

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

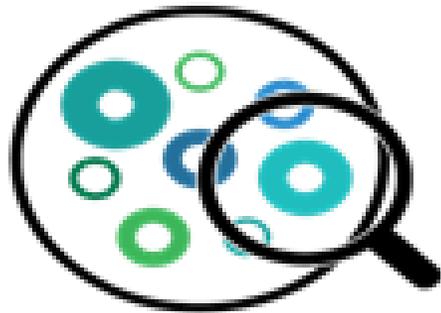
Aim of CwPAMS

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.



The Fleming Fund

Fleming Fund objectives

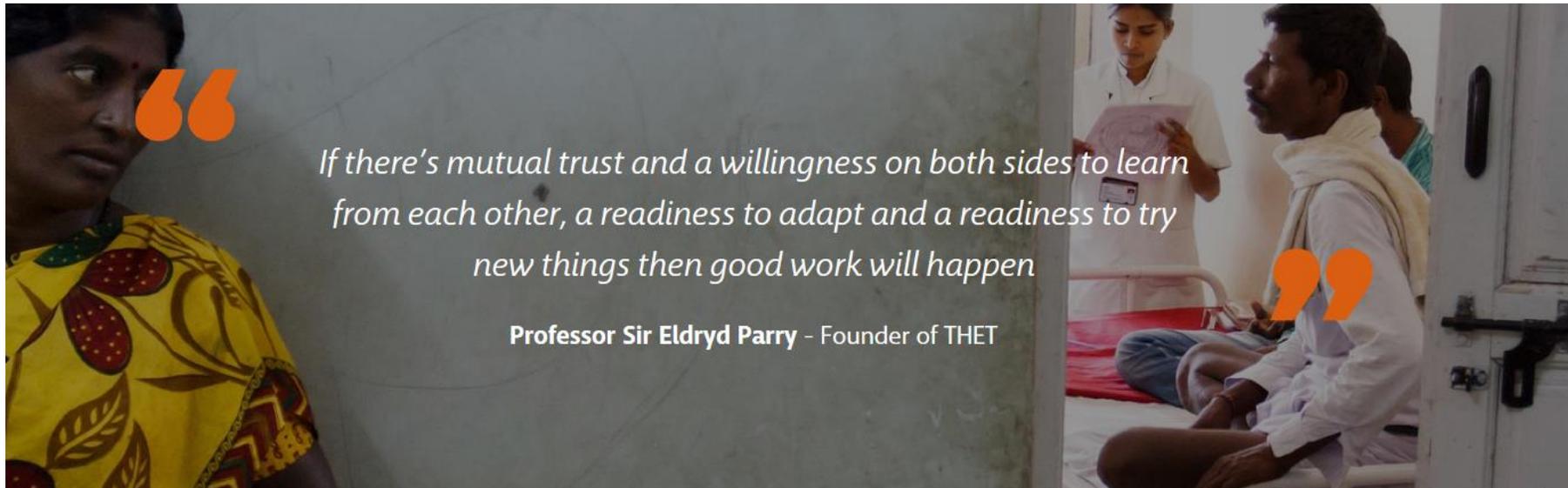
Three Fleming Fund Objectives being tackled by CwPAMS:

- 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

Timeframes:	
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
April 2020	Grants end

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 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

Thank you!

Email address for applications: ams@thet.org



Commonwealth Partnerships for Antimicrobial Stewardship
#CwPAMS

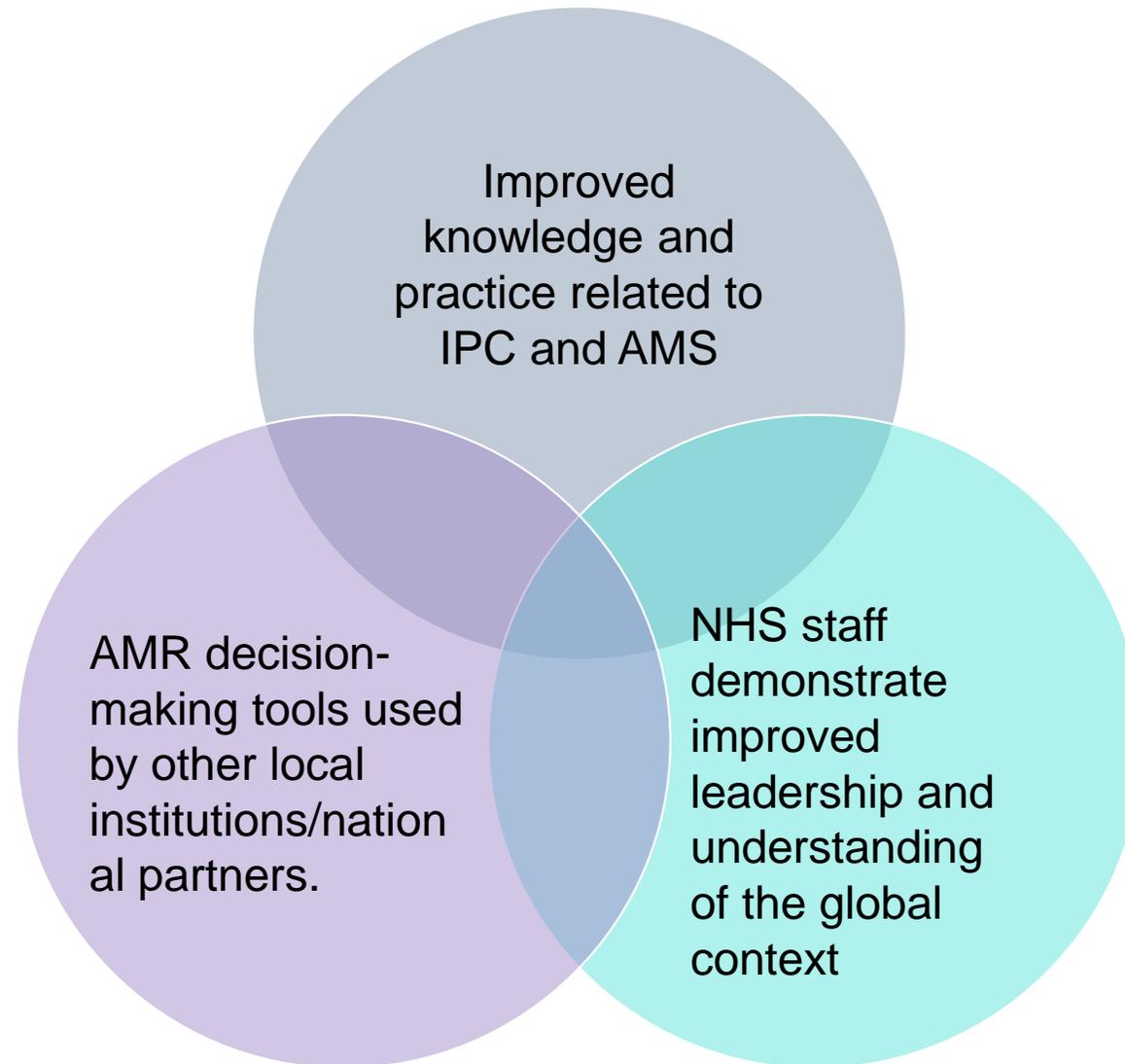
How to approach CwPAMS?

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?

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What are the objectives of CwPAMS?



How to approach CwPAMS?

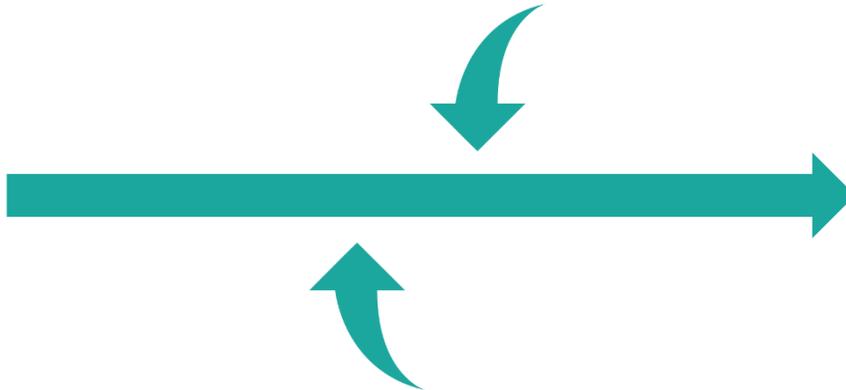
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Desk-based scoping

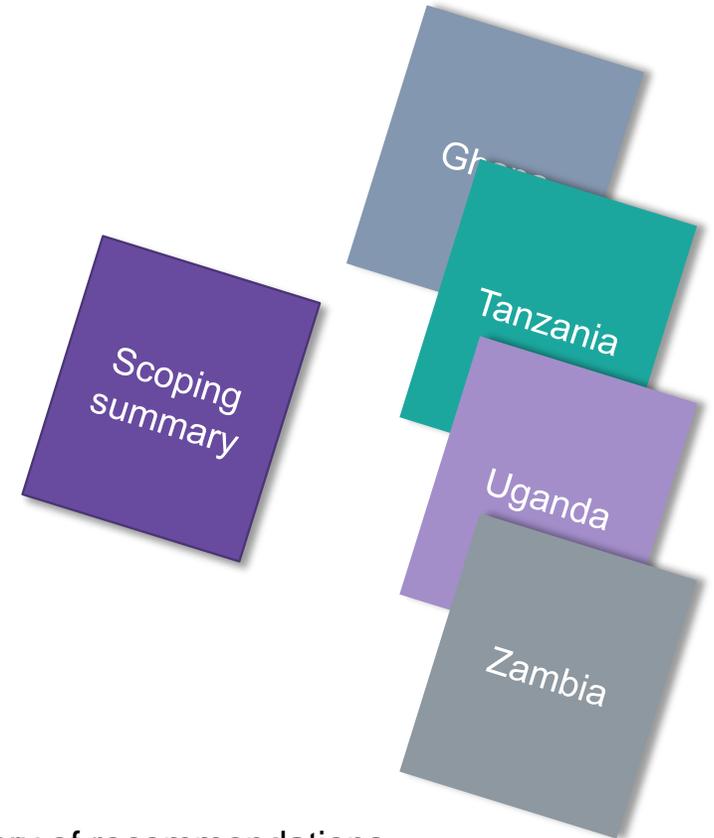
Extraction, selection and assessment of key healthcare resources and literature review



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



Expert input from CMO and ChPO

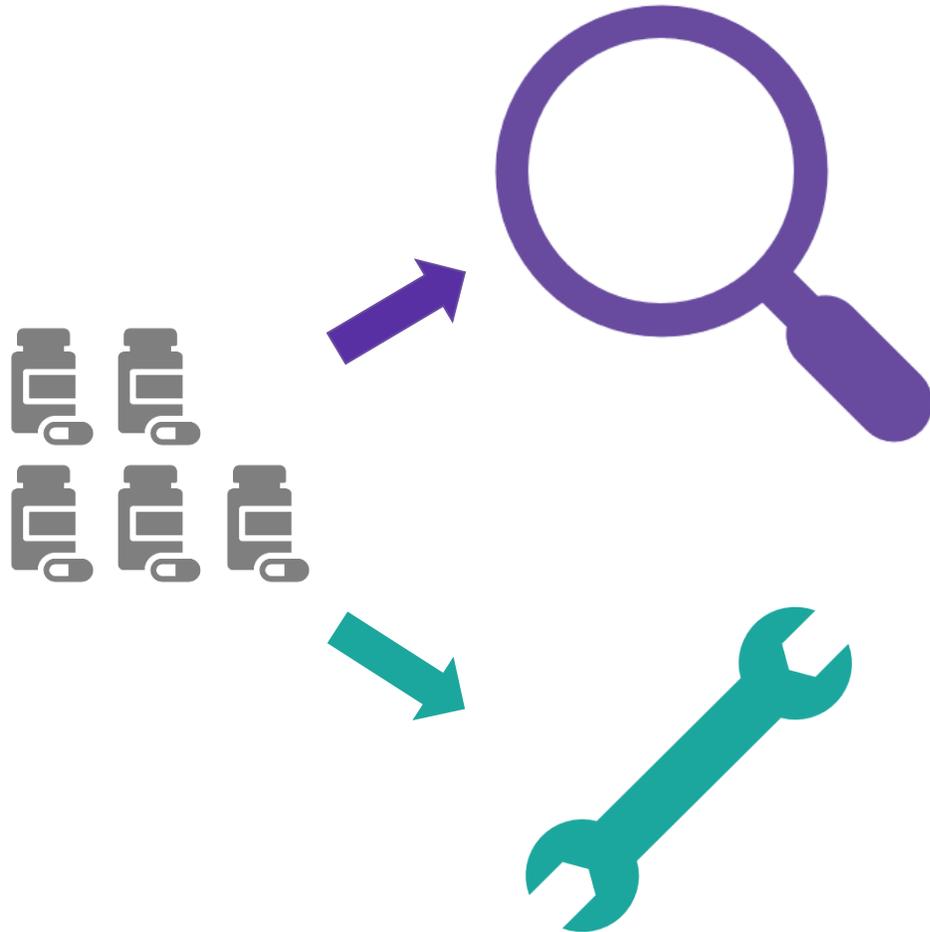


Summary of recommendations
4 country specific resources
Accompanying resource kits (file compendia)

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



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?



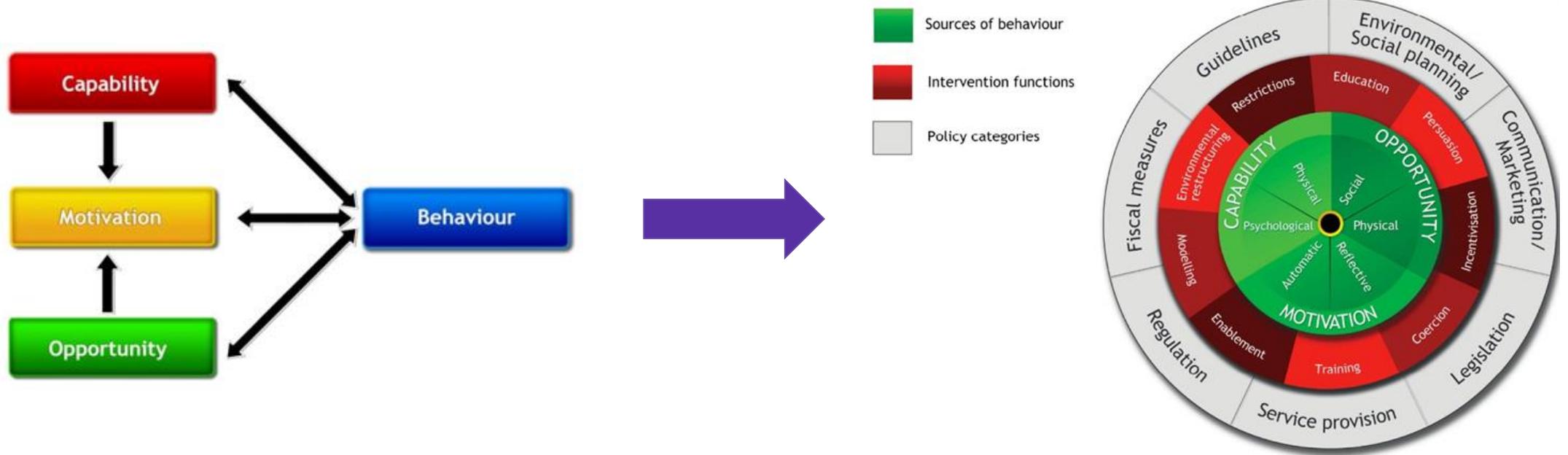
Medicines

Tools

Facilities

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*

	Ghana	Tanzania	Uganda	Zambia	UK
Pharmacists	1.34	0.2	0.24	0.36	8.21

Distribution of public staff in Ghana**

Table 3.5 Urban/Rural distribution of workers 2009

Occupational Category/Cadre	Total	Urban	Rural	HW/1000 Pop. in Urban	HW/1000 Pop. in Rural
		%	%		
Pharmacists	532	70	30	0.04	0.01
Pharmaceutical Technicians and Assistants	1,253	60	40	0.07	0.04



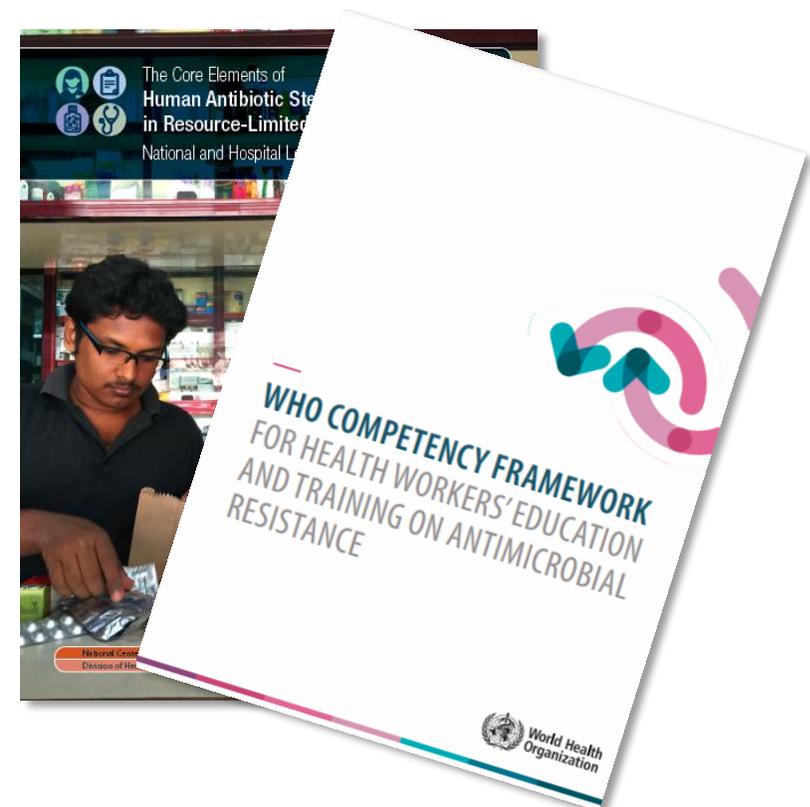
*Data taken from *FIP Pharmacy Workforce Intelligence: Global Trends Report 2018* and are 2016 values except Tanzania, where latest available data was for 2012

**Ghana's Healthcare Workforce Report 2010

Build on what's already out there

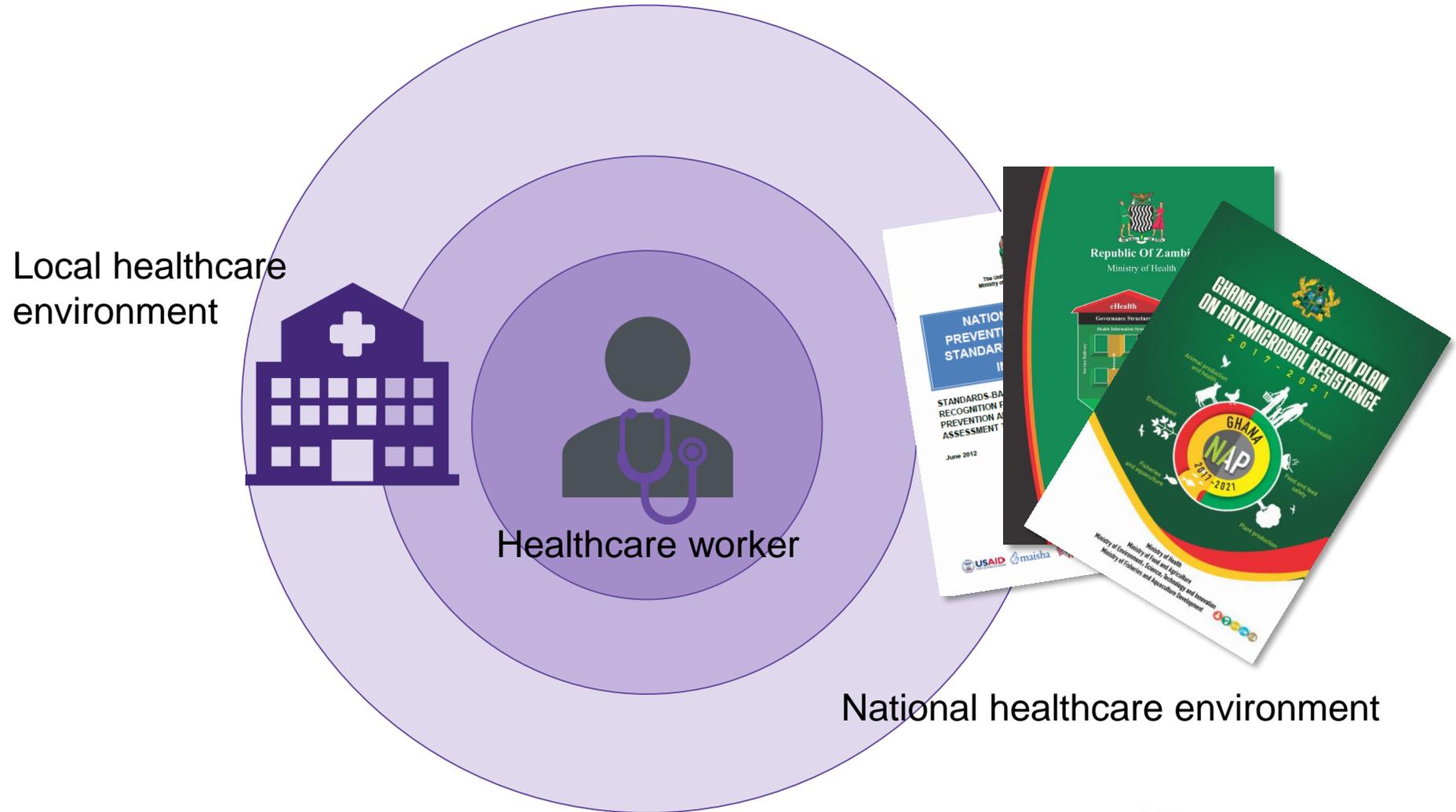


IPC and WASH initiatives



Resources to support AMS programmes in LMIC settings

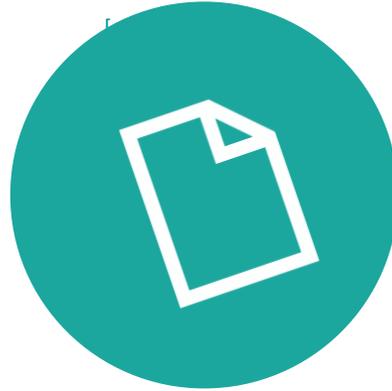
How to approach the partnership



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



Enhance systems capacity



Build AMS as part of clinical role



In country training essential
Consider WHO Competency Frameworks



Professional bodies and relevant national organisations



Tools to support clinical implementation



Inform best practice for national guidelines

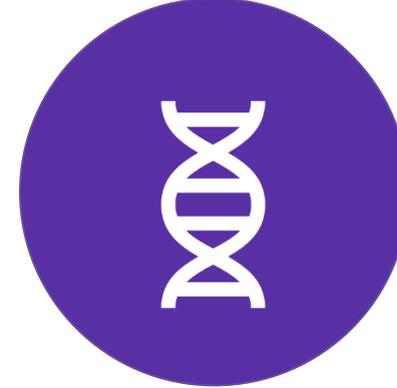
Check list for data gathering



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 involve in a health partnership?



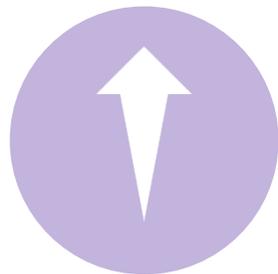
Hayley Wickens
CPA Advisor on Low
resource AMS
programmes

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

How to approach CwPAMS?

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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?

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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

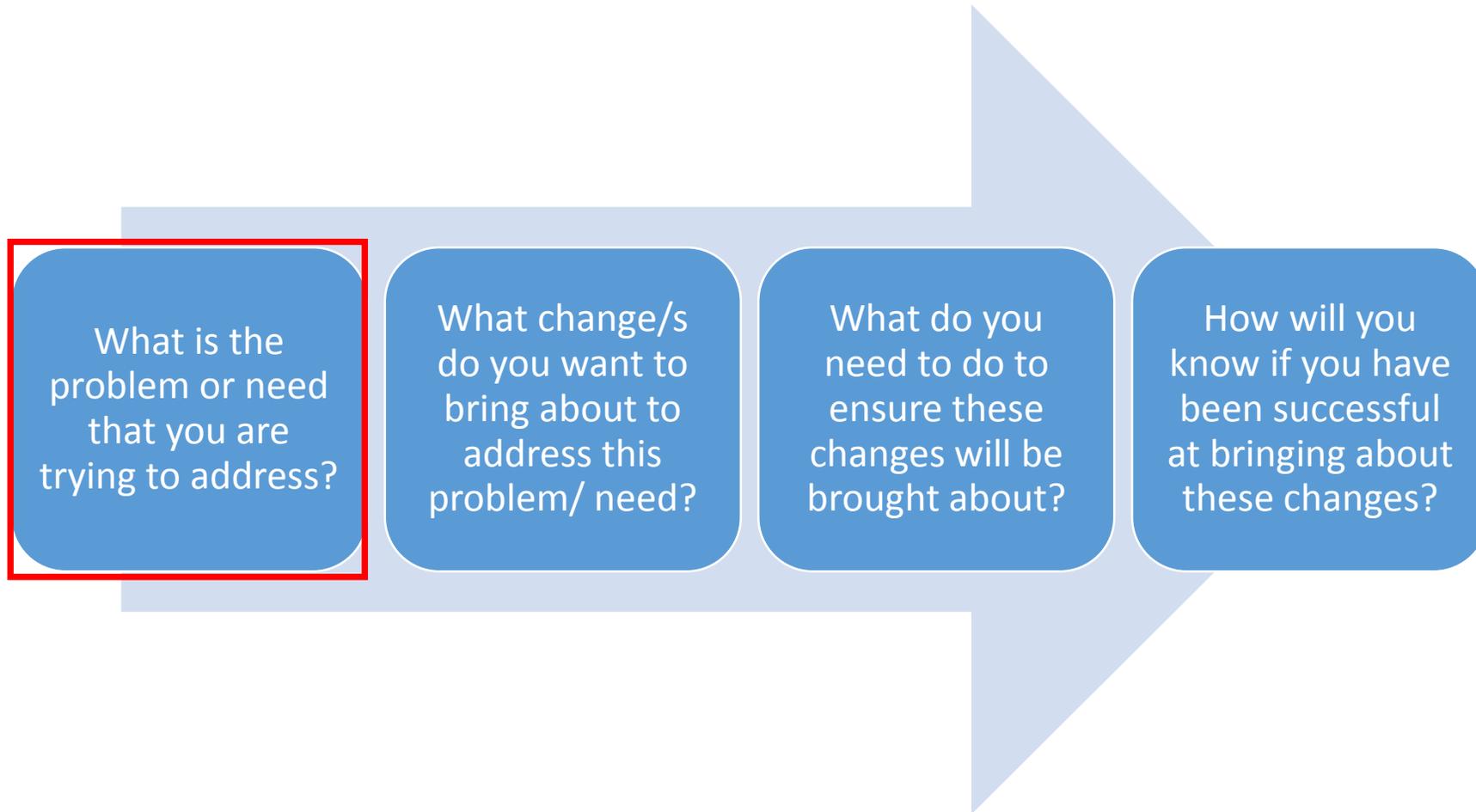
#CwPAMS

Good luck!

Principles of Project Planning

*Richard Skone James
Senior Grants Manager, THET*

Project planning 1.0



Identifying the need/ problem

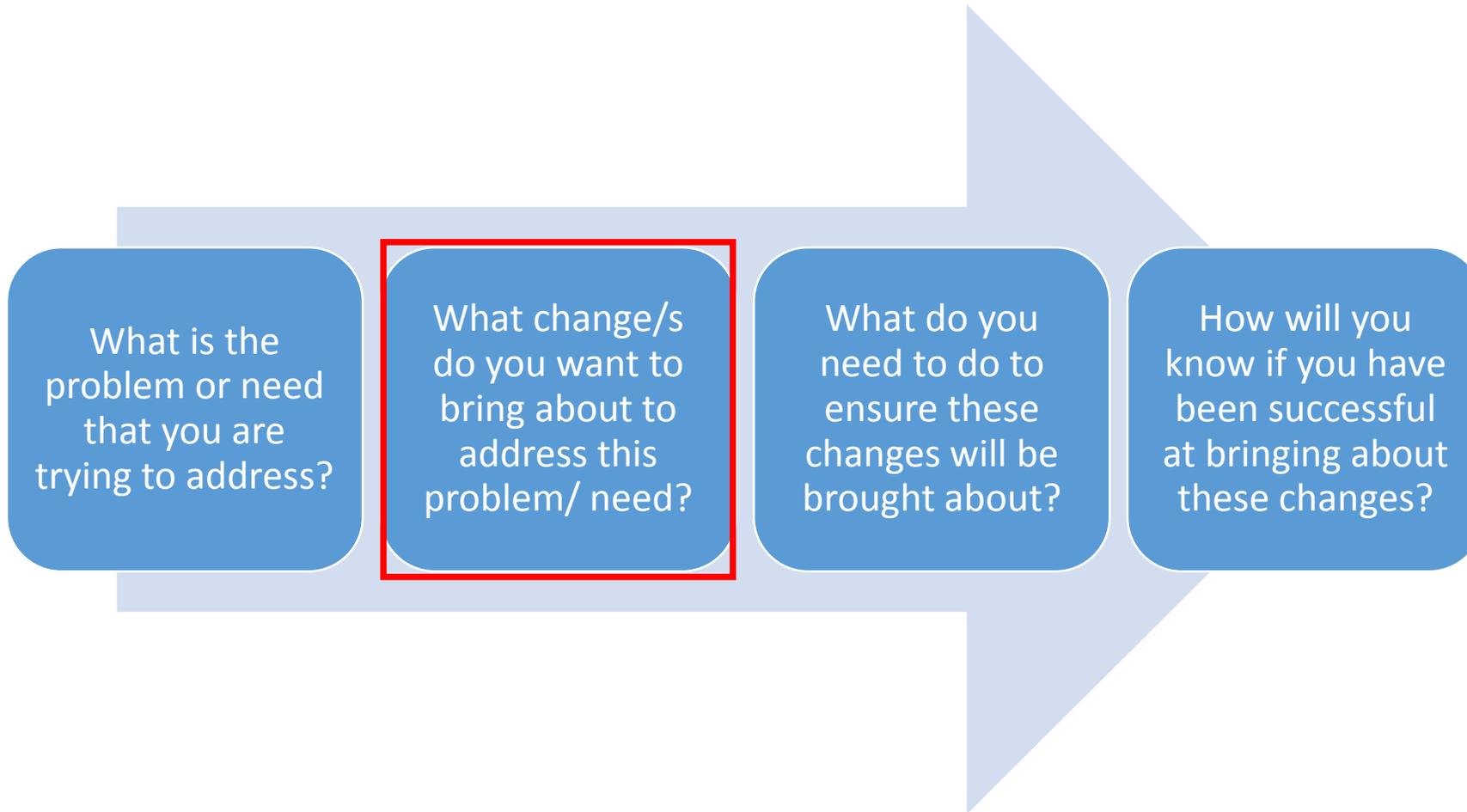
- How has this been identified?
- Who has been involved?
- How does this relate to national/ local priorities?
- Are there other stakeholders already working to address this need, if so how does this project relate/ link to them?
- How does this problem affect different groups?

For example:

Problem

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

Project planning 1.0



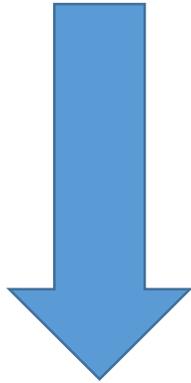
Identifying the goal and key changes – Programme ‘outcomes’

- *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.*

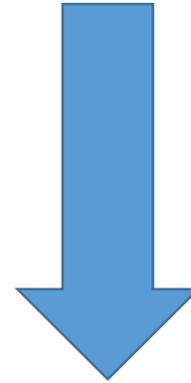
For example:

Problem

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



Change by the end of the project



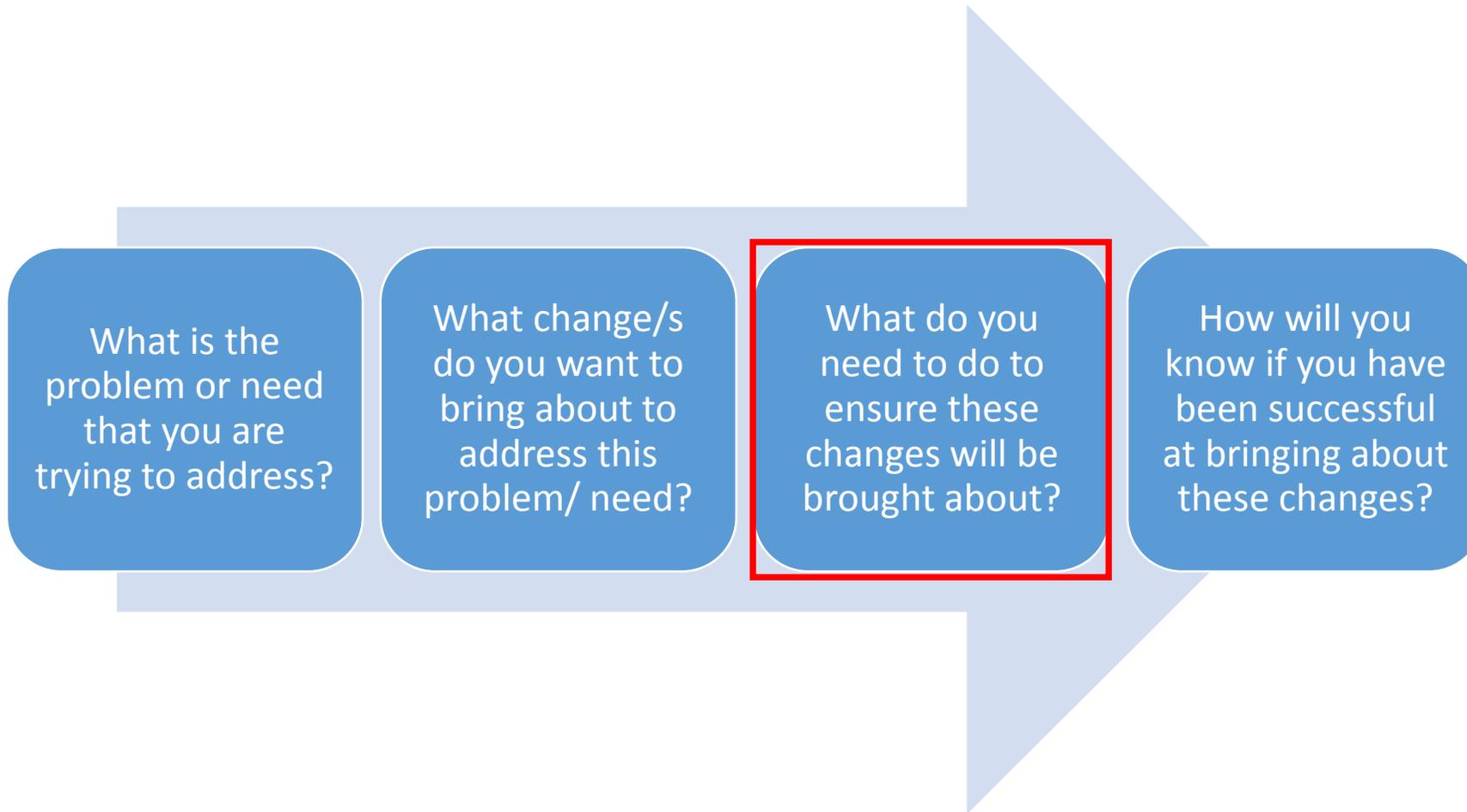
At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training

Identifying the goal and key changes

4.1 – For example

Project goal:	<i>The hospital has a sustainable AMS programme that reduces the inappropriate antimicrobial use, increases compliance to clinical guidelines, and decreases resistant pathogen strains</i>
Changes by the end of the project:	
1.	<i>At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training</i>
2.	
3.	
4.	

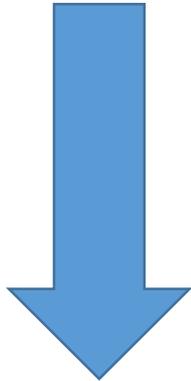
Project planning 1.0



For example:

Problem

- 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

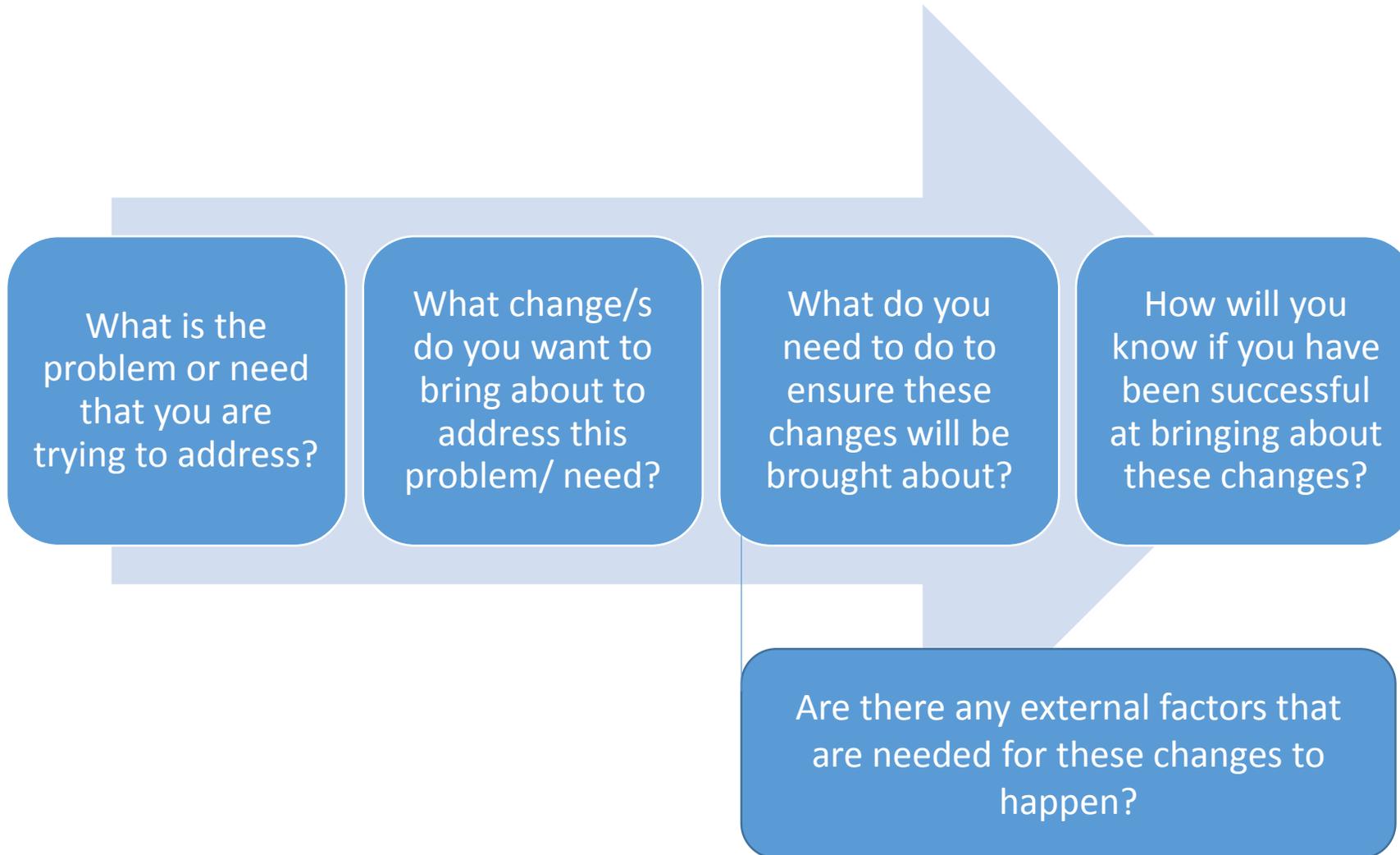
At least 75 staff report or demonstrate improved antimicrobial prescribing practices following training

Identifying the key steps that need to be taken to bring about the changes

4.3 – For example

Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5
Development of AMS training materials	x				
Training of 20 Trainers in AMS	x				
Training by ToTs of x health workers (which cadres) in AMS		x	x		

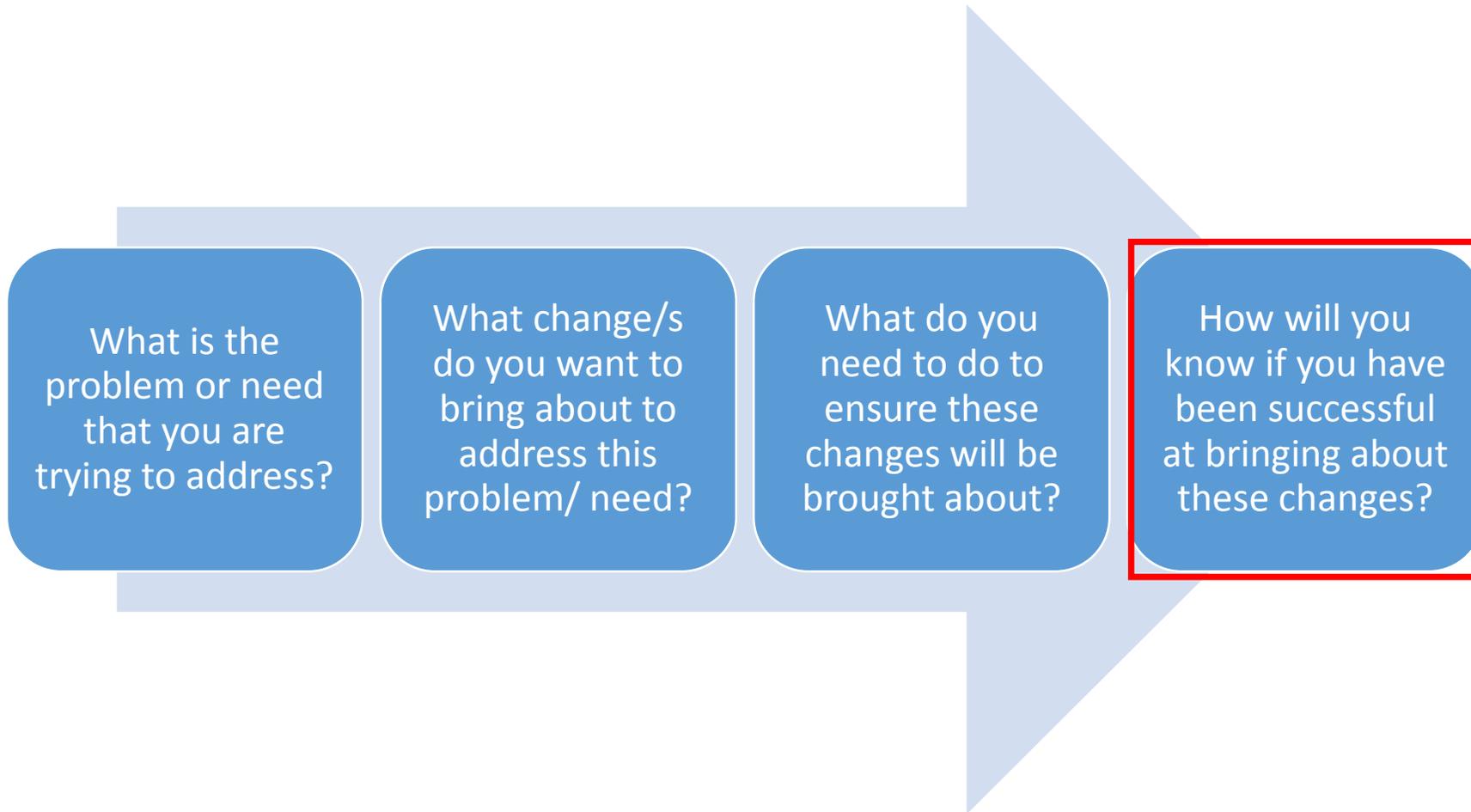
Project planning 1.1



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



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?

For example

Project plan

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

For example:

Monitoring and Evaluation plan

Indicator		<i>What are the agreed indicators?</i>	OP1: No. staff demonstrating improved knowledge immediately after training
Data breakdown		<i>How should you disaggregate the data?</i>	Gender, cadre and disability
Data collection	<i>Frequency</i>	<i>When and how often will the data be collected?</i>	Immediately after each training
	<i>Method /Source</i>	<i>How will the data be collected? Where will you get it from?</i>	Trainees will complete pre- and post-training assessments.
	<i>Tools and Resources</i>	<i>What tools do you need for data collection?</i>	Pre- and post-training questionnaire adapted from xx course.
	<i>Responsibility</i>	<i>Who will gather the data and create the tools?</i>	Clinical lead from the lead LMIC partner will oversee the assessment, and UK and LMIC lead partners will work jointly on developing it.
Data analysis	<i>Tools and Resources</i>	<i>What tools do you need for data analysis</i>	Anonymised assessment system on an Excel spreadsheet
	<i>Timeframe</i>	<i>When is it needed? When will it be analysed?</i>	2 weeks after each training, ready for THET quarterly reports
	<i>Responsibility</i>	<i>Who will do the analysis?</i>	Pharmaceutical lead in UK

PRINCIPLES OF PARTNERSHIP



**COMMITTED TO
JOINT LEARNING**



STRATEGIC



**HARMONISED
AND ALIGNED**



**EFFECTIVE AND
SUSTAINABLE**



**RESPECTFUL
AND RECIPROCAL**



**ORGANISED AND
ACCOUNTABLE**



RESPONSIBLE



**FLEXIBLE, RESOURCEFUL
AND INNOVATIVE**

Resources - www.thet.org

Resources

Our work focuses on supporting a positive, evidence based policy environment in the UK and to promoting investment in health workforce development and international volunteering of health professionals in global health at the international level.

Select a category ▾ 🔍

Collecting Disability Data within a Health Partnership Project

THET MEL TEAM

This guide is primarily designed to support health partnerships, funded under the extension of the Health Partnership Scheme in 2016/17, to assess the impact their projects are having on people with disabilities. It can also be a useful guide for any health project implementer, especially if training of health workers and improvement of health services in LMIC are involved, who is looking to collect information on whether their projects are reaching people with disabilities.

[DOWNLOAD ↴](#)

Project Plan Template and Guidance

THET MEL TEAM

Representatives from both sides of the partnership should be involved as it documents changes you want to achieve, how you will achieve them, & importantly, how you will track and assess your achievements. All these elements need input from key people involved in project implementation including monitoring & evaluation.

[DOWNLOAD ↴](#)

The value of data

THET

Dr Liza, UK Health Partnership Coordinator, describes data gathering for project M&E from Epilepsy Association of Sierra Leone clinics, health centres, and hospitals. The data relate to basic patient characteristics, clinic attendance, anti-epileptic medication distribution, anti-epileptic medication usage, adherence to treatment plans & effects of epilepsy on women.

[DOWNLOAD ↴](#)



Medical Equipment

The majority of health facilities in low-income countries face significant challenges with medical equipment and lack what they require to diagnose, treat and monitor their patients. Find out more about THET's work in the area and links to further resources

Why medical equipment partnerships are important »

Medical equipment partnerships programme »

Medical equipment donations »

Useful information resources for medical equipment »

Assessing biomedical engineering personnel & training needs; the Zambian example »



Needs assessment



Donor

- ✓ Who will cover the donation costs? How much will be they be?
- ✓ How do these compare with local procurement of new equipment?
- ✓ How much support can realistically be given to the recipient operators and maintenance personnel?
- ✓ Is there a procurement policy in place at the recipient hospital and if so, how can the donation adhere to it?
- ✓ Does the recipient's Ministry of Health or hospital have a donations policy?

Recipient

- ✓ Who will operate the equipment? Will they require training?
- ✓ Who will maintain the equipment? Will they require training? Specific tools and test equipment?
- ✓ Who will procure the parts and consumables as required? Are there local suppliers? If not, where will these materials be sourced?
- ✓ Does the equipment integrate with existing equipment?
- ✓ Is there the option of locally purchasing the equipment at a satisfactory quality?

Any questions?



Behavioural science and health partnerships

Jo Hart @jonijojo

Lucie Byrne-Davis @luciebd

www.mcrimpsi.org

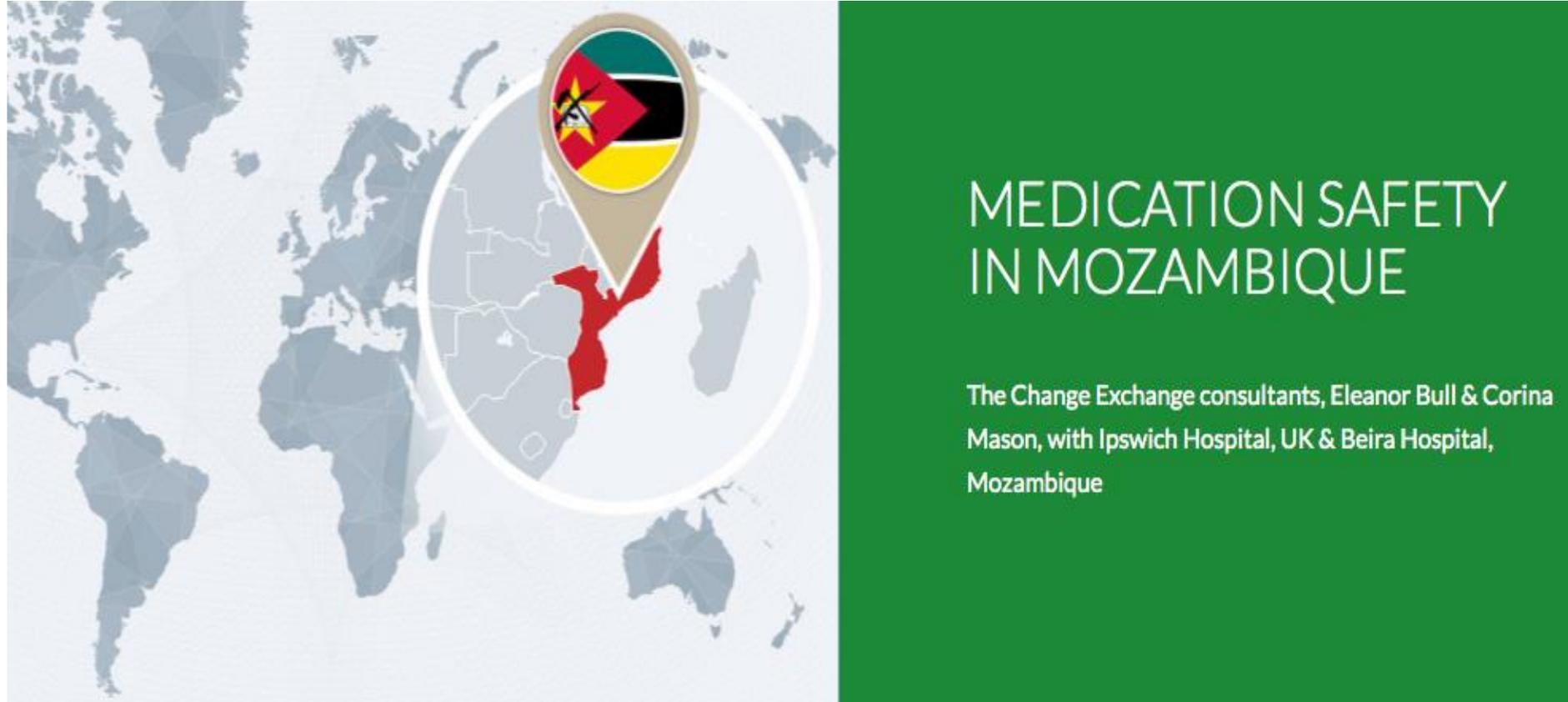
Behavioural science helps partnerships with three things

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.

Change Exchange project example



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

The Project

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, get 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**



Find out more

Jo.hart@manchester.ac.uk @jonijojo

lucie.byrne-davis@manchester.ac.uk @luciebd

<http://www.mcrimpsi.org/elearning/>

Byrne-Davis LMT, Bull ER, Burton A, Dharni N, Gillison F, Maltinsky W, Mason C, Sharma N, Armitage CJ, Johnston M, Hart J. How behavioural science can contribute to health partnerships: the case of The Change Exchange. *Globalization and Health* [Internet]. BioMed Central; 2017 Dec 12; 13(1):30.

<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!