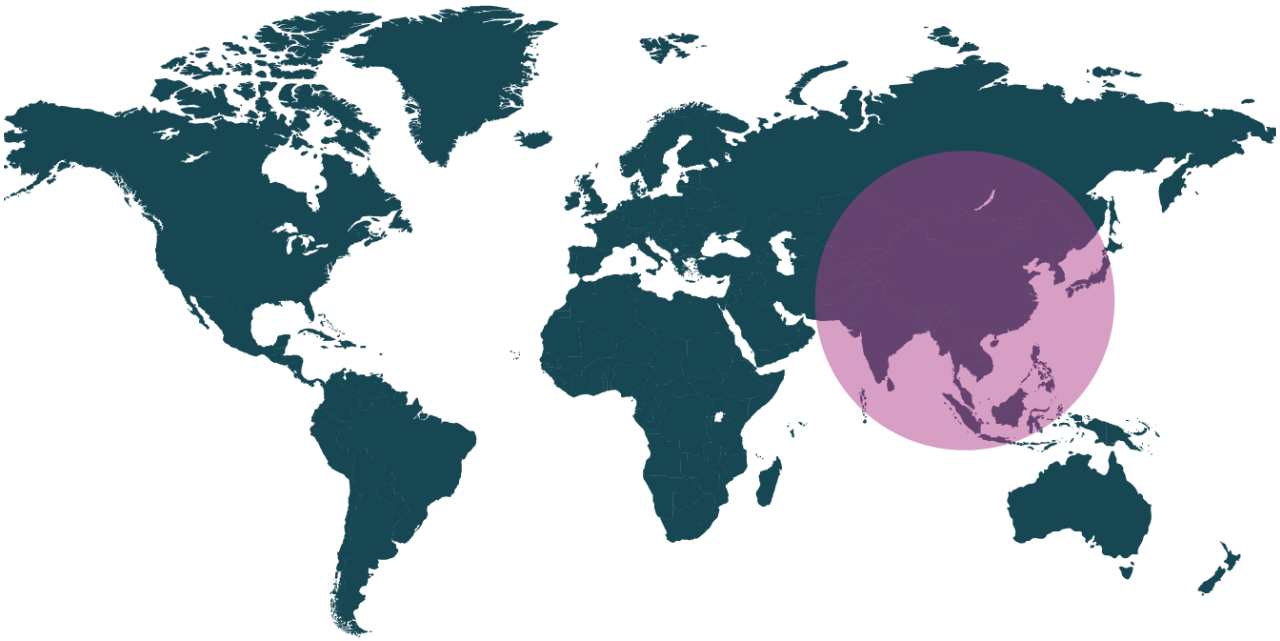

Asia Pacific Regional Session

ICARS

INTERNATIONAL CENTRE FOR **ANTIMICROBIAL RESISTANCE** SOLUTIONS

16th November 2021

Call to Action on Antimicrobial Resistance Conference

Introduction

In November 2021, ICARS was proud to partner with Wellcome Trust, the Fleming Fund, UN Foundation, UNICEF, World Bank and the governments of Colombia, Denmark, Ghana, Indonesia, Thailand and Zambia, to organise the Third Call to Action on Antimicrobial Resistance (AMR) Conference.

The event brought together global stakeholders – policymakers, civil society organisations, professionals, academics, and the private sector – across all regions of the world, to share solutions and invigorate action to tackle AMR.

With a focus on sharing lessons learned from low- and middle-income countries, the conference provided concrete examples of how to successfully prioritise and implement AMR National Action Plans (NAPs) during a time of significant pressure on healthcare systems.

This report, developed by ICARS, synthesises the rich discussions and key themes emerging from the Asia Pacific regional session. We hope that the content is a useful resource for others working in the region, who can take forward the lessons learnt to support national action to mitigate AMR in their countries.

Special thanks to Philip Mathew and XXX for their work putting together this session report.



The session

The Third Call to Action on Antimicrobial Resistance (AMR) Conference had an Asia regional session on 16th November 2021, aimed at understanding the progress of the AMR agenda in Asian nations. The session, moderated by Jyoti Joshi (Center for Disease Dynamics, Economics and Policy) and Emmanuel Early (WHO Western Pacific Regional Office) provided a platform for sharing country experiences, discussing prioritisation of activities, and promoting South–South learning.

Progress so far

The WHO regions of South East Asia and Western Pacific are faring better than other developing regions, and 96% of countries in the region have a National Action Plan in place. The Tripartite AMR Self-Assessment Survey shows that 29% of countries in the region are actively monitoring implementation through a monitoring & evaluation framework. Currently, Tripartite support is channelled through the Regional Tripartite Coordination group and the Asia Pacific Multisectoral Coordination mechanism. The ASEAN Leaders' Declaration on Antimicrobial Resistance has also created strong political commitment resulting in more country-level ownership.

Examples of NAP implementation success

During the session, representatives from Philippines, India, Pakistan, and Thailand gave presentations. These countries were selected based on their commitment towards NAP implementation and to enable a spread of perspectives on the continent's situation.

Philippines

- Strong political commitment demonstrated through first action plan in 2015 being followed with second action plan in 2018
- Good surveillance network with 24 sentinel sites
- AMU surveillance through national sales and public procurement data

Thailand

- Harmonisation of laboratory surveillance protocols between various sectors, in the background of strong political commitments
- Strong one-health coordination mechanism in country
- AWaRe and HPCIA lists have been adopted for action

India

- Two national level surveillance networks, complemented by several sites having their own networks
- National guidelines on IPC and framework on HAI surveillance in the country
- Colistin banned in food production

Pakistan

- Surveillance in human and veterinary sectors is getting better, with the latter receiving Fleming Fund support
- Different sectors have ongoing conversation, through NAP and Tricycle project
- National stewardship platform for facility-based Antimicrobial Stewardship Programmes

Barriers to NAP implementation in the Asia Pacific Region

Stronger investment case needed

Though the proportion of countries which report that they are implementing NAPs is high,most NAPs are not prioritised or costed; so mobilising resources from Ministries of Finance becomes a challenge. The invisible nature of the problem prevents governments from allocating money unless there is a strong investment case. Data gaps about the impact of the issue make the preparation of an investment case more difficult and the vicious cycle continues.

Bias towards laboratory surveillance

Data gaps hamper decision making but efforts to plug these gaps have been largely limited to laboratory surveillance of resistance. This is probably because the AMR coordination committees are largely constituted by microbiologists and Infectious Disease physicians. According to the participants in the session, most countries had prioritised surveillance, infection prevention & control in healthcare facilities and awareness raising activities. These were perceived to be the most achievable, in terms of technical, financial, and administrative feasibility.

The role of educational interventions

Some countries were able to come up with educational interventions directed at rational use of antibiotics in healthcare facilities, but most of these interventions were challenged by COVID-19. Many participants mentioned educational and training interventions, spanning infection control and stewardship domains, but shared that scale up can be challenging due to lack of resources and a robust evidence base.

Poor inter-sectoral coordination

The involvement of veterinary and environment sectors has been traditionally low; and this affects the inter-sectoral and inter-ministerial coordination mechanisms. National focal points are usually from the human health sector and may not have a techno-managerial secretariat with human resources to assist them. The absence of a secretariat affects the quality of NAP implementation, as the agenda remains biased towards the background of the national focal point.

Priorities in advancing the AMR agenda

Greater resource mobilisation

Resource mobilisation remains the biggest challenge for advancing the AMR agenda in Asia. In most contexts, the AMR agenda is led by a few people in the ministries of national research institutions. There is an acute need for a secretariat and an attached budget line.

Improved governance

There needs to be a robust governance mechanism at the country level. At the time of the launch of the National Action Plans, there was a lot of media attention and participation by cabinet ministers. But this political capital has reduced over time. A ministerial working group involving all the relevant sectors may be a good tool to improve governance at country level.

Inter-sectoral coordination

A ministerial working group at the country level may elevate the profile of the issue and increase the chances of resource mobilisation. This can also strengthen the flow of information and resources between multiple sectors. Its functioning and mandate can be analogous to the One-Health Global Leaders Group.

Increase accountability

The regional and country offices of the Tripartite organisations are well placed to provide technical support and ensure accountability from country governments. The region needs more robust country assessments for progress, complementing the annual self-assessment.

Community engagement and consumer action

Session participants discussed how the current narrative around NAP implementation is mostly top-down in nature. There is a need to link the top down "political advocacy" with bottom-up participatory planning by involving community groups and identify existing pathways of community mobilisation. The sustainability of AMR interventions and local resource mobilisation can only be possible if the communities and local self-government institutions are adequately sensitised. There are several co-benefits of community mobilisation, including awareness about antibiotic use in food and animal production among consumers. The increasing pressure from the community can have ripple effects on antibiotic use in several sectors.

Involve non-traditional stakeholders

There is also a need to involve non-traditional stakeholders in the AMR agenda. One of the most under-represented dimensions is environment. Other stakeholders include social justice, gender, climate action and development groups. The government organisations and ministries, academia and civil society groups working in these sectors should be involved through some mechanism.

The way forward

The regional session highlighted that the AMR community in the Asia pacific region is vibrant and National Action Plans are providing guidance for implementation at the local level. But unfortunately, as has been seen across the world, COVID-19 has meant the AMR issue has lost traction and existing challenges regarding governance and resource mobilisation have been exacerbated. Speakers in the session called for high-level engagement with governments to improve governance mechanisms for AMR. Reflections from speakers and participants also suggested that there is potential for better engagement around One Health models. During the session, a poll identified working across the One Health sector as the top area to prioritise in countries. In addition, using both top-down and bottom-up approaches was deemed necessary to ensure budgets and activities are aligned.

“In the next phase of the NAPs, national governments and donors working in one health sectors need to come together and nudge sectors to work together at the provincial and sub-provincial level.”

Jyoti Joshi, AMR Advisor, ICARS