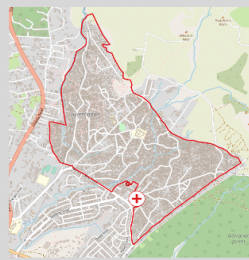
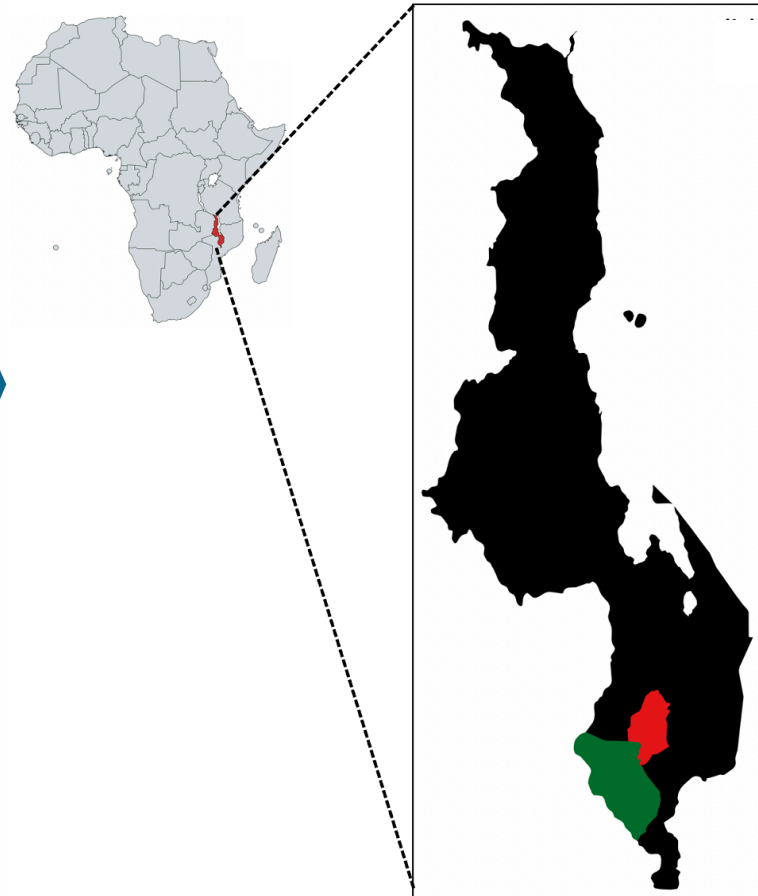
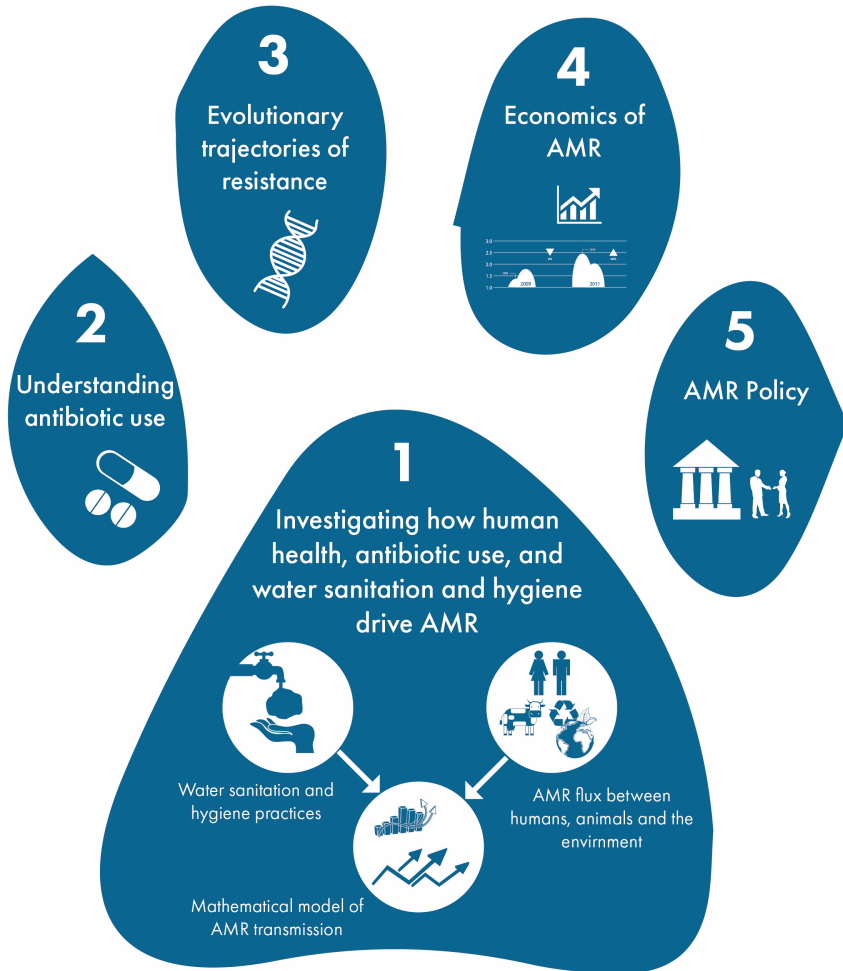




AMR The Faceless Pandemic: Policymaker Narratives from Malawi and Uganda

Russell Dacombe, Anne Katahoire, Tumaini
Malenga, Elias Phiri and Phoebe Kajubi


DRUM in Malawi



Urban Site: Ndirande, Blantyre

Size = 3km²

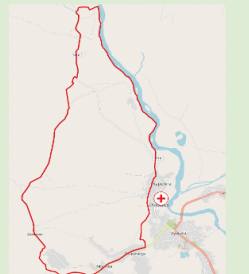
Largest informal settlement in Malawi



Peri-urban Site: Chileka, Blantyre

Size = 14km²


Expanding farming areas and diverse variation in SES



Rural Site: Chikwawa District

Size = 71km²

Rural farming area 1hr drive from Blantyre



Policy Research Team

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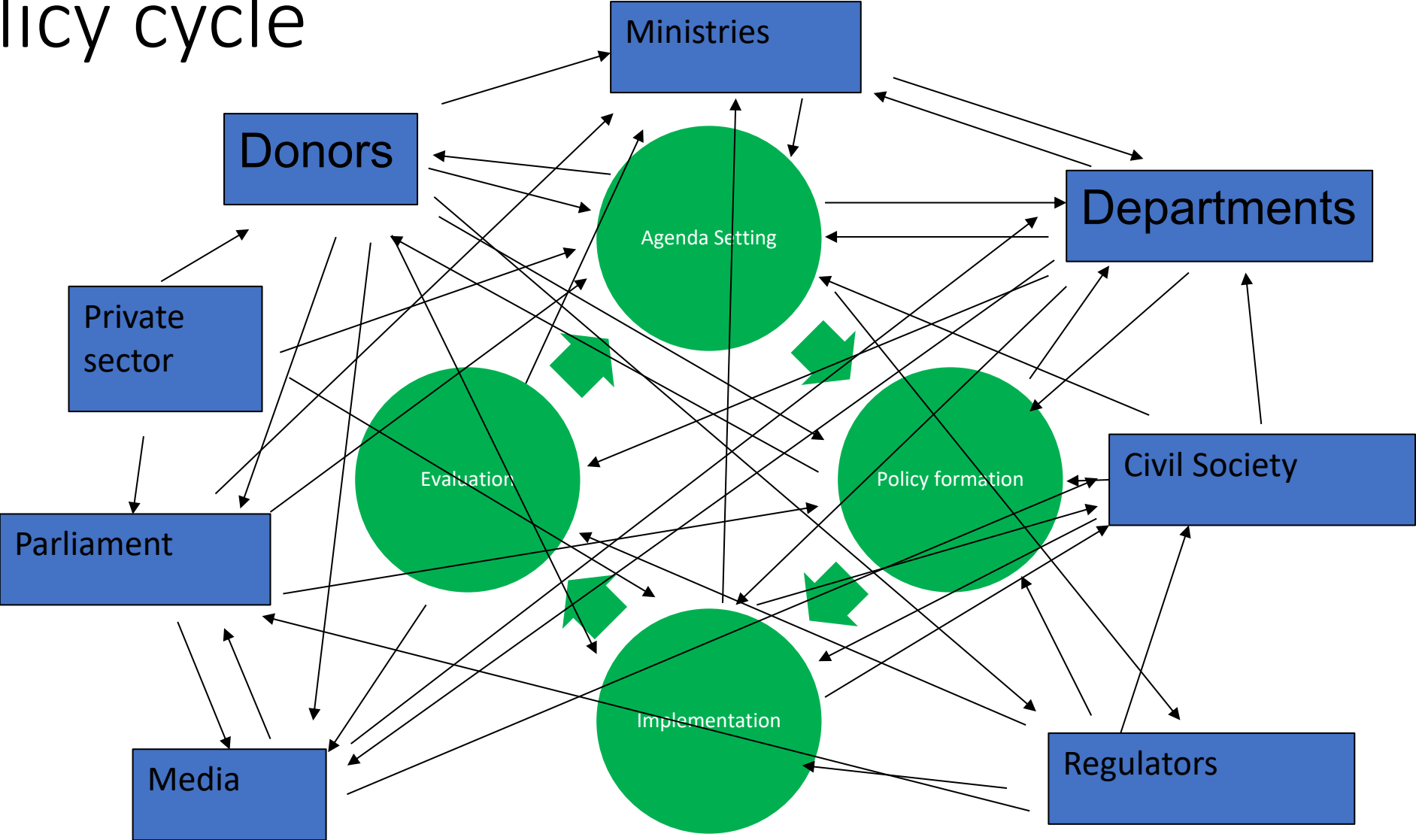
Elias Phiri
MLW

Watipaso
Kasambara
MoH

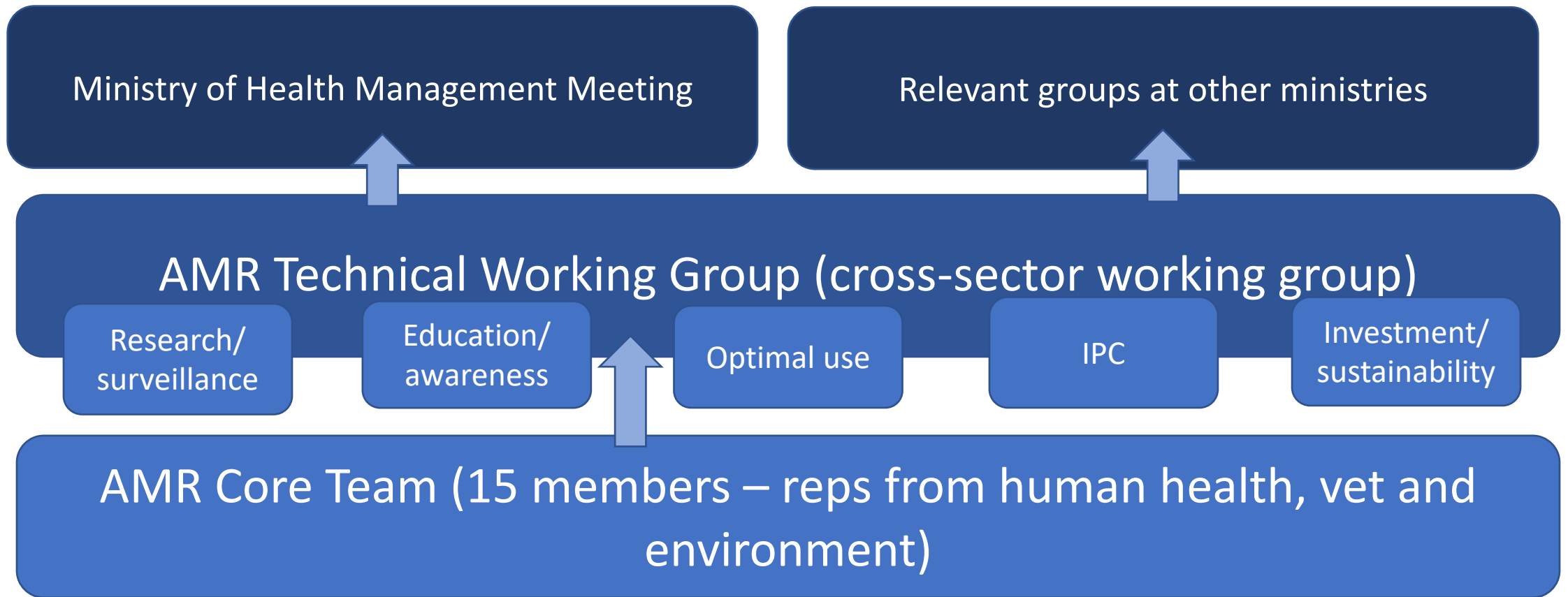
Research objectives

- To explore key actors' perceptions of enablers of and barriers to collaborative development and implementation of antimicrobial resistance control policy in Malawi and Uganda
 - To explore the collaborative processes and actions at of AMR policy development and implementation in Malawi and Uganda
-

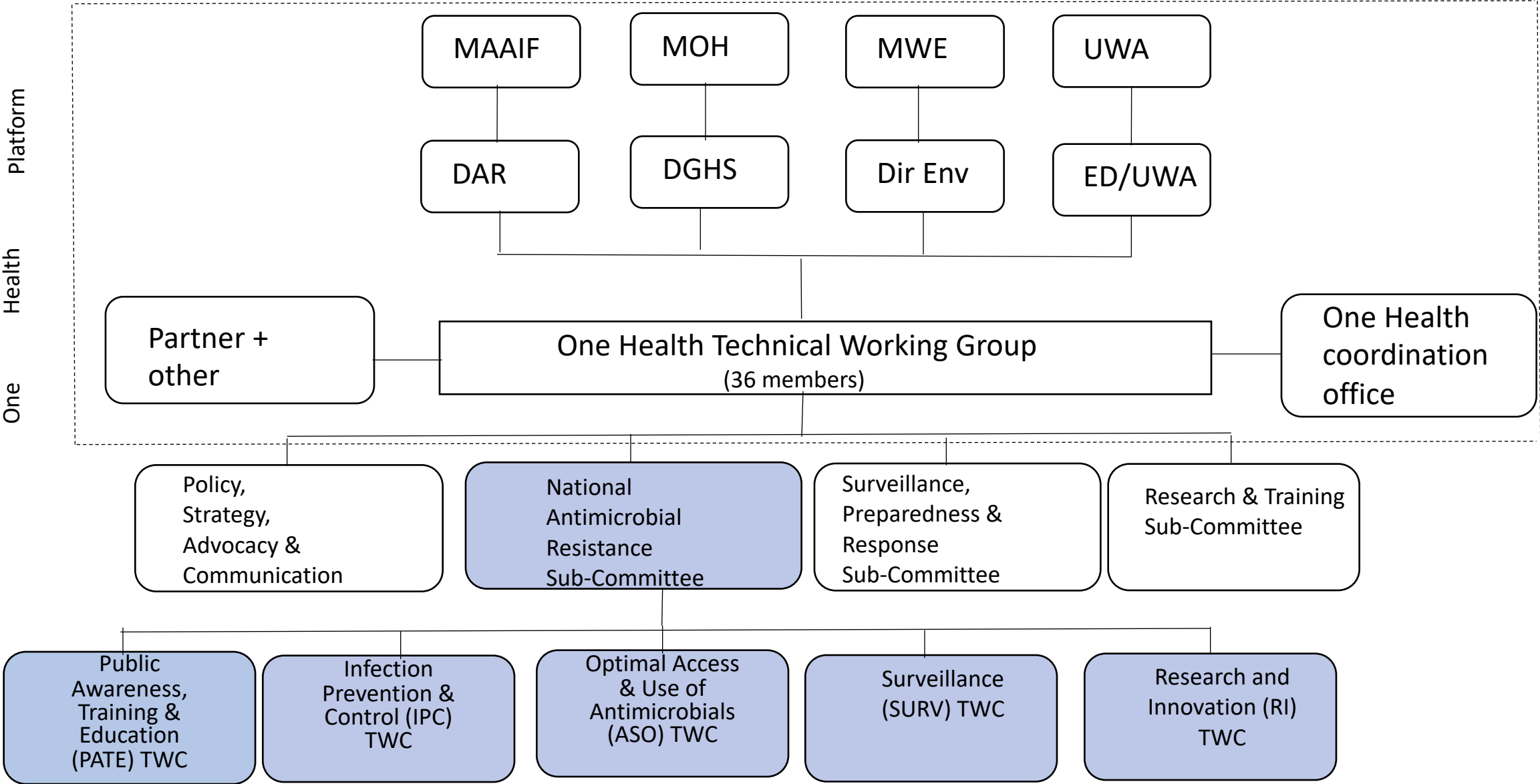
Policy cycle



Malawi AMR Policy Development Process



AMR POLICY PLATFORM FOR UGANDA



Methods

- **Malawi**

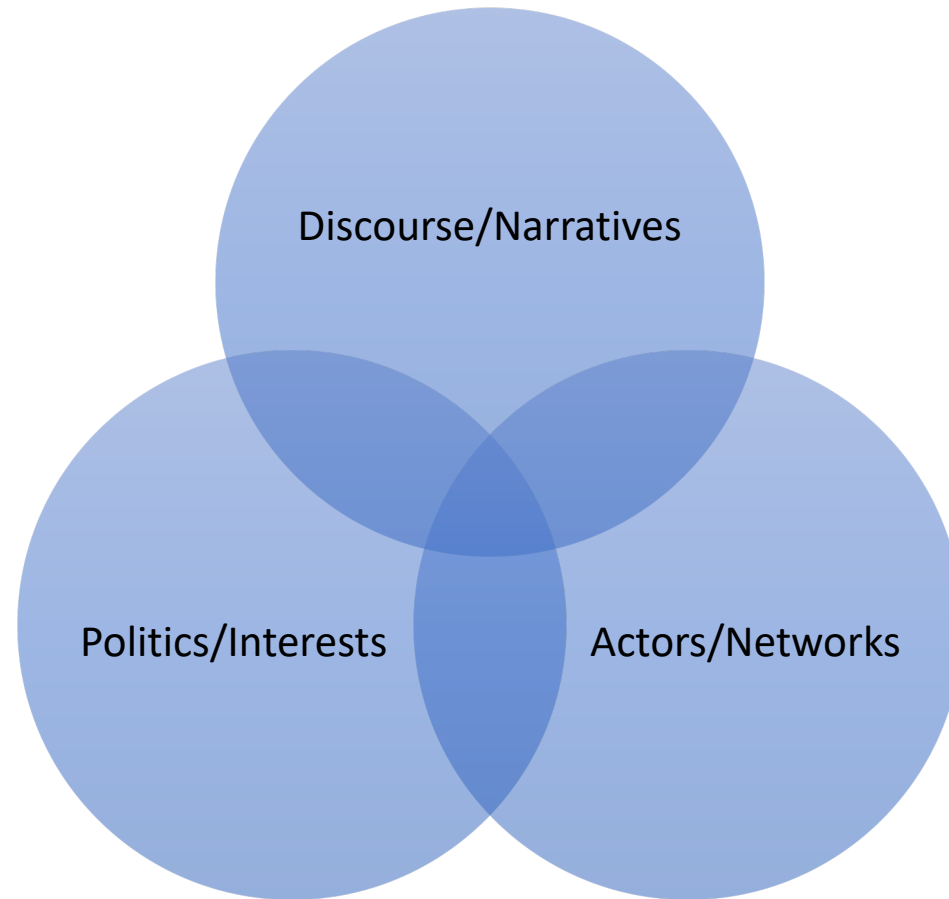
- In-depth interviews with policy makers and other stakeholders involved with national-level AMR policy in Lilongwe, Malawi (22 conducted)
- Non-participant observation of the AMR technical working group meetings (2 pilot observations)
- Series of semi structured interviews with core group members (2 rounds conducted)
- In-depth interviews with district level stakeholders involved in AMR policy development and implementation (one round conducted).

- **Uganda**

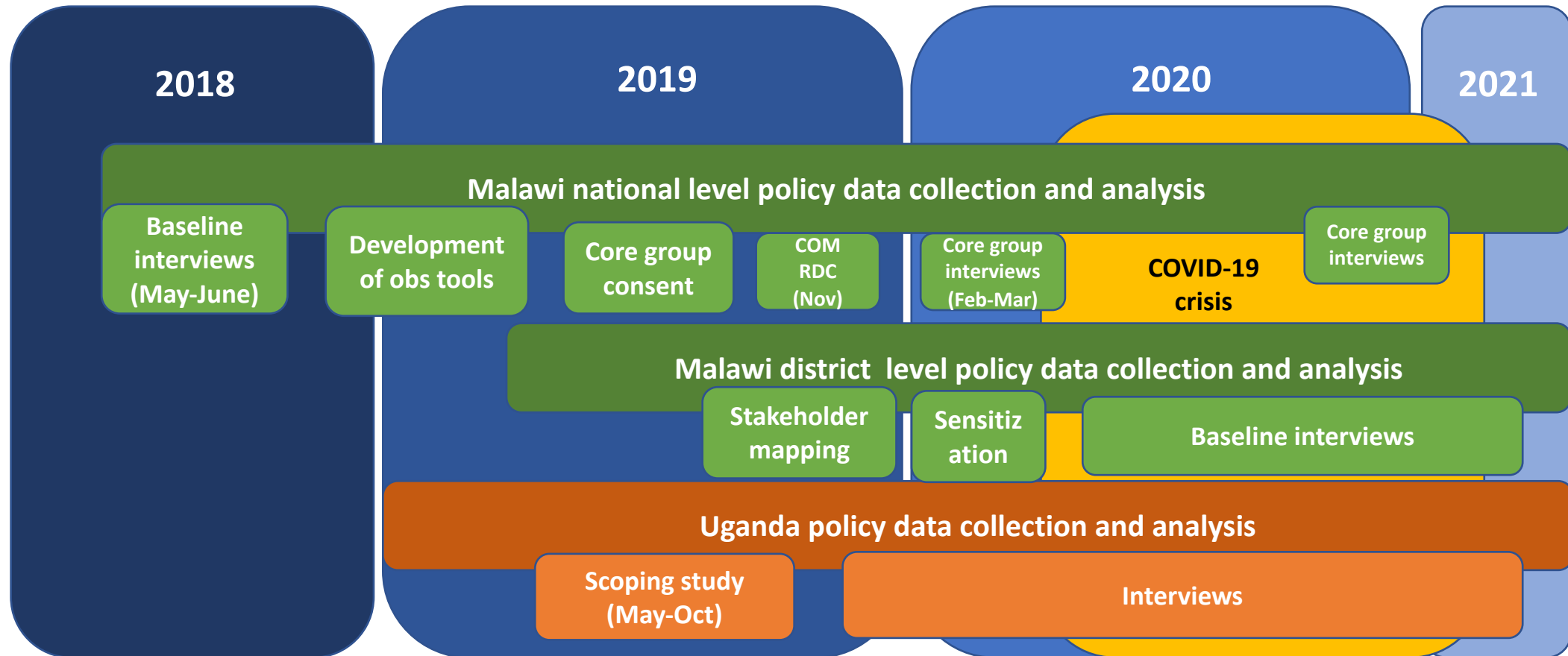
- In-depth interviews with policy makers and other stakeholders involved with national-level AMR policy (24 conducted plus 6 follow up)

- The IDS KNOTS model framed the initial analysis of Key Informant Interviews
-

IDS KNOTS Model



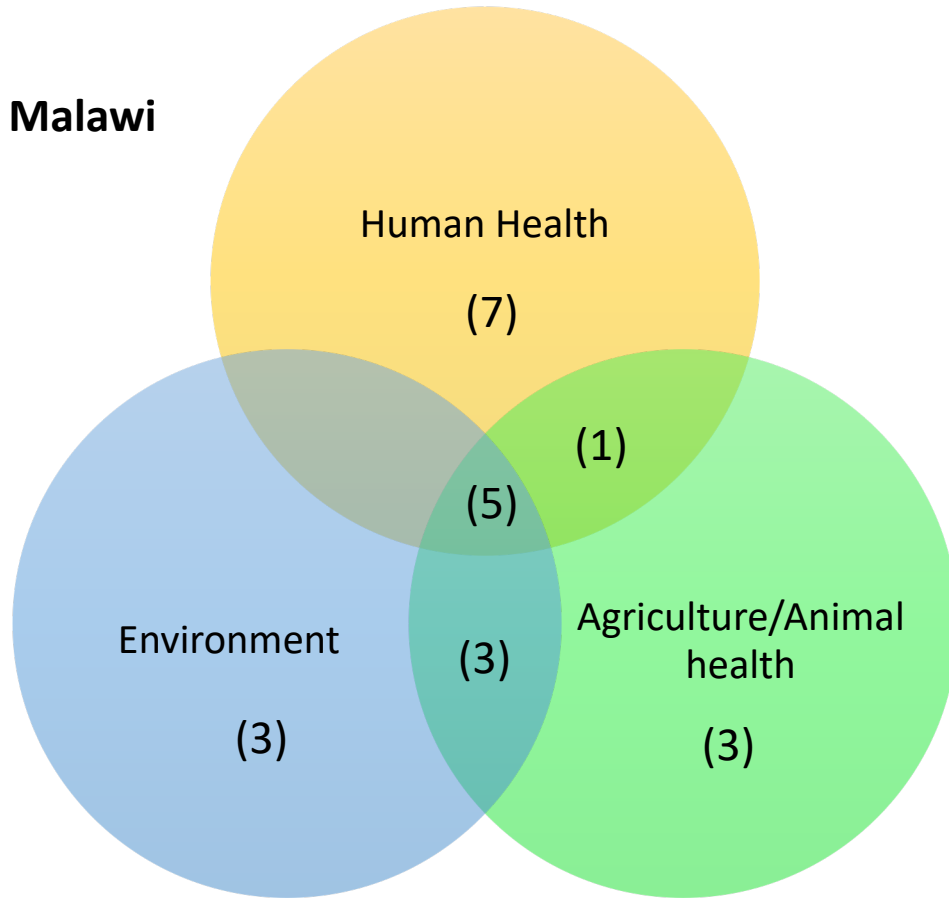
DRUM policy research timeline



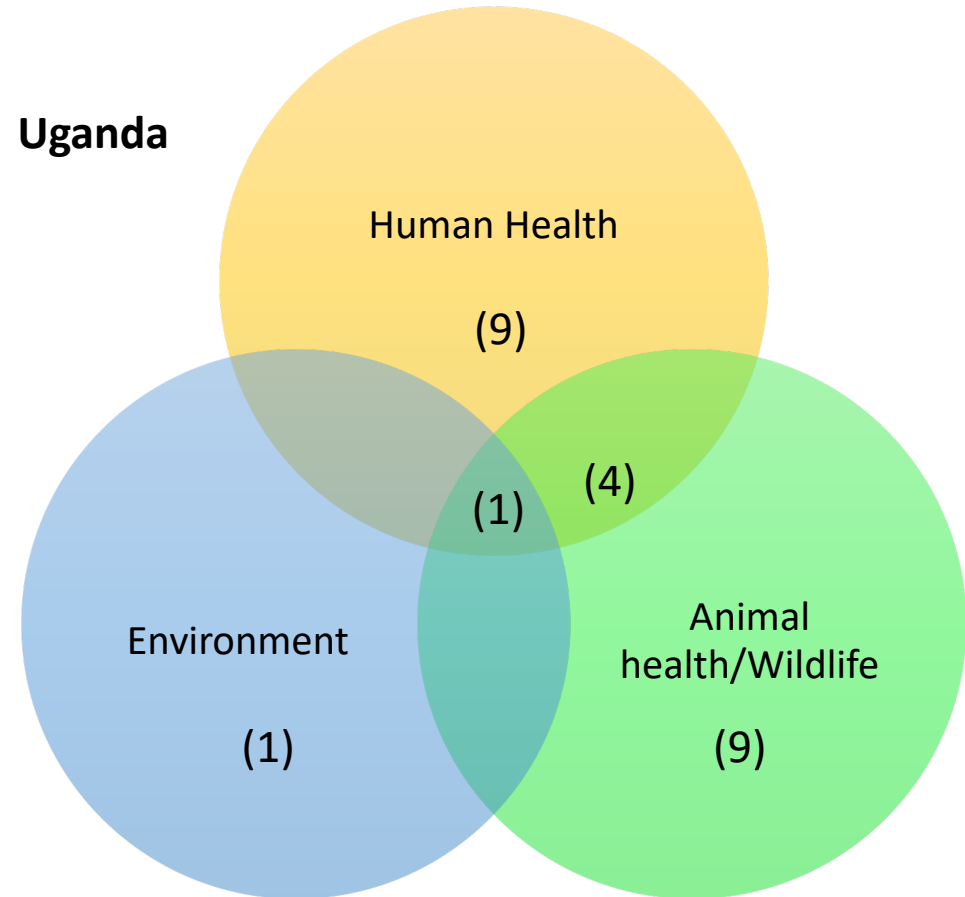
National Level Key informant interviews in Malawi and Uganda



Malawi



Uganda



Narratives (Social constructs) on AMR

- One Health Approach
- Health Security Threat
- Healthcare policy issue
- Development issue
 - Sanitation & hygiene
 - Antibiotic “misuse”
- Innovation issue

Malawi stakeholder narratives on AMR

- Framed primarily as a development issue by key informants.
 - Was mainly focused on the availability and use of antibiotics, which also overlaps with framing the issue as a healthcare issue
 - International framing around One Health viewed as important in fostering cross sectoral links
 - For a small number of key informants there was some framing of the issue as an innovation issue
-

Framing as a development issue

- The availability of antibiotics and self-medication exacerbated by the widespread use of prophylaxis in HIV
 - Use of antibiotics to mitigate the way communities are accessing health services
 - Poor adherence in human and animal use
 - Lack of “knowledge” for senior policymakers, health professionals and communities
 - It was also framed as both a sanitation and waste disposal issue by key informants in both the health and environment sectors
 - Impact on the cost of hospital treatment was also an issue for some
-

Enablers for AMR policy agenda setting and development in Malawi



- MoH Leadership
 - Media engagement/campaigns (i.e. antibiotic awareness week)
 - Engaging policy champions; talking to people; one-on-one meetings
-

Enablers for AMR policy agenda setting, development and implementation in Uganda



- An AMR Policy Structure available under the one health that can facilitate inter-sectoral collaboration on AMR policy development and implementation
 - ToR developed for the inter-sectoral NAMRSC and for the TWCs. Orientation training is being planned to ensure that all key actors are on the same page in terms of AMR
 - A National One Health Coordination office in place, enabling the coordination of the different AMR activities including the Annual AMR conference
 - Data collection on the burden on AMR resistance, drug use and consumption is ongoing at 6 Regional Hospitals and 3 surveillance sites for animals - will be used in making the case for AMR
-

Barriers to policy implementation

- Within sectors
 - Policy priorities (esp agricultural and environment sectors)
 - Relationship between different implementing cadres
 - Co-ordination between departments and levels of government.
 - Reporting and use of data
 - Lack of funding/resources for AMR
 - Lack of evidence/data on the extent of AMR to convince politicians/to source funding from the Government
 - Between sectors
 - Viewed as a human health issue
 - Lack of understanding of AMR
 - Multiple agencies with similar functions
 - Sense of lesser engagement with environmental sector
 - Budgets held by individual ministries
 - Sector specific funding
 - Water split between ministries
 - Vertical programmes/silos
-

Malawi Politics/Interests: Priorities of sectors

| Human health | Animal health | Agriculture | Environment/ water | Regulatory |
|--|---|--|---|--|
| <ul style="list-style-type: none"> • AMR control • Patient safety • IPC/WASH • Rational prescribing • Substandard drugs | <ul style="list-style-type: none"> • <i>Antibiotic use in poultry</i> • <i>Regulation of veterinary medicines</i> • Rabies | <ul style="list-style-type: none"> • Food security/production • Proper land use • Quality (i.e. fish quality) | <ul style="list-style-type: none"> • Waste management • <i>IPC/WASH</i> | <ul style="list-style-type: none"> • Quality of medical profession (vs. access) • Safe, high quality medicines |

Main Malawian narratives to address these problems



- Updating of legislation and enforcement to control access and use
 - Raising of awareness of communities and politicians through media campaigns and engaging policy champions
 - Data on the prevalence of AMR in humans and animals (e.g. surveillance) to increase its political visibility
 - Linking with “strong” programmes such as HIV
 - Additional funds/resources
-

Research challenges

Malawi

- Obtaining of consent time consuming for technical working group and core group
- Lack of technical working group meetings
- Negotiating access to the core group

Uganda

- Delays in identifying the key stakeholders due to delays in the operationalization of the National AMR Sub-Committee
-

Conclusions

- AMR Policy platforms in both countries are evolving and not yet stable
 - AMR is primarily framed as an issue of antibiotic (mis)use
 - AMR policy formulation and implementation driven by the human health sector.
 - Conflicting policy priorities in agriculture and environment sectors result in less engagement with AMR (esp. environment)
 - Awareness seen as an important strategy to drive AMR up the political agenda
-