

Project: AMR MPTF support for the implementation of the Ethiopian One Health AMR prevention and containment strategy (project ID; 00127140)

Duration: 24 months, 1st July 2021 to 30th June 2023

The AMR-MPTF project in Ethiopia supports the design and implementation of systems strengthening in policy and programs; generating, interpreting and using evidence-based data for decision-making; and improving antimicrobials use behavior change practices. Main activities include:

- Supporting the functioning of the multi-sectoral and multi-disciplinary AMR prevention and containment advisory committee and technical working groups (TWGs).
- Updating and monitoring the implementation of the One Health (OH) AMR prevention and containment strategic plan and AMR MPTF project.
- Developing OH communication, stakeholder's analysis and engagement strategy, and behavior change materials.
- Establishing/Strengthening sustainable human and animal antimicrobials sensitivity testing (AST) and AMR surveillance systems and data capturing.
- Strengthening health care associated infections (HAI) prevention and control and scaling up AMR prevention and containment evidence (including antimicrobial stewardship - AMS) and good practices guided by/with AMR surveillance.
- Supporting behaviour change practices for optimized use of antimicrobials.
- Developing and implementing user-friendly animal species-specific treatment guidelines based on international recommendations.
- Developing safe and quality animal source food production with consideration of antimicrobial withdrawal times and maximum residue limits.

Highlights of project so far

Joint activities implemented

The technical launch of the AMR MPTF project took place on 13th July 2021 in Addis Ababa to familiarize stakeholders and get commitments for the implementation of the AMR MPTF Ethiopia project. The official launch of the AMR MPTF project was coordinated with the launch of the 3rd AMR Prevention and Containment Strategic Plan One Health, 2021-2025 and WAAW 2021 and took place on 18 November 2021 in Addis Ababa. The purpose of the official launch was to secure political and technical commitment, support for implementation by the technical teams, and visibility of the AMR MPTF project. It was organized by Ministry of Health (MOH), Ministry of Agriculture (MOA), Environment Forest and Climate Change Commission (EFCCC) in collaboration with FAO and WHO. This was attended by ministers and government institution leaders, country representatives of UN agencies and partner organizations and professional associations and was broadcast on TV, e.g.

<https://www.youtube.com/watch?v=xMUBANq2V9o>

At the OH AMR Surveillance and Research for Action Conference in November, two systematic reviews on AMU/AMR in human and animal health, five research presentations on AMR in human and animal health and food safety and one presentation on opportunities for synergies upon integration of AMR Surveillance using Public Health laboratory Sentinel Sites and the Integrated National AMR and Residue Surveillance Plan in Animal Health, Plant, Food Safety and Environment Sectors were presented and discussed.

The One-Health AMR Surveillance Experiences Sharing and Microbiology Laboratories Experiences sharing and Visit Workshop on the 22nd November identified strengths, gaps, possible synergies, challenges and areas of collaboration among institutions on AMR surveillance and research.

FAO and agriculture specific implemented activities

Provided Antimicrobial Use (AMU), AMR, Biosecurity, and Safe Food Production Training workshop to 42 animal health care providers, farm owners and veterinary medicines retail outlets experts on 23 November 2021.

Disseminated AMU and AMR behaviour change mobile text messages and posters in Amharic and English languages to members of the EVA.

MOA with the technical and financial contribution of FAO under the AMR MPTF project provided the support to draft guidelines for safe and quality production of primary animal source food and control of AMR. Eighteen multidisciplinary and multi-sectoral experts contributed to drafting the guidelines.

Drafted an epidemiological AMR data collection tool for the agriculture sector to capture, compile and analyze data, and to provide summary visual information for busy practitioners in the field to inform decision-making. Twenty-four public health, animal health, food safety, and environment experts participated in a review August workshop.

WHO and public health specific implemented activities

Integrated AMS and HAI guidelines for hospitals in Ethiopia were updated following a consultative workshop to collect inputs from stakeholders, review, and revise the guidelines and preparations are underway for training in 20 hospitals.

Assessed baseline basic microbiology laboratory and training of lab technologists of hospitals.

A consultant has been recruited to build capacity of the national medicine regulatory bodies to assess substandard and falsified (SF) antimicrobials. A kick-off meeting held with regulatory bodies and a technical working group established to work with the consultant. SF medicines survey protocol and data collection manual drafted and the Ethiopia Food and Drug Authority (EFDA) will use them to conduct an SF survey and then hold a validation workshop.

A report on a three-year antimicrobials consumption (AMC) Survey in humans based on data collected, validated and analyzed on imported and locally manufactured antimicrobials has been drafted and submitted to Ethiopia Food and Drug Authority for approval.

Main challenges, impacts and solutions

The main challenges were logistical. Travel restrictions, especially for OIE staff due to increasing cases of COVID-19 and the internal conflicts witnessed in the country affected implementation of OIE led activity. This led to a delay in the implementation of activities. The activities to be led and coordinated by OIE have been rescheduled for when staff travel approvals will be granted.

Learning Innovation

Coordination with other projects and events provided technical and logistical synergy, and saved resources and time.

Review of progress against log frame

Log frame outcomes

MPTF Outcome	Indicators	Assumptions – revisions/comments?
Risks of and response to AMR improved in targets	<ul style="list-style-type: none"> • Number of Functional AMR Advisory committees and TWGs • Monitoring and evaluation framework included in AMR prevention and containment strategic plan. • OH AMR communication and stakeholders' engagement strategy, and behavior change and advocacy products developed. 	<p>Ethiopia is a big country and AMR is high in the agenda of the government as reported above. There is a high demand and probability of not accessing some parts of the country.</p> <p>Actions:</p> <ul style="list-style-type: none"> - This could be an opportunity for project implementation. - Agree on prioritization of activities. - Success and evidence will guide support decisions and linkage with development partners. Ethiopia has some experiences in the implementation of AMR. The additional supports by the MPTF are very much appreciated for health facilities affected
Evidence based and representative data on AMU and AMR improved for policymakers and sectors implementing AMU practices	<ul style="list-style-type: none"> • AMC/AMU report generated • Number of experts trained on AST and AMR surveillance • An epidemiologic AMR data capturing and compilation tool developed • Handover note for procurement of antimicrobial susceptibility testing discs, media and other supplies 	<p>The 2021 national election had no influences on AMR MPTF performances.</p> <p>The trajectory of COVID-19 pandemic during the implementation period interfered in implementation of the AMR MPTF project</p> <ul style="list-style-type: none"> - We tried to use the COVID-19 interventions such as infection prevention and lab capacity building as opportunities for strengthening AMR prevention, containment, and surveillance. And will align in response plans - The introduction of COVID-19 vaccines is another opportunity
Use of antimicrobials optimized in critical sectors	<ul style="list-style-type: none"> • Number of experts trained on AMU and AMR • Number of hospitals implementing integrated (HAI, AMR surveillance and AMS) • Species specific biosecurity guidelines developed • Guideline on safe production of primary animal source food in consideration of withdrawal time and MRL developed 	<p>Instead of the anticipated turnover of government staff who are implementing the AMR MPTF project, however, restructuring of some government offices may delay some of the activities of the AMR MPTF project.</p> <p>We will continue engaging with the institutions and experts as a replacement and exchanges of notes and updates</p>

Log frame outputs and associated indicators

MPTF Output	Indicators	Progress description (activities started/completed)	Indicator % met
Improved country capacity in designing and implementing AMR related policy frameworks, investment plans, and program	Developed AMR prevention and containment strategy/ NAP framework with monitoring and evaluation, and costing	Ethiopian One Health AMR Prevention and Containment Advisory committee and TWGs launched the OH AMR Prevention and Containment Strategic Plan, 2021 to 2025 in November 2021. AMR MPTF project was technically and officially launched on 13 July and 18 November, respectively. Development of OH AMR communication and stakeholders' engagement strategy has started. Waiting for travel restrictions to be lifted to allow for a stakeholder workshop to do stakeholder mapping and draft the AMR communication strategy. An AMR MPTF brochure has been drafted.	75%
	Operational plan for implementing the updated NAP with the associated budget (Number of federal, regional and/or city administrations, institutions incorporate AMR prevention and containment strategic elements in their annual plans)	Strategic AMR elements have been included in the human Health Sector Transformation Plan. Awareness Raising Training Workshop on Infection Prevention, Biosecurity, Safe Food Production and AMR provided to Addis Ababa city administration animal health office.	26-50%
Systems for generating, analysing and interpreting data on AMR and AMC/AMU strengthened	Report on AMC and AMU	AMC data in humans collected and report generated and submitted to EFDA for approval. An epidemiologic AMR data capturing tool was drafted and reviewed in a workshop. It is being updated.	51-75%
	Percentage of laboratories with capacity to perform AST Number of experts trained on AST and AMR surveillance (integrated with output on IPC activities)	Baseline assessment of basic microbiology and AST in 20 hospitals has been undertaken. Preparing to provide training of laboratory technologists. Handover note for the procured AST/AMR supplies. Selected with specifications, and quantified AST supplies for both human and animal health, and food safety labs	1-25%
Strengthened systems for infection prevention, hygiene, biosecurity in Ethiopia	IPC and biosecurity and good practices guidelines developed and/or disseminated	Not started	0%
	Number of trained professionals on IPC and biosecurity (integrated with output on AMS activities)	Checklist for undertaking baseline assessment on integrated AMS and HAI IPC in the 20 selected hospitals has been prepared and a mix of professional trainees has been identified. Curriculum has been developed and trainers identified.	1-25%

MPTF Output	Indicators	Progress description (activities started/completed)	Indicator % met
Systems for optimized use of antimicrobials strengthened in critical sectors	Assessment report on substandard and falsified (SF) antimicrobials (Number of tracer antimicrobials Post Market Surveillance (PMS) conducted)	A protocol and data collection manual for SF survey developed. Sampling of formal and informal institutions and their geographic area undertaken, tracer medicines for conducting SF survey determined, data collectors identified. Preparatory activities to provide training for data collectors and conduct data/sample collection underway.	26-50%
	Number of hospitals implementing integrated (HAI, AMR surveillance and AMS) (Number of HCPs who are provided with capacity development trainings on AMS.)	In collaboration with MOH the following activities undertaken to establish/ strengthen Integrated AMS and HAI in 20 hospitals: <ul style="list-style-type: none"> - Developed concept note for providing training on integrated AMS and HAI PC - Developed checklist for undertaking baseline assessment on integrated AMS and HAI in the selected. - Selected 20 hospitals and identified professional mix of trainees - Developed curriculum and identified trainers - Developed proposals to conduct baseline assessment and provide training and fund transfer to MOH is underway 	25%
	Number of animal healthcare providers trained on AMU and AMR	Awareness raising on AMU and AMR training workshop was done at a workshop for experts in November. Preparations for AMU assessment and AMR mapping are underway. Guideline on safe production of primary animal source food in consideration of withdrawal time and MRL has been drafted and refined at a workshop.	1-25%

Risk matrix - no changes

Risk description	Risk Category: Contextual Programmatic Institutional	Worst case consequence for the project			Mitigating action	Action owner
			Impact	Likelihood		
The upcoming May 2021 national election and instabilities in some parts of the country may delay the implementation of the AMR MPTF project in the areas affected	Contextual	Delay in the implementation of the early phase activities and the areas affected	High	Moderate	<ul style="list-style-type: none"> There was no risk and no impact. The AMR MPTF project technically launched on 13 July 2021 and officially launched on 18th of Nov 2021. Engaged technical as well as high level government officials 	The federal government and all AMR MPTF stakeholders will plan ahead
The trajectory of COVID-19 pandemic during the implementation period may interfere in implementation of the MPTF project	Contextual	May slow in the implementation of some activities	High	Moderate	<ul style="list-style-type: none"> Followed or used alternative options (e.g. virtual meetings) for the implementation of the AMR MPTF. During travel restrictions, we implemented other activities, which did not require travel. COVID-19 interventions such as infection prevention and lab capacity building were used as opportunities for strengthening AMR prevention, containment, and surveillance. Introduction of COVID-19 vaccines is another opportunity 	All stakeholders implementing AMR MPTF
Delay in timely release of AMR MPTF funding	Programmatic	Delay in the implementation of the project as planned	Low	Low	<ul style="list-style-type: none"> There was no delay and no risk in implementation 	AMR MPTF Funder
Restructuring of some government office may delay some of the activities of the AMR MPTF project. So we continued engaging with individual experts as a replacement and exchanges of notes and updates	Institutional	Delay in implementation	Moderate	Low	<ul style="list-style-type: none"> Support ownership and sustainability in the system. Regular replacement, refresher and exchanges of notes and updates Consultation and continued engagement with focal points Turnover of government staff who are implementing the AMR MPTF project was not that high but restructuring of some institutions. 	All stakeholders implementing AMR MPTF
Ethiopia is a big country and AMR is high in the agenda. Probability of not accessing some parts of the country.	Institutional	Inadequate coverage.	Low	Low	This could be an opportunity for project implementation. Agree on prioritization of activities. Success and evidence will guide support decisions and linkage with development partners. Ethiopia has some experiences in the implementation of AMR.	Ethiopian AMR MPTF stakeholders
Government and private human and animal health institutions including laboratories had been heavily looted and destroyed may affect implementation	Institutional	Delay in implementation	High	High	Support by the tripartite agencies the maximum they can would be appreciated to revitalize these institutions	Government, Tripartite, development partners.