

Question 2: *What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?*

Strengthening Multisectoral Coordination to Contain Antimicrobial Resistance (AMR) in Kenya

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Context

The World Health Organization (WHO) has declared that AMR is one of the top 10 public health threats worldwide. AMR threatens to reverse the gains made in the fight against human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis (TB), malaria, and other infectious diseases in Kenya, where 50% of the top ten leading causes of death across all ages are infectious conditions.

Recognizing the need to contain AMR, Kenya in 2006 initiated an infection safety program, and, in 2009, established its first multidisciplinary working group on AMR. Over the years that followed, Kenya developed infection prevention and control (IPC) surveillance and implemented IPC practices and, in 2017, the country established a National Policy on Prevention and Containment of AMR (2017) and a National Action Plan (NAP) on Prevention and Containment of AMR (2017–2022).

The inherent complexities of AMR containment warrant a coordinated multisectoral approach. Yet, in Kenya, as in most countries, AMR activities were largely seen as a human health issue. To effectively implement its new NAP-AMR, Kenya needed to address the drivers of AMR across the human, animal, plant, and environmental sectors. This required overcoming multiple challenges, including the limited capacity of multisectoral coordination (MSC) structures related to AMR; lack of ownership and engagement of the sectors outside of human health; the absence of county-level MSC structures related to AMR; and lack of resources, both human and financial, to implement MSC on AMR.

In Kenya, MTaPS is supporting AMR containment to slow the emergence of resistant bacteria and prevent the spread of resistant infections. To achieve this goal, MTaPS supports three key intervention areas: MSC, strengthening IPC practices, and optimizing the use of antimicrobials.

Activity Description

MTaPS supports the Government of Kenya in AMR containment through strengthening the implementation of the "One Health" approach, which calls for collaboration across the human health, animal health, agriculture, and environment sectors, at both the national and county levels.

National Level

At the national level, MTaPS' interventions focus on strengthening multisectoral governance structures of the National Antimicrobial Stewardship Inter-Agency Committee (NASIC), the highest policy and governance body responsible for AMR activities. NASIC members represent the Ministry of Health (MoH), the Ministry of Agriculture, Livestock, and Fisheries, and the Ministry of Environment. From 2018-2022, MTaPS supported the NASIC in strengthening its capacity and carrying out AMR activities, as follows:

- Supported the NASIC's Technical Working Groups (TWGs) to develop terms of reference, action plans, and hold quarterly meetings.
- Assisted the NASIC in the development and dissemination of communiqués on AMR activities to high level officials to share information and progress on NAP-AMR implementation.
- Supported the development and dissemination of a One Health bulletin to raise awareness on NAP-AMR implementation countrywide. This improved counties' and health workers' knowledge of the steps for NAP-AMR implementation and spurred their interest in undertaking similar AMR containment efforts.
- Helped establish and facilitate meetings of MSC bodies on AMR with representation from organizations involved in the country's One Health activities.
- Developed and disseminated a monitoring and evaluation (M&E) framework for implementation of the NAP-AMR in collaboration with the One Health AMR Secretariat, a component of the NASIC.
- Supported the NASIC to develop a NAP scorecard for the M&E framework to assess progress of the current NAP-AMR implementation.
- Provided technical support for the first national AMR Forum held in July 2022, where key players in AMR containment shared their progress, achievements, and challenges, as part of a review of the current 2017-2022 NAP-AMR, to inform the development of the 2023-2027 NAP-AMR.

County Level

MTaPS supported NASIC by providing technical guidance to develop and institutionalize County Antimicrobial Stewardship Interagency Committees (CASICs) in 4 target counties: Kiirri, Kisumu, Murang'a, and Nyeri. This included:

- Supporting the development and implementation of county-level comprehensive "One Health" costed work plans for the CASICs that incorporate AMR containment activities for the human health, agriculture, and environment sectors.
- Developing an orientation package to sensitize CASICs and their TWGs on the development of costed work plans and activities aimed at MSC for AMR containment.
- Providing technical support for quarterly CASIC meetings to support the implementation of CASIC AMR work plan activities.
- Holding targeted mentoring sessions for county AMR focal persons responsible for implementation of CASIC work plan activities. These AMR focal persons served as AMR "champions," advocating for and serving as resource people for MSC on AMR.
- Holding targeted feedback sessions with the county health management teams, in collaboration with the AMR focal persons, to update them on the progress of implementation of AMR containment efforts and advocate for county support.
- Participating in a workshop organized by the Food and Agriculture Organization (FAO) of the United Nations for AMR focal persons from MTaPS target counties to document challenges, successes, and lessons learned from CASIC work plan implementation. This was aimed at enhancing collaboration between the two sectors.

Activity Impact

MTaPS' support for MSC has helped the Government of Kenya build sustainable structures and systems to steward AMR containment in the country at both the national and county levels and has raised awareness on AMR and commitment to addressing AMR across multiple sectors. With technical support from MTaPS, the NASIC and CASICs in four counties are holding regular working meetings and implementing their costed work plans. Through co-development of the M&E framework and the NAP scorecard with MTaPS, the NASIC and partners strengthened their understanding of the importance of M&E. MTaPS' support for NASIC's information dissemination has spurred increased interest from non-MTaPS supported counties in the country in undertaking similar containment efforts. This has contributed to increased involvement of the environment and aquaculture sectors in AMR containment, especially at the county level, and has sparked coverage of AMR issues in the mass media and raised AMR awareness across sectors and the community.

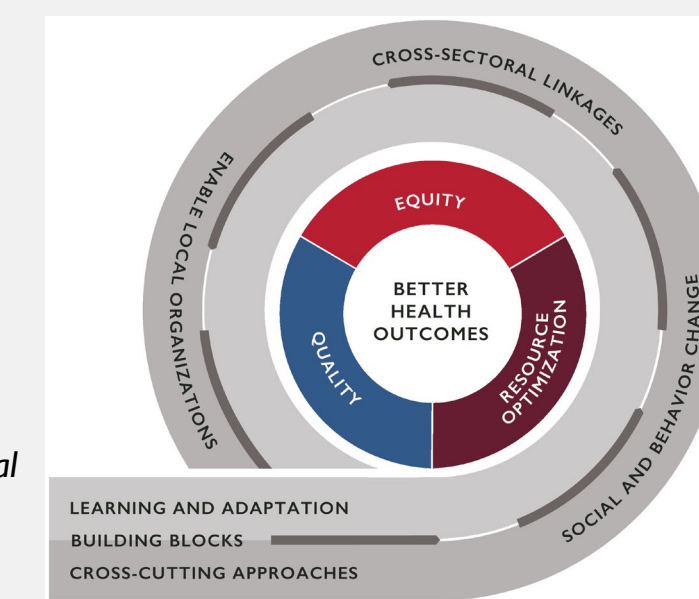
Through the "One Health" approach to MSC, relevant stakeholders are engaged in a holistic approach to containing AMR and achieving health security at both the national as well as the county levels. Moving forward, MTaPS will support Kenya's NASIC in implementing the NAP-AMR M&E framework and contribute to the development of the next iteration of the NAP-AMR (2023-2027), and further dissemination of information, experiences, and lessons learned on MSC on AMR to stakeholders through workshops and written materials. Moreover, MTaPS will support the dissemination of the CASIC orientation package to additional counties. In the long term, domestic financial support will need to continue for AMR structures so that Kenya can continue to develop its One Health approach and succeed in its AMR containment efforts. The establishment of a National Public Health Institute in the country, as recommended by the Africa Centers for Disease Control, may provide a home and sustainable funding for AMR containment moving forward.



MTaPS, FAO, WHO, and One Health stakeholders during the launch of key AMR documents and World Antimicrobial Awareness Week 2021 celebrations. (Photo credit: Kenya AMR secretariat)



September, 2021
A snapshot of the Kenya One Health AMR Bulletin for September 2021



Evidence

Kenya has made notable advances in achieving the WHO benchmark actions on MSC. The country is on track, with support from MTaPS and partners, to complete most of the 17 benchmark actions on MSC by the end of 2023. From October 2018 to September 2022, MTaPS, in collaboration with NASIC, supported 50% (2/4) of WHO benchmark actions in capacity level 2, 50% (2/4) in level 3, 100% (4/4) in level 4, and 40% (2/5) in level 5, for a total of 10 of 17 WHO benchmark actions for MSC for AMR (Table 1). At the national and county levels all NASIC and CASIC activities were guided by the Kenya AMR NAP which drew priorities from the WHO Global Action Plan.

MTaPS also supported development of costed CASIC work plans aligned to the NAP-AMR in all four focus counties to guide resource mobilization for AMR containment. The costed work plans were useful in guiding counties on AMR activities to be mainstreamed into the County Integrated Development Plans 2023-2027 to ensure funding by the counties and/or other partners. In Nyeri County, for example, the 2023-2027 County Integrated Development Plan has drawn AMR activities and budgets from the CASIC work plan. Having costed work plans is a critical step towards sustained funding for AMR activities across sectors at the county level. Additionally, the passing of county health services improvement funds-related bills promoted the reinvesting of funds into health facilities and the procurement of infection, prevention and control (IPC) and antimicrobial stewardship (AMS) supplies.

As a result of the strengthened MSC, voices from all the various sectors are now heard at both the national and county levels. All national NASIC-supported activities and annual events—for example, the AMR forum, World Antimicrobial Awareness Week—draw participation from regional and local One Health partners; the human, plant, animal and environmental sectors; county and other sub-national units; the community, academia and the media. There is a similar level of participation of the various stakeholders in CASIC-led activities at the sub-national level. The county governments are committed and plan to extend AMR interventions to the community level.



Ms. Yvonne Mathenge, Director of Environment, provides an update on the department's progress in implementing the CASIC workplan. Photo Credit: Nkatha Gitonga, MTaPS.

Table 1: WHO benchmark actions for MSC supported by MTaPS Program (2018 – 2023)

MSC/AMR (P.3.1) – WHO benchmark actions	Support
National multisectoral AMR coordinating committee	X
Underpin the situation analysis to identify major risks for AMR	+
Identify AMR programs/initiatives that need to be developed or scaled up	X
Identify a health ministry lead for AMR, develop a TOR (terms of reference), and coordinate activity of the relevant ministries	X
Develop a plan of action to address AMR in line with the GAP (Global Action Plan)	X
Submit a plan for approval through relevant governance bodies	+
Develop TOR for a multisectoral governance mechanism	X
Organize effective coordination through regular meetings	X
Identify priority actions, develop an implementation plan, and begin implementation	X
Develop and implement a NAP-AMR monitoring framework	X
Review plans and progress through regular meetings of the AMR governance committee	X
Identify and map sustained funding for planned activities in the NAP-AMR	X
Dedicate sustained funding for planned activities in the NAP-AMR	+
Ensure key activities are incorporated in the plans and budgets of relevant programs and agencies	X
Ensure regular monitoring of progress with data submitted to regional and global levels	+
Define clearly specified actions within planning and governance mechanisms for all key sectors involved	X
Identify potential barriers and/or challenges to implementing the NAP and approaches	X

X Actions supported by MTaPS.
+ Actions not supported by MTaPS.

Facilitators

- There was wide stakeholder engagement. MTaPS collaborated with many stakeholders, including the Government of Kenya's MoH and the Ministry of Agriculture, Livestock and Fisheries; county governments; WHO; FAO; OIE; Fleming Fund; and USAID implementing partners including the Infectious Disease Detection and Surveillance (IDDS) program, Africa One Health University Network (AFROHUN), CDC, ReACT Africa, and other AMR partners. Stakeholder engagement promoted alignment of workplan activities and synergies while minimizing duplication. MTaPS was able to leverage resources and cost-share for some One Health NASIC and CASIC AMR activities.
- At the national level, the existence of NASIC facilitated the coordination and convening of the various One Health stakeholders especially during AMR forums and key annual events, such as the World Antimicrobial Awareness Week, which in turn promoted the implementation of AMR interventions across sectors. NASIC was replicated at the county level in the form of CASICs, which are core governance structures at the subnational level for advancing the AMR interventions across the various sectors through a One Health approach. The CASIC work plans were informed by the NAP-AMR 2017-2022, which was informed by the WHO Global Action Plan.
- The various partner collaboration arrangements made it easier to coordinate support and ensure the One Health Approach in the various MSC bodies. For example, FAO and IDDS collaborated on supporting the development and implementation of CASIC workplans in some counties with FAO directing its support to the animal and agriculture sectors while IDDA supported AMR surveillance. This ensured timely completion of activities without any duplication.
- The presence of formally appointed national and county AMR focal persons from the different One Health sectors facilitated the planning and execution of AMR activities at both the national and county levels.
- There is strong country leadership and ownership of MTaPS-supported AMS and IPC interventions, and the counties plan to integrate MTaPS-supported facility quarterly AMS/IPC supervision visits into their standard supervision exercise.

Challenges

- There was suboptimal support to the multisectoral activities for non-MTaPS supported counties. Only 8 out of 47 counties had a CASIC in place by December 2022, including the four counties being supported by MTaPS.
- Limited staffing capacity at the national level secretariat, compounded by frequent staffing changes impacted the frequency of meetings and coordination of other AMR activities.
- At the county level, frequent changes in the staffing, especially across the various departments, tended to slow implementation of AMR interventions across sectors.
- In some counties, certain sectors (e.g., agriculture, environment) never had a supporting partner, hence activities in those sectors lagged compared to activities implemented by the human health sector.
- To address the challenge of human resources, MTaPS advocated for the appointment/re-appointment of dedicated AMR focal staff for the One Health sectors. To build capacity of CASICs, MTaPS developed a CASIC orientation package to assist in establishment of MSC structures at the county level across the country. This ensured that managers from the various sectors were sensitized or oriented on AMR activities. Additionally, the MTaPS supported CASIC costed plans have informed the AMR activities that have been incorporated into the County Integrated Development Plans for potential funding by the counties and/or other partners which is a critical step towards sustained funding.

Lessons Learned

In strengthening MSC on AMR in Kenya, MTaPS and its partners gained valuable experience in practices that enabled activity implementation and helped overcome challenges. These practices may be valuable for future work in Kenya and for application of similar approaches in other countries.

- Build local ownership and buy-in through co-creation and co-implementation.** Fostering co-creation with partners at both the national and county levels contributes to the establishment of sustainable, partner-led programs designed to meet the specific needs and circumstances of the region. Local buy-in for AMR activities from national- and county-level partners, including regulatory bodies, during the planning, implementation, and M&E helps avoid implementation roadblocks. CASIC work plan launch events helped sensitize key stakeholders to planned activities and rallied support.
- Leverage existing commitment to maximize impact.** Because Kenya had a NAP-AMR and multisectoral NASIC in place before MTaPS began its work, MTaPS was able to quickly rally stakeholders and achieve expanded results. For example, while MTaPS funding was targeted to support the human health sector, by working with the multisectoral AMR secretariat (part of the NASIC), MTaPS was also able to influence the engagement of the other sectors.
- Engage "champions."** County-level champions helped move MSC forward in their own regions and serve as resources on AMR for counties that do not have MTaPS support.
- Systematically engage high-level stakeholders on the local (county) level.** Consistent engagement with MTaPS built ownership and commitment to AMR on the part of high-level stakeholders. This helped make resources, including human resources, available for AMR and built commitment for the inclusion of AMR in county-level plans.
- Develop a timetable and schedule of key engagements for the year.** including biannual NASIC and quarterly CASIC meetings, which require the participation of national and county members. This can help ensure that very busy stakeholders are not prevented by conflicting engagements from taking part in national and county events.
- Ensure work plans are costed** so that activities planned by MSC governance bodies can be implemented. This may involve technical support and advocacy for AMR on the part of high-level stakeholders. This helped make resources, including human resources, available for AMR and built commitment for the inclusion of AMR in county-level plans.
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- Advocate to make sure no stakeholder/sector is left behind in MSC at the national and county levels.** Besides the human health sector, there is a need to involve the agricultural and environmental sectors. Communicating to stakeholders the linkages between animal health, agriculture and human health can help bring non-human health sector stakeholders on board.
- Leverage resources across One Health partners.** In cases where MTaPS did not have the resources or scope to support an activity, MTaPS linked with other One Health partners to advocate for support.
- Embed AMR containment efforts within existing health programs,** for example, existing programs for animal vaccination or community health outreach, to maximize reach of AMR containment efforts.

