

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

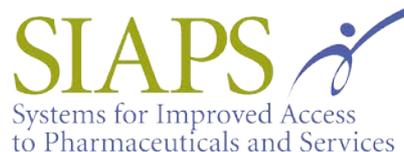
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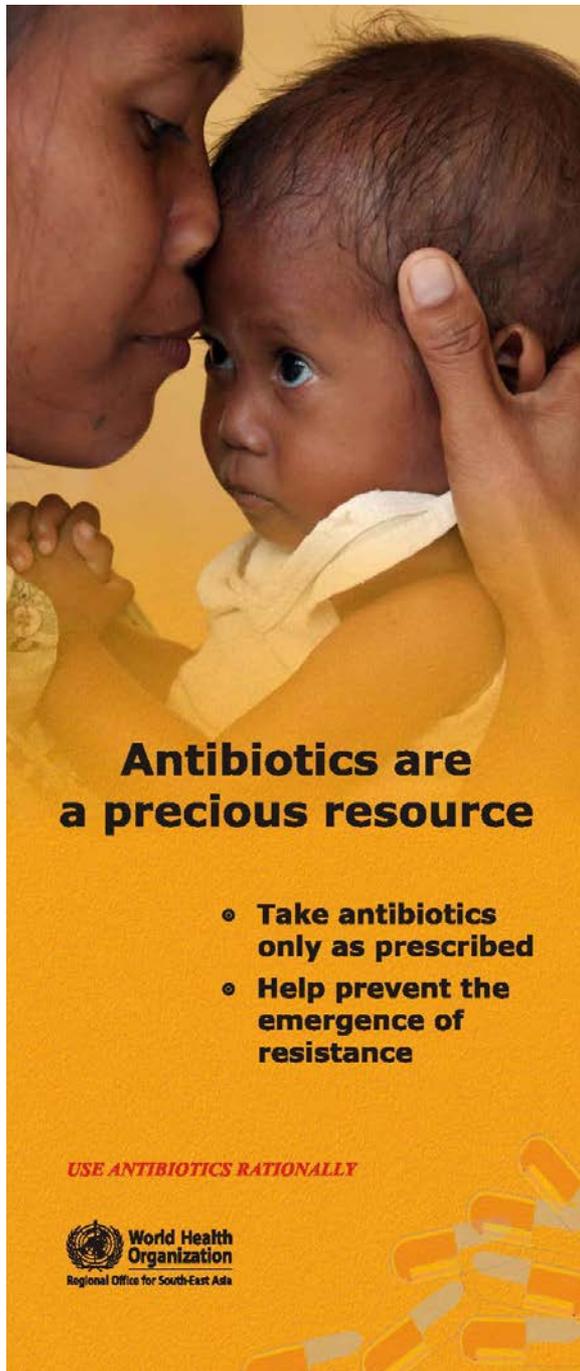


# Presenter Disclosure

**Mohan P. Joshi**

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

**“No relationships to disclose”**



## Antibiotics are a precious resource

- Take antibiotics only as prescribed
- Help prevent the emergence of resistance

USE ANTIBIOTICS RATIONALLY

 World Health  
Organization  
Regional Office for South-East Asia

# 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



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# 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 2<sup>nd</sup> or 3<sup>rd</sup> line drugs)
- Indirect costs (prolonged absence from work, etc.)
- Psychological impact
- Financial hardships
- Impacts on health systems



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# 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**



# 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

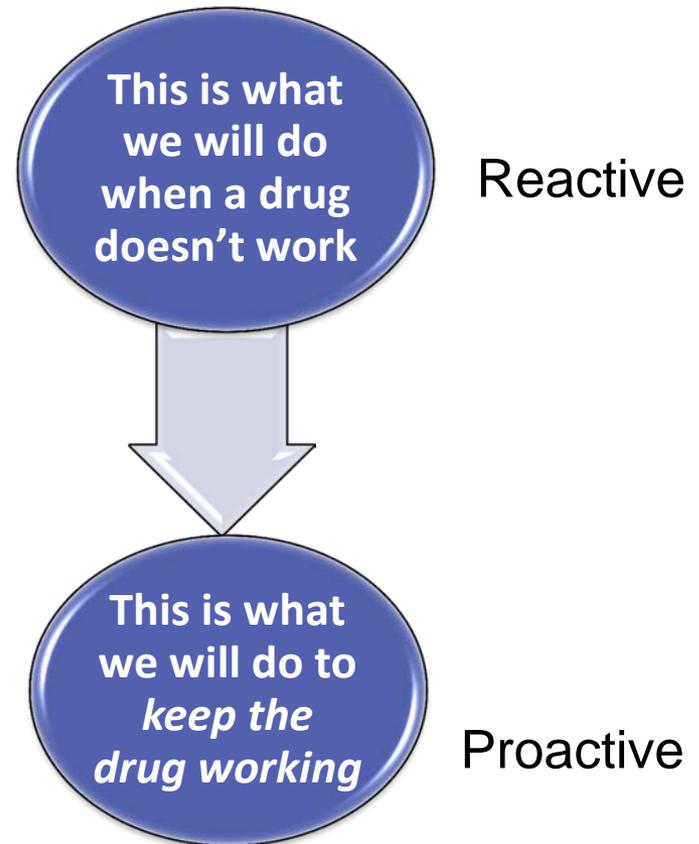
- WHO has provided Global Strategy (2001) and Global Action Plan (2015) on AMR, but country-level actions are limited, especially in low- and middle-income countries
- Only 34 of 133 countries participating in a WHO survey said they have national plans to fight AMR
- Public awareness of AMR is low in all regions



# Why coalitions are important

To —

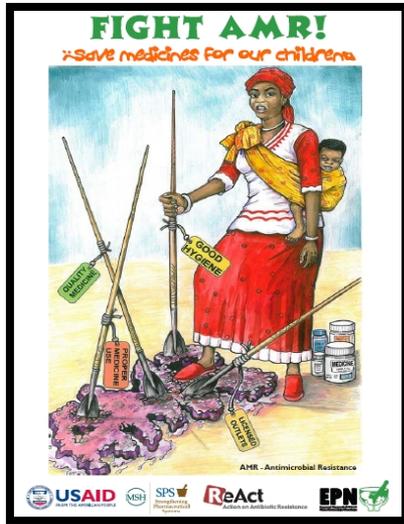
- Generate multi-sectoral advocacy
- Address AMR as a “common” problem
- Create synergy in actions
- Share expertise, experience, lessons learned, and resources
- Improve networking for surveillance of antimicrobial use and resistance
- Motivate each other, facilitate cross-communications, and transfer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



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# USAID-supported advocacy and coalition-building



*The SIAPS-supported approach focuses on “catalyzing” coalitions and advocacy by local stakeholders to build realistic strategies to contain AMR*

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



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# 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

<b>Zambia</b>	<ul style="list-style-type: none"> <li>• Mobilized key stakeholders against AMR through call-to-action meeting</li> <li>• Revised national standard treatment guidelines (STGs)</li> <li>• Improved medicine quality assurance system</li> <li>• Used TV programs on AMR to educate the public</li> <li>• Incorporated AMR and RMU topics into UNZA medical curriculum</li> </ul>
<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>• Mobilized key stakeholders against AMR through call-to-action meeting</li> <li>• Conducted national baseline study on AMR and developed action plan</li> <li>• Revised Medicines Formulary (2013) and STGs (2014)</li> <li>• Trained journalists, resulting in 218 media spots on AMR and RMU in 3 years</li> <li>• Revised National Strategy for Prevention and Containment of AMR (2015-2020)</li> </ul>
<b>Namibia</b>	<ul style="list-style-type: none"> <li>• Mobilized key stakeholders against AMR through call-to-action meeting</li> <li>• Collaborated with Namibians Against Antimicrobial Resistance and Pharmaceutical Society of Namibia</li> <li>• Helped University of Namibia School of Pharmacy integrate AMR and RMU topics into pre-service pharmacy curriculum</li> <li>• Helped implement HIV drug resistance early warning indicators</li> </ul>

# Facility-level coalition and collaboration



Source of illustration: Getting people thinking. Written by Sheila Melot, illustrations by Rod Mill, and published by Tearfund (undated).

## 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>)

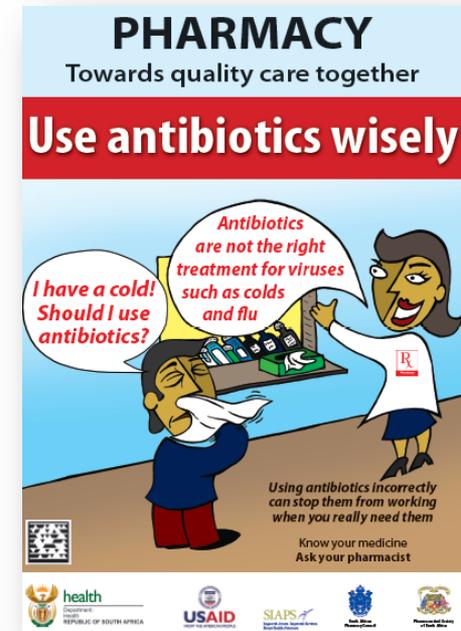


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# Lessons learned (1)

- 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



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# 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



Journalists in Ethiopia join hands in solidarity to support AMR advocacy and containment, June 2012



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# 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



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