Global Health Security Program – IDI AMR approach

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Investing In The Future – Impacting Real Lives

GHSA Action Packages

PREVENT	DETECT	RESPOND
National biosafety and biosecurity system	National Laboratory System	Emergency Operations Centres
Zoonotic diseases	Disease Surveillance	Linking public health and law enforcement
Prevent antimicrobial resistance	Interconnected systems	Medical countermeasures
National vaccine delivery system	Reporting	
	Workforce development	

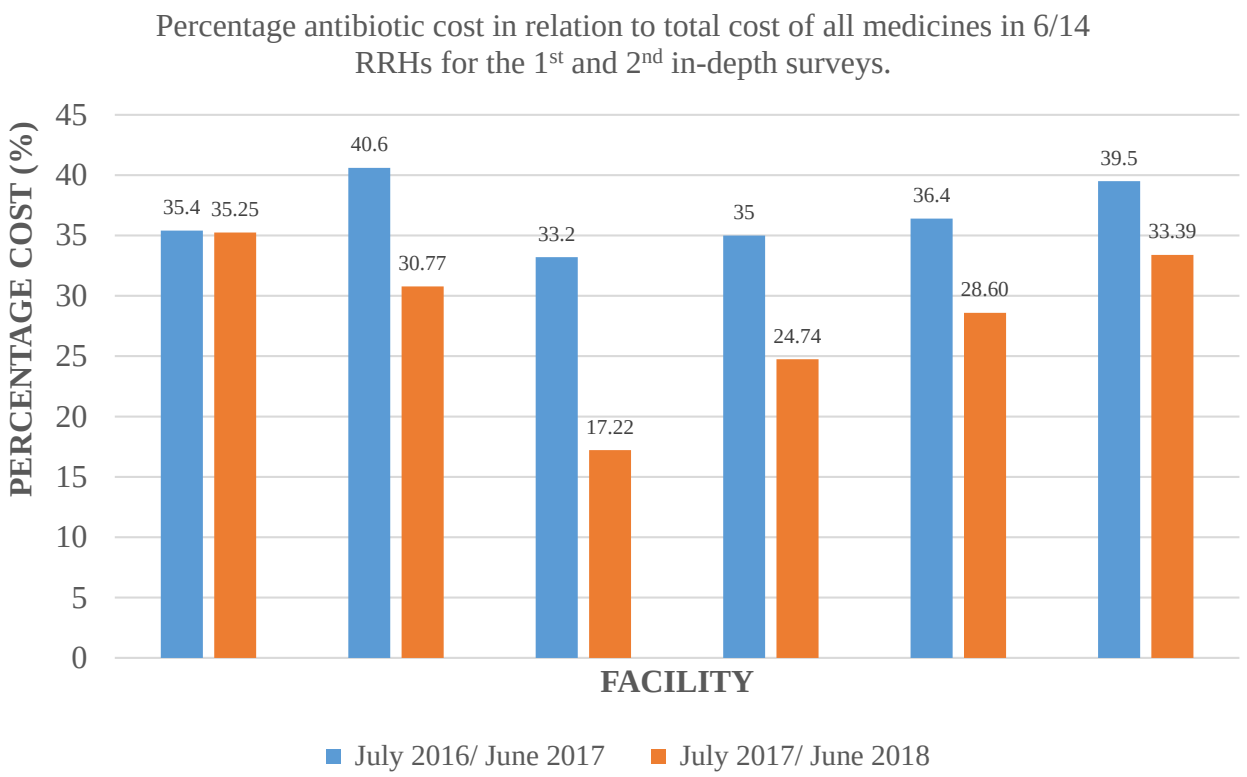
GHSA activities should be conducted **in collaboration with relevant local, national, and international stakeholders and in coordination with the relevant activities of the WHO, FAO, OIE, and INTERPOL**.

Preventing Antimicrobial Resistance

- AMR surveillance
- Antibiotic drug tracking[consumption, cost impact and quality of prescription]
- Antimicrobial stewardship
- Infection Prevention and Control

IPC & Stewardship

- Supporting selected RRHs and 2 DHs develop IPC programs through training, supplies, audits and implementation of components of the WHO IPC strategy.
- Support MTCs in selected Health facilities conduct antibiotic consumption tracking and use this data to inform AMS interventions
- Use AMR surveillance data to inform IPC and AMS interventions



Surveillance Methods

- **AMR Surveillance Method 1: Case-finding based on priority specimens sent routinely to laboratories for clinical purposes**

Surveillance method being supported at 4 RRHs (Jinja, Mbale, Kabale and Arua) RRHs

- **AMR Surveillance Method 2: Case-based surveillance of clinical syndromes**

Surveillance method being supported at 10 NG sites in Kampala and 6 AFI (Mubende, Arua, Kabale, Jinja, Apac DH and Tororo DH) surveillance sites around the country

- **AMR Surveillance Method 3: Supplementary surveillance activities**

DRUM and other pilot studies have been initiated

Gradual implementation of the surveillance system

❖ Development of the surveillance system using the Gradual approach recommended by the NAP

❖ **At National level**

- Support to the NCC and focal person
- Support to the development of the NAP on AMR

❖ **At Health Facility level**

- Support the sentinel surveillance sites through diagnostic stewardship, epidemiology capacity and laboratory capacity and quality assurance and data management and reporting

Data – AFI & N.G

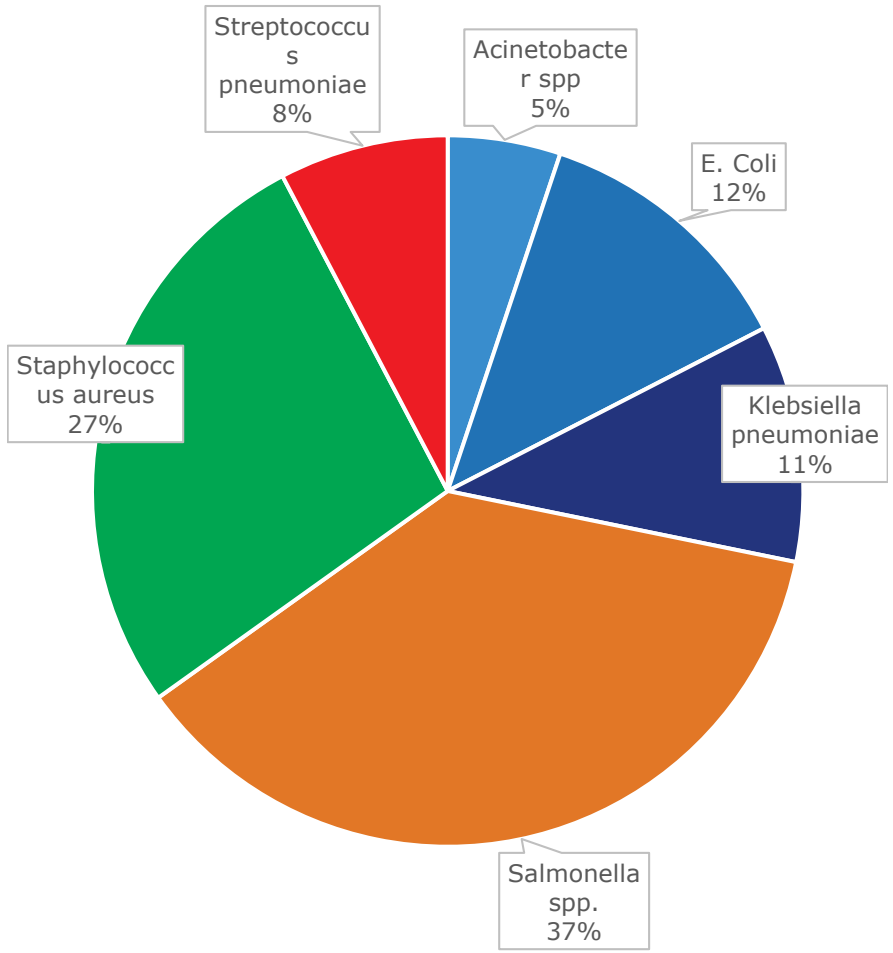
AFI: Number of patients from whom a sample was taken and % tested on site

	Apac	Arua	Jinja	Kabale	Mubende	Tororo	Total
Total cultures from database	528	1,159	3,494	842	1,155	1,278	8,456
Total cultures from lab	546	1,126	3,927	874		1,318	7,791
No of samples referred	518	195	2,232	84	105	1,259	4,393
No of samples tested on site	0	0	0	0	0	0	

N.G: Total number of patients from whom a sample was taken

Age Groups	15-24		25-34		35-44		44-54		55-64		65-80		Unknown Age		Total
Sex	# M	% M	# M	% M	# M	% M	# M	% M	# M	% M	# M	% M	# M	% M	M
# of samples	460	43%	392	37%	123	12%	38	4%	13	1%	6	1%	35	3%	1,067
# of Samples referred	460	100%	392	100%	123	100%	38	100%	13	100%	6	100%	35	100%	1,067

AFI pathogens



Next steps – AMR surveillance

- Support the implementation of the NAP through;

- **FF country grant** and other funding mechanisms including CDC

- **One health** approach through additional support for Water and environment and MAAIF

- Expansion of the **surveillance network**

- **Quality improvement** efforts (clinical, laboratory and data) for the AMR surveillance program including EQA.

- Strengthen data sharing efforts, including Data Integration and Sharing Centre

- Support annual **National IPC audits** (HH, HAI surveillance and IPC structure) March 2019

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- IDRC
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