



Commonwealth Partnerships for Antimicrobial Stewardship

Call for Applications

1 Background

Funded by the UK Department of Health and Social Care's Fleming Fund, the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) scheme aims to leverage the expertise of UK health institutions and technical experts to strengthen the capacity of the national health workforce and institutions in four Commonwealth countries to address antimicrobial resistance (AMR) challenges.

The Fleming Fund is a £265 million government commitment of Official Development Assistance to support countries in collecting high quality data relevant to AMR that can then be shared and used nationally and globally. By supporting the collection of AMR surveillance data, and other relevant data, we will collectively be better able to understand the scale and scope of the problem of AMR in order to effectively tackle it.

CwPAMS, delivered by the Tropical Health and Education Trust (THET) and the Commonwealth Pharmacist Association (CPA) aims to help tackle three of the seven Fleming Fund objectives:

- 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 will be achieved by using the well-tested methodology of health partnerships – partnerships between UK health institutions and their peers in LMICs where UK health workers volunteer their time - to co-develop strategies and share skills and knowledge to address priority health system issues, in this case relating to anti-microbial stewardship (AMS). This provides mutual benefit for both the local health workforce and institutions and the UK teams, who develop project-related and leadership skills, and gain a new understanding of a global issue and how to find innovative approaches to tackle it in resource-limited settings.

It is against this background that THET, in conjunction with CPA, invites health partnerships to apply for funding as part of CwPAMS.

2 Focus countries and themes

Countries

The target countries have been carefully selected based on the scale of the need, and to derive maximum benefit from the established relationships already held by THET (through the Department for International Development (DFID) funded Health Partnerships Scheme and the Johnson & Johnson funded Africa Grants Programme), the Fleming Fund and the UK government more broadly.

Projects will be delivered within four Commonwealth countries to galvanise action amongst and between Commonwealth actors on AMR. This can be seen as an extension of the Commonwealth's partnership and the importance of collaborative efforts such as these in progressing the development of nations as emphasised in Sustainable Development Goal (SDG) 17. Grants under this funding round are restricted to:

- Ghana
- Tanzania
- Uganda
- Zambia

Themes

Grants allocated under CwPAMS will target themes and areas of investment currently not being developed by other Fleming Fund funded projects. They will make an important contribution to the overall success of the Fund and its aim to see an increase in the rational use of antibiotics and ultimately a reduction in morbidity and mortality associated with AMR.

With support from the Fleming Fund, National Action Plans (NAPs) on AMR, including AMS activities, have been developed in all countries except Uganda (currently under development). Complete World Health Organization (WHO) AMR self-assessment datasets are also available for three countries (Tanzania, Uganda and Ghana).¹ This includes key findings on the progress with their NAPs, IPC and AMS. Initiatives focussed on surveillance of resistant organisms and IPC already exist, but there is a vacuum when it comes to AMS. Partnerships should therefore place a central focus on AMS whilst incorporating and expanding the findings from other infection prevention and control initiatives.

As such, grants are available for projects focussed on:

- Antimicrobial stewardship (AMS), including surveillance– **requirement**;
- Antimicrobial pharmacy expertise and capacity – **requirement**;
- Infection Prevention Control (IPC)

As indicated above, it is a requirement of this call for partnerships to include plans to address points 1 and 2 above.

¹ <http://www.who.int/antimicrobial-resistance/global-action-plan/AMR-self-assessment-2017/en/>

3 Approach

CwPAMS will build on the evidenced successes of the health partnership approach. A well-tested methodology, 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 improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience. For further details about the health partnership approach please refer to the Q&A document.

This programme will provide funding for health partnerships in the abovementioned countries through a competitive grants process to address local and national priorities in line with the priorities of this scheme, informed by a scoping study conducted by CPA with assistance from THET.

We expect to see the following outcomes:

- Institutions and workforce demonstrate improved knowledge and practice related to AMS prescribing practice and IPC.
- Evidence of effective AMR interventions, with standardised tools and guidance being used by local institutions and/or national partners.
- NHS staff demonstrate improved leadership skills and a better understanding of the global context of AMR in their work.

Alongside the grant management services of THET, CPA will provide targeted technical assistance to health partnerships to ensure they are in line with the expected outcomes of the CwPAMS (see Q&A document for further details). This will include provision of a suite of options to support baseline assessments, technical preparation of health partnerships, and partnership activities in-country. In addition, given the importance of behaviour change in facilitating sustainable changes in practice, some partnerships will be offered the opportunity to receive direct support from health psychology volunteers, overseen by Manchester Implementation Science Collaboration's Change Exchange².

4 Size and Duration

Grants are available for a period of 15 months, and will begin from 1st February 2019 onwards. All activity must be completed by 30th April 2020 with final reports due by 15th May 2020.

There are two tiers of funding available:

- **Category A.** £10,000 - £30,000: for new partnerships
- **Category B.** £30,000 - £75,000: for established partnerships

Some of the criteria against which Category A applications will be assessed will be different to those of Category B, in acknowledgment of the smaller funding available and the start-up activities required. Please read the following section and the application form carefully to ensure you have addressed this point.

² <http://www.mcrimpsci.org/the-change-exchange/>

5 Eligibility Criteria and Requirements

Core requirements and country eligibility

The core requirements for grant applications under this call are:

- Applications for the larger funding range of £30,000 - £75,000 must be made by established health partnerships between a UK health institution(s) and an overseas health institution(s) (refer to Q&A document for further details).
- Applications for the lower funding range of £10,000 - £30,000 must be made by new partnerships between a UK health institution(s) and an overseas health institution(s) (refer to Q&A document for further details).
- Grants are for single, time-bound projects that are deliverable within the budget and timeframe proposed and agreed with THET.
- Projects must operate within Ghana, Tanzania, Uganda or Zambia.
- Letters of support from each partner institution must be submitted along with the application.
- Projects must operate in one or more LMIC health institution.

Institutional Eligibility

In order to be eligible for this grant stream, the lead institutions must be formally recognised as a health education institution, regulatory organisation or NHS (if the UK) or public/not-for-profit (if overseas) hospital. This can include Professional Associations. 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 hospital and it should be clear that some members of deployed staff have a clinical role.

Non-governmental organisations (NGOs) are not eligible to apply for this grant stream. We acknowledge that some Health Partnerships have a charitable arm to support fundraising activities, and these charitable entities are eligible to have a role as Managing Agent for a grant. However, the applicants must be able to show that the project will be delivered by the eligible UK and LMIC health institutions and not the NGO.

The lead UK partner (and not an NGO) will be responsible for signing the grant contract and overall delivery and reporting of the project.

NGOs are not eligible as overseas partner institutions unless they are an overseas not-for-profit clinic or hospital.

Project and partnership requirements

This CwPAMS grant stream will fund projects in which the ultimate **goal is to strengthen the capacity of the local in-country health workforce and institutions to address AMR challenges.** If the core requirements and country eligibility are met, applications will then be judged throughout the application process against the project, partnership and scoping study criteria outlined below. Please refer to the Q&A document for a more detailed explanation.

Project requirements:

- The project clearly contributes to the overall aims of the CwPAMS grant stream.
- The project has a clear goal that is achievable with the limited resources and time available.
- The approach to the project is appropriate and relevant to the local context.
- The project uses a UK team of multidisciplinary NHS volunteers including pharmacists, with clear learning objectives for themselves.
- The project has a clear methodology and resources for measuring success, and considers evaluation in its approach.
- 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.
- The project demonstrates critical reflection on previous work and builds on lessons learnt.
- The project pays careful attention to issues of equity, including access of women and girls and people with disabilities to training and services.

Partnership requirements:

- Stakeholders in both the UK and LMIC, including pharmacy on both sides if feasible, 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 is taking opportunities for learning and collaboration, as well as avoiding duplication.
- The partnership demonstrates commitment to the [Principles of Partnerships \(PoPs\)](#).
- The partnership has the capacity to deliver the project.
- The UK institution can evidence effective AMS within their own institution and effective AMS interventions overseas, if applicable.

Scoping study requirements:

In addition to the project and partnership requirements, Category B applicants must where applicable demonstrate how they aim to meet all of the points below, which are informed by the findings of a scoping study conducted by CPA in September 2018. Category A applicants should include some of these but must consider what is feasible with the resources available.

Application stage

1. Conduct initial scoping/assessments on the state of antimicrobial consumption and behavioural drivers of inappropriate use to inform application (a template for baseline assessment of IPC and AMS will be provided to ensure uniform data gathering across all countries following award of grant).

Project activities

2. Where a national action plan is published (Tanzania, Ghana, Zambia), partnerships should aim to address priorities and contribute to the implementation of the NAPs.
3. A central focus on AMS, whilst incorporating and expanding the findings from recent infection prevention and control endeavours where possible.
4. Enhance capacity to undertake surveillance of antimicrobial consumption and support participation in the global point prevalence study (PPS) programme (<http://www.global-pps.com/>).
5. Foster links to key national stakeholders in host countries, such as the national pharmacy/nursing/medical associations, and enable wider dissemination of good AMS practice.
6. Build on initiatives in the four countries for knowledge transfer and bidirectional learning to develop AMS as part of the clinical pharmacy role.
7. Develop relevant tools to support clinical decision making and implement WHO guidelines/guidance or globally developed AMS frameworks.
8. Training initiatives (if developed) are mapped to WHO Competency Framework for Health Workers' Education and Training on Antimicrobial Resistance <http://www.who.int/hrh/resources/WHO-HIS-HWF-AMR-2018.1/en/>.
9. Whilst the focus of the partnerships is in secondary care, partnerships should consider methods to quantify the issue of unregulated pharmacies and ask volunteers to track relevant data on this. This may be done by exploring opportunities to harness surveillance data on antimicrobial use (e.g. within 1 mile around focus facilities) to help understand how patterns of use may be affecting AMR.

Project approach

10. Multidisciplinary teams led/co-led by pharmacists that model best practice of multi-disciplinary working, especially nurses, pharmacists and doctors working equally.

Please use the THET application form and budget template when submitting your applications. Only applications using THET templates will be accepted. Please also read the Q&A document for more details on the grants call, criteria and selection process.

6 Funding Restrictions

This Call for applications will fund:

- Training and workshop costs, e.g. venue costs, refreshments and training materials (but not per diems).
- National and international economy class travel only. For environmental reasons, travel for international trips of 3 days or less will not be funded.
- Travel associated costs, e.g. travel insurance (if not already covered by a central institution policy), accommodation, subsistence, visas and vaccinations.
- Activity communications costs (costs related to activity overseas), e.g. teleconferencing, telephone and eLearning.

- Publications and the development of web content which could be hosted by partner country professional associations or CPA/THET websites.
- Equipment up to a maximum of 20% of the total grant (this includes both medical and office equipment).
- Bank charges for transfer of funds between partners and to others.
- 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 20% of the total budget and this will form a key component of the value for money assessment. Communication around management, e.g. telephone and internet costs, office costs and administration support, is included here.
- Monitoring and evaluation costs, including dissemination. THET would expect this to form 5 – 20% of your budget.
- Contingency up to 1.5% of the total budget to factor in exchange rate variances and/or bank charges.

This Call for applications will not fund:

- Entertainment costs
- Costs relating to the delivery of health services outside of the scope of the project
- Per diems

7 Application and Selection Process

Pre-application webinar and launch events

THET will hold five launch events and a webinar to run through the application process and project planning principles. These will also provide an opportunity for applicants to ask questions about the grant call and application process.

The launch events will be held in the following locations at the following times. To register, please click on one of the links below or copy and paste it into your browser. If you do not receive a confirmation email within an hour of registering please contact ams@thet.org for assistance.

[Thursday 1st November, 13:30 – 16:00, Manchester, The Nowgen Centre](#)

[Friday 2nd November, 13:30 – 16:00: Belfast, Pharmaceutical Society of Northern Ireland](#)

[Monday 5th November, 13:30 – 16:00: Edinburgh, Lister Learning and Teaching Centre](#)

[Wednesday 7th November, 13:30 – 16:00: Cardiff, Temple of Peace](#)

[Thursday 8th November, 13:30 – 16:00: London, Royal Pharmaceutical Society](#)

The webinar will be held from 10am – 12:30pm GMT on Friday 9th November. It is designed especially for LMIC partners to be able to attend. To join, please click on the link below 10 minutes before the session, or copy and paste it into your browser:

<https://zoom.us/j/595864087>

Please note that the content covered will be the same in all launch events and the webinar. The webinar will also be recorded and made available for potential applicants until the application closing date.

THET strongly advises potential applicants to join one of these sessions, or access the recordings online if unable to attend.

Application and selection process

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
31 st October 2018	Call for applications
4 th January 2019	Application submission deadline
Mid-January 2019	Review of applications by internal and external selection panel
Late January 2019	Grants awarded and contracts signed
1 st February 2019	Grants begin Inception workshop and project meeting
30 th April 2020	Grants end

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 Section 5. Applications that best meet the criteria will be awarded. **THET'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. Please note that the inception workshop and project meeting are expected to take place in February 2019. THET recognises that diaries are busy during this period but applicants must be willing and able to take part in this stage.

How to apply

This opportunity is now open for grant applications from 31st October 2018 until midnight on the 4th January 2019.

Applicants should complete their grant application form, budget template and letters of support collaboratively and submit to AMS@thet.org by **midnight of 4th January 2019**. Applications received after this date will not be considered.

All information should be included in the body of the grant application (see separate grant application form). THET is also requesting a budget in excel format (see separate budget template). Additional documents or footnotes will not be considered by the selection panel.

If you do not receive an acknowledgment from us within 72 hours, 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.

N.B. The THET office will be shut between 25th December 2018 and Tuesday 1st January 2019 (dates inclusive).