

# **ANTIMICROBIAL STEWARDSHIP NATIONAL AND HEALTH FACILITY GOVERNANCE SYSTEM, AND MONITORING AND EVALUATION**

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# AMS


- OPTIMIZE ANTIMICROBIAL USE
- IMPROVE PATIENT OUTCOMES
- REDUCE HEALTH CARE COSTS
- ESSENTIAL COMPONENT OF ONE HEALTH APPROACH TO ADDRESS AMR

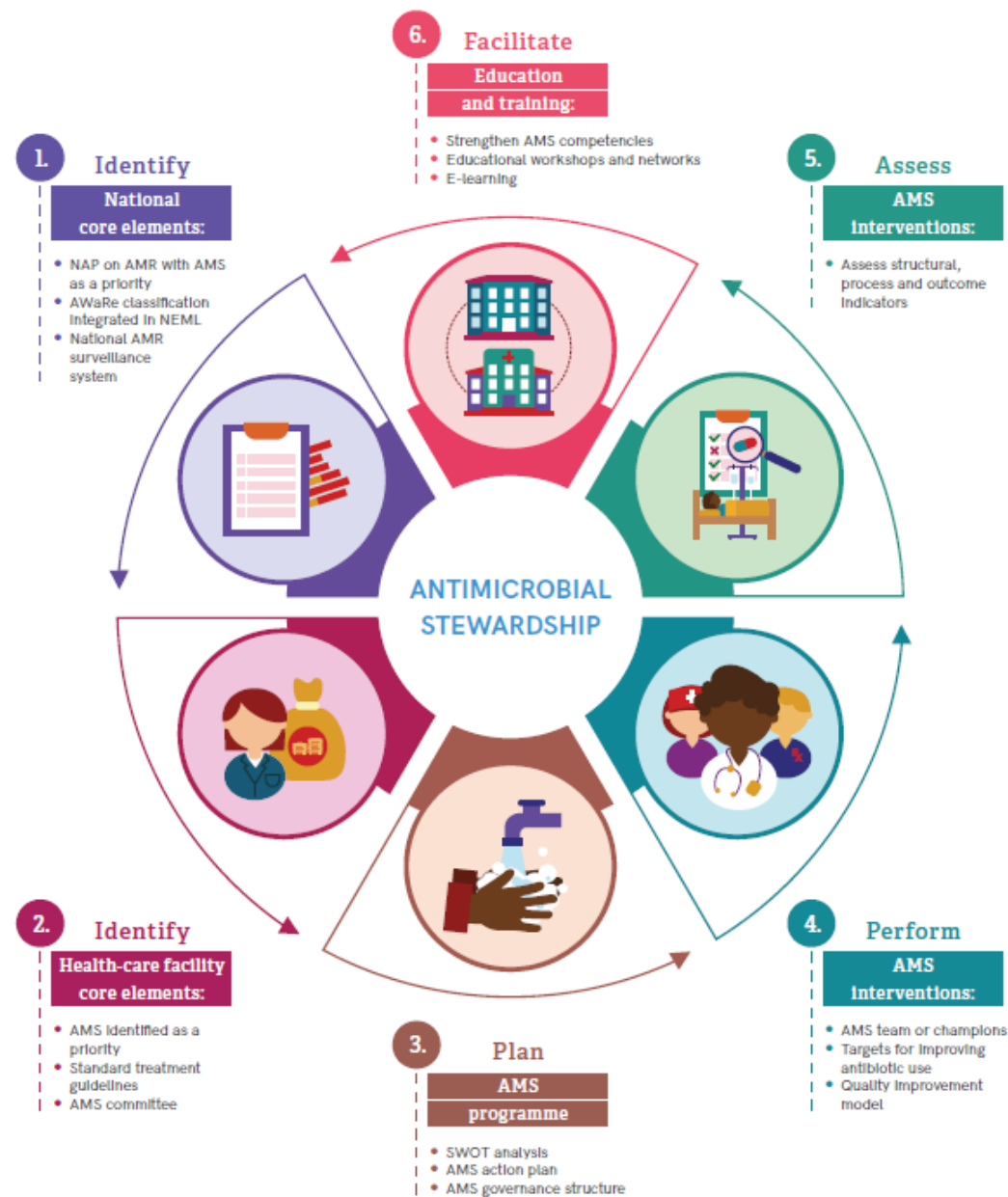
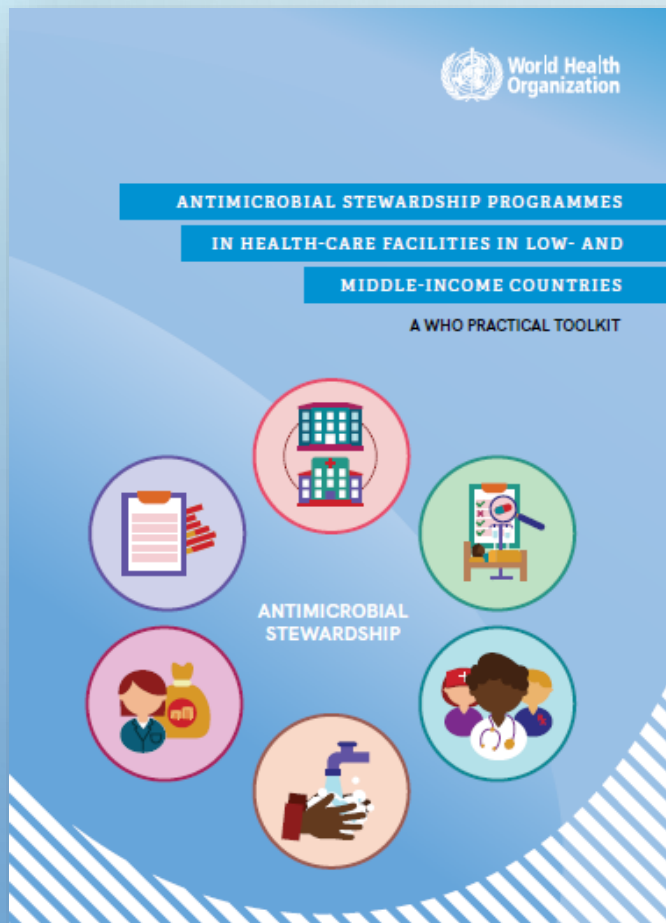
# LMIC SCENARIO

- INADEQUATE FUNDINGS
- LACK OF POLICY
- LACK OF TREATMENT GUIDELINES
- LOW PRIORITY, EXAMPLE CLEAN DRINKING WATER IS MORE IMPORTANT



# WHO PRACTICAL TOOLKIT FOR IMPLEMENTATION OF AMS PROGRAMS

- GUIDANCE ON DEVELOPMENT OF AMS PROGRAMS
    1. STRUCTURE
    2. PLANNING AMS PROGRAMS
    3. PERFORMING AMS INTERVENTIONS
    4. ASSESSING AMS PROGRAMS
    5. EDUCATION AND TRAINING
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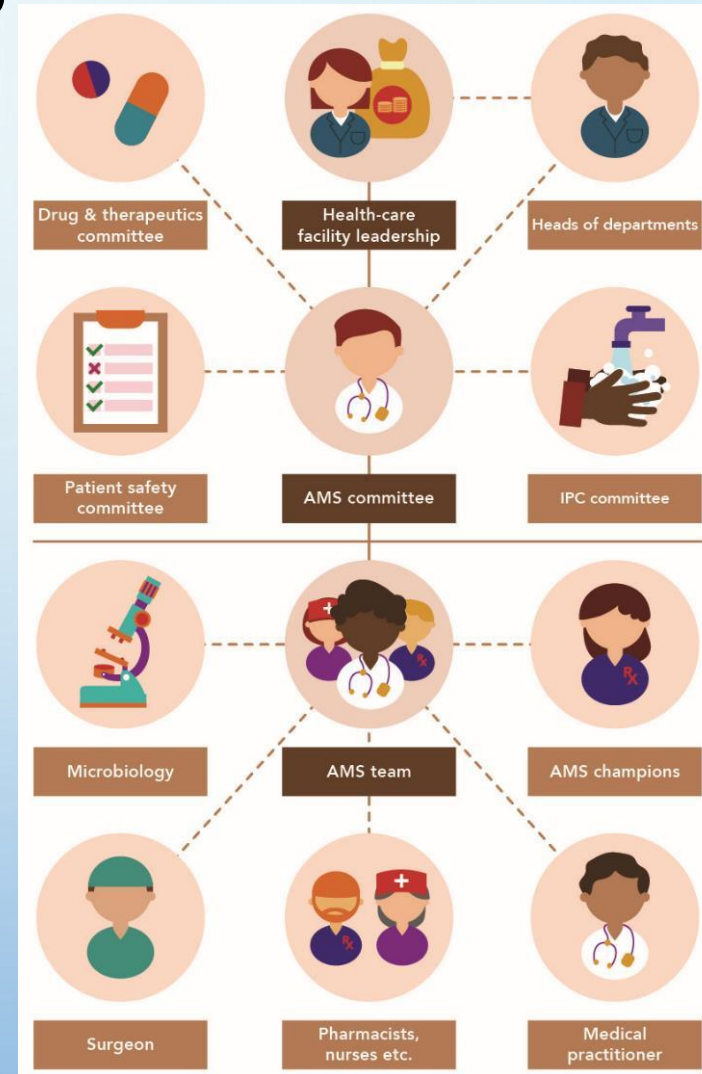


# Planning AMS programmes

<b>Situational or SWOT analysis</b>	Conduct a SWOT analysis: <ul style="list-style-type: none"><li>• Structures, policies and guidelines</li><li>• Human resources</li><li>• Data: antimicrobials, resistance</li><li>• AMS activities</li></ul>
<b>Facility AMS action plan</b>	To ensure accountability, prioritize activities and measure progress

## Governance

- ✓ Responsibilities and accountability
- ✓ AMS team and/or AMS champions
- ✓ Link to other programmes/ committees



# PERFORMING AMS INTERVENTIONS

## OVERVIEW

### Passive measures

- Guidelines and clinical pathways
- Educational sessions/ workshops

### Active interventions

- Prospective audit with intervention and feedback
- Streamlining and de-escalation of therapy

### Restrictive measures

- Antibiotic order form
- Formulary restriction and authorization

### Supportive/ supplemental measures

- IV-oral conversion
- Dose optimization

# Education & Training

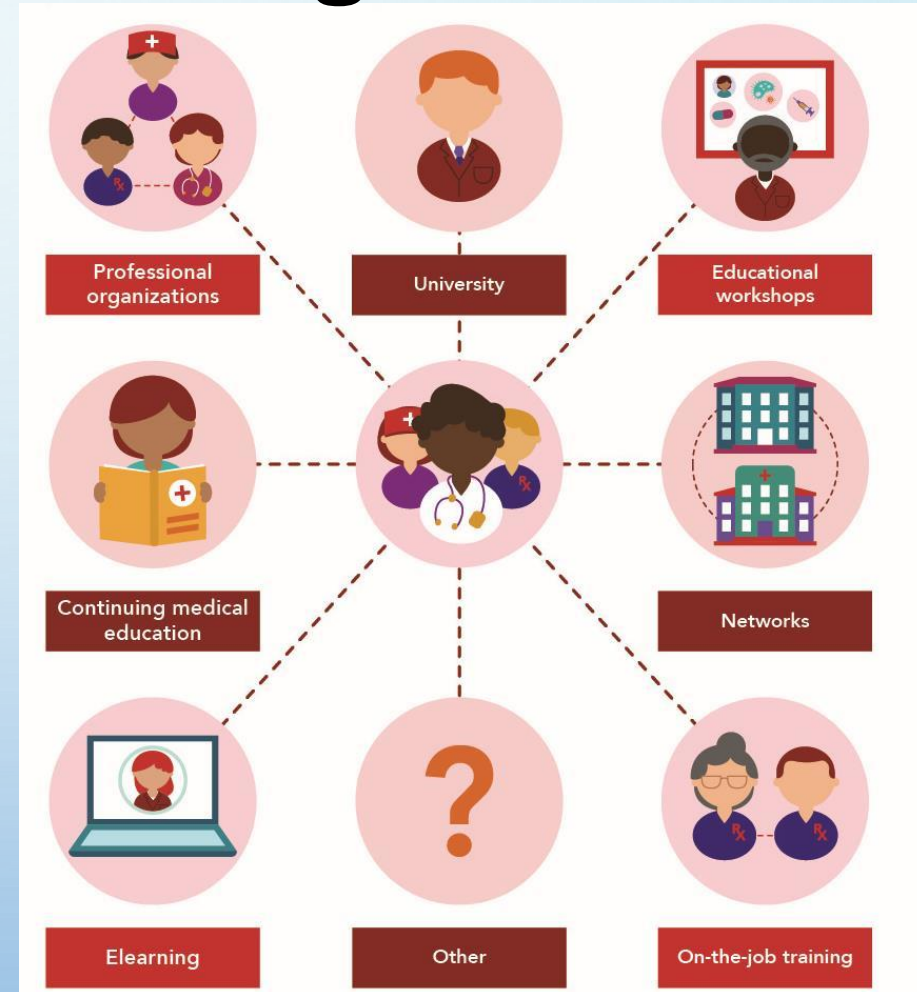
## AMS competencies

- ✓ Antibiotics
- ✓ Microbiology
- ✓ Infection management
- ✓ Plan and perform AMS interventions
- ✓ Monitor AMS interventions/ ABx use

## Face to face workshops

## Online e-learning resources

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**WHO POLICY  
GUIDANCE ON  
INTEGRATED  
ANTIMICROBIAL  
STEWARDSHIP  
ACTIVITIES**

Identifying what is already in place, What needs to be put in place over time on a priority basis & what resources will be needed for the same

Periodic evaluation

# HEALTH CARE CORE ELEMENTS

1. LEADERSHIP COMMITMENT
2. ACCOUNTABILITY & RESPONSIBILITY
3. AMS ACTIONS
4. EDUCATION & TRAINING
5. MONITORING & SURVEILLANCE
6. REPORTING FEEDBACK WITHIN HEALTHCARE FACILITY

# SITUATIONAL ANALYSIS

- LACK OF COORDINATION
- MULTIPLE RESPONSIBILITIES TO SAME PERSONNEL
- LACK OF TRAINING
- INADEQUATE STAFFING
- LACK OF AWARENESS/ ADVOCACY ABOUT AMS
- LACK OF FUNDING

- OTHER HIGH PRIORITY INITIATIVES
- LACK OF LOCAL EXPERTISE IN AMS
- LACK OF AMS POLICY
- PRESCRIBERS RELUCTANCE TO CHANGE PRACTICES

# RECOMMENDATIONS

**Identify dedicated leaders and champions within facilities who will take responsibility for establishing AMS committees and implement AMS programs**

**Identify funding sources to support facility-level AMS and present case study for funding to them**

**Sensitize stakeholders about the urgency of AMR as a health risk .and increase awareness of National Action Plan (NAP) content, government roll out plans for AMS**

**Integrate AMS training into existing CME/training programs and IPC training initiatives across all health disciplines**

**Training of trainers workshop for AMS team and cascade learning for others**

**Adapt WHO and other available material to country context**

**Establish mechanism for M&E based on NAP targets**

**Develop interdisciplinary training programs to support increased understanding and communication between wards and departments**

**Establish mechanism for coordination and internal communication between stakeholders**

**Sensitize facility leaders and other stakeholders about the urgency of AMR as a health risk.**

**Perform needs assessments of local laboratory capacity**

**Strengthen microbiology laboratory capacity**



TASHI DELEK & THANK YOU