

NATIONAL MULTISECTORAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE FOR THE FEDERATED STATES OF MICRONESIA

2019- 2023



DEPARTMENT OF HEALTH
AND SOCIAL AFFAIRS

Foreword by His Excellency President of the Federated States of Micronesia



Using antimicrobials saves life. The infections that cause serious illnesses can be averted through the use of antimicrobials. However, when these antimicrobials are not used properly, their potency to fight off infections can be weakened.

The threat of losing the power of our antibiotics through increasing antimicrobial resistance (AMR) is worrisome. FSM is seeing increasing rates of antimicrobial resistance, including multi-drug resistant tuberculosis (TB). When AMR is found, treatment can be prolonged and becomes 5 to 10 times more expensive. In some extensively resistant infections, there may be no drugs available to treat infections. Without concerted efforts and action to ensure proper use of antimicrobials, AMR will increase throughout our young nation.

I wholeheartedly endorse the actions stated in this National Multisectoral Action Plan on Antimicrobial Resistance for the Federated States of Micronesia, a collaboration between and among the relevant agencies of the FSM and State government agencies, partners, and NGOs. A One-Health approach is needed to tackle the issues of overuse and misuse of antimicrobials in human and animal health and to prevent antimicrobial residues in the environment.

I congratulate everyone who has contributed their time and resources into the development of this AMR Multisectoral Action Plan. In the same vein, I also urge everyone to give high priority in implementing the actions in this Plan. Together, we can make a difference for our people.

A handwritten signature in blue ink, which appears to read 'David W. Panuelo'. The signature is stylized and written over a series of horizontal blue lines.

H.E. David W. Panuelo
President
Federated States of Micronesia

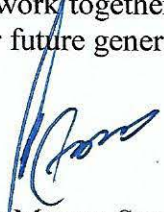
Joint Foreword by Department of Health & Social Affairs and Department of Resources & Development

Antimicrobial Resistance (AMR) occurs when micro-organisms develop the ability to survive exposure to antimicrobials. When this happens, the drug or medicine is no longer effective.

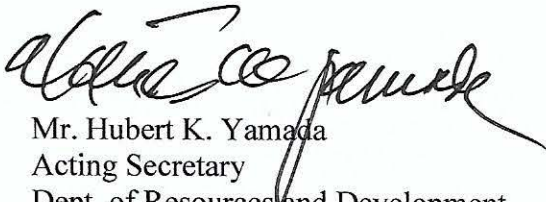
AMR is a serious and growing public health problem worldwide and the Federated States of Micronesia (FSM) is also experiencing this problem. Available data show a steady rise in AMR with 30-70% of some types of bacteria demonstrating resistance to commonly used antibiotics. We need to be vigilant and increase awareness amongst our people and communities on the danger this problem can have.

This National Multisectoral Action Plan on Antimicrobial Resistance for the Federated States of Micronesia was developed to address the growing threat of the development of AMR by an ever-increasing range of bacteria, parasites, viruses and fungi in all the four states of FSM. It represents the collective and expert views of stakeholders from the four states including private sectors and civil societies. The plan is also aligned to the WHO global action and regional action agenda on AMR.

We are confident that this Multisectoral action plan will help deliver an effective and sustainable response to antimicrobial resistance in FSM. We encourage all stakeholders to work together and support the implementation of this plan that will ultimately protect our future generations.



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Acronyms

AMR	Antimicrobial Resistance
AST	Antibiotic susceptibility testing
CSA	Country situational analysis
EQA	External quality assessment
FSM	Federated States of Micronesia
IEC	Information, Education, and Communication
IPC	Infection prevention and control
MTC	Medicines & Therapeutic Committee
M&E	Monitoring and evaluation
NAP	National Action Plan on AMR
NCD	Non communicable disease
NGO	Non-governmental organization
PPE	Personal Protective Equipment
QMS	Quality management system
TB	Tuberculosis
TOR	Terms of Reference
TWG	Technical Working Group
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1.0 Introduction

In 2014, the World Health Organisation (WHO) declared antimicrobial resistance as a global health threat that requires urgent collaborative action. High rates of resistance to hospital and community-acquired infections have been reported globally, with some of the highest rates reported in the Western Pacific Region.

Antimicrobial Resistance (AMR) has become one of the biggest threats to global health and affects both human and animal health. The World Health Assembly in 2015 endorsed the *Global Action Plan on Antimicrobial Resistance*¹ that urges Member States to develop national AMR plans by May 2017.

The commitment from member states to develop their national action on AMR has been overwhelming. In the Federated States of Micronesia, many common infections are becoming resistant to antibiotics and few alternative treatments will be available soon. Hence, FSM has identified AMR as an important and priority health agenda that needs to be addressed by all states. Three multi-stakeholder meetings were convened to discuss and develop this National Multisectoral Action Plan on AMR with integrated activities to combat AMR in the FSM.

This National Multisectoral Plan on AMR is aligned to the priority actions listed in the Action Agenda for Antimicrobial Resistance in the Western Pacific Region² and the Global Action Plan on Antimicrobial Resistance that focuses on four main principles of the global action plan; 1) whole-of-society engagement, 2) prevention first, 3) access to effective treatment, and 4) sustainability.

¹ WHO (2015), Global Action Plan on Antimicrobial Resistance, Available at:
<https://www.who.int/antimicrobial-resistance/global-action-plan/en/>

² WHO (2015), Action agenda for antimicrobial resistance in the Western Pacific Region, Available at:
<https://iris.wpro.who.int/handle/10665.1/10898>

2.0 Summary of brief Situational Analysis on Antimicrobial Resistance in FSM

The FSM Department of Health and Social Affairs regularly published the leading causes for hospitalizations and out-patient visits to health services. While hypertension and diabetes are major causes of morbidity, illness caused by infectious agents outnumbers those caused by hypertension and diabetes combined.

Infections of the upper respiratory tract, urinary tract, gastro-intestine and ear infections account for a high burden of disease in FSM. There is a relatively high incidence of tuberculosis (TB) and sexually transmitted infections caused by chlamydia and to a lesser extent gonorrhoea.

FSM laboratories have published summary reports of antibiotic resistance patterns from the bacteria isolated from clinical specimens. While the laboratories do not have the capacity to test for all antimicrobials and all infectious agents; the laboratory reports clearly show an increasing amount of antimicrobial resistance. Methicillin resistant *S. aureus* is commonly isolated from both in patients and outpatients. There is a high proportion of enteric bacteria isolated that demonstrate resistance to a number of commonly used antibiotics. In some cases, resistance has been noted to all first and second line antibiotics.

Additionally, FSM has experienced two outbreaks of multi-drug resistant TB in 2007 and 2009. These laboratory reports confirm the serious situation of antibiotic resistance in FSM that needs to be addressed urgently.

Unfortunately, the impact of AMR in the FSM has not been fully established, especially in the animal health sector, and the country self-assessment, which was completed in May 2017, reveals that important improvements were made in many areas, but some weaknesses still remain. The results of the survey highlighted the need to have:

- a) a national comprehensive AMR plan with a formed committee, clear reporting structure between national and state level and champions to drive the country's AMR agenda;
- b) a dedicated budget to support the implementation of the AMR plan in all states;
- c) national laboratory surveillance to track AMR in humans and animals in all states;
- d) specific regulation to regulate, enforce and promote the rational use of antimicrobials in both human and animal health;
- e) an antimicrobial stewardship programme mainly in state hospitals;
- f) effective procurement and supply chain management in order to ensure the availability and accessibility of quality antimicrobials;
- g) infection prevention and control activities and programmes in all sectors, including food safety;
- h) a well-trained workforce on how to combat AMR;
- i) continuous awareness campaign on AMR targeted at the public and health professionals, including vaccinations; and

- j) proper waste management of antimicrobials.

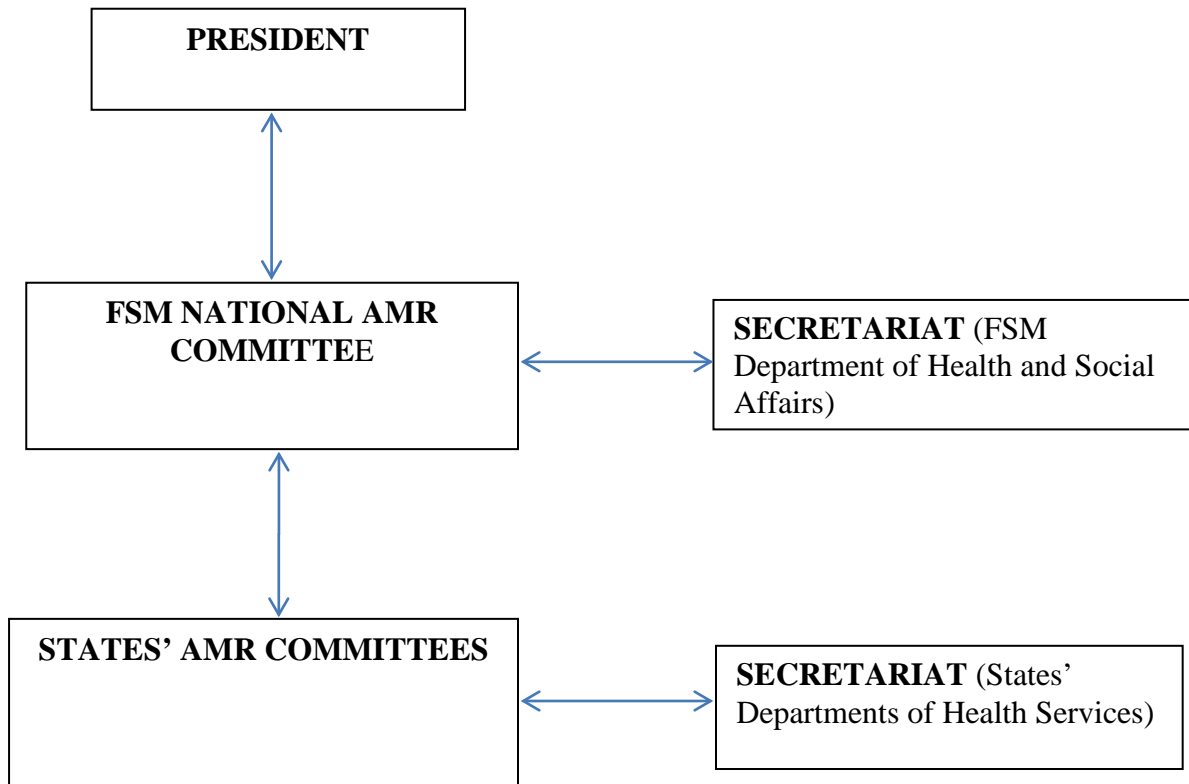
In summary, brief country situation analysis has identified areas that need strengthening such as:

- 1) Awareness raising on AMR in all areas;
- 2) Formulation of national comprehensive plan on antimicrobial resistance;
- 3) Coordinated national surveillance systems to monitor AMR and antimicrobial use in all states; and
- 4) Organized regulatory framework and governance to implement the AMR plan.

3.0 Governance of Antimicrobial Resistance in FSM

- i. High level endorsement of NAP and relevant policies and legislation
- ii. National AMR Committee (newly formed) shall provide briefings and updates to President and Congress on progress of AMR NAP implementation in all FSM states with further recommendations for consideration and endorsement. Act as advisor to the President from time to time. Provide technical guidance to state AMR committees as when required in relation to the implementation of state AMR plan. Direct/guide FSM response (planning) to AMR related activities. Coordinate external assistance and funding to support the implementation of AMR activities in each state. FSM National AMR committee will be co - chaired by FSM Department of Health and Social Affairs and the Department of Resource and Development. Chairmanship will be rotated between the two co-chairing departments.
- iii. State AMR Committee shall coordinate, implement and monitor state AMR plan and provide reports/feedback to National AMR committee and State Governors, when needed.

Proposed AMR Governance Structure



FSM National AMR Committee – National level

Suggested Members: (Secretaries/Heads of the relevant departments/organizations)

- FSM Department of Health and Social Affairs
- FSM Department of Resource and Development (Agriculture; Quarantine; Forestry & Fisheries; Trade & Investment)
- College of Micronesia - FSM (Public Health & Nursing Program; Cooperative Research & Extension)
- FSM Department of Education
- FSM Department of Finance & Administration
- One Rep from each state – chairperson of state AMR committee

Development Partners/Technical Advisors/Observers

- WHO
- FANGO (umbrella organization for all national NGOs)
- SPC
- Representative from the Medical Association

Draft Composition and Term of Reference:

- Membership should reflect all sectors involved in containing AMR at the national level
- Committee will be co-chaired by the FSM Department of Health & Social Affairs and the FSM Department of Resource & Development; Chairmanship will be rotated between the two co-chairing departments
- Committee will meet four times a year and or as necessary
- Coordinate all efforts to address AMR in all FSM states
- Oversee the development and review of national AMR plan
- Coordinate external assistance and funding to support the implementation of AMR activities in each state.
- Develop policies and strategies pertaining to the AMR Action Plan and monitoring
- Report to the President
- Supported by State AMR committee

State AMR Committee – State level

The States shall establish their own multisectoral AMR committee with the suggested members: (Directors/Heads of the relevant departments/sectors)

- Department of Health Services
- College of Micronesia state extensions
- Department of Resource & Development (Agriculture, Quarantine, Forestry & Fisheries)
- Department of Education
- Department of Finance & Administration
- Department of Marine Resources
- State Environmental Protection Agency
- Private Pharmacy and Medical Clinics
- Umbrella organization for each state NGOs (observers) (ex: PANGO for Pohnpei State)
- Medical Associations
- Member from EpiNet Team

Draft Composition and Term of Reference:

- Membership should reflect all sectors involved in containing AMR at state level
- Committee will be co-chaired by the Department of Health Services and the Department of Resource and Development
- Coordinate the implementation of the National AMR plan in the States
- Committee may meet four (4) times a year or as necessary;
- The committee may create technical working groups or a secretariat as it deems necessary
- Provide progress / updates/ feedbacks to the National AMR Committee and State Governors when needed
- Develop strategies and interventions to address specific challenges in the implementation of the AMR plan at the state level

4.0 Goal

To maintain a healthy population in the Federated States of Micronesia by ensuring the availability and accessibility of effective antimicrobials

4.1 Strategic Objectives

1. Establish and ensure governance, sustainable investment and actions to combat antimicrobial resistance

- Establish AMR governance structure for finalizing and implementing the national action plan
- Ensure political commitment on the implementation of the national action plan
- Development and enforcement of appropriate legislations in all sectors
- Ensure sustainable investment in combating AMR

2. Improving awareness and understanding of antimicrobial resistance across all institutions and sectors

- Promote information sharing on the situation of AMR and use of antimicrobials across institutions and sectors
- Raise awareness on AMR to health-care workers and veterinarians

3. Strengthen surveillance, diagnostic capacity and research on antimicrobial resistance

- Develop a national AMR surveillance system with a reference laboratory
- Strengthen food safety capacity to combat AMR
- Strengthen research and information sharing on AMR

4. Reducing incidence of antimicrobial resistance through effective infection prevention and control measures, food safety and hygiene

- Establish a national infection prevention and control programme
- Implement the Water, Sanitation and Hygiene (WASH) program to promote safe water and hygiene practices
- Promote good infection control and bio security practices in animal husbandry
- Implement Good Hygienic Practices (GHP) and Hazard Analysis and Critical Control Point (HACCP) in food handling and processing
- Strengthen vaccination program in human sector

5. Optimize the use of antimicrobial medicines in human and animal health

- Strengthen regulations to promote responsible use of antimicrobials

- Establish and develop national guidelines and programs to control the use of antimicrobials
- Strengthen procurement and supply of antimicrobials
- Strengthen the capacity of pharmacovigilance system in human health

5.0 FSM National AMR Operational plan (Years: 2019-2023)

SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
1. Establish and ensure governance, sustainable investment and actions to combat antimicrobial resistance			
1.1 Establish AMR governance structure for finalizing and implementing the national action plan			
1.1.1 Formalize the establishment of a National and State AMR committee			
Establish a AMR committee in both National and State level	Mar 2020	Secretary for Health State Directors	AMR committee formalized and endorsed by President
Identify reporting structure and communication channel for the AMR committee in both National and State level	Mar 2020	Secretary for Health State Directors	AMR committee structure established
Develop a clear terms of reference for the AMR committee	Mar 2020	Secretary for Health State Directors	ToR developed
1.1.2 Develop a National Action and Operational Plan for AMR			
Develop the draft national action and operational plan for AMR for both National and State Level	National – Aug 2019 State – Dec 2019	Secretary for Health State Directors	National and State action and operational plan endorsed by President
Establish technical working group (TWG) to implement the AMR plan	Mar 2020	Secretaries and State Directors	TWG established
1.1.3 Develop a budget for implementation of the action plan and identify funding sources			
Consultation with key stakeholders for costing the AMR activities outlined in the AMR plan	Jun 2020	National AMR committee	Costing completed
Formal submission of costed plan to the President for endorsement	Jun 2020	National AMR committee	Costed plan endorsed by President
Conduct consultation meeting with key partners for the identification of funding sources	Jun 2020	National AMR committee	Funding sources identified
1.1.4 Regular monitoring and evaluation of the implementation of the national action plan			
Hold a quarterly meeting to discuss implementation of the national action plan	Quarterly	National AMR committee	Meeting minutes disseminated
Meeting for M&E of AMR plan implementation and making amendments to the plan	Jun 2022	National AMR committee	Review conducted

SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
Conduct cost analysis on AMR	Jun 2020	National AMR committee	Assessment completed and report submitted
1.2 Ensure political commitment on the implementation of the national action plan			
1.2.1 Establish a high level commitment between national and state level			
Develop a AMR memorandum of understanding between key sectors	Mar 2020	Secretary for Health State Directors	MoU signed by different sectors
1.3 Development and enforcement of appropriate legislations in all sectors			
1.3.1 Develop and strengthen legislation of AMR in both human and animal sector			
Review/amend existing legislation(s) and ensure it incorporate clauses related to AMR in both human and animal health	Dec 2023	Secretary for Health State Directors	Legislation revised and endorsed
1.4 Ensure sustainable investment in combating AMR			
1.4.1 Create an enabling environment for access to effective antimicrobials (e.g. infrastructure, roads, supply chain)			
Strengthen policy and legislation to support the availability and accessibility of antimicrobials to both human and animal health	Ongoing	National AMR committee	Policy/legislation strengthened/updated to support availability & accessibility of antimicrobials
Submit budget proposal for AMR	Jan 2020	National AMR committee	Budget proposal submitted
1.4.2 Invest in appropriate human resources and infrastructure to ensure sustainable implementation of the national action plan			
Ensure one dedicated staff for AMR secretariat and identify AMR champions in both National and State level	Mar 2020	Secretary for Health State Directors	AMR secretariat and champions identified and endorsed
Identify and assess all facilities to ensure its adequate to prevent, control and respond to AMR	Dec 2020	National AMR committee	100% of facilities assessed
Develop human resource and training plan for staff to sustain the implementation of AMR plan	Dec 2020	National AMR committee	Human resource and training plan developed and endorsed
2. Improve awareness and understanding of antimicrobial resistance across all institutions and sectors			
2.1 Promote information sharing on the situation of AMR and use of antimicrobials across institutions and sectors			
2.1.1 Develop awareness raising materials and conduct awareness activities			
Develop/revise IEC materials on AMR for the general public and policy makers	Annually	National AMR committee All key stakeholders	IEC materials printed

SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
Conduct regular AMR advocacy and awareness using all means of communication/ mass media aligning to the strategic risk communication plan.	Quarterly	National AMR committee All key stakeholders	4 awareness raising communication conducted annually
Hold annual awareness campaign to celebrate World Antibiotic Awareness Week	Annually	National AMR committee All key stakeholders	Awareness week campaigns conducted in November per year
Conduct regular AMR awareness raising for farmers, importers, exporters, food processors, and animal production officers including antibiotic withdrawal period	6 monthly	National AMR committee All key stakeholders	2 awareness raising communication conducted annually
Engage & train community leaders, NGO's, civil societies, churches, sports groups and youth groups to raise awareness on AMR	6 monthly	National AMR committee All key stakeholders	2 training session conducted
2.1.2 Promote effective sanitation and hand hygiene in the community setting			
Participate in the world hand hygiene day	Annually	National AMR committee	Hand hygiene day celebrated
Develop promotional materials to raise awareness of hand hygiene and effective sanitation in the community	Annually	National AMR committee	IEC materials printed and disseminated
2.1.3 Develop an educational programme for schools (all levels) on AMR and rational use with key targeted messages			
Incorporate the education curriculum to capture AMR, basic sanitation and hand hygiene awareness raising in primary and secondary schools	Dec 2020	National AMR committee Department of Education	Curriculum incorporated
2.2 Raise awareness on AMR to health-care workers and veterinarians			
2.2.1 Include AMR as core component of professional education, training for health-care professionals and veterinarians			
Ongoing continuous professional development on AMR for health-care workers and veterinarians/livestock officers	Quarterly	National AMR committee Department of Health Department of Resource and Development	4 CPD sessions per year
Re-train health-care workers and veterinarians/livestock officers on any AMR online or in-service course offered on POLHN, regular training session or from other relevant institutions	On-going	National AMR committee Department of Health Department of Resource and Development	20% of health-care workers and veterinarians/livestock officers completed online course and receive certificates per year
Conduct baseline survey on perception of health-care workers and veterinarians/livestock officers on AMR	Dec 2019	National AMR committee Department of Health Department of Resource and	Perception survey completed and report submitted

SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
		Development	
3. Strengthen surveillance, diagnostic capacity and research on antimicrobial resistance			
3.1 Develop a national AMR surveillance system with a reference laboratory			
3.1.1 Strengthen laboratory staff capacity for training on microbiology and quality antimicrobial susceptibility testing			
Build capacity of laboratory staff in microbiology testing and analysis of antibiogram	On-going	National AMR committee Department of Health State hospital laboratory	All laboratory staff trained
Continuous participation in EQA for AMR	Annually	National AMR committee Department of Health State hospital laboratory	All state laboratories fully enrolled on EQA
3.1.2 Strengthen laboratory capacity and infrastructure for AMR surveillance			
Identification of a reference laboratories for AMR in human and animal health for further genotyping	On-going	National AMR committee Department of Health Department of Resource and Development State hospital laboratory	Reference laboratories identified
Review standard operating procedures for antibiotic testing and quality management system in all laboratories	Annually	National AMR committee Department of Health State hospital laboratory	SOP's updated and endorsed
Implement QMS and EQA programmes in all laboratories that conduct antibiotic susceptibility testing	On-going	National AMR committee Department of Health State hospital laboratory	EQA & QMS conducted annually
Equip all the state laboratories to conduct antibiotic testing for human health	Dec 2020	National AMR committee Department of Health State hospital laboratory	State conducting laboratory test for all sectors
Strengthen the electronic laboratory information system for AMR reporting and surveillance in all state laboratories	Jul 2021	National AMR committee Department of Health State hospital laboratory	Electronic system fully operational in all laboratories

SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
Ensure consistent availability of laboratory consumables and reagents	Ongoing	National AMR committee Department of Health State hospital laboratory	100% availability of supplies
3.2 Strengthen food safety capacity to combat AMR			
3.2.1 Promote random and regular testing on meat and other food product for AMR pathogens and antibiotic residues			
Undertake random sample collection and testing for AMR pathogens and antibiotic residues.	Ongoing	National AMR committee Department of Health	2 samples randomly selected and tested per year
Establish a mechanism for testing antibiotic residues on meat	Dec 2020	National AMR committee Department of Resource and Development	Reference laboratory identified
3.3 Strengthen research and information sharing on AMR			
3.3.1 Promote collaborative surveys and conferences on AMR in human and animal health and the environment			
Include AMR session in PBMA, APNLC meetings annually	Annually	National AMR committee	Annual conference held
Conduct antimicrobial consumption survey	Dec 2020	National AMR committee Department of Health State hospital pharmacy	AMC survey completed and report submitted
3.3.2 Conduct bacteria susceptibility survey/profile			
Develop and continue sharing antibiogram with all states	Ongoing	National AMR committee Department of Health State hospital laboratory	Antibiogram data for all states available
3.3.3 Ensure sharing of AMR surveillance and use data			
Regular sharing of AMR surveillance and antimicrobial consumption to key stakeholders, including regional and international	Ongoing	National AMR committee Department of Health State hospital laboratory	AMR data available for sharing
Strengthen mechanism for reporting AMR in all states and national level across all sectors	On-going	National AMR committee Department of Health State hospital laboratory	AMR standard template and mechanism in place
4. Reduce incidence of antimicrobial resistance through effective infection prevention and control measures, food safety and hygiene			
4.1 Establish a national infection prevention and control programme			
4.1.1 Endorse the national infection control policy			

SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
Establish/strengthen state infection control committees	June 2020	National AMR committee Department of Health	Endorsed TOR, Formed Committee members, & Quarterly meeting minutes
Review the national infection prevention and control policy and guidelines	Dec 2019	National AMR Committee Department of Health	National IC policy reviewed and endorsed and implemented
Update the infection prevention and control guidelines based on new policy in each state hospitals and clinics	June 2020	State IPC committee	IPC guidelines endorsed
Print and disseminate the national infection prevention and control policy and guidelines to key stakeholders	June 2020	National AMR Committee	100 copies printed for each state hospital and clinics
Conduct regular infection prevention and control audit in state hospitals	Quarterly	State IPC Committee	Audit reports submitted
Conduct training on infection prevention and control policy and guidelines targeting patients, health care workers and health administrators	Annually	State IPC Committee	2 trainings per year
4.1.2 Disposal of expired drugs and non-registered drugs and medical waste			
Develop guidelines on disposal of unused antibiotics and other medicines (including veterinary medicines)	Dec 2020	Department of Health	Medicine policy and Guidelines endorsed
Assess and strengthen incineration of medical waste in all state hospitals	Dec 2020	National AMR Committee Department of Health State Hospitals	All state hospitals incinerator fully functioning
4.2 Implement the Water, Sanitation and Hygiene (WASH) program to promote safe water and hygiene practices			
4.2.1 Develop the WASH program in communities and schools			
Conduct consultation to communities, schools, health facilities, households, commercial and service establishments, churches, public health events and <i>Sakau</i> markets on WASH program in all states	Jun 2020	National AMR committee Department of Health Department of Resource and Development Department of Education	1 consultation per state WASH program endorsed by all concerned parties
Develop a WASH program and guidelines for communities, schools, health facilities, households, commercial and service establishments, churches, public health events and <i>Sakau</i> markets in all 1 states	Jun 2020	National AMR committee Department of Resource and Development Health Department of Education	WASH program and guidelines endorsed
Implement WASH program in communities, schools, health facilities, households, commercial and service establishments, churches, public health events, and <i>Sakau</i> markets	Jun 2020	National AMR committee Department of Resource and Development Department of Education	WASH program implemented


SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
		Department of Health	
Conduct awareness training on WASH program in communities, schools, health facilities, households, commercial and service establishments, churches, public health events and <i>Sakau</i> markets	Quarterly	National AMR committee Department of Resource and Development Department of Education	4 trainings per year
4.3 Promote good infection control and biosecurity practices in animal husbandry			
4.3.1 Strengthen infection prevention and control in animal husbandry			
Develop infection prevention and control policy specific for animal farms and clinics	Dec 2019	National AMR committee Department of Resource and Development	IPC policy endorsed
Conduct training on infection prevention and control policy	Dec 2019	National AMR committee Department of Resource and Development	IPC training completed
Print and distribute infection prevention and control policy to all key stakeholders	Dec 2019	National AMR committee Department of Resource and Development	100 copies printed for each state hospital and clinics
Promote use of personal protective equipment (PPE) in hospitals & animal health	Ongoing	National AMR committee Department of Health Department of Resource and Development	100% availability of PPE supplies
4.4 Implement Good Hygienic Practices (GHP) and Hazard Analysis and Critical Control Point (HACCP) in food handling and processing			
4.4.1 Establish GHP and HACCP program			
Conduct consultation to states and communities on GHP and HACCP program	Ongoing	National AMR committee Department of Health Department of Resource and Development	1 consultation meeting per state
Develop a GHP and HACCP program and guidelines in all states	Ongoing	National AMR committee Department of Health Department of Resource and Development	GHP & HACCP program and guidelines endorsed
Implement GHP and HACCP program	Ongoing	National AMR committee Department of Health	GHP & HACCP program implemented


SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
		Department of Resource and Development	
Conduct awareness training on GHP and HACCP program in communities	Ongoing	National AMR committee Department of Health Department of Resource and Development	4 trainings per year
4.5 Strengthen vaccination program in human sector			
4.5.1 Implement vaccination program in human sector			
Conduct awareness to public on vaccination program	Quarterly	National AMR committee Department of Health	4 awareness per year
5. Optimize the use of antimicrobial medicines in human and animal health			
5.1 Strengthen regulations to promote responsible use of antimicrobials			
5.1.1 Enforce the use of prescription on antimicrobials in the human and animal sector			
Draft and endorse medicine legislation (law and regulations) to cover the prescribing and use of antimicrobials in both human and animal health	Dec 2020	National AMR Committee Department of Health	Legislation and regulations drafted/ updated and endorsed
Conduct awareness on medicine legislation to veterinarians, medical doctors and other key health workers in all states	Jan 2021	National AMR committee Department of Health	Awareness conducted
Print and disseminate the updated medicine legislation to key stakeholders	Jan 2021	National AMR committee Department of Health	Legislation printed and distributed
Conduct inspection on pharmacy, medical clinic and animal clinic on the counter sales of antimicrobials (updating of the inspection Checklist)	Annually	Department of Health	Inspection conducted and report submitted
5.2 Establish and develop national guidelines and programs to control the use of antimicrobials			
5.2.1 Develop and finalized antibiotic guidelines based on country antibiogram, medicine policy and essential medicine list for human and animal use			
Review the national antibiotic guidelines for human use	Ongoing – every 2 years	National AMR committee Department of Health	Guidelines published
Develop a national antibiotic guideline for animal use	Dec 2020	National AMR committee Department of Resource and Development	Guidelines published
Update the national essential medicine list for both human and animal use using AWaRe classification	Ongoing – every 2 years	National AMR committee Department of Health Department of Resource and Development	EML updated and published


SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
Review the national medicine policy to ensure the rational use of medicines including antimicrobials	Dec 2021	National AMR committee Department of Health	Medicine Policy updated
Monitor the adherence of antibiotic guideline and rational prescribing of veterinarians, medical doctors and health assistants in all states	On-going	National AMR committee Department of Health Department of Resource and Development	1 auditing per year
5.2.2 Strengthen border control for detection of imported antimicrobials			
Ensure that medicine legislation will cover the declaration of all antimicrobials that enters the country including the ban on the use of antibiotics on animal feed as growth promoters	Dec 2020	National AMR committee Department of Resource and Development	Boarder control legislation updated
5.2.3 Strengthen Antimicrobial Stewardship Program & role of Medicines Therapeutic Committee in hospital			
Develop basic antimicrobial stewardship (AMS) program and framework in all state hospitals	Dec 2020	National AMR committee Department of Health	Basic AMS program developed and implemented
Develop policy on the use of restricted antimicrobials at all state hospitals	Dec 2019	National AMR committee Department of Health State Hospitals	Policy on use of restricted antimicrobials endorsed by MTC
Establish and strengthen the state medicine therapeutic committee	Dec 2020	Department of Health	MTC meeting quarterly
Review and endorse the ToR of the Medicine and Therapeutic Committee (MTC) to ensure that it cover AMR at the national and state level	Sep 2019	National AMR Committee Department of Health MTC	ToR updated and endorsed
Conduct training workshops for MTCs members on their role on AMR	Dec 2019	National AMR Committee Department of Health	1 training completed
AMS team to conduct auditing of antibiotic use in state hospitals	Ongoing - 6 monthly	National AMR Committee MTC	Audit report submitted
5.3 Strengthen procurement and supply of antimicrobials			
5.3.1 Strengthen prequalification of antimicrobials to ensure quality assured antimicrobials			
Develop process of market authorization (MA) and registration including prequalification of antimicrobials	Dec 2021	National AMR committee Department of Health	MA and registration of antimicrobials in place
Conduct training on product assessment and physical verifications to pharmacy inspectors, customs, para-vet in all states	Dec 2021	National AMR committee Department of Health	2 trainings conducted
Build relationship with other stringent regulatory authority and using any sub regional platform to access information on quality of antimicrobials	Ongoing	National AMR committee	MoU in place
5.3.2 Ensure the availability and accessibility of quality antimicrobials			


SUB-ACTIVITY	TIMELINE	IMPLEMENTER	INDICATOR
Conduct in depth assessment of the medicine supply system in all states	Dec 2021	National AMR committee Department of Health	Assessment report completed
Develop a procurement and supply strategies of antimicrobials in both human and animal sector in all states	Dec 2022	National AMR committee Department of Health	Procurement plan developed
Review the donation regulation and policies of medicines	Dec 2020	National AMR committee Department of Health	Procurement & Donation regulation and policies updated and endorsed
5.4 Strengthen the capacity of pharmacovigilance system in human health			
5.4.1 Strengthen the monitoring system to detect, assess, prevent adverse effects of antimicrobials			
Develop the system on pharmacovigilance of antimicrobials including other essential medicines	Dec 2021	National AMR committee Department of Health	Database and guideline on pharmacovigilance system developed


Annex 1: A resolution of the 24th Micronesian Islands Forum on antimicrobial resistance




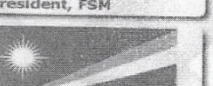

 Johnson S. Elimo
 Governor, State of Chuuk



 Ralph DLG. Torres
 Governor, CNMI

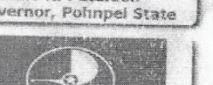

 Lourdes Leon Guerrero
 Governor, Guam

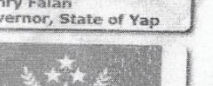

 Thomas Remengesau Jr.
 President, Rep. of Palau

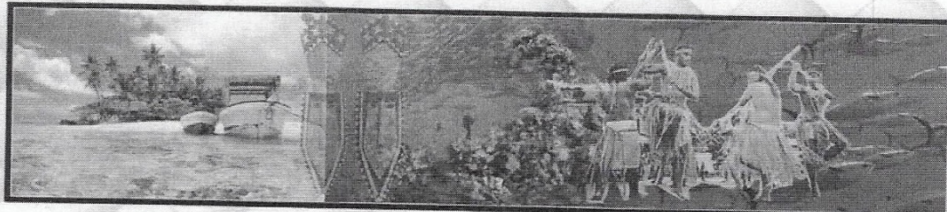

 David W. Panuelo
 President, FSM


 Hilda C. Heine
 President, RMI


 Marcelo K. Peterson
 Governor, Pohnpei State


 Henry Falan
 Governor, State of Yap


 Carson K. Sigrah
 Governor, State of Kosrae



"Sowing the Seeds of Prosperity for a Sustainable Micronesia"

A RESOLUTION OF THE 24th MICRONESIAN ISLANDS FORUM

Concerning the strengthening of USAPI health department capacities and systems to effectively address the health security threat of antimicrobial resistance (AMR)

WHEREAS, the United States-Affiliated Pacific Islands (USAPIs) including Guam, the Commonwealth of Northern Mariana Islands (CNMI), the Republic of the Marshall Islands (RMI), the Republic of Palau, the Federated States of Micronesia (FSM) - Pohnpei, Chuuk, Yap, and Kosrae, American Samoa and the Micronesian Islands Forum (MIF) Regional Health Committee (RHC) is comprised of the Ministers, Secretaries and Directors of Health of the six USAPIs, who are also the governing body of the Pacific Islands Health Officers Association (PIHOA), which serves as the Secretariat of the MIF RHC;

WHEREAS, PIHOA's mission is to improve the health and well-being of communities in the USAPIs by providing, through consensus, a unified credible voice on health issues of regional importance;

WHEREAS, the USAPIs are home to more than 500,000 people, who live on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific time zones, an area significantly larger than the continental United States;

WHEREAS, USAPI populations are geographically dispersed and have resource-limited health systems impacting their ability to provide comprehensive and effective health services across an array of specialty clinical, public health and ancillary disciplines; and

WHEREAS, critical resource limitations in USAPI populations include, but are not limited to: the lack of trained and qualified health staff in specialty clinical, public health and ancillary service disciplines, insufficient financial and other resources to recruit and retain these qualified health staff, and inadequate/insufficient infrastructure to ensure adequate



access to quality and comprehensive services to highly dispersed, rural populations and those with specialty healthcare needs; and

WHEREAS, antimicrobial resistance (AMR) is a broad term encompassing microbes (bacteria, parasites, viruses, fungi) developing resistance to drugs that treat infections, including TB, HIV, gonorrhea, extended spectrum B-lactamase producing enterobacteria, etc.; and, that the leading causes of AMR are: 1) patient non-compliance to recommended treatment regimens; 2) irrational use of medications, including self-medication and lack of regulatory monitoring of public consumption of over-the-counter and other restricted medications; 3) medical provider lack of adherence to treatment guidelines or over-prescribing; 4) poor or inconsistently enforced infection control, hygiene and sanitation standards in healthcare facilities; 5) poor quality of medications procured, including monitoring of drug efficacy and safety standards; 6) irrational use of antibiotics in agricultural production and animal feeds; 7) inadequate AMR surveillance and testing capabilities; 8) overcrowding, poor sanitation standards, and access to proper waste management at the community level; and 9) the return of referral patients with nosocomial infections contracted in hospitals in countries in southeast Asia with high incidence of resistant organisms; and

WHEREAS, AMR is a critical health security risk for the USAPIs given existing human, financial and infrastructure constraints, including significant impacts on individual and population health outcomes and cost of healthcare services delivery to treat increasingly resistant strains of infectious and other diseases,

NOW THEREFORE BE IT RESOLVED, that the Leaders endorse, in principle and as a matter of priority, strengthening national/state systems and capacities for cost-effective and efficient healthcare facilities management encompassing all public healthcare facilities (hospitals, community health centers, outer-island dispensaries, and public health clinics), including appropriate training and certification of relevant local staff, which is one of several critical steps to address AMR through improved health facilities management, monitoring of antimicrobial use patterns, surveillance, sanitation, and infection control; and

NOW THEREFORE BE IT RESOLVED, that the Leaders recognize and support PIHOA executive leadership endorsement of the U. S. Department of Interior's Concept Brief entitled *Healthcare Infrastructure Management Initiative for the Insular Areas* (see Attachment 1), and will aim to support, through funding and/or other resource allocations to local health departments as feasible, to ensure the effective and timely implementation of this initiative; and



BE IT FURTHER RESOLVED, the Leaders support USAPI health department efforts to develop, resource, implement and monitor national/state AMR plans, including: 1) expansion of laboratory diagnostic capabilities to detect and monitor AMR; 2) strengthening of local and regional surveillance systems and capacities for AMR surveillance; and, 3) support expansion of in-region laboratory capacity spearheaded by the Guam Department of Health and Social Services' Public Health Laboratory and Division of Environmental Health's Mosquito and Food Safety Laboratory for those USAPIs who may wish to access such services; and

BE IT FURTHER RESOLVED, the Leaders will actively support USAPI health department efforts to coordinate, with the appropriate agencies such as their respective local departments/ministries of agriculture, environment, and commerce, to ensure appropriate sharing of resources and information to detect and monitor AMR; and

BE IT FURTHER RESOLVED, that the Leaders support mobilization and allocation of financial and other resources, including healthcare provider incentives and training programs, to establish standards and to strengthen healthcare staff competencies for improved hygiene, sanitation, and bio-waste management in all local healthcare settings; and

BE IT FURTHER RESOLVED, that the Leaders hold accountable appropriate government authorities to enforce national and state regulations around pharmaceutical procurement, drug safety and distribution, including regulatory monitoring and enforcement of public and private healthcare provider rational use and prescription of drugs; and

BE IT FURTHER RESOLVED, that the Leaders further task its Secretariat to disseminate this resolution to the appropriate USAPI health departments/ministries, relevant USAPI government agencies, and regional/international technical agencies such as the US Health and Human Services, World Health Organization, Pacific Community, etc.

Signed this 11th Day of July, 2019 at the 24th Micronesia Islands' Forum in Chuuk, Federated States of Micronesia.

ATTACHMENT 1

Healthcare Infrastructure Management Initiative (HIMI) for the Insular Areas Office of Insular and International Affairs US Department of Interior As Amended by the U.S.-Affiliated Pacific Islands Health Leadership

Background

The Office of Insular Affairs (OIA) serves the four territories of U.S. Virgin Islands, Guam, CNMI, American Samoa and the three freely associated states of Marshall Islands, Palau, and the Federated States of Micronesia. Combined, these insular areas maintain twelve public hospitals, six federally-qualified Community Health Centers (FQCHCs), and numerous out-patient clinics, and rural and outer-island health dispensaries serving approximately 700,000 residents. A key component of an effective health care system includes not only capital investment in physical health facilities, but also systems supporting continuous management of these facilities to ensure a proper environment for patient care and successful health outcomes.

Overview of Healthcare Facilities Management

Healthcare facility management is constantly needed to maintain clean and healthy environments conducive to achieving the best possible health outcomes. All healthcare facilities must ensure service requests are responded to quickly and efficiently, preventive maintenance schedules are set up in order to maintain operations without interruption, and administrative processes run efficiently to support timely and cost-effective facilities management. An effective health facilities management team should be comprised of healthcare facility managers, administrators (e.g. finance, procurement, and HR, especially), engineers, architects, constructors, occupational hazard and infection control specialists, and many others involved with planning, execution, and monitoring/maintenance of safe working and healing environments. While this is a diverse staff with varying skills sets and areas of expertise, team members share a dedication to optimizing existing healthcare facilities to ensure the best health outcome for the communities they serve, including working environments that are conducive to good health practices and efficient service delivery.

Project Rationale

Achieving this ideal concept of effective healthcare facilities management is a challenge across all insular area healthcare facilities (hospitals, community health centers, and dispensaries). Part of the challenge stems from the harsh island environments affecting durability of buildings, remote locations impacting timely access to and cost of supplies, lack of a trained workforce to implement core hospital/health facility management techniques, and inefficient administrative processes. Unlike the States, the discipline of hospital/health facility management has not matured into an essential component of the insular areas' health facility management plans. This is not for a lack of effort or desire by the respective insular areas, but more due to an inability to incorporate this skillset need into healthcare workforce development and planning. The academic environments, which are already burdened to support healthcare providers, have not had the bandwidth to support a pipeline in this specialized area of health facility management. And, there hasn't been significant investment in allocating sufficient financial resources to recruit and retain qualified staff. Good healthcare facilities managers and administrators, be they from the insular areas or expatriate, are in demand generally across the US and abroad, and more often, salary packages offered by the insular areas are not competitive enough to attract and/or retain qualified healthcare facilities managers and administrators.

OIA has awarded millions over the last five years for insular healthcare capital improvement through a combination of remodeling 30+ year old facilities and building new facilities. It is prudent for OIA to

consider methods to ensure the long-term value of these sizable capital investments through an investment in facility management and administration workforce development.

Overarching Project Goal

This proposal aims to initiate a phased plan focused on developing a sustainable facility management and administration program for all insular area public hospitals and other health facilities implemented through local staff. Through this program, OIA aims to have at least one local, certified health facility manager at each of the 10 public hospitals, at a minimum, within two years.

Year 1 Project Methods

Executive project sponsorship and resources include:

- Project sponsorship by the Assistant Secretary Insular and International Affairs, Doug Domenech;
- Participation/consultation, scoping, and shaping of concept through input from insular area health leadership and other governmental representatives;
- Reimbursable service agreement with the U.S. Health and Human Services (HHS) for inter-departmental technical assistance to cover salary, benefits, and associated travel expenses;
- Service agreements with other (non-HHS) technical providers as may be identified and requested by insular area health leadership, including, but not limited to the American Society for Health Care Engineering of the American Hospital Association (ASHE), Yale Global Health Leadership Institute (for Hospital Administrators), U.S. Army and Navy Corps of Engineers, and other U.S./international technical assistance providers; and
- Subject to availability, OIA financial assistance to pay for local staff to undergo healthcare facility manager and administrative training and certification.

Year 1 Objectives

- Joint statement by the Assistant Secretary and Governor/President to kick off this initiative;
- Coordinate and conduct onsite assessments and written documentation of all insular area hospitals, FQCHCs, and other outpatient clinical facilities/dispensaries operated by the insular area health departments. The assessment should include, but not limited to:
 - Number, age, and location of facilities
 - Dates of major renovations and types of materials used
 - Whether specific facilities, or parts of facilities, warrant renovation or replacement
 - List of current assets in each facility such as a major equipment requiring special consideration for renovation/construction planning (e.g. radiology equipment, morgue freezers, lab equipment requiring special closed-system ventilation, hospital kitchen and laundry machinery, etc.)
 - Energy audit of current and future power access and usage needs
- In consultation with local insular area leadership and relevant government agency staff, develop a written plan to address immediate facilities issues and associated modalities/opportunities for facility management workforce training and development;
- In consultation with local insular area leadership and relevant government agency staff, develop additional written plans to address intermediate and longer-term, non-urgent facilities management issues and associated modalities for longer-term workforce development planning and training;
- Assist insular area health leadership and relevant health staff to review and program existing maintenance plans and budgets, and to design, execute and monitor a program of regular maintenance and cost management;
- Through the onsite assessment, consult and support insular area health leadership and relevant staff to identify appropriate candidates to be trained in health facilities management and

administration methods, including discussion of appropriate modalities for training and workforce development (onsite, remote, hybrid onsite-remote, coupled with onsite longer-term coaching and mentoring, etc.), appropriate training/technical assistance providers, certification/licensure requirements and processes, and planning for on-going technical support, as needed;

- Conduct a review and written assessment of available hospital/health facility management and administration training providers which can be leveraged, through separate contractual arrangements, to provide on-island health facility management and administration training and on-going coaching, mentoring and troubleshooting technical assistance;
- Conduct a review and written assessment of the potential for a partnership between U.S. and/or international-based professional health facilities/administration management organizations, universities, and other relevant training/technical assistance institutes; and, where feasible, link such providers to local island community colleges who can serve as longer-term providers for workforce development needs identified under this initiative; and
- Provide technical assistance for healthcare operations as mutually identified by OIA and the insular area.

Immediate Next Steps

- Review of pilot proposal within OIA
- Review of approved OIA proposal within HHS
- Identification of potential technical assistance source(s)
 - Within HHS
 - Office of the Assistant Secretary for Health
 - Public Health Service
 - Health Resources and Services Administration
 - Indian Health Service
 - Centers for Medicaid and Medicare Services
 - Centers for Disease Control and Prevention
 - External USG
 - National Indian Health Board (DC)
 - American Society for Health Care Engineering of the American Hospital Association (ASHE)
 - University of Hawai'i
 - Queens Health Systems
 - Guam Regional Medical Center
 - Army and Navy Corps of Engineers
 - American College of Healthcare Executives
 - Tripler Army Medical Center
 - Indo-Pacific Command – Medical Surgeon's Office
 - Yale Global Health Leadership Institute for Hospital Administrators
- Finalize Year 1 project scope implementation and evaluation plan

Insular Area Hospitals and Other Health Facilities under the Management Authority of the Insular Area Health Departments/Ministries

US Virgin Islands

1. Gov. Juan F. Luis Hospital and Medical Center
2. Schneider Regional Medical Center

American Samoa

1. LBJ Tropical Medical Center
2. American Samoa Department of Health – Public Health Out-Patient Clinic in Faga'alu
3. FQCHCs in Tafuna, Amouli, Leone and Manu'a Islands (includes the department's only Public Health Laboratory at the Tafuna CHC)

Guam

1. Guam Memorial Hospital
2. Guam Department of Public Health and Social Services – Public Health Out-Patient Clinic and Public Health Laboratory in Mangilao
3. FQCHCs in Dededo and Inarajan

Northern Mariana Islands

1. Commonwealth Healthcare Corporation Hospital
2. Health Dispensaries in Rota and Tinian

Palau

1. Belau National Hospital
2. FQCHC in Koror
3. Health Dispensaries in Koror, Babeldaob and Peleliu

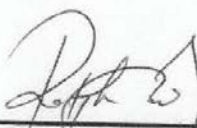
Marshall Islands

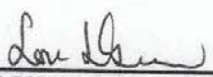
1. Leiroj Ebeye Medical Hospital
2. Ebeye FQCHC
3. Majuro Hospital
4. Outer-Island Health Dispensaries


Federated States of Micronesia


1. Kosrae State Hospital, Department of Public Health Out-Patient Clinic, and Kosrae FQCHC
2. Pohnpei State Hospital, Department of Public Health Out-Patient Clinic, Kolonia FQCHC, and Municipal Health Dispensaries
3. Chuuk State Hospital, Department of Public Health Out-Patient Clinic, Chuuk FQCHC, and Outer-Island Health Dispensaries
4. Yap State Hospital, Department of Public Health Out-Patient Clinic, Wa'ab FQCHC, and Outer-Island Health Dispensaries

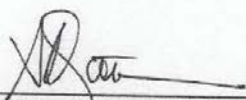



RALPH DLG. TORRES
Governor
Commonwealth of the
Northern Mariana Islands

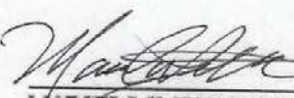

LOU LEON GUERERRO
Governor
U. S. Territory of Guam



TOMMY E. REMENGESAU, JR.
President
Republic of Palau

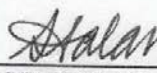

DAVID W. PANUELO
President
Federated States of Micronesia


AMENTIA MATTHEW
Minister of Cultural and Internal
Affairs
For President Hilda Heine Ed. D.
Republic of the Marshall Islands


JOHN ONELINO
Governor
Chuuk State, FSM


MARCELO K. PETERSON
Governor
Pohnpei State, FSM


CARSON SIGRAH
Governor
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