A Technical Guide to Strengthening the Multisectoral Coordination Body to Address Antimicrobial Resistance in MTaPS Program Countries

Background

A majority of countries developed national action plans on antimicrobial resistance (NAP-AMR) after the World Health Assembly of 2015 endorsed the World Health Organization (WHO) Global Action Plan.[1] WHO intends for countries to develop and implement their national action plans using a One Health approach. For comprehensive success, we need to monitor and contain AMR not just in human health, but in food, agriculture, and the environment.[2] Multisectoral coordination (MSC) is at the core of a country's ability to address human and animal health and agricultural and environmental needs related to AMR containment.

Recognizing the critical importance of MSC, the second edition of the WHO Joint External Evaluation (JEE 2.0) tool added MSC as a criterion (indicator P.3.1). The actions required by JEE 2[3] and the WHO Benchmarks for International Health (IHR) Capacities[4] to achieve the various capacity levels are illustrated in table 1. The capacity scores focus on a country's development and implementation of the NAP-AMR.

Table 1: Actions required by JEE 2 and the WHO Benchmarks for IHR Capacities to achieve the various capacity levels for indicator P.3.1: Effective multisectoral coordination on AMR

Capacity Score	JEE 2	WHO Benchmarks for IHR Capacities
No capacity – 1	■ No NAP on AMR	■ No national action plan for AMR
Limited capacity – 2	■ NAP under development or involves only one sector/ ministry ■ MSC mechanism established with government leadership	■ Establish a national multisectoral AMR coordinating committee ■ Undertake a situation analysis to identify major risks for development and transmission of AMR and where the impact of resistance would be greatest ■ Identify programs and activities relating to key AMR objectives that need to be developed or scaled up

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[1] https://www.who.int/antimicrobial-resistance/global-action-plan/en/
[2] World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO) and World Organisation for Animal Health (OIE). Antimicrobial resistance: a manual for developing national action plans. 2016. Geneva: WHO/FAO/OIE.
[3] WHO. Joint External Evaluation tool (JEE tool) - second edition: IHR (2005) Monitoring and Evaluation framework, 2018. Available at: https://www.who.int/ihr/publications/WHO_HSE_GCR_2018_2/en/
[4] WHO benchmarks for International Health Regulations (IHR) capacities, 2019. Available at: https://www.who.int/ihr/publications/9789241515429/en/

Capacity Score	JEE 2	WHO Benchmarks for IHR Capacities
		■ Identify a health ministry lead for AMR, develop clear terms of reference. and coordinate activities of the relevant ministries on AMR and stewardship
Developed capacity – 3	■ NAP developed; addresses at least human and animal sectors ■ MSC coordination functional with regular meetings	■ Develop a plan of action to address AMR in line with the Global Action Plan (GAP) on AMR ■ Submit a plan for approval through relevant governance mechanisms (such as office of head of state, cabinet, or ministries of health and agriculture) ■ Develop terms of reference for a multisectoral governance mechanism with clear lines of accountability between the AMR coordinating committee and the high-level One Health group ■ Organize effective coordination through regular meetings
Demonstrated capacity – 4	■ Multisectoral NAP approved; in line with GAP; operational plan and monitoring arrangement in place	■ Identify priority actions (based on risk and feasibility) from the national action plan, develop an implementation plan with responsible agencies with established timelines, and begin implementation of these actions ■ Develop and implement an AMR national action plan monitoring framework ■ Review plans and progress through regular meetings of the AMR governance committee ■ Identify and map sustained funding for planned activities in the AMR national action plan
Sustainable capacity – 5	■ Multisectoral NAP has identified funding sources; being implemented; monitoring in place	■ Dedicate sustain funding for planned activities in the AMR national action plan ■ Ensure key activities are incorporated in plans and budgets of relevant programs and agencies ■ Ensure regular monitoring of progress with data submitted to regional and global levels ■ Define clearly specified actions within planning and governance mechanisms for all key sectors involved ■ Identify potential barriers and/or challenges to implementing the national action plan and approaches to overcome these barriers

Having multisectoral coordination structures in place is not enough to guarantee their robust functioning; likewise, having an NAP-AMR is a required first step, but implementing it is often a challenge that requires an operational plan, lines of reporting and accountability, a way to monitor progress, and the needed resources.

While the NAP-AMR and multisectoral coordination bodies are present in most of the 11 MTaPS Global Health Security Agenda (GHSA) target countries, our scoping visits and subsequent explorations revealed gaps and weaknesses in how the MSC bodies in many of these countries function, due—for example—to lack of political support, authority to act, administrative and financial support, and practical

know-how on the process and parameters of how such bodies should operate. Because strengthening the functioning and governance of MSC bodies is a common work plan activity across most MTaPS GHSA countries, this document is intended to provide quick guidance and an easy-to-use process checklist for MTaPS and country experts who are tasked with developing these strategies and actions.

Key Benefits and Measures of Success of MSC Mechanisms on AMR

MSC mechanisms that function well support enhanced collaboration, communication, and synergy in AMR-related actions while reducing the risk of duplicative and siloed efforts among stakeholders. Another important benefit is the ability to harmonize data and manage and package collective information that can be used for advocacy and to garner support from government, donors, philanthropists, and other key stakeholders. A non-exhaustive list of key AMR stakeholders is in the box below.

An Example of Key AMR Stakeholders	
■ Ministries from the various sectors	■ Academia and research bodies
■ National regulatory bodies	■ United Nations systems (WHO, FAO, OIE, UNICEF)
■ Medicine procurement agencies	■ Development partners and donors
■ Professional councils and associations	■ International and local nongovernmental organizations
■ Public and private health facilities	■ Health care workers
■ Veterinary facilities	■ Patients and community
■ Refugee health care camps and systems	■ Civil society organizations
■ Media personnel	■ Farmers
■ Antimicrobial manufacturers/traders	

MTaPS, in collaboration with national stakeholders, should design and implement MSC support activities with the following objectives:[5]

- Promote a culture that values/fosters transparency, inclusiveness, open communication, and collaboration (not competition)
- Facilitate multisectoral inputs and perspectives to inform policy process
- Help identify common goals and opportunities
- Promote and support joint planning and implementation
- Help gather/share evidence on benefits of multisectoral collaboration
- Facilitate responsibility sharing, joint credit for achievements, and reward for partnership
- Facilitate the structural and financial sustainability of the MSC body on AMR
- Catalyze skill building and peer-to-peer learning
- Help leverage specific strengths and assess/address gaps

The MSC platform on AMR should not function as the one-and-only action body in the country. body should work within existing structures when possible and remain flexible. It should serve as a guiding,

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[5] USAID. Multisectoral Coordination That Works – Building Effective, Sustainable Mechanisms to Prevent, Detect, and Respond to Public Health Threats, Oct 2018. Available at:
https://www.healthpolicyproject.com/pubs/272_MultisectoralCoordinationResourceGuide.pdf

mentoring, and facilitating force that catalyzes the provision of technical and financial resources; ongoing monitoring and evaluation, learning, and knowledge management; and One Health alignment (human, animal, and environment). Some illustrative examples of activities that show One Health coordination are joint assessments, planning, and reviews; contribution to AMR and antimicrobial use surveillance repository (e.g., GLASS); integrated education (e.g., One Health competency); policy review and coherence among sectors; and joint mapping and updating of AMR stakeholders in a single document.

Key measures of success that help demonstrate that the MSC body on AMR is functioning efficiently include:

- Defined terms of reference and reporting process in place
- Monitoring performance and evaluation frameworks (with indicators and data sources) for the MSC body's own functioning and for NAP-AMR implementation
- Evidence of coordination among multiple sectors (human, animal, and environment; public and private); levels of health care (national, facility, and community); and disciplines (clinical, nursing, pharmacy, public heath). Other evidence of success is vertical as well as horizontal coordination.
- Communication links to the national health security (One Health) platform in matters related to AMR
- Functioning technical working groups (TWGs), such as for infection prevention and control (IPC) and antimicrobial stewardship (AMS), including terms of reference and reporting processes
- Evidence of regular MSC body and TWG meetings with documented agendas, preparation and distribution of meeting notes, and follow up on action items
- List of AMR stakeholders and their activities periodically updated
- Achievements and results documented and shared
- Data repository and knowledge sharing mechanism on AMR
- Operational plan and budget with budget gap analysis and prioritization

A gauge of success from MTaPS activities includes documented evidence of increased commitment from policy officials from various sectors who have been oriented on the importance of AMR, resulting in the prioritization and implementation of various NAP-AMR objectives, including AMS and IPC, and efforts to mobilize funding. To ensure progress on implementing the NAP-AMR, the country should develop and implement budgeted operational, monitoring and evaluation, and communication plans. The MSC body on AMR should document and disseminate progress on NAP-AMR implementation at the national and international levels.

The following is an example of some of the initial steps MTaPS has taken to help the new AMR multisectoral coordination mechanism get up and running in Côte d'Ivoire. Early achievements of the group include two critical documents that were developed through a collaborative process—an AMR national policy and a governance manual for AMR containment.

Multisectoral Coordination in Côte d'Ivoire

In Côte d'Ivoire, surveillance data from the National Reference Center showed alarming levels of antibiotic resistance, and the December 2016 JEE noted that the country needs to strengthen its capacity in AMR control. In response, the Ivorian government created a national One Health platform in April 2019 to institutionalize a national MSC mechanism that can address public health threats, including AMR. A TWG on AMR was established that is connected to the One Health platform through a national coordinating body called the Multisectoral Coordination Group on AMR.

MTaPS facilitated a recent multisectoral workshop that produced two important guidance documents: an AMR national policy and a governance manual for AMR containment. The AMR policy lists the various government entities in human and animal health, agriculture, and the environment tasked with improving prevention, detection, and surveillance of AMR and describes their roles and responsibilities in a coordinated response across sectors. However, the document noted limiting factors that still need to be addressed, including the lack of a unified multidisciplinary and multisectoral information exchange mechanism, an AMR communication plan, and an information-sharing platform.

The governance manual for AMR containment was drafted to facilitate data sharing, joint evaluation of identified issues, and creation of solutions by TWG-AMR stakeholders in the public and private sectors.

Specifically, the manual aims to:
- Strengthen the organizational and operational framework of AMR control efforts
- Define the guiding principles concerning the roles, responsibilities, and limits of TWG-AMR members
- Frame decision making and guide health security actions that are linked to AMR
- Ensure that the TWG-AMR's actions and interventions are sustainable and coherent

Checklist of Major Steps

Almost all of the 10 MTaPS GHSA countries have final national action plans on AMR, but they need to move forward with implementing the NAP objectives, including those on IPC and AMS, which require effective multisectoral coordination. The checklist below provides major activities to strengthen the structure and function of the MSC mechanism. Different checklist sections may be relevant for different countries, depending on the existing strengths and weaknesses and the current level of MSC.

Implementers can find additional resources and references related to these steps in the MTaPS GHSA-AMR Results Framework (Part 2: technical implementation framework).

Activity	☑=Y		
Strengthen capacity of MSC body (leadership, governance, oversight capabilities, functionality)	○ Done	○ In progress	○ Not done
▪ Assign a government focal point within the leadership entity	○ Done	○ In progress	○ Not done
▪ Ensure representation of all relevant ministries and other stakeholders (including high-quality laboratories, plant protection, medical and veterinary professions and statutory bodies, research and academic institutes, civil society and farmer organizations, food and pharmaceutical industries, and wholesale and retail distributors)	○ Done	○ In progress	○ Not done
▪ Ensure linkage to One Health platform in matters related to AMR (e.g., periodic reporting to One Health on AMR issues, invitation of One Health representatives in quarterly/semiannual AMR meetings, documentation of those actions)	○ Done	○ In progress	○ Not done
▪ Establish secretariat	○ Done	○ In progress	○ Not done
▪ Establish TWGs as needed with support from technical experts (e.g., in IPC and AMS domains)	○ Done	○ In progress	○ Not done
▪ Ensure regular MSC body meetings with documented agendas, preparation and distribution of meeting notes, and follow up on action items	○ Done	○ In progress	○ Not done
▪ Ensure group objectives, include developing, adopting, and using framework for monitoring NAP-AMR	○ Done	○ In progress	○ Not done
▪ Ensure groups have terms of reference and defined roles and responsibilities	○ Done	○ In progress	○ Not done
▪ Ensure groups have governance/accountability/practical management/reporting mechanisms	○ Done	○ In progress	○ Not done
▪ Ensure mechanism for regular data collection and information sharing within groups	○ Done	○ In progress	○ Not done
▪ Ensure the MSC body periodically documents and shares achievements and results	○ Done	○ In progress	○ Not done
Support efficient functioning of the IPC and AMS TWGs under the MSC body	○ Done	○ In progress	○ Not done
▪ Ensure groups have terms of reference and defined roles and responsibilities	○ Done	○ In progress	○ Not done
▪ Ensure groups have governance/accountability/practical management/reporting mechanisms	○ Done	○ In progress	○ Not done
▪ Ensure groups regularly report on IPC or AMS activities to the MSC body; also ensure that TWGs communicate with one another on interrelated issues and opportunities	○ Done	○ In progress	○ Not done
▪ Ensure regular TWG meetings with documented agendas, preparation and distribution of meeting notes, and follow up on action items	○ Done	○ In progress	○ Not done
▪ Ensure group objectives include monitoring of IPC and AMS components of NAP-AMR	○ Done	○ In progress	○ Not done
▪ Ensure mechanism for regular data collection and information sharing within groups	○ Done	○ In progress	○ Not done
▪ Ensure the TWGs periodically document and share achievements and results	○ Done	○ In progress	○ Not done
Finalize and validate the NAP-AMR	○ Done	○ In progress	○ Not done

Activity	☑=Y
▪ Define strategic priorities for the AMR action plan based on situational analysis and incorporate principles of One Health and multisectoral coordination	○ Done ○ In progress ○ Not done
▪ Use WHO's Monitoring and Evaluation of the Global Action Plan on Antimicrobial Resistance, OIE's PVS Pathway, and other instruments to identify countries' priorities for strengthening core competencies	○ Done ○ In progress ○ Not done
▪ Ensure the plan recognizes roles and responsibilities of multiple jurisdictions and levels of government	○ Done ○ In progress ○ Not done
▪ Ensure AMR action plan aligns with WHO global action plan on antimicrobial resistance	○ Done ○ In progress ○ Not done
▪ Ensure AMR action plan integration and comprehensiveness by addressing human health, animal health, animal production, plant production, and other environmental settings	○ Done ○ In progress ○ Not done
▪ Submit core documents for validation and approval by appropriate national authorities	○ Done ○ In progress ○ Not done
Help develop an operational plan for NAP-AMR	○ Done ○ In progress ○ Not done
▪ Ensure coordination with stakeholders from each sector that can provide expert input to develop the operational details of the actions identified for each of the NAP-AMR objectives (MTaPS can support with the IPC and AMS objectives while other partners may help with other objectives, such as surveillance)	○ Done ○ In progress ○ Not done
▪ Communicate clearly to the related stakeholders so that they are clear on the task of coming up with a detailed, realistic, costed, and time-bound implementation plan for the actions included in the NAP-AMR and that such a plan should prioritize actions with timelines, the entities responsible, and the sources of funding and other required resources. The stakeholders should see that the value of such a detailed operational plan is to provide clarity and guidance for actions while promoting accountability and transparency.	○ Done ○ In progress ○ Not done
▪ Identify and include activities that are already being implemented	○ Done ○ In progress ○ Not done
▪ Be clear on activities/subactivities for first year and subsequent years to visualize immediate and subsequent priorities	○ Done ○ In progress ○ Not done
▪ Ensure each activity/subactivity includes: ○ Timetable for implementation	○ Done ○ In progress ○ Not done
○ Sector (human, animal, environmental) and setting (national, facility, community, public/private) for implementation of activity	○ Done ○ In progress ○ Not done
○ Person, sector, or institution responsible for implementation ○ Major outputs or deliverables ○ Resources needed and their sources	○ Done ○ In progress ○ Not done
Develop a budget for the NAP-AMR operational plan	○ Done ○ In progress ○ Not done
▪ Include transparent, verifiable, and itemized cost of implementation for each activity/subactivity	○ Done ○ In progress ○ Not done

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Activity	☑=Y
▪ Include source of funding	○ Done ○ In progress ○ Not done
▪ If there is no financial source, calculate the funding gap	○ Done ○ In progress ○ Not done
▪ Estimate cost of technical assistance (including consultancy fee, travel, and per diem)	○ Done ○ In progress ○ Not done
Develop an M&E framework and plan for NAP-AMR[6,7]	○ Done ○ In progress ○ Not done
▪ Ensure coordination with stakeholders from each sector that can provide expert input to develop an M&E framework to implement the NAP-AMR effectively ▪ Select priority strategies and activities in the National Action Plan to be implemented first to tackle AMR[8]	○ Done ○ In progress ○ Not done
▪ Develop a manageable number of indicators/measures of process based on priority activities	○ Done ○ In progress ○ Not done
▪ Include the purpose of the indicator (input, output, outcome, impact)	○ Done ○ In progress ○ Not done
▪ Ensure indicators include baselines and targets[9]	○ Done ○ In progress ○ Not done
▪ Ensure indicators include data collection method and data sources	○ Done ○ In progress ○ Not done
▪ Name responsible entities for measuring each indicator	○ Done ○ In progress ○ Not done
▪ Specify the procedure used for calculation (e.g., absolute figure, proportion, ratio, rate, index)	○ Done ○ In progress ○ Not done
▪ Specify information sources (for a rate, ratio or proportion, include sources of information for both the numerator and the denominator)	○ Done ○ In progress ○ Not done
▪ Include the timeline for data collection	○ Done ○ In progress ○ Not done
▪ After identifying these details, put them in an indicator tracking reference sheet that will guide data collection and reporting. Such a reference sheet typically has a matrix that includes the following information for each indicator: indicator definition, data collection source(s) and frequency, baseline and targets, actual values based on periodic/longitudinal measurements	○ Done ○ In progress ○ Not done
▪ Chart out a system that oversees and manages the implementation of the M&E framework, including not only planning, collecting, and tracking indicator data but also analyzing and interpreting implementation status and progress and then reporting the findings periodically into the national and global (WHO) databases and other tracking systems	○ Done ○ In progress ○ Not done

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[6] WHO/FAO/OIE. 2016. *Antimicrobial resistance: A manual for developing national action plans* and WHO. 2017.
[7] WHO. *Monitoring and evaluation of national action plans on AMR: Suggested approaches*. PowerPoint presentation, March 2017.
[8] A comprehensive M&E plan can be developed later.
[9] Process indicator targets can be yes/no