



Transforming global health

Partnership responses to ensuring quality UHC

2019

IMPERIAL COLLEGE LONDON

26 - 27 SEPTEMBER 2019

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OPENING KEYNOTE

Professor Myles Wickstead, Visiting Lecturer,
Kings College London

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SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD

1 NO
POVERTY



2 ZERO
HUNGER



3 GOOD HEALTH
AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER
AND SANITATION



7 AFFORDABLE AND
CLEAN ENERGY



8 DECENT WORK AND
ECONOMIC GROWTH



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCED
INEQUALITIES



11 SUSTAINABLE CITIES
AND COMMUNITIES



12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



13 CLIMATE ACTION



14 LIFE
BELOW WATER



15 LIFE
ON LAND



16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



17 PARTNERSHIPS
FOR THE GOALS



**SUSTAINABLE
DEVELOPMENT
GOALS**

OPENING KEYNOTE

Dr Keith Ridge, Chief Pharmaceutical Officer,
NHS England

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The NHS's contribution to universal health coverage: Helping to tackle antimicrobial resistance

Professor Keith Ridge, Chief Pharmaceutical Officer

27 September 2019

NHS England and NHS Improvement



The WHO response: 2015 Global Action Plan on Antimicrobial Resistance



AMR impact on sustainable development goals



AMR strikes hardest on the Poor-treatment of resistant infections is more expensive



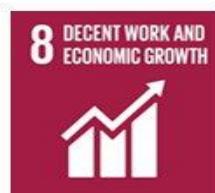
Antibiotic residues from hospitals, Pharma companies and agriculture contaminates water



All of which require multi-stakeholder partnership



Untreatable infections in animals threatens sustainable food production for our growing population.



Cost of AMR is predicted to be US \$100 trillion by 2050



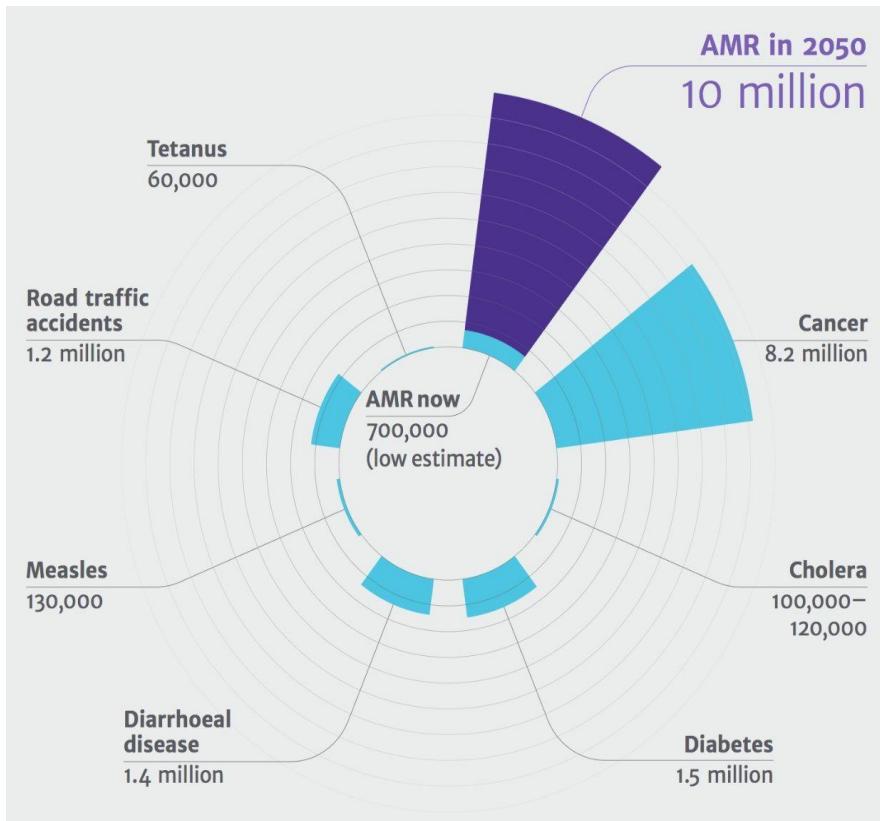
Antimicrobials are fundamental components of all health systems



It's crucial to balance access, innovation, conservation of antimicrobials to contain AMR.



Deaths attributable to AMR every year worldwide: Compared to other major causes of death



Currently impacting those people who are young, old, pregnant or immune compromised.

The Review on Antimicrobial Resistance was commissioned in July 2014 by the UK Prime Minister and produced its final report and recommendations summer 2016

28.3 million extra people pushed into extreme poverty by 2050



**Review on
Antimicrobial
Resistance**

Tackling drug-resistant infections globally

Tackling AMR: UK actions



GLOBAL ACTIVITIES

Drive global advocacy, governance and political agenda

Promote access and responsible use

Improve detection and surveillance

Reduce the burden of infection in humans and animals

Promote R&D

DOMESTIC ACTIVITIES

Improve IPC practices

Optimise prescribing practice

Improve professional education, training and public engagement

Improve access to, and use of, surveillance data

Develop new drugs, treatments and diagnostics

Why create a single AMR programme?



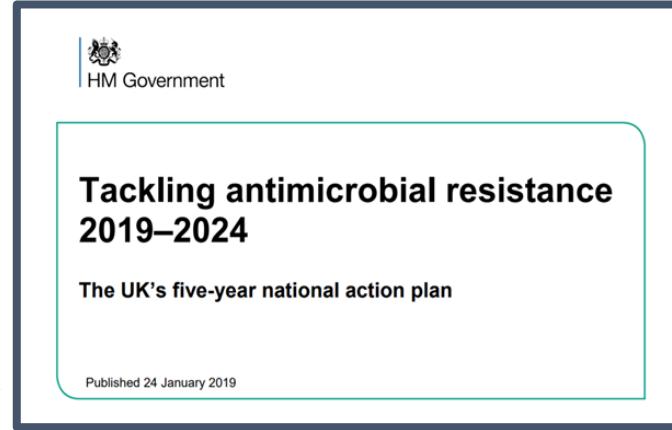
22 October 2018
Select Committee reports

7 January 2019
NHS Long Term Plan published

24 January 2019
5-year AMR national action plan published

“... we expect to see rapid and concerted action by NHS England to ensure that prescribing systems in all care settings make responsible prescribing of antibiotics the default option”

“The health service will continue to support implementation and delivery of the government’s new five-year action plan on Antimicrobial Resistance”



UK 20 year vision for AMR was published alongside the NAP: By 2040, our vision is of a world in which antimicrobial resistance is effectively contained, controlled and mitigated

Highlights of the new five-year national action plan



- Board-level leadership for IPC and AB stewardship
- Continue to work to reduce HAI gram-negative BSIs and reduce resistant infections
- Develop a real-time patient-level prescribing and resistance data source
- Investing in innovation and access: improving global supply chains, ensuring national procurement mechanisms conserve antimicrobials, development of new diagnostic interventions
- Test a new antimicrobial reimbursement model – delinking payments from volumes sold
- Research routes of transmission, including the impact of the environment and food
- Best practice IPC for livestock, pets and horses

Objectives:

Support reduced use by an overall 15%:

- 25% reduction in the community
 - 10% reduction in hospitals' "reserve" and "watch" antibiotics
- Reduce drug-resistant infections by 10%

Pharmacists' lead role in tackling AMR in the UK



In 2003, the Department of Health announced a three-year Hospital Pharmacy Initiative, complete with £12 million of funding for hospital pharmacies, aimed at improving the monitoring and control of anti-infectives

Journal of Antimicrobial Chemotherapy (2006) 58, 1230–1237
doi:10.1093/jac/dkl405
Advance Access publication 9 October 2006

JAC

Impact of the Hospital Pharmacy Initiative for promoting prudent use of antibiotics in hospitals in England

H. J. Wickens¹* and A. Jacklin²

¹Pharmacy Department, St Mary's NHS Trust, London W2 1NY, UK; ²Pharmacy Department, Hammersmith Hospitals NHS Trust, London W12 OHS, UK

Received 18 May 2006; returned 7 June 2006; revised 11 September 2006; accepted 12 September 2006

Objectives: In July 2003, the UK Department of Health announced an allocation of £12 million to hospital pharmacists to improve the monitoring and control of anti-infective use over the ensuing 3 year period (the Hospital Pharmacy Initiative, or HPI). Chief Pharmacists were asked to use this money for developments to promote prudent antibiotic use and monitoring of antimicrobials within their Trusts. This study aimed to evaluate the impact of the HPI funding, which at the time had been in place for nearly 2 years, on pharmacy activities in this area.

Methods: A postal questionnaire was sent to the pharmacy department of each acute hospital Trust in England, aiming to provide a descriptive overview of the activities of hospital pharmacy staff in the field of anti-infectives and to explore the extent to which these activities were made possible by the HPI funding.

Results: One hundred and forty-one specialist antimicrobial pharmacy staff were employed in 130 responding Trusts; 89% were pharmacists, 7% pharmacy technicians and the remainder administrative staff. Three-quarters of these staff had been employed due to the funding, resulting in review of antimicrobial prescribing guidelines, antibiotic audit projects and multidisciplinary work with Microbiology/Infectious Diseases staff. Thirteen Trusts gave details of drug acquisition cost savings; over the course of a year, these Trusts saved £1.1 million in total.

Conclusions: The HPI funding has facilitated greater interaction between Pharmacy and Microbiology/Infectious Diseases departments than was previously possible. Significant reductions in antibiotic acquisition costs have been demonstrated, though further work is warranted to fully establish the impact of pharmacy activities on clinical and microbiological outcomes.

Keywords: antibacterials, antibiotic pharmacist, antibiotic policy, antibiotic management, pharmacist

Infect Dis Ther (2015) 4 (Suppl 1):S51–S64
DOI 10.1007/s40121-015-0080-z



REVIEW

Antimicrobial Stewardship from Policy to Practice: Experiences from UK Antimicrobial Pharmacists

Mark Gilchrist · Paul Wade · Diane Ashiru-Oredope · Philip Howard · Jacqueline Sneddon · Laura Whitney · Hayley Wickens

To view enhanced content go to www.infectiousdiseases-open.com
Received: July 20, 2015 / Published online: September 11, 2015
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ABSTRACT

Antimicrobial stewardship in the UK has evolved dramatically in the last 15 years. Factors driving this include initial central funding for specialist pharmacists and mandatory reductions in healthcare-associated infections (particularly *Clostridium difficile* infection). More recently, the introduction of national stewardship guidelines, and an increased focus on stewardship as part of the UK five-year antimicrobial resistance strategy.

instrumental in effecting changes at an organizational and national level. This article describes the evolution of the antimicrobial pharmacist role, its impact, the progress toward the actions listed in the five-year resistance strategy, and novel emerging areas in stewardship in the UK.

Keywords: Antibiotic; Antimicrobial stewardship; Healthcare-associated infections; Pharmacy; Resistance

Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

- Pioneering programme run by the Tropical Health Education Trust (THET) and Commonwealth Pharmacists' Association (CPA)
- Funded by the UK Government Department of Health and Social Care's Fleming Fund (UK Aid)
- First health partnership scheme to focus on pharmacy and antimicrobial stewardship so research/evidenced based approach was needed to understand how this could be implemented most effectively
- Programme design informed by a scoping study conducted in October 2018 to assess gaps, opportunities and in country priorities for Ghana, Uganda, Tanzania, Zambia
- CwPAMS takes a partnership approach to focus on:
 - Antimicrobial stewardship, including antibiotic use surveillance
 - Infection prevention and control
 - Antimicrobial pharmacy expertise and capacity

Emerging outputs of CwPAMS

The screenshot shows the mobile application's home screen. At the top, there is a header bar with icons for search, home, and other functions. Below this, a large blue banner displays the text "Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)". Underneath the banner, a section titled "About the CwPAMS app" contains a welcome message and a link to learn more about the app. A vertical sidebar on the right side lists several links: "About the CwPAMS app", "Userguide", "AWaRE - WHO Essential Medicines List of Antibacterials", "National prescribing guidelines", "Antimicrobial stewardship tools", "Antimicrobial use surveillance", "Training on antimicrobial stewardship", "Updates on antimicrobial resistance - coming soon", and "Infection prevention control". Each link has a small arrow icon to its right.



Accra, Ghana



Kampala, Uganda



Birmingham,
UK

- Training – Train the trainer and using behaviour change strategies
- Development of an app with national treatment guidelines and WHO guidelines included
- Antimicrobial Stewardship Checklist developed
- Global Point Prevalence Survey



CwPAMS' outcome: Building capacity and supporting development of the clinical pharmacy profession



Pharmily
@Dahumano

The squad is ready to contribute to @GlobalPPS_comm. @THETlinks @CW_Pharmacists @2011YJ @LadvaMisha @ekpoks @nii_cornelius @SOP_UHAS #CwPAMS



14 | NHS England and NHS Improvement

I find the CwPAMS scheme particularly exciting because it is specifically angled at pharmacists and I have always been passionate about advocating for the rational prescribing and use of antimicrobials, in line with treatment guidelines, particularly for patients affected by HIV.

Through professional capacity building, the scheme will help to improve the prescribing patterns and decision making abilities of medical practitioners, thus optimising the use of antimicrobials at KCMC.

- Eva Muro, Senior Pharmacist, Kilimanjaro Christian Medical Centre



CwPAMS' outcome: Benefit to the NHS through developing 16 future leaders

CPhO Global Health Fellows

New Global Health Fellowships for 16 UK Pharmacists that are part of the Commonwealth Partnerships for Antimicrobial Stewardship (#CwPAMS)

Joyce Mafela (right) *Senior Clinical Pharmacist, Infectious Diseases, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Lead Fellow, Learning Hospital.*

The global health sector will not yet have fully recovered from the COVID-19 pandemic, but it is clear that the world is facing a new challenge. The current global antimicrobial resistance crisis is a major concern, and it is essential that we work together to address it. This fellowship will provide me with the opportunity to contribute to the development of a global project within the global health sector, working alongside other pharmacists and healthcare professionals from across the world.

Preeti Puskar *Lead Pharmacist - Antimicrobials, Sir Ganga Ram Hospital, New Delhi, India. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

The experience would involve the implementation of a national antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Melinda Luttrell *Senior Registered Nurse Clinical Pharmacist, University College London Hospitals NHS Foundation Trust, London, UK. Lead Fellow, Learning Hospital.*

The fellowship covered a range of topics, including antibiotic resistance, antimicrobial stewardship, and infection prevention and control. Together with my team, we developed a programme to support the implementation of antibiotic stewardship and infection prevention and control measures in our hospital. This has been a great learning experience, and I am grateful to have been part of such a dynamic team.

Scotte Barritt *Lead Clinical Pharmacist - Infection & Disinfection, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

I am currently working on the implementation of a national antibiotic stewardship programme, which will involve the development of a new antibiotic stewardship programme. This fellowship will provide me with the opportunity to contribute to the development of a global project within the global health sector, working alongside other pharmacists and healthcare professionals from across the world.

Claire Brondum *Lead Pharmacist - Antimicrobials, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

This fellowship will involve the implementation of a national antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Akashdeep Bhambhani *Lead Clinical Pharmacist, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

This fellowship will involve the implementation of a national antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Frances Garroption *Lead antimicrobial pharmacist, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

This fellowship will involve the implementation of a national antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Amritpal Atwal *Amritpal Atwal - Infectiologist - Gastroenterology, University Hospitals Birmingham, West Midlands, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

This current fellowship involves a learning and leadership programme, designed to develop my skills to meet my professional goals. I am looking forward to learning more about antimicrobial stewardship and how it can be used to ensure safe and effective prescribing. I am also looking forward to meeting other pharmacists and healthcare professionals from across the world.

Alison Rees *Senior Clinical Pharmacist, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

This fellowship will involve the implementation of a new antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Emilie Chancet *Senior Clinical Pharmacist, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

As part of the fellowship, I will be involved in the implementation of a national antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Karen Barnes *Lead Pharmacist - Antimicrobials, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

This fellowship will involve the implementation of a national antibiotic stewardship programme, leading to better antibiotic use and reduced antibiotic resistance. This fellowship will help me to develop my leadership skills and contribute to the development of a national antibiotic stewardship programme, which will benefit the Indian population.

Kate Russell-Hobbs *Senior Clinical Pharmacist, Northumbria Healthcare NHS Foundation Trust. Northumbria University Hospital, Newcastle upon Tyne, UK. Commonwealth Partnership for Antimicrobial Stewardship Fellow.*

The CPhO Global Health Fellowship offers a unique opportunity for pharmacists to gain international experience and learn what it means to be a global citizen. It is important for pharmacists to have a wider perspective and to be able to offer their expertise and knowledge to others. This fellowship will allow me to work alongside experts from different countries and cultures, and to learn from them. I am excited to be a part of this programme and to gain valuable experience for my future career.

Also: Alison Cockburn

<https://commonwealthpharmacy.org/cpho-global-health-fellows/>



Summary and next steps

- The pharmacy profession has a key role in contributing to and leading UK's contribution to global health – and there is a huge opportunity for health partnerships to continue between the THET and low to middle income countries
- While there are some aspects of global access to medicines and achieving universal health coverage that are outside our control, there are urgent global health issues, such as emerging resistance to antibiotics and antiretrovirals, to which the pharmacy profession can make an important contribution
- The evidence-driven approach to programmatic design of CwPAMS proved helpful to identify how health partnerships can support optimal antimicrobial stewardship, particularly the multidisciplinary approach including pharmacists at scale for the first time
- Important to continue to support the development of the pharmacy profession in the UK (to support and lead on global health) and low to middle income countries (to develop clinical pharmacy)
- We have a range of evidenced-based AMS tools developed/adapted for low to middle income countries and ready for wider use across others, which can be further adapted for each setting



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FUNDING FOR HEALTH PARTNERSHIPS

Chair: Louise McGrath, Head of Partnerships, THET

Speakers:

- Ian Walker, Managing Director - Ethicon, Johnson & Johnson
- Lucy Andrews, Head of the Fleming Fund, DHSC
- Rachel Arundale, Health Services Team Leader, DFID

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Our Core Values

- Created in 1943, establishing our business values
- Drives deep commitment to ethical principles
- Hierarchy of Responsibilities
 - Patients
 - Health Care Professionals
 - Employees
 - Communities
 - Stockholders



Property of Johnson & Johnson

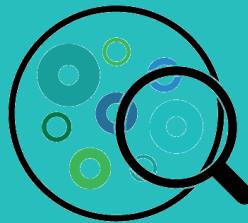
The J&J Credo

We believe our first responsibility is to the patients, doctors and nurses, to mothers and fathers and all others who use our products and services. In meeting their needs everything we do must be of high quality. We must constantly strive to provide value, reduce our costs and maintain reasonable prices. Customers' orders must be serviced promptly and accurately. Our business partners must have an opportunity to make a fair profit.

We are responsible to our employees who work with us throughout the world. We must provide an inclusive work environment where each person must be considered as an individual. We must respect their diversity and dignity and recognize their merit. They must have a sense of security, fulfilment and purpose in their jobs. Compensation must be fair and adequate, and working conditions clean, orderly and safe. We must support the health and well-being of our employees and help them fulfil their family and other personal responsibilities. Employees must feel free to make suggestions and complaints. There must be equal opportunity for employment, development and advancement for those qualified. We must provide highly capable leaders and their actions must be just and ethical.

We are responsible to the communities in which we live and work and to the world community as well. We must help people be healthier by supporting better access and care in more places around the world. We must be good citizens – support good works and charities, better health and education, and bear our fair share of taxes. We must maintain in good order the property we are privileged to use, protecting the environment and natural resources.

Our final responsibility is to our stockholders. Business must make a sound profit. We must experiment with new ideas. Research must be carried on, innovative programs developed, investments made for the future and mistakes paid for. New equipment must be purchased, new facilities provided and new products launched. Reserves must be created to provide for adverse ~~times, may~~ ^{times, may} When we operate according to these principles, the stockholders should realize a fair return.

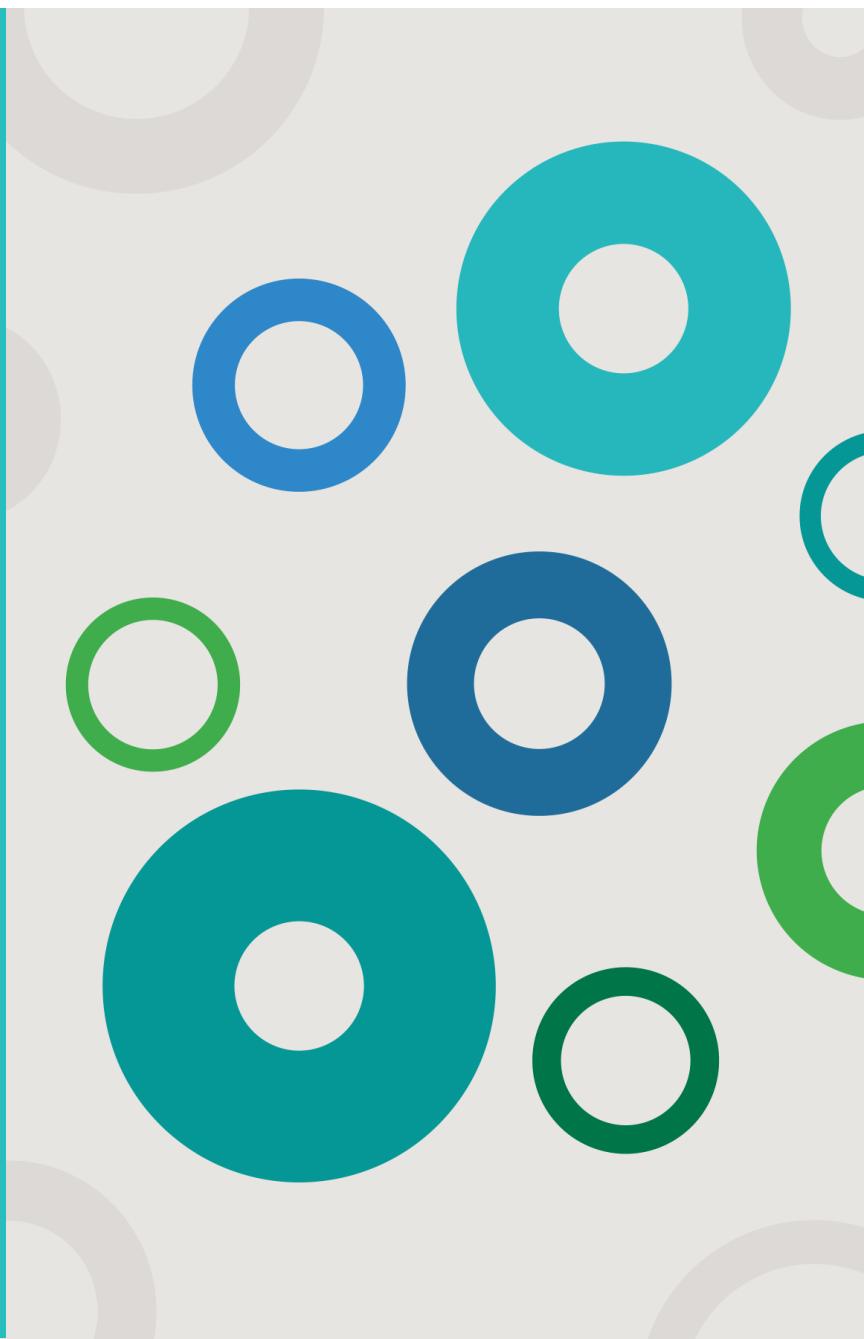


The
**Fleming
Fund**

Tackling Antimicrobial Resistance for Global Good



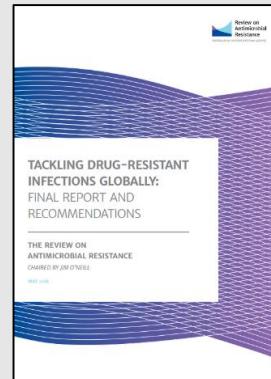
Department
of Health &
Social Care



An Overview

The Fleming Fund is a **£265m** UK aid programme, building partnerships with low- and middle-income countries to support the generation, sharing and use of antimicrobial resistance (AMR) data.

Antimicrobial resistance is a top UK global health security priority and surveillance is a core action identified in the Global Action Plan on AMR, the O’Neil AMR Review, and the United Nations Interagency Coordination Group Framework for Action on AMR.





Why surveillance

What is Public Health Surveillance?

An ongoing, systematic collection, analysis and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice¹.

Why is it needed?

Despite the serious risk that AMR poses to global health little is known about its geographical distribution and the scale of the problem. Without this knowledge our ability to combat the problem is limited. Therefore, gathering data means:

"At the local level, information would help improve patient health. At the national level, surveillance data would help inform health policies and responses to health emergencies. Finally, at the global level, it would provide early warnings of emerging threats and help identify long-term trends.²"

¹ World Health Organization

² Review on Antimicrobial Resistance, 2016

What we do



5%

IMPROVING AWARENESS AND GLOBAL DATA USE

...through improving in-country health economics, health policy, clinical practice and civil engagement

10%

DEVELOPING GLOBAL FRAMEWORKS

...by supporting national action plans, global guidance and protocols, improving drug quality and coordination between the World Health Organization, Food & Agriculture Organization and the World Organisation for Animal Health

85%

STRENGTHENING NATIONAL SURVEILLANCE SYSTEMS

...through a portfolio of Country, Regional and Fellowship Grants in 24 low and middle income countries in Africa and Asia

STRENGTHENING NATIONAL SURVEILLANCE SYSTEMS

Laboratory and surveillance strengthening and technical capacity development



MOTT MACDONALD up to £233 million

Fellowship Schemes

Global Grants

Country Grants

Regional Grants

Itad | £2.8 million

International Reference Centre for AMR in Animal Health and Agriculture | £1 million

OUCRU | £2 million

DEVELOPING GLOBAL FRAMEWORKS

Global guidance and action plans



World Health Organization | £9.9 million

Food & Agriculture Organization | £8.5 million

World Organisation for Animal Health | £5 million

IMPROVING AWARENESS AND DATA USE

Drug Quality, Civil Society Participation & Data Use



Commonwealth Partnerships for Antimicrobial Stewardship | £1.3 million

World Health Organization | £4 million

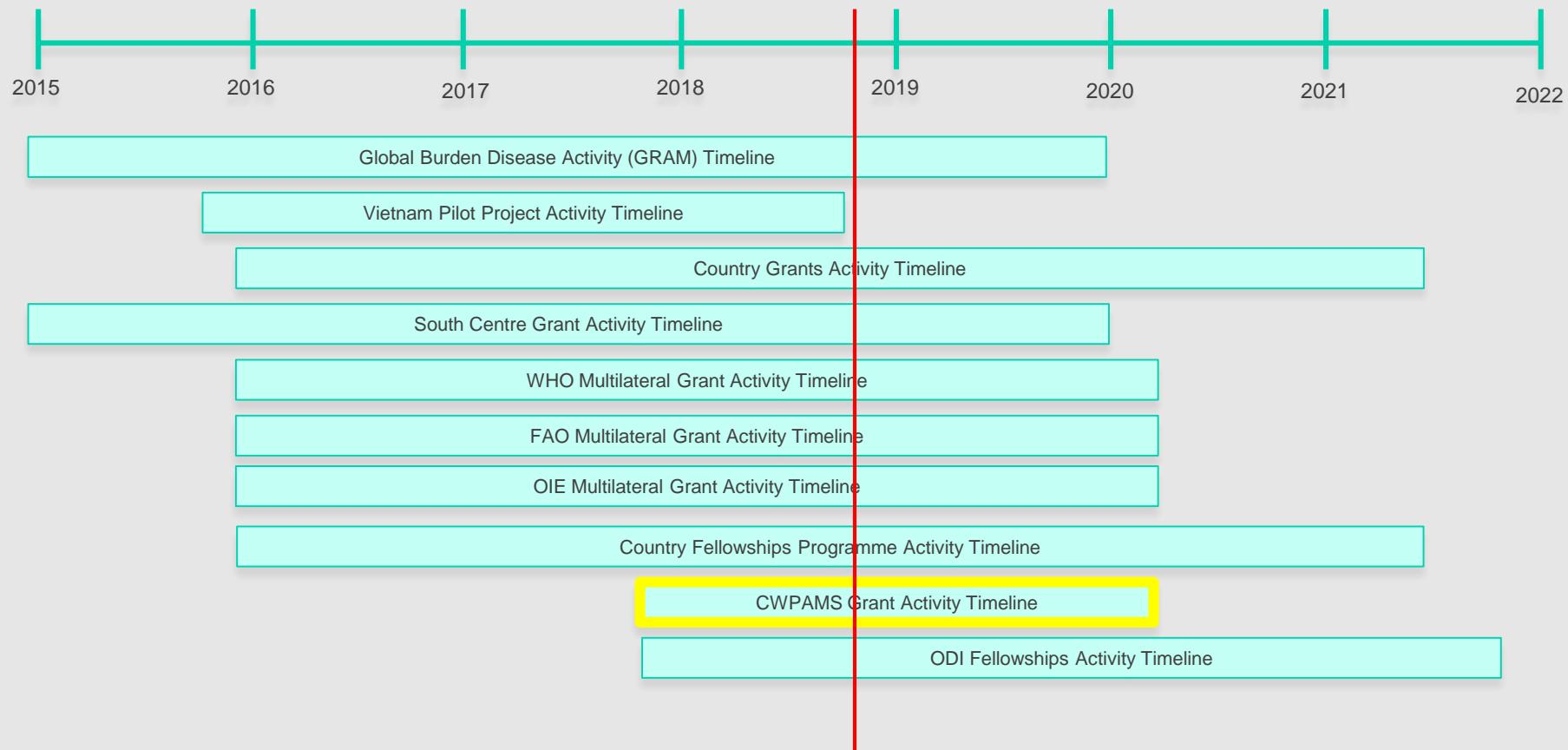
FIND | £1 million

ODI Fellowships | £1.5 million

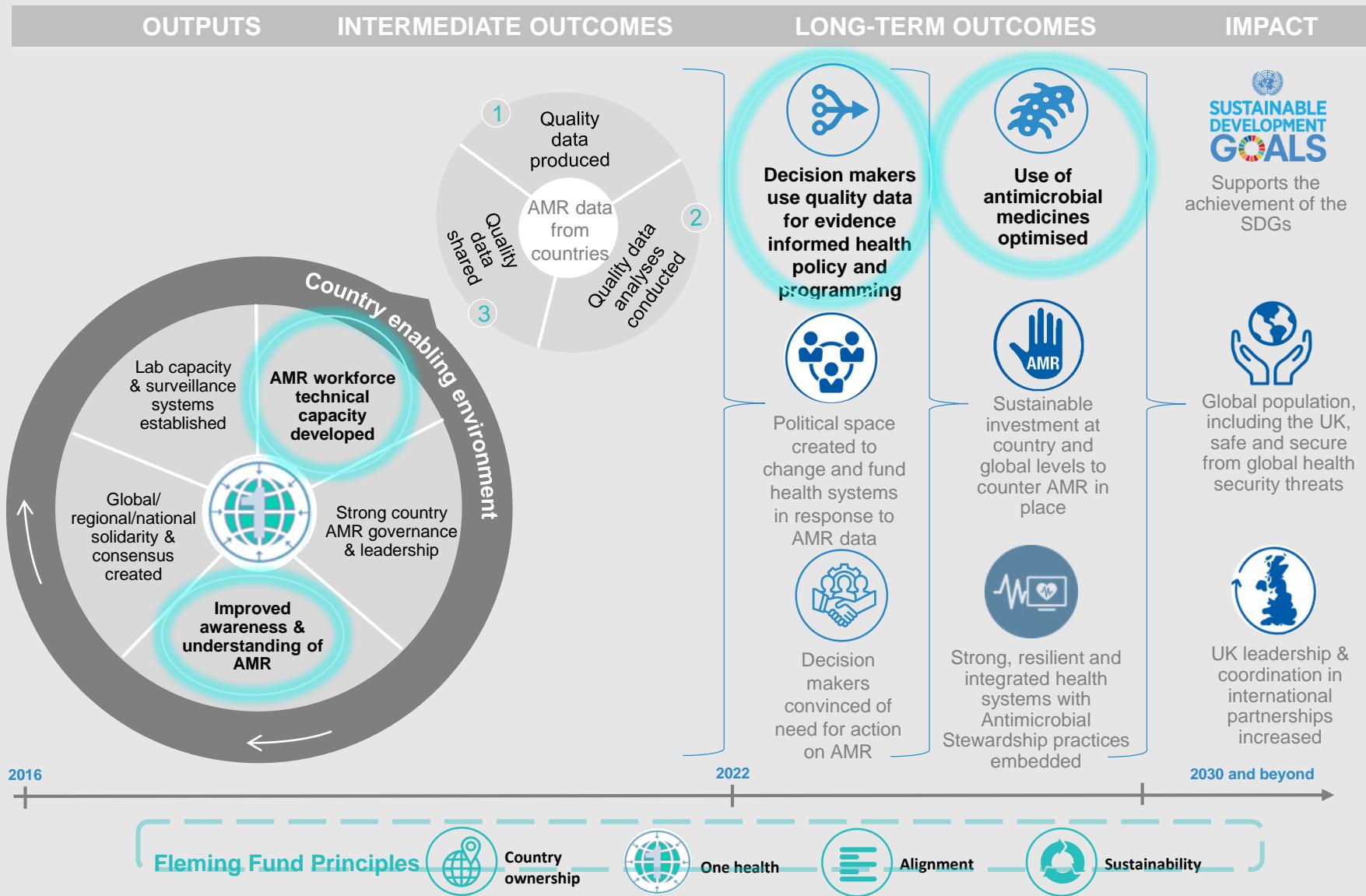
South Centre | £1 million

GRAM | £6.2 million

Fleming Fund Timeline



Fleming Fund Theory Of Change





Commonwealth Partnerships for Antimicrobial Stewardship

The scheme funds health partnerships – existing or new – between the UK's NHS Trusts and hospitals and health institutions in Ghana, Tanzania, Uganda and Zambia. These partnerships will undertake projects of up to 15 months that aim to improve antimicrobial stewardship practices.

Focus Area Improving data use A small icon of a bar chart with three bars of increasing height, representing data analysis or improvement.

Total Budget £1.3 million

Timeframe Sep 2018 – Jun 2020

Location Uganda, Tanzania, Zambia and Ghana

Delivery Partner Tropical Health and Education Trust, Commonwealth Pharmacists Association



Commonwealth Partnerships for Antimicrobial Stewardship



- Norfolk and Suffolk NHS Foundation Trust - The Assemblies of God Hospital, Saboba
- UK Faculty of Public Health - Ghana Public Health Association
- North Middlesex University Hospital NHS Trust, London - Korle-Bu Teaching Hospital
- University College London Hospitals NHS Foundation Trust - University of Health and Allied Sciences
- Healthcare Improvement Scotland - Ghana Police Hospital and Keta Municipal Hospital



- Northumbria Healthcare NHS Foundation Trust - Kilimanjaro Christian Medical Centre

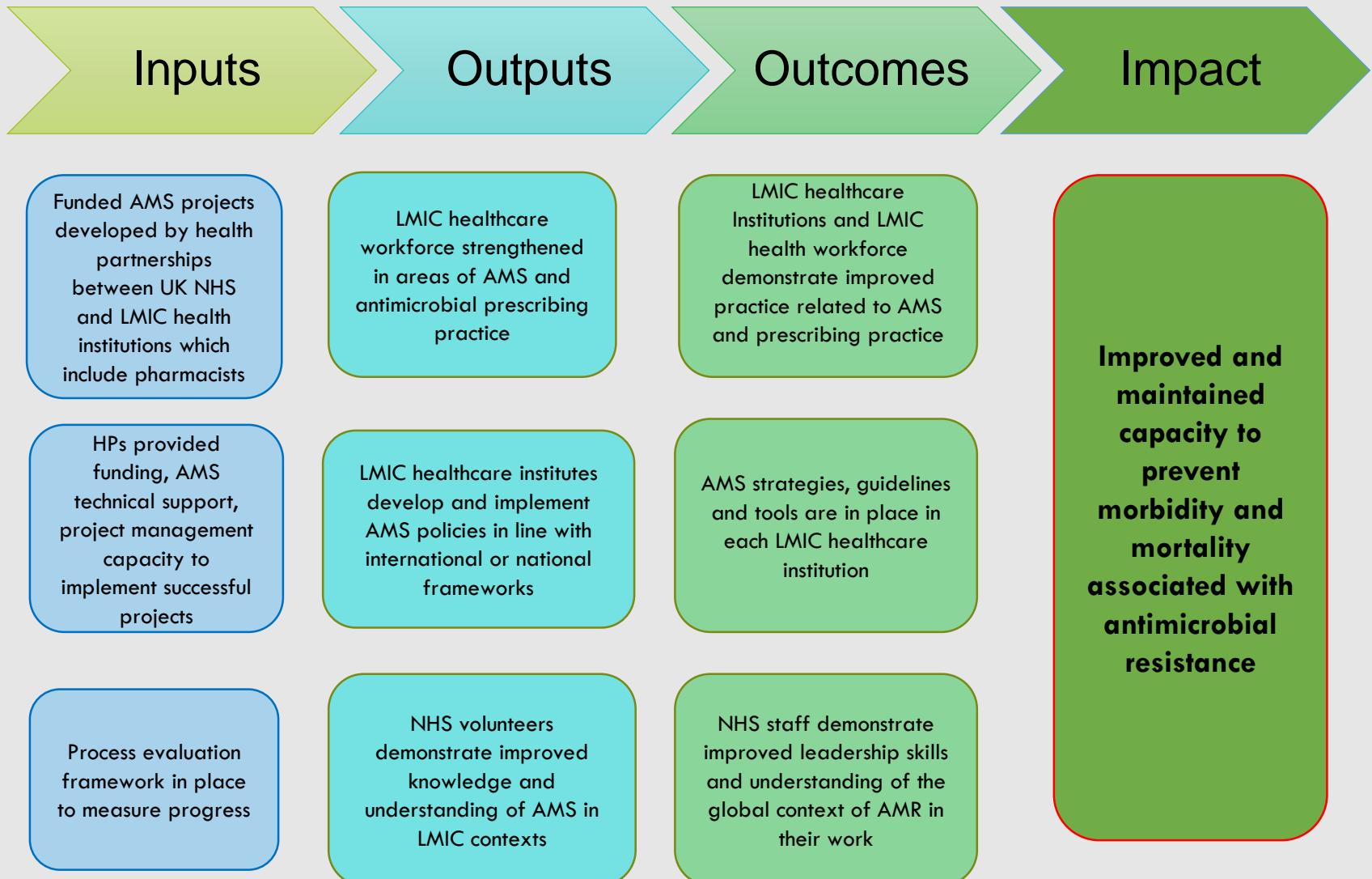


- Nottingham Trent University - Makerere University School of Public Health
- London School of Hygiene and Tropical Medicine - Makerere University College of Health Sciences and Infectious Diseases Research Collaboration
- The University of Manchester - Gulu Regional Referral Hospital
- University of Salford - Pharmaceutical Society of Uganda
- Cambridge University Hospitals NHS Foundation Trust - Makerere University and Mulago National Referral and Teaching Hospital

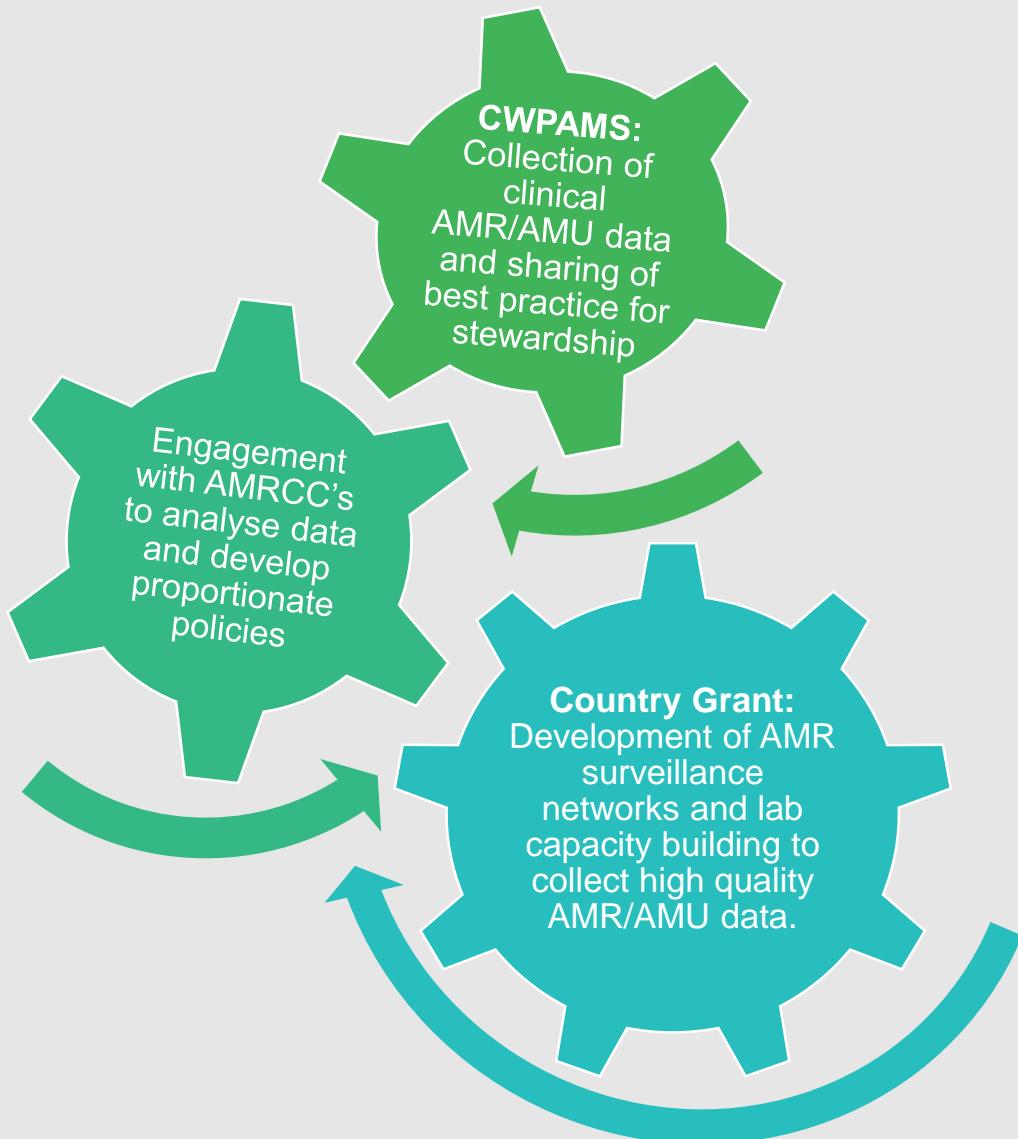


- University of Sussex; Brighton and Sussex Medical School - University Teaching Hospital

Commonwealth Partnerships for AMS - Theory of Change



How do partnerships support the Fleming Fund?



- Collecting more AMR/AMU data at hospital level, bolstering evidence quality and quantity
- Embeds AMR knowledge and leadership in country to ensure sustainable practice.
- Supports the translation of data to stewardship practice and policy



Professional Fellowships

Scientists, researchers and clinicians are paired with world class academic and research institutions for 18-24 months of training and mentoring in AMR. Professional fellows conduct collaborative projects and contribute to an evidence to encourage AMR policy changes.

Focus Area AMR Surveillance

Total Budget Up to £10 million

Timeframe Jan 2016 – Oct 2021

Location Across 24 priority countries

Delivery Partner Mott MacDonald



International Reference Centre for AMR in Animal Health & Agriculture

The goal is to ensure countries have access to draw-down services for world class technical assistance, training and quality assurance in animal health, agriculture and aquaculture to support the building of AMR surveillance across all sectors.

Focus Area AMR Surveillance

Total Budget £1 million

Timeframe Jan 2019 – Dec 2020

Location Available globally, currently in; Nigeria, Bangladesh, Laos, Vietnam and Ghana

Delivery Partner UK DEFRA Agencies

Health Research Partnerships

- *Equitable research partnerships between LMIC and UK researchers to generate new research knowledge*
- *Funding amounts vary for each programme, more details can be found at the links below*

Health Systems

Calls are now open for the Global Health Policy & Systems Research (HPSR) Programme.

<https://www.nihr.ac.uk/documents/nihr-global-health-systems-and-policy-research-guidance/20565>

Multimorbidity

The new NIHR RIGHT (Research and Innovation for Global Health Transformation) call on Multimorbidity will open 9 Oct.

<https://www.nihr.ac.uk/explore-nihr/funding-programmes/global-health.htm>



Department
of Health &
Social Care

GET IN TOUCH

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FlemingFund@dh.gsi.gov.uk

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Lauren.Sweeney@dhsc.gov.uk

Visit www.flemingfund.org for more information.



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RESPONSIBILITY | KEYNOTE ADDRESS

Vicky Opia, Senior Palliative Care Nurse and Executive Director, Peace Hospice Adjumani, Uganda

@THETlinks #THETConf

Nurses play key role in Leaving No One Behind



Opia Vicky

Nurse leader/ Palliative Nurse specialist/District palliative focal person-Uganda

Introduction

Throughout history, Nurses have played a key role in interacting with patients with critical roles in prevention education, treatment and recovery; yet this is not always recognized



Introduction cont.

- ▶ Palliative care nurse leadership is about influence and making changes within health care system.



THE UNIVERSITY of EDINBURGH
Global Health Academy



Fellowship Programme

Taught module (5 days Aug 15)

Work based learning and implementation of action plans

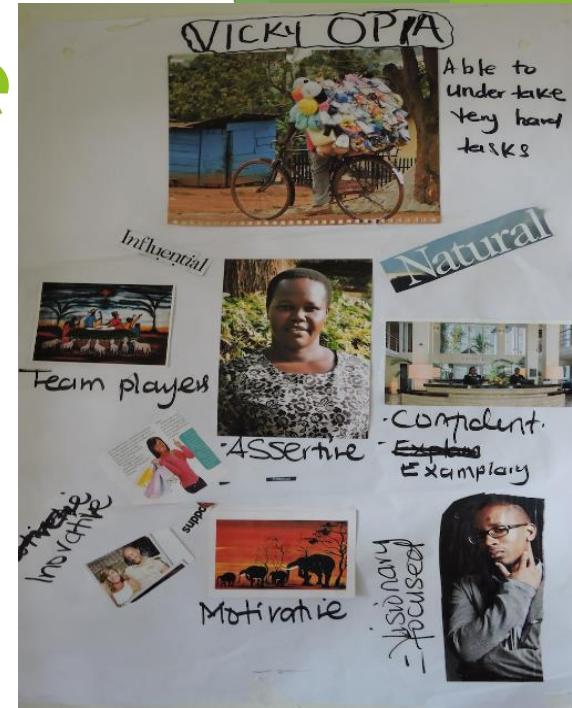
Taught module (5 days Jan 16)

Work based learning and National Level Projects

Update Day (1 day Aug 16 and APCA conference)

Work based learning and National Level Projects

Taught module (5 days Jan 17)



Map of Uganda: Adjumani district



- ▶ >1 Million refugees from South Sudan and Congo in Uganda
- ▶ Adjumani District, Uganda
- ▶ 240,000 host community and 260,000 refugees
- ▶ Adjumani District hosted refugees for over 50 years, primarily from South Sudan .
- ▶ Adjumani is bordered by Moyo - West, South Sudan -North, Arua and Yumbe West, River Nile and Amuru - South and East.

The vulnerable community



- ▶ It takes the nurses to lead the way in ‘leaving no one behind’

some you can lean on



Strengthening partnership



- ▶ MOH -Uganda
- ▶ ADLCG
- ▶ Cairdeas IPCT
- ▶ PcERC / MMPCU
- ▶ Peace Hospice Adjumani
- ▶ University of Edinburgh GHA
- ▶ ICPCN

Achievements



Achievements; training

Including Host Communities

- ▶ 20 healthcare workers trained in PC
 - ▶ 6 in Health Centres
 - ▶ 14 in Adjumani Hospital
 - ▶ 5 day HCW training
- ▶ Investment in local healthcare workers to obtain PC qualifications including:
 - ▶ BSc (x1 completed x1 underway)
 - ▶ Diplomas (x1 completed , x1 underway plus x1 PG Dip)
 - ▶ Fellowship in PC Leadership x2



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Global Health Academy



Achievements; training

- ▶ Aim:
 - ▶ to address training & capacity needs within refugee settlements by developing palliative care education pathways for Health Care Workers (HCW) who work in health centres serving refugee settlements, Village Health Teams (VHT) and Family Caregivers (FC).
- ▶ Process:
 - ▶ 15 health centres all within refugee settlements
 - ▶ 2 HCW per HC selected by DHO and MTI
 - ▶ 75 VHTs selected by focal person for VHTs
 - ▶ 150 caregivers selected by RWC and VHTs



Training: VHTs and family caregivers

- ▶ *'I have since been reflecting of how my mother after being diagnosed with cancer of cervix would cry due to pain, ohwe always cry too because I had no one to refer to?'*
- ▶ *'This training has come at the right time'*
- ▶ *'I come from a tribe where people with chronic illness are nothing. I will take it on myself to see that these people are given value and not seen as a burden.'*
- ▶ *'From this day on I will apologise to my father for not being a good caregiver and I will do my best in taking care of him'*



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Training of HCWs



► . I chose to go for training. I have desire to help when I see people suffering and they are not being helped... [the training] added more knowledge in me to help others. It modelled my character and now my behavior is quite different from before I had the knowledge.'



HCW Training Impact

'I am now a link nurse in committee and hospital... By the time I got the knowledge I am helping under medical and palliative care including spiritual and social. I am helping as a humanitarian person before but with no training, but now I have the real training I can really help people...'

Please give me further training and then I promise I will take these skills back to Nimule one day and make a difference in my country. I will bring palliative care to South Sudan.'



Conducting research

- ▶ Integrating palliative care in a South Sudanese refugee setting in Adjumani district
 - ▶ Rapid Participatory Appraisal; 69 interviews
 - ▶ Training interventions
 - ▶ Household survey of chronic disease and palliative care needs Adjumani district, Uganda



Conclusions

- ▶ I am not only a palliative care specialist, but an advocate, researcher, presenter, trainer, mentor, a coach, multi skilled person which make me feel ‘I am an international figure’
‘what amazing gift’





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Partnership responses to ensuring quality UHC

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INNOVATION | KEYNOTE ADDRESS

Lord Nigel Crisp, Co-Chair, APPG - Global Health and THET Patron

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A photograph showing a group of women from a Maasai community in Kenya. They are wearing traditional Maasai beaded necklaces and shukas (wrap-around cloths). One woman in the foreground is smiling and holding a clear plastic cup in her right hand and a single pink tablet in her left hand. The background shows a dry, open landscape under a cloudy sky.

Innovation in global health

THET Annual Conference
27th September 2019
Nigel Crisp

An unfair exchange

- Richer countries import health workers and export ideas and ideologies about health (whether they work or not)

What if it were the other way round?

- Richer countries exported health workers and imported ideas and experience from other countries

Turning the World Upside Down

- Community, family and women
- Health, education and work
- Social and business enterprises
- Public health and clinical medicine
- Train for the job not the profession

Interdependence

- Global epidemics of new and resurgent infectious disease
- Non-communicable diseases, prevention and promotion
- Demand for Universal Health Coverage and the right to health
- Climate change and environmental degradation

Health innovation platform

- Fellows:
 - Triage tool for children in Cambodia
 - Point of care tests in community HIV services
 - Hernia mesh transfer to the UK
 - MedNav guidance system
- Tool kit



A Report by the All-Party Parliamentary Group on Global Health
Researched by Nadeem Hasan, Sarah Curran, Arnoupe Jhass,
Shoba Poduval and Helena Legido-Quigley

appg

The UK's Contribution to Health Globally

Benefiting the country and the world

Summary

UK-Med
BBC Media Action
BHF Imperial BMJ Glasgow
Wellcome DH IHP CIFF IDS
LSTM Plan UK Oxfam Cochrane
Royal Colleges ODI NIHR
IHG IHG Royal Free Hospital MRC Cambridge
VSO GMC Smith & Nephew NHS Lancet DFID
HEE GMC Christian Aid NICE Islamic Relief Sightsavers DEC
GSK Moorfields LSHTM
HEE HEE CRU UK UCL GMC AfGH PHE
DFID HET CRU UK MHRA IHG Nature HEE King's DEC
Edinburgh HES GOSH BMA George institute
King's HS THE Save the Children Nature
ODI LSE NHs UCL Mott McDonald Comic Relief ODI
Chatham House SV Life Sciences
Manchester HIG Healthcare UK
DH AstraZeneca PHE
CRU UK IHG

The UK contribution update

Changes in 5 years

- research investment, global links, AI, mental health, nursing
- Geo-political changes
- Brexit
- Climate change

Draft recommendations

- UK commitment and values
- Development of UK's role
- Partnerships

The UK as the best networked country in the world

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IN CONVERSATION WITH...

- Professor Sir Eldryd Parry, Founder, THET
- Mr Andy Leather, Centre Director, King's Centre for Global Health

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CONFERENCE REFLECTIONS

- Hugh Risebrow, Managing Director, Latchmore Associates
- Dr Titilola Banjoko, Managing Director, NHS
- Dr Gill Richardson, Assistant Director of Policy, Research and International Development, Public Health Wales
- Dr Matt Harris, Clinical Senior Lecturer in Public Health, Imperial College London

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