

Inauguration of the Technical Task Team (TTT)
on Antimicrobial Resistance (AMR) Policy
Development for Ghana

Thursday 7th November 2013,
10:00 am
Ministry of Health Conference room

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AMR Policy Task Team Inaugurated by the Ministry of Health in Ghana

<http://ghndp.org/antimicrobialresistance>

1. List of Abbreviations

AMR	Antimicrobial Resistance
CHAG	Christian Health Association of Ghana
FDA	Food and Drugs Authority
GHS	Ghana Health Service
ICD	Institutional Care Division
KNUST	Kwame Nkrumah University of Science And Technology
MDAs	Ministries, Departments and Agencies
MOFA	Ministry of Food and Agriculture
MOH	Ministry of Health
P & S	Procurement and Supply Directorate
PMAG	Pharmaceutical Manufacturers Association of Ghana
PPME	Policy Planning Monitoring and Evaluation Directorate
SPH/UG	School of Public Health University of Ghana
SPMDP	Society of Private Medical and Dental Practitioners
TMPC	Traditional Medicines Practice Council
UGMS	University of Ghana Medical School
WHO	World Health Organization

2. Agenda

Development of an Antimicrobial (AMR) Policy for Ghana

Inauguration of the AMR Technical Policy Task Team

2013-2014
Ministry of Health

Venue: Ministry of Health Conference room, Accra

Date: 7th November 2013

Time: 10:00 am

10:00am	1. Opening
	2. Introduction of members present
	3. Welcome statement Chief Director
	4. Short Presentation: The TORs of the AMR Technical Policy Task Team Mrs Martha Gyansa-Lutterodt
	5. Launch of the AMR Technical Policy Task Team Chief Director
	6. Feedback from the AMR Technical Policy Task Team
11:00am	7. Closing Remarks and Closing

3. Background

Ghana embraced the ReAct (Action on Antibacterial Resistance Project) in support of national efforts at containing the phenomenon on antimicrobial resistance in Ghana. The phenomenon of antibiotic resistance is not only a national issue but also has regional and global dimensions.

In response to the above problem, Ghana has created a platform of key stakeholders with respect to antimicrobial resistance to champion this agenda in country. This platform has recommended a sub group to the Ministry of Health to draft the policy document to be presented to the Minister of Health for approval.

The sub team has thus been constituted as indicated in **Appendix 2- AMR technical task team representations**, with Terms of Reference as indicated in **Appendix 4- Terms of Reference for the AMR Policy Task Team**.

4. Opening and Welcome address

The meeting started with a prayer from the Programme Manager of Ghana National Drugs Programme, Ministry of Health, followed by introduction of all participants present as indicated in **Appendix 1-List of Participants**.

5. Welcome statement, Chief Director

The Programme Manager GNDP, welcomed members to the launch.

6. Short Presentations

Two presentations were made during this section;

a. Part 1: Maintaining antibiotic effectiveness and controlling resistant infections

Part 1 – “Maintaining antibiotic effectiveness and controlling resistant infections” by Mrs. Martha Gyansah Lutterodt

The key themes of this presentation was on the current evidence on the challenge of antibiotic resistance; what is going well for Ghana; what is not going too well for Ghana; proposed actions in going forward; and the constitution of AMR technical task team.

Please refer to this presentation in **Appendix 5-Short presentation-PART 1**.

b. Part 2: Terms of reference of the AMR policy task team

Part 2 – “Terms of reference of the AMR policy task team” by Ms. Edith Gavor
The key areas highlighted in this presentation were policy objectives for the AMR policy process; scope of work for the AMR policy task team; constitution of the AMR policy

task team; the timelines for the work of the team and actions after the output from the AMR task team is achieved.

Please refer to slides for this presentation in **Appendix 5-Short presentation-PART 2**.

7. Launch of the AMR Technical Policy Task Team, Chief Director

The Chief Director of the Ministry of Health, on behalf of the Minister for Health, Ghana, launched the Policy sub team, emphasizing the need for such policy and the urgency of the output from the task team.

In her speech she stated, "Antimicrobial resistance has become an important public health problem associated with serious consequences for the treatment of infections. This ultimately affects both economic and social development. For Ghana, this phenomenon could have dire consequences on the poor and vulnerable, as well as the affluent. The only weapons we have against the microbes that cause disease are these antibiotics. When they become ineffective, what shall we do for our children, ourselves and for generations unborn.

We must also note that, only limited investments are being made into new antibiotics globally; thus we must all work hard to protect what we have now for our mutual welfare and safety."

For the full speech of the Minister, please refer to **Appendix 3- Speech by the Minister of Health, read by the Chief Director**.

8. Feedback and Discussions from the AMR Technical Policy Task Team

c. Scope of Work

The scope of work was identified as covering areas such as:

- Current situation on antibiotic use and resistance in Ghana
- Rational use of antibiotics
- Hospital infection prevention and control
- Laboratory diagnostics and protocol requirements
- National surveillance system for antibiotics
- Antibiotic manufacturing, distribution and use
- Regulation and enforcement
- Use in veterinary and agriculture

However, information management, storage, local production, traditional medicine and regional issues were added to the list as indicated below:

Table 1: Initial Action plan for the AMR TTT [towards 28th November 2013 and beyond.]

	Broad Areas	Sub Team	In charge
1.	Current situation on antibiotic use and resistance in Ghana	Universities-UG and UG	Prof Newman Dr Buabeng
2.	Rational use of antibiotics	Office of the Chief Pharmacist-GHS	Martha Gyansa-Lutterodt
3.	Hospital infection prevention and control	ICD-GHS and SPMDP	Dr Bannerman Dr Morrison
4.	Laboratory diagnostics and protocol requirements	Universities and Hospitals	Prof Newman Dr Buabeng Dr Bannerman
5.	National surveillance system for antibiotics	To be informed by KABP on Health care professionals and Baseline assessment comparable to the 2001 assessment	Dr K.P.Asante Prof Newman Martha Gyansa-Lutterodt
6.	Antibiotic manufacturing, distribution and storage	FDA, PMAG, MOH-P&S, Pharmacy Council (PC), TMPC,	Mrs Mimi Darko, Naana Frempong, PC, TMPC
7.	Regulation and enforcement	FDA, PMAG, MOH-P&S, Pharmacy Council (PC), TMPC,	Mrs Mimi Darko, Naana Frempong, PC, TMPC
8.	Use in veterinary and agriculture	MOFA	Dr Boi Kikimoto
9.	Information Management	CHIM, GNDP	Dr Odame
10.	Regional Issues	WHO	Mrs Edith Annan

d. Action plan

- The TORs, Presentations and Minutes of the Launch are to be shared by the GNDP
- The 1st meeting of the sub group is scheduled for **28th November 2013**
- **The outputs of this meeting are as follows:**
 - Bottle neck analysis to be carried out at this meeting to feed into the policy process
 - Draft stakeholder analysis to be shared at this meeting
 - Sub teams are to present the first write ups on the various sections there are working on. This would include how the sub team would carry out the work.
 - Sub teams are to share any information relevant to other teams
- PPME representation on the team are to guide the process with respect to standard procedure for policy formulation in the MOH. This shall include identification of key actors etc. though the stakeholder base already identified for the process is adequately broad to prevent policy implementation gaps.
- NHIA to be considered for inclusion on the task team

- Towards the action on surveillance system; best practices from the TB, HIV and FDA system could be looked at to inform the process.
- A desktop review is to be done outsourced to a consultant. Proposed Names include: Dr Japhet Opintan, Dr Ken Sagoe. However, due to the fact that the above decision has project management implications; the scope for this desk review could be captured under the situational analysis within the framework of the AMR policy workplan.

e. Comments / Notes

- Manufacturing/distribution and Regulation/enforcement would remain as two separate areas but one group would work on these areas.
- When people already involved in this process are the same leading the action in the sub areas, it might be difficult to see the change drivers.
- It is strategic to involve the people who are already leading the actions in various institutions to work on themes related to their areas of work. However, in order to bring on diverse perspectives, persons not involved in those areas routinely, would be added to such groups.
- The responsibilities of the sub teams are:
 - To start thinking about what goes into the policy and submit an initial paper at the 28th Nov 2013 meeting.
- Stakeholder analysis should be completed and submitted on the 28th Nov meeting.
- Email addresses and contacts of team members should be circulated to all members
- The team must be properly resourced to work

f. Closing remarks by Members of the AMR task team

- The AMR policy is a good intervention; and thus the team should be able to work hard to mitigate the effect of this menace.
- “Veterinary public health service has come to the realization that treatment of animals has a related effect on the health of humans therefore it’s a laudable idea we’ve come into the picture”
- The 28th November 2013 meeting is strategic to achieve the outputs on
 - bottleneck analysis,
 - stakeholder analysis
 - presentation by focal point of teams on what they are going to do and how they are going to work.
- The Task Team consists of well-represented MDAs, which is good to minimize the policy implementation gaps.
- There should be mechanisms to monitor this process.
- One major key stakeholder left out is NHIS. It is suggested that they are brought on board.
- An initiative worth undertaking. It’s better late than never.
- It’s essential for members to give feedback when the policy management unit, GNDP communicates. This would help for efficient and timely actions to be taken

considering the urgency with respect to timelines of the ReAct AMR policy process for Ghana.

- It's a good initiative. Stakeholders will understand our processes more. This policy will serve as a benchmark to regulate products.
- This would help minimize deaths from untreatable situations. "I hope it won't be talk-talk with no action. I can see we are all fired up in working together to achieve this goal".
- This policy will curb the menace where clients are deluged with antibiotics. Also this policy will feed into national efforts/actions towards universal health coverage.
- AMR Policy will have an impact on the work done at procurement directorate, so there would be full cooperation with the needed support to ensure the AMR policy is developed and implemented.
- With respect to policy alignment; the national drug policy is currently been reviewed. It is strategic for the AMR policy to align with the broader national medicines policy. The National Drugs Programme is represented on the AMR task team and would inform the team accordingly in order to ensure policy alignment.
- WHO is observing and supporting the Ghana process to garner best practices for implementation in other countries. There are great expectations for the Ghana process because it's pace setting for Africa as the black star of Africa. There is a shared vision and everybody is buying into it and I trust that at the end of the actions, we have a policy that is implementable and can bring results.

9. Vote of Thanks and Closing prayer

The meeting was brought to a close by a prayer from Mrs Naana Frempong Yawson.

10. Appendices

a. Appendix 1: List of Participants

First Name	Last Name(s)	Organization	E-mail Address	Mobile Phone
1. Samuel	Boateng	MOH P&S	samuel.boateng57@yahoo.com	0244269336
2. Isaac	C.N. Morrison	SPMDP	isaacmorrison@yahoo.co.uk	0243162284
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4. Cynthia	Bannerman	GHS	cynthiabannerman@yahoo.com	0302662014
5. Nartekuo	N. Armooh			
6. Mercy	J. Newman	UGMS	newmerci@yahoo.co.uk	0244337250
7. Priscillia	Nortey	SPH/UG	prisnorts@yahoo.co.uk	0208181120
8. Emmanuel	Owusu-Ansah	MOH/PPME	kkowusuansah@gmail.com	0208150422
9. Emmanuel	Odami	MOH/PPME	joeankra@yahoo.com	0208868792
10. Kwame	Ohene Buabeng	FOP, KNUST	koheneb@hotmail.com	0200742911

11. Bashiru	Boi Kikimoto	VPH	boikikimoto@yahoo.com	0244289782
12. Naana	Frempong	MOH	naana.frempong@moh.gov.gh	0208765247
13. Salimata	Abdul-Salam	MOH	salasung@yahoo.com	0244209802
14. George	Addy-Boye	TMPC	geotef1@yahoo.co.uk	0202050604
15. Martha	Gyansa-Lutterodt	MOH	maglutt@hotmail.com	0244328787
16. Brian	Adu Asare	GNDP	brian.asare@yahoo.com	0244529867
17. Edith	Gavor	GNDP	eegavor@yahoo.com	0208200146

b. Appendix 2 - AMR technical task team representations

- Ministry of health (MOH)
 - The Director or Representative, Policy Planning Monitoring And Evaluation (PPME) directorate
 - The Programme manager, Ghana National Drugs Programme (GNDP)
 - Director of Pharmaceutical Services (DPS) or representative
 - The Director or Representative, Procurement And Supply Directorate
- The Dep. Director, Quality Assurance, ICD, Ghana Health Service
- The Executive Director or Representative, Christian Health Association Of Ghana (CHAG)
- The NPO, EMP, World Health Organization (WHO)
- The CEO or Representative, Food And Drugs Authority (FDA)
- The Registrar or Representative, Pharmacy Council
- Ministry of Food and Agriculture (MOFA)
 - The head, veterinary and animal production, husbandry department
- The President or Representative, Ghana Poultry Farmers Association
- Academia
 - The Dean or Representative, Faculty Of Pharmacy, Kwame Nkrumah University of Science And Technology (KNUST) - Kumasi
 - Representative, University of Ghana Medical School, Department of Microbiology
- The Registrar or Representative, Traditional Medicines Practice Council (TMPC)
- The President or Representative, Pharmaceutical Manufacturers Association of Ghana (PMAG)
- The President or Representative, Private Health Association

c. Appendix 3 - Speech by the Minister of Health, read by the Chief Director

Speech for the Hon. Minister of Health
 Inauguration of the Antimicrobial Resistance Policy Task Team
 Ministry of Health Conference Room, 7th November 2013

Antimicrobial resistance has become an important public health problem associated with serious consequences for the treatment of infections. This ultimately affects both economic and social development. For Ghana, this phenomenon could have dire

consequences on the poor and vulnerable; as well as even the affluent. The only weapons we have against the microbes that cause disease are these antibiotics. When they become ineffective, what shall we do for our children, ourselves and for generations unborn.

We must also note that, only limited investments are being made into new antibiotics globally; thus we must all work hard to protect what we have now for our mutual welfare and safety.

The problem of antimicrobial resistance to antibiotics has been attributed to the misuse of antimicrobial drugs, which provide selective pressure, favouring the emergence of resistant strains.

Resistance is also not only a country phenomenon, but a regional and global threat. Thus efforts at controlling and containing resistance must be designed from a broad perspective as well as within the framework of regional and global networking and information sharing.

In order to help contain the problem of antimicrobial resistance in Ghana, Ministry of Health has embraced the (Action on Antibiotic Resistance) ReACT Project to help develop interventions that would strengthen our health system to contain and manage antimicrobial resistance.

These interventions include creating a national policy platform of all stakeholders involved, development of specific policy for antimicrobial resistance, the development of indicators to monitor and evaluate the impact of antimicrobial resistance, and designing reference microbiological facilities that would coordinate effective surveillance of antimicrobial resistance among common pathogens.

While these interventions seem to have been well implemented in the developed world, lack of resources constrains implementation in many developing countries, including Ghana, where treatment options also tend to be relatively limited.

Thus, although a global problem, antimicrobial resistance tends to be more significant in developing countries than in the developed world.

In Ghana, antimicrobial therapy constitutes a major form of treatment. Thus resistance would also impact treatment outcomes significantly.

Between 2002 and 2004, we carried out the first nationwide surveillance of antibiotic resistance in Ghana. High percentage of resistance was observed for tetracycline (82%), cotrimoxazole (73%), ampicillin (76%), and chloramphenicol (75%). Multidrug resistance was observed to a combination of ampicillin, tetracycline, chloramphenicol, and cotrimoxazole.

It is a clear responsibility of Government to protect the welfare of the citizenry. Thus this policy task team being inaugurated is expected to develop policies, which would in the immediate and long term help us protect the general population of Ghana against the phenomenon and impact of antibiotic resistance in country.

I therefore declare the AMR policy technical task team duly inaugurated and charge the team to work efficiently in order to achieve the set goal and targets.

Thank you.

d. Appendix 4: Terms of Reference for the AMR Policy Task Team

Ghana ReACT Project
TERMS OF REFERENCE
AMR POLICY DEVELOPMENT TASK TEAM

INTRODUCTION

Antimicrobial resistance is a serious threat to the effective management and control of infectious diseases in the world today. It has serious financial, economic and clinical impact on the gains already made in health. Resistance though a natural phenomenon of microbes, has seen an increase in prevalence and spread over the years largely due to inappropriate use of antibiotics in infectious disease therapy, both in health facilities and the community. Also, problems relating to quality of antibiotics, weak health systems, enforcement of regulations, and unrestricted access to antibiotics especially in resource poor settings are some of the factors contributing to the development of resistance. The use of antibiotics for disease prevention and growth promotion in animal husbandry, and the reported existence of antibiotic residues in food chain also compound this problem.

Resistance has implications in the national, regional and global contexts requiring the necessary management interventions designed within these contexts. Evidence in Ghana and the world show that, many infectious agents are failing to respond to the common, potent and affordable antimicrobials available, thus increasing morbidity and mortality from microbial infections. Bacterial isolates that were sensitive to these common antibiotics are now multi-drug resistant.

Development of new drugs with novel mechanism of action has also dwindled over the years.

The need to address this problem led to the formation of a national Antimicrobial Resistance Working Group (AMR-WG); a platform of professionals with interest in resistance issues with support from international collaborators like Action on Antibiotic Resistance (ReACT) and its partners. This platform is also a representation of key stakeholder agencies including the state agencies responsible for the policy development process for medicines in Ghana.

This technical group has as its mandate to analyse the local situation and to propose action points to guide the development of a national policy for the prevention and management of Antibacterial resistance (ABR). This group is managed and coordinated by the office of the Director of Pharmaceutical services on behalf of the MoH Ghana. The AMR-TWG for Ghana thus constituted a Policy Development Task Team to drive the development of the AMR policy for Ghana. This policy teams is constituted of hey stakeholder agencies relevant to AMR issues and policy development on medicines in Ghana.

OBJECTIVES OF THE POLICY

- To understand the emergence and spread of antimicrobial resistance and the factors influencing it

- To establish a nationwide well coordinated antimicrobial program with well defined and interlinked responsibilities and functions of different arms of the program
- To rationalize the usage of available antimicrobials
- To reduce antibiotic selection pressures by appropriate control measures
- To advocate for the discovery of newer and effective antimicrobials based on current knowledge of resistance mechanisms
- To institute methods for rapid and accurate diagnosis of infections in humans and animals

MEMBERSHIP OF THE AMR POLICY DEVELOPMENT TASK TEAM

A multidisciplinary stakeholders group will coordinate the policy development process. Its membership will include (but not limited to) the following:

- Ministry of Health (MoH)
 - Policy Planning Monitoring and Evaluation (PPME)
 - Ghana National Drugs Programme (GNDP)
 - Office of the Director of Pharmaceutical Services (ODPS)
 - Procurement and Supply Directorate (P&S)
- Ghana Health Service (GHS)
- Christian Health Association of Ghana (CHAG)
- World Health Organization (WHO)
- Food and Drugs Authority (FDA)
- Pharmacy Council
- Ministry of Food and Agriculture (MoFA)
 - Veterinary and Animal Production, Husbandry Department
- Ghana Poultry Farmers Association
- Academia
 - Faculty of Pharmacy, Kwame Nkrumah University of Science and Technology (KNUST)-Kumasi
 - Department of Microbiology, University of Ghana Medical School
- Traditional Medicines Practice Council (TMPC)
- Pharmaceutical Manufacturers Association of Ghana (PMAG)
- Society of Private Medical and Dental Practitioners

SCOPE OF WORK

- Incorporate findings from a Situational Analysis¹ of the country situation and position on Antimicrobial Resistance.
- Develop draft policy document: based on these broad areas:
 - Current situation on antibiotic use and resistance in Ghana
 - Rational use of antibiotics
 - Hospital infection prevention and control
 - Laboratory diagnostics and protocol requirements
 - National surveillance system for antibiotics
 - Antibiotic manufacturing, distribution and use
 - Regulation and enforcement
 - Use in veterinary and agriculture

¹ To be outsourced to local consultant

- Organize broad stakeholders' consensus meetings for inputs from all relevant stakeholders including consumers
- Finalize AMR policy document

GOVERNANCE

The chief pharmacist will be the chair and her office will provide secretarial support. Members will meet to choose the vice-chair. Where necessary, sub-groups may be formed to support the development process. The committee can co-opt other stakeholders when necessary. The committee shall hold meetings, workshops etc. to facilitate the policy development process.

RESOURCES AND BUDGET

The committee shall prepare its work plan and budget. Funds will be provided mainly by ReACT through MoH and MoH will provide secretarial support. WHO will also provide technical assistance.

TIMELINES

	Item	Date [2013-2014]	Action by
1.	Inauguration	7 th Nov 2013	Director of Pharmaceutical Services (to coordinate)
2.	Initial technical meetings	Nov(27/28)- Dec(17/18) 2013 ²	Policy Task Team, MOH
3.	Situational Analysis report	13 th Jan 2014	Local Consultant
4.	Zero draft	28 th Feb 2014	Policy Task Team, MOH
5.	1 st draft	28 th Mar 2014	Policy Task Team, MOH
6.	Consensus meeting	10 th April 2014	All stakeholders
7.	Final draft	8 th May 2014	Policy select team, MOH

ANNEX

Further actions for the AMR-Technical Working Group (AMR-TWG): this aspect though part of the conceptual logic of the policy framework, shall but be within the scope of work of the AMR-Policy Development Task Team (AMR-PDT); but shall be passed on to the AMR-Technical Working Group for further actions:

- Development of a policy Implementation strategy
- Development of a monitoring and evaluation framework
- Development and Implementation of policy Interventions - education, IEC materials, community actions etc.

² Tentative dates