR, ensuring that Nigeria's surveillance and response systems capture the full complexity of antimicrobial resistance across all sectors where antimicrobials are used and resistance develops.

## Fleming Fund Phase II Nigeria Grantees Quarterly Coordination Meeting

The September 2025 Fleming Fund Phase II Grantees Coordination Meeting brought together 34 representatives from Nigeria's

AMR ecosystem for a virtual cross-grantee review of progress, challenges, and upcoming priorities.

Participants included teams from ASLM, SeqAfrica, Clinical Engagement partners (St. George's University, Oxford University, Foundation Merieux), CPA, AMROH WA, RADAAR, Gear Up (LSTM), WHONET, Mott MacDonald, and the Nigeria Country Grant team.

Across presentations, partners reported substantial advancements in AMR surveillance, laboratory quality systems, antimicrobial stewardship, genomic sequencing, and policy engagement. Clinical Engagement partners introduced AWaRe-based quality indicators, new PPS interpretation tools, and updates from the BARNARDS and BALANCE burden studies. SeqAfrica initiated whole genome sequencing of 100 isolates at the NCDC National Reference Laboratory and continued strengthening genomic proficiency through webinars and community-of-practice sessions.

ASLM completed EQA Cycle 7, prepared Cycle 8 shipments, and advanced MAAP and TADE activities, including upcoming ToTs on R/GitHub-based AMR data analysis. AMROH WA reported progress in animal health and aquaculture surveillance, regional trainings, and development of cross-sector sampling strategies. CPA highlighted major AMS achievements, including discontinuation of inappropriate antibiotic use at LUTH's dental faculty, establishment of AMS committees across spoke sites, and expansion of the Prescribing Companion App.

The Country Grant team shared updates on integrated AMR surveillance, active animal health surveillance across six states, ongoing burden-of-disease work, QMS mentorship, PPS implementation, and AMRIS software development.

WHONET reported major strides in automation, AMRIS interoperability, and new training resources. RADAAR continued capacity building on evidence-informed policymaking, while Gear Up emphasised gender and equity integration in AMR strategies.

The meeting concluded with a shared commitment to sustain collaboration, improve communication, and reinforce advocacy for long-term AMR investments as Phase II activities approach their final stages.

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## Aquaculture Laboratory Improvement Progress – Key Highlights (Sept 2025)

Progress toward strengthening Nigeria's aquaculture AMR surveillance advanced this quarter with the completion of a comprehensive baseline assessment of the newly established National Fisheries Laboratory (NFL) in Lagos. The assessment, covering bacteriology capacity, infrastructure, equipment readiness, and Quality Management System (QMS) alignment with ISO 17025, marks a foundational step in preparing the laboratory to generate reliable AMR data for the aquaculture sector.

The review identified several critical gaps requiring attention. A detailed technical gap analysis highlighted the need for SOP development, equipment authorisation, calibration plans, sampling procedures, QC systems, and documentation structures across ISO 17025 clauses. To address these issues, agencies have been encouraged to jointly operationalise the laboratory. Field officers will conduct advocacy visits to fish farmers and, where necessary, collect samples directly from farms to support early uptake of diagnostic services.

Next steps include finalising the gap analysis, initiating QMS documentation, developing a laboratory quality manual, and scheduling periodic progress reviews to track implementation milestones.



## Highlights from the Second Round of Point Prevalence Survey (PPS) Across Supported Facilities (July–September 2025)

Between July and September 2025, sixteen Fleming Fund-supported healthcare facilities across Nigeria completed the second round of the Global Point Prevalence Survey (GPPS) to assess antimicrobial use (AMU) patterns and healthcare-associated infections (HAIs). This follow-up survey builds on the 2024 baseline and provides critical insights into progress made in antimicrobial stewardship (AMS) implementation.

Data collection was conducted by multidisciplinary teams trained through a two-day virtual refresher session, followed by pilot exercises to ensure consistency and adherence to GPPS methodology. Facilities surveyed all inpatients present at 08:00 on the survey day and outpatients over a minimum four-hour window. Information captured included antimicrobial indications, documentation quality, compliance with guidelines, and treatment details. Data were collected using paper forms or ODK-supported digital tools and underwent multi-stage validation before submission to the GPPS portal.

The exercise strengthened facility capacity for routine AMU surveillance and generated evidence to guide AMS interventions. However, several operational challenges were encountered. These included delays due to limited access to patient folders during clinical activities, restricted access to electronic health records, and the labour-intensive nature of manual data extraction. Competing clinical duties also affected the pace and completeness of data collection in some facilities.

To improve future rounds, facilities were encouraged to enhance record management systems, strengthen documentation practices, and adopt real-time data entry during surveys. Next steps include downloading validated GPPS reports, comparing results with baseline findings, updating AMS work plans, disseminating findings across clinical teams, and sustaining continuous training. Facilities will also engage in community awareness activities, including World Antimicrobial Awareness Week, to reinforce responsible antimicrobial use.





## Highlights from the Fourth Round of Data Quality Assurance Across Seven Supported Sites

Seven Fleming Fund-supported facilities—spanning human, animal, and environmental health—participated in the fourth round of Data Quality Assurance (DQA) between July and September 2025. The assessment team, comprising AMR focal persons from NCDC, FMLD, FME, and MSH, evaluated data quality across Uni-Osun, Mother of Christ Specialist Hospital Enugu, UDUTH Sokoto, VTH Maiduguri, NVRI Sentinel and Reference Laboratories in Jos, and the NESREA Environmental Laboratory in Port Harcourt.

The exercise reviewed progress on previous DQA recommendations and assessed performance across ten core data quality dimensions: availability, reliability, integrity, timeliness, completeness, validity, precision, internal consistency, accuracy, and archiving.

All facilities had the required registers and documentation tools, reflecting improvements following earlier distribution of standardised registers and WHONET training. Most sites demonstrated strong reliability, integrity, and archiving practices, with several achieving “Very Good” ratings across multiple indicators.

However, completeness varied, as precision and internal consistency were stronger in four of the six facilities. Key challenges included incomplete entries and staffing constraints, among others.

Several facilities also requested ICT support to solve data backup challenges. Recommended next steps include strengthening monthly reporting, improving completeness of registers, enhancing collaboration between laboratory and pharmacy units, standardising procedures, and securing management support for ICT tools. Facilities will continue implementing corrective actions throughout Q7, with follow-up planned to ensure sustained improvements in AMR data quality.

## **Three-Day Workshop on Reference Service Provision for National Reference Laboratories (NRLs) National AMR Stakeholders Convene for Quarterly Data Review and Coordination**

The September 2025 AMR Data Review and Sharing Meeting brought together over 30 participants from NCDC, MSH, WHO, and other national AMR stakeholders to jointly review progress on AMR monitoring and coordination in Nigeria. The session opened with remarks from NCDC and WHO, acknowledging the project’s contributions to strengthening data generation and facility-level engagement across the One Health system.

MSH presented an overview of Monitoring, Evaluation, and Learning

(MEL) activities, followed by NCDC’s updates on national AMR coordination, the need for expanded AMS and PPS coverage, and plans for a national AMR survey. Discussions focused on improving reporting timeliness, strengthening WHONET SQLite submissions, enhancing facility follow-up, and addressing data quality issues. Stakeholders also reviewed sustainability needs, including funding for training, QMS, AMRIS hosting, and national consumption surveillance.

The meeting concluded with agreed action points to improve coordination, data completeness, and long-term AMR program sustainability.



## Transforming Antimicrobial Stewardship: Multi-Facility Engagement Initiative

A series of onsite Antimicrobial Stewardship (AMS) meetings took place across twelve healthcare facilities in Nigeria during September 2025 under the Fleming Fund Phase II Nigeria Country Grant. The goal was to optimise clinical outcomes while minimising unintended consequences of antimicrobial use, including resistance emergence and collateral damage, through enhanced AMS programs at supported facilities.

The twelve participating facilities included Babcock University Teaching Hospital, Federal Teaching Hospital Owerri, University of Nigeria Teaching Hospital Enugu, Usmanu Danfodiyo Teaching Hospital Sokoto, National Hospital Abuja, Mother of Christ Specialist Hospital, University of Port Harcourt Teaching Hospital, Lagos University Teaching Hospital, University of Ilorin Teaching Hospital, University College Hospital Ibadan, Aminu Kano Teaching Hospital Kano, and Federal Medical Centre Jalingo. These facilities represent a comprehensive geographic distribution across Nigeria's healthcare landscape.

Key activities included presenting findings from the 2025 Global Point Prevalence Survey (GPPS) conducted at multiple sites, which revealed high antimicrobial prescribing practices and gaps in microbiology-guided therapy. Training sessions were delivered on the WHO AwaRe classification of antibiotics and the Standard Treatment Guidelines. Roundtable meetings engaged Chief Medical Directors, departmental heads, and AMS committee members to review antimicrobial resistance burdens and compare data from 2024 and 2025 Point Prevalence Surveys. Development of facility-specific antibiograms was initiated, with Usmanu Danfodiyo Teaching Hospital agreeing to collect microbiology laboratory data through WHONET from January to December 2026 for analysis in the first quarter of 2027.

The hub-and-spoke mentorship model expanded significantly, with tertiary hospitals including BUTH, LUTH, and UCH serving as hubs. Lagos University Teaching Hospital reported that out of the five spoke hospitals, two had formally inaugurated AMS committees, and one had cascaded training to facility staff. New AMR and AMS champions were trained across facilities to strengthen capacity and sustain stewardship activities. Major deliverables included development of standard treatment and antimicrobial prescribing guidelines, creation of committees for World Antimicrobial Awareness Week (WAAW) 2025 scheduled for November 17-24, development of AMS workplans addressing gaps identified during Point Prevalence Surveys, and strengthened laboratory-clinical interfaces for evidence-based diagnosis and treatment. The Obstetrics and Gynaecology Department at Babcock University Teaching Hospital finalised its antibiotic use guideline with technical support from the AMS team, marking a significant milestone in departmental antimicrobial stewardship integration.



## AMR Technical Working Group (TWG) Meeting – Q3 2025

The Q3 AMR Technical Working Group (TWG) meeting, held virtually on 20 August 2025, brought together government ministries, academia, development partners, and One Health stakeholders to review national AMR progress and align priorities ahead of Nigeria's hosting of the 2026 High-Level Ministerial Conference. The session featured strategic updates from NCDC, pillar presentations, and discussions on governance, surveillance, stewardship, IPC/WASH, research, and awareness. Key highlights included progress on national IPC programmes, expansion of One Health surveillance, advancements in antimicrobial stewardship, and youth-driven AMR awareness initiatives. Stakeholders also reviewed the draft agenda for the Ministerial Conference and agreed on the need for stronger private-sector engagement, improved coordination, and development of an action tracker to monitor pillar contributions. The meeting concluded with commitments to refine Nigeria's "story," strengthen multisectoral collaboration, and accelerate preparations for the 2026 conference.

## AMR Coordination Committee (AMRCC) Meeting – Q3 2025

The Q3 AMR Coordination Committee (AMRCC) meeting, held virtually on 21 August 2025, convened national stakeholders to review progress across AMR pillars and preparations for the 2026 High-Level Ministerial Conference.

Participants included representatives from NCDC, FMOH, MSH, WHO, academia, and Fleming Fund Fellows. Key discussions covered updates from the TWG, private-sector engagement strategies, the launch of the SPARC stewardship app, and the updated Essential Medicines List incorporating WHO's AWaRe classification. Fellows presented contributions to governance, evidence synthesis, and policy support, while MSH shared progress on surveillance, AMU/AMC studies, laboratory strengthening, and awareness activities under the Country Grant. The meeting emphasised sustainability, transition planning, and stronger national ownership of AMR activities. Agreed, next steps included finalising Nigeria's conference inputs, operationalising the private-sector strategy, enhancing coordination mechanisms, and developing a structured transition plan ahead of the grant's closeout.



**Surveillance updates from last quarter**

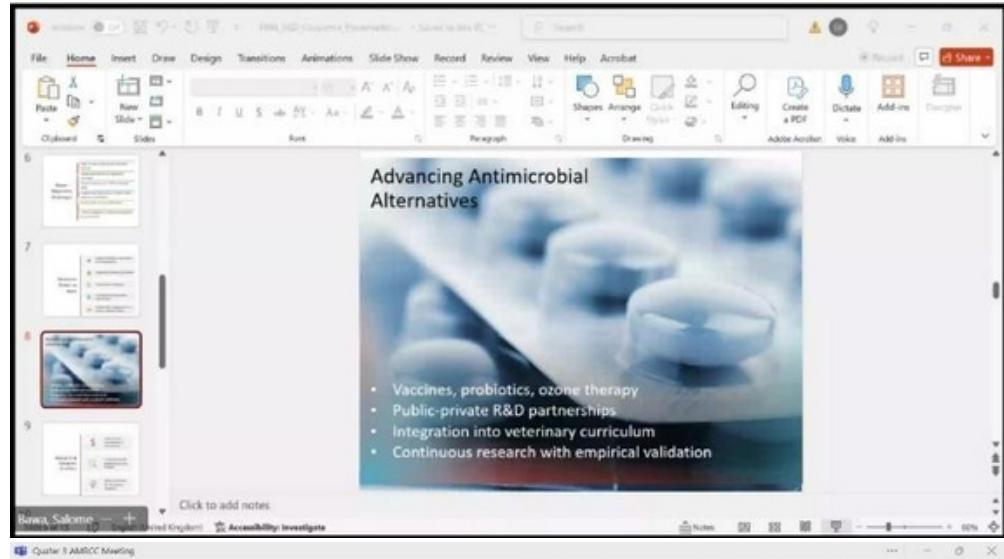
- Production of quality AMR/U/C and burden of AMR data
- Active surveillance in AH held (2,288 samples collected with 1,461 tentative isolates)
- AMU in AH
  - protocol developed for AH and Aquaculture AMU
  - AMU data collected as part of the AH active surveillance in 6 States
- Integrated Surveillance Study (ISS) with adopted tricycle protocol ongoing - sites trained for data collection; commodities being procured
- Burden of Disease/AMR Study data: activities on going; desk review of gender analysis of AMR/ BOD conducted
- Lab support:
  - QMS – mentoring and diagnostic stewardship for HH,AH (with NVRI) & EH (NERL NESREA PHC)
  - Reference services HH – UCH received isolates from 2 labs (LUTH & UIITH)
  - Salmonella isolates being moved to NRLs for Whole Genome Sequencing (WGS)
- AMS activities: started second round of PPS among HH sites (including the private sites) using GPPS tool



**Advancing Antimicrobial Alternatives**

- Vaccines, probiotics, ozone therapy
- Public-private R&D partnerships
- Integration into veterinary curriculum
- Continuous research with empirical validation





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