

## COMMONWEALTH PARTNERSHIPS FOR ANTIMICROBIAL STEWARDSHIP 2 PROGRAMME

### CALL FOR APPLICATIONS: CATEGORY C

This document is intended for those health partnerships submitting an application under Category C, i.e. health partnerships that are new or have been working together for less than six months.

## 1 BACKGROUND

The [Commonwealth Partnerships for Antimicrobial Stewardship](#) (CwPAMS) scheme aims to leverage the expertise of UK health institutions and technical experts, and create opportunities for bidirectional learning, to strengthen the capacity of the health workforce and institutions in Commonwealth countries to address antimicrobial resistance (AMR) challenges.

CwPAMS is funded by the UK Department of Health and Social Care's [Fleming Fund](#). The Fleming Fund is a UK aid programme supporting up to 25 countries across Africa and Asia to tackle antimicrobial resistance (AMR), a leading public health threat across the world. The Fleming Fund invests in strengthening surveillance systems through a portfolio of country grants, regional grants and fellowships managed by [Mott MacDonald](#), and global projects managed by partners.

The first phase of the CwPAMS programme, delivered by the [Tropical Health and Education Trust \(THET\)](#) and the [Commonwealth Pharmacists Association \(CPA\)](#), ran from 2018 to June 2022 and worked towards:

- Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
- Advocating the application of data to promote the rational use of antimicrobials.
- Collating and analysing data on the sale and use of antimicrobial medicines.

This was achieved by using the well-tested methodology of [Health Partnerships](#) – partnerships between UK health institutions and health institutions in sub-Saharan Africa. UK and low- and middle-income country (LMIC) health workers volunteered their time to co-develop strategies and share skills and knowledge to raise awareness of AMR and implement antimicrobial stewardship (AMS) and Infection, Prevention and Control (IPC) measure. The CwPAMS scheme was the first global health partnership programme to require pharmacists (in the UK and in LMICs) to be included as essential members of each global health partnership. The Health Education England (HEE) also funded the first Chief Pharmaceutical Officer (CPhO) for England's [Global Health Fellowship programme for pharmacists](#), run by the CPA.

The CwPAMS programme supported the LMIC in-country health workforce by initiating and embedding sustainable AMS / IPC solutions in line with AMR National Action Plans (NAPs). The UK teams developed project and leadership skills, and gained a new understanding of AMR in a global context including experiencing innovative approaches to tackling it in resource-limited settings.

**THET and CPA are now launching CwPAMS 2, and we invite health partnerships, new and existing, to apply for grant funding.**

Grants are available for a period of 21 months and will begin from April 2023. All activity must be completed by December 2024 with final reports due by 31<sup>st</sup> January 2025.

## 2 FOCUS COUNTRIES AND THEME

### COUNTRIES

The target countries have been selected based on need, and considering the established relationships held by THET, CPA and the Fleming Fund.

Projects will be delivered within eight Commonwealth countries to galvanise action amongst and between Commonwealth stakeholders on AMR. The Commonwealth is a voluntary network of 56 countries, encompassing one-third of the world's population and many LMICs, who are disproportionately affected by AMR.

CwPAMS work has helped to raise the profile of the global health threat that AMR poses to the Commonwealth, and in 2022, the Commonwealth Heads of Government issued a statement recognising the need to tackle AMR, calling for a global co-ordinated One Health<sup>1</sup> approach to tackle this issue. CwPAMS 2 is therefore timely and aligned to the Commonwealth's vision and commitment to supporting the achievement of several Sustainable Development Goals (SDGs), including universal health coverage (SDG3) and collaborative efforts to progress the development of nations through partnership (SDG17), leaving no one behind. Grants under this funding round are restricted to:

- Ghana
- Kenya
- Malawi
- Nigeria
- Sierra Leone
- Tanzania
- Uganda
- Zambia

### OVERALL THEME

Grants allocated under CwPAMS 2 will make an important contribution to the wider Fleming Fund objectives, supporting the implementation of each country's National Action Plan (NAP) on AMR, including AMS activities. Complete World Health Organization (WHO) AMR self-assessment datasets are also available for all eight countries<sup>2</sup>, and these include key findings on the progress on NAPs, Infection Prevention and Control (IPC) and AMS. Initiatives focused on surveillance of resistant organisms and IPC already exist, but there is a shortfall when it comes to AMS. **Partnerships should therefore place a central focus on AMS** along with a range of related areas.

As such, grants are available for projects focused on:

- Antimicrobial stewardship (AMS), including surveillance – **mandatory element for all grant holders**; and
- Utilising/developing LMIC and NHS pharmacy expertise and capacity – **mandatory element for all grant holders**;

In addition, this call requires partnerships to consider plans to include some or all of the following areas:

- Infection Prevention and Control (IPC);
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions;
- Enhancing awareness campaigns to enable better detection of substandard and falsified antimicrobial medicines and the importance of this as a key driver for AMR, and supporting existing mechanisms for improved reporting;
- Supporting community healthcare including community pharmacy to develop AMS processes locally or at a district level and improve access to patient education resources.

<sup>1</sup> Collaborative efforts of multiple disciplines working locally, nationally, and globally, to attain optimal health for people, animals and our environment

<sup>2</sup> <https://amrcountryprogress.org/>

As indicated above, this call requires plans to address the first two points as a minimum.

CwPAMS 2 will build on the evidenced successes<sup>3</sup> of the first phase of CwPAMS and the health partnership approach<sup>4</sup>. Health partnerships are long-term arrangements between UK health institutions (i.e. NHS trusts, academic institutions and professional associations) and their counterparts in LMICs. They aim to sustainably improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience, with staff mostly volunteering their time. For further details about the health partnership approach please refer to the Q&A document and guidance on [the Health Partnership model](#).

We expect to see the following outcomes:

1. Quality antimicrobial consumption data is used to inform and develop AMS interventions
2. LMICs, regions, institutions and workforce have improved structures, knowledge and practice related to AMS through a One Health approach, making progress against AMR National Action Plans
3. NHS institutions benefit through improved knowledge and capabilities of UK volunteers through bidirectional learning

All CwPAMS projects must align with the priorities identified by the [2022 scoping studies' findings](#) which were informed by assessing the status of AMS in each country, and how health partnerships could support institutions and contribute to each country's AMR NAP. Additionally, CwPAMS projects must consider how to implement relevant [CwPAMS tools and resources](#) to help with addressing these priorities.

### 3 ELIGIBILITY

#### CATEGORY C: NEW HEALTH PARTNERSHIPS

Under this stream, grants of **£15,000 - £30,000** are available to new health partnerships.

A new partnership has either been working together for less than six months or has not yet started working together but has intentions to do so. It must demonstrate a commitment to adhere to [THET's Principles of Partnership](#) and have a clear strategy of how the partnership will become formalised and institutionalised. For guidance on setting up a health partnership, please refer to [THET's Guidance for New Health Partnerships](#). UK institutions who need support finding a partner [can fill out a short survey](#) outlining the expertise they are looking for and which country they are hoping to work in.

Health Partnerships applying under Category C are invited to submit a short application to carry out an initial needs assessment and relationship building exercise through an inception phase in the first three months of their project, **for a maximum of £10,000**. They will then be required to submit a fuller project plan and budget of any amount up to the remainder of the £30,000 total before embarking on their implementation phase for the following 18 months. This second stage will not be competitive, so those awarded funding for the inception stage can expect to be funded for the full 21 months unless serious concerns arise during the inception phase.

#### INSTITUTIONAL ELIGIBILITY

To be eligible, UK and LMIC institutions leading a Health Partnership must be either a health delivery institution, health training/education institution or academic institution, regulatory body, or professional membership association. Whilst an academic institution or professional association can act as the official lead for a grant, there **must be clear joint leadership from an NHS**

<sup>3</sup> See [CwPAMS Evaluation – Executive summary](#)

<sup>4</sup> See [Health Partnerships Scheme evaluation](#)

**institution on every application** and it should be clear that some members of deployed NHS staff are engaged in capacity development work.

Private for-profit institutions are not eligible to apply. This is except for LMIC community pharmacies who are eligible to apply as an additional partner. LMIC private not-for-profit institutions (for example private not-for-profit hospitals) will be eligible to apply as an additional LMIC partner.

Non-Governmental Organisations (NGOs) are not eligible to apply as lead partners for this grant call unless the LMIC NGO is a health delivery institution. However, they are allowed to have a role as a managing agent for a grant where necessary. In this case, the applicants must be able to show that the project's capacity development activities will be delivered by the eligible UK and LMIC health institutions and not the NGO.

Either the lead UK partner or the lead LMIC partner will be responsible for signing the grant contract with THET and the whole grant amount will be transferred to that institution, with them then responsible for distributing to other partners. The contract signatory must demonstrate that they have sufficient financial processes and policies in place, including counter fraud measures, as well as completing THET's due diligence process. This should not affect the equitable distribution of power between partners.

All partners are also expected to meet the reporting and monitoring requirements for the programme. THET will support institutions that are unfamiliar with these requirements.

Please note that the contract signatory will also be required to sign a certificate of agreement to share Global-Point Prevalence Survey (PPS) data on Antimicrobial Consumption and Resistance on behalf of their Partnership with CPA. This certificate will be annexed to the contract.

#### 4 PARTNERSHIP AND PROJECT CRITERIA

If the eligibility requirements are met, applications will be judged against the partnership and project criteria outlined below. Please refer to the Q&A document for a more detailed explanation of each requirement.

##### PARTNERSHIP REQUIREMENTS:

- Stakeholders in both the UK and LMIC, **including pharmacy staff representation on both sides**, are actively involved in project design and management.
- The partnership has a clear understanding of other health partnerships and health actors operating in the field and are taking opportunities for learning and collaboration, as well as avoiding duplication.
- The partnership demonstrates commitment to the [THET Principles of Partnership \(PoPs\)](#).
- The partnership has the capacity to deliver the inception phase activities.
- The UK institution can evidence effective AMS within their own institution.

##### PROJECT REQUIREMENTS:

- The project clearly contributes to the overall aims of CwPAMS.
- The inception phase has clear objectives that are achievable with the resources and time available.
- The approach to the inception phase is appropriate and relevant to the local context.
- The project uses a UK team of multidisciplinary NHS volunteers **including pharmacists**.
- The project demonstrates value for money.
- The project is based on recognised good practice and is informed by available literature and resources.
- The project takes account of existing national plans and strategies, and responds to the country's priorities identified in the 2022 scoping study (see Section 7 of Q&A document, and the [full study here](#)).

- Training initiatives (if developed) are mapped to the [WHO Competency Framework for Health Workers' Education and Training on Antimicrobial Resistance](#).

## 5 PROJECT ACTIVITIES

Grants funded under Category C are required to undertake the following activities as a minimum during the inception phase:

- Sign a Memorandum of Understanding (MoU) for future work together (if not already in place).
- Identify stakeholders for project participation.
- Scoping and development of project plan.
- Develop a fuller proposal for months 4-21.

During the implementation stage, grants will be required to undertake the following activities as a minimum:

- Develop the capacity of health workers, including pharmacists, in AMS. See [CwPAMS Tools and Resources](#)
- Conduct and feedback data on at least one Point Prevalence Survey (PPS) within the first six months of the project.
- Develop a 2-3 year [AMS Action Plan](#) at each target institution, taking into consideration AMS assessment and PPS, with support from CPA. Action plans should consider possible AMS interventions and the use of relevant CwPAMS tools and resources.
- Coordinate activity with other elements of the Fleming Fund and work with national AMS committees or their equivalent as necessary.

Grants are also encouraged to consider carrying out a selection of the following activities during the implementation phase:

- Incorporate a One Health approach
- Work with community pharmacy services
- Strengthen capacity of clinical microbiology through use of local laboratory and diagnostics data, and improve links between clinicians and laboratory staff.
- Develop the capacity of health workers, including pharmacists, in IPC.
- Build on in-country initiatives for knowledge transfer and bidirectional learning to develop AMS as part of the clinical pharmacy role.
- Develop and/or roll-out relevant tools to support clinical decision making and implement WHO guidelines/guidance or globally developed AMS frameworks.

*For other ideas of activities which partnerships could implement, please see Section 8 of the Q&A*

## 6 CONTINGENCY PLANNING

The COVID-19 pandemic has meant that international travel, physical meetings and events are more restricted, all of which are often central to Health Partnership activities. Contingencies must be in place to minimise risk and ensure projects can function under existing or changed circumstances:

- Where international travel is planned, partnerships will be required to comply with the UK's and country of destination's travel restrictions. If the COVID-19 incidence rate, or another disease outbreak, increases significantly, grant holders will also be required to comply with [THET's COVID-19 international travel policy](#)<sup>5</sup>, to explain what alternatives to international travel have been considered, and to explain what the perceived benefits to the travel proceeding are, before travel is agreed. Partnerships should also ensure they comply with any of their own institution's regulations.

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<sup>5</sup> This checklist is subject to change. Grant holders will be provided with an updated version if/when they are planning to travel.

- All partnerships will be asked, in their application, to provide costed contingency plans for all activities that rely on international travel and in-person interaction. Where restrictions prevent an activity from taking place, partnerships will be expected to follow their contingency plans. Budgets allocated for international travel but not utilised may be able to be reallocated to other activities with justification and following discussion with THET/CPA.
- LMIC leads will be expected and encouraged to take a leadership role in the delivery of project activities at all times, with UK partners encouraged to provide support remotely.

## 7 FUNDING RESTRICTIONS

### THIS CALL FOR APPLICATIONS WILL FUND:

- Training and workshop costs such as venue costs, refreshments, travel expenses and training materials (but not per diems). While it is expected that most of the training to be delivered by people volunteering their time, we will accept small trainer fees (up to 10% of the total grant) where absolutely necessary.
- National and international economy class travel. For environmental reasons, travel for international trips of 3 days or less will not be funded.
- Travel associated costs such as travel insurance (if not already covered by a central institution policy), accommodation, subsistence, visas, vaccinations and COVID-19 tests.
- Activity-related communication costs such as teleconferencing, telephone and online platform costs.
- Open access publications, the development of web content, and conference fees/associated travel costs.
- Equipment up to a maximum of 30% of the total grant (this includes medical equipment).
- Reasonable project management costs. This can include project staff salary contributions in any partner institution for part-time posts required to deliver the project within the set project period. THET would not expect this to exceed 30% of the total budget and this will form a key component of the value for money assessment. Communication around management (for example telephone and internet costs), office costs (for example rent), administration support and office equipment (for example laptops) are included within these costs.
- Monitoring and evaluation costs, including staff salary contributions, research and dissemination. THET would not expect this to exceed 30% of the total budget.
- Contingency up to 1.5% of the total budget to factor in exchange rate variances and/or bank charges.

As part of this call, Health Partnerships are invited to budget for particular types of external expertise where required, which the CwPAMS team can provide. See Section 14 of the Q&A for further details on this support and how to budget for this.

If you are interested in accessing any of this support, we would recommend that Category C applicants budget for the administrative support during the inception phase, but to wait for the implementation budget to work in funds for behaviour change, leadership fellowship, and further administrative support.

### BEHAVIOUR CHANGE EXPERT INPUT

Grant holders may be able to access bespoke support from health psychologists with expertise in behaviour change. This will be provided by our implementing partners at the [Change Exchange](#).

They will travel with the partner to implementation sites and incorporate behavioural science methods and theories to support teams in understanding and driving changes in practice.

You can read further about their work in [Globalization and Health](#).

### PROJECT ADMINISTRATION

While most Health Partnerships will provide administrative support themselves or hire an individual directly to manage the project through the grant budget allowance, some partnerships struggle to source this kind of expertise.

In CwPAMS 2, THET will offer grant holders the option of **accessing draw-down support directly from a consultant employed by THET** who can deliver aspects of project administration on behalf of the partnership.

Regardless of whether this option is taken up, THET will continue to provide its usual grant management support to **all** (as per the Q&A).

### AMS LEADERSHIP FELLOWSHIP

Based on the success of the Chief Pharmaceutical Officers Global Health Fellowships made available to NHS pharmacists that were part of the CwPAMS partnerships previously, an AMS leadership programme for African pharmacists has been carefully scoped out and designed to run alongside this second phase of CwPAMS 2.

All partnerships are encouraged to nominate at least one (and a maximum of two) LMIC pharmacists from their partnership to partake in the AMS Leadership Fellowship programme.

This programme will be funded within CwPAMS, but the partnership should consider setting aside £250 per successful candidate to support them in their in-country expenses related to the training (such as internet access).

For new partnerships, we would encourage nomination to take place after the inception phase and the expenses fees budgeted into the second part of the programme.

In addition, **applicants must budget for the attendance** of LMIC lead partners at the in-country launch event in the capital (UK partners are also welcome to attend in person).

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#### THIS CALL FOR APPLICATIONS WILL NOT FUND:

- Entertainment costs
- Costs relating to the delivery of health services (for example clinical staff salaries)
- Large scale infrastructure or refurbishment costs
- Per diems - while attendees at capacity development activities may be reimbursed for their travel and expenses, they will not be paid for their time.

## 8 APPLICATION AND SELECTION PROCESS

THET and CPA will hold an initial pre-application webinar to run through the application process and project planning principles on **Thursday 20<sup>th</sup> October (1-2pm BST)**. [Please register for Category C here](#). This will also be an opportunity for applicants to ask questions about the grant call and application process.

**We strongly advise potential applicants to join the webinar, or access the recording online if unable to attend.**

A follow-on drop-in webinar for those who would find it useful will be held on **17<sup>th</sup> November 12-1pm (GMT)** to answer any queries that may have arisen during the application process. Please register in advance for the webinar [here](#).

### SELECTION PROCESS AND KEY DATES

The selection of grant applications will be a one-stage process. The table below provides a timeframe for the selection and award process as well as the implementation phase.

Timeframe	Stages
6 <sup>th</sup> October 2022	Call for applications launched
13 <sup>th</sup> January 2023	Application submission deadline
January – February 2023	Review of applications by THET and CPA selection panel
March 2023	Grants awarded, due diligence, contracts signed, and full programme virtual inception event
April 2023	Grants begin
May - June 2023	Individual inception meetings with THET/CPA
May – June 2023	In-country, in-person inception events
June 2023	Submission of implementation plan
July 2023	Award of full funding
May 2024	In-county review meeting
31 <sup>st</sup> December 2024	Grants end
31 <sup>st</sup> January 2025	Final report submission date
March 2025	End of Programme virtual event
March 2025	In-country, in-person final event

Following an initial check by THET for eligibility and quality, shortlisted applications will be reviewed by a selection panel consisting of technical experts and staff from THET and CPA. The selection will be based on an assessment of the grant application and budget in the areas detailed in the Q&A document. Applications that best meet the criteria will be awarded. **THET / CPA's decision to award grants will be final.**

Project development after the award of funding is a consultative process with THET and CPA. Applicants must be willing to engage in this process.

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## INDUCTION WORKSHOP AND PROJECT MEETINGS

Please note that if you are successful in accessing a grant, THET and CPA will hold a virtual inception event on **Thursday 30<sup>th</sup> March 2023**. **Please hold this date in your calendars attendance from each partnership is mandatory.** Further details on this event will be communicated separately to grant holders.

Individual virtual inception meetings will also be held in May or June 2023 with each grant holder with THET and CPA. Around the same time, we will hold in-country inception events for all grant holders working in that country to attend, along with national stakeholders.

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## HOW TO APPLY

Applicants should submit the following documentation to [grants@thet.org](mailto:grants@thet.org) by **5pm (GMT) on Friday 13<sup>th</sup> January 2023**. Applications received after this date will not be considered.

- Grant application form
- [CwPAMS AMS Assessment Tool](#) (Annex 1)
- Letters of support from each lead partner

All information should be included in the body of the grant application form and annexed templates. Additional documents, external links or footnotes will not be considered by the selection panel.

If you do not receive an acknowledgement from us within two UK business days, please assume that your application has not been received and re-submit. If you plan to submit more than one application, these need to be submitted in separate emails.

**If you have any additional questions, please email us at [grants@thet.org](mailto:grants@thet.org).**