Country and regional level advocacy and coalition-building against antimicrobial resistance

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Presenter Disclosure

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”
Learning objectives

• Explain the value of advocacy and stakeholder coalitions to help contain antimicrobial resistance (AMR)

• Describe the results of a USAID-supported advocacy and coalition-building initiative against AMR, using regional-, country-, and facility-level examples

USAID = U.S. Agency for International Development
Antimicrobial resistance (AMR)

One of the biggest public health threats and a major global health security risk

Consequences of AMR

- Prolonged morbidity
- Increased mortality
- Prolonged periods of infectiousness
- Increased direct costs (longer hospital stay, use of more expensive 2nd or 3rd line drugs)
- Indirect costs (prolonged absence from work, etc.)
- Psychological impact
- Financial hardships
- Impacts on health systems
Burden of deaths from AMR

700,000
Current estimated number of deaths from AMR each year

10 million
Estimated annual number of deaths from AMR by 2050 if not contained

Hoffman SJ et al. 2015. An international legal framework to address antimicrobial resistance. *Bull World Health Organ* 93:66 | doi: [http://dx.doi.org/10.2471/BLT.15.152710](http://dx.doi.org/10.2471/BLT.15.152710)

Cost impact of AMR

$100 trillion

Cumulative costs between now and 2050 that AMR will generate if it is not contained

http://blog.professionalsupplementcenter.com/the-rise-of-the-superbugs/

Inadequate AMR awareness and advocacy


- Only 34 of 133 countries participating in a WHO survey said they have national plans to fight AMR.

- Public awareness of AMR is low in all regions.

ICIUM 2004 recommendations on AMR; WHA58.27; Leung et al 2011; WHO AMR country situation analysis 2015
Why coalitions are important

To —

- Generate multi-sectoral advocacy
- Address AMR as a “common” problem
- Create synergy in actions
- Share expertise, experience, lessons learned, and resources
- Improve networking for surveillance of antimicrobial use and resistance
- Motivate each other, facilitate cross-communications, and transfer information
- Create a voice to sensitize donors and mobilize funding for AMR initiatives

This is what we will do when a drug doesn’t work

Reactive

This is what we will do to keep the drug working

Proactive
USAID-supported advocacy and coalition-building

The USAID-funded SIAPS Program and its predecessors have helped build capacity to generate coalitions to fight AMR at—

- **Regional level** in Africa through Ecumenical Pharmaceutical Network (EPN)
- **Country level** in Zambia, Ethiopia, and Namibia
- **Facility level** in Guatemala, Jordan, Namibia, South Africa, Swaziland

*The SIAPS-supported approach focuses on “catalyzing” coalitions and advocacy by local stakeholders to build realistic strategies to contain AMR*
Coalition-building guidebook to jump-start the process

• Key components
  • Identifying and engaging AMR-related stakeholders
  • Advocacy and coalition-building guidelines
  • Practical implementation examples from country- and regional-level initiatives
  • User-friendly implementation tools and templates

Regional advocacy and coalition-building: EPN example

- EPN developed and distributed AMR call-to-action document in five languages
- EPN constituents in more than 12 countries carried out hundreds of AMR-related advocacy, awareness, sensitizations, surveys, trainings, and containment actions
- EPN institutionalized AMR work by prioritizing it in their 2016-2020 Strategic Plan
### Country-level advocacy and coalition building

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<th>Country</th>
<th>Actions</th>
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| Zambia  | • Mobilized key stakeholders against AMR through call-to-action meeting  
• Revised national standard treatment guidelines (STGs)  
• Improved medicine quality assurance system  
• Used TV programs on AMR to educate the public  
• Incorporated AMR and RMU topics into UNZA medical curriculum |
| Ethiopia | • Mobilized key stakeholders against AMR through call-to-action meeting  
• Conducted national baseline study on AMR and developed action plan  
• Revised Medicines Formulary (2013) and STGs (2014)  
• Trained journalists, resulting in 218 media spots on AMR and RMU in 3 years  
• Revised National Strategy for Prevention and Containment of AMR (2015-2020) |
| Namibia  | • Mobilized key stakeholders against AMR through call-to-action meeting  
• Collaborated with Namibians Against Antimicrobial Resistance and Pharmaceutical Society of Namibia  
• Helped University of Namibia School of Pharmacy integrate AMR and RMU topics into pre-service pharmacy curriculum  
• Helped implement HIV drug resistance early warning indicators |
Facility-level coalition and collaboration

Multi-stakeholder team work at hospitals in—

- **Jordan** led to improved antibiotic prophylaxis practices and cost-savings in cesarean section (through medicine use evaluation and continuous quality improvement initiatives)

- **Guatemala, Namibia, South Africa, and Swaziland** led to improved hand hygiene practices (through infection control self-assessments and continuous quality improvement initiatives)

Sources: Gammouh and Joshi 2013
(http://apps.who.int/medicinedocs/documents/s21698en/s21698en.pdf)
Goredema et al. 2011
(http://www.inrud.org/ICIUM/ConferenceMaterials/1116-goredema_a.pdf)
Lessons learned (1)

- Focus on realistic strategies and actions that capitalize on existing initiatives and resources.
- Mobilize multi-sector stakeholders to achieve “concerted” actions.
- Identify a local champion group to lead the in-country or regional process and catalyze actions.
- Take immediate steps to initiate advocacy as soon as key players and issues are identified.
- Ensure advocacy serves as a means to further packages of actions rather than being an end in itself.
Lessons learned (2)

- Frame AMR-related activities as a “value-add” to existing programs, NOT as a competing vertical program
- Emphasize continuous nature of the AMR containment process
- Pay attention to overall health systems strengthening
- Develop the media as an ally for large-scale awareness and advocacy
- Diversify funding and harness internal resources to support sustainability
Conclusion

• Advocacy and coalitions against AMR are critical contributors to global objectives—
  • [WHO Global Action Plan on AMR (2015)]
  • [US National Action Plan for Combating Antibiotic-resistant Bacteria (2015)] (Goal 5: Improve international collaboration and capacities)
  • [Global Health Security Agenda]
  • [Goal 3 of the Sustainable Development Goals]

• SIAPS’s experiences show that with initial jump-starting support, in-country stakeholders can create sustainable coalitions and advocacy to fight the common threat of AMR

World Antibiotic Awareness Week
Nov 16–22, 2015