



Lessons on NAP prioritization : Zambia's perspectives

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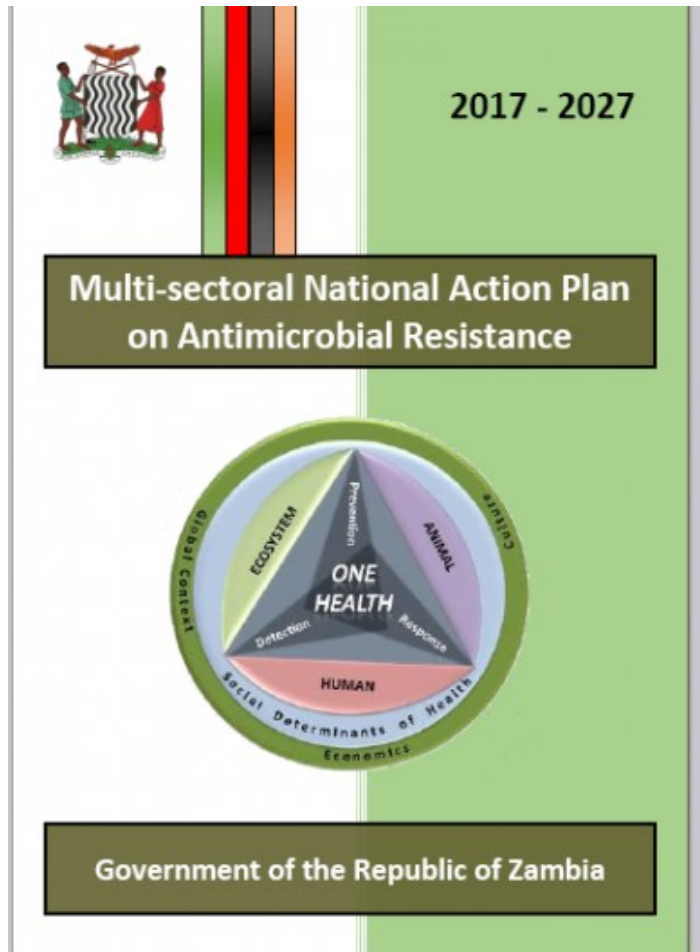
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Implementation Status and Reprioritization of Zimbabwe's One Health Antimicrobial
Resistance National Action Plan

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Zambia's Response to Antimicrobial Resistance



1. To improve awareness and understanding of AMR through good governance, effective communication, education and training.
2. To strengthen knowledge evidence base through surveillance and research
3. To reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures, and biosecurity.
4. To optimise the use of antimicrobial medicines in human, animal, and plant health.
5. Investment in Research & Development



Rationale

- Based on ground level realities, available resources and capacity, and feasibility of implementation.
- Optimisation of the limited available resources for maximum impact and realisation of the best value for money.
- Workshop involved key stakeholders from Zambia and relevant experts from several parts of the world, including Africa, Europe, India and the US.



Focus areas

1. Strengthening governance and leadership
2. Collection, analysis and integration of the baseline information – AMC, status and capacity of labs and trends of AMR
3. Development and operationalization of policies on judicious use of antibiotics , esp. CIA,HCIA
4. Integration of the AMR perspective in relevant policies
5. Monitoring the progress of national action plan implementation across different sectors + Publication



Table 4: Prioritized activities under NAP Objective 3

| Activity | | | | Timeline (years) | | | | |
|--|----------------|---|---|------------------|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 |
| Strategic intervention 3.1: Establish a national coordinating structure for sanitary and phytosanitary measures; infection prevention and control (IPC), and biosecurity | | | | | | | | |
| 1 | POLICY | Develop policy on registration/licensing of farms, factories (pharmaceutical manufacturers, feed manufacturing units, big slaughter houses, fish/ meat/dairy processing units), healthcare and veterinary facilities* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 2 | | Develop policy on registration/licensing of farmers* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 3 | | Policy on environment risk assessment in view of AMR* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 4 | IMPLEMENTATION | Conduct situation analysis of sanitary and phytosanitary measures, IPC, and biosecurity | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 5 | | Develop/revise national guidelines and protocols identified through situation analysis | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 6 | | National coordination structure to spearhead effective sanitation, hygiene, IPC and biosecurity* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 7 | | Develop a national IPC/hygiene/sanitary/ biosecurity implementation plan* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 8 | | Develop national sanitation, IPC, hygiene, biosafety, and phytosanitary guidelines for relevant stakeholders such as farms, factories and healthcare settings* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 9 | | Advocate for the implementation of the national sanitation, IPC, hygiene, biosafety, and phytosanitary guidelines | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |

* Additional activities Human (H) Animal (A) Environment (E) Not applicable to sector

Table 5: Prioritized activities under NAP Objective 4

| Activity | | | | Timeline (years) | | | | |
|---|--------|---|---|------------------|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 |
| Strategic intervention 4.1: Strengthen the pharmaceutical manufacturing and supply chain | | | | | | | | |
| 1 | POLICY | Laws for licensing of manufacturer/distributor/seller of antibiotic laden feed/feed premix* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Regulation on import of antibiotics* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Regulation/policy on appropriate labelling of antibiotics* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Regulation on online sale of antibiotics* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Development of a policy on EPR applicable across the supply chain* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| 2 | POLICY | Harmonization of laws related to AMR containment between ZAMRA, Ministry of Agriculture and ZEMA* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Strengthen the regulatory mechanisms (ZAMRA and professional bodies) for access to antimicrobials in human, animal and plant health | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Review and strengthen the existing QMS for the supply of medicines, covering manufacturing, production, storage, transport, etc. | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Implement policies for ensuring prescription sale and limiting over the counter availability of antibiotics* | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |
| | | Develop/review guidelines for disposal of antimicrobials, human, animal, plant and pharmaceutical industry waste | H | | | | | |
| | | | A | | | | | |
| | | | E | | | | | |

* Additional activities Human (H) Animal (A) Environment (E) Not applicable to sector

AMR NAP/IAMRSS Priortisation





Benefits

- Focused and effective implementation
- Alignment with National short and Medium Term Expenditure frameworks
- Leveraging on existing resources
- Gains on “low hanging fruits.”



Lessons

- Political buy-in
- One health approach
- Not everything requires money
- PPP- collaborative Multisectoral partnerships



CONCLUSION

“The first step to success is knowing your priorities”

- Aspesh -

