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How to Build Local Coalitions for Containing Drug Resistance: Country-Level and Regional Experiences

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Hands-on session presented at the “1st Global Forum on Bacterial Infections: Balancing Treatment Access and Antibiotic Resistance” – Organized by CDDEP and PHFI, 3–5 October 2011, India Habitat Centre, New Delhi, India

For better health worldwide

Outline of the Presentation

- Provide an overview of AMR advocacy and coalition-building initiatives and approach facilitated by MSH/SPS
- Discuss the steps in building country- and regional-level advocacy around AMR
- Provide a practical demonstration of the forms, templates and tools used in these initiatives
- Discuss and demonstrate examples of the accomplishments made by EPN member organizations
- Discuss the key lessons learned from these initiatives

AMR = antimicrobial resistance

EPN = Ecumenical Pharmaceutical Network

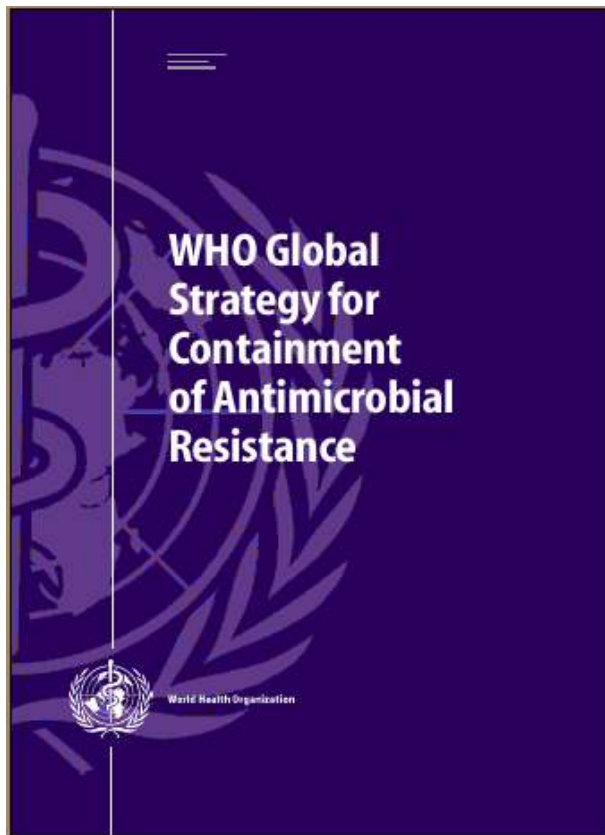
MSH = Management Sciences for Health

SPS = Strengthening Pharmaceutical Systems

USAID = U.S. Agency for International Development



From the Global Strategy to Country-Level Strategies



- WHO Global Strategy published in 2001
- Success of the Global Strategy lies in implementation in the “field” at the country and regional levels
- The 58th World Health Assembly noted that the implementation of the Strategy has so far been limited*

* WHA58.27



MSH/SPS activities



- USAID-supported SPS and its predecessor, RPM Plus, have helped implementation by developing tools and approaches
- SPS has carried out capacity-building activities at both country and regional levels
 - *Country-level:* Zambia, Ethiopia, Rwanda
 - *Regional-level:* EPN, RPF

USAID = The U.S. Agency for International Development,
RPM Plus = Rational Pharmaceutical Management Plus Program of MSH
RPF = Regional Pharmaceutical Forum [under the East, Central and Southern Africa (ECSA) Health Community]



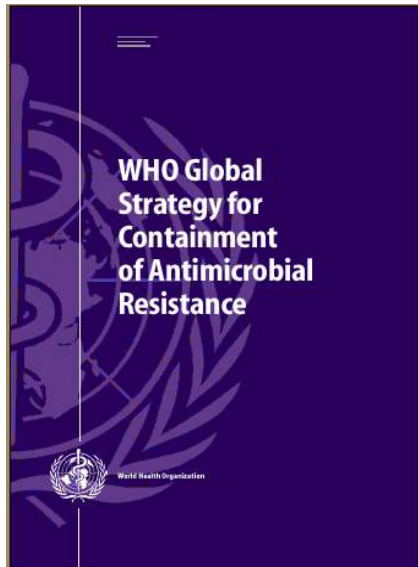
Joining Hands for AMR Advocacy

Coalition and collaboration are important to—

- Address AMR as a common problem
- Bring synergy in advocacy and actions
- Share expertise, experience, lessons learned, best practices, and resources
- Disseminate available data and improve networking of existing surveillance
- Motivate each other, facilitate cross-communications, and transfer information
- Create voice to sensitize donors and mobilize funding for AMR initiatives



A Country-level Approach for AMR Advocacy and Containment

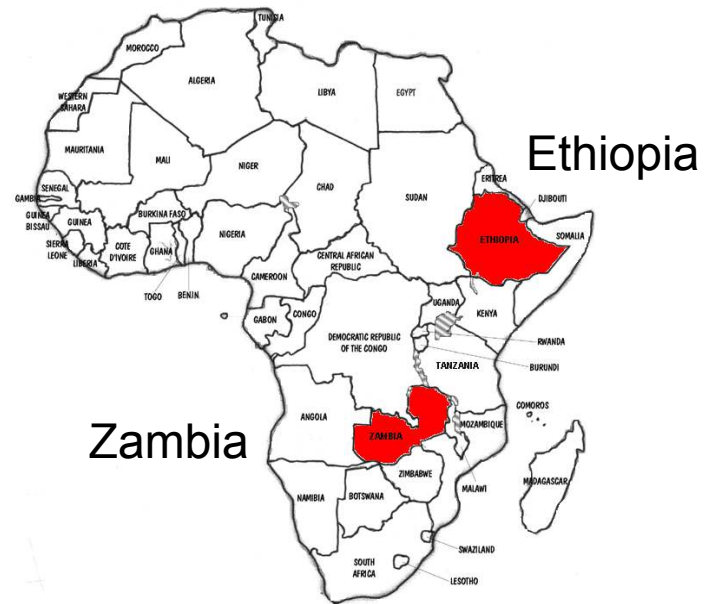


WHO 2001*

From Global Strategy




to Country Implementation



The approach focuses on—
Catalyzing a response by local stakeholders to build and coordinate realistic strategies to contain AMR

*WHO. 2001. *WHO Global Strategy for Containment of Antimicrobial Resistance*. WHO/CDS/CSR/DRS/2001.2a. Geneva: WHO.

Using Existing Regional Organizations to Expand the Approach

- Nongovernmental mission sector organization—the Ecumenical Pharmaceutical Network (EPN) 
- Both are large multi-country networks focusing on pharmaceuticals
- Both embraced the role of advancing AMR advocacy and containment among their various constituencies as value-added to their goals of promoting rational medicine use

- Government-affiliated organization—the East, Central, and Southern Africa (ECSA) Health Community's Regional Pharmaceutical Forum (RPF)



Using Coalition-Building Guidebook to Jump-Start the Process



- SPS has developed a guidebook to help jump-start the AMR advocacy process – *Building Local Coalitions for Containing Drug Resistance*
- Key guidebook components—
 - Identifying and engaging AMR stakeholders
 - Advocacy and coalition-building guidelines
 - Practical implementation examples from country- and regional-level initiatives
 - Practical implementation tools and templates

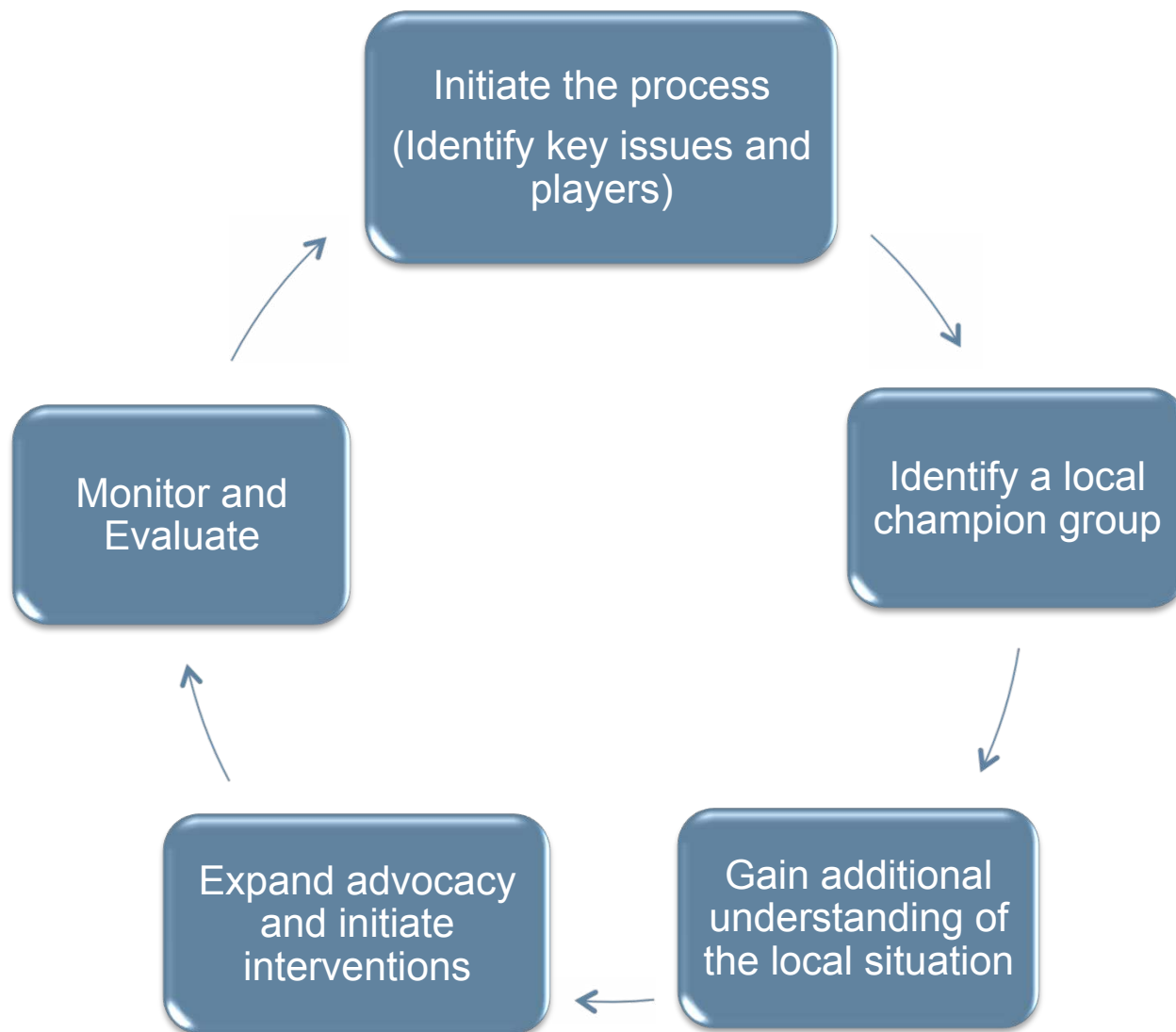
Who Should Use This Guide?

- Anyone concerned about drug resistance can use this guide, such as—
 - Medical, pharmacy, nursing, public health, laboratory professionals or other health care workers
 - Non-governmental organizations (NGOs)
 - Disease control programs
 - Academic institutions
 - Service facilities (for example, hospitals and clinics)
 - Ministries of Health (MoHs)
 - Consumer advocacy groups

Two Pillars of AMR Containment: Coalition and interventions

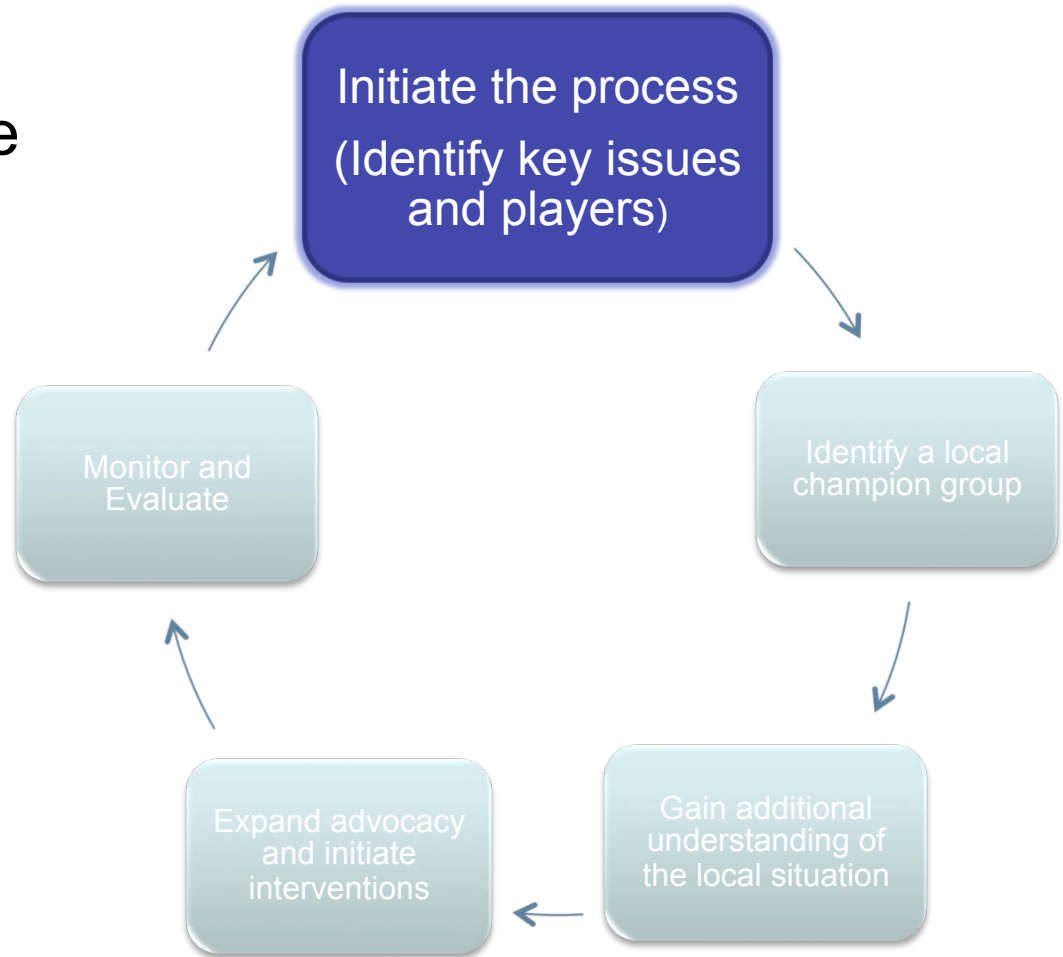
- Advocacy and specific interventions are 2 pillars of AMR containment
- Coalition-building is the initial foundation of the approach
- The process can jump-start at any level:
 - Country-level examples: Zambia, Ethiopia
 - Regional-level Examples: EPN, RPF
- Initial efforts will focus on strengthening the coalition
- Overtime, packages of feasible AMR containment interventions will be implemented

Elements of the Country-level Approach



Initiate the Process: Identify key issues and players

- Quickly gather available information regarding key AMR-related issues and local players
- Bring the stakeholders to a common table and facilitate initial discussion



Identify a Local Champion Group

- Ensure that the group is multidisciplinary and multisectoral
- Develop a “new” group or “expand” role of an existing group
 - Zambia – new; Voluntary
 - Ethiopia – new; Institutionalized
 - EPN and RPF – existing network
- Empower the champion group to lead the process and catalyze actions

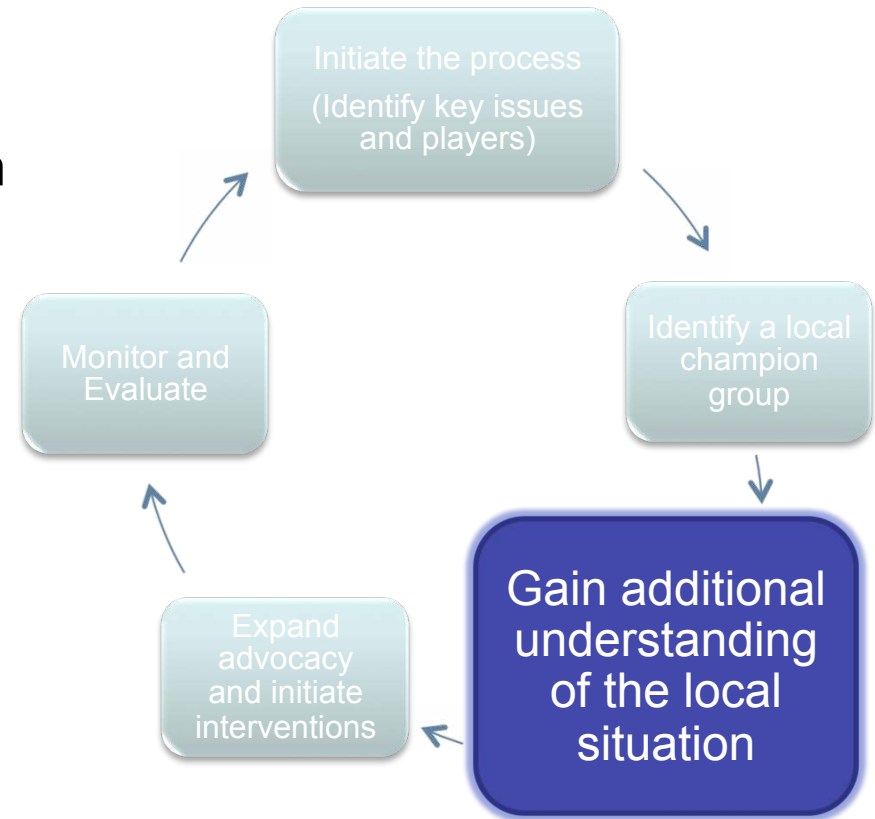


Initiate the Process and Identify a Local Champion Group: *Relevant Tools in the Guidebook*

- Forms:
 - *Form 1.* Stakeholder Identification Worksheet
 - *Form 2.* Stakeholder Contact List
 - *Form 3.* Stakeholder Interview Guide
 - *Form 4.* Sample Invitation for Kickoff Meeting
 - *Form 5.* Sample Agenda for Kickoff Meeting
- Presentation:
 - *Annex C.* Global AMR Situation PowerPoint Slides
- Country Examples:
 - *Country Example 1.* Stakeholder Identification Worksheet: Rwanda
 - *Country Example 6.* Key Stakeholder Characteristics Related to AMR: Zambia
 - *Country Example 3.* Sample Agenda for Kickoff Meeting: Ethiopia

Gain Additional Understanding of the Local Situation

- Local information is critical for
 - understanding the AMR problem
 - informing advocacy and communication strategies
 - identifying solutions
 - capitalizing on opportunities
- Gather further information (rapid appraisal) to gain additional understanding



Gain Additional Understanding of the Local Situation (2)

- The guidebook describes methods and tools to compile, analyze, and present local AMR situation
- Provides guidance on exploring and documenting information on—
 - Pharmaceutical management information
 - Medicine use behaviors
 - Surveillance capacity
 - Stakeholder analysis
 - Media presence and communication channels

Gain Additional Understanding of the Local Situation: *Relevant Tools in the Guidebook*

■ Forms:

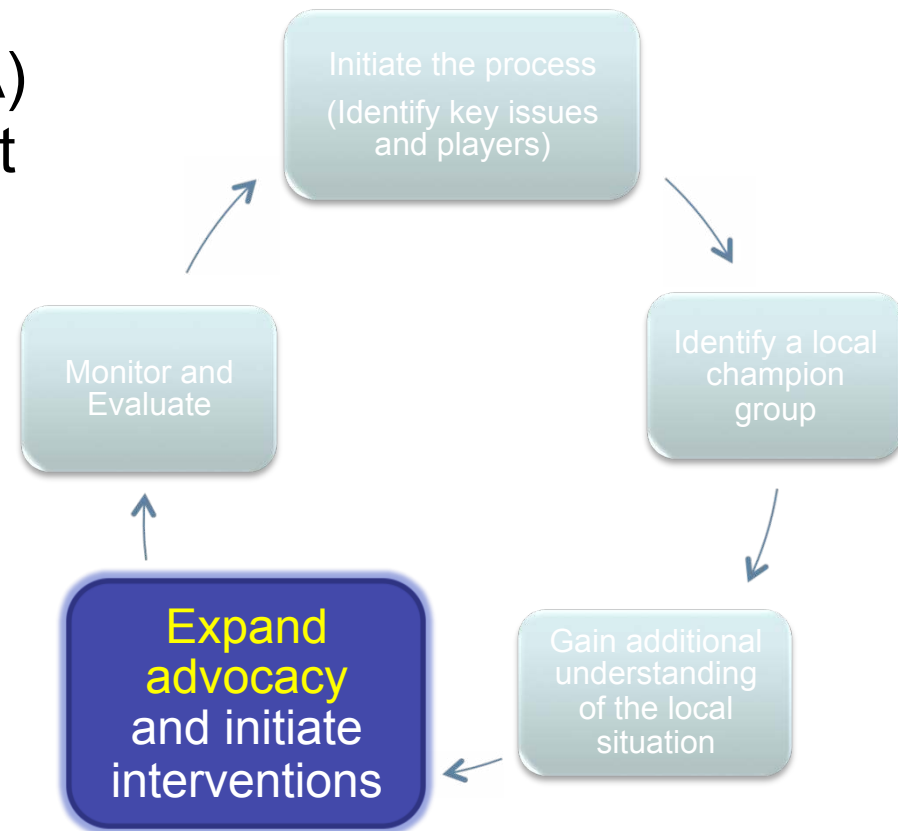
- *Form 8.* Questions for Document Review and Interviews to guide collecting information on pharmaceutical management issues that relate to AMR
- *Form 9.* Document Review Guide for Drug Use Behaviors and Underlying Causes
- *Form 10.* Antimicrobial Resistance Levels and Trends
- *Form 11.* Interview Guide on AMR Surveillance
- *Form 12.* Interview Guide for Reference Laboratories
- *Form 13.* Interview Guide for Microbiology Laboratories
- *Form 15.* Interview Guide for Media Contacts

■ Country Examples:

- *Annex G.* Findings from the Pharmaceutical Management Assessment in Zambia, 2004
- *Annex I.* Summary of AMR surveillance and capacity assessment in Zambia, 2004
- *Annex J.* Summary of interviews to identify stakeholder perceptions of AMR, Zambia 2004
- *Annex L.* Extracts of interviews with 10 media members in Zambia
- *Country Example 4.* Methods and Results of a Baseline Assessment of AMR in Ethiopia

Expand Advocacy: *Call-to-Action Document*

- Develop a call-to-action (CTA) or similar advocacy document
- Disseminate during the coalition-building process
- Zambia and Ethiopia developed and used country-level, and EPN and RPF regional-level CTA documents



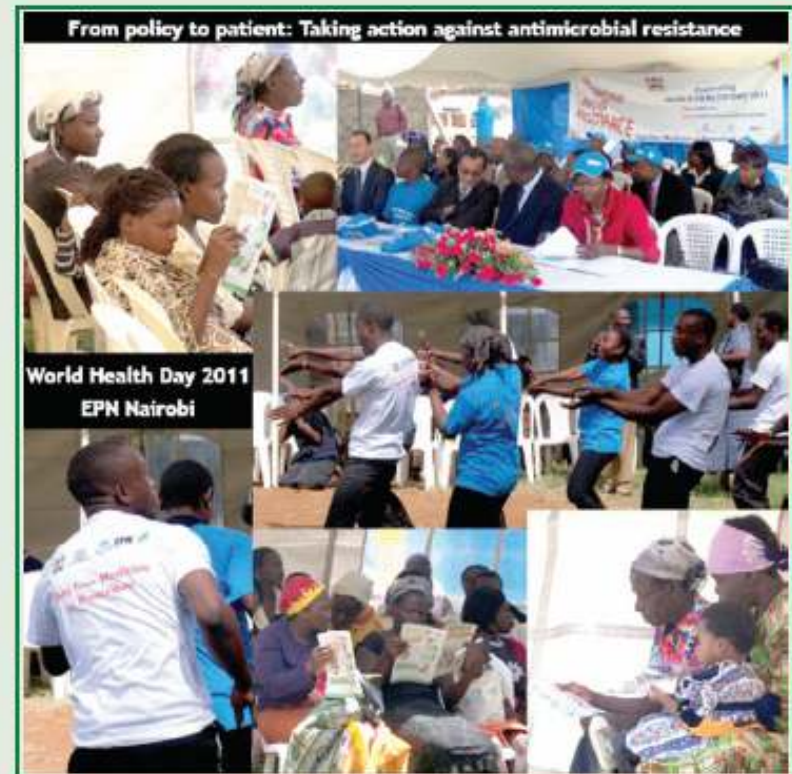
Call-to-Action Document: *Relevant Tools in the Guidebook*

- *Annex D. AMR Call-to-Action Documents*
 - EPN, RPF (Regional)
 - Ethiopia, Zambia (Country-level)

ANTIMICROBIAL RESISTANCE

Save medicines for our children

Call for Action



Just and compassionate quality pharmaceutical services for all



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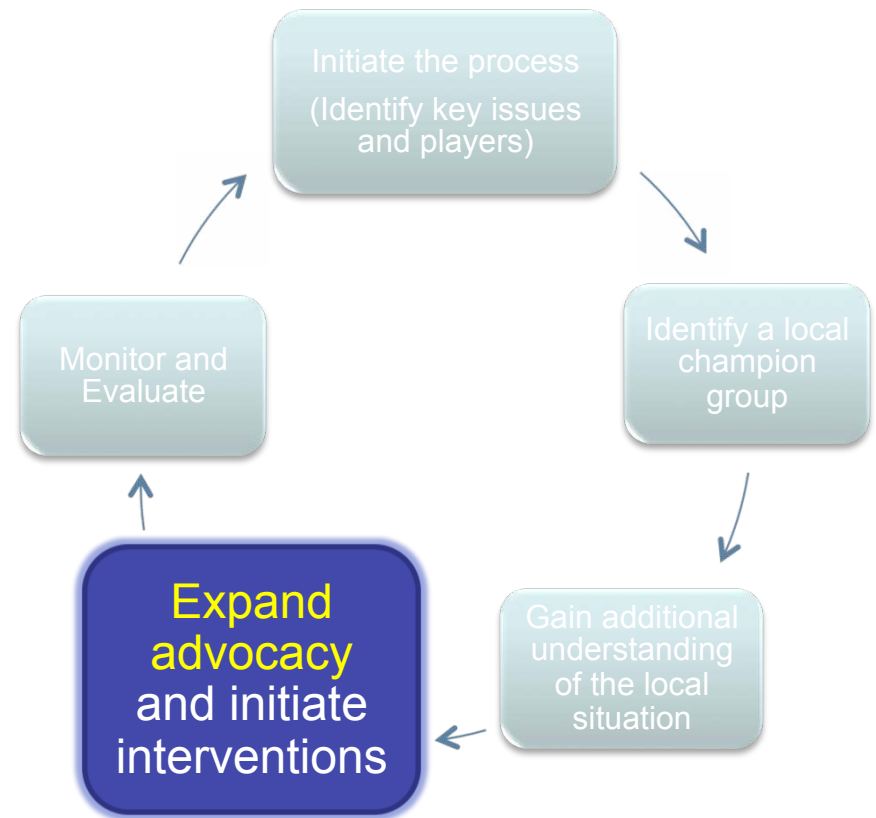


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Expand Advocacy: *Call-to-Action Meeting*

- Organize a call-to-action meeting
- This is an opportunity to:
 - get all stakeholders on board
 - get commitment to action against AMR
 - Raise visibility of the initiative



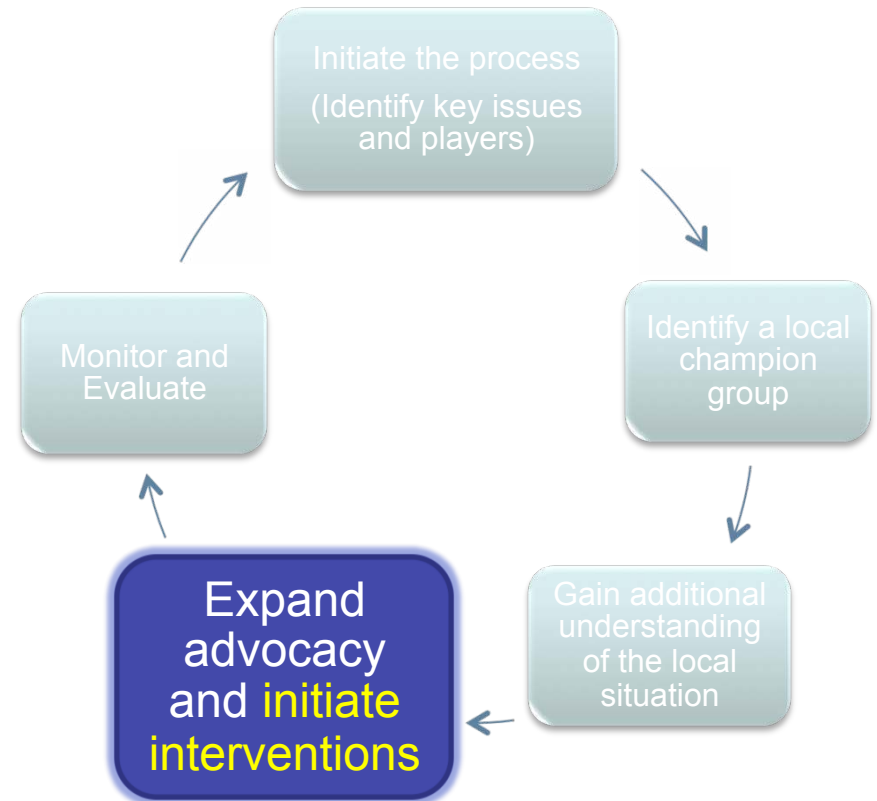
Call-to-Action Meeting: *Relevant Tools in the Guidebook*

- *Country Example 9.* Stakeholders' Opinions on AMR-Related Issues in Rwanda
- *Country Example 10.* AMR Call-to-Action Meetings in Zambia, Ethiopia, and Rwanda
- *Annex M.* November 20, 2004, article in Times of Zambia after an AMR CTA meeting in Lusaka



Initiate Interventions

- Catalyze and facilitate interventions identified as relevant and feasible as a result of the rapid appraisal and CTA meeting
- Consider how AMR interventions can be integrated into existing public health programs and other ongoing activities

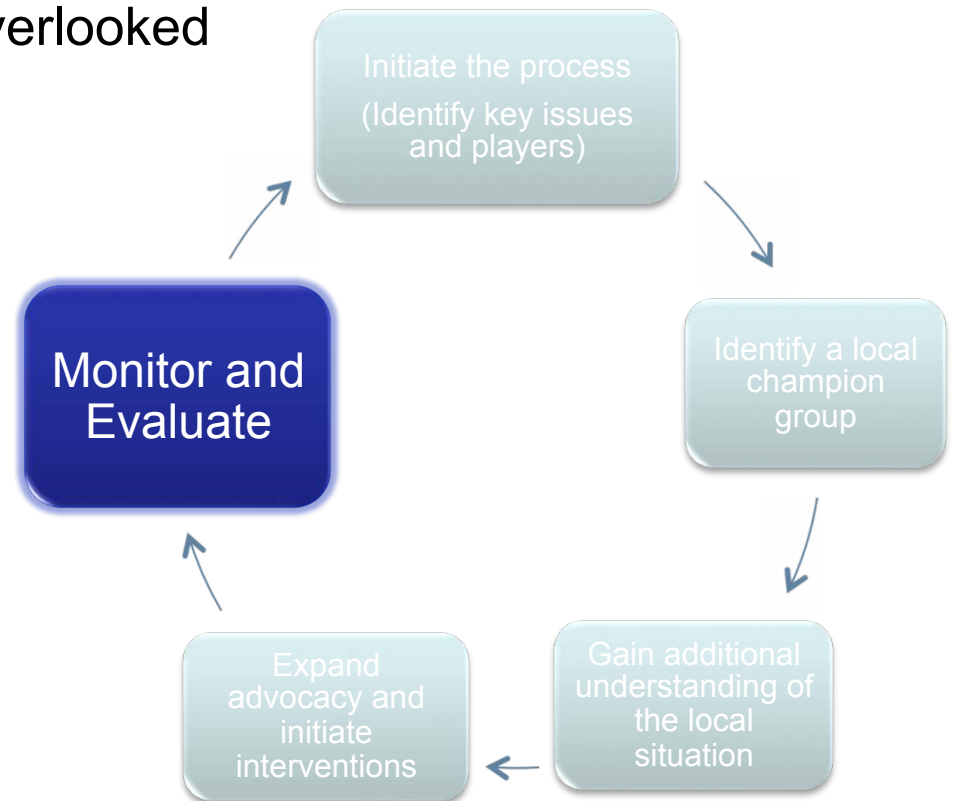


Initiate Interventions: *Relevant Tools in the Guidebook*

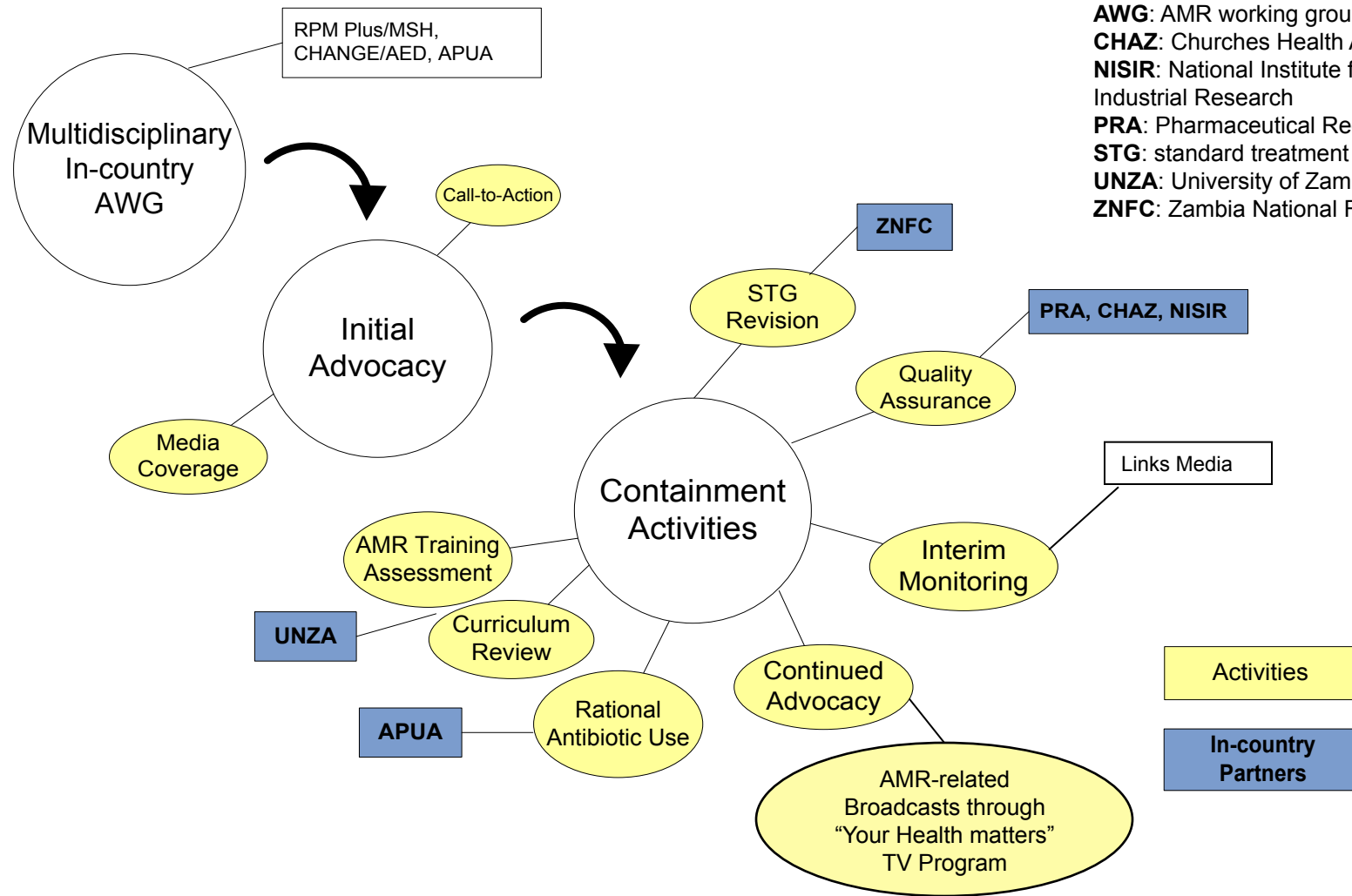
- Forms:
 - *Form 16.* AMR Intervention Prioritization Worksheet
 - *Form 19.* Implementation Plan Template
- Country Examples:
 - Country Example 7. Action Plan: Christian Health Association of Nigeria Medi-Pharm
 - Country Example 8. Examples of Personal Action Commitments
 - Annex N. Summary of EPN and member group AMR activities, 2008–2011

Monitor Progress

- Implementation monitoring is an integral part of any program, but often overlooked
- Looks at inputs, processes, and outputs associated with specific implementation activities
- Incorporating suitably selected indicators helps track progress
- *Tool in the Guidebook*
 - Country Example 14: Hospital Monitoring Plan for Infection Control Activities in Togo



Implementation Progress in Zambia – A Country-level Example



APUA: Alliance for the Prudent Use of Antibiotics
AWG: AMR working group
CHAZ: Churches Health Association of Zambia
NISIR: National Institute for Scientific and Industrial Research
PRA: Pharmaceutical Regulatory Authority
STG: standard treatment guideline
UNZA: University of Zambia
ZNFC: Zambia National Formulary Committee

Activities
 In-country Partners



Implementation Progress by EPN – A Regional-level Example

- Ecumenical Pharmaceutical Network (EPN) is
 - a **Christian**,
 - not for profit,
 - independent organization
 - committed to the provision of quality pharmaceutical services
 - as a means to achieving global goals and targets on **health and access to medicines**
- It is a worldwide network of
 - associations,
 - institutions
 - and individuals
 - who have an interest in or are involved in the delivery of **just and compassionate quality pharmaceutical services**

Milestones: EPN Action on AMR

- 2007: At a meeting in Lagos EPN members agreed that antibiotic resistance was a problem that needed attention
- 2008: 30 health professionals from 16 countries met in Moshi, Tanzania and developed a call to action on AMR
- 2009: At the WHA in May, EPN and its partners formally launched the campaign

FIGHT AMR!
Save medicines for our children





FIGHT AMR!

Save medicines for our children

Antimicrobial Resistance Campaign Launched at WHA Geneva May 2017

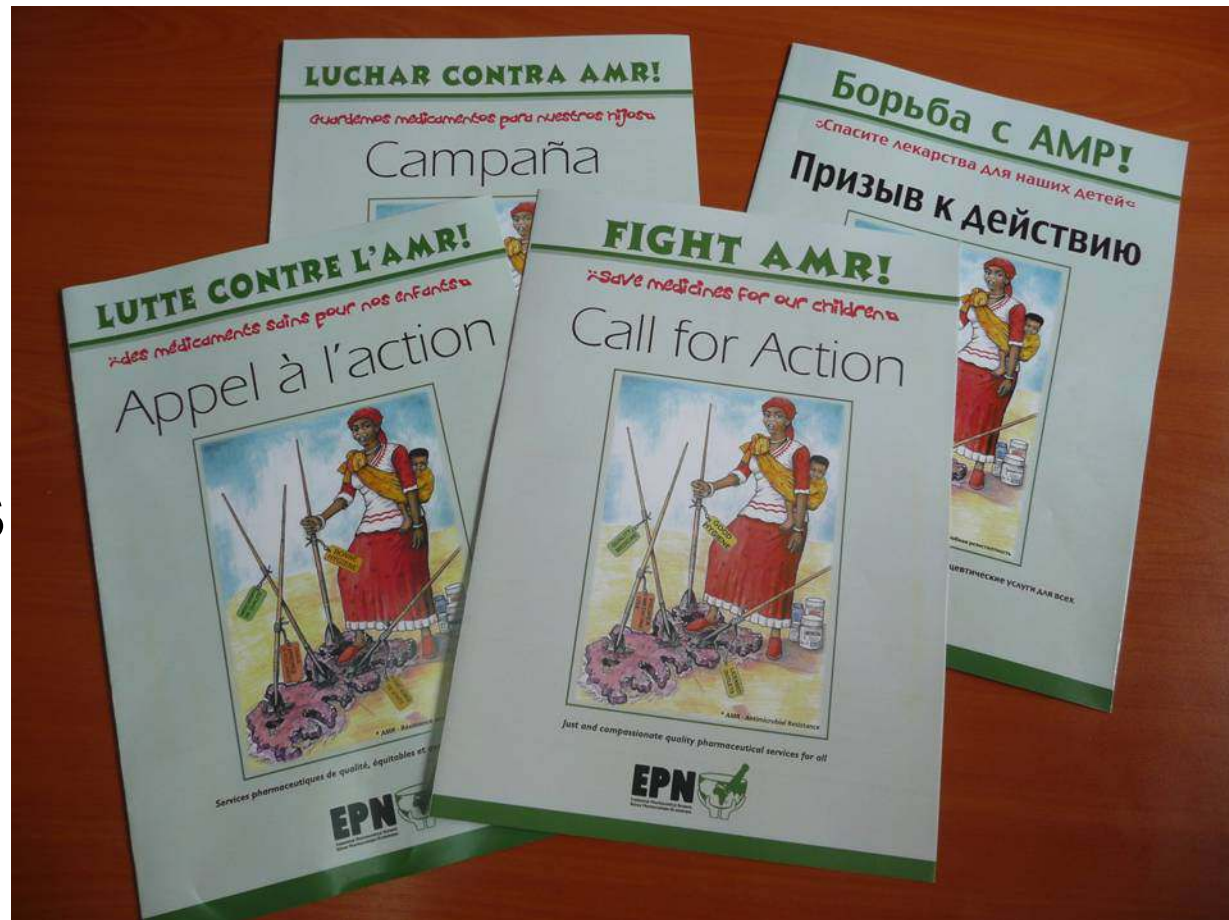
Milestones: EPN Action on AMR

- 2009: Francophone workshop on AMR and infection control held in Kigali, Rwanda attended by 30 professionals from 7 countries
- 2008–2010: Advocacy and containment actions by members in different countries
- 2010: A chance to take stock of the activities taking place within the Network at a meeting in Nairobi

Call for Action

The call was intended to provide a tool that

all EPN members could use to take action to address the problem



Call for Action: Multilevel Approach

- Political Leaders
- Ministries of Health
- Health Professional Associations
- Health Care Institutions
- Health training institutions
- Health Care providers
- Patients
- Public
- Media

Formal Launches of member AMR campaigns: Uganda, India, Nigeria



Coalition-building Interventions

- Identifying stakeholders who can further the cause
- Building the knowledge and understanding of stakeholders
- Production and dissemination of a variety of IEC materials
- Stakeholder engagement
- Implementation of practical solutions

IEC = Information, Education and Communication



Identifying / Engaging Stakeholders

- Seminar for health professionals and journalists (Togo)



Identifying / Engaging Stakeholders

Round table discussion with high level health professionals, policy makers and regulators (Moldova)



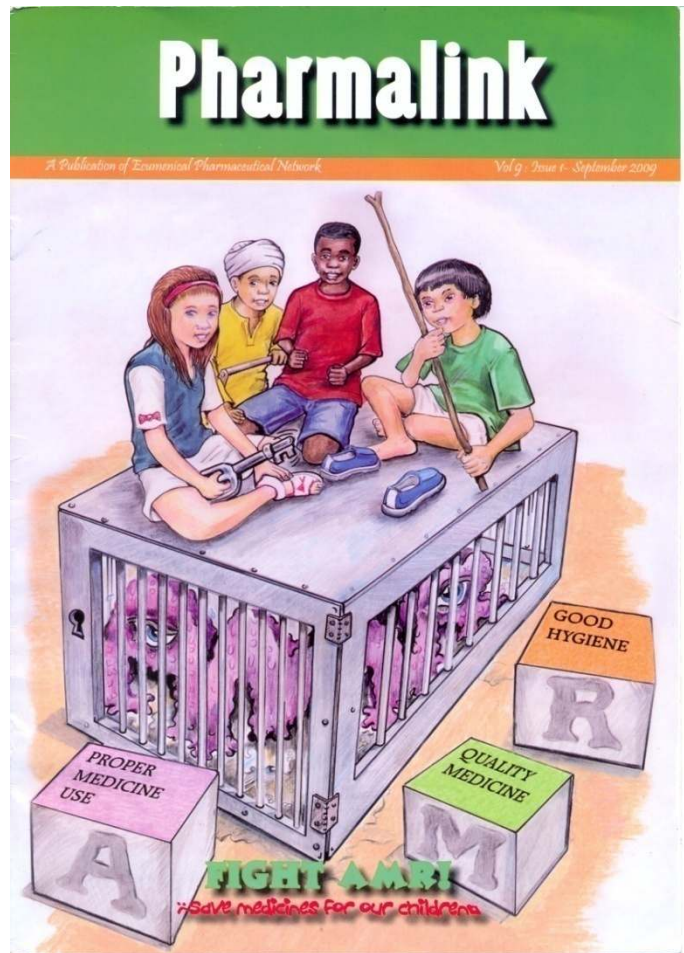
Identifying / Engaging Stakeholders



Promoting awareness among school children regarding rational antimicrobial use (India and Moldova)



Collection / Dissemination of AMR Information



- Identify relevant audiences
- Collect local stories
- Simplify the messages
- Package appropriately
- Use diverse media
- Collect feedback



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Dissemination of AMR Information

ANNAMALAI UNIVERSITY
DEPARTMENT OF PHARMACY
ANNAMALAI NAGAR.

CHAZ News Bulletin 7

Fight AMR! "Save medicines for our children"

Moshi Declaration 10-14 November 2008

The Ecumenical Pharmaceutical Network (EPN) is a Christian Organisation with membership in over 30 countries. EPN supports churches and church health systems provide and promote just and compassionate quality pharmaceutical services. Over the last several years, EPN has been involved in promoting access to and rational use of medicines.

In recognition of the growing phenomenon of antimicrobial resistance brought about by irrational and indiscriminate use of antimicrobial agents among other factors, EPN organized a 5 day workshop in Moshi, Tanzania attended by experts from 16 countries in Africa and other parts of the world. The participants undertook an in-depth evaluation of studies and evidence available on the extent of the problem in parts of Africa and concluded that urgent concerted action was required by all affected by or working towards combating diseases.

Why should we pay attention to Antimicrobial Resistance (AMR)?

Globally, infectious diseases kill 11 million people annually, 95% of whom live in resource constrained countries. The major life-saving intervention for infectious diseases is antimicrobial treatment. However, antimicrobial resistance is rapidly reducing effectiveness of these life-saving medicines. The problem has rendered many first line treatments ineffective. This is impacting on all infectious diseases

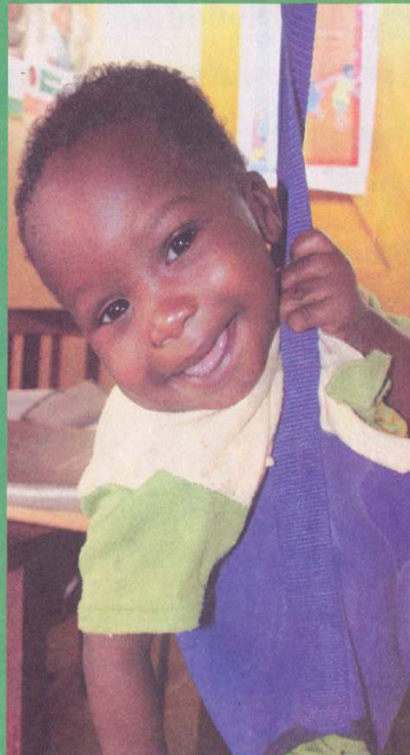
and indirect costs such as prolonged absence from work.

We the participants in the Moshi meeting, recognize and commend the actions by various local, national and international players in the fight against antimicrobial resistance. Noting that a number of low cost effective antimicrobial agents have already been lost and realizing the danger of further losses if the situation is not contained, we hereby call for action from Faith Based and other Non-Profit Health Institutions, Ministries of Health, Medicines Regulatory Agencies, Associations of Health Professionals, Mass Media Agencies and Political Leaders to work together in a concerted manner to contain this threat to health and prosperity of current and future generations.

We, representing various churches involved in healthcare in Africa, invites the key stakeholders to embrace the following areas of action.

Political Leaders and Policy Makers

- Political leaders work to provide a conducive environment that facilitates control and



**USE ANTIMICROBIALS
APPROPRIATELY**



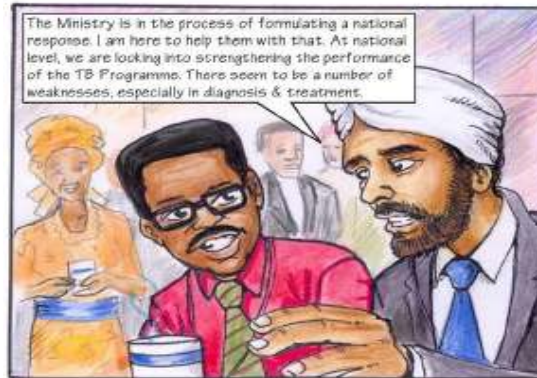
SAVE THEM FOR FUTURE



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Diverse Formats

Comic strips
Skits



Implementing Practical Solutions



Hand hygiene and waste management activities for infection control (Cameroon and DRC)



Examples of EPN Member Engagement

Country	Activity
DR. Congo	Sensitization of the catholic women's group on AMR and hospital infection control interventions in Kananga District
Zimbabwe	Presentation of a position paper on AMR at Government Public Health Advisory Committee Meeting
Sierra Leone	Survey of 35 professionals in 9 hospitals on knowledge & attitudes on AMR
Tanzania and Malawi	Reactivation and establishment of hospital Medicine and Therapeutics Committees
Moldova	Hosting of a roundtable on AMR for the Armenian Orthodox Church

Challenges

- Low recognition / prioritization of the AMR problem among health professionals and health facility managers
- Voluntary nature of the Call to Action
- Cultural diversity among the membership
- Absence or inadequate use of indicators for monitoring interventions and impact

Lessons Learned

- When information is provided on AMR and what can be done about it, EPN members and others are ready to take action and make a contribution to the containment effort
- Small grants can be effective in getting large improvements in health outcomes if they are targeted to critical areas such as the provision of running water
- Diversification of funding sources and harnessing of internal resources support sustainability

Lessons Learned (2)

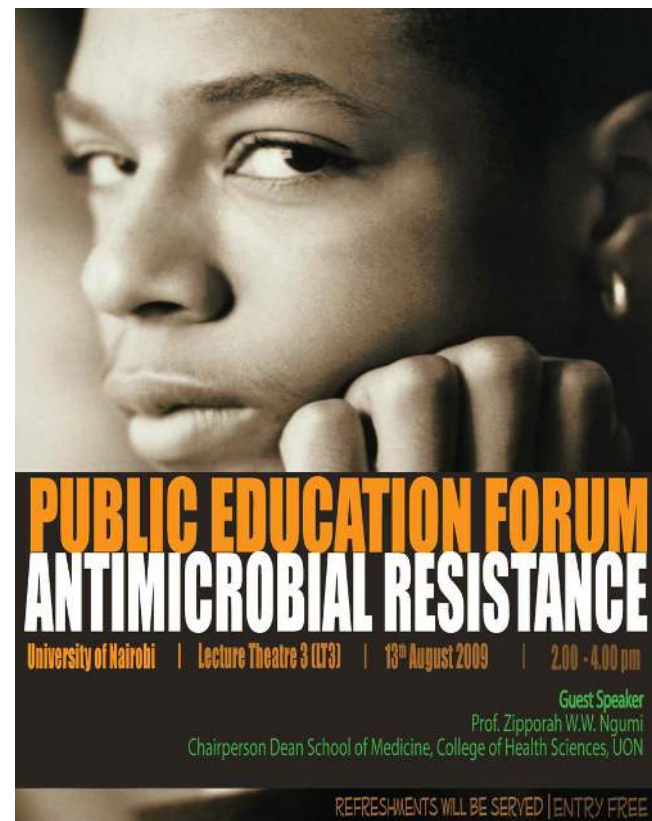
- The level of awareness among many health professionals of AMR as a problem that has a direct impact on their day-to-day clinical practice appears quite low – limited information about local resistance patterns
- Capacity building workshops are important for getting hospital staff to embrace change and adopt good practices

Lessons Learned (3)

- A variety of IEC materials on hand hygiene, infection control and rational medicine use exist from different organizations around the world but their
 - adaptation,
 - dissemination and
 - useremain challenges

Lessons Learned (4)

Affording visibility to the initiatives is important for greater impact and sustainability



Conclusion

- Building coalitions is possible even with limited resources
- Stakes are clear and can be explained to diverse stakeholders
- Tools, materials and approaches abound
- Important to adapt and tailor
- ...The key challenge is to demonstrate progress to the desired goal