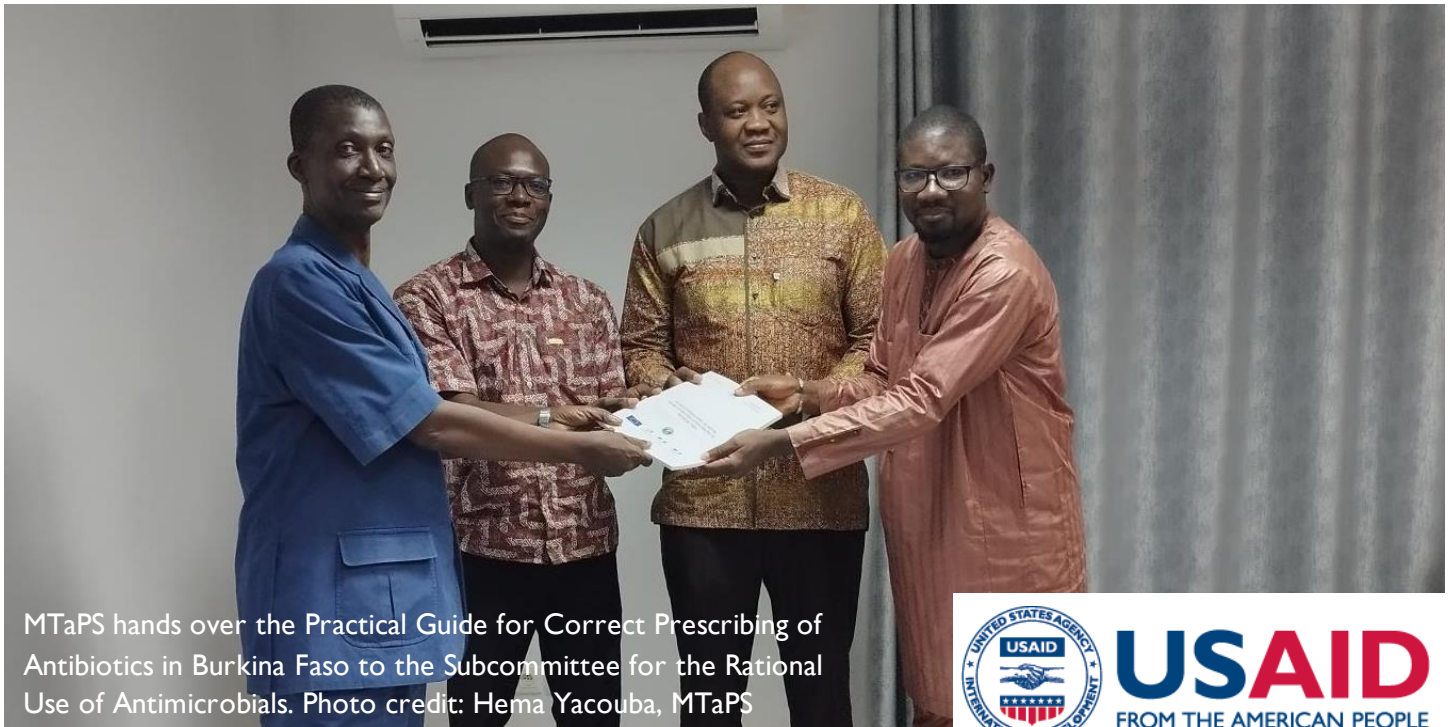


USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTAPS) PROGRAM

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MTaPS hands over the Practical Guide for Correct Prescribing of Antibiotics in Burkina Faso to the Subcommittee for the Rational Use of Antimicrobials. Photo credit: Hema Yacouba, MTAps



Building Multisectoral Coordination to Combat Antimicrobial Resistance in Burkina Faso

Technical Highlight | July 2023 | Burkina Faso

The One Health Platform as a Mechanism for Partner Collaboration

Background

In 2016, Burkina Faso became a signatory to the Global Health Security Agenda (GHSA), a global effort which brings together over 70 countries and nongovernmental partners to collectively achieve the vision of a world safe and secure from global health threats posed by infectious diseases.

As part of its commitment to the GHSA, the US Agency for International Development (USAID) provides support to help countries prevent and contain antimicrobial resistance (AMR)—one of the top 10 public health threats worldwide.¹ The USAID Medicines,

Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2025) is a key implementer in USAID's support for the GHSA vision. The GHSA emphasizes the importance of multisectoral collaboration in preventing and containing AMR. In Burkina Faso, MTAps is supporting AMR containment to slow the emergence of resistant bacteria and prevent the spread of resistant infections. To achieve this goal, MTAps supports Burkina Faso in strengthening multisectoral coordination (MSC) for AMR through a One Health approach.

¹ <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>.

Problem Statement

The Ebola virus disease epidemic that raged in West Africa between 2014 and 2016 led to more than 25,000 cases with more than 11,000 deaths. This epidemic demonstrated the fragility of the region's systems for surveillance, prevention, and control of health risks. The management of the Ebola outbreak revealed a need to reconsider the vision of human health and to better understand its interactions with the animal health and environmental health sectors. The COVID-19 pandemic further highlighted the need for intersectoral collaboration in responding to public health emergencies.

Burkina Faso, like many other countries, did not have the systems in place to manage such public health challenges. On a Joint External Evaluation (JEE) conducted in 2017 with the World Health Organization JEE, version 1 tool, Burkina Faso demonstrated “no capacity” (1 on a scale of 1 to 5) on all AMR-related indicators.² In response, the country established a GHSA road map which called for establishment of a National One Health Coordination Platform (PNOH) to guide various health security actions, including AMR containment, across the ministries of human health, animal health, and the environment.

When MTaPS began its work in Burkina Faso in September 2019, the country was still struggling with insufficient communication between AMR stakeholders and a lack of coordinated effort to build AMR capacity. The ministries of environment and agriculture were not fully engaged in addressing AMR.

Technical Approach

MTaPS' activities to strengthen MSC in the response to prevent and contain AMR have been guided by the WHO 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 and measure progress in key GHSA technical areas, including MSC for AMR. The JEE and WHO benchmarks categorize the country's capacities into 5 capacity levels, ranging from 1 (no capacity) to 5 (sustainable capacity).⁴ Aligned with the JEE tool and WHO benchmarks, MTaPS supports countries in building their capacity for MSC by strengthening governance of MSC-AMR bodies, facilitating national action plan (NAP) implementation by MSC-AMR bodies, and improving institutionalization and sustainability of MSC actions.

MTaPS has supported Burkina Faso in strengthening its response to prevent and contain AMR through MSC interventions, with a focus on strengthening the PNOH. The PNOH enjoys strong political commitment at the highest levels of the national government. In supporting the PNOH, MTaPS has fostered an inclusive approach, based on close collaboration with all AMR stakeholders, including the Ministry of Health (MOH), other ministries, and multilateral and bilateral organizations, to enable MSC and to mitigate factors that hinder MSC. In its AMR activities, the PNOH is guided by the global AMR action plan which has provided direction for Burkina Faso's National Action Plan for AMR (NAP-AMR).

Operating under the authority of the Prime Minister, the PNOH includes a National One Health Council, a technical secretariat, focal points from five involved ministries, seven technical thematic committees, and three deconcentrated committees, as illustrated in figure 1. To date, only the One Health technical secretariat and the focal points are operational. Establishment of the remaining PNOH bodies has been delayed by changes in the staffing structure of the MOH.

² The JEE version 1 (v.1) tool did not include specific indicators for MSC; AMR was gauged through indicators for infection prevention and control (IPC) and antimicrobial stewardship (AMS). Recognizing the importance of MSC for AMR containment, the World Health Organization added MSC indicators in its revised 2018 version of the tool (JEE v.2).

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.

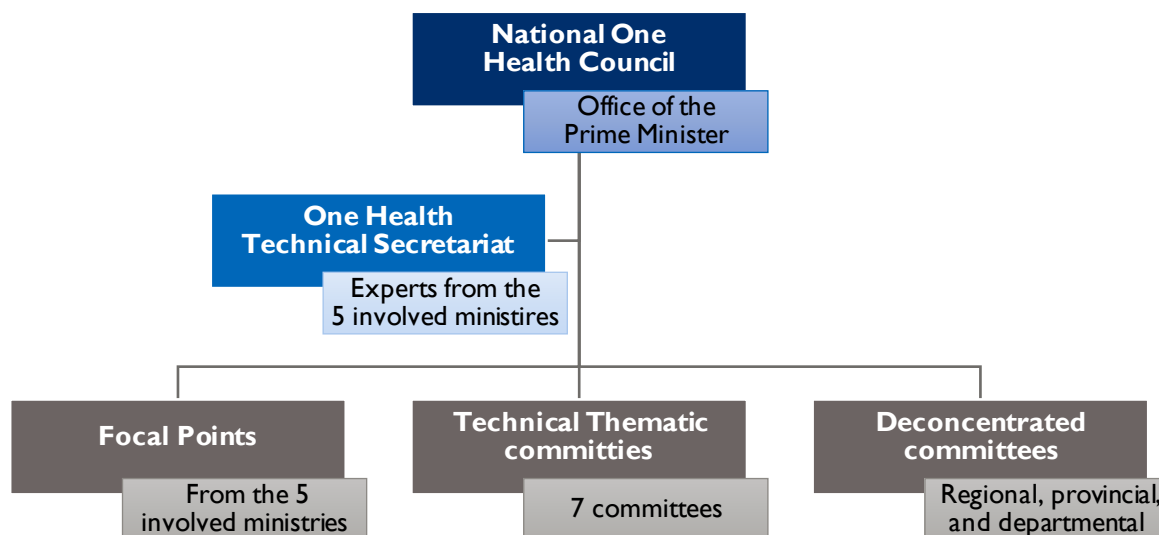


Figure 1. Structure of the PNOH

The five involved ministries include the MOH, the Ministry of Agriculture and Hydro-Agricultural Development, the Ministry of Animal and Fisheries Resources, the Ministry of the Environment, Green Economy and Climate Change, and the Ministry of Higher Education, Scientific Research, and Innovation. The seven technical thematic committees include an AMR committee and other committees, which touch upon topics relevant to AMR, including coordination, communication, and promotion of IHR; zoonoses; and national laboratory systems.

Stakeholder Engagement

In supporting the One Health approach to AMR containment in Burkina Faso, MTaPS collaborates with the World Bank, the Food and Agriculture Organization (FAO), the World Health Organization (WHO), the World Organization for Animal Health (WOAH), the United Nations Environment Programme (UNEP), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the European Union, and other bilateral cooperation agencies to leverage resources for provision of technical and financial support to strengthen MSC. Technical and financial support from these agencies supported Burkina Faso in making significant progress in One Health governance and implementation. Key country partners for One Health implementation include the Ministries of Human Health, Animal Health, and the Environment. Focal points from the Ministry of Agriculture and the Ministry of Scientific Research are also represented in the PNOH.

Intervention

MTaPS supported development of the multisectoral PNOH and its role in antimicrobial stewardship (AMS), as follows:

Establishment and strengthening of PNOH governance structures

- Drafted the interministerial orders to establish the Technical Secretariat of the One Health Platform (TS-OHP), the technical thematic committees (TTC), and their subcommittees. Collaboration with the five involved ministries during this process helped build bridges across these ministries, which fostered further MSC.
- Worked closely with the presidents and vice presidents appointed by the five ministries to head each TTC and are awaiting official appointment when the TTCs become functional. Held orientation meetings with them to build their understanding of the TTCs' role.

Collaboration with the PNOH to enhance AMS and address AMR

- Supported the review of the 2017–2021 NAP-AMR.
- Through stakeholder interviews and review of documents, assessed the status of AMS policies and regulations which had been planned for the human and animal health sectors under the 2017–2021 NAP-AMR; the results shaped the development of the new NAP-AMR.
- Supported quarterly meetings of the subcommittee on multisectoral rational use of antimicrobials committee (a sub-body of the AMR TTC). The regular meetings helped build bridges across

participating sectors and allowed for joint planning, implementation, and review of MSC AMR activities.

- Collaborated with partners in development of the draft NAP-AMR for 2021–2024. This draft plan stresses the One Health multisectoral approach.

Through implementation of these collaborative activities, MTaPS strengthened the capacity of the participating MSC stakeholders and fostered systems and communication for ongoing cooperation.

Lessons Learned

In supporting PNOH establishment and activities, MTaPS noted several lessons which can be used to strengthen future MSC in Burkina Faso and to inform similar activities in other countries:

- **Joint capacity building which engages representatives of multiple sectors provides a platform for collaboration and fosters progress in MSC and joint implementation of AMR activities.** For example, the process of reviewing the 2017–2021 AMR gave MSC stakeholders experience working together and helped them recognize the benefit of MSC.

- **Discussion and collaboration between governmental and nongovernmental partners are necessary to avoid duplication, anticipate operational problems, meet challenges, build cooperation, and optimize resources for improved outcomes.**

Collaboration between government MSC AMR partners and MTaPS, FAO, Country Health Information Systems and Data Use (CHISU), Jhpiego, and WHO ensured that the PNOH was able to benefit from the strengths of each of these technical assistance/donor organizations, helped ensure that technical assistance provided was not duplicative, and helped the PNOH bodies establish strong working relationships with each of these international partners.

- **Operational challenges can hinder MSC.** Despite the political will, MSC implementation was hindered by insufficient staffing of the technical secretariat, lack of operational budget for activity implementation, and insufficient IT resources. Staff turnover and changes in leadership of political institutions made operationalizing MSC a challenge.

Advocacy can help ensure that MSC for AMR is prioritized and resources are dedicated to allowing MSC committees to carry out their functions.

- **Disparities in the technical capacity, systems, and understanding of MSC among the involved sectors make collaboration challenging.** For example, although the human health sector has deployed an electronic health information system (DHIS2) which facilitates timely reporting and decision-making, the animal health sector's information system remains very weak. One step forward in this area is that the human health sector recently included the animal health sector in its laboratory framework for AMR surveillance to enable information sharing across the two sectors.

Pathway to Sustainability

Burkina Faso has mobilized a multisectoral team to build a functional One Health platform with a clear structure and backed by political will. FAO and WHO remain committed to providing continuing technical and financial support to the One Health Secretary. Moving forward on the pathway to sustainability will require signing of the interministerial order, which calls for establishment of the TTC and subcommittees, as well as for the regional, provincial, and departmental subcommittees to ensure ownership; however, signature of the order is being delayed by political and institutional changes taking place in relevant government structures. The formal establishment of the One Health platform bodies will pave the way for the remaining functions in the PNOH structure to be operationalized. To further increase sustainability, the new executive secretary has been charged by the MOH with conducting a situational review and analysis to strengthen the functionality of the One Health platform. Partners are in the process of developing a joint One Health action plan to formalize plans for joint efforts and establish synergies for better outcomes. Allocation of funds and human resources from each of the ministries involved will be needed to support plan implementation and enable all the sectors involved to play an equal role in MSC on AMR. Future decentralization from the national to the regional and peripheral levels will help facilitate domestically funded MSC actions for AMR countrywide.

Conclusions

MSC is an essential approach to solving many population health problems. It is the subject of global strategies and initiatives based on the evidence and lessons of past pandemics, epidemics, and other health disasters. Its implementation requires the commitment of decision makers at the highest level, as well as effective coordination of the sectors involved. In Burkina Faso, the authorities have recognized the importance of MSC and demonstrated their commitment to building a multisectoral framework that integrates human and animal health, agriculture, the environment, and research. However, to succeed, MSC will require a committed technical secretariat with all the necessary resources and sufficient technical support to translate political will into tangible results. With support from MTaPS and other partners, Burkina Faso has established extensive collaboration across sectors. MSC stakeholders have developed working relationships among themselves and built commitment to collaborate on AMR.

The PNOH is still in the development stage, it is well set up to succeed, bolstered by strong political will and ownership on the part of the relevant ministries, the increasing technical and professional capacity of the MSC stakeholders, and the linkages and support for the PNOH by the participating institutions. Despite the issuance of a government decree to establish the PNOH as a coordination mechanism, the draft decrees calling for creation of committees and subcommittees have still not been signed. The PNOH substructures, including the seven planned TTCs and the deconcentrated committees on the regional, provincial, and departmental levels remain to be established. Moving forward, the PNOH will require further support to strengthen the human resources capacity of participating organizations, operationalize the technical secretariat and other One Health bodies, and mobilize resources to support continued MSC activities on AMR. Once established as a fully functional structure, the PNOH will position Burkina Faso to remain more robustly prepared to address future pandemics and other health crises.

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About USAID MTA PS:

The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2025) 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.



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