Transforming global health
Partnership responses to ensuring quality UHC

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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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

**AMR impact on sustainable development goals**

1. **No Poverty**
   - AMR strikes hardest on the Poor-treatment of resistant infections is more expensive

2. **Zero Hunger**
   - Untreatable infections in animals threatens sustainable food production for our growing population.

3. **Good Health and Well-Being**
   - Antimicrobials are fundamental components of all health systems

4. **Clean Water and Sanitation**
   - Antibiotic residues from hospitals, Pharma companies and agriculture contaminates water

5. **Decent Work and Economic Growth**
   - Cost of AMR is predicted to be US $100 trillion by 2050

6. **Partnerships for the Goals**
   - All of which require multi-stakeholder partnership

Source: WHO

6 | NHS England and NHS Improvement
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.
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?

Select Committee reports 22 October 2018

NHS Long Term Plan published 7 January 2019

5-year AMR national action plan published 24 January 2019

“… 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

Tackling antimicrobial resistance 2019–2024

The UK’s five-year national action plan

Published 24 January 2019
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.
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

- 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

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)

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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• Created in 1943, establishing our business values

• Drives deep commitment to ethical principles

• Hierarchy of Responsibilities
  – Patients
  – Health Care Professionals
  – Employees
  – Communities
  – Stockholders
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. When we operate according to these principles, the stockholders should realize a fair return.
Tackling Antimicrobial Resistance for Global Good
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 practice\(^1\).

**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

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

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

IMPROVING AWARENESS AND GLOBAL DATA USE
...through improving in-country health economics, health policy, clinical practice and civil engagement

85%

10%

5%
**STRENGTHENING NATIONAL SURVEILLANCE SYSTEMS**

Laboratory and surveillance strengthening and technical capacity development

MOTT MACDONALD up to £233 million
- Fellowship Schemes
- Country Grants
- Itad | £2.8 million
- OUCRU | £2 million
- International Reference Centre for AMR in Animal Health and Agriculture | £1 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
- FIND | £1 million
- South Centre | £1 million
- World Health Organization | £4 million
- ODI Fellowships | £1.5 million
- GRAM | £6.2 million
Fleming Fund Theory Of Change

<table>
<thead>
<tr>
<th>OUTPUTS</th>
<th>INTERMEDIATE OUTCOMES</th>
<th>LONG-TERM OUTCOMES</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quality data produced</td>
<td>AMR data from countries</td>
<td>Decision makers use quality data for evidence informed health policy and programming</td>
</tr>
<tr>
<td></td>
<td>Quality data shared</td>
<td></td>
<td>Use of antimicrobial medicines optimised</td>
</tr>
<tr>
<td></td>
<td>Quality data conducted</td>
<td></td>
<td>Supports the achievement of the SDGs</td>
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Global population, including the UK, safe and secure from global health security threats

UK leadership & coordination in international partnerships increased

AMR data from countries

Lab capacity & surveillance systems established

Global/ regional/national solidarity & consensus created

AMR workforce technical capacity developed

Strong country AMR governance & leadership

Improved awareness & understanding of AMR

Political space created to change and fund health systems in response to AMR data

Decision makers convinced of need for action on AMR

Strong, resilient and integrated health systems with Antimicrobial Stewardship practices embedded

Fleming Fund Principles

Country ownership

One health

Alignment

Sustainability

2016

2022

2030 and beyond
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

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

**Inputs**
- Funded AMS projects developed by health partnerships between UK NHS and LMIC health institutions which include pharmacists
- HPs provided funding, AMS technical support, project management capacity to implement successful projects
- Process evaluation framework in place to measure progress

**Outputs**
- LMIC healthcare workforce strengthened in areas of AMS and antimicrobial prescribing practice
- LMIC healthcare institutes develop and implement AMS policies in line with international or national frameworks
- NHS volunteers demonstrate improved knowledge and understanding of AMS in LMIC contexts

**Outcomes**
- LMIC healthcare Institutions and LMIC health workforce demonstrate improved practice related to AMS and prescribing practice
- AMS strategies, guidelines and tools are in place in each LMIC healthcare institution
- NHS staff demonstrate improved leadership skills and understanding of the global context of AMR in their work

**Impact**
- Improved and maintained capacity to prevent morbidity and mortality associated with antimicrobial resistance
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.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>AMR Surveillance</th>
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</thead>
<tbody>
<tr>
<td>Total Budget</td>
<td>Upto £1 million</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Jan 2016 – Oct 2021</td>
</tr>
<tr>
<td>Location</td>
<td>Across 24 priority countries</td>
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<tr>
<td>Delivery Partner</td>
<td>Mott MacDonald</td>
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</table>

**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.

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<tr>
<td>Total Budget</td>
<td>£1 million</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Jan 2019 – Dec 2020</td>
</tr>
<tr>
<td>Location</td>
<td>Available globally, currently in; Nigeria, Bangladesh, Laos, Vietnam and Ghana</td>
</tr>
<tr>
<td>Delivery Partner</td>
<td>UK DEFRA Agencies</td>
</tr>
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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
GET IN TOUCH

For direct delivery programmes or queries contact:

**General Inquires:**
FlemingFund@dh.gsi.gov.uk

**Media Requests:** Lauren Sweeney
Lauren.Sweeney@dhsc.gov.uk

Visit [www.flemingfund.org](http://www.flemingfund.org) for more information.
RESPONSIBILITY | KEYNOTE ADDRESS

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

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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
Palliative care nurse leadership is about influence and making changes within health care system.
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)
> 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
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, oh .... we 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’
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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INNOVATION | KEYNOTE ADDRESS

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

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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
The UK’s Contribution to Health Globally
Benefiting the country and the world

Summary
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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