

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

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Antimicrobial Stewardship Technical Working Group members at a coordination meeting at the National Public Health Laboratory. Photo credit: MTaPS



Strengthening Multisectoral Coordination to Contain Antimicrobial Resistance in Cameroon

Technical Highlight | August 2023 | Cameroon

Lessons Learned from Using the One Health Approach

Background

The World Health Organization (WHO) has declared antimicrobial resistance (AMR) one of the top 10 public health threats worldwide. In resource-limited countries like Cameroon, poor hygiene in health facilities and within communities, inappropriate use of antimicrobials, and limited diagnostic capabilities contribute to the development of AMR. Antimicrobial misuse in the animal health and agriculture sectors exacerbates the situation.

The US Agency for International Development (USAID) is working to address the threat of AMR through the Global Health Security Agenda (GHSA), an international effort that brings together more than 70 countries and nongovernmental partners to achieve the vision of a world safe and secure from global health threats posed

Multisectoral coordination (MSC) promotes a culture that values/fosters transparency, inclusiveness, open communication, and collaboration rather than competition; facilitates multisectoral inputs and perspectives to inform policy process; promotes joint planning and implementation; and helps leverage specific strengths and address gaps.

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

by infectious diseases. It emphasizes the importance of multisectoral coordination (MSC) in preventing and containing AMR. The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2025) is a key implementer in USAID’s support for the GHSA vision.

Problem Statement/Challenge

Recognizing the need to prevent and contain AMR, the Government of the Republic of Cameroon (GRC) launched a One Health platform led by the National Zoonoses Control Program in 2012. The platform coordinates projects related to human, animal, and environmental health, including AMR. Still, a September 2017 Joint External Evaluation (JEE), based on the JEE version 1.0 framework, found that although there is considerable commitment from the GRC to improve capacity for International Health Regulations (IHR),¹ much still needs to be done. On this assessment, Cameroon scored 1 on a scale of 1 to 5 for all AMR components.² To build comprehensive capacity for AMR containment, Cameroon would need to establish functional multisectoral AMR governance mechanisms and bodies.

Based on recommendations from the 2017 JEE assessment, Cameroon developed a multisectoral One Health National Action Plan against AMR (NAP-AMR) for 2018 to 2020.

In line with JEE recommendations, the country later proposed the establishment of an AMR governance structure comprising a multisectoral coordination committee (MCC) that included a technical secretariat (TS) and technical working groups (TWGs) to monitor and supervise the implementation of AMR activities. However, as of 2019 when MTaPS began its work in Cameroon, the governance structure cited above was not yet officially established and formalized. The Cameroon National Public Health Laboratory (NPHL) was acting as the AMR-TS and was the acting lead of AMR activities. Even though the NPHL was acting as the AMR-TS while the National Zoonoses Program was acting as the One Health platform, there was misunderstanding between these two bodies regarding leadership on AMR. This was among the

factors that hindered the implementation of AMR activities in Cameroon. As such, activities that were initiated took place largely on an ad hoc basis.

Technical Approach

MTaPS' activities to strengthen MSC on AMR in Cameroon have been guided by the WHO JEE 2.0 framework (2018) and the WHO Benchmarks for IHR Capacities (2019).³ These tools were designed to help countries identify and implement recommended actions and measure progress in key GHSA technical areas, including MSC on AMR. The JEE and WHO benchmarks categorize a country's capacity in each AMR component into five capacity levels 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 implementation and monitoring of NAPs, and improving institutionalization and sustainability of MSC actions.

MTaPS' support for strengthening MSC governance bodies for AMR containment in Cameroon focuses on four key areas:

- Strengthening leadership, governance functions, and technical capacity of MSC-AMR bodies
- Supporting multisectoral stakeholders and quadripartite One Health partners in the development of a new NAP-AMR
- Improving the functionality of national TWGs on infection prevention and control (IPC) and antimicrobial stewardship (AMS)
- Facilitating collaboration among AMR stakeholders across the human and animal health and environmental sectors

¹ 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.

² The JEE version 1 assessment tool examined infection prevention and control and antimicrobial stewardship but did not assess MSC, which was added to version 2 of the tool.

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



Workshop to finalize the draft NAP-AMR, Ebolowa, South region, Cameroon, March 2023. Photo Credit: MTaPS

Stakeholder Engagement

In strengthening MSC-AMR bodies, MTaPS collaborated with Cameroon's key Ministry of Health stakeholders, including the Department of Diseases, Epidemics, and Pandemics Control; Department of Health Promotion; Department of Pharmacy, Medicines, and Laboratories; NPHL; and teaching hospitals. MTaPS also engaged the Ministry of Livestock, Fisheries, and Animal Industries; Ministry of Rural Development; and Ministry of Environment and Nature Protection. To ensure exchange of information and avoid duplication of effort, MTaPS coordinated with the USAID Infectious Disease Detection and Surveillance (IDDS) project, WHO, and the United Nations Food and Agriculture Organization (FAO).

Intervention

Improving the functionality of national TWGs on IPC and AMS

In the absence of formalized MSC structures, MTaPS supported the establishment of the AMS and IPC TWGs by contextualizing and developing terms of reference. MTaPS convened stakeholders for coordination meetings to review the governance section of the 2018–2020 NAP-AMR to extract general requirements for TWGs. From there, stakeholders developed profiles for TWG members and a document on the composition of the multisectoral TWGs and TWG member roles and responsibilities. The TWGs were not officially designated (service note). However, since the TWGs are interministerial, each department designated its representative at every meeting. Most of the time, these were the same people involved in AMR activities. These unformalized TWGs started working

with MTaPS' support in early 2020. Before that, the TWGs were only meeting when there was an activity related to AMR, such as a workshop or training. Generally, the same pool of people and stakeholders involved in the development of the first NAP-AMR (2018–2020) were present in these meetings.

Beginning in 2020, MTaPS helped establish TWG meetings to strengthen MSC on AMR. On average, 20 participants attended each meeting, representing the ministries involved in human health, animal health, agriculture and rural development, and the environment. Other partners in attendance included WHO, FAO, IDDS, CICR, AFROHUN, and BREAKTHROUGH ACTION, who were also engaged through MTaPS and the technical departments they worked closely with to review progress and exchange information on their activities; discuss and coordinate plans; and build their capacity and that of the TS to plan, monitor, and assess AMR activities. These meetings also provided an opportunity to review the progress of partners' activities to help align new activities to the country's and global priorities and strategies and avoid duplication of effort. The meetings served as a forum for exchanging findings of studies and other technical information on IPC and AMS.

Facilitating collaboration among AMR stakeholders across the human and animal health and environmental sectors

MTaPS collaborated with national counterparts to conduct a series of targeted meetings/workshops to strengthen the involvement of multisectoral stakeholders in AMR actions and governance. These

meetings built the capacity of MSC-AMR bodies through a learning-by-doing approach and fostered ownership of AMR interventions. For example, MTaPS presented and explained the WHO Benchmarks for IHR Capacities tool to the multisectoral teams and showed them how to integrate the tool's recommendations when writing annual work plans to help the country progress toward higher capacity levels; as the teams developed their work plans, they internalized the benchmark actions.

Strengthening leadership, governance functions, and technical capacity of MSC-AMR bodies

In collaboration with the TS-MCC and the AMS and IPC TWGs, MTaPS supported a consultation workshop in 2022 to gather input on the proposed regulatory framework for the One Health platform. In the leadup to the two-day workshop, MTaPS facilitated stakeholder consultations to assess the existing framework and organized a preparatory meeting to present the draft text to the technical and financial partners. The consultation workshop included an opening presentation on the context and justification for the review, small group work to review and discuss amendments to the draft, small group presentations to the full group for discussion, and validation of the proposed amendments.

Following the workshop, MTaPS supported a coordination meeting with the TS-MCC and the One Health platform. Cameroon's NPHL was temporarily acting as the TS, but the MCC itself had not been formalized. This meeting aimed to lay the groundwork for the NPHL and One Health partners to collaborate and advocate for formal establishment of an MCC with IPC and AMS TWGs to help improve coordination and sustainability of AMR activities by formalizing MSC governance structures and processes. The coordination meeting included presentations followed by a question-and-answer session, group discussions, and working group sessions to review the NAP-AMR and brainstorm the formal establishment and structure of the MCC on AMR. The meeting also included a review of progress in implementing WHO AMR benchmark activities and resulted in a list of proposed next steps for formal MCC development.

Supporting stakeholders/multisectoral bodies in the development of a new NAP-AMR

To update the 2018–2020 NAP-AMR, MTaPS convened a meeting of the TWGs and other stakeholders. Participants represented ministries involved in human health, agriculture, rural development, and the environment.

The meeting resulted in the development of a methodological approach and roadmap, including next steps and a timeline for updating the NAP-AMR. In line with this roadmap, MTaPS helped organize a one-day meeting to review the report of the review of the NAP-AMR, which was conducted by USAID IDDS project consultants. The meeting yielded concrete feedback from the AMS and IPC TWGs and other stakeholders that would shape the development of the new NAP-AMR.

Results and Achievements

With MTaPS' support to strengthen MSC bodies for AMR containment, the AMR stakeholders strengthened relationships with one another and gained an understanding of what AMR activities are taking place in the country and who is implementing them. The IPC and AMS TWGs now have terms of reference and understand their roles and responsibilities. The regular TWG and TS meetings that MTaPS helped organize have created a mechanism for ongoing communication and information exchange on AMR. Additionally, Cameroon reviewed the 2018–2020 NAP-AMR and developed and finalized the next NAP-AMR, including an accompanying monitoring and evaluation framework.

Lessons Learned

Supporting MSC-AMR bodies in carrying out their roles through a learning-by-doing approach can strengthen their capacity, understanding, and ownership of AMR interventions. For example, the MSC-AMR bodies gained experience through the planning process of the next NAP-AMR and through guided integration of WHO benchmark actions into the work planning process of different ministries and departments.

Without a functional One Health structure, implementation of activities to prevent and contain AMR move slowly. The absence of an officially approved governance structure and adequate coordination among partners hampered smooth implementation of the NAP-AMR. For example, MTaPS supported the updating of the NAP-AMR in March 2023, and this AMR plan was supposed to be endorsed in April 2023. This did not happen because of a lack of agreement between the One Health platform and the



IPC and AMS TWG working session during a quarterly meeting, Yaounde, Center region, Cameroon, January 2020. Photo Credit: MTaPS

NPHL; both institutions claimed leadership role in coordinating AMR activities.

It is critical for MSC mechanisms to integrate interventions that span the human, animal, and environmental health sectors, in line with the One Health approach. This is especially important to allow for involvement of sectors outside of human health, which tend to be less involved in AMR activities. For example, IPC activities and celebration of AMR awareness days are initiated and led by the ministry of human health without involving other sectors.

During the NAP-AMR revision, it is important to ensure that planned IPC and AMS activities included in the NAP-AMR are aligned with WHO benchmarks. MTaPS used the WHO JEE 2019 Benchmarks tool to guide selection of priority activities to be included in the NAP. This helped to ensure that the country will undertake the target interventions required to improve its JEE capacity for AMR containment aligned with indicators for capacity development.

Conclusion

From 2019 to 2023, Cameroon made great strides in strengthening its MSC bodies on AMR. The IPC and AMS TWGs are now operational, meet regularly, and have demonstrated their growing

capabilities as they have stepped up to contribute to the development of the new NAP-AMR. MTaPS will continue to support multisectoral partners to evaluate AMR activities using its monitoring framework through the remainder of the project. Over the longer term, Cameroon will need to take steps to effectively officialize and institutionalize the MCC and its technical working groups and to expand MSC on AMR beyond the national level to catalyze MSC actions to contain AMR at the local/facility level with continued stewardship from the national level. Additionally, MSC bodies and the TWGs will need to engage a broader set of stakeholders, including professional associations, civil society organizations, and the private sector, to advance One Health. To achieve sustainability, MSC on AMR will require official texts designating clear leadership regarding AMR containment activities (within a formalized and coordinated One Health platform) in the country and establishing long-term domestic funding commitments.

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About USAID MTAps:

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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