

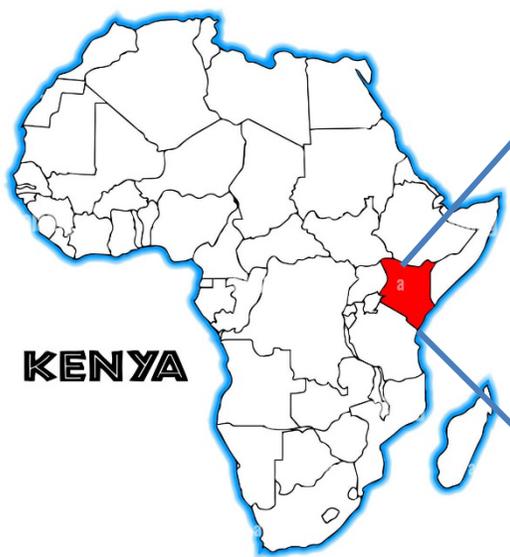


# **AMR National Action Plan**

## **The Government Role**



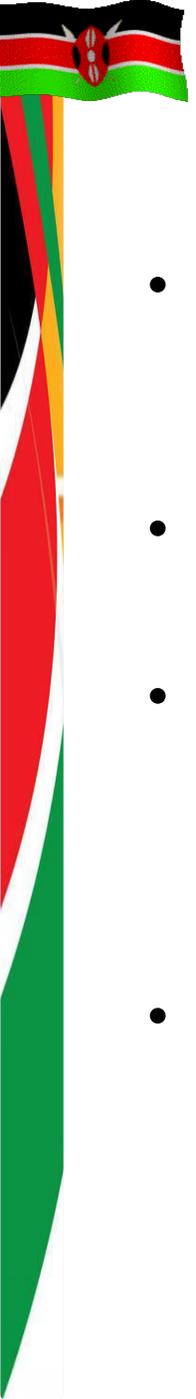
# Background



**KENYA**



- Estimated population of 50 million
- Burden of disease - communicable diseases (Infectious diseases; Top 5)
- Devolved governments with 47 counties

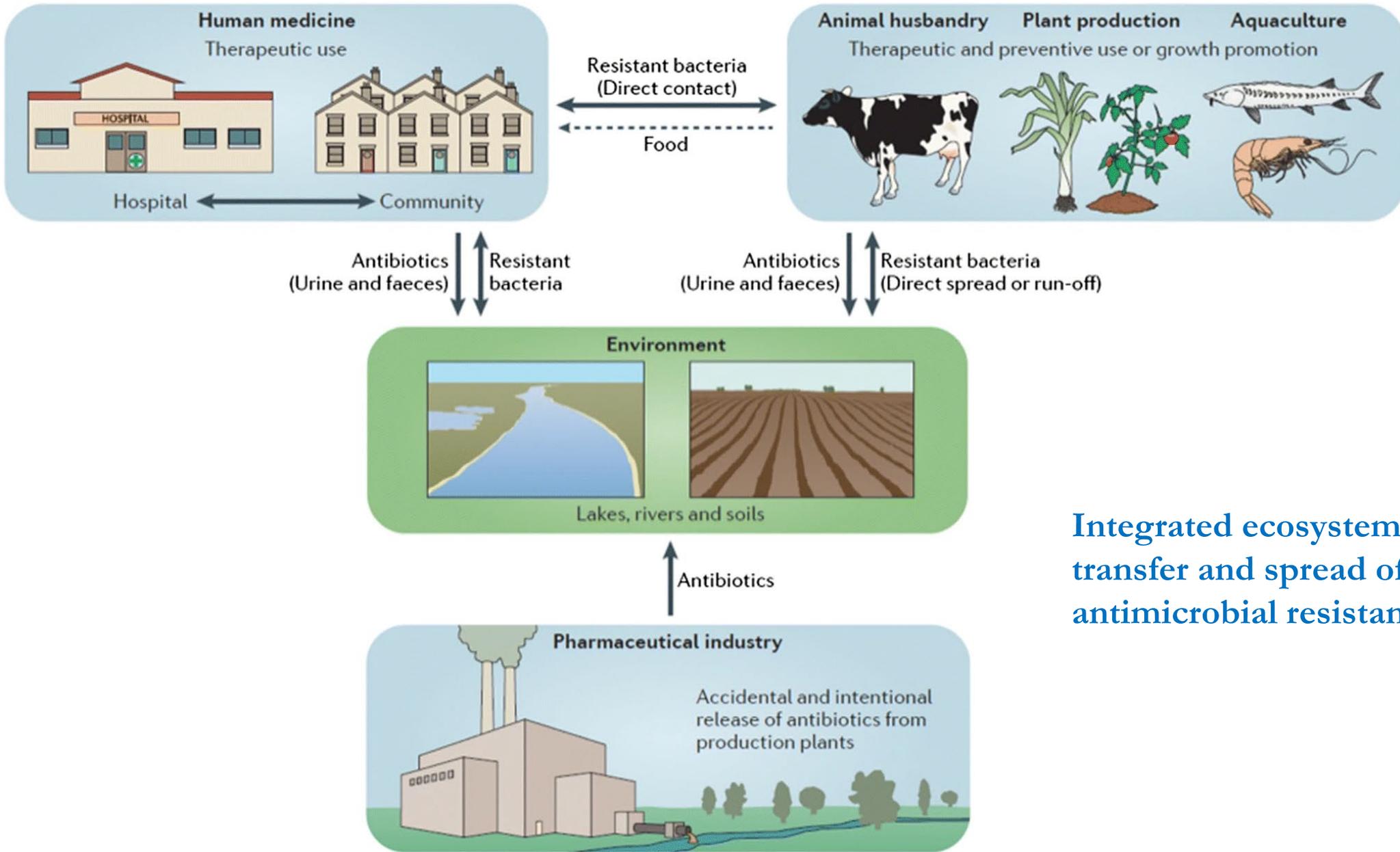


# Introduction



- Antimicrobial resistance (AMR) is one of the most complex public health threats with root causes in multiple sectors ranging from health, food safety, and agriculture, to environment and trade
- From the 2021 AMR surveillance report, Kenya is no exception to this threat with increasing rates of AMR being reported in hospitals and communities
- In response to this, the Ministry of Health in partnership with the Ministry of Agriculture, Livestock, Fisheries and Co-operatives have been part of the regional and international efforts to reduce AMR, and ensure the availability of effective antibiotics now and into the future
- The two ministries have consolidated national efforts to implement sustainable measures to mitigate any further emergence and spread of AMR

# One Health Approach



Integrated ecosystem of the transfer and spread of antimicrobial resistance



# Addressing AMR is a Shared Responsibility

**Antimicrobial Resistance**

## WHO, FAO, and OIE unite in the fight against Antimicrobial Resistance

**THE FACTS**

Antimicrobial agents:  
 - are essential to treat human and animal diseases;  
 - should thus be considered as a public good.

Some microbes have demonstrated full or partial resistance to different antimicrobial agents. It is an inevitable consequence of antimicrobial use both in humans and animals. This phenomenon called antimicrobial resistance, AMR, is an increasing global concern for human and animal health.

**The need for a 'One Health' approach**  
 Addressing the rising threat of AMR requires a holistic and multisectoral ('One Health') approach because antimicrobials used to treat various infectious diseases in animals may be the same or be similar to those used in humans. Resistant bacteria arising either in humans, animals or the environment may spread from one to the other, and from one country to another. **AMR does not recognize geographic or human/animal borders.**

**A public good to protect**  
 The discovery of antibiotics and their development to treat bacterial infections in humans and animals was one of the most important achievements of the 20th Century. Since antimicrobials were first commercially produced, initially for use in human medicine and subsequently in veterinary medicine, their use has been associated with the risk of emergence of AMR. At the same time as the world has observed accelerated emergence of resistance, the discovery and development of new antimicrobial drugs has slowed down. The effectiveness of the existing antimicrobials should therefore be preserved as much as possible.

**AMR does not recognize geographic or human/animal borders**

**AMR jeopardizes progress on health outcomes**

 Food and Agriculture Organisation of the United Nations  
 WORLD ORGANISATION FOR ANIMAL HEALTH  
*Protecting animals, preserving our future*  
 World Health Organization



## GLOBAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE

 World Health Organization

  
REPUBLIC OF KENYA

## NATIONAL ACTION PLAN ON PREVENTION AND CONTAINMENT OF ANTIMICROBIAL RESISTANCE

2017-2022





# AMR Policy & NAP Background

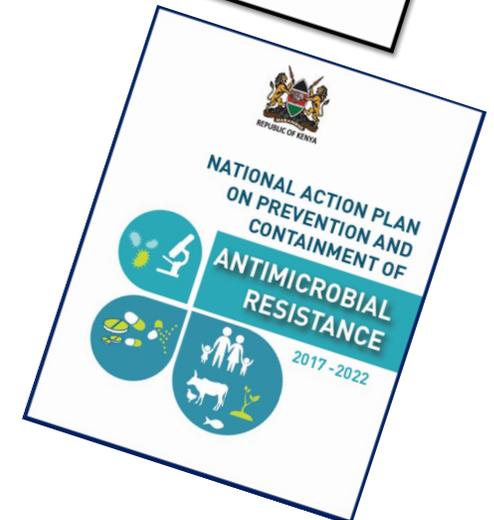
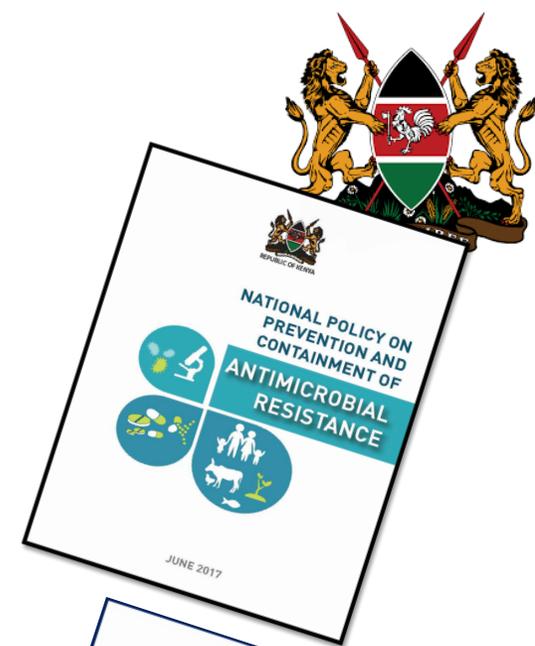
1st  
Situation  
Analysis on  
AMR 2009 -  
2011

Research  
on AMR  
supported  
by FAO

National  
AMR  
programme  
and multi-  
sectoral  
advisory  
committee -  
2013

Chair of  
new NASAC  
constituted  
in 2014

AMR  
National  
Policy &  
Action  
Plan in  
2017



Because the AMR threat is multidisciplinary, intersectoral and global, successful implementation of this Action Plan requires strong Government commitment and collaborative actions across the sectors and with our international partners. This Action Plan outlines the key AMR roles and responsibilities, and calls on everyone to act now, to avert the threat of AMR in Kenya and the world.

  
Dr. Cleopa Mailu, EGH  
Cabinet Secretary  
Ministry of Health

  
Mr. Willy Bett EGH  
Cabinet Secretary  
Ministry of Agriculture,  
Livestock Fisheries &  
Blue Economy



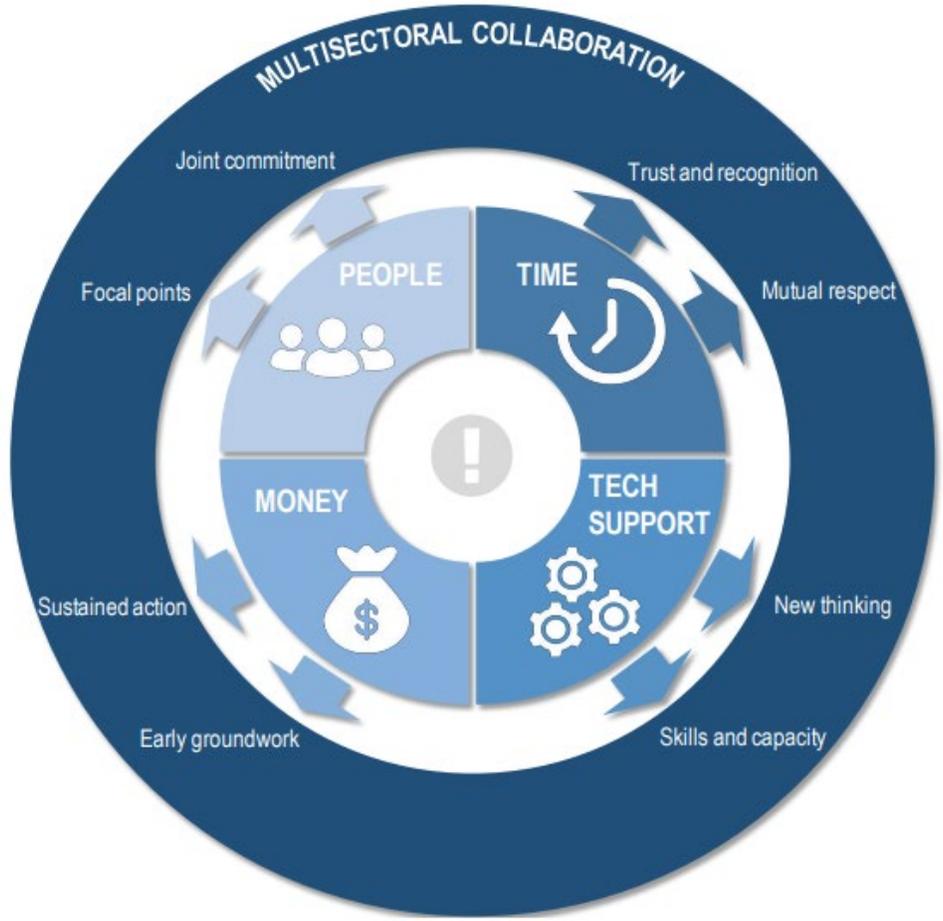
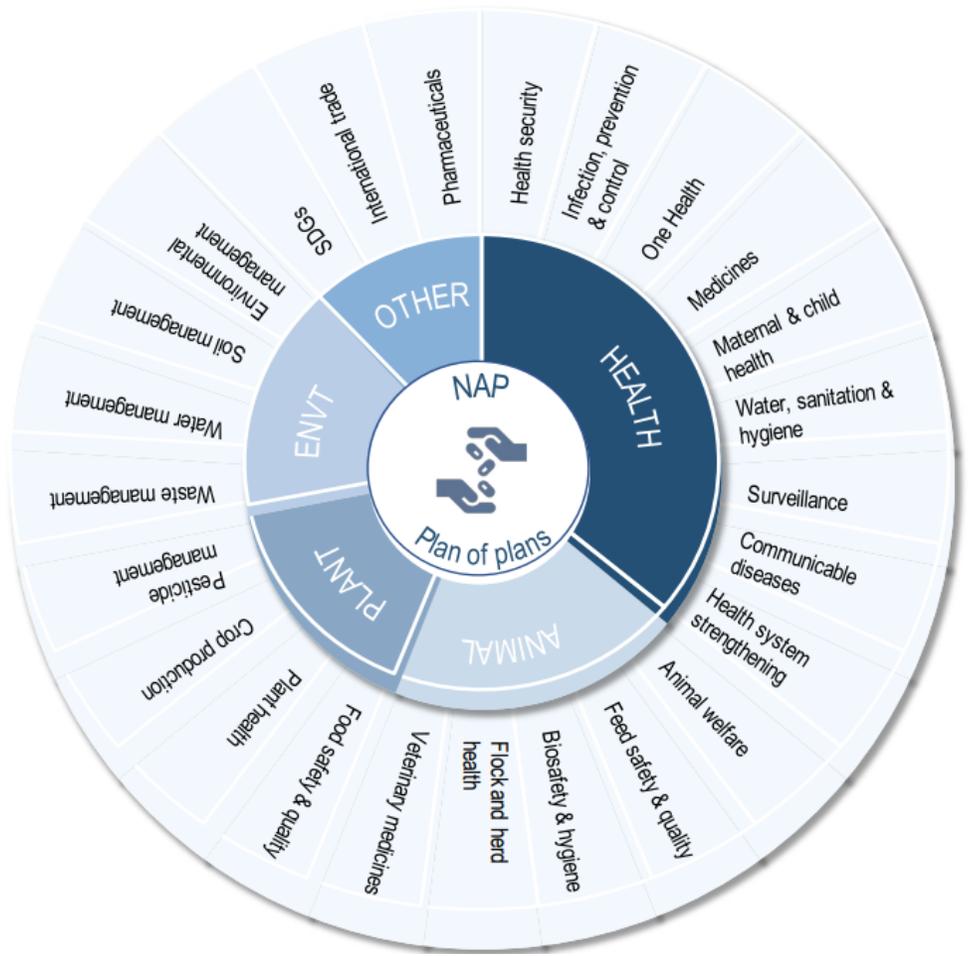
# AMR Policy & NAP Background



Ministry of Health, Cabinet Secretary, Principal Secretary State Department of Livestock and partners.  
National Policy and Action Plan on AMR November 2017-Launch



# The Complexity of the NAPs





# Role of Government



- Deliberate coordination of different **stakeholder groups**— civil society and the private sector—and **sectors** — such as health, agriculture, trade, education and the environment—to jointly achieve a goal
- Institutionalize mechanisms for coordination of the AMR agenda across all the relevant sectors.
- Integrate the AMR agenda within the sectoral plans
- Strategic interactions must happen between the government and various collective stakeholders for reforms to happen



# Enabling Structures - Central Coordination

National Antimicrobial Resistance Programs

Dedicated Focal Point

Funding

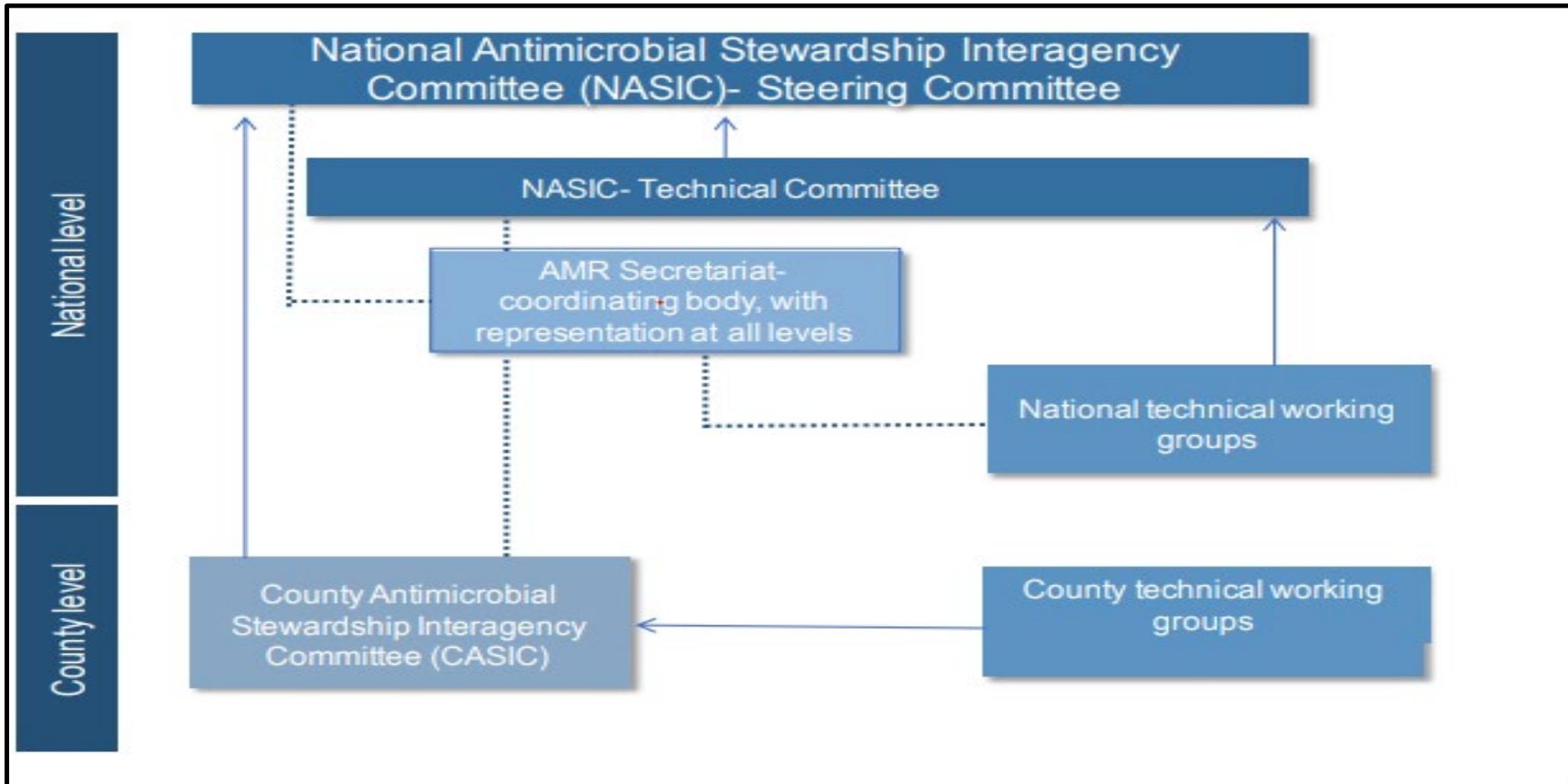
Broad Representation

Clear ToRs





# Tiered Structure for AMR Governance and Coordination



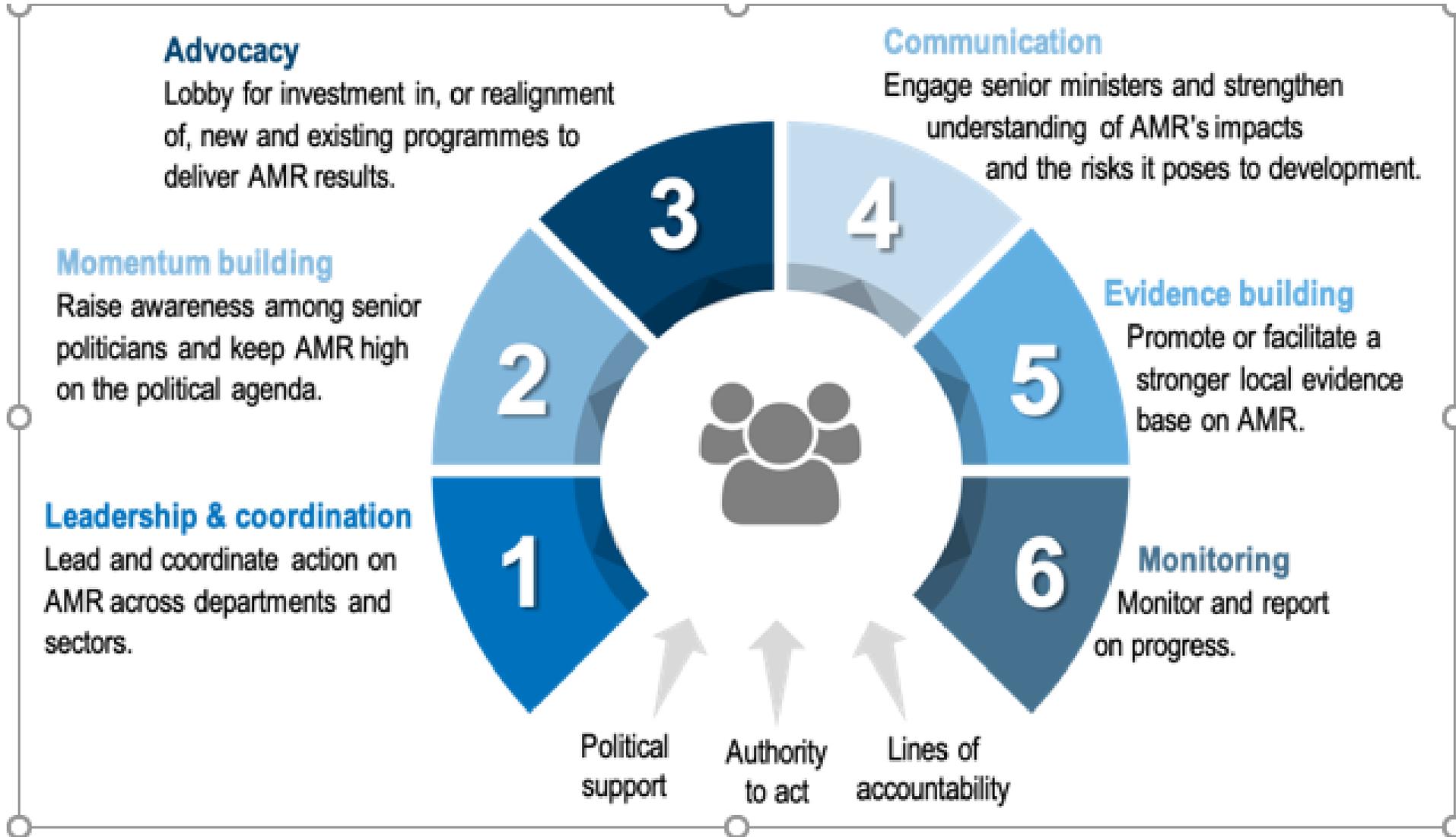
# NASIC Technical Committee (NASIC-TC)



- **Composition:**
- Comprised of Technical Directors of relevant ministries and experts.
  
- **Responsibility:**
- Technical oversight,
- Overseeing the implementation of the National Policy for AMR.
- Ensure close coordination with other relevant stakeholders.



# Joint AMR Secretariat





**NASIC TC, Joint AMR Secretariat and Government Leadership During the AMR Forum, July 21<sup>st</sup> 2022**





# County Government Coordination Mechanisms

- County Antimicrobial Stewardship Interagency Committee (CASIC)
- **Composition:**
- County Executive Committee Members,
- County Chief Officers of relevant Departments
- Technical County Directors and
- Technical Experts.

**COUNTY GOVERNMENT OF KILIFI**  
**DEPARTMENT OF HEALTH SERVICES**

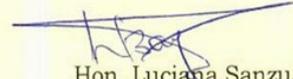
Email: [ceedohkilifi@gmail.com](mailto:ceedohkilifi@gmail.com)      P. O. Box 9-80108  
When Replying/Telephoning quote      Kilifi  
REF: DOH/KLF/CEC.CORR/VOL.3/73      Date: 19<sup>th</sup> August 2021

  
**OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER**

**RE: APPOINTMENT – KILIFI COUNTY ANTIMICROBIAL STEWARDSHIP INTERAGENCY COMMITTEE (CASIC) TECHNICAL WORKING GROUP MEMBER**

The officials listed below are hereby appointed as members of various Kilifi CASIC technical working groups (TWG) with effect from August 19, 2021 to June 30, 2023.

We wish you well as you serve in the CASIC TWGs to ensure, for as long as possible, continuity of the ability to treat and prevent infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them in Kilifi County.

 Hon. Charles D. Karisa County Executive Committee Member <b><u>HEALTH SERVICES</u></b>	 Hon. Luciana Sanzua County Executive Committee Member <b><u>DEPARTMENT OF AGRICULTURE, LIVESTOCK &amp; FISHERIES</u></b>
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Nyeri County Governor & Nyeri County Health management Team 2020



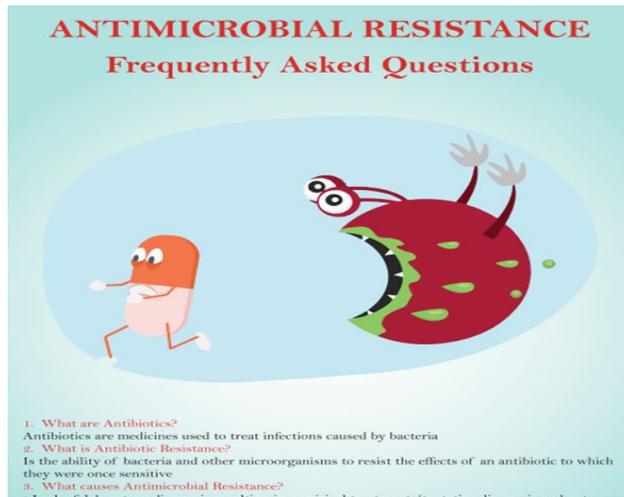
# **AMR National Action Plan Implementation**



# 1. PUBLIC AWARENESS & EDUCATION (Completed)

## A) Increase public awareness & understanding

- Communication strategy developed and launched in 2019
- WAAW celebrated annually since 2014. WAAW2021 conducted in Machakos, Kiambu, Makueni, Nyeri, Murang'a, Trans Nzoia, Bungoma, mombasa, Kisii (9 Counties)
- IEC Materials on AMR developed/revised and distributed
- AMR events reported in public Media
- Surveys carried out – Citizen Generated Data (CGD) in several counties to establish level of awareness on AMR



# 1. PUBLIC AWARENESS & EDUCATION (Completed)



## B) AMR as a core component of health professional

- AMR curriculum with modules for Pre-Service (University; Pharmacy) and In-service (all carders) developed
- Health care workers and veterinary officers trained and sensitized on AMR

## C) Education and training on AMR of professionals

- Health care workers and veterinary officers trained and sensitized on AMR

## D) Establish multi-sectoral one health committees

- NASIC in place
- 14 counties have CASICs; Machakos, Kiambu, Embu, Nyeri, Makueni, Muranga, Uasin Gishu, Trans Nzoia, Bungoma, Kisumu, Kakamega, Bomet, Kilifi, Mombasa





# 1. PUBLIC AWARENESS & EDUCATION (Pending)

## A) Increase public awareness & understanding

- Implementation of the AMR communication strategy components

## B) AMR as a core component of health professional

- Incorporation of AMR modules in other health professionals curricula

## C) Establish multi-sectoral one health committees

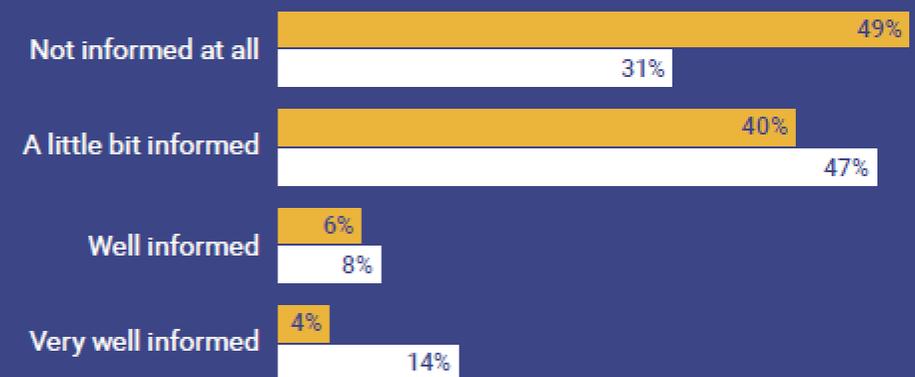
- Scale up establishment of County Antimicrobial Stewardship Committees to all 47 counties



Figure 4: Citizens' perceptions of their communities' knowledge about the appropriate use of antibiotics at the start and end of the project

How well informed do you think your community is on the appropriate use of antibiotics?

● Baseline (n=156)  
● Endline (n=684)





## 2. SURVEILLANCE & MONITORING (Completed)

Goal: To continuously monitor antimicrobial resistance and use of antimicrobials and appropriately understand the trends and spread of AMR. To enhance the collection of data on AMR, there is need to build capacity of professionals and laboratories





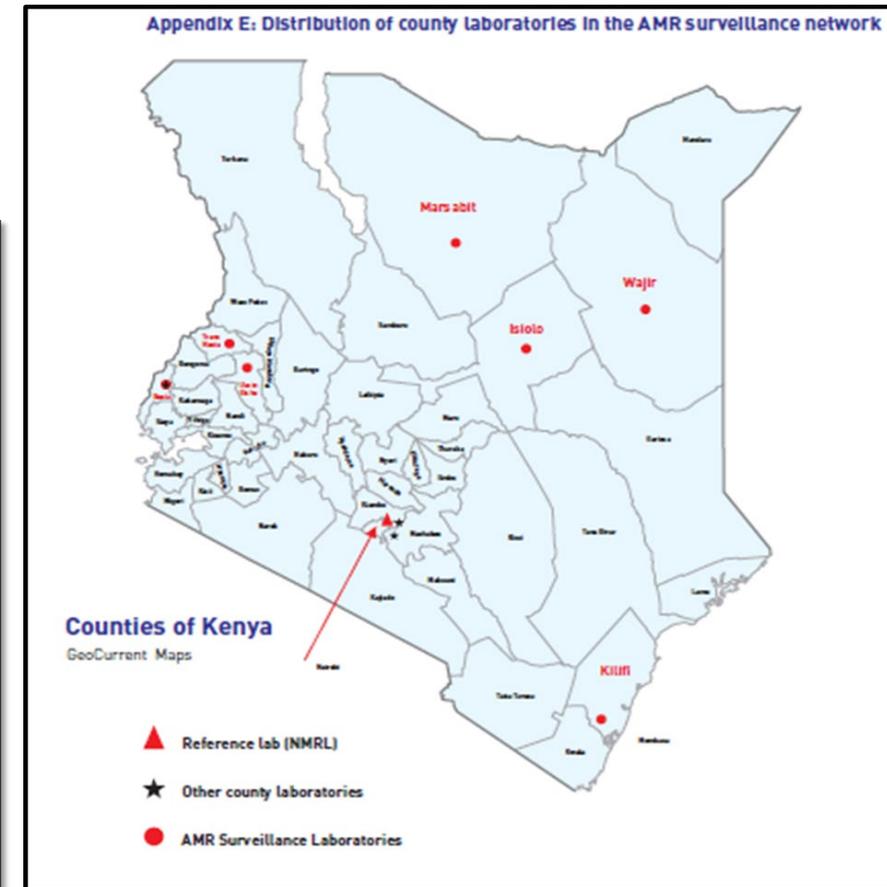
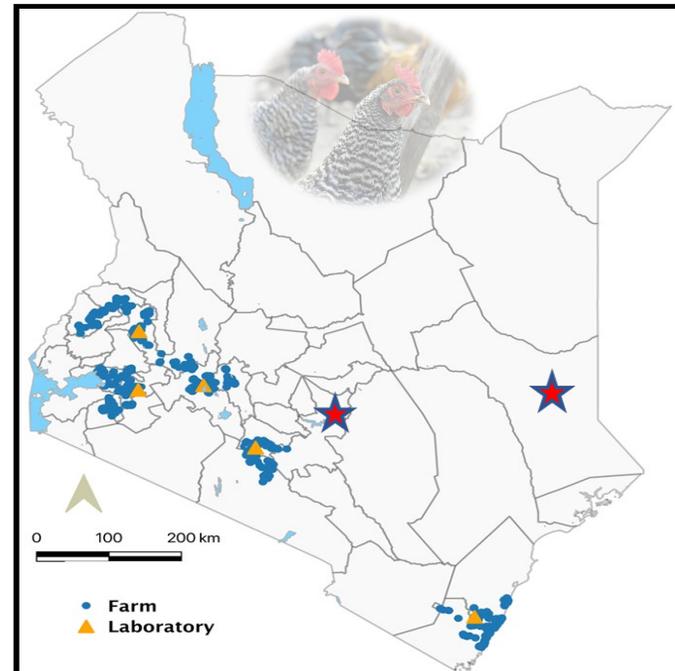
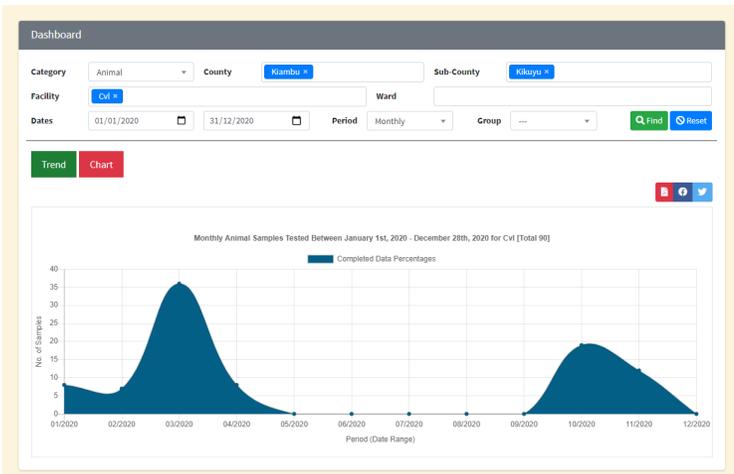
# 2. SURVEILLANCE & MONITORING (Completed)

## B) Establishment of AMR National Reference Centres

- National Public Health Labs & Central Veterinary Lab as reference centres

## C) Establishment of AMR Surveillance Lab Network

- 16 (10) surveillance sites - NPHL network
- 6 surveillance sites - CVL network





## D) Development of An Integrated Information Management System For AMR In Human Health & Animal Health

- Linkage of LIMS to the CDW in some surveillance sites
- LIMs (Silab) installed in 4 AH sites and linked to KABS
- Staff trained on data submission & data management
- Provided IT equipment (computers) in some labs

AMR Surveillance

AMR SITES

MFLCODE	NAME
14947	KITALE DISTRICT HOSPITAL
11555	MALINDI DISTRICT HOSPITAL
12438	MACHAKOS LEVEL 5 HOSPITAL

AMR Surveillance

Site	AMR#	DatePosted	Gender	Age	Specimen	Diagnosis	Method	Organism	Type
Malindi District Hospital(11555)		02/26/2019 12:00:00 AM	F	17 YEARS	PUS		MIC_SENSITIVITY	Pseudomonas aeruginosa	GRAM_NEG
Malindi District Hospital(11555)		02/26/2019 12:00:00 AM	F	0 YEARS	BLOOD		DDA_SENSITIVITY	Acinetobacter baumannii	GRAM_NEG
Kitale District Hospital(14947)		03/07/2019 12:00:00 AM	M	36	STOOL	ACUTE DIARRHOEAL ILLNESS	DDA_SENSITIVITY	Escherichia coli	PARASITE Ceftriaxone
Kitale District Hospital(14947)		03/07/2019 12:00:00 AM	M	14	STOOL	GASTROENTERITIS	DDA_SENSITIVITY	Escherichia coli	PARASITE Ceftriaxone
Kitale District Hospital(14947)		03/07/2019 12:00:00 AM	F	21			DDA_SENSITIVITY	Staphylococcus aureus	GRAM_POS
Kitale District Hospital(14947)		03/07/2019 12:00:00 AM	F	27	HVS		DDA_SENSITIVITY	Escherichia coli	PARASITE
Kitale District Hospital(14947)		03/07/2019 12:00:00 AM	M	23	SWAB	surgical site infection	DDA_SENSITIVITY	Staphylococcus aureus	GRAM_POS
Kitale District Hospital(14947)		03/07/2019 12:00:00 AM	F	43	SPUTUM	bronchiectasis	DDA_SENSITIVITY	Klebsiella pneumoniae	GRAM_NEG Ampicillin

Showing 1 to 1,121 of 1,121 entries

LABS Information Management System

WELCOME Dr. Romona Ndanyi : Superuser

Diagnostic Services and Efficacy Trials - Administration/OIC

Version 2.1.0

Admin Reception Invoice Sample's analyses Test Report Report Sign/Email Statistics Query Inventory Module

Report

Date Received: from 04-08-2020 to 04-08-2021

Laboratory: Central Veterinary Laboratories

Testing Lab: CVL Central Veterinary Laboratories

Section: Bacteriology

Sampling purpose: ANTI-MICROBIAL SUSCEPTIBILITY TEST Purpose in report

Sampling plan: 2019 4 AMR SURVEILLANCE PILOT STUDY Plan in report

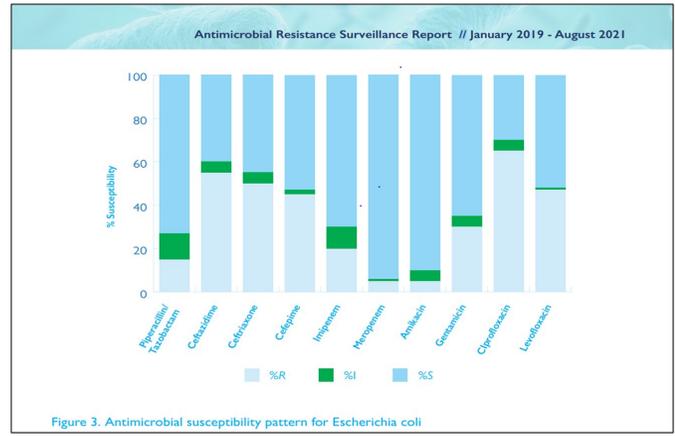


# 2. SURVEILLANCE & MONITORING



AMR Surveillance

MFLCODE	NAME	Site	AMR #	DatePosted	Gender	Age	Specimen	Diagnosis	Method	Organism	Type
14947	KITALA DISTRICT HOSPITAL	Mainindi District Hospital(11555)		02/26/2019 12:00:00 AM	F	17 YEARS	PUS		MIC_SENSITIVITY	Pseudomonas aeruginosa	GRAM_NEG
11555	HALINDI DISTRICT HOSPITAL	Halindi District Hospital(11555)		02/26/2019 12:00:00 AM	F	0 YEARS	BLOOD		DDA_SENSITIVITY	Acinetobacter baumannii	GRAM_NEG
12438	MACHAKOS LEVEL 5 HOSPITAL	Kitala District Hospital(14947)		03/07/2019 12:00:00 AM	M	36	STOOL	ACUTE DIARRHOEAL ILLNESS	DDA_SENSITIVITY	Escherichia coli	PARASITE
		Kitala District Hospital(14947)		03/07/2019 12:00:00 AM	M	14	STOOL	GASTROENTERITIS	DDA_SENSITIVITY	Escherichia coli	PARASITE
		Kitala District Hospital(14947)		03/07/2019 12:00:00 AM	F	21			DDA_SENSITIVITY	Staphylococcus aureus	GRAM_POS
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		Kitala District Hospital(14947)		03/07/2019 12:00:00 AM	M	23	SWAB	surgical site infection	DDA_SENSITIVITY	Staphylococcus aureus	GRAM_POS
		Kitala District Hospital(14947)		03/07/2019 12:00:00 AM	F	43	SPUTUM	bronchiectasis	DDA_SENSITIVITY	Klebsiella pneumoniae	GRAM_NEG



Central Data Warehouse

HH Reports

LABS Information Management System

WELCOME Dr. Romona Ndanyi : Superuser

Diagnostic Services and Efficacy Trials - Administration/OIC

Version 2.1.0

Admin | Reception | Invoice | Sample's analyses | Test Report | Report Sign/Email | Statistics | Query | Inventory Module

Report

Date Received: from 04-08-2020 to 04-08-2021

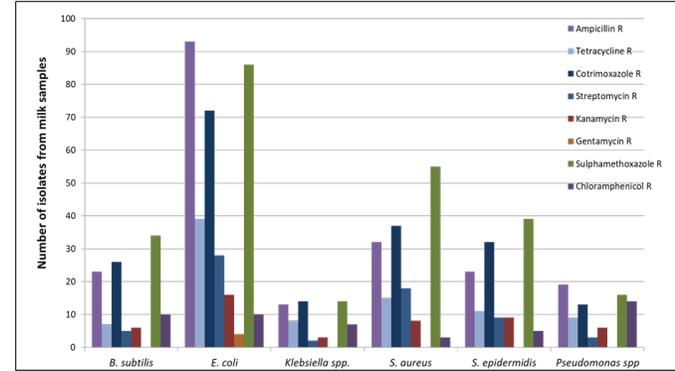
Laboratory: Central Veterinary Laboratories

Testing Lab: CVL Central Veterinary Laboratories

Section: Bacteriology

Sampling purpose: ANTI-MICROBIAL SUSCEPTIBILITY TEST

Sampling plan: 2019 4 AMR SURVEILLANCE PILOT STUDY



AH Reports

Integrated information management system for AMR in Human Health & Animal Health

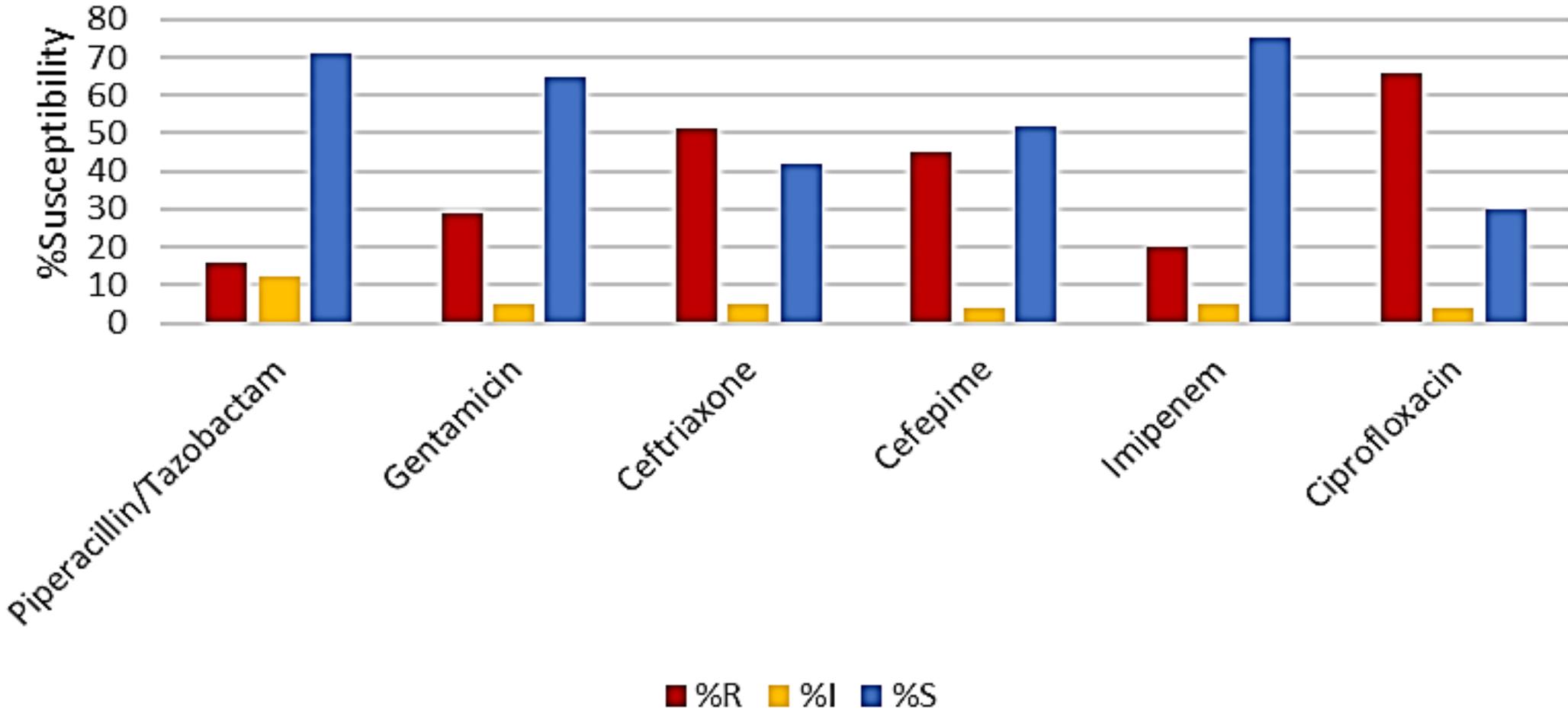




# AMR Surveillance Reports

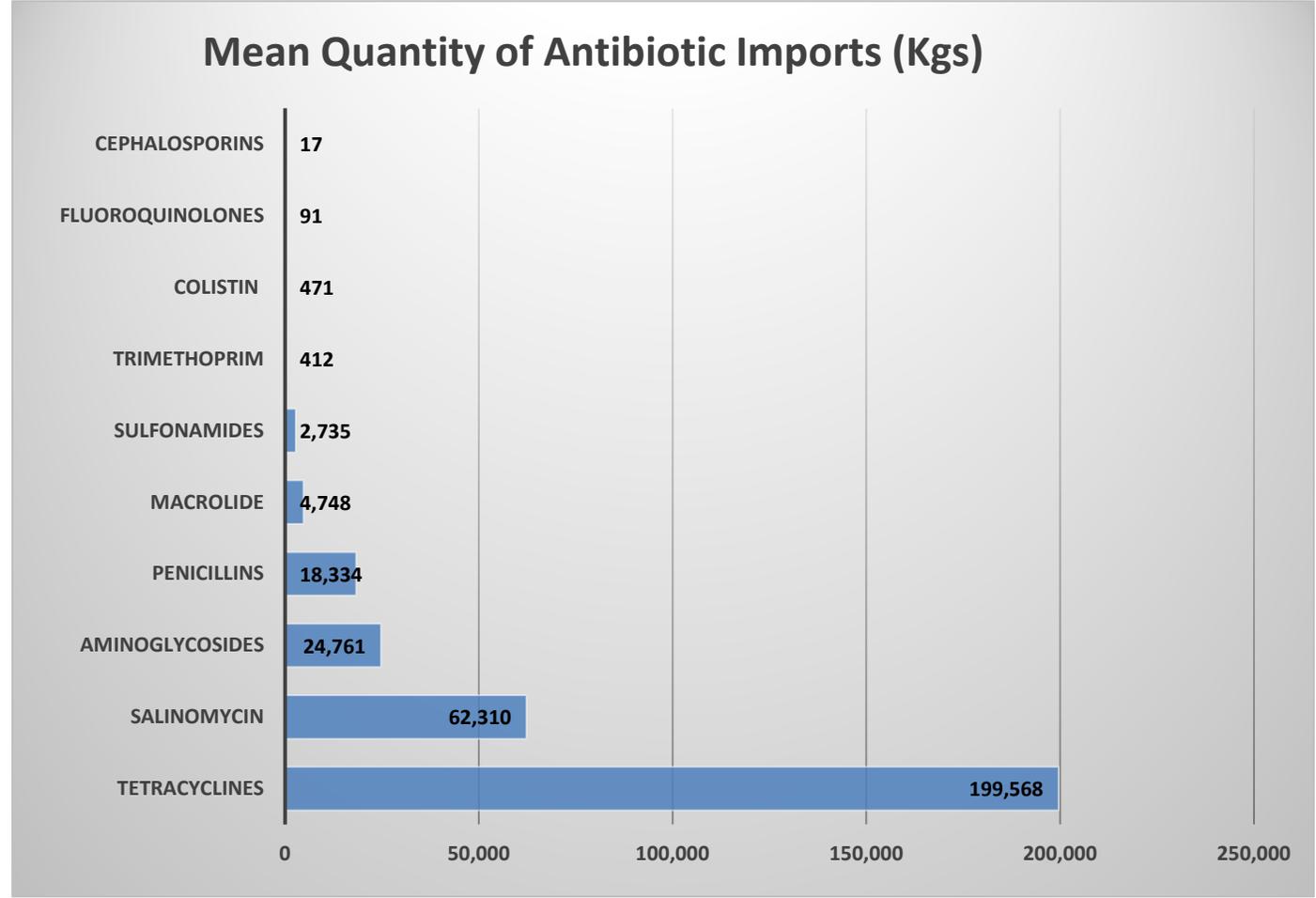
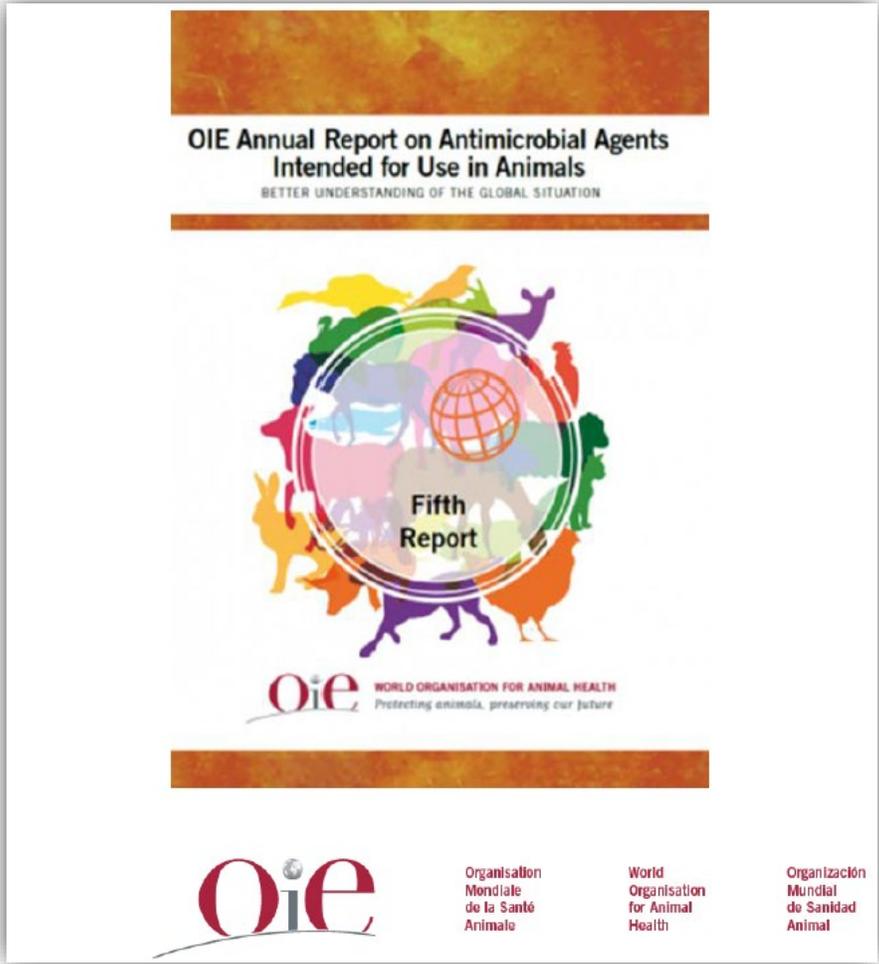


## Antimicrobial Susceptibility Pattern for E.Coli





# Kenya participates in Annual Reporting of AM Agents used in animals annually.

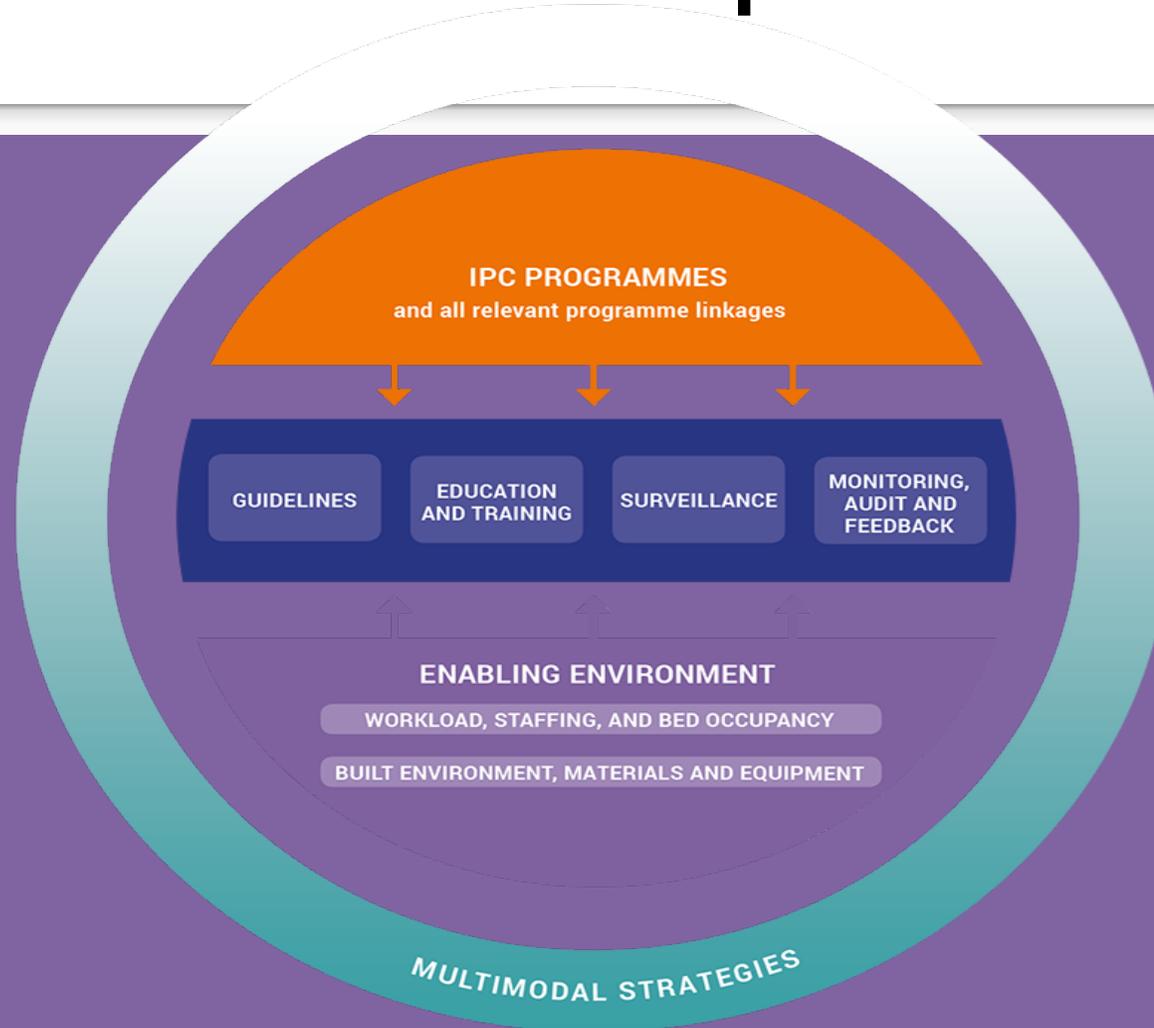


Veterinary Medicinal Products – Antibiotic Imports

# 3. INFECTION PREVENTION & CONTROL (Completed)



## Core IPC Components



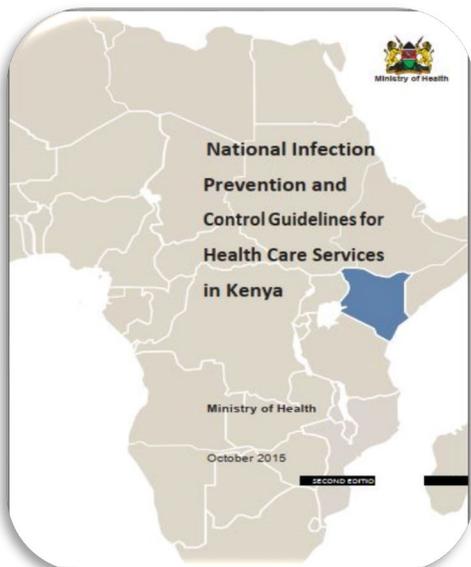


HUMAN HEALTH

### 3. INFECTION PREVENTION & CONTROL (Completed)



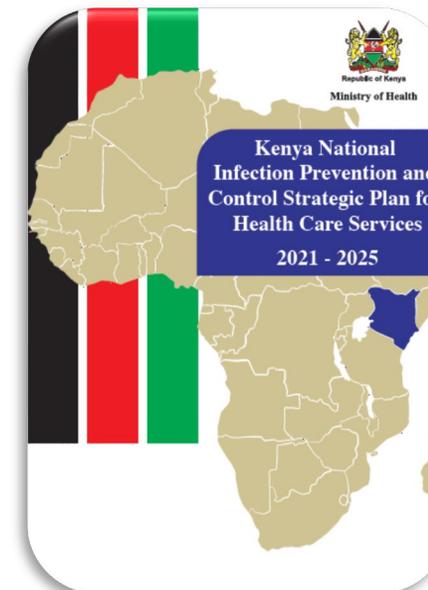
Activity	Completed
Implementing National IPC Strategy	<ul style="list-style-type: none"> <li>National IPC program</li> <li>15 counties have CIPCACs</li> <li>47 IPC Coordinators</li> </ul>
Development of Policies & Guidelines	<ul style="list-style-type: none"> <li>National IPC Policy &amp; Guidelines</li> <li>National IPC Strategic Plan 2021</li> <li>IPC M&amp;E Framework</li> </ul>



Guideline



Policy



Strategy



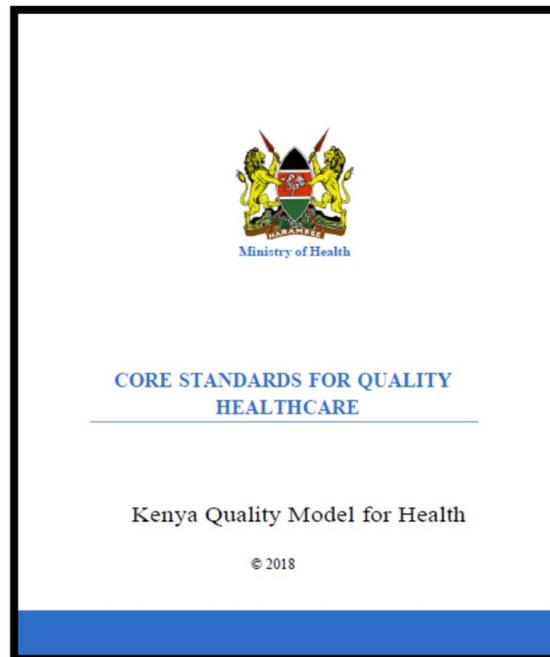


# 3. INFECTION PREVENTION & CONTROL (Completed)



HUMAN HEALTH

Activity	Completed
<b>Capacity Building</b>	<ul style="list-style-type: none"> <li>• HCW trained on Basic &amp; COVID-19 IPC</li> <li>• ECHO IPC Platform</li> </ul>
<b>Strengthen standards of Practice</b>	<ul style="list-style-type: none"> <li>• IPC standards incorporated into accreditation and quality assurance standards (KQMH,JHIC)</li> </ul>

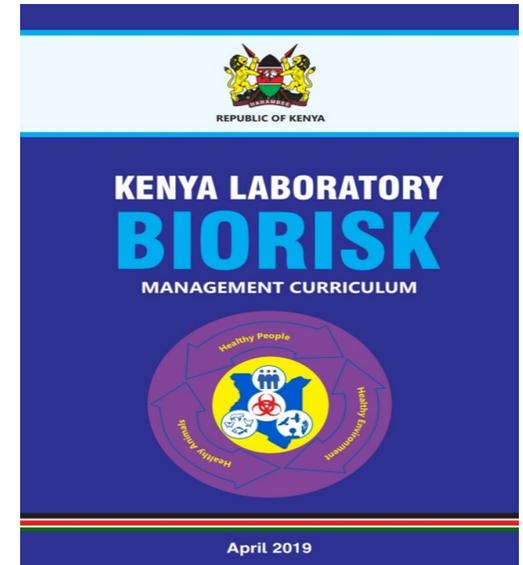


# 3. INFECTION PREVENTION & CONTROL (Completed)



ANIMAL HEALTH

Activity	Completed
<b>Strengthening Hygiene, &amp; Food safety Measures in Food Value Chains and the Environment</b>	<ul style="list-style-type: none"><li>• Sensitized national government personnel on food hygiene, existing standards, guidelines and regulations</li><li>• Developed farm biosecurity guidelines for dairy, poultry and pig value chains -high risk food value chains with high AMU</li></ul>
<b>Inclusion of Hygiene &amp; IPC as Core Component of Training &amp; Education for Veterinary</b>	<ul style="list-style-type: none"><li>• Trained public and private sector personnel on HACCP in meat processing and Dairy processing establishments</li></ul>



**HACCP = Hazard Analysis Critical Control Point**

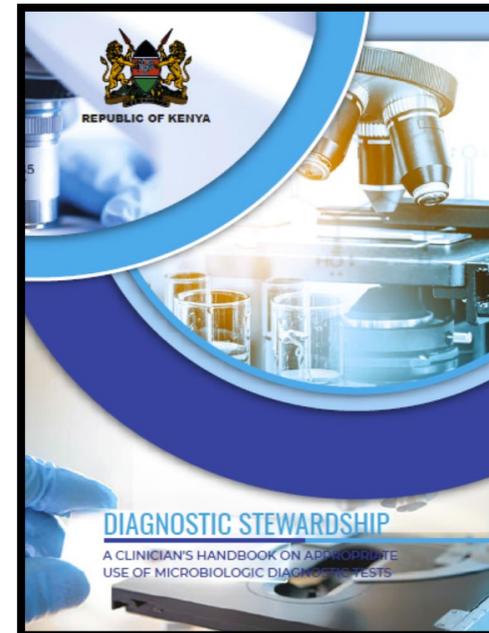
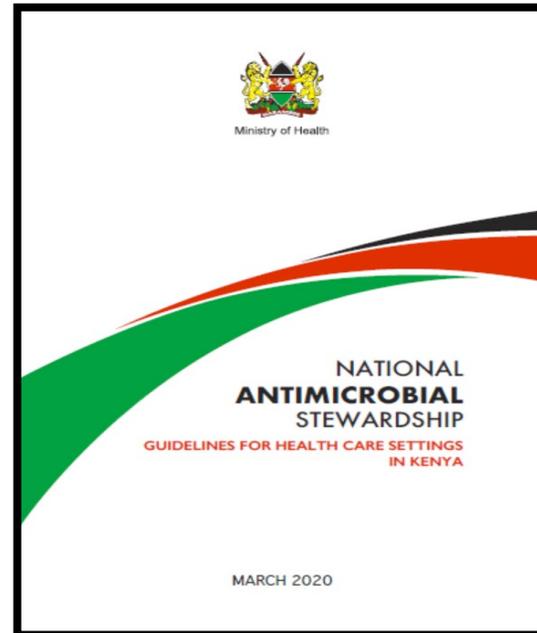
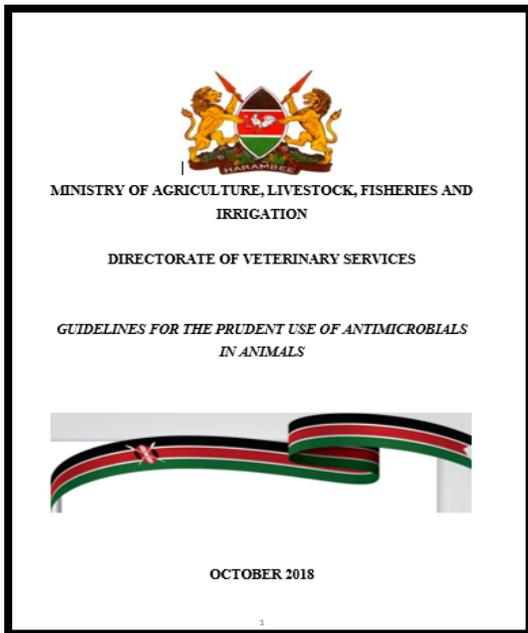




# 4. APPROPRIATE USE OF ANTIMICROBIALS (Completed)

## A) Develop Strategies to Optimize and regulate Use of Antimicrobials

- National AMS guidelines for Healthcare Settings
- Guidelines for the Prudent Use of Antimicrobials in Animals
- Antimicrobial Use Protocol in Animal Health
- Clinician's Handbook on Diagnostic Stewardship
- Kenya Essential Medicines List 2019 (Recognizes AWaRE Classification)
- National Integrated AMS Plan





# 4. APPROPRIATE USE OF ANTIMICROBIALS (Completed)

## B) Establishing Antimicrobial Stewardship programs

- Developed AMS Training Curriculum; **Basic & Advance**
- Capacity building of professionals; **Training & Mentorship**
- Sensitization of county and facility leadership on AMS and AMR
- All level 6 HCF and ~30% County referrals (level 5) have established AMS programs

## C) Strengthen Regulation & Monitoring on AMC and AMU

- Regulatory advisories to HCP and Public on use of antimicrobials
- Developed an M&E system for reporting prescribing practices in HCF
- Point prevalence surveys and audits



  
**MINISTRY OF HEALTH**  
OFFICE OF DIRECTOR GENERAL FOR HEALTH

Telephone: Nairobi 254-20-2717077  
Email: [dg@health2019@gmail.com](mailto:dg@health2019@gmail.com)  
When Replying please quote:

AFYA HOUSE  
CATHEDRAL ROAD  
P.O. Box 30016 00100  
**NAIROBI**

Ref: No. MOH/ADM/IPC/02/VOLI 5<sup>th</sup> March, 2021

County Executive Committee Members for Health  
Uasin Gishu County,  
Embu County,  
Busia County,  
Mombasa County,  
Kiambu County

Thro'  
The Chief Executive Officer  
Council of Governors  
Delta Corner, Westlands  
NAIROBI

RE: Capacity Building of Counties on Infection Prevention Control and Antimicrobial Stewardship (AMS) under the Antimicrobial Resistance Multi-Partner Trust Fund (AMR-MPTF) Project

  
**MINISTRY OF HEALTH**  
**PHARMACY AND POISONS BOARD**

**REGULATORY GUIDANCE FOR THE GENERAL PUBLIC ON USE OF ANTIMICROBIAL MEDICINES**

The Pharmacy and Poisons Board ("the Board") is the National Medicines Regulatory Authority established under the Pharmacy and Poisons Act, Chapter 244 of the Laws of Kenya. The Board regulates the Practice of Pharmacy and the trade of Medical Practitioners and Health Technologists in Kenya.

The Board aims to implement appropriate regulatory measures to achieve the highest standards of safety, efficacy and quality for medical products and health technologies to ensure the protection of the consumer as envisaged by the laws regulating medicines in Kenya.

The Pharmacy and Poisons Board would like to notify all healthcare professionals that there is increasing resistance to antimicrobials in Kenya and globally. The World Health Organisation (WHO) has declared AMR as one of the top ten (10) global public health threats facing humanity.

The Kenya National Policy and Action Plan documents on the Prevention and Containment of Antimicrobial Resistance (2017-2022) recognize that the misuse and overuse of antimicrobial medicines in humans, animals and food production poses a high risk of resistance to the health of the public considering that very few new antimicrobial medicines are being discovered over time. Antimicrobial resistance leads to inadequate treatment of infections, longer hospital stays, higher medical costs and increased deaths.

In light of this, the Board would like to advise the public as follows:

1. The public is discouraged from self-medication with antimicrobial medicines.
2. The public should **ONLY** access antimicrobial medicines using valid prescriptions from registered pharmacists, chemists, clinics and hospitals.
3. Antibiotics are a class of antimicrobial medicines that are only effective against bacterial infections. Antibiotics are **NOT** the solution for infections caused by viruses such as common colds or flu. The correct diagnosis and the decision about whether antibiotics are necessary can only be made by a qualified healthcare professional.
4. The public should ensure that they complete the full dose of prescribed antimicrobial medicines.
5. Unused antimicrobial medicines should **NOT** be disposed of in toilets or waste bins but returned to the pharmacy/chemist where it was obtained from or taken to the nearest clinic/hospital.
6. Antimicrobial medicines should **NOT** be stored at home for purposes of future use.
7. The public should **NOT** share antimicrobial medicines with friends or relatives.
8. For more information on antimicrobial resistance, you can contact the Pharmacy and Poisons Board at [pp@pharmacyboardkenya.org](mailto:pp@pharmacyboardkenya.org) or call +254 730 743 049.

CHIEF EXECUTIVE OFFICER  
PHARMACY AND POISONS BOARD

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTAPS) PROGRAM  
Empowering Patients, Improving Services, Saving Lives

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**MINISTRY OF HEALTH**  
**PHARMACY AND POISONS BOARD**

**REGULATORY GUIDANCE FOR HEALTHCARE PROFESSIONALS ON APPROPRIATE USE OF ANTIMICROBIAL MEDICINES**

The Pharmacy and Poisons Board ("the Board") is the National Medicines Regulatory Authority established under the Pharmacy and Poisons Act, Chapter 244 of the Laws of Kenya. The Board regulates the Practice of Pharmacy and the trade of Medical Practitioners and Health Technologists in Kenya.

The Board aims to implement appropriate regulatory measures to achieve the highest standards of safety, efficacy and quality for medical products and health technologies to ensure the protection of the consumer as envisaged by the laws regulating medicines in Kenya.

The Pharmacy and Poisons Board would like to notify all healthcare professionals that there is increasing resistance to antimicrobials in Kenya and globally. The World Health Organisation (WHO) has declared AMR as one of the top ten (10) global public health threats facing humanity.

The Kenya National Policy and Action Plan documents on the Prevention and Containment of Antimicrobial Resistance (2017-2022) recognize that the misuse and overuse of antimicrobial medicines in humans, animals and food production poses a high risk of resistance to the health of the public considering that very few new antimicrobial medicines are being discovered over time.

In light of this, the Pharmacy and Poisons Board would like to guide as follows:

1. All antimicrobial medicines shall be prescribed by duly registered prescribers as outlined in the Medical Practitioners and Dentists Act, Chapter 253 and the Pharmacy and Poisons Act, Chapter 244 of the Laws of Kenya.
2. All antibiotic medicines shall be prescribed according to the Access, Watch, Reserve (AWaRe) classification outlined in the Kenya Essential Medicines List, 2019.
3. **Access** antibiotics have activity against a wide range of commonly encountered susceptible pathogens while showing low potential for development of resistance.
4. **Watch** antibiotics have higher resistance potential of higher severity concerns and should be prescribed as key targets of national, county and healthcare facility antimicrobial stewardship programs and monitoring.
5. **Reserve** antibiotics should be reserved for treatment of confirmed or suspected infections due to multi drug-resistant organisms and treated as last-resort options. They should be protected and prioritized as key targets of national and international antimicrobial stewardship programs, involving monitoring and utilization reporting, with the aim of preserving their effectiveness.
3. All antimicrobial medicines shall be dispensed from duly registered pharmacies / chemists and healthcare facilities.
4. Healthcare professionals are advised to educate patients and the public on the risk of antimicrobial resistance and appropriate use of antimicrobial medicines.

CHIEF EXECUTIVE OFFICER  
PHARMACY AND POISONS BOARD

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTAPS) PROGRAM  
Empowering Patients, Improving Services, Saving Lives



## Estimation of National level AMC

- WHO AMC methodology applied
- Import data on antibiotics (J01)
- Consumption in DDDs and DIDs was computed (2018 to 2021)
- Analysis of AMC by route of administration
- Analysis by AWARE
- Analysis pharmacological class
- Analysis by DU75 & DU90
- Analysis by KEML 2019 and WHO EML 2021





## Estimation of National Level AMC Results

<b>YEAR</b>	<b>SUM OF DDD</b>	<b>SUM OF DID</b>	<b>ORAL</b>	<b>PARENTERAL</b>
<b>2018</b>	1,193,614,725.00	63.63133	56.21%	43.79%
<b>2019</b>	667,798,080.20	34.80018	49.75%	50.25%
<b>2020</b>	254,565,790.90	12.9705	85.16%	14.84%
<b>2021</b>	360,223,086.90	17.66255	71.36%	28.64%
<b>Grand Total</b>	2,476,201,683.00	129.0646	59.65%	40.35%

*Total DDDs and DIDs of antibiotics (J01) consumed in Kenya from 2018 to 2021 by Route of Administration*



# Estimation of National level AMC Results

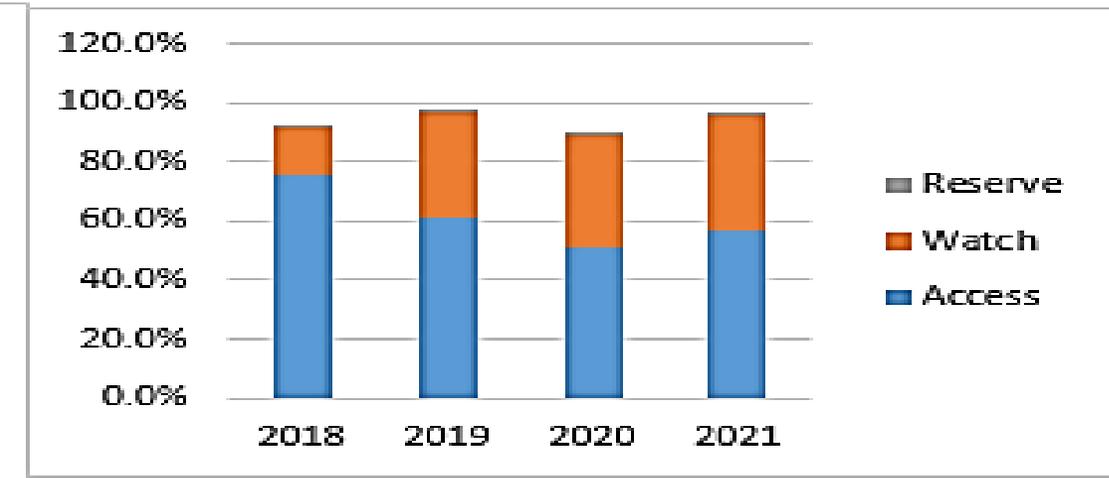
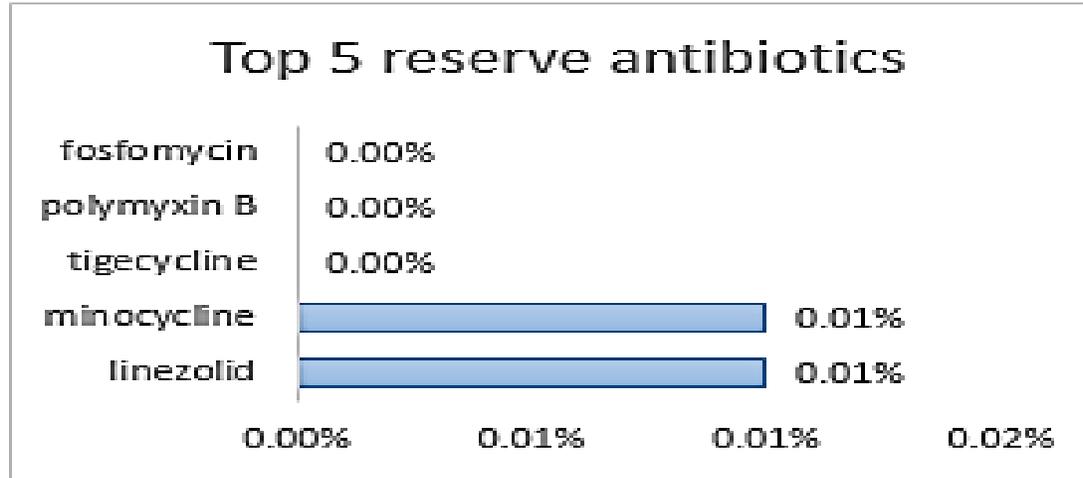
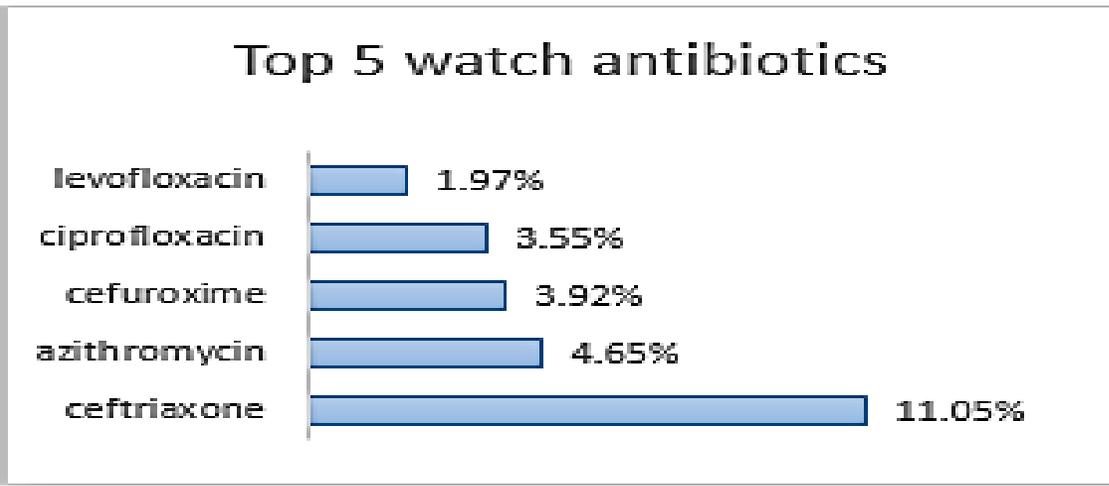
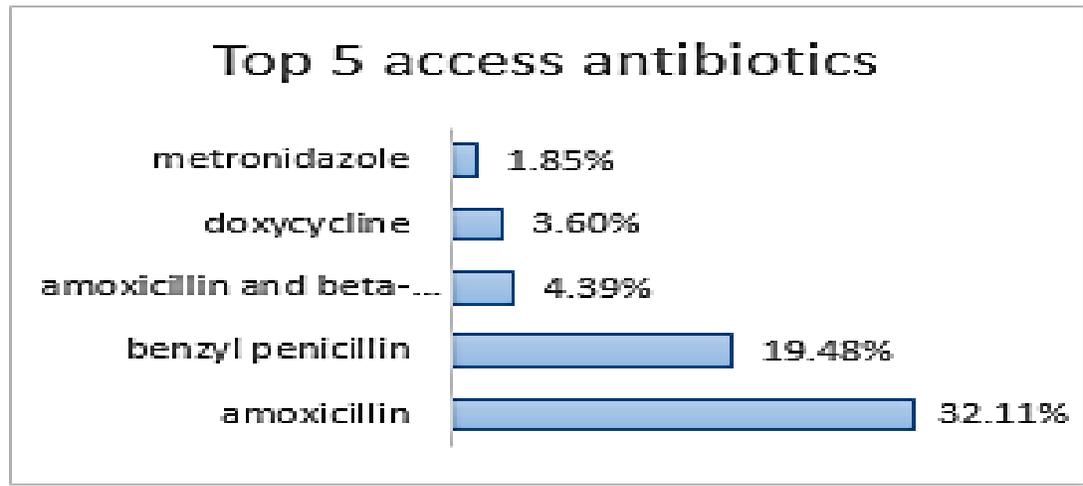


Table 7 Top five WHO\_AWARE category antibiotics.

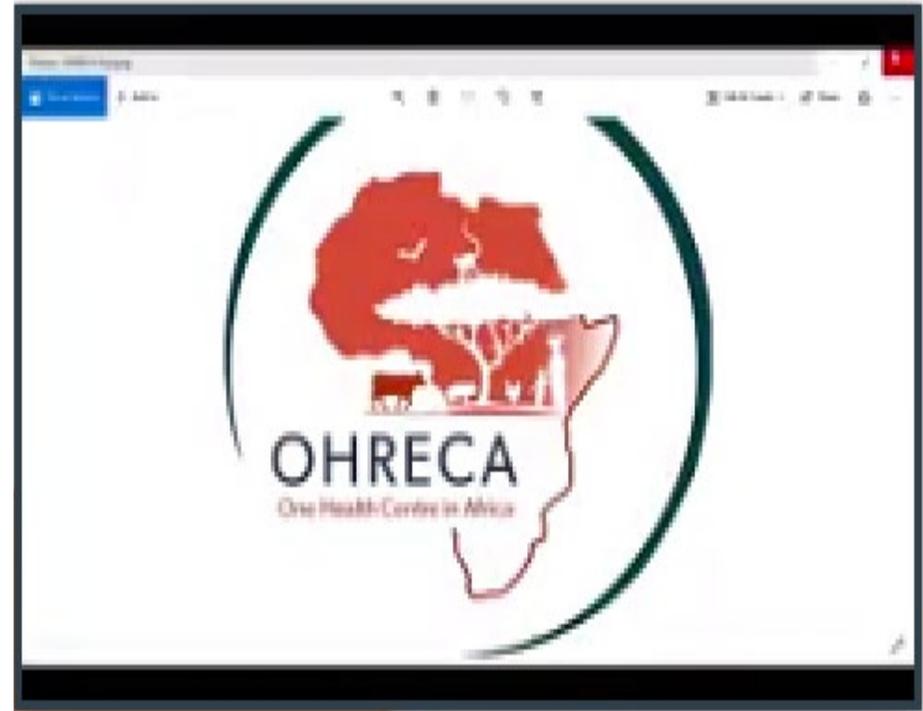


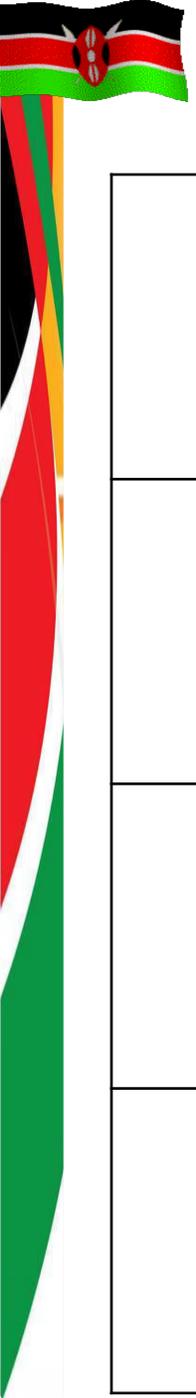
# 5. Research & Development

- One Health Research, Education and Outreach Centre in Africa (OHRECA)



- Baseline Evaluation Surveys – AMR-MPTF
- Citizen generated data report.
- Transformative Innovative Policy Project, SPIDAAR
- KEMRI





# Lessons Learnt



 <p>Political commitment</p>	<ul style="list-style-type: none"><li>• Critical to move the AMR agenda, mobilize resources, and achieve action</li><li>• Requires someone in government at the right level, with the right decision-making authority, to drive action on AMR.</li><li>• Political and personnel changes- Regular briefings and updates</li></ul>
 <p>Resources</p>	<ul style="list-style-type: none"><li>• Time, money, technical assistance and dedicated human resources to coordinate and secure mutual trust, ownership and collaboration.</li><li>• Governments must take the lead in resourcing NAPs</li></ul>
 <p>Governance mechanisms</p>	<ul style="list-style-type: none"><li>• There is no one-size-fits-all</li><li>• Good communication and consultation is essential</li><li>• Understand the policy environment and the policy formulation processes</li></ul>
 <p>Practical management</p>	<ul style="list-style-type: none"><li>• Clear institutional mandates, roles and deliverables strengthen the transparency and accountability</li><li>• Monitoring framework and feedback mechanism is vital- Keep it simple</li></ul>



Principal Secretary State Department of Livestock at the AMR Forum 2022



Chief Administrative Secretary – MOH at the AMR Forum 2022



Director General for Health – at the AMR Forum 2022





# Challenges

- Inadequate engagement through the decision making process
- Inadequate resources
- Lack of critical support functions
  - Communication
  - IT infrastructure and data management
  - Monitoring and Evaluation
- Capacity building for focal points-communication, diplomacy, negotiation
- Lack of consistent support for AMR activities especially in animal health



## Conclusion

- **Need to repackaging our narrative, engage the leadership citizens: Compelling narrative**
- Each country will have different approach- find the best fit.
- Engagement from an end to end process (from design to implementation) to ensure joint ownership ,effective implementation and sustainability of interventions
- Governments need to take leadership of the process and provide clear mechanisms for engagement to harness and sustain support in and outside government.

