

One Health capacity building to support priority actions for combatting antimicrobial resistance in Tajikistan (ID: 00127141)

Duration: 24 months (31st September 2021 to 31st September 2023)

The AMR MPTF project activities aim to support the establishment and strengthening of systems for:

- collecting, analysing and interpreting data on AMR and AMU;
- optimizing use of antimicrobial medicines in critical sectors;
- biosecurity and IPC in the country to reduce the incidence of infections;
- targeted awareness-raising, behaviour change and educational activities;
- coordinating, developing, implementing and monitoring AMR related policy frameworks, investment plans and programmes.

Highlights of project so far

On 22 September 2021, a hybrid kick-off meeting brought together over sixty stakeholders including those from the Tripartite organizations (FAO/OIE/WHO) at HQ, regional and country level, to initiate the AMR MPTF project.

A mission to assess the country's capacity to implement the WHO AMR Tricycle protocols on surveillance of ESBL producing E. Coli in humans, animals, and the environment visited national and sub-national bacteriological laboratories and met with relevant staff to assess the capacity, needs and interest to work on this direction. The draft mission report was shared with the Tripartite at all levels.

WAAW 2021 started with a joint meeting between AMR stakeholders from all sectors and Tripartite representatives focusing on the AMR MPTF project and AMR NAP implementation in Dushanbe, Tajikistan, on 18th November 2021. The aim of the meeting was for sector partners and stakeholders to update and share information on what they are doing on AMR and to call them to join WAAW 2021 celebrations. The Tripartite organizations supported the WAAW 2021 national campaign with over twenty broadcast events (daily news and separate TV programmes, radio programmes) at the national and sub-national levels in the country between 18-30 November. Due to growing unnecessary use of antimicrobials particularly due to the COVID-19 pandemic, AMR and infection prevention and control (IPC) messages for human, animals and environment were included in WAAW 2021 information materials in Tajik and Russian.

The Republican Clinical and Educational Center for Family Medicine (RCECFM) of Ministry of Health and Social Protection of Population (MoHSPP) conducted four one-day training courses on AMR facts and actions at country, regional and global levels and WHO recommendations on rational use of antimicrobials for family physicians, pharmacists and provisors, representing Primary Health Care (PHC) centers located in Dushanbe. These trained family doctors will work as mentors for other family doctors working in Dushanbe in 2022. The Postgraduate Medical Institute of MoHSPP also published articles on AMU/AMC and AMR/WAAW 2021 in Tajik and Russian across local newspapers. The Public Health and Veterinary students of the Tajik Medical and Agrarian Universities received education materials (presentations, videos, leaflets, and posters) on AMR and rational use of antimicrobials.

Republican Center for Healthy Lifestyle (RCHLS) of MoHSPP involved stakeholders and partners (journalists, association of pharmaceuticals, veterinarians, PHC and hospital staff) in round-table discussions held in Dushanbe and five regions. RCHLS conducted trainings for volunteers to strengthen their knowledge and helping its staff to conduct the campaign.

Main challenges, impacts and solutions

COVID-19 has partly restricted the opportunities to engage potential service providers for assigned activities as they are overloaded with other assignments and getting sick often.

The start of implementation of activities was delayed but because the project started only recently they have not yet impacted on the project deliverables.

OIE divided the Terms of Reference of one International Consultant into two more manageable assignments. The consultant to support ARM/AMU surveillance and awareness increase activities has been hired and started her duties at OIE RO located in Nursultan, Kazakhstan. The consultant will be responsible for the animal health and veterinary related project activity plan implementation at country level. The recruitment of the second international consultant is ongoing.

Review of progress against log frame

Log frame outcomes

MPTF Outcome	Indicators	Assumptions – any revisions/ comments? Recommended indicators
<p>1. Evidence base/representative data on AMR/AMU improved for policy-makers and sectors implementing AMU practices</p>	<p>Percentage of targeted laboratories reaching PIP 3 in FAO Assessment Tool for Laboratories and AMR Surveillance systems (FAO-ATLASS)</p> <p>Baseline value: No human health or veterinary laboratories have been assessed at PIP 3.</p> <p>Target value: 1 veterinary laboratory (NCVD) & 2 human health laboratories (Tajik Research Institute of Preventive Medicine, Sanitary and Epidemiological Laboratory) assessed at PIP 3.</p> <p>Sustainable sampling strategy for integrated active and/or passive surveillance in the human, food and agriculture sectors developed, including target organisms, and priority livestock species.</p> <p>Baseline: No strategy has been developed</p> <p>Target: Detailed strategy for Tajikistan</p>	<p>National surveillance system for AMR supported in human and animal health¹ and agriculture with annual integrated report(s) on AMR.</p> <p>The number and percentage of laboratories with capacity to perform AST and bacterial isolation and identification according to international standards, such as EUCAST, VETCAST.</p> <p>National system for monitoring AMC/AMU supported in human and animal health⁷ and agriculture with annual integrated report(s) on AMC/AMU.</p>
<p>2. Use of antimicrobial medicines optimized in critical sectors</p>	<p>Proportion of antibiotics consumed in the human sector that are in the Access category of AWaRe</p> <p>Baseline: 54% (2015 data) in the Access category</p> <p>Target: 60% in the Access category</p>	<p>Guidelines for responsible and prudent use of antimicrobials based on international standards are developed or revised.</p> <p>Use the AWaRe classification and the OIE list of antimicrobial agents of veterinary importance for managing the supply of antibiotics for healthcare and veterinary services.</p>

¹ at a later stage (after this joint project) to be extended to plant health, food and the environment;

	<p>Determination of AWaRe categories for antibiotics sold for use in animals in Tajikistan</p> <p>Baseline: OIE data submission</p> <p>Target: All antibiotics available for sale in animals in Tajikistan categorized</p>	<p>Communication strategy developed to support improved capability for communication and behaviour change initiatives on AMR/AMU.</p> <p>The assessment of training, professional and educational events and courses on AMR/AMU in each sector provided.</p>
3. Improved understanding of AMR risks and response options by targeted groups	<p>National targeted awareness campaigns established</p> <p>Baseline value: Annual WAAW events in capital</p> <p>Target value: Awareness campaigns established in human and agriculture sectors.</p>	<p>National operational plan to promote and support hygiene and good production practice in priority animal production sectors (monitoring: annual report on vaccination coverage for the 8 diseases covered by the national budget).</p> <p>National IPC plan developed or strengthened in line with the IPC core components and WASH.</p>
4. Multi-sectoral coordination strengthened at national level	<p>An integrated approach to implement the National Action Plan on AMR is adopted</p> <p>Baseline value: Laboratory methods and data capture tools are not standardized within or between sectors.</p> <p>Target value: Integration and standardization of laboratory methods and data capture tools across sectors (human and agriculture/animal health)</p>	<p>Full functional MCG established with secretariat and representatives from all sectors (with monthly meetings).</p> <p>NAP with the estimation of costs of the implementation by year has been established or reviewed.</p> <p>Regulatory framework for antimicrobial medicines for critical sectors is developed, revised or updated.</p>

Log frame outputs and associated indicators

MPTF Output	Indicators	Progress description (activities started/completed)	Indicator % met
Systems for generating, analysing and interpreting data on resistance and consumption/use patterns developed or strengthened	National surveillance system for AMR supported in human and animal health	A mission to assess the country's capacity to implement the AMR Tricycle protocols on surveillance of ESBL producing E. Coli in humans, animals, and the environment was conducted in Oct-Nov 2021.	1-25%
	Number of laboratories with capacity to perform antimicrobial susceptibility testing and bacterial isolation and identification according to	Starting in 2022	0%

	international standards.		
	Number of laboratories in CAESAR-network	Starting in 2022	0%
	Number of AMR training sessions for veterinary laboratories	Starting in 2022	0%
	National system for monitoring of AMC/AMU supported in human and animal health	Starting in 2022	0%
Improved capacity to design targeted awareness raising, behaviour change and educational activities	Communication strategy developed to support improved capability for communication and behaviour change initiatives on AMR	Provided support to celebration of WAAW 2021 information campaign, workshops and meetings conducted for professionals in all sectors in Tajikistan.	1-25%
	AWaRe and OIE-list of antimicrobials used for managing supply of AB	Starting in 2022	0%
Strengthen systems for biosecurity and IPC to reduce incidence of infections	Operational plan to ensure hygiene and good production practice in animal sectors	Starting in 2022	0%
	IPC plan strengthened in line with the IPC core components and WASH	Starting in 2022	0%
Improved capacity to design targeted awareness raising, behaviour change and educational activities	Communication strategy developed to support improved capability for communication and behaviour change initiatives on AMR	Starting in 2022	0%
	Assessment of the attendance and performance of training & professional courses	Starting in 2022	0%
	Farmer Field Schools established in priority livestock species	Starting in 2022	0%

Improved capacity for designing and implementing AMR related policy frameworks, investment plans and programs	Fully functional Multi-sectoral Coordination Group established with representatives from all sectors	Supported the National Coordination Committee to hold a hybrid kick-off meeting to bring together over sixty stakeholders to initiate the AMR MPTF project. Supported the development of an operational plan to review the NAP and budget execution; Support the inclusion of additional agriculture, veterinary, stakeholders in the MCG, including private sector representatives (completed)	1-25%
	NAP with the estimation costs of implementation by year	Starting in 2022	0%
	Regulatory framework(s) for AM in critical sectors reviewed	Starting in 2022	0%

Risk matrix – no changes

Risk description	Risk Category: (Contextual, Programmatic, Institutional)	Worst case consequence for the project	Risk Score		Mitigating action	Action owner
			Impact	Likelihood		
Unable to consistently obtain quality laboratory consumables at reasonable price	Institutional	Samples are analysed using sub-standard and/or expired consumables and results are unreliable	Moderate	Moderate	Making use of the WHO catalogue for the duration of the project while a sustainable solution is found with support from the government	WHO and MoHSPP and CFS
Management support insufficient for IPC protocol development	Institutional	Development of protocols incomplete/unsatisfactory due to lack of human resources. COVID-19 may impact this due to staff shortages resulting from the pandemic.	Low	Unlikely	Tripartite has agreed with the Government on the project and to support the NAP implementation in Tajikistan	MoHSPP
Programmatic risks associated with timely and successful implementation of the project.	Programmatic	Delay in financing and/or implementation of some activities due to the Covid-19 pandemic. Laboratory training and activities, active farm surveillance, and the development of Farmer Field schools may be delayed/ due to travel restrictions. MCG meetings may be postponed/cancelled.	Moderate	Moderate	The project proposal has an agreed estimated budget, a preliminary schedule of activities, staffing, and facility estimates. The Tripartite has put in place thorough program planning, execution, communications, and contracting structures that minimize programmatic risks. Modifying activities to achieve objectives within COVID restrictions, including virtual training and meetings, train-the-trainer approaches, and decentralized initiatives. The presence of WHO/FAO country offices will inform and facilitate the necessary activity modifications.	Tripartite

Ban of antibiotics for sale for human consumption without prescription not prioritized by responsible Government departments	Institutional	Antibiotics continue to be sold for human consumption without prescriptions	Moderate	Unlikely	Tripartite has agreed with the Government on the project and to support the NAP implementation in Tajikistan	Government of Republic of Tajikistan
Insufficient participation of agriculture, veterinary, and private sector in MCG	Institutional	Agricultural focused aspects of project ineffectively executed due to lack of input from agriculture, veterinary and private sectors; including awareness, surveillance, animal health, and prudent use components.	Moderate	Likely	MoA and CFS have current representatives on MCG who could identify additional appropriate governmental representation. TVA is indicated as a stakeholder in this project. The Farmers association could also be included. Individual private sector representatives could be identified and recruited if sufficiently developed private stakeholder organizations are not available to participate.	Tripartite and MCG
Inability to effectively interact with farmers due to thousands of backyard farms	Programmatic	No improvement in awareness of AMR, animal production practices, or prudent antimicrobial use on farms in Tajikistan	Moderate	Moderate	Inclusion of private sector, Ministry of Agriculture, and FAO/OIE country and regional offices in determining straightforward and practical communication strategies and the use of Farmer Field Schools to demonstrate effective practices. Utilization of radio programs, markets and other locations where farmers gather. Recruitment of highly respected individuals to communicate key messages, and integration with existing farm-level activities in other ministries (Animal Health, Human Health, Education, etc).	Tripartite and MCG

Protocols and Databases not standardized and integrated between human health and agriculture surveillance	Programmatic	Inability to interpret results in a One-Health context	Low	Moderate	Project manager to coordinate efforts in human health and agriculture sectors in order to ensure synchronization and harmonization.	Tripartite, MoHSPP, and CFS
HCF and community limited access to water supply	Contextual	Inability to implement IPC and WASH in HCF and community	Moderate	Moderate	Selection of communities with adequate water supply for initial implementation of IPC and WASH. Support adherence to Law on national drinking water and sanitation to increase number of HCF and communities with adequate water supply.	Tripartite and Government of the Republic of Tajikistan
Small number of private veterinarians available for animal health and AMR awareness activities	Institutional	Inability to operationalize animal health and AMR awareness activities	Low	Moderate	Use of Farmer Field Schools to contribute to animal health and AMR awareness activities. Provide AMR training workshops and teaching resources for veterinary faculty and continuing education workshops for veterinarians and paraveterinarians.	Tripartite and MoA
Inability to determine list of all antibiotics available for use in animals	Programmatic	Incomplete categorization of antibiotics according to AWaRe.	Low	Unlikely	Participation of agriculture, veterinary, and private sector stakeholders to identify additional antibiotics potentially available through human pharmacies and/or unregulated channels.	Tripartite and MoA
Farmers unwilling to participate in active surveillance	Programmatic	Inadequate active surveillance samples collected	Low	Unlikely		Tripartite and MoA