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REPORT on Stakeholder Analysis for AMR Policy development process

Ghana ReAct Project

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1 Introduction

1.1 Health system and service delivery in Ghana

The mission of the Ministry of health is to contribute to the socio-economic development and wealth creation by promoting health and vitality, ensuring access to quality health to people living in Ghana. The ultimate goal is to ensure a healthy and productive population. Several efforts are being made to attain MDG goals especially; Goal3; Promoting Gender equality, Goal 4; Reducing Child mortality, Goal 5; Improving maternal health, and Goal 6; Combating HIV/AIDS, TB, Malaria.

The MoH performs the policy development functions with several implementing agencies namely the Teaching hospitals, Ghana Health Service, Psychiatric hospitals, Ambulance service, Blood service, Christian Health Association of Ghana, regulatory bodies; Food and Drugs Authority, Health Facility Regulatory Agency, Nurses and Midwives Council, Medical and Dental Council and the Pharmacy council.

The Ghana Health Service is the main service delivery agency of the MoH. It is organised in a three-tier health delivery system at the primary, secondary and tertiary levels. There are a total of about 2205 health facilities (321 hospitals, 760 health centres and 1124 clinics) across the country providing primary, secondary and tertiary healthcare.

Box 1: Facts about Ghana

> Ghana is a Sub- Saharan African country with a total land area of 238,537 square Km and a population of about 24 million (51.3% females and 48.7% males). The annual population growth of the country is 2.4%, (Ghana Statistical Service, 2012) with a life expectancy of 64 years at birth. It has a Gross Domestic Product (GDP) of $39.2 Billion and a Gross National Income (GNI) per capita of $1,410. Ghana is endowed with natural resources such as gold, timber, diamond, petroleum bauxite etc. It has a youth literacy rate of 74.8% (82.7% males and 67.1% females). About 69% of Ghanaians are Christians, and the other religious affiliates make up 31%. English is the official language (Ghana Statistical Service, 2012). Ghana's infant mortality rate is 51.3 per 1000 births (Government of Ghana official portal (2012). For the purpose of administration, the country is divided into ten regions with each Region sub divided into Metropolis, Municipalities and Districts.

Antimicrobial drugs have played an essential role in decreasing morbidity and mortality due to infectious diseases since their general introduction in the 1940's. Therapy of infectious diseases caused by bacteria is the greatest challenge facing clinicians at the moment due to emergence of multiple antimicrobial resistant strains. Clinicians could no longer use penicillin G as the drug of choice for *Staphyloccocus aureus* and ampicillin as monotherapy for bacterial meningitis.

The increasing trends in the level of antimicrobial resistance poses a serious threat to effective management of infections, particularly in low and middle income countries like Ghana, where the health systems may have some challenging deficiencies (2010; Gopalan, Emerce et al. 2011). Antimicrobial resistance in general and in particular antibiotic resistance are major public health

concerns in Ghana (WHO, 2001). This is because infections from resistant strains of bacteria are difficult to be managed therapeutically and could thus spread rapidly within the population into endemic and epidemic proportions.

The health and economic consequences of such infections to affected individuals and nations include high cost of medicines for appropriate therapy, prolonged hospitalization, loss of productivity from work absenteeism and eventually death if no antibiotics are found sensitive or biologically active against the invading organisms. The determinants of AMR could be multifactorial, and may be a matrix of issues related to poor prescription and dispensing practices, poor adherence to antibiotic treatment by patients, and the supply and use of substandard antibiotics for treatment of microbial infections. Others may be product quality issues emanating from suitability of storage conditions in the warehouse and medicine outlets for these antibiotics.

The use of antimicrobial drugs in animal husbandry usually results in exposing microorganisms to low concentrations of the agents over a long period of time and emergence of resistant strains that are then transmitted to man.
Inappropriate use of antibiotics for conditions like the common cold, availability of antibiotics over the counter and their sub-optimal use provided selective pressure for multiple resistant bacteria.
In order to avoid losing the fight against bacterial infection now and in the future, several steps are being taken by the MOH and other collaborating partners.

1.2 Measures to tackle antibiotic use and resistance

To stem down the tide on antibiotic use and resistance, the MoH has embarked on awareness creation and the development of a policy with support from Action on Antibiotic Resistance (ReACT). Action on Antibiotic Resistance (ReACT), an NGO based in Uppsala Sweden, with support from SIDA, has over the year's championed the fight against antibiotic resistance. ReACT seeks to help other organisations and countries including Ghana to spread the efforts being made at preserving antibiotics and their effectiveness.

As a result, a concept note, detailing Ghana's path to tackling antibiotic use and resistance has been developed. A nationally owned multi-stakeholder Antimicrobial Resistance Technical Working Group (AMR); a platform of professionals with interest in resistance issues including Civil Society Organizations (CSOs) has been formed to spearhead activities on resistance in Ghana. Membership of this working group include representatives from MoH and GHS, GNDP, FDA, Academia, Research institutions, WHO, PMAG, INDEPTH, ADMER, Health Professional bodies, Veterinary practitioners and the Media. 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 ABR.

Civil society organizations are engaged for community advocacy and social mobilization, to change public attitudes and perception on the use of antibiotics and resistance.

This analysis is to map stakeholders on the policy platform as part of the policy development process for antibiotic use and resistance in Ghana.

2   Background

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.

2.1   General objective

To identify, document and develop strategies to engage partners and all stakeholders on antimicrobial use and resistance towards AMR policy development.

2.2   Specific Objectives

Specifically:
- Identifying all the potential stakeholders
- Create a stakeholder map
- Identify stakeholder allegiance / interest
- Create management strategy for identified stakeholders

Meeting this objectives forms part of the planning process and evidence towards the development of the policy on antibiotic resistance.

3   Approach and methodology

The approach to this work, involved effective analysis of the health sector to identify key stakeholders for inclusion on the stakeholder analysis. The first phase was to identify stakeholders and their interest and to define appropriate levels of engagement.

3.1   Definition of a stakeholder in this process
- Any person, group or institution with an interest in prudent use of antibiotic and resistance issues
- Such person, group or institution may be affected directly or indirectly by issues relating to antibiotic use and resistance
- Such person, group or institution may have interests and expectations, which may affect the AMR policy and/or policy process or be affected by the AMR policy and/or policy process.

Thus for the purposes of the analysis contained in this document, a stakeholder was defined as "someone who has interests in a particular decision, either as an individual or as a representative of a group." With respect to antibiotic use and resistance, decision-makers, those who can influence decisions and those who are or may be affected by such decisions were considered as potential stakeholders. These individuals, some of whom represent the interests of organized bodies, possess the necessary resources, in the form of knowledge, practical experience, and are willing to engage in the analysis process and also accept the outcomes. This gave an open platform to consider a wide range of stakeholders to be included.

3.2   Identification of stakeholders
A six-member team was put together by the project management team to carry out a desk research and information gathering on the roles and mandates of potential stakeholders. Using the Internet, a broad range of stakeholders from various sectors and interests were initially identified.
They were then placed into the categories below for ease of identification though some have overlapping interests in these areas:

- Policy making
- Regulation and safety
- Procurement, storage, supply and distribution
- Research and academia
- Partners (External)
- Public Health programmes
- Media
- Financing
- Consumers
- Civil Society Organization (CSO)

The stakeholders from these broad areas were included in the already identified champions on the National policy platform on antimicrobial resistance (NPAR).

3.2.1 Criteria for selection of stakeholders
The following criteria were used to select the stakeholders:
- If stakeholder is a core or primary player who will have direct influence on issues on antibiotics
- If stakeholder does not have direct influence but whose action is likely to affect the policy process
- Stakeholders who do not have direct influence and are not likely to affect the process but should be kept informed
- Whether the stakeholder uses or is likely to use or is affected by antibiotics and resistance

In all, a total of about 80 individuals and institutions were identified as potential stakeholders using the above criteria.

3.2.2 Refining the list of stakeholders
To refine the initial list of stakeholders and to identify their relevance and roles in antibiotic use and resistance, the following criteria were used:
- The level of influence and authority they will have on the policy process
- Level of interest of the stakeholder in the AMR policy platform
- Possible posture of the stakeholder being it for or against the policy process

Using Internet searches, the mandates, roles, mission and visions of these stakeholders were obtained. The above criteria were then used to refine the list of stakeholders.

3.2.3 Stakeholder Mapping
The stakeholder mapping exercise was guided by:
- Extent to which process is supported
- Identify stakeholder allegiance
- Extent to which stakeholder supports the process
- For process and outputs (high interest and influence)
- Against (middle players)
- Indifferent or not sure (little interest and little influence)

3.3   Contextual themes informing this stakeholder analysis

Themes to consider after stakeholder mapping exercise

- Desk top review on the 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
- Policy Implementation
- Monitoring and evaluation
- Interventions - education, IEC materials, community actions etc

3.4   Matrix for deducing the stakeholder management strategy
Strategy will be defined by the allegiance/interests/power/influence of the stakeholder to the policy and the policy process. This is as illustrated in Figure 1 below.

Figure 1: Stakeholder management matrix

Power/Influence		Watch	Keep satisfied	Actively manage
	High			
	Some	Keep on side	Keep on side	Keep on side
	Little	General communication	Keep informed	Keep informed
		Little	Some	High
			Interest	

4   Results and outcomes of Stakeholder analysis including Management strategy

4.1   Stakeholder Management/Buy-in Strategy

The specific objective of the strategy is to ensure that within the time frame that these activities are implemented, the posture of key stakeholders towards the AMR policy will be either for or Neutral.

Table 1: Matrix of stakeholders and corresponding management strategies

This is a table on Stakeholder Management Strategy indicating Buy-in Events/ Activities, Buy-in approach, Priority Rating, Lead and Proposed timeline.

	Stakeholder	Management Strategy	Buy-in Events/ Activities	Buy-in approach	Priority Rating	Lead	Proposed timeline
1.	Min of Health Chief Dir, MOH	Manage closely	Personal meeting and continuous briefing	Provide details and challenges of AM use, Resistance and highlights of its health economic implications; Continuous briefing on status and features of the AMR policy	High	Chairperson, AMR TWG, Project Manager, NPAR	
2.	Directors; -NHIA -PPME -Procurement & Supply -Pharmaceutical Services -Other Directors, MoH	Manage closely	Meeting and continuous briefing at MoH directors' meeting	Presentation on challenges of AM use, Resistance and highlights of its health implications	High	Chairperson, AMR TWG, Project Manager, NPAR	
3.	GHS Governing Council	Manage closely	Meeting of the TWG with the Council at their council meeting	Presentation on challenges of AM use, Resistance and highlights of its health implications	High	Chairperson, AMR TWG, Project Manager, NPAR	
4.	Parliamentary Select Committee on Health	Manage closely	Meeting of Key TWG members with the members of the Committee	Presentation on challenges of AM use, Resistance and highlights of its health and economic implications	High	Chairperson, AMR TWG, Project Manager, NPAR	
5.	Rep WHO Rep DFID Other Health Partners	Manage closely	Donor coordination meeting/partners meeting	Presentation on country situation on AM use, Resistance and its health implications	Medium	Chairperson, AMR TWG, Project Manager, NPAR	
6.	PSGH/ GHOSPA/GMA/GRNA/ GMAA/ -	Keep informed	Meeting of the TWG members with members of the groups at special workshop to be organize in consultation with leadership.	An informative meeting to discuss key highlights and their role in AMR prevention	High	OCP with support from other TWG members	
7.	Director General-GHS, and all GHS directors and programme managers	Keep informed	Presentation of the draft AMR Policy at GHS Director's Meeting.	Presentation on challenges of AM use, Resistance and highlights of its health implications; Discuss key features of the draft AMR Policy	High	Chairperson, AMR TWG, Project Manager, NPAR	
8.	Regional DDPSs; Managers RMSs, CMS	Keep informed	Meetings of the listed groups	An informative meeting to discuss key highlights and their role in AMR prevention; Discuss key features of the draft AMR Policy	Medium	Chairperson, AMR TWG, Project Manager, NPAR	Mid May / June
9.	Regional Directors of Health; Reg. Dep. Directors Institutional care	Keep informed	Meeting at GHS Senior Manager's meeting	Presentation on challenges of AM use, Resistance and highlights of its health implications; Discuss key features of the draft AMR Policy	High	Chairperson, AMR TWG, Project Manager, NPAR	

	Stakeholder	Management Strategy	Buy-in Events/ Activities	Buy-in approach	Priority Rating	Lead	Proposed timeline
10.	CEOs; NHIA, Teaching Hospitals, Pharmacy Council, FDA Medical and Dental Council Nurses and Midwives Council CHAG, PMAG, CEOs	Manage closely	Meeting of Key TWG members with the CEOs and registrars	An informative meeting to discuss key highlights and their role in AMR prevention; Discuss key features of the draft AMR Policy	High	Chairperson, AMR TWG, Project Manager, NPAR	
11.	Head, Public Health reference Laboratory, Head, Clinical Laboratory Unit		General stakeholder briefings or meeting		Medium	TWG	
12.	Pharmaceutical Wholesalers and Distributors COP of all health USAID Projects		General stakeholder briefings or meeting	Keep them informed about the SCMP	Low	TWG	July

5   Conclusion

Stakeholders play an important role on the agenda setting stage, technical collaborations as well as the consensus building stages of the policy process. They must be managed considering their interests, power.

At the end of this process, the appropriate stakeholders and defined management strategies would be identified to help manage the policy development process.

6   Appendices

6.1   Appendix 1: Working Group

1. Edith Andrews Annan   WHO Country Office for Ghana
2. Edith Gavor   Ghana National Drugs Programme, Ministry of Health
3. George Hedidor   National Drug Information Resource Centre
4. Brian Adu Asare   Ghana National Drugs Programme, Ministry of Health
5. Saviour Yevutsey   Office of the Chief Pharmacist, Ghana Health Service
6. Angela Ackon   National Drug Information Resource Centre