Commonwealth Partnerships for Antimicrobial Stewardship

Call for Applications Webinar

#CwPAMS

Speakers:

• Dr Diane Ashiru-Oredope, Global AMR Lead, CPA
• Richard Skone James, Senior Grants Manager, THET
• Will Townsend, Grants Officer, THET
Commonwealth Partnerships for Antimicrobial Stewardship

Agenda:

- Overview of CwPAMS programme
- Eligibility and application process
- Exploration of the CwPAMS approach
- Principles of project planning
- Behaviour change
- Next steps for applicants
Commonwealth Partnerships for Antimicrobial Stewardship: an overview
Aim of CwPAMS

Aims to leverage the expertise of UK health institutions and volunteers to strengthen the capacity of national health workforce and institutions in four Commonwealth countries to address AMR challenges.
CwPAMS, funded by the Fleming Fund

• Funded by the UK Department of Health and Social Care’s Fleming Fund
• A £265m government commitment of ODA to support collection of data on AMR
• Aims to improve the surveillance of AMR and generate relevant data that is shared nationally and globally
• For more information visit www.flemingfund.org.
Fleming Fund objectives

*Three Fleming Fund Objectives being tackled by CwPAMS:*

- Supporting the development of National Action Plans for AMR.
- Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
- Building laboratory capacity for diagnosis.
- Collecting drug resistance data.
- Enabling the sharing of drug resistance data locally, regionally, and internationally.
- Collating and analysing data on the sale and use of antimicrobial medicines.
- Advocating for the application of data to promote the rational use of antimicrobials.
- Shaping a sustainable system for AMR surveillance and data sharing.
- Supporting fellowships to provide strong national leadership in addressing AMR.
Delivered in partnership by THET & CPA
What is a health partnership?

“If there’s mutual trust and a willingness on both sides to learn from each other, a readiness to adapt and a readiness to try new things then good work will happen.”

Professor Sir Eldryd Parry - Founder of THET
Funding available

- A total of £600,000 is available for up to 12 partnerships in four Commonwealth countries: Ghana, Tanzania, Uganda & Zambia
- New partnerships can apply for funding in the range of £10,000 - £30,000
- Established partnerships can apply for funding in the range of £30,000 - £75,000
The call has three themes:

1. Antimicrobial stewardship, including surveillance – requirement!
2. Antimicrobial pharmacy expertise and capacity – requirement!
3. Infection Prevention Control

It is a requirement of this call for partnerships to include plans to address points 1 and 2 above.
Through this scheme we expect to see the following outcomes:

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

THET:
- Grant giving
- Support for project planning
- Resolves project management challenges
- Reporting & MEL
- Learning events & resources
- Policy & advocacy
- Match-making

CPA:
- Targeted technical assistance
- Suite of technical support options for
  - Baseline assessments
  - Preparation
  - In-country activities
- Match-making
<table>
<thead>
<tr>
<th>Timeframes:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31st October 2018</td>
<td>Call for Applications</td>
</tr>
<tr>
<td>4th January 2019</td>
<td>Application submission deadline</td>
</tr>
<tr>
<td>Mid-January 2019</td>
<td>Review of applications by internal and external selection panel</td>
</tr>
<tr>
<td>Late January 2019</td>
<td>Grants awarded and contracts signed</td>
</tr>
<tr>
<td>1st February 2019</td>
<td>Grants begin, inception workshop and project meeting</td>
</tr>
<tr>
<td>April 2020</td>
<td>Grants end</td>
</tr>
</tbody>
</table>
Application & selection process:

- Shortlist based on quality and eligibility
- Review by a selection panel consisting of THET & CPA staff and will include external technical experts
- Grants awarded
- Project development and inception workshop
Core requirements and country eligibility:

- Established health partnerships - £30,000 - £75,000
- New health partnerships - £10,000 - £30,000
- Grants are for single, time-bound projects
- Ghana, Tanzania, Uganda or Zambia
- Must have letters of support
- Projects must operate in one or more LMIC health institution
Difference between new and established health partnerships

Established:
• Working together for over 6 months
• Is formalised and institutionalised
• Can demonstrate adherence to PoPs

New:
• Working together for under 6 months or has not yet started working together
• Demonstrates commitment to PoPs
• Has a strategy for becoming formalised and institutionalised
Institutional eligibility

- Lead institutions in both countries must be a health education institution, regulatory organisation, professional association or hospital (NHS if the UK or public/not-for-profit if LMIC).
- Must be clear joint leadership from NHS hospital and clear that some members of deployed volunteers have a clinical/pharmaceutical role
- NGOs not eligible to apply, however they can have a role as Managing Agent for the grant
- Signing of grant contract and overall delivery and reporting lies with lead UK partner
Commonwealth Partnerships for Antimicrobial Stewardship: built on the contribution of NHS volunteer time
Ultimate goal: To strengthen the capacity of the local in-country health workforce and institutions to address AMR challenges

• Project criteria
• Partnership criteria
• Scoping study criteria
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 Requirements

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 PSS 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-HF-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
Thank you!

Email address for applications: ams@thet.org
Commonwealth Partnerships for Antimicrobial Stewardship
#CwPAMS
How to approach CwPAMS?

1. Understanding the objectives of CwPAMS
2. Considering the situation in context
3. Case studies of previous AMS work
4. What technical support can you expect?
5. Why get involved?
How to approach CwPAMS?

1. Understanding the objectives of CwPAMS
2. Considering the situation in context
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4. What technical support can you expect?
5. Why get involved?
What are the objectives of CwPAMS?

- Improved knowledge and practice related to IPC and AMS
- AMR decision-making tools used by other local institutions/national partners.
- NHS staff demonstrate improved leadership and understanding of the global context
What outcomes are expected from you through CwPAMS?

Partnerships should strengthen workforce in:

- Antimicrobial prescribing practice
- Use of microbiology data to inform decision making
- Infection prevention control
- Antimicrobial stewardship including surveillance of antimicrobial use

Partnerships implement protocols to inform good practice, such as developed WHO
How to approach CwPAMS?

1. Understanding the objectives of CwPAMS
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4. What technical support can you expect?
5. Why get involved?
Extraction, selection and assessment of key healthcare resources and literature review

Input from Expert Advisory Group (EAG) members with international experience

Expert input from CMO and ChPO

4 interviews with National Pharmacy Associations in Ghana, Tanzania, Uganda, Zambia

Summary of recommendations
4 country specific resources
Accompanying resource kits (file compendia)
The scoping highlighted a need

To build systems for surveillance of antimicrobial use

To provide tool to support stewardship including clinical decision making for appropriate use and training
The approach should consider…. 

What are the resource limitations in your approach?
The approach should consider…. 

What are the behavioural barriers and drivers?

Com-B Framework and behaviour change wheel
Consider the workforce distribution and capacity

Estimated ratio of public sector pharmacists per 10,000 people in each country*

<table>
<thead>
<tr>
<th>Country</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>1.34</td>
</tr>
<tr>
<td>Tanzania</td>
<td>0.20</td>
</tr>
<tr>
<td>Uganda</td>
<td>0.24</td>
</tr>
<tr>
<td>Zambia</td>
<td>0.36</td>
</tr>
<tr>
<td>UK</td>
<td>8.21</td>
</tr>
</tbody>
</table>

*Data taken from FIP Pharmacy Workforce Intelligence: Global Trends Report 2018 and are 2016 values except Tanzania, where latest available data was for 2012

**Ghana’s Healthcare Workforce Report 2010**
Build on what’s already out there

IPC and WASH initiatives

Resources to support AMS programmes in LMIC settings
How to approach the partnership

Local healthcare environment

Healthcare worker

National healthcare environment
Checklist for partnership approach

- Multidisciplinary team including pharmacy
- National action plan
- Incorporate IPC
- Low resource restraints
- eHealth
- Behavioural approach
Checklist for sustainability and scale up

1. Enhance systems capacity
2. Build AMS as part of clinical role
3. In country training essential
   Consider WHO Competency Frameworks
4. Professional bodies and relevant national organisations
5. Tools to support clinical implementation
6. Inform best practice for national guidelines
Check list for data gathering

Baseline data collection  Surveillance of antimicrobial use  Collect evidence

Assess behavioural drivers  Monitoring and evaluation  Cost-impact and sustainability
Three key questions to ask about your project

• How does it **build health workforce capacity** and skill-sets both in the UK and in host countries?

• How does it build capacity to collect evidence and monitor antimicrobial use to ensure progress in **AMS is measurable**?

• Does it provide healthcare workers with the necessary **training and tools to overcome behavioural barriers** to inappropriate prescribing?
How to approach CwPAMS?

1. Understanding the objectives of CwPAMS
2. Considering the situation in context
3. Case studies of previous AMS work
4. What technical support can you expect?
What is it like to be involved in a health partnership?

Carving AMS pharmacy into the agenda in the Caribbean

18-month partnership between UK consultant AMR expert and Caribbean Public Health Agency (CARPHA) aiming to:
• Generate and coordinate AMS data from across the Caribbean states
• Train pharmacists in the region in AMS
• Build their capacity to conduct local improvement projects as well as train others

local engagement in AMS

First regional

Pan-Caribbean AMS pharmacist WhatsApp group

Hayley Wickens
CPA Advisor on Low resource AMS programmes
How to approach CwPAMS?

1. Understanding the objectives of CwPAMS
2. Considering the situation in context
3. Case studies of previous AMS work
4. What technical support can you expect?
5. Why get involved?
How can CwPAMS provide technical support?

Planning your project:
• Tools to assist baseline data gathering
• Behavioural frameworks
• Linking to organisations on the ground
• Resource kits
• Training sessions and workshops on how to approach the project

Throughout the project:
• Monitoring and evaluation support
• Training sessions via webinars or workshops on technical aspects to support implementation and to share preliminary learnings
• Access to expert assistance via email
How to approach CwPAMS?

1. Understanding the objectives of CwPAMS
2. Considering the situation in context
3. Case studies of previous AMS work
4. What technical support can you expect?
5. Why get involved?
Why get involved?

• To learn to develop innovative solutions to overcome barriers to antimicrobial stewardship
• Improve your leadership capacity
• Improve your understanding of using digital technology
• Build a greater understanding and experience of working within limited budgets and frugal innovation
• Expand your non clinical skills repertoire such as project management
• Expand your understanding on AMS in the context of global health
• Opportunities for professional development and research
Any Questions? amr@commonwealthpharmacy.org

#CwPAMS

Good luck!
Principles of Project Planning

Richard Skone James
Senior Grants Manager, THET
Project planning 1.0

What is the problem or need that you are trying to address?

What change/s do you want to bring about to address this problem/need?

What do you need to do to ensure these changes will be brought about?

How will you know if you have been successful at bringing about these changes?
Identifying the need/ problem

• How has this been identified?
• Who has been involved?
• How does this relate to national/ local priorities?
• Are there other stakeholders already working to address this need, if so how does this project relate/ link to them?
• How does this problem affect different groups?
Patients aren't being prescribed medicines correctly
Healthcare workers do not know how to use antimicrobials appropriately
Project planning 1.0

What is the problem or need that you are trying to address?

What change/s do you want to bring about to address this problem/ need?

What do you need to do to ensure these changes will be brought about?

How will you know if you have been successful at bringing about these changes?
Identifying the goal and key changes – Programme ‘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.
Patients aren't being prescribed medicines correctly. Healthcare workers do not know how to use antimicrobials appropriately.

For example:

For example:

At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training.
Identifying the goal and key changes

4.1 – *For example*

<table>
<thead>
<tr>
<th>Project goal:</th>
<th>The hospital has a sustainable AMS programme that reduces the inappropriate antimicrobial use, increases compliance to clinical guidelines, and decreases resistant pathogen strains</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Changes by the end of the project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training</em></td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>
Project planning 1.0

What is the problem or need that you are trying to address?

What change/s do you want to bring about to address this problem/need?

What do you need to do to ensure these changes will be brought about?

How will you know if you have been successful at bringing about these changes?
For example:

- Patients aren't being prescribed medicines correctly
- Healthcare workers do not know how to use antimicrobials appropriately

Change by the end of the project

At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training.
For example:

**Problem**

- Patients aren't being prescribed medicines correctly
- Healthcare workers do not know how to use antimicrobials appropriately

**Short-term change / output**

100 staff have appropriate knowledge of antimicrobial prescribing standards

**Change by the end of the project/ outcome**

At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training
Identifying the key steps that need to be taken to bring about the changes

4.3 – For example

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Quarter 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of AMS training materials</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training of 20 Trainers in AMS</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training by ToTs of x health workers (which cadres) in AMS</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
Project planning 1.1

What is the problem or need that you are trying to address?

What change/s do you want to bring about to address this problem/need?

What do you need to do to ensure these changes will be brought about?

How will you know if you have been successful at bringing about these changes?

Are there any external factors that are needed for these changes to happen?
Assumptions and risks

• Think carefully about what needs to be in place for your activities to lead to the changes you have identified.
• What barriers to change exist and how will your project overcome these?
• What risks might the project face and how can these be mitigated?
Project planning 1.0

- What is the problem or need that you are trying to address?
- What change/s do you want to bring about to address this problem/need?
- What do you need to do to ensure these changes will be brought about?
- How will you know if you have been successful at bringing about these changes?
How will you know if you are successful?

- What data will you need?
- Who will collect it, when and how?
- How will you analyse it?
- How will you monitor any unexpected outcomes?
- Will you have a research element to this project?
# Project plan

<table>
<thead>
<tr>
<th>What change do you expect to achieve? (Objectives)</th>
<th>How will you know this has been achieved? (Indicators)</th>
<th>Target (number)</th>
<th>How will you get the evidence for this achievement (Means of verification)</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 1: Antimicrobial prescribing practices reach agreed benchmark in standards</strong></td>
<td>No. staff demonstrating appropriate practices 3 months after training</td>
<td>75</td>
<td>Joint observation by local and UK trainers</td>
<td>Trained staff have a ready supply of the correct medicines</td>
</tr>
<tr>
<td>etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 1: Staff have appropriate knowledge of antimicrobial prescribing standards</strong></td>
<td>No. staff demonstrating improved knowledge immediately after training</td>
<td>100</td>
<td>Pre- and post-training tests</td>
<td>Trained staff will continue working locally</td>
</tr>
<tr>
<td>etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For example*
## Monitoring and Evaluation plan

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data breakdown</th>
<th>For example:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the agreed indicators?</strong></td>
<td><strong>How should you disaggregate the data?</strong></td>
<td>OP1: No. staff demonstrating improved knowledge immediately after training</td>
</tr>
<tr>
<td>OP1: No. staff demonstrating improved knowledge immediately after training</td>
<td>Gender, cadre and disability</td>
<td></td>
</tr>
</tbody>
</table>

### Data collection

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Method /Source</th>
<th>Tools and Resources</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>When and how often will the data be collected?</td>
<td>How will the data be collected? Where will you get it from?</td>
<td>What tools do you need for data collection?</td>
<td>Clinical lead from the lead LMIC partner will oversee the assessment, and UK and LMIC lead partners will work jointly on developing it.</td>
</tr>
<tr>
<td>Immediately after each training</td>
<td>Trainees will complete pre- and post-training assessments.</td>
<td>Pre- and post-training questionnaire adapted from xx course.</td>
<td></td>
</tr>
</tbody>
</table>

### Data analysis

<table>
<thead>
<tr>
<th>Tools and Resources</th>
<th>Timeframe</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>What tools do you need for data analysis</td>
<td>When is it needed? When will it be analysed?</td>
<td>Pharmaceutical lead in UK</td>
</tr>
<tr>
<td>Anonymised assessment system on an Excel spreadsheet</td>
<td>2 weeks after each training, ready for THET quarterly reports</td>
<td></td>
</tr>
</tbody>
</table>

**For example:**

For example:
PRINCIPLES OF PARTNERSHIP

- Strategic
- Committed to joint learning
- Flexible, resourceful and innovative
- Harmonised and aligned
- Effective and sustainable
- Organised and accountable
- Respectful and reciprocal
- Responsible
Resources - www.thet.org
Any questions?
Behavioural science and health partnerships

Jo Hart  @jonijojo
Lucie Byrne-Davis  @luciebd

www.mcrimpsci.org
Understanding the barriers and facilitators of starting new (desirable) practices and / or stopping old (undesirable) practice

Developing interventions / training which address not just capability but also opportunity and motivation

Evaluating not just whether interventions work but how, why and how they can be enhanced to make practice change more likely and more sustained.
THE CHALLENGE

• Medication safety requires complex behaviour change
• Worked with the lead of the project, Sarah Cavanagh from Ipswich Hospital to develop the three key behavioural science inputs
Over 8 months in UK and Mozambique, 2 volunteers
Exploring barriers and facilitators, designing interventions,
evaluating outcomes, training UK and Beira staff in behavioural
theories and approaches.

CARDEX SYSTEM USE (a behaviour of interest)
The barriers and facilitators
• Explored barriers and facilitators (capability, opportunity
  motivation) of Cardex system use using opportunistic
  interviewing and observations

The Intervention
• Recommended changes: reorganized cardex, training,
prompts on cardex.

“I think it has made us think as a team...how we are working and how we approach things...the key is that is going to be the way it becomes a sustainable change rather than just you know you have to do this, gel on your hands before you go into the ward and then... but not making sure they understand why and you know all these other things”
Sarah Cavanagh,
Ipswich HP Lead

Bull et al., (2017) Developing nurse medication safety training in a health partnership in Mozambique using behavioural science *Globalization and Health*

http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0254-4
Commonwealth Partnerships for Antimicrobial Stewardship

Application deadline: 4th January 2019
Submit: Application form, budget and letters of support
Email: ams@thet.org

THANK YOU AND GOOD LUCK!