THE NATIONAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE: MULTI SECTORAL PLATFORMS AND LESSONS LEARNT

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Combating Antimicrobial Resistance: A One Health Approach to a Global Threat
21st June 2017
Outline

• Background
• Process of Policy formulation
• Achievements
• Barriers
• Lessons learnt
Introduction

Population: 48 million

Mortality causes:
- 5 of 10 deaths are caused by infectious diseases
Background

- 2009-Multisectoral WG
- 2010-MOH and MALF Joint Task Force
- 2011-Situation Analysis on antibiotic use and resistance
Global Resolution to Combat AMR

- World Health Assembly May 2014
  - To develop a draft global action plan to combat AMR
  - To ensure that all countries ... have the capacity to combat AMR.
  - Takes into account existing action plans and all available evidence and best practice
  - To apply a multisectoral approach
- Submitted and endorsed at the 68th Health Assembly
Multi–Sectoral One Health Platforms

Multiple Consultative workshops, UNGA -2016 ← National Advisory Committee- 2015 ← Key Ministries Identified

National AMR Policy and NAP-2017
Process of Policy Formulation

Based on National priorities and International agreements and regulations;

• Constitution of Kenya 2010
• Sector policies
  – Health Policy
  – Veterinary Policy
  – Agricultural Policy
• International Agreements and Regulations
Multi-stakeholders workshop May 2016, Nakuru
Media engagement, June 2016
Achievements

• Active Multi-sectoral National Advisory Committee

• Developed a coherent Policy and National Action Plan from a One Health Approach

• Developed a National Surveillance Strategy
  – Enrolled into WHO GLASS

• Communication Strategy
Barriers

- Lack of awareness on AMR among Policy and implementation level
  - Inadequate data on economic cost of AMR
- Disproportional representation in National Antimicrobial Stewardship Advisory Committee
- Different approaches of the policy formulation process among agencies
Barriers

• Funding of the process
  • AMR coordination secretariat
• Coordination/focusing of partner support
  – Tripartite partners (OIE/FAO/WHO)
  – CDC/GHSA
Overcoming Barriers - Surveillance

No data, Poor Infrastructure
- Well established Laboratories (Research, Academia, Private Hospitals, NRL)
- Leverage on World Bank Supported Regional Labs - Enhance capacity to detect and report AMR

Capacity
- Onsite Mentorship
- ECHO Project - Online mentorship for Surveillance, IPC, Stewardship
- Epidemiologists from the FELTP (One Health-Workforce)

Poor reporting/Data Management
- Upgraded existing LIMS to include microbiology module
- Upgrade the database at the National Microbiology Reference Laboratory

Quality
- Established a National Calibration Centre
- Laboratories have enrolled into an Accreditation system to improve quality and some are ISO Certified
Lessons Learnt

• Multi-sectoral platforms work best from the inception of the process

• Identify and clearly define the AMR burden in the country

• Government leadership and political commitment is Critical

• Constant engagement with government and stakeholders
Geneva, Switzerland, May 26, 2017 – Health Cabinet Secretary, Dr. Cleopa Mailu met the WHO Director General Special representative, Dr. Hajima Inoue at the World Health Assembly in Geneva to discuss implementation of Kenya's Antimicrobial resistance Policy & Action Plan.

The CS noted that Kenya is committed to the global action plan on antimicrobial resistance and the resolution WHA68 and has completed the development of its National Policy and Action Plan on the Prevention and Containment of Antimicrobial Resistance from a One Health Approach through building consensus with multiple stakeholders.

“We are now geared towards the operationalization of the plan and we need to mobilize resources both domestic and external funding to support the implementation of the priority areas identified in the National Action Plan, which include research and development, increasing and sustaining awareness of and knowledge on antimicrobial resistance among the public and health professionals,” the CS said.
Lessons Learnt

• Involve implementers throughout the process
• Be realistic in planning
• Persistence, patience, relationships, building trust
Thank you

MOH
MALF
WHO
FAO
CDC
University of Maryland
CDDEP -GARP
IPNET, ReAct