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EFFECTIVE MULTISECTORAL COORDINATION ON AMR: A LANDSCAPE OF EXPERIENCES AND LESSONS FROM 11 COUNTRIES

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USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

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**Side Meeting at the 6th GHSA Ministerial
Meeting: "Moving Toward Best Practices in
Multisectoral Coordination"**

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Outline

- Recognition of multisectoral coordination (MSC) for containment of antimicrobial resistance (AMR)
- USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) GHSA work on MSC-AMR
- MTAps-supported benchmark actions on MSC-AMR
- Promising practices for multisectoral actions on AMR
- Challenges
- Lessons learned
- Conclusion

USAID Bangladesh Global Health Security Specialist Dr. Abul Kalam giving remarks at an AMR NAP meeting.
Photo credit: Mohan Joshi



MSC: A Key Approach in Containing AMR

- Multisectoral coordination (MSC) is recognized as a critical approach in:
 - WHO Global Action Plan on AMR
 - Global Health Security Agenda (GHSA) 2024 Framework
 - GHSA AMR Action Package
- Joint External Evaluation (JEE 2018) tool* now includes MSC on AMR as a separate indicator (P.3.1)
- WHO benchmarks for IHR capacities (2019)** provide recommended actions for the various JEE capacity levels

Needed action

Operationalization of national action plans on AMR through effective MSC

* https://www.who.int/ihr/publications/WHO_HSE_GCR_2018_2/en/

** <https://www.who.int/ihr/publications/9789241515429/en/>

USAID MTaPS: GHSA Support for AMR Containment

Mandate areas

- MSC-AMR
(JEE indicator P3.1)
- IPC
(JEE indicator P3.3)
- AMS
(JEE indicator P3.4)

Focus: Help raise country capacity as per JEE and in alignment with the WHO benchmarks on IHR

JEE = Joint External Evaluation
IHR = International Health Regulations
IPC = Infection prevention and control
AMS = Antimicrobial stewardship

MTaPS GHSA Countries

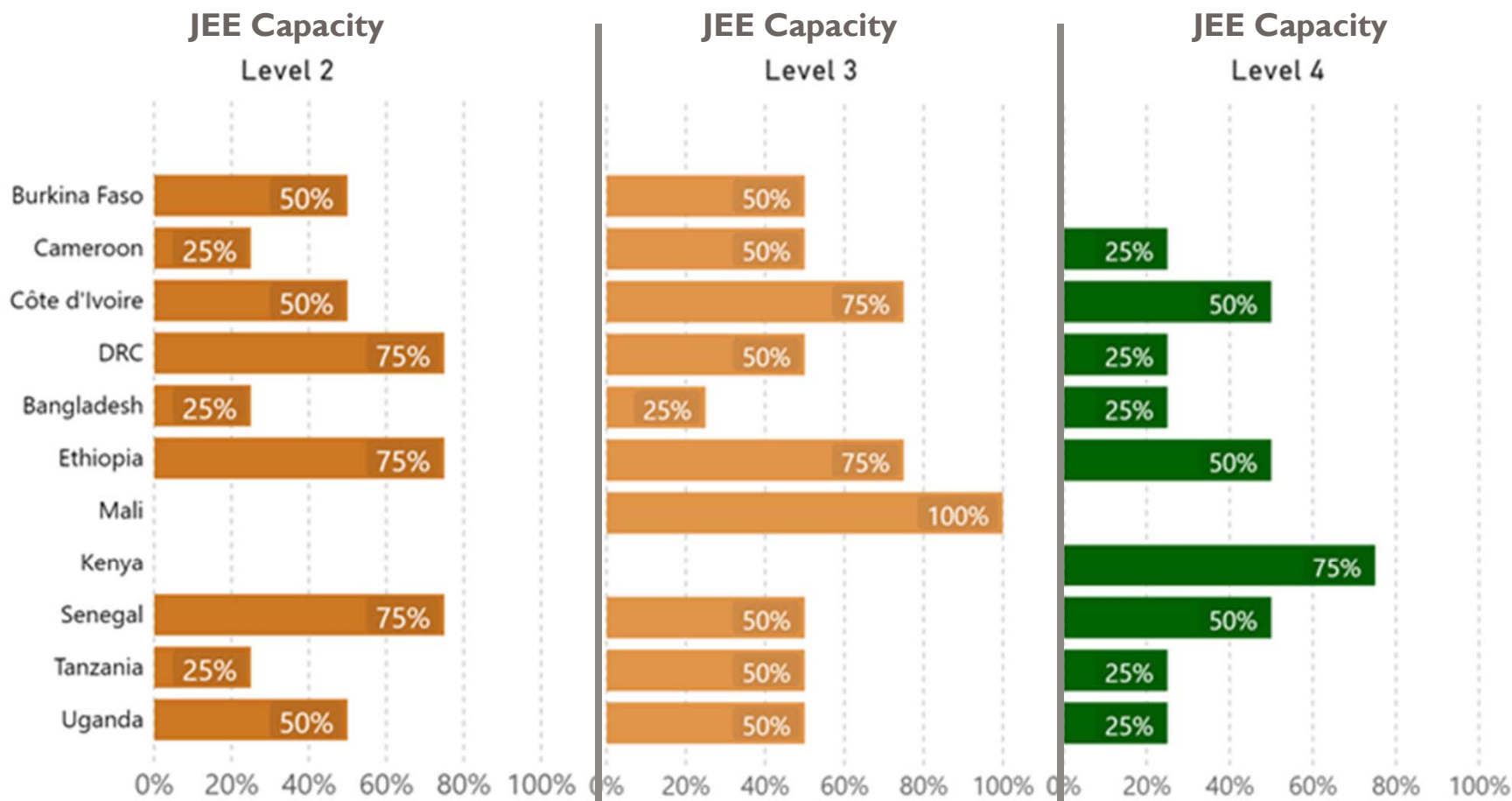
- Bangladesh
- Burkina Faso
- Cameroon
- Côte d'Ivoire
- Democratic Republic of Congo (DRC)
- Ethiopia
- Kenya
- Mali
- Senegal
- Tanzania
- Uganda

Guiding Documents



Percentage of WHO IHR Benchmark Actions on MSC-AMR Completed with MTaPS support for Each JEE Capacity Level

JEE Indicator P.3.1: Effective MSC on AMR



Percent of IHR benchmark actions completed with MTaPS support

Promising Practice I: *Strengthen Governance of MSC-AMR Bodies*

Contributing actions	MTaPS examples
<ul style="list-style-type: none"> - Improve structures and management 	<ul style="list-style-type: none"> - TOR for MSC-AMR body (11 countries), IPC TWGs (9), and AMS TWGs (9) - More regular meetings (11)
<ul style="list-style-type: none"> - Make the bodies diverse 	<ul style="list-style-type: none"> - CSO and journalists in Côte d'Ivoire MSC-AMR body - Private sector (BioMerieux) in Kenya's AMS TWG - NHIF in Tanzania's AMS TWG
<ul style="list-style-type: none"> - Enhance vertical coordination 	<ul style="list-style-type: none"> - One Health represented in MSC-AMR meetings in DRC - Facility supportive supervision by MSC-AMR for IPC/AMS in Côte d'Ivoire, Kenya, and Tanzania

TOR: terms of reference; TWG: Technical Working Group;
 CSO: civil society organization; NHIF – National Health Insurance Fund

Promising Practice 2: *Facilitate NAP Implementation by MSC-AMR Bodies*

Contributing actions	MTaPS examples
<ul style="list-style-type: none"> - Review, document, and disseminate progress on NAP implementation 	<ul style="list-style-type: none"> - Participation in TrACSS in DRC and Ethiopia - Review of NAP-AMR implementation status and prioritization of actions in Bangladesh
<ul style="list-style-type: none"> - Move beyond meetings and advocacy into catalyzing specific actions 	<ul style="list-style-type: none"> - AMS assessments followed by action plan (H,A) in Mali - IPC assessments, guidelines, plans and training (H,A) in Cote d'Ivoire
<ul style="list-style-type: none"> - Develop and use tools that facilitate implementation 	<ul style="list-style-type: none"> - NAP-AMR M&E framework in Bangladesh and Kenya and operational plan in Cameroon

TrACSS – Tripartite AMR country self-assessment survey;
 NAP-AMR – National Action Plan on AMR;
 H – human sector; A – animal sector

Promising Practice 3: *Improve Institutionalization and Sustainability of MSC actions*

Contributing actions	MTaPS examples
<ul style="list-style-type: none"> - Mainstream AMR work to broader national agenda, plans, and initiatives* 	<ul style="list-style-type: none"> - AMR topics covered during an environmental conventions workshop for parliamentarians in Burkina Faso - AMR work linked to existing QI initiatives in Tanzania
<ul style="list-style-type: none"> - Make documented funding mobilization efforts for NAP-AMR activities 	<ul style="list-style-type: none"> - Developed and submitted concept notes for Tripartite AMR Multi-Partner Trust Fund in Ethiopia and Senegal
<ul style="list-style-type: none"> - Build on existing initiatives and foundations 	<ul style="list-style-type: none"> - Existing AMR advisory mechanism reorganized into a multisectoral three-tiered structure in Ethiopia

* such as universal health coverage (UHC); Sustainable Development Goals (SDGs); mother, newborn and child health (MNCH); quality improvement (QI); quality of care (QoC); and patient safety

Challenges

- MSC-AMR bodies are often formed without the backing of enabling policies and funding for their efficient function
- Animal-sector engagement in AMR response is gradually increasing, but the involvement of the environmental sector is still very low
- Human, financial, and technical resources are especially limited in the environmental and animal sectors
- There's a need to move beyond joint meetings, commitments, and advocacy to designing and implementing co-activities
- Ministry reorganizations and staff transfer slow down decision making and activity progress

Key Lessons Learned

- Use WHO Benchmarks for IHR Capacities tool to raise country JEE capacity
 - *The tool helped to map and support capacity level-appropriate actions in all 11 countries and to standardize and cross-fertilize actions*
- Use the MSC-AMR bodies and their TWGs in outbreak/pandemic response
 - *The bodies/TWGs or members contributed to national response to COVID-19 in 9 countries*
- Synergize actions by implementing more than one technical area in the same facility
 - *MTaPS is supporting both IPC and AMS activities in 64 facilities across 7 countries*

Conclusion

- Most LMICs have AMR governance structures but need help with enhancing their multisectoral functioning, expertise, and sustainability
- MSC approach is pivotal to sustainably strengthen capacities in technical areas key to containing AMR, such as IPC and AMS – a part of MTaPS AMR strategy
- MTaPS' GHSA work across 11 countries has helped identify some promising practices in forging effective MSC on AMR
- Ongoing MSC-AMR efforts by national and international partners should help the global community to collect, compile, and share best practices as articulated in the GHSA 2024 framework



Planting of a commemorative infection prevention & control (IPC) tree, symbolizing collaboration among the National AMR Secretariat, the Nyeri County Health Department of Kenya, and USAID MTaPS. Photo credit: Doris Bota

LMICs – low- and middle-income countries