AMR The Faceless Pandemic: Policymaker Narratives from Malawi and Uganda

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DRUM in Malawi

1. Investigating how human health, antibiotic use, and water sanitation and hygiene drive AMR
   - Water sanitation and hygiene practices
   - AMR flux between humans, animals and the environment
   - Mathematical model of AMR transmission

2. Understanding antibiotic use
   - Evolutionary trajectories of resistance

3. Economics of AMR

4. AMR Policy

5. Urban Site: Ndirande, Blantyre
   - Size = 3km²
   - Largest informal settlement in Malawi

6. Peri-urban Site: Chileka, Blantyre
   - Size = 14km²
   - Expanding farming areas and diverse variation in SES

7. Rural Site: Chikwawa District
   - Size = 71km²
   - Rural farming area 1hr drive from Blantyre
Policy Research Team

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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

[Diagram showing the policy cycle with interconnected boxes labeled Donors, Ministries, Departments, Private sector, Parliament, Media, Civil Society, Regulators, Agenda Setting, Policy formation, Evaluation, Implementation]
Malawi AMR Policy Development Process

Ministry of Health Management Meeting

AMR Technical Working Group (cross-sector working group)

AMR Core Team (15 members – reps from human health, vet and environment)

Research/surveillance

Education/awareness

Optimal use

IPC

Investment/sustainability

Relevant groups at other ministries
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

- Discourse/Narratives
- Politics/Interests
- Actors/Networks
DRUM policy research timeline

2018
- Baseline interviews (May-June)

2019
- Development of obs tools
- Core group consent
- COM RDC (Nov)

2020
- Core group interviews (Feb-Mar)
- COVID-19 crisis

2021
- Core group interviews

Malawi national level policy data collection and analysis
- Baseline interviews
- Development of obs tools
- Core group consent
- COM RDC (Nov)
- Core group interviews (Feb-Mar)

Malawi district level policy data collection and analysis
- Stakeholder mapping
- Sensitization
- Baseline interviews

Uganda policy data collection and analysis
- Scoping study (May-Oct)
- Interviews
National Level Key informant interviews in Malawi and Uganda

Malawi

- Human Health (7)
- Environment (3)
- Agriculture/Animal health (5)

Uganda

- Human Health (9)
- Environment (1)
- Animal health/Wildlife (4)

Note: Numbers in parentheses indicate the count of responses.
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

<table>
<thead>
<tr>
<th>Human health</th>
<th>Animal health</th>
<th>Agriculture</th>
<th>Environment/ water</th>
<th>Regulatory</th>
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</thead>
<tbody>
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- Antibiotic use in poultry
- Regulation of veterinary medicines
- Rabies

- Food security/ production
- Proper land use
- Quality (i.e. fish quality)

- Waste management
- IPC/WASH

- 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