



GOVERNMENT OF UGANDA

# **Antimicrobial Resistance National Action Plan**

*"Prevent, slow down, and control the spread of resistant organisms"*

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**2018-2023**

**Uganda Country AMR-NAP Progress-NAMRIP AMR Symposium**  
**Mugerwa Ibrahim**

# Presentation layout

- Background:
- NAP Development Process (WHO GAP, Country efforts)
- Strategic Objectives and Identified gaps
- Implementation Efforts
- Next steps



Drivers of resistance are prevalent in health, veterinary and the environment

# Introduction:



*“There is probably no chemotherapeutic drug to which in suitable circumstances the bacteria cannot react by in some way acquiring ‘fastness’ [resistance].”*

—Alexander Fleming, 1946

# AMR –JEE Scores

Priority Area	JEE SCORES
P.3.1 AMR Detection	2
P3.2 Surv. AMR Pathogens	2
P.3.3 HCAI P.3.4 AMR Stewardship	3 3

# Post JEE AMR -5 Key Gaps-2017

## **Technical area: Antimicrobial Resistance**

- No implementation plans, Monitoring and Evaluation indicators and clear timelines for the National AMR Action Plan
- AMR Surveillance implementation plan lacks zoonotic pathogens and M&E indicators to assess quality of data reported
- No Healthcare Associated Infection (HCAI) Prevention and Control Plan
- Antimicrobial stewardship strategies not clearly harmonized into a National Plan
- Weak capacity of MAAIF with human resources, equipment and direct budget allocation to detect and implement surveillance for AMR

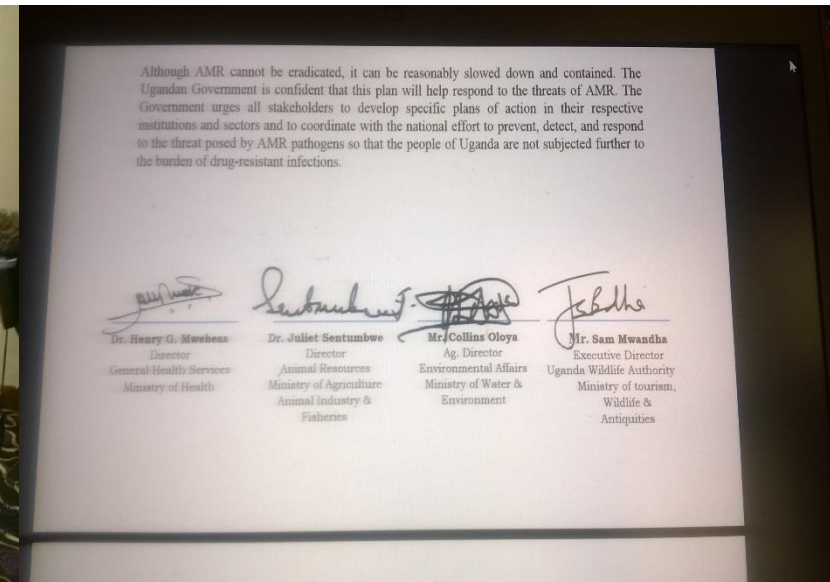


# AMR Surveillance:

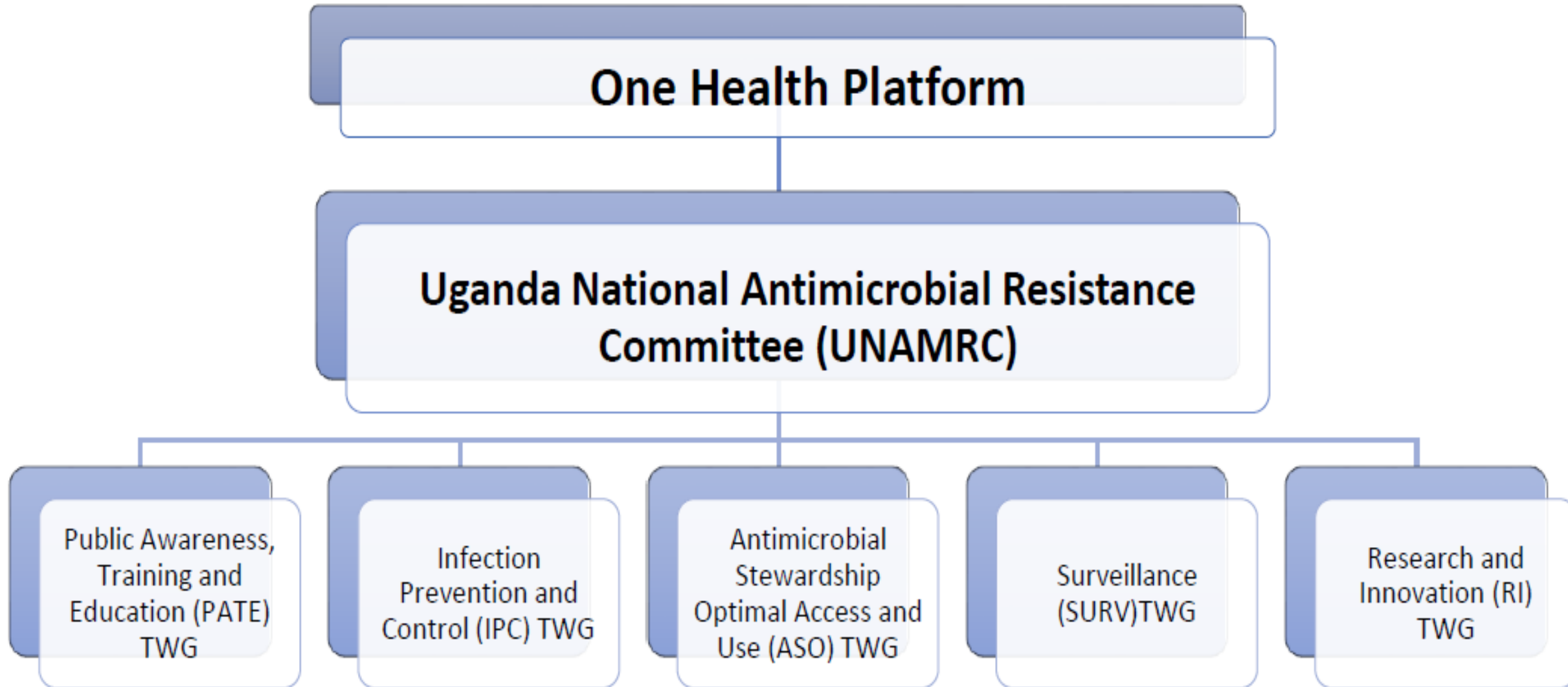
## Uganda National Antimicrobial Resistance Surveillance Plan



- Working draft of AMR surveillance plan (2017 – 2022)
- Country Registered into GLASS system
- Collecting surveillance data:
  - Bacterial AMR – 5 sites
- Shared data with GLASS- 2018



# Governance Mechanisms





# NAP Development Milestones

Year	Achievement	Organization
2015	Situation analysis of Antibiotic Resistance in Uganda	Uganda National Academy of Science (UNAS)
2015	Appointment of the National Taskforce on AMR resistance surveillance	DGHS – MOH
2015	WHO published the Global Action Plan against AMR	WHO
2016	National AMR Surveillance Plan presented to the DGHS	National Taskforce for AMR Surveillance
2016	Request to WHO country office to support development of the National Action Plan against AMR	DGHS
2016 - 2018	Engagement of UNAS by WHO to Develop the NAP against AMR	WHO
2018/2019	Handover of the complete Draft of NAP against AMR to MoH, Launch and official Signing	WHO, OHP

# NAP Development Milestones

Year	Achievement	Organization
2019	Composition of AMR-NAP Governance structure Appointment of Members of the TWCs	OHP (AMR-NCC, FF-IDI-GHSP)

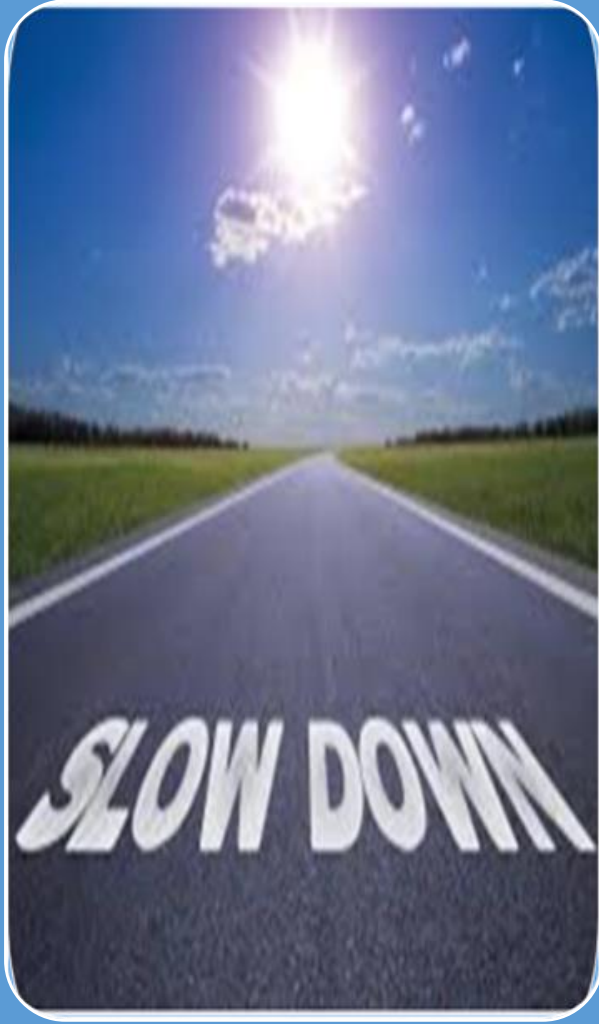
## Key Gaps Identified,

- Only two strategic objectives are being implemented at the moment.
- Major Activities in AMR-Surveillance, AMU/Stewardship-Human Health
- Gaps are in IPC, Public Awareness, Research and Innovation-Academia leads

# Contextual Framework



# Goal:



To prevent, slow down, and control the spread of resistant organisms while ensuring the continuous availability of safe, effective, efficacious and quality-assured antimicrobials and their optimal use

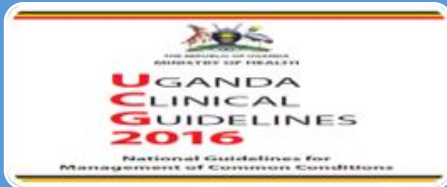
## Strategic Objectives



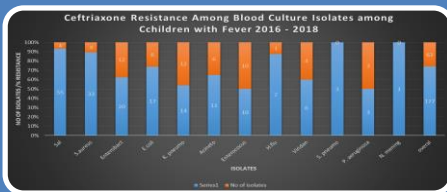
**To promote public awareness and understanding on**  
antimicrobial use, resistance prevention, and containment



# To improve infection prevention and containment of resistant microorganisms in human health care, community and animal health



## To optimize the use of antimicrobial drugs in human and animal health-care settings through effective stewardship practices



**To strengthen the knowledge and evidence base of antimicrobial use and antimicrobial resistance through One Health surveillance to inform policy**



**To invest in research and innovations** to inform policy and implementation science.

# Uganda NAP Strategic Objectives

Promoting public awareness and understanding on antimicrobial use, resistance prevention, and containment

Improving infection prevention and containment of resistant microorganisms in healthcare, community and animal health

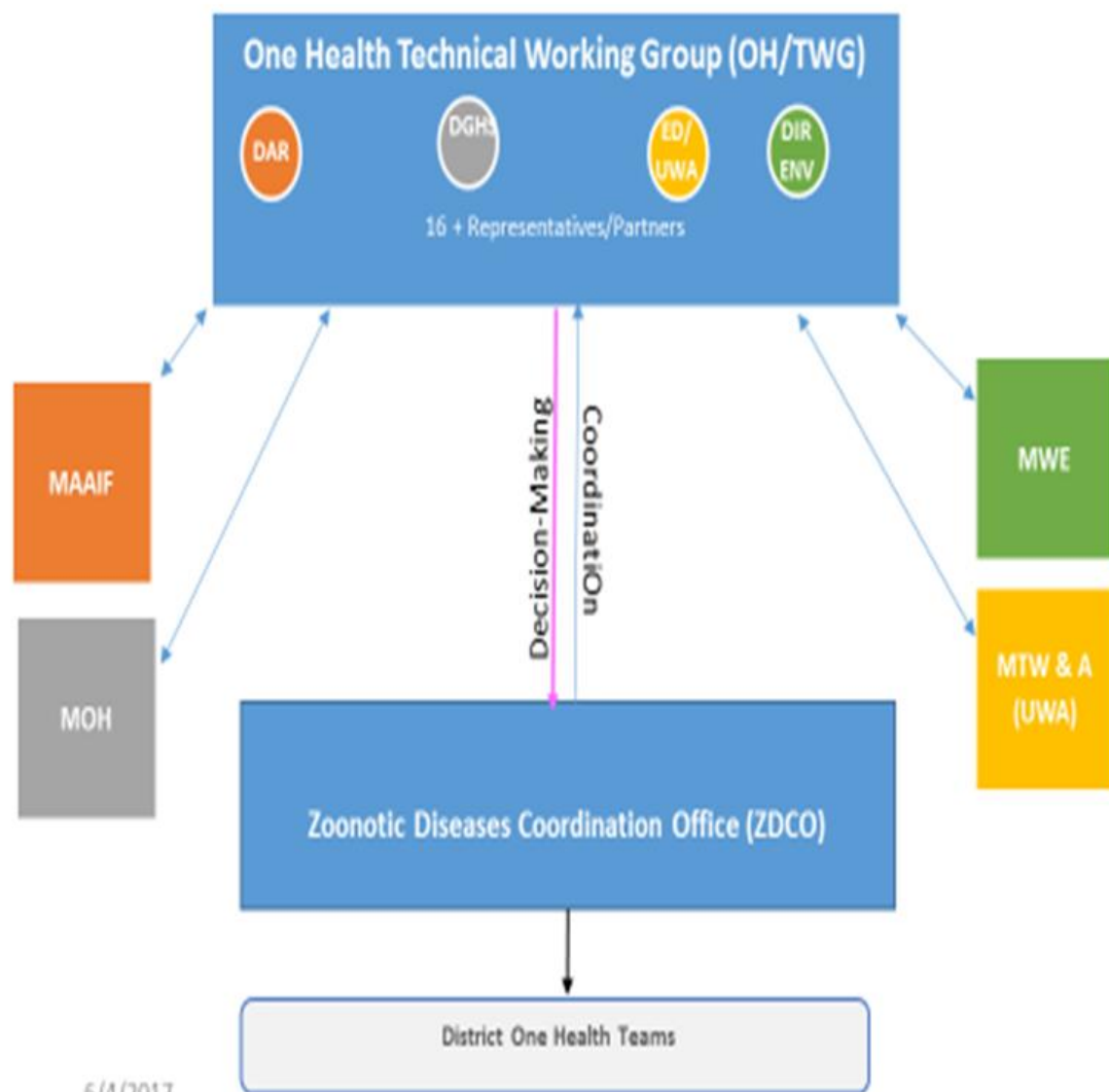
Strengthening the knowledge and evidence base through surveillance

Optimizing the use of antimicrobial agents in humans and animal health through Stewardship

Investing in research and innovations to inform policy and implementation science



# Structure of National One Health Platform









# Dilemmas in a General Theory of Planning\*

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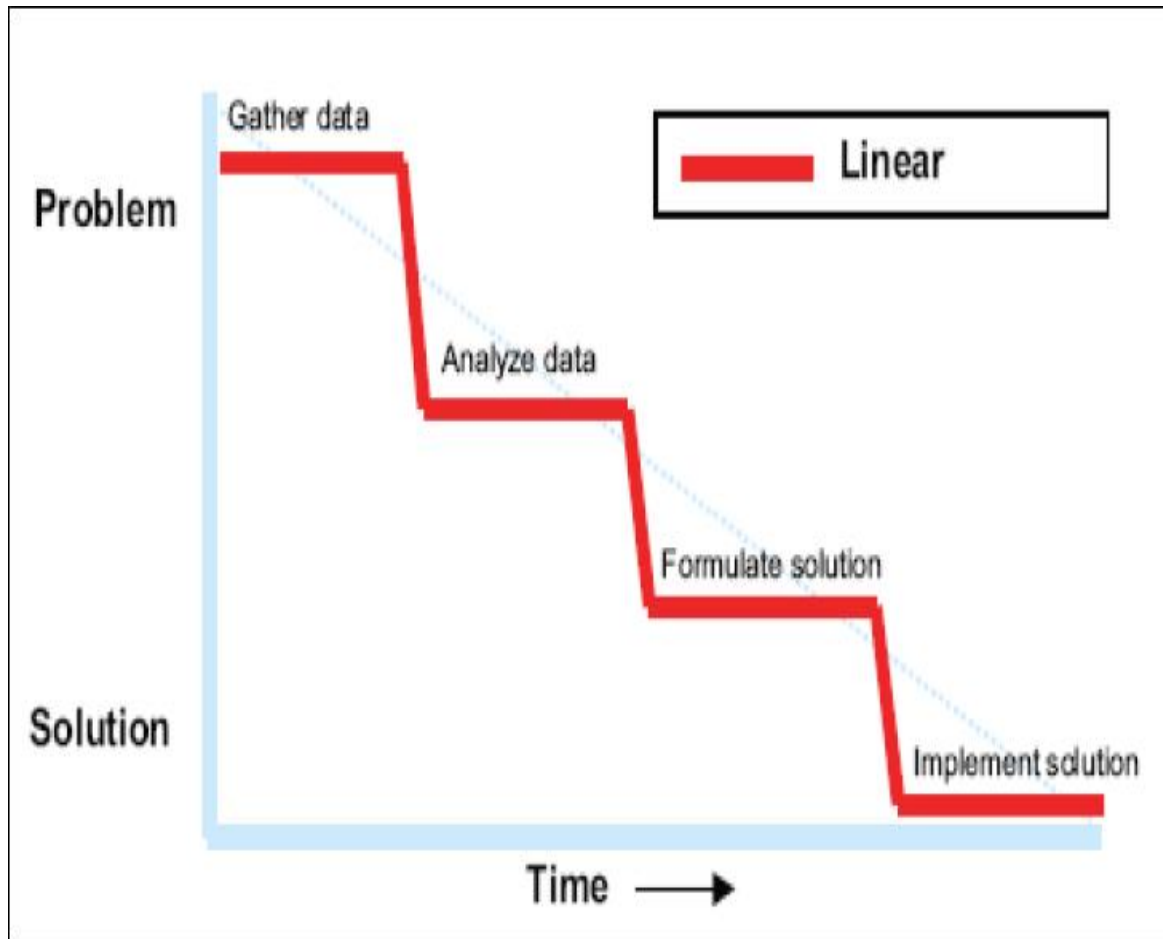
## ABSTRACT

The search for scientific bases for confronting problems of social policy is bound to fail, because of the nature of these problems. They are “wicked” problems, whereas science has developed to deal with “tame” problems. Policy problems cannot be definitively described. Moreover, in a pluralistic society there is nothing like the undisputable public good; there is no objective definition of equity; policies that respond to social problems cannot be meaningfully correct or false; and it makes no sense to talk about “optimal solutions” to social problems unless severe qualifications are imposed first. Even worse, there are no “solutions” in the sense of definitive and objective answers.

## WICKED PROBLEMS:

- Are difficult to clearly define – cannot first understand and then solve.
- Multi-causal with many interdependencies.
- Unforeseen consequences of addressing them.
- Solutions are not right or wrong – they are better-worse; good enough-not good enough.
- Are socially complex, context matters, making each one unique
- Responsibility of multiple organizations
- Solutions involve changes in behavior
- Often characterized by chronic policy failure

***Traditional wisdom for solving complex problems: the 'waterfall'***



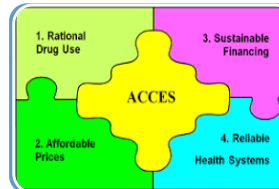
**Tame problems**



**Whole-of-society  
engagement (One Health  
approach)**



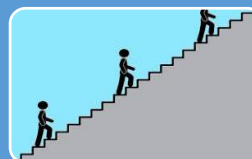
**Prevention first**



**Access**



**Sustainability**



**Incremental targets for  
implementation**

# Acknowledgement

1. One Health Platform (With the various MDAs)
2. DGHS-MoH, World Bank-EAPHLNP
3. CPHL/UNHLS
4. WHO Country Office
5. Fleming Fund
6. IDI GHS Project
7. UNAS



ASANTE SANA