Developing a Costed National Strategic Plan on Antimicrobial Resistance

Lessons from Sierra Leone

COVER PAGE OF THE AMR STRATEGIC PLAN



Situational analysis on AMR & AMU

- 1. Lack of awareness and inadequate education on AMR and AMU
- 2. Limited/low Laboratory and surveillance capacity for AMR and AMU
- 3. Infection prevention and control (IPC) challenges
- 4. Overuse and inappropriate antimicrobial use in humans and animals

Key strategies

- 1. Establish a **governance structure** for the implementation of the AMR strategic plan
- 2. Improve **awareness** and **understanding** of antimicrobial resistance through effective communication, education and training.
- 3. Strengthen the **knowledge** and **evidence** base through laboratory, surveillance and research
- 4. **Reduce** the incidence of **infection** through effective sanitation, hygiene and infection prevention measures
- 5. **Optimize** the **use** of antimicrobial agents in human, animal and plant health
- 6. Develop the **economic case** for sustainable investment and actions to combat AMR

Steps: developing a costed AMR National Action Plan

2. Operationalization

Prioritized operational plan defined

3. Costing and budgeting

The AMR NAP WHO costing and budgeting tool used to calculate real costs related to each priority activity in the operational plan

4. Costed plan

A detailed costed plan and funding gaps identified.

Resource mobilization (both internal and external) is enhanced

1. Prioritization

List of priority activities identified

Key milestones in the pilot of the WHO AMR Costing Tool

December 2020

Engagement with multi sectoral mechanism

January 2021

Designation of costing coordinators

January 2021

Training

February 2021

Prioritization - operational plan

March/April 2021

Tool used

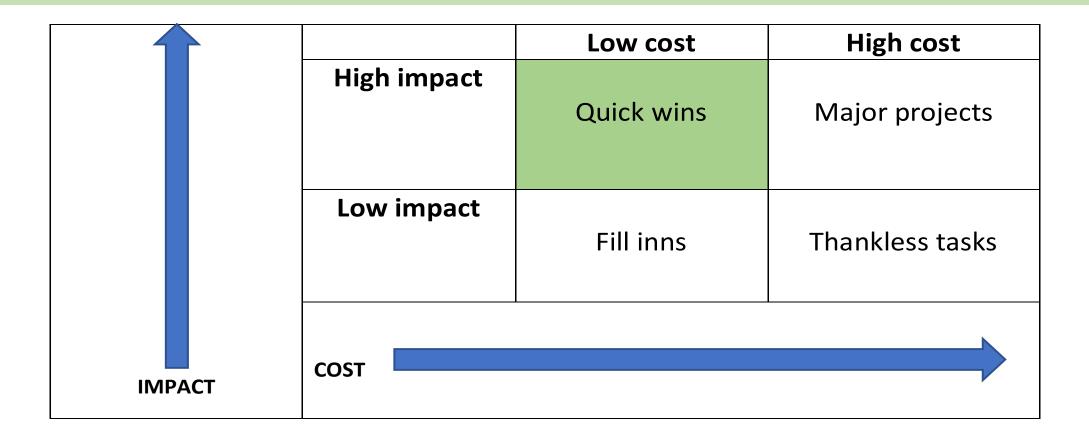
May 2021

Costed plan finalized

Developing the Action Plan

- Costing pilot brought together the key One Health government sectors and implementing partners.
 - This was key in the motivation to develop a costed action plan
- Actions were selected during a multisectoral workshop through use of a prioritization matrix whereby consensus was reached through group and plenary discussions
- Actions were prioritized higher according to expected impact of the action and ease of feasibility of implementation (including cost)
- Actions with higher impacts and lower expected costs were prioritized (quick wins)

Guide to prioritization



Guide to prioritization-assess actions according to <u>expected **impact**</u> and <u>feasibility</u> of implementation (including cost)

Delivering training in the midst of COVID-19

- The three levels of the WHO (WHO HQ, AFRO and the Sierra Leone country office) worked very closely together to deliver a hybrid (both virtual and inperson) training to the 12 costing coordinators
- Facilitated by comprehensive training package (PPT, user guide, practical exercises, and homework assignments)
- WHO country office co-facilitated the training in-person, HQ trainers virtually
- The adoption of such hybrid modality was a key factor for success
- IPC protocols were strictly adhered to during the training

Using the WHO costing and budgeting tool for prioritization and implementation of NAP activities in Sierra Leone

- Costing of the NAP provided an opportunity for multi-sectoral stakeholders to have a more granular insight (actions, activities, detailed activities) into the NAP
- Prioritization of activities guided by likely impact of the intervention and feasibility of implementation in a resource limited setting using a prioritization matrix through group consensus
- The tool in modular form allows user to create and capture the various levels from broad strategic objectives to detailed activities

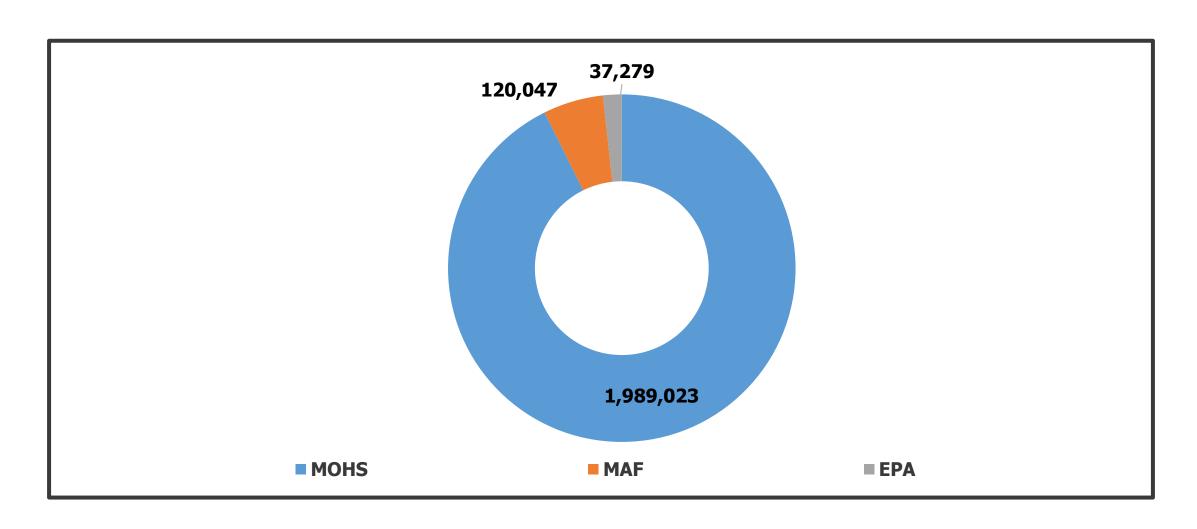
Using the WHO costing and budgeting tool for prioritization and implementation of NAP activities in Sierra Leone

- Detailed computation of costs completed with values from the "Basic Inputs for Tool" tab for quicker completion
- The "building blocks" function enabled the capture of costing details of common inputs in a structured way
- Summary outputs by strategic objectives obtained and distribution of costs by lead implementers/agencies
 - However the user guide could be further expanded to enable easier generation of reports
- Competencies gained applicable to costing of related strategic plans e.g.
 AMR Surveillance Strategy implementation plan

Example: Costed AMR Implementation Plan

Action	Activities	Detailed Activities	Timeline 2021			Timeline 2022				Responsible	Cost	
			Q1	Q2 C	Q3 Q4	4 Q1	Q2	Q3 Q4	Indicator of success	Person	(SL) Rectangular	Source of Funding
Priority Action 2				Α	ware	eness r	aisir	ng and i	risk communication			
2.1 Develop communication strategies, messages and materials to promote AMR awareness		2.2.1.10ne day national advocacy sensitisation meetings in Freetown for 6 facilitators from MDA's, and 20 MPs targetting health, agriculture, Environment and Fisheries committees.							Minutes of advocacy sensitization meeting.	Focal Point -MoHS, Focal Point-MAF, & Focal Point-EPA	38,000,000	GoSL, WHO ,FAO,Flemming fund
	2.2.1 Carry out advocacy and sensitization meetings for parliamentarians, local government, chiefdom chiefs, at national, district and chiefdom levels	CCPCs, CBOs, Private sectors, District councils, CSOs, headmen and the district one health platform to be held in the host districts for 2 days (i.e 1 CCPCs, 10 HM, 15OH, 5 CSOs, 5 CBOs, 2 DCs per district) 5 national facilitators per district. venue hire meeting package							Minutes of advocacy sensitization meeting.	Focal Point -MoHS, Focal Point-MAF, & Focal Point-EPA	168,400,000	GoSL, WHO, FAO, Flemming fund
		2.2.1.3 Quarterly meetings for District One Health Platform to replicate the awareness messages at chiefdom level (3 DHMT, 3 Livestock 2 environment) targeting farmers/Traders, Drug retailers/Peddlers, Herbalist,							Minutes of advocacy sensitization meeting.	Focal Point -MoHS, Focal Point-MAF, & Focal Point-EPA	338,880,000	GoSL, WHO, FAO, Flemming fund

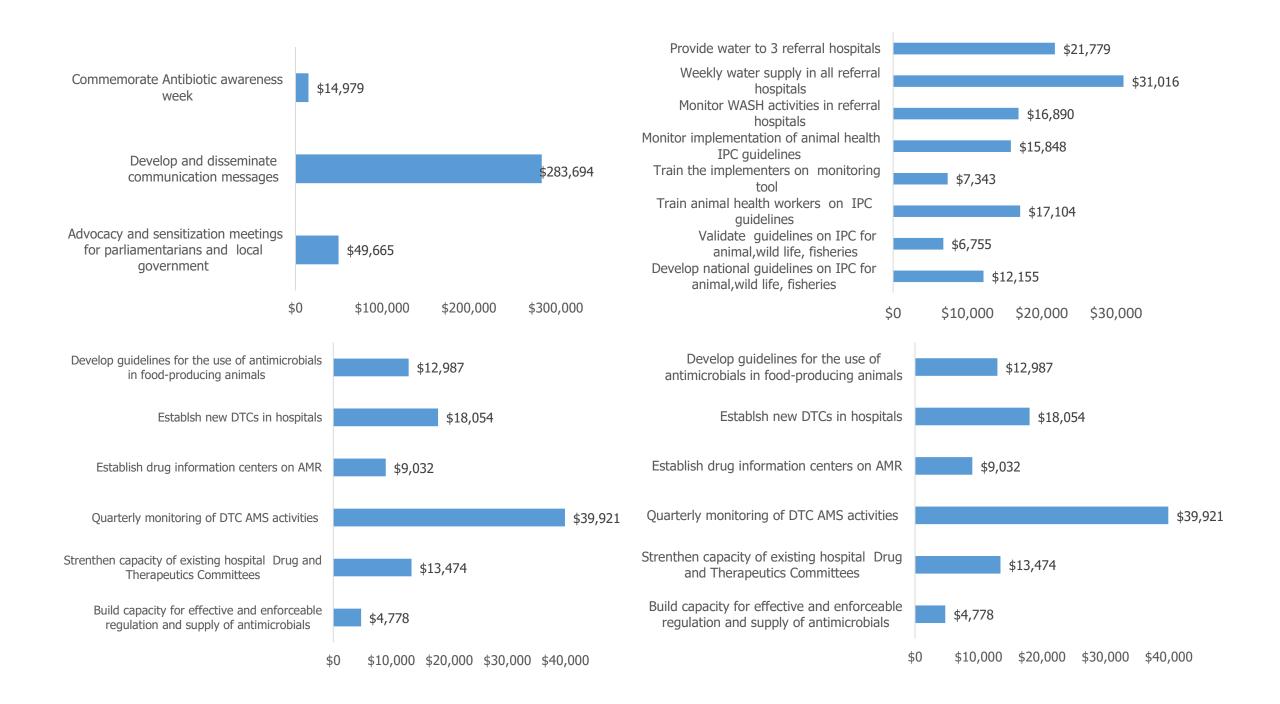
Distribution of Costs across Lead Agencies/Implementers Total budget = USD 2,146,349.00



Distribution of Costs across Strategic Areas Total budget = USD 2,142,399.00

Objs.	Strategic Objective	Cost (USD)
1	Establish the Governance structure for the implementation of the NAP	221,049
2	Improve awareness and understanding of antimicrobial resistance through effective communication, education and training	352,059
3	Strengthen the knowledge and evidence base through laboratory, surveillance and research	1,280,884
4	Reduce the incidence of infection through effective, sanitation, hygiene, and infection prevention control(IPC) measures	128,981
5	Optimise the use of antimicrobial agents in human, animal and plant health	98,245
6	Develop the economic case for sustainable investment and increase investment in new medicines, diagnostic tools, vaccines and other interventions	61,181
	Total cost (USD)	2,142,399

Examples of costing outputs



Conclusion

- Users of the tool in Sierra Leone had a positive experience with the tools
 - User friendly with easy to follow guide
 - Potential for use as multisectoral stakeholders as well in specific sectors
 - Applicability of the tool in costing of related plans
- Costing of AMR strategies lays the foundation for undertaking evaluations-
 - cost analyses, cost benefit and cost effectiveness analyses
- Policy briefs with costed strategies and actions will bolster the investment case in order to influence resource mobilization and stimulate urgency of action to address AMR
- It is envisaged that the Government of Sierra Leone will leverage on the foundation laid by the costed NAP to guide ongoing resource mobilization (local and international) to enhance containment of AMR in Sierra Leone

