MTaPS objectives
1. Pharmaceutical-sector governance strengthened
2. Institutional and human resource capacity for pharmaceutical management and services increased, including regulation of medical products
3. Availability and use of pharmaceutical information for decision making increased and global learning agenda advanced
4. Pharmaceutical-sector financing, including resource allocation and use, optimized
5. Pharmaceutical services, including product availability and patient-centered care, to achieve health outcomes improved

SUPPORTING THE GLOBAL HEALTH SECURITY AGENDA
Controlling the global hazard of antimicrobial resistance and supporting the Global Health Security Agenda rely on robust pharmaceutical systems worldwide. Meeting the challenges of controlling AMR requires not only scale up of successful strategies but also broader systems thinking and state-of-the-art expertise.

USAID MTaPS supports the Global Health Security Agenda (GHSA), whose purpose is to help build countries’ capacity to protect themselves from infectious disease threats and to raise global health security as a national and worldwide priority. The GHSA has 11 action packages, including one to combat antimicrobial resistance (AMR). MTaPS helps GHSA target countries advance USAID’s AMR action package-related objectives.

GHSA target countries face a number of challenges related to infection prevention and control (IPC) and antimicrobial stewardship (AMS). In both the human and animal-related sectors, stakeholders have limited capacity for and political commitment to addressing IPC and AMS; in addition, low- and middle-income countries often face challenges due to weak regulations, standards, systems, and governance in these areas.

MTaPS’ GHSA/AMR work focuses on these two areas of IPC and AMS in human health, with the potential to work on animal health. MTaPS also collaborates with in-country stakeholders to help strengthen multisectoral (One Health) coordination for AMR containment.

MTaPS helps countries:
- Mobilize stakeholders and build coalitions around IPC and AMS activities
- Reform preservice and in-service curricula with a focus on One Health workforce core competencies
- Educate patients and the public through customized materials/messages and the media
- Build the capacity of journalists for informed reporting on IPC and AMS
- Promote community-based activities (e.g., through community health workers)
- Help develop national and hospital-level policies, guidelines, and standard operating procedures
The MTaPS Consortium

Led by Management Sciences for Health (MSH), the MTaPS consortium comprises core partners, global experts, and capacity resource partners. Core partners and global experts are listed below. Capacity resource partners include local organizations with regional or country-based knowledge, technical expertise, and networks (African Health Economics and Policy Association, African Collaborating Centre for Pharmacovigilance and Surveillance, Ecumenical Pharmaceutical Network, Kilimanjaro School of Pharmacy, Muhimbili University, Pharmaceutical Systems Africa, U3 SystemsWork, and the University of Ibadan) and other partners (Columbus Consulting, Empower Swiss, and Softworks).

MTaPS focus areas that broadly support AMR containment:
- Support for national action plans
- Multisectoral coalitions
- Public awareness of AMR
- Adaption of educational and implementation support tools
- Availability and use of antimicrobial-related data
- Support to drug and therapeutics committees
- Promoting continuous quality improvement methodologies
- Curricular revision to include AMR-related content

MTaPS works with target countries to identify issues, players, and capacities and to prioritize and customize these activities to help them increase their IPC and AMS capacity based on the World Health Organization’s Joint External Evaluation criteria.

The MTaPS GHSA target countries are Burkina Faso, Cameroon, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Kenya, Mali, Senegal, Tanzania, and Uganda. MTaPS also supports AMR containment in other countries, including Bangladesh, Mozambique, and Rwanda, through field-supported funding.

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This document is made possible by the generous support of the American people through the US Agency for International Development (USAID) contract no. 7200AA18C00074. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.