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

Improved Access. Improved Services. Better Health Outcomes.

Effective Multisectoral Coordination to Contain

Antimicrobial Resistance:

Experiences and Lessons from 13 Countries

Disease Prevention and Control Summit – America September 7–8, 2022



Mohan P. Joshi, MBBS, MSc, MD Senior Principal Technical Advisor, and Technical Lead for Global Health Security Agenda — AMR activities, USAID MTaPS Management Sciences for Health Arlington, VA, USA

Outline

- MTaPS' support for multisectoral coordination (MSC) on AMR
- Key MSC promising practices
- Select lessons learned
- Reflections and takeaways

MSC – multisectoral coordination AMR – antimicrobial resistance

USAID Bangladesh Global Health Security Specialist, Dr. Abul Kalam, giving remarks at an AMR National Action Plan meeting, Dhaka, December 2019. Photo credit: Mohan Joshi



Multisectoral Coordination on AMR

- Recognized as a critical approach in:
 - WHO Global Action Plan on AMR
 - National action plans on AMR (NAPs-AMR)
 - Global Health Security Agenda (GHSA)
 2024 Framework
 - GHSA AMR Action Package

MSC-AMR – multisectoral coordination on AMR
WHO – World Health Organization
NAP-AMR – national action plan on AMR
GHSA – Global Health Security Agenda

One Health Approach



Source: www.biomedcentral.com/collections/1health

USAID MTaPS PROGRAM

GHSA Approach and Tools

- GHSA elevates AMR as a global health security threat
- It uses JEE and WHO Benchmarks for IHR Capacities as two key tools to support countries
- The tools offer an organized and qualitatively measurable framework for capacity building
- USAID MTaPS is supporting 13 countries to advance GHSA/AMR agenda based on these two tools

JEE – Joint External Evaluation IHR – International Health Regulations

JEE Capacity Levels Framework

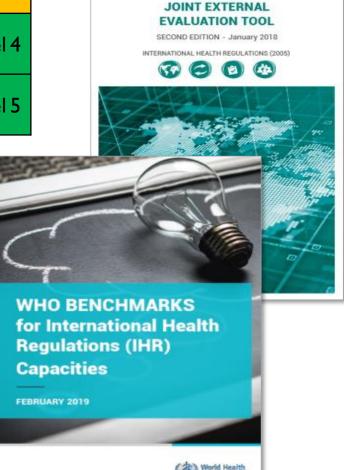
No Capacity	Level I
Limited Capacity	Level 2
Developed Capacity	Level 3
Demonstrated Capacity	Level 4
Sustainable Capacity	Level 5

WHO Benchmarks

actions for each JEE

capacity level

provides recommended



MTaPS' GHSA Mandate and Support for AMR Containment

Objective: Help raise country capacity in alignment with the JEE (2018) and the WHO Benchmarks on IHR Capacities (2019)

Where we work

Bangladesh Burkina Faso

Cameroon Côte d'Ivoire

Democratic Republic Ethiopia

of the Congo

Kenya Mali

Mozambique Nigeria

Senegal Tanzania

Uganda

Focus Areas (JEE 2nd edition, 2018)



Multisectoral coordination on AMR (JEE indicator P.3.1)



Infection prevention and control (IPC) (JEE indicator P3.3)



Antimicrobial stewardship (AMS) (JEE indicator P3.4)

Institutionalizing MSC in Countries: A Systems Approach to Strengthen MSC-AMR Governance

JEE (2018) capacity level	MTaPS-supported actions (as of March 2022)	Total # of countries, n = 13
N/A	 Establish/revitalize MSC bodies: IPC Technical Working Group (TWG) AMSTWG AMR Secretariat 	9 9 11
3	Develop TOR for a multisectoral governance mechanism	12
3	Develop/revise NAP-AMR aligned with WHO Global Action Plan	5
3	Organize effective coordination through regular meetings	13

N/A – not applicable
TWG – technical working group
TOR – terms of reference
NAP – national action plans

Operationalizing National Actions Plans on AMR: MTaPS' Support to MSC-AMR Bodies in Countries

JEE (2018) capacity level	MTaPS-supported actions (as of Mar 2022)	Total # of countries, n = 13
4	Identify priority actions, develop implementation plan, and begin implementation	8
4	Develop a NAP-AMR monitoring framework	3
4	Review plans and progress through regular meetings of the AMR governance committee	9
4	Develop/submit funding proposal to Multi-Partner Trust Fund	3

86 AMR-related governance/operational documents* developed with MTaPS support for human and/or animal sectors (as of Mar 2022)

Moving into Action: Building Capacity of MSC Bodies and their Technical Working Groups

MTaPS-supported actions (as of Mar 2022)	Total # of countries, n = 13
IPC assessments (national &/or facility level)	12
AMS rapid situational analysis (in human & animal sectors)	7
Collaboration in convening annual WAAW celebrations	9
MSC-AMR bodies' or IPC TWGs' (or their members') support for early COVID-19 pandemic response	9

I 58 AMR-related in-country meetings or activities conducted with multisectoral participation in collaboration with MTaPS (October 2020 to March 2022)

WAAW – World Antimicrobial Awareness Week (18-23 Nov) TWGs – technical working groups

Enabling Stronger, Sustainable MSC to Fight AMR: Promising Practices

Strengthen Governance of MSC-AMR Bodies

- Improve structures and management (TOR, regular meetings)
- Make the bodies diverse
- Enhance vertical and horizontal coordination

Facilitate NAP Implementation by MSC-AMR Bodies

- Review/disseminate progress on NAP implementation
- Move beyond meetings/advocacy to catalyze specific co-actions
- Develop and use tools that facilitate implementation
- Repeat assessments with the same tools to show progress

Improve Institutionalization and Sustainability of MSC Actions

- Mainstream AMR work to broader agenda (e.g., UHC, QI/QoC)
- Make efforts to mobilize and diversify funding
- Use HSS lens in addressing AMR and documenting results

USAID MTaPS Program

Select Lessons Learned

Don't just establish MSC bodies – make them functional

Complement AMR actions with health security threat perspectives using GHSA/IHR lens

Use WHO benchmarks to organize capacity-appropriate actions

Intensify efforts to break siloed efforts

Prepare and use MSC bodies (mainly the IPCTWG) in outbreak/pandemic prevention and response

Jodks et al. J of Marris Policy and Plaz (2021) 14:27 https://doi.org/10.1184/s40545-021-00309-8 Journal of Pharmaceutical Policy and Practice

RESEARCH

Open Access

Strengthening multisectoral coordination on antimicrobial resistance: a landscape analysis of efforts in 11 countries

Mohan P. Joshi¹, Tamara Hafner¹, Gloria Tivesigye¹, Antoine Ndiaye², Reuben Kiggundu³, Negussu Mekonnen⁴, Ndinda Kusu¹, Safoura Berthé⁶, Edgar Peter Lusaya⁷, Alphonse Acho⁸, Robert Tuala Tuala⁹, Ayasha Siddiqua¹⁰, Henri Kabore¹¹, Soukeyna Sadiya Aldara¹² and Javier Guzman¹

Abstract

Background: Increasingly, there has been recognition that siloed approaches focusing mainly on human health are ineffective for global antimicrobial resistance (AMR) containment efforts. The inherent complications of AMR containment warrant a coordinated multisectoral approach. However, how so institutionalize a country's multisectoral coordination across sectors and between departments used to working in silos is an engoing challenge. This paper describes the technical approach used by a donor-funded program to strengthen multisectoral coordination on AMR in 11 countries as part of their efforts to advance the objectives of the Global Health Security Agenda and discusses some of the challenges and lessons learned.

Methods: The program conducted a rapid situational analysis of the Global Health Security Agenda and AMR landscape in each country and worked with the governments to identify the gaps, priorities, and potential activities in multisectoral coordination on AMR. Using the World Health Organization (WHCI) Joint External Evaluation tool and the WHO Benchmarks for International Health Regulations (2005) Capacities as principal guidance, we worked with countries to achieve key millestones in enhancing effective multisectoral coordination on AMR.

Results: The program's interventions led to the achievement of key benchmarks recommended actions, including the finalization of national action plans on AMR and tools to guide their implementation; strengthening the leadership, governance, and oversight capabilities of multisectoral governance structures; establishing and improving the language of the program of the program

Conclusion: A lot of learning still needs to be done to identify best practices for building mutual trust and adequately balancing the priorities of individual ministries with cross-cutting issues. Nevertheless, this paper provides some practical ideas for countries and implementing partners seeking to improve multisectoral coordination on AMR, it also demonstrates that the WHO benchmark actions, although not intended as an exhaustive list of recommendations, provide adequate guidance for increasing countries' capacity for effective multisectoral coordination on AMR in a standardized manner.

> J of Pharm Policy and Pract **14**, 27 (2021). https://doi.org/10.1186/s40545-021-00309-8

USAID MTaPS Program

Key Reflections and Takeaways

- Most countries have MSC-AMR bodies but need help to enhance their functioning, expertise, and sustainability
- Key MSC-related gaps we must focus on:
 - Enabling environment (mandates, budget, human resources)
 - Funding mobilization and diversification
 - Co-actions showing multisectoral spirit
 - Advancing animal sector and regulatory benchmark actions
 - Monitoring & evaluation
 - Involving the environmental and private sectors, and CSOs
 - Expanding MSC actions to sub-national and local levels
- Leverage the attention on One Health in the wake of COVID-19 to further institutionalize MSC



Stewarding use of antibiotics in the animal sector in the DRC Photo credit: MTaPS DRC

CSOs – civil society organizations
DRC – Democratic Republic of the Congo



Antiparasitics

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

Improved Access. Improved Services. Better Health Outcomes.

Thank you!

Questions



Photo credit: GH Agnabi, MTaPS Nigeria

The Future o