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Ministry of Health (MOH) representatives at the National One Health AMR Forum, 2022. Photo credit: Daktari Online

Strengthening Multisectoral Coordination to Contain Antimicrobial Resistance in Kenya

Technical Brief | May 2023 | Kenya

Enabling Effective Multisectoral Coordination at the National and County Levels

Background

The US Agency for International Development (USAID) is working to address the threat of antimicrobial resistance (AMR) through the Global Health Security Agenda (GHSA), an international effort which brings together more than 70 countries and nongovernmental partners to collectively achieve the vision of a world safe and secure from global health threats posed by infectious diseases. The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2024) is a key implementer in USAID’s support for the GHSA vision. The GHSA emphasizes the importance of multisectoral coordination (MSC) in preventing and containing AMR. In Kenya, MTAps is

supporting AMR containment to slow the emergence of resistant bacteria and to prevent the spread of resistant infections. To achieve this goal, MTAps Kenya supports three key intervention areas: MSC, strengthening infection prevention and control (IPC) practices, and optimizing use of antimicrobials.

Problem Statement

The World Health Organization (WHO) has declared that AMR is one of the top 10 public health threats worldwide. AMR threatens to reverse the gains made in the fight against HIV/AIDS, tuberculosis (TB), malaria, and other infectious diseases in Kenya, where 50% of

the top ten leading causes of death across all ages are infectious conditions.¹

Recognizing the need to contain AMR, Kenya in 2006 initiated an infection safety program, and in 2009, established its first multidisciplinary working group on AMR.² Over the years that followed, Kenya developed IPC surveillance and implemented IPC practices and, in 2017, the country established a National Policy on Prevention and Containment of AMR (2017) and a National Action Plan on Prevention and Containment of AMR (NAP-AMR) (2017–2022).

As in most countries, AMR activities in Kenya were largely seen as a human health issue. To effectively implement its new NAP-AMR, Kenya needed to address the drivers of AMR across the human, animal, plant, and environmental sectors. This required overcoming multiple challenges, including the limited capacity of MSC structures related to AMR; lack of ownership and engagement of the sectors outside of human health; the absence of county-level MSC structures related to AMR; and lack of resources, both human and financial, to implement MSC on AMR.

Technical Approach

MTaPS' activities to strengthen MSC in implementation of Kenya's 2017–2022 NAP AMR have been guided by the WHO Joint External Evaluation (JEE) 2.0 tool (2018) and the WHO Benchmarks for International Health Regulations (IHR) Capacities (2019).³ These tools are designed to help countries identify and implement recommended actions to make progress in key GHSA technical areas, including MSC for AMR. The JEE and WHO benchmarks categorize country capacity on MSC, IPC, and antimicrobial stewardship (AMS) on a scale ranging from 1 (no capacity) to 5 (sustainable capacity).⁴ Aligned with the WHO benchmarks, MTAps supports

countries in building their capacity for MSC by strengthening governance of MSC-AMR bodies, facilitating NAP implementation by MSC-AMR bodies, and improving institutionalization and sustainability of MSC actions.

Stakeholder Engagement

In strengthening MSC, MTAps collaborated with many stakeholders including the Government of Kenya's MOH and the Ministry of Health (MOH); the Ministry of Agriculture, Livestock, and Fisheries (MALF); county governments; WHO; Food and Agriculture Organization (FAO) of the United Nations; the World Organization for Animal Health (OIE); the Fleming Fund; and USAID implementing partners, including the Infectious Disease Detection and Surveillance (IDDS) Program, Africa One Health University Network (AFROHUN), Africa Centres for Disease Control and Prevention (Africa CDC), ReACT Africa, and other AMR partners.

Intervention

MTaPS supports the Government of Kenya in AMR containment through strengthening the implementation of the One Health approach, which calls for collaboration across the human and animal health, agriculture, and environment sectors, at both the national and county levels.

National Level

At the national level, MTAps' interventions focus on strengthening multisectoral governance structures of the National Antimicrobial Stewardship Inter-Agency Committee (NASIC), the highest policy and governance body responsible for AMR containment activities. NASIC members represent MALF; and the Ministry of Environment. Since 2019, MTAps has supported the NASIC in strengthening its capacity and carrying out AMR-related activities, as follows:

¹ <http://www.healthdata.org/kenya>.

² Joint External Evaluation of IHR Core Capacities of the Republic of Kenya. Geneva: World Health Organization; 2017. <https://www.who.int/publications/i/item/WHO-WHE-CPI-REP-2017.44>.

³ International Health Regulations (IHR) (2005), an instrument of international law that is legally binding in 196 countries, establishes rights and obligations for countries related to reporting, surveillance, and response to public health events, with the aim of protecting public health globally. IHR covers 19 technical areas, including AMR.

⁴ The benchmark activities and levels for MSC, IPC, and AMS are detailed at <https://ihrbenchmark.who.int/document/3-antimicrobial-resistance>. See Benchmarks 3.1, 3.3, and 3.4.

- Supported the NASIC's technical working groups (TWGs) to develop terms of reference and action plans and to hold quarterly meetings.
- Assisted the NASIC in development and dissemination of communiqués on AMR activities to high level officials to share information and progress on NAP-AMR implementation.
- Supported the development and dissemination of a quarterly AMR One Health bulletin to raise awareness on NAP-AMR implementation countrywide. This improved counties' and health workers' knowledge of the steps for NAP-AMR implementation and spurred their interest in undertaking AMR containment efforts.



MTaPS-developed AMR bulletin for September 2021

- Helped establish and facilitate meetings of MSC bodies on AMR with representation from organizations involved in the country's One Health activities.
- Developed and disseminated a monitoring and evaluation (M&E) framework for implementation of the NAP-AMR in collaboration with the One Health AMR Secretariat, a component of the NASIC.
- Supported NASIC in the development of a NAP scorecard for the M&E framework to assess progress in the implementation of the current NAP-AMR.
- Provided technical support for the first national AMR Forum held in July 2022, where key players in AMR containment shared their

progress, achievements, and challenges as part of a review of the current 2017–2022 NAP-AMR to inform development of the next iteration of the NAP-AMR for 2023–2027.

- Jointly with other One Health AMR stakeholders, supported the celebration of annual World Antibiotic Awareness Week (WAAW) through events at the national and county levels.

County Level

MTaPS supported NASIC by providing technical guidance to develop and institutionalize County Antimicrobial Stewardship Interagency Committees (CASICs) in four target counties: Kilifi, Kisumu, Murang'a, and Nyeri. MTAps support included the following:

- Supported the development and implementation of county-level comprehensive One Health costed work plans for the CASICs that incorporate AMR containment activities for human health, animal/agriculture, and environment sectors.



Launch of Kilifi County CASIC work plan, 2021.
Photo credit: MTAps

- Developed an orientation package to sensitize CASICs and their TWGs on the costed work plans and activities aimed at MSC for AMR containment.
- Provided technical support for quarterly CASIC meetings to support implementation of CASIC AMR work plan activities.
- Held targeted mentoring sessions for county AMR focal persons responsible for implementation of CASIC work plan activities. These AMR focal persons served as AMR champions, advocating for and serving as resource people for MSC on AMR.

- Held targeted feedback sessions with the county health management teams, in collaboration with the AMR focal persons, to update them on the progress of implementation of AMR containment efforts and advocate for county support.



Launch of Murang'a County CASIC work plan, 2021.
Photo credit: MTaPS



MTaPS, WHO, FAO, MOH, animal health, and environment sector representatives at the 2021 WAAW launch event.
Photo credit: AMR Secretariat

- Participated in a workshop organized by the FAO for AMR focal persons from MTaPS target counties to document challenges, successes, and lessons learned from CASIC work plan implementation. This workshop was aimed at enhancing collaboration between the human and animal health sectors.

Results and Achievements

With technical support from MTaPS, the NASIC at the national level and CASICs in four counties are now holding regular working meetings and implementing their work plans. Over 100 AMR-related meetings have taken place with multisectoral participation at national and county levels, attended by more than 2,000 participants. Through co-development of the NAP-AMR M&E framework and the NAP scorecard with MTaPS, NASIC and partners strengthened their understanding of the importance of having and implementing an M&E framework. MTaPS' support for the NASIC's information dissemination has spurred increased interest from non-MTaPS-supported counties in the country in undertaking similar containment efforts. This has contributed to increased involvement of the environment and aquaculture sectors in AMR containment, especially at the county level, and has sparked coverage of AMR issues in the mass media and raised AMR awareness across sectors and the community. With MTaPS support, the NASIC has fostered joint work by multisectoral stakeholders to implement NAP-AMR (2017–2022) activities.

Figure I summarizes country progress in implementing activities to achieve the five outcome indicators laid out in the NAP-AMR M&E framework across the human, animal, and plant sectors.

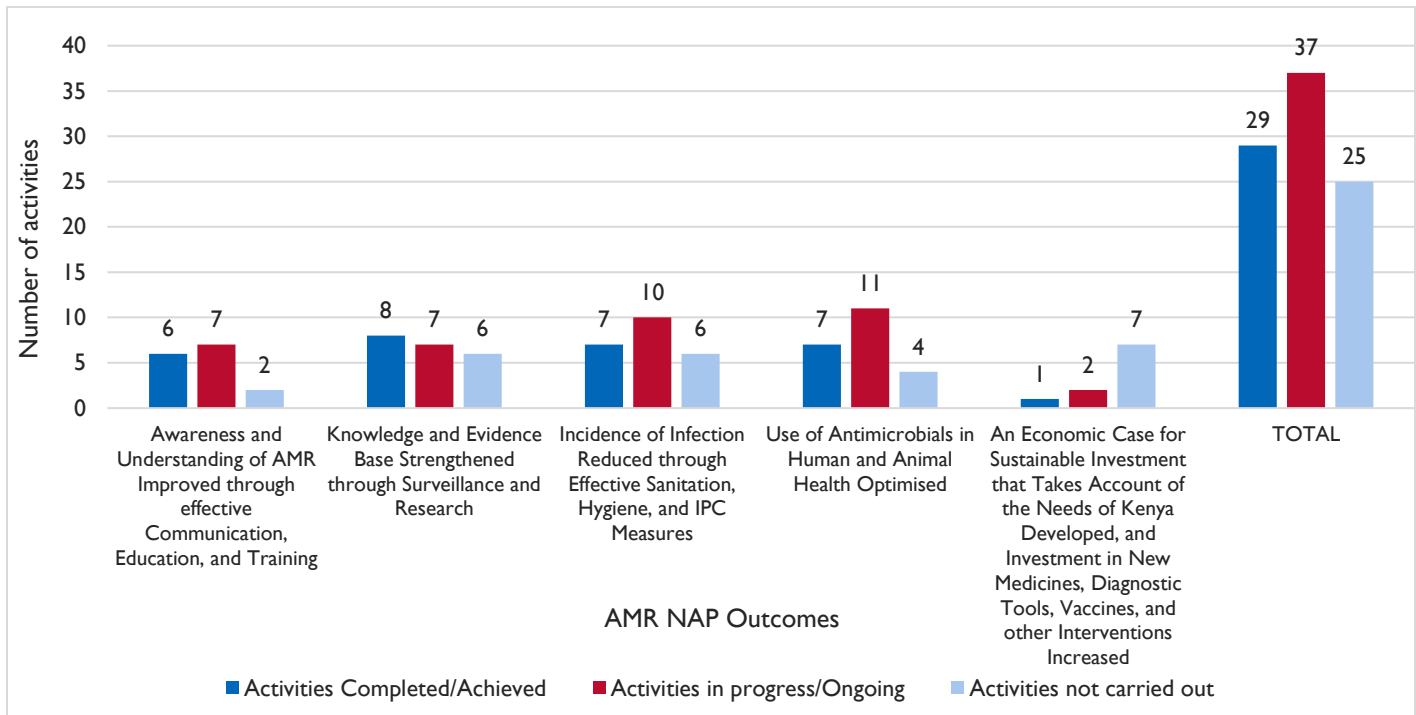


Figure I. Progress against planned NAP-AMR (2017–2022) activities by outcome indicators for the human, animal, and plant sectors as of July 2022 (Source: NASIC-AMR Secretariat)

With MTaPS’ technical assistance, multisectoral stakeholders have worked together to implement the NAP-AMR at the national level and in the Nyeri, Kisumu, Kilifi, and Murang’a counties; developed the AMR NAP-AMR M&E Framework (July 2021); developed and disseminated regular AMR bulletins, executed national One Health AMR Forums and WAAW events at national and county levels; developed and implemented costed CASIC work plans at the county levels. In Nyeri County, for example, the 2023–2027 County Integrated Development Plan (CIDP) includes AMR activities and budgets from the CASIC work plan. The CIDP serves as the main county document for mobilizing funding from the national government and other partners. Inclusion of CASIC activities in the CIDP is a critical step toward achieving sustained funding for AMR activities across sectors at the county level.

Lessons Learned

In strengthening MSC on AMR in Kenya, MTaPS and its partners gained valuable experience in practices that enabled implementation and helped overcome challenges. These practices may be valuable for future

work in Kenya and for application of similar approaches in other countries.

- Build local ownership and buy-in through co-creation and co-implementation.** Fostering co-creation with partners at both the national and county levels contributes to the establishment of sustainable, locally-led programs designed to meet the specific needs and circumstances in the region. Local buy-in for AMR-related activities from national- and county-level partners, including regulatory bodies, during the planning, implementation, and M&E helps avoid implementation roadblocks. CASIC work plan launch events helped to sensitize key stakeholders to planned activities and rallied support.
- Leverage existing commitment to maximize impact.** Because Kenya had an NAP-AMR and multisectoral NASIC in place before MTaPS began its work, MTaPS was able to quickly rally stakeholders and achieve expanded results. For example, while MTaPS funding was targeted to support the human

health sector, by working with the multisectoral AMR secretariat (part of the NASIC), MTaPS was also able to influence the engagement of the other One Health sectors.

- Engage champions. County-level champions helped move MSC forward in their own regions and serve as resources on AMR for counties that do not have MTaPS support.

“We should strive to make an impact in our own ways as AMR champions in our different areas of influence.”

—Dr. Emmanuel Tanui, National AMR Focal Point, Ministry of Health, Kenya

- **Systematically engage high-level stakeholders on the local (county) level.** Consistent engagement with MTaPS built ownership and commitment to AMR containment on the part of high-level stakeholders. This helped make resources, including human resources, available for AMR activities and built commitment for inclusion of AMR containment in county-level plans.
- **Develop a timetable and schedule of key engagements for the year,** including biannual NASIC and quarterly CASIC meetings which require the participation of national and county members. This can help ensure that very busy stakeholders are not prevented by conflicting engagements from taking part in national and county events.
- **Ensure that work plans are costed so that activities planned by MSC governance bodies can be implemented.** This may involve technical support and advocacy. For example, on the county level, some AMR-related activities were “brought up” into the overall county work plan and therefore were incorporated into the county budget. In Nyeri County, the costed activities have been included in the county work plan used to guide budget allocation.
- **Advocate to make sure no stakeholder/sector is left behind in MSC at the national and county levels.** In addition to the human health sector, there is a need to involve stakeholders from the agricultural and environmental sectors. Communicating the

linkages between animal health, agriculture, and human health to them can help bring these stakeholders on board.

- **Leverage resources across One Health partners.** In cases where MTaPS did not have the resources or scope to support an activity, MTaPS linked with other One Health partners to advocate for support.
- **Embed AMR containment efforts within existing health programs,** for example, existing programs for animal vaccination or community health outreach, to maximize reach of AMR containment efforts.

Pathway to Sustainability

To build sustainability of MSC on AMR in Kenya, MTaPS acted as a facilitator at every step of its MSC AMR work in Kenya, working behind the scenes to support the NASIC. As MTaPS looks to phase out its work in the country, no handover will be necessary from MTaPS to partners. The NASIC, including the AMR Secretariat and subcommittees—and the CASICs established on the county level by the NASIC—already have full ownership of their plans and activities. At the county level, AMR focal persons are incorporated into the county’s organograms, and CASIC work plan activities are incorporated into the overall county work plan and budget. The NASIC has the structures, tools, and experience to continue to lead MSC on AMR in Kenya. With the CASIC orientation package, NASIC is prepared to facilitate rollout of MSC AMR structures to additional counties.

Conclusions

MTaPS support for MSC has helped the Government of Kenya build sustainable structures and systems to steward AMR containment in the country at both the national and county levels and has raised awareness on AMR and commitment to addressing AMR across multiple sectors. Through the One Health strategy for MSC, relevant stakeholders are engaged in a holistic approach to containing AMR and improving health security at both the national level and the county level. Over the remainder of the project lifetime, MTaPS will support Kenya’s NASIC in implementing the NAP-AMR M&E framework, contribute to the finalization of the

next iteration of the NAP-AMR (2023–2028) and expand dissemination of information, experiences, and lessons learned on MSC on AMR to stakeholders through workshops and written materials. Moreover, MTaPS will support the dissemination of the CASIC orientation package to additional counties. In the longer term, domestic financial support will need to continue and increase for AMR structures so that Kenya can further consolidate its One Health approach and succeed in limiting the dangers of AMR. The establishment of a National Public Health Institute in the country, as recommended by the Africa CDC, may provide a home and sustainable funding for AMR containment moving forward.

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About USAID MTaPS:

The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2024) enables low- and middle-income countries to strengthen their pharmaceutical systems, which is pivotal to better health outcomes and higher-performing health systems. The program is implemented by a consortium of global and local partners, led by Management Sciences for Health (MSH), a global health nonprofit.