CwPAMS Extension

Sharing & Learning Event

Thursday 30th June 2022
Welcome!
Digital Housekeeping

A few key things to keep in mind during the day:

• This is a safe space where everyone should feel comfortable to share their ideas and reflections.

• If you would like to ask a question, please do so using the Chat box on the right-hand side of your screen.

• Please stay muted whilst presentations are taking place. There will be a chance to discuss ideas in the breakout sessions.

• The PPT slides and session recording will be made available.

• Please display your name and organisation/country

• Please tweet using the hashtag #CwPAMS
Ben Simms  
Chief Executive, THET

Victoria Rutter  
Executive Director, CPA
<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-09:15am</td>
<td>Welcome &amp; overview</td>
<td>Victoria Rutter, CPA &amp; Ben Simms, THET</td>
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<tr>
<td>09:05-09:10</td>
<td>Keynote address (video)</td>
<td>Dame Sally Davies, UK Special Envoy AMR</td>
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<tr>
<td>09:15-10:50</td>
<td>Session 1: Eight country presentations</td>
<td>Fran Garraghan, CPA &amp; Jessica Fraser, THET</td>
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<tr>
<td>10:50-11:15</td>
<td>Session 2: Reflections from the Panel</td>
<td>Victoria Rutter, CPA</td>
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<td>11:15-11:30</td>
<td>Break</td>
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<td>11:30-12:10</td>
<td>Session 3: CwPAMS 2 &amp; breakout rooms</td>
<td>Ben Simms, THET; CwPAMS consultants</td>
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<tr>
<td>12:10-12:40</td>
<td>Session 4: Tools &amp; Resources; Change Exchange</td>
<td>Fran Garraghan &amp; Maxencia Nabiryo, CPA</td>
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<td>12:40-12:55</td>
<td>Session 5: Reflections</td>
<td>Ben Simms, THET</td>
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<tr>
<td>12:55-13:00</td>
<td>Session 6: Event wrap up and thank you</td>
<td>Victoria Rutter, CPA &amp; Ben Simms, THET</td>
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<td>13:00</td>
<td>Close</td>
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Objectives for the event

- **Celebrate and showcase** the work of the CwPAMS grant holders
- **Share ideas** for maintaining progress
- **Explore** how changes can be monitored and sustained at a national level
- **Capture learning** and inform approaches to successor programmes
- **Improve coordination** and alignment going forward
- **Highlight research** and the tools and resources implemented.
Mentimeter Word Cloud

What has been your highlight of the CwPAMS programme so far?

Please click on the link in the Chat box and add a word
CwPAMS 1

12 Partnerships
International and multidisciplinary

187 Volunteers in the UK

3312 Health workers trained across 4 LMIC countries

102 Volunteers in 4 LMIC countries

More than 12 Point Prevalence Survey sites

Over 14 Peer review publications already with more in the pipeline
CwPAMS Extension: Impact at a glance

1,600 health workers trained in antimicrobial stewardship (AMS) principles, antimicrobial prescribing & consumption surveillance.

655 health workers trained in infection prevention & control.

1,117 health workers trained in utilising & developing pharmacy expertise and capacity.

17 UK health institutions actively embedding returned volunteers’ skills & experience in their workplace.

255 volunteering days contributed by NHS staff.

31 guidelines & protocols rolled out in the low- and middle-income country healthcare institutions.

27 new or revised documents developed for AMS & antibiotic prescribing.
All 14 partnerships set a gender equality and social inclusion (GESI) objective

All partnerships have developed a 2-3-year AMS Action Plan

Partnerships still faced a lot of pressures and reduced capacity due to Covid-19

Evidence of influencing policy at local, regional, and national levels

Examples

Established GESI Champions

GESI considerations included in project design and implementation phases

HWs trained on GESI issues in relation to AMS in hospitals

GESI assessments took place before and after training

Overview of CwPAMS Extension
Overview of CwPAMS Extension
Country presentations
Commonwealth Partnerships for Antimicrobial Stewardship

Malawi
Commonwealth Partnerships for Antimicrobial Stewardship

The Malawi-Wales Antimicrobial Pharmacist Partnership

William Mpute, President (PHASOM)
Lead Partners

• **Pharmaceutical Society of Malawi (PHASOM)**
  - Kamuzu Central Hospital (KCH)
  - Mzuzu Central Hospital (MCH)

• **Welsh Antimicrobial Pharmacist Group (WAPG)**
  - Betsi Cadwaladr University Health Board in Wales (BCUHB)
Establishment of New Partnership

• PHASOM and WAPG agreed to develop a Health Partnership with the aim of fostering cooperation and the exchange of knowledge and skills in the areas of antimicrobial stewardship (AMS) and antimicrobial resistance (AMR).

• Volunteers from UK and Malawi worked on this project with assistance from a project manager THET and CPA In-country consultant.
Establishment of New Partnership

Volunteer Identification
- PHASOM
- WAPG

Grant Application
- PHASOM
- WAPG

Project Implementation
- Hiring of Project Manager

UK Team Visit
- Meeting with PHASOM and Project Manager to mark beginning of New Partnership
- Meeting with Lead Pharmacists and AMS Team leaders at both sites
- Meeting with Fleming Fund country grant leads Rob Krysiak & Gerald Mtegha and AMS lead Dr. Titha Dzowela.

Presentation of a Welsh lovespoon with PHASOM President William Mpute and Project Manager Aggrey Phiri

Highly commended in the Best New Partnership Category
Achievements

Contributed to the NAP Strategic Key 1 on Improving awareness and understanding of AMR through effective communication, education, and training.

Baseline Global PPS
AMS Toolkit Developed
AMS Lead Pharmacists Trained
Cascade Training by AMS Lead Pharmacists
Dissemination of Awareness Videos
Feedback Assessment

AMS Leads Trained on KPI Development
AMS Teams were met and oriented on KPI development.
AMS Toolkit Developed
Two female pharmacists and one male pharmacist in LMIC were involved in developing the toolkit.
AMS Lead Pharmacists Trained
Two female pharmacists and one male pharmacist in LMIC were trained to deliver training.

Malawi Wales Antimicrobial Pharmacy Partnership Antimicrobial Stewardship Toolkit
UK Team trained AMS Teams on KPIs

See www.Global-PPS.com

AMS GAME
120 total health workers trained in sessions conducted by lead pharmacists
Adoption of training material by Hospital AMS Committees for further training

Installation of TV Screens at MCH and KCH for dissemination of AMS Awareness Videos
Positive feedback from participants on the relevance of training

UK Team trained AMS Teams on KPIs
UKaid

Led by AMS Lead Pharmacists at both sites
Future Plans

- Dissemination of results at a National AMR Conference
- Extend the project to other referral hospitals
  - Aim: To train other pharmacists in the other major referral hospitals to increase impact
  - To allow the Global PPS comparison to be done in-country
- Get training material validated for CPD accreditation
  - Have professional bodies validate training material for participants to earn CPD points
- Meet the Chief Pharmaceutical Officer for Wales
Opportunities

• Scoping exercise for Primary Health Care Services (District Hospitals and Community Pharmacies)
• Public engagement on AMS Awareness and IPC
• The Malawi Team visiting the UK for a bi-directional learning
Challenges

• This was the first time to work together as a partnership, which meant we were doing much groundwork as well as deliver on the objectives of the project.

• Covid delayed the travel and eventually the rest of the activities hence unable to do post training follow up assessment and repeat Global PPS

• Restructuring of AMS Teams at both sites affected development of KPIs
1 Charlotte Makanga, Consultant Antimicrobial Pharmacist; 2 Hope Chadwala, Hospital Pharmacist; 3 Violet Phiri, Hospital Pharmacist; 5 Hanna Kumwenda, Research Pharmacist; 4 Nelson Nyoloka, Lecturer; 8 William Mpute, President, PHASOM; 6 Charlotte Richards, Antimicrobial Pharmacist, SBUHB; 7 Ceri Phillips, Consultant Antimicrobial Pharmacist, ABUHB, 8 Aggrey Phiri, Project Manager, 9 Felix Kaminyoghe, CPA In-Country Consultant, Dieckens Binali, 10 THET In-country Consultant

1. Betsi Cadwaladr University Health Board in Wales (BCUHB)
2. Kamuzu Central Hospital (KCH)
3. Mzuzu Central Hospital (MCH)
4. Kamuzu University of Health Sciences (KUHeS)
5. University of North Carolina Project (UNC Project)
6. Swansea Bay University Health Board, Wales, UK
7. Aneurin Bevan University Health Board, Wales, UK
8. Pharmaceutical Society of Malawi (PHASOM)
9. Commonwealth Pharmacist Association (CPA)
10. Tropical Health & Education Trust (THET)
Nigeria
Sharing & Learning event
NIGERIA
Thursday 30th June 2022
CwPAMS Extension
Nigeria
Advocacy and training to improve AMS practices

• Advocacy to Hospital management for protected time for AMS practice &
• Training of AMSC, AMSTs, prescribers, nurses, pharmacists led to acceptance of:
  • Policy & guidelines
  • Roles of HCWs – identified and accepted
  • AMS strategies & activities
  • Calculation of antibiotic consumption commenced
  • Uptake of lab services – being discussed, the CMD is interested
  • Improvement in pharmacy services – being discussed and planned
  • Focus on using Electronic Medical Records for AMS
Nigeria: Project Achievements

• The two advocacy visits were very helpful though we need to build on the gains
• We were able to write a 3-year national action plan which has been presented to the management
• AMS has been recognised and institutionalised in our hospital.
  • We need to continue active, in-service training so it becomes entrenched
• Got positive feedback through interactions at the national stakeholders meeting
• Reported to NCDC so it can affect national policy
Nigeria: Way forward

• Future trainings to be more active and on the job in prospective with intervention and feedback and antibiotic consumption calculation
• Resistance rates to be correlated with antibiotic consumption rates (monthly)
• Implementation study of the antibiotic policy and guidelines
• Ensure use of EMR for AMS
• LUTH to become a training mentor to other institutions
• Develop LUTH as a center of excellence for AMS
THANK YOU

-761 bed
-University Teaching Hospital
-Lagos, Nigeria
Sierra Leone
Sierra Leone

Institutionalising AMS at Connaught Hospital

King’s Global Health Partnerships in Sierra Leone
Institutionalising AMS at Connaught Hospital

Two streams within the project:

1. Establishment of AMS sub-committee at Connaught to lead on AMS activities including:
   • Creation of three-year action plan
   • Awareness raising among hospital staff
   • Review of surgical prophylaxis guidelines

2. Delivery of an accredited training programme within Connaught Hospital for 10 early-career pharmacists to enable them to become AMS champions
AMS action plan

- GPPS findings highlighted high usage of antimicrobials in all areas (compared to African continent).
- Need to raise awareness about AMS & antimicrobial guidelines.
- Need to review existing guidelines with consultant involvement.
- No microbiology laboratory services - so all prescribing decisions are empirical currently. High priority for future investment.
- Need to promote better prescribing practices i.e. documentation of indication and duration / review date.
Awareness raising with the hospital
Training AMS champions

• 10 early career pharmacists
• Applied to participate
• Range of backgrounds
• Training conducted at Connaught 1 day per week (20 days total)
• Blended learning programme online & in-person
• Specialists from King’s, Connaught and MOHS
• Ward visits, case discussions, GPPS, community awareness raising
Impact of AMS champions

“At Connaught I was able to interact with doctors with regards to their prescriptions. Most of them were not aware of the treatment guidelines. Some are not complying. I was also able to interact with nurses with regards to miss documentation on the patient treatment record. At 34 military hospital, my (regular) workplace, I was able to conduct the first ever Global PPS involving other workers at the hospital.”
Successes

- GPPS data was entered electronically on tablets enabling quick access to hospital report and comparative data
- This is the first time that a hospital AMS committee and action plan has been set up in Sierra Leone
- Activities were aligned to strategic objectives in the national plan
- Training was highly valued by the pharmacy profession
- AMS champions were able to apply learning to variety of practice settings
Possible next steps

• Provide ongoing support for Connaught committee members to get further established
• Build on existing Connaught guidelines to develop national guidelines
• Replicate these activities in other hospitals across Sierra Leone, utilising new AMS champions where possible
• Utilise AMS champions in sharing learning with other pharmacists (CPD)
• Develop training to encompass specific needs from other pharmacy settings e.g. community / administrative
• Consider how course could be developed for other professional groups (e.g. junior doctors) or undergraduate programmes
Kakamega-Cambridge Partnership

*Learning from Cambridge team's trip to Kakamega and Kampala trip*

- The visit of the Cambridge team to Kakamega occurred between 7th March, 2022 to 11th March, 2022 in the effort to strengthen AMS activities at KCGTRH.
- The two teams:
  - Carried out an AMS Awareness workshop at MMUST involving university staff and students.
  - Agreed that an alcohol gel manufacturing facility installation at KCGTRH would help improve the IPC measures. This concept was borrowed from Kampala and was included on the 3-year AMS action plan.
Activities carried out

• Trained 35 surgical staff on AMR/AMS awareness
• Generated data on antibiotic consumption- antibiotic prevalence of 48.5% in ASW and 28.6% in PSW for the MTC
• Inaugural GPPS in April -106 patients and shared data with the MTC and AMS committees
• Trained 35 ToTs who are champions in their respective departments at the surgical wards, and enrolled them on the CwPAMS CPD platform
• Held an AMS Game tournament at the hospital and plan to have them Quarterly
• Outcome: the activities have helped in strengthening AMS programs at KCGTRH
Gaps identified

• Lack of dedicated staff on AMS
• Poor or lack of diagnostic equipment
• No budget for AMS
• Poor IPC measures
Strengths

• Existing vibrant MTC, AMS and IPC committees
• Enthusiastic hospital administration
• Presence of CASIC
• Presence of NAP on AMS
• Teamwork between university and hospital
• Good will from the Kakamega County Government
Way Forward

• The project has really bolstered the efforts of MTC in strengthening the AMS activities at KCGTRH

• Installation of an alcohol gel manufacturing facility would help strengthen the IPC measures at the facility

• More awareness on AMS and AMR needed both at the facility and at the community level

• Capacity building of staff on AMR and AMS key in the strengthening of AMS activities at KCGTRH

• Working together with the Kakamega CASIC to strengthen AMS programs at both KCGTRH and county in the implementation of the NAP

• More can be found on the 3-year AMS action plan-13 activities earmarked for the future engagements
Kenya

- Inclusion of the ICCs to the Technical Working Group of the MoH
- In country sharing of similar projects being implemented
- Exchange of technical information on AMS at National and County levels
- There are several projects in Kenya
- Mobilization of human and financial resources through regular budget allocations and mainstreaming of activities
Commonwealth Partnerships for Antimicrobial Stewardship

Ghana
B02 – UHAS, Ho Teaching Hospital

• 2 members visited University College London Hospitals, UK (12th to 20th March)
• The main objective was to share and learn best practices with regards to AMS
• Areas covered included:
  • AMS and IPC in UCLH
  • Education and AMS
  • Medicines management and procedures to reducing wastage of unused antimicrobials
  • Overview of Laboratory systems
  • Role of the UK Health Security Agency (UKHSA)
• Interacted with Faculty of University College London and observed a Dragon’s Den session whereby students had short films on ways pharmacists can use technology to address some public health challenges
B02 – UHAS, Ho Teaching Hospital

• Antibiogram development

• Lab data (Jan – Dec 2021) on antimicrobial susceptibility tests were retrieved from the Hospital’s Health Information Management Systems

• The data were imported and analysed using the WHONET software

• Information on the resistance patterns has been generated and dissemination exercise ongoing
Other activities

• We are currently implementing some of the actions in our developed AMS policy document. We hope to fully implement all directives over a 3-year period.

• We have also obtained baseline information on the practices around disposal of unused/unwanted antimicrobials in Ho Teaching Hospital and currently putting our findings into a manuscript.

• We partnered with our student association to embark on an awareness campaign during World Antimicrobial Awareness Week.
LEKMA HOSPITAL CWPAMS 7 MONTH EXTENSION PROJECT

Partnership between UK faculty of Public Health, Ghana Public Health Association and LEKMA Hospital

Objective
- To strengthen Antimicrobial Stewardship through improving surveillance and building sustainable capacity and capability in LEKMA Hospital and LEKMA Polyclinic
Activities

Community Pharmacist Outreach
- 15 Pharmacies
- 48 Participants
- Training in AMR/AMS/IPC, Laboratory Surveillance

OPD Antibiotic Prescription audit
- % prescriptions with diagnosis -93.6
- & appropriate prescription- 65.45

Global Point Prevalence Survey (GPPS) for Inpatients
Training of staff on AMS/IPC
Training of staff on GESI for the first time
Activities

• Extension of project to LEKMA Polyclinic.
• Facilitated by LEKMA Hospital staff
• 90 clinical and nonclinical staff trained
• AMR/AMS/IPC/GESI Training workshop

• 3 year strategic plan developed for sustainability
• Back up /Delayed prescription undertaken in the first project is now done routinely in the hospital
• These activities contributed to LEKMA Hospital being awarded the best performing hospital in Greater Accra Region
KNUST-ULSTER AMS Project

• Partnership between University Hospital, KNUST (UHS) and Ulster University, School of Pharmacy, Coleraine-NI

• Objectives
  • Education and training of hospital staff on AMS, AMR and IPC
  • Surveillance on AMS, AMR and antimicrobial consumption
Key Stages and Project Outcomes

• Multidisciplinary AMS committee and team set up in UHS
• Three PPSs conducted over 7-month period
• AMS Ward rounds instituted
• Training seminars conducted in-person and hybrid modes on AMS, AMR and IPC
• 13-month Cumulative antibiotic susceptibility report (antibiogram) developed
• Draft guidelines on antimicrobial prescription and use developed
Brighton-Lusaka Health Link Partnership
University Teaching Hospital
Ministry of Health-Zambia
Background

• Hub & Spoke model (HSM) has been used across sectors to augment peripheral services/practices by centralizing key resources

• Our project seeks to assess the feasibility of whether use of HSM can enhance Antimicrobial Stewardship (AMS) practice improvement across public hospitals
Overall Aim

• To enhance AMS practice capacity in peri-urban hospital settings using a hub and spoke model in Zambia
Methodology

• Multi-method design

• Hub Hospital: University Teaching Hospital (UTH) – has established AMS capacity – AMS Charts

• Spoke Hospitals (Pilot sites):
  ❖ Kabwe Central Hospital (Central Province)
  ❖ Kitwe Central Teaching Hospital (Copperbelt Province)
Methods

Phase 1
Baseline antimicrobial utilisation (GPPS) and AMS practice assessment (CDC checklist) in spoke hospitals

[Month 1]

Phase 2
AMS and IPC training & team capacity building of multidisciplinary HCWs, experience sharing and mentoring visits by Hub, iterative peer learning cycles (‘Plan-Do-Study-Act’) at spoke hospitals by Hub mentors

[Month 3 to 4]

Phase 3
Monitoring and follow-up assessment of interventions in spoke hospitals

[Month 6 to 8]
Outcomes

• A catalysed self-sustaining model rolled out to develop provincial AMS hubs at Kabwe and Kitwe hospitals

• Multidisciplinary AMS teams established and operationalised in spoke hospitals

• Improved knowledge and practice of AMS and IPC in spoke hospitals (Post-test average score = 84%)
Successes: Outcomes

• Alignment of AMS priorities in spoke hospitals e.g. rational antibiotic use, adherence to guidelines, inter-professional and inter-institutional collaboration

• Handrub production units, including upskilling of staff to locally produce alcohol-based handrub for IPC

• PPS data reporting, feedback and dissemination.
Outcomes: Local Training Materials

1. Antimicrobial Stewardship Training for HealthCare Workers in Zambia
2. Standard Operating Procedure Handbook for Hand rub Production and Hand Hygiene in the Hospital
Successes : AMS Training

• Conducted AMS Training: 3 Hospitals AMS Committees
  • Chipata Central Hospital- April 2022
  • Kitwe Central Hospital –March 2022
  • Kabwe Central Hospital – February 2022

• Total Trained 42 AMS Multidisciplinary Member

• Average score **Pre-Test 74%** and **Post-Test 84%**
Successes: Outcomes

- 5 PPS reports generated: (Pre and Post PPS)
  Kitwe 2, Kabwe 2 and Chipata 1
- Presented at the Pharmaceutical Society of Zambia Scientific Conference – June, 2022
- Successful stakeholders’ engagement and meeting
Antimicrobial Drug Chart Developed

<table>
<thead>
<tr>
<th>Antimicrobial Name</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
<th>Duration</th>
<th>Date</th>
<th>Pharmacist</th>
<th>Amount Dispensed</th>
<th>Date of Dispense</th>
<th>Amount Dispensed</th>
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</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>500mg</td>
<td>PO</td>
<td>3 times/day</td>
<td>Pneumonia</td>
<td>5 days</td>
<td>01/01</td>
<td>Smith</td>
<td>500mg</td>
<td>01/01</td>
<td>500mg</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>1g</td>
<td>IV</td>
<td>1 time/day</td>
<td>Urinary Tract Infection</td>
<td>7 days</td>
<td>01/02</td>
<td>Johnson</td>
<td>1g</td>
<td>01/02</td>
<td>1g</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>80mg</td>
<td>IV</td>
<td>1 time/day</td>
<td>Bacteremia</td>
<td>7 days</td>
<td>01/03</td>
<td>Williams</td>
<td>80mg</td>
<td>01/03</td>
<td>80mg</td>
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</table>

*Recommended duration of definitive antibiotic therapy.*

- 2-4 doses: *Staphylococcus aureus, Hemolytic Strep, Minor Upper Respiratory Track Infections*
- 3 days: *Uncomplicated UI (OUI/UI), gonorrhea*
- 5-7 days (or 3 doses after normalization of fever): *Community-acquired pneumonia, acute otitis media, meningitis, meningococcal meningitis, endocarditis, Gram-negative bacteremia with source control, intra-abdominal infection with source control*
- 3-14 days *Prophylaxis for endocarditis, Gram-negative meningitis, meningococcal meningitis, endocarditis, Gram-negative bacteremia with source control*
- 5-10 days *Prophylaxis for endocarditis, Gram-negative meningitis, meningococcal meningitis, endocarditis, Gram-negative bacteremia with source control*
Successes: Modified AMS Charts

• Pilot of Modified Antibiotic Prescription Chart at UTH
  • Orientation training conducted: 20 Prescribers, 35 Nurses, and 20 Pharmacists
  • Rolled out the charts for use in 10+ medical wards at UTH – Still Piloting
  • Kitwe Hospital started piloting the Prescription Chart in 2 wards - Ongoing
Challenges

- Behaviour Change
- Time of Implementation
- Staff movements
- COVID-19 Restrictions
Project Title: Developing Reliable Systems and Practices for Antimicrobial Stewardship in a Hospital Setting in Eastern Province, Zambia.

NHS Highland (UK) - Chipata Central Hospital (Zambia)
Healthy Partnership

#CwPAMS
Overall Aim

- To reduce antimicrobial resistance and promote infection prevention and control practices in the hospital
  - Improved knowledge, attitudes and behaviour around the use of antibiotics
  - Improved knowledge, attitudes and behaviour around infection prevention and control
- Development and implementation of local antimicrobial policies
- Implementation of point prevalence survey
Methodology

- Strengthening of the multidisciplinary AMS committee
- Training of committee members in AMS program.
- Training of committee members in IPC
- Training of caregivers on the wards in IPC
- Conducted PPS
- Adaptation of the antimicrobial prescription chart
- Conducted monthly committee meeting
Outcomes

- Trained 18 members of the Antimicrobial Stewardship Committee in AMS/PPS
- Trained 32 members of staff in AMS
- Successfully conducted GPPS, yet to disseminate the results
- Trained 70 in-patients/care givers in 8 wards in Infection Prevention and Control.
- AMS Action plan developed
STAFF TRAINED ACCORDING TO PROFESSION

- Dental Surgeon: 2
- Dental therapist: 1
- Environmental Health Officer: 2
- Health Information Officer: 2
- IPC Nurse: 1
- Medical Officer: 17
- Laboratory: 3
- Pharmacist: 3
- Registered Nurse: 19

Profession
GENDER SEGREGATION

<table>
<thead>
<tr>
<th>Gender</th>
<th>Health Workers (AMS Training)</th>
<th>IPD Care Givers (Infection Prevention Training)</th>
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<tbody>
<tr>
<td>Females</td>
<td>27</td>
<td>55</td>
</tr>
<tr>
<td>Males</td>
<td>23</td>
<td>15</td>
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PICTURES OF AMS TRAINING FOR STAFF DURING GROUP DISCUSSION
INPATIENT TRAINING TO CARE GIVERS IN INFECTION PREVENTION
successes:

- An antimicrobial prescription chart successfully adapted from the UTH, now at implementation stage
- Conducted a hospital clinical meeting on AMS
- Development of local antimicrobial policies underway
- AMS committee active – monthly review meetings
- AMS activities incorporated into the mainstream hospital activities with a budget.
Successes : Trainings

- Participants showed an improvement in their level of knowledge.
- AMS Committee average score Pre-test 76.8% and Post-test 85.3%
- Additional staff members average Pre-test 71.2% and Post-test 82.9%
- Patients demonstrated improved knowledge in behaviors that reduce infection risks as seen in the pre and post verbal assessment.
PPS Report Highlights

- All the antimicrobials were prescribed empirically
- Most files had no duration indicated for antimicrobials and stop date/review
- Most prescribers not compliant to national standard treatment guidelines
- Patients drug history not clearly captured
- No guidelines for surgical prophylaxis
Challenges

- Implementation of program activities delayed due to technical challenges
- Inadequate laboratory support leading to empiric antimicrobial prescription
Commonwealth Partnerships for Antimicrobial Stewardship

Tanzania
Tanzania

AMS Network

• We have established five partners who will be the AMS champions at their respective hospitals across Tanzania
• Each partner lead is an ambassador of AMS within their organisation, championing developments in AMS
• This is a wonderful development for our health partnership overall too as it has created mutually beneficial links between us all.

GPPS / GPPS Training

• GPPS was successfully carried out in five hospitals (KCMC, MUHAS, DRRH, MRRH and MZRH) in Tanzania. Of these, four hospitals were doing the GPPS for the time.
• A total of 76 HCP were trained to conduct the GPPS among them 31 (41%) were female and this brought a huge enthusiasm from healthcare professionals involved in each organisation
### Key activities collectively done

<table>
<thead>
<tr>
<th>Key Activity</th>
<th>Results/Outcome</th>
<th>Challenges</th>
<th>Next Step</th>
</tr>
</thead>
</table>
| GPPS training | Empirical prescribing Polypharmacy  
                            Start date and end date not indicated e.g. a patient was given Meropenem inj. up to 21 days | Allocated funding and time was not enough to conduct the survey in more wards | Share the findings in the conferences at the hospitals  
Develop teaching materials for AMS and rational prescribing  
Promote induction training |
| Prescription audit | Not analysed yet | We need to solicit funding for ethical approval | Develop an excel sheet for data entry for analysis  
Develop a proposal for ethical approval to enable us to publish the data |
| Developed the teach the teaches resources | 100% developed | Could not pilot the resources as funding and time was limited | Solicit funding to pilot the materials |
| Development of Clinical Pharmacy SOP and clinical pharmacy checklist | 100% developed | Piloting of the SOP could not be done due to time limit | Request extension of the grant if funds are available |
| AMS explainer video | Translated to native Swahili language | Dissemination was not done due to time limit | Present the AMS video in the clinical conference and clinical wards |
| Developed fliers on AMS for the community, doctors and Pharmacists | Completed and in the printing stage | Late submission of funding | Will be disseminated to the respective health facilities |
Key outcomes and reflections

- Trained 76 HCP on how to conduct GPPS
- Conducted GPPS at the 5 health facilities
- Teach the teacher resources was developed for AMS training
- Translated the AMS video to our native language
- Check list for prescription audit was developed
- Prescription audit conducted at 4 health facilities
- Designed and printed fliers and posters
Contributions to NAP

- The CWPAMs grant has contributed to the following:
  - Increased the number of health care facilities conducting GPPS
  - Awareness of AMS among the trained HCW in the 5 facilities
  - Training in GPPS
Key national achievements

• Presented the work of the CwPAMS grant contributing to the Tanzania NAP at the National AMR stake holders meeting held in Dar es Salaam 24th -25th February 2022

• Presented the work of the CwPAMS grant contributing to the Tanzania NAP at the AMS-TWG on Dar es Salaam 28th February 2022

• CwPAMS has contributed to the Tanzania NAP on the Quantity (Antibiotics use and Antibiotics consumption), and Quality (Antibiotic prescription audit data) in the five health facilities.
Key national achievements cont...

• Feedback from national AMS-TWG members held on 20th June 2022
  
i. The Ministry of Health of Tanzania and members of TWG were impressed by the work done by this group and promised to work very closely with this group to ensure that all developed work are incorporated into NAP and disseminated to all health facilities
  
ii. Members of TWG applauded the team for accomplishing a significant numbers of work within a short time
  
iii. Members of TWG suggested that prescription audit and PPS need to be undertaken to other health facilities within the country
  
iv. Members of TWG applauded the group for thinking outside the box and prepared AMS message which is very short and clear and for three groups (dispensers, prescribers and patients/end users)
  
v. The developed fliers will be adopted nationally and need to go viral all over the country
  
vi. Members of TWG had a view that the prepared AMS message need to be transformed into a video clip, to be sent to national radio and TVs
Ideas of how to build on this work for future work

- Solicit funding for piloting the teach of teachers resources
- Develop a proposal and sought for ethical approval to publish the prescription audit
- AMS consortium and apply funding from other sources. E.g. EDCTP
Future prospects

• Institutionalize local /hospital driven AMS within the 5 health care facilities through surveillance(AMU/AMC) vs Research project driven AMS

• Institutionalize appropriate antibiotic prescribing at the 5 health facilities

• Enhanced knowledge of AMR (in the hospitals and community amongst relevant HCWs)

• Clinical pharmacy to be enhanced and ensure there is a AMS champion
Uganda
Uganda

Grant holders

• Makerere University Department of Obstetrics and Gynaecology / Cambridge University Hospitals (CUH)
• Makerere University Health Services / Buckinghamshire Healthcare NHS Trust
• Infectious Disease Research Collaboration / London School of Hygiene and Tropical Medicine
• Makerere University School of Public Health / Nottingham Trent University
Achievements and highlights-1

Infection Prevention and Control

IPC was an action points for all the four partnerships. IPC activities conducted included:

• Alcohol base hand sanitizer production onsite and introduction of fixed manual alcohol dispensers on wards.
  • Improved HH compliance.
  • There is notable institutional change in procurement as now alcohol is given priority among the items to purchase.
• IPC committee; staff trained in IPC
• IPC online training videos developed and cascaded. Follow-up and feedback ongoing.
• Improved waste management
Achievements and highlights-2

Anti microbial Stewardship (AMS)

For all the four partnerships, MTCs were revamped and the AMS subcommittee created

- Staff trained; Facility administration buy-in with representation in training and pharmacist seconded to join hospital top management.
- AMS subcommittee formed.→ drafts of AMS action plan, TORs
- Drafts of clinician prescribing guidelines developed for one partnership.
- AMU/C quarterly audits conducted and findings shared
Achievements and highlights-3

Anti-microbial stewardship (AMS)

• University students were included as part of the MTC both in preparation and delivery of training and for WAAW patient education

• For one partnership, there was engagement with the pharmacy team to develop drug charts ongoing
Achievements and highlights-4

Point Prevalence surveys (PPS)
• GPPS was carried out in all four of the partnerships.
• For one partnership, in patient capacity was low and opted for the OPD antimicrobial use assessment tool developed for data collection to provide comprehensive baseline on conditions and prescribing habits.
# Antimicrobial use prevalence rates (%) REGIONAL REFERRAL HOSPITAL

<table>
<thead>
<tr>
<th>Department Type</th>
<th>Admitted patients (n)</th>
<th>Treated patients (n)</th>
<th>Antimicrobial use prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult wards</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Medical Wards</td>
<td>52</td>
<td>25</td>
<td>48.1</td>
</tr>
<tr>
<td>Adult Surgical Wards</td>
<td>36</td>
<td>28</td>
<td>77.8</td>
</tr>
<tr>
<td><strong>Total adult wards</strong></td>
<td>88</td>
<td>53</td>
<td>60.2</td>
</tr>
<tr>
<td><strong>Paediatric wards</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>7</td>
<td>7</td>
<td>100.0</td>
</tr>
<tr>
<td>Paediatric medical ward</td>
<td>5</td>
<td>3</td>
<td>60.0</td>
</tr>
<tr>
<td>Paediatric surgical ward</td>
<td>2</td>
<td>2</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total paediatric wards</strong></td>
<td>14</td>
<td>12</td>
<td>85.7</td>
</tr>
<tr>
<td><strong>Overall prevalence</strong></td>
<td><strong>102</strong></td>
<td><strong>65</strong></td>
<td><strong>63.7</strong></td>
</tr>
</tbody>
</table>
Overall use of systemic antibiotics at a REGIONAL REFERRAL

Proportional use (ATC level 4)

Top 10 most used antibiotics (ATC level 5)

- Ceftriaxone 33.0%
- Metronidazole 28.2%
- Amikacin 8.7%
- Ampicillin 7.8%
- Ampicillin + Cloxacillin 6.8%
- Azithromycin 4.9%
- Flucloxacillin 2.9%
- Sulfamethoxazole and trimethoprim 2.9%
- Erythromycin 1.0%
- Sulfamerazine and trimethoprim 1.0%
## Antimicrobial use prevalence (%) – LEVEL IV & GENERAL HOSPITAL

<table>
<thead>
<tr>
<th>Department Type</th>
<th>Admitted patients (n)</th>
<th>Treated patients (n)</th>
<th>Antimicrobial use prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medical Wards</td>
<td>85</td>
<td>72</td>
<td>84.7</td>
</tr>
<tr>
<td>Adult Surgical Wards</td>
<td>36</td>
<td>23</td>
<td>63.9</td>
</tr>
<tr>
<td>Paediatric medical wards</td>
<td>69</td>
<td>69</td>
<td>100.0</td>
</tr>
<tr>
<td>Overall prevalence</td>
<td>190</td>
<td>164</td>
<td>86.3</td>
</tr>
</tbody>
</table>
Overall use of systemic antibiotics at LEVEL IV & GENERAL HOSPITAL

Proportional use (ATC level 4)

- 3rd gen. cephalosporins
- Aminoglycosides
- Imidazole derivatives
- Extended-spectrum penicillins
- Combinations of penicillins
- Beta-lactamase sensitive penicillins
- Macrolides
- Fluoroquinolones
- Nitrofuran derivatives
- Tetracyclines
- Sulfonamides+trimethoprim

Top 5 most used antibiotics (ATC level 5)

- Ceftriaxone 42.4%
- Gentamicin 21.8%
- Metronidazole 17.1%
- Ampicillin 8.9%
- Combinations of penicillins 2.7%
Community engagement

One Out of the four partnership engaged the community during which they conducted;

• Community pharmacy survey and training
  • Qualitative research among 30 community pharmacy staff
  • Preliminary findings: low knowledge on AMR / AMS in guidelines; profit making; client base and patient demands
  • Trained 52 health workers including over 30 community pharmacy staff

• Community of practice successes
  • Over 540 members
  • Invitations after project activities
  • At least weekly sharing of resources and opportunities
  • Members appreciative
Gender Equality and Social Inclusion (GESI)

GESI was considered for all the four partnerships in the following ways:

- For all the four partnerships, engagement females was top priority.
- For one partnership, GESI action plan drafted and support teams constituted.
Contribution to NAP

- **Strategic Objective 1: Promote Public Awareness** – engagement with World Antimicrobial Awareness Week, Education & Training (Train-the-trainer models) - Health Practitioners (HP), Students (from the MDT), Community Health Workers (CHW) training, Communities of Practice on AMS (targeting students and professionals)

- **Strategic Objective 2: Improve Infection Prevention and Control** – MTCs with AMS and IPC sub-committees established; HP and CHW training; handwash facilities implemented throughout rural locations in Wakiso, IPC supplies, promotional materials and tools supplied

- **Strategic Objective 3: Promote Optimal Access and Use of Antimicrobials** - HP and CHW training; hospital workshops; mentorship of lower-level facilities on AMS. Use of UCGs and Microguide App included in training

- **Strategic Objective 4: Surveillance** - Global Point Prevalence Survey (GPPS); Hospital MTCs; out-patient antimicrobial prescription auditing. Benchmarking.

- **Strategic Objective 5: Research and Innovation** - survey among community pharmacies, Fostering collaborations.
Priority Actions Moving Forward

• Follow up on MTC and AMS subcommittee work plan implementation.
• Strengthening of IPC practices within the facility.
• Build microbiology diagnostic capacity onsite. Support resources, explore larger funding required.
• HAI surveillance and developing CQI projects to reduce incidence.
• Developing facility-specific guidelines.
• Scale up
  • Health facilities
  • Human and animal health workers
  • Community pharmacies
  • Community health workers
Questions
Reflections from the Panel
Panellists

Deborah Tong
Technical Officer, Antimicrobial Stewardship and Awareness Unit
World Health Organisation

Dr Nandini Shetti
Clinical and Scientific Advisor to the Fleming Fund

Dr Yewande Alimi
AMR Program Coordinator, Africa Centres for Disease Control and Prevention
Break – 15 mins
Commonwealth Pharmacists Association Retweeted

Cambridge Global Health Partnerships @CambGHP · May 12

“I had a lovely morning, thank you for helping me be involved! I have learnt a lot and hopefully have shared some practice too!! 😊”

@CUH_NHS

#Pharmacist Emma for hosting #CwPAMS partners from #Kenya today

@THETlinks @CW_Pharmacists Asante sana! 🇰🇪🇬🇧💪
Strategy 9
Behavioural change for AMS and IPC

HOW DID YOU FIND THE TRAINING?

It was the best educational very informative mentalimeter is fun engaging
very educational deep and resourceful
- Basic principles of antibiograms and other reporting tools and their interpretation.
- Principles of surveillance of AMR and AMU and the use of surveillance data.
- Importance of reporting suspected poor quality products, therapeutic ineffectiveness, and adverse events as they may generate signals on the compromised quality of the antimicrobial products.
- Importance of proper record keeping and use of drug codes for traceability of medicines.
- Importance of AMR surveillance for characterization of resistance trends and measuring impact and burden of AMR

**Surveillance of Antimicrobial Consumption and Use**

**Global-Point Prevalence Survey (PPS) purpose**
- Monitor rates of antimicrobial prescribing and resistant bugs in the hospital
- Benchmark between hospitals, countries, regions
- Identify targets to improve quality of antimicrobial prescribing
- Identify targets to prevent intervention-related Healthcare Associated Infections (HAI)
- Help designing hospital interventions to promote prudent antimicrobial use (Antibiotic Stewardship) and improve patient health

**If You Can't Measure It, You Can't Improve It**

(William Thomson, Lord Kelvin)
World Hand Hygiene Day

Wash hands are important need

Do glance check on the following:
1. Consistment.
2. Baby's born to DM mothers.
3. MED W

Commonwealth Partnerships for Antimicrobial Stewardship
The Fleming Fund
Commonwealth Pharmacists Association
THET
UKaid
Key achievements so far

12 Partnerships
- International and multidisciplinary

187 Volunteers in the UK

3312 Health workers trained across 4 LMIC countries

102 Volunteers in 4 LMIC countries

More than 12 Point Prevalence Survey sites

Over 14 Peer review publications already with more in the pipeline
Our partner @CW_Pharmacists hosted an AMR event at #CHOGM2022.

They highlighted achievements from the #CwPAMS programme so far and called for multi-sectoral collaboration to tackle AMR.

Read more about the event over on their Twitter now!

#CPAPharm #CwPeople
Jody Winter 🖤 @WinterJody · 2d
Lovely couple of days catching up with the fabulous BHT and @NTU_MAK #CwPAMS partnership teams for our AMR mini-conference @AROM_NTU @NTUSciTech - in person at last!! And a little Nottingham sightseeing too 😊
Andrew B presenting the #CwPAMS project at the pharmacy conference in Zambia. Hub and spoke model for AMS improvement: Pilot project in Zambia.

@CW_Pharmacists @THETlinks @mohzambia @nkwoolley @UHSussex @Bambalaandrewm @BrightonLusaka @UchiziC
We have @2011YJ aka Yogini Jani sharing her AMR knowledge at #CwPAMS in Ghana this week. She recently spoke on the subject of #AntimicrobialResistance in a podcast. Find out more here: ucl.ac.uk/pharmacy/news/...
GLOBAL POINT PREVALENCE SURVEY OF ANTIMICROBIAL CONSUMPTION AND RESISTANCE (GLOBAL-PPS)

How to conduct the Global-PPS
A hospital based Point Prevalence Survey on Antimicrobial Consumption and Resistance

Global-PPS coordination and support team

https://www.global-pps.com/
Dr Darius Obeng Essah ... · 01 Oct 19
#Ghana @MoHGhana
#CwPAMs APP. A good way to start Antimicrobial Stewardship in Ghana. Am loving this app. 😍

#GhanaSAPG @Frankerr1F
@jacquisneddons

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Ghana’s Antimicrobial Prescribing Guidelines

Link to Standard Treatment Guideline for the Republic of Ghana

http://www.ghndp.org/app/stg/

Within this section you can find antimicrobial prescribing guidelines from the Standard Treatment Guidelines (STGs) for Ghana. The STGs give a comprehensive overview of treatment guidelines for common conditions includes treatment recommendations for infections within Ghana. Below is a summary of the guideline content.

Please select the relevant chapters to read more about antimicrobial treatment in each section.
Cambridge Global Health... · 18 May
New Story! In this story we hear from Dr Lindsay Olima lead Pharmacist in our Kakamega-Cambridge Partnership on Antimicrobial Stewardship. He shares his journey into pharmacy and partnership activity #CwPAMS @THETlinks @CW_Pharmacists @MMUST_Kenya buff.ly/3wlJeln
Antimicrobial Resistance (AMR) is a serious global health threat. Our CwPAMS pharmacy teams have been able to extend infection management and antimicrobial stewardship to support the COVID-19 response in the Commonwealth CommonwealthDay CPhOGHFellows
King's College Hospital... · 11 Dec 21
We're really pleased to be able to support this work #CwPAMS. Good luck to Nav as a Chief Pharmaceutical Officer's Global Health Fellow. 🌍🌞 #teamkings

Commonwealth P... · 10 Dec 21
1/ We were delighted to welcome our next Cohort of Chief Pharmaceutical Officer’s Global Health Fellows (#CPhOGHFellows) this week who will be working with our new #CwP...
Great presentation by @jeancatherine01 on the 4th domain of the WHO competency framework: diagnostic stewardship and surveillance. If you can’t measure it, you can’t improve it.

#GPPS #AMS #CwPAMS
@ClaireBrandish1 @fredkitutu
@CW_Pharmacists
Anja/CwPAMS Zambia @anja... · 6d
Entering 2nd GPPS for Kabwe. Well done @BLHL team #CwPAMS. 2nd visit and repeat GPPS completed for Kabwe and Kitwe. Auditing AMS drugchart on-going. Great achievement @THETlinks @mohzambia @nkwoolley @OkorieMike @DavidChimbi @CW_Parmacists @Bambalaandrewm @UHSussex.
AMS Toolkits

The WHO AMS Practical Toolkit outlines the standards for establishing a national and institutional AMS programme.

Collation of resources to complement guidance provided by the WHO AMS Practical Toolkit. Outlines strategies and projects that a healthcare organisation could implement as part of an AMS work plan, case examples of the CwPAMS projects and links to guidelines and resources.
Development of tools and resources

Rapid systematic evidence synthesis

CwPAMS Leadership Programme

Mid-career (5–10 years qualified)

30 Participants

12 from assistant partnerships

18 from new partnerships

With leadership potential

The CPA CPD is an educational platform

CwPAMS app

About the CwPAMS app

Ward-level essential medicines list

WHO essential medicines list

Antimicrobial stewardship

Point Prevalence Survey (PPS)

Ongoing surveillance is a core principle of an Antimicrobial Stewardship Programme. PPS are an established methodology to monitor:

1. The Global PPS (G-PPS)
2. The World Health Organization (WHO-PPS)
3. Commonwealth health partnerships have conducted at least one G-PPS and have incorporated the data into their surveillance systems.

Closing work:

Design and deliver a virtual PPS workshop/webinar
Open to CwPAMS partnerships, as well as other stakeholders looking to:

Commonwealth Partnership for Antimicrobial Stewardship

The Fleming Fund

Commonwealth Pharmacists Association

THET

UK Aid
A One Health Approach to Strengthening Antimicrobial Stewardship in Wakiso District, Uganda

David Musoke1, Frides F. Kimur2, Lawrence Magwoho3, Sina Abii1, Olivia Eseru1, Deborah Ikide4, Henry Kajobi5, Ernest Munderi6, Grace Busire Lukwago7, Florence Nyirongo8, Ben Yanir9, Sue J. Pich9, Elsa Banda Hobbs10, Jade Vituk11, and Heidi Ghooijer11

Introduction
Developing strategies to combat antimicrobial resistance (AMR) ought to take on a One Health approach to effectively control the misuse and overuse of antimicrobials. WHO defines One Health as “an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.” Our project provides a baseline for implementing antimicrobial stewardship interventions using a One Health approach at the health facility and community levels.

Project Implementation Methods
The following methods for implementation of AMS were implemented:
- Project team meetings and project planning and stakeholder engagement
- Reciprocal visits between Uganda and UK for bidirectional learning and AMR/AMS knowledge transfer
- Setting up UK and Uganda training coordinators
- Training of trainers with Ugandan technical knowledge taking the lead of training programs

Results
- A total of 86 health practitioners (HPs), animal health workers, and 237 community health workers (CHWs) and over 348 people were consulted on AMR, AMS, and infection prevention control
- An online community of practice (CoP) was established for HPs and students with current membership of 213 and 852, respectively

Key Lessons Learned
- Training health practitioners using the “train the trainer approach” has been a successful primary intervention strategy
- The achievements of this project can inform the design of large-scale AMS interventions in support of implementation of the Uganda AMR National Action Plan
- To tackle AMS collaboration between different sectors, stakeholders, and communities is key and requires a multidisciplinary approach; One Health provides a lens through which to tackle this complex issue

Acknowledgements

Commonwealth Partnerships for Antimicrobial Stewardship

References

This project is funded through the Commonwealth Partnerships for Antimicrobial Stewardship Scheme, which is funded by the UK Department of Health and Social Care (DHSC) through the Fleming Fund for the benefit of the UK and partner country health sector.
MENTORSHIP OF LOWER LEVEL HEALTH FACILITIES TO IMPROVE ANTIMICROBIAL STEWARDSHIP IN WAKISO DISTRICT

By Suzan Nakalawa
BSc. Environmental Health, Makerere University, Uganda
Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMs) Project

Key achievements of CwPAMs so far

12 partnerships strengthened across LMIC countries
187 volunteers in the UK
3312 health workers based across LMIC countries
102 volunteers in 4 LMIC countries

12 point prevalence study sites
14 peer review publications already published in the pipeline

CwPAMs tools

AMS explainer videos
GESI training
Gender equality and sexual inclusion
WHO AMS assessment
Behavioral questionnaire and volunteer survey
CwPAMs toolkit
CwPAMs survey
CPO platform
Point prevalence survey training
Leadership development course

Case example – CwPAMs app superusers – Korle Bu Teaching Hospital (KBTH)

12 pharmacist superusers at KBTH promoted use of the CwPAMs app across their organisations, showing 55 clinical staff how to download and use the app. The superusers used data from the app metrics to demonstrate the success of the app within their local area and promoted further use of the app through regular discussions with prescribers.
Session 3:
CwPAMS 2 & Break out room discussions
CwPAMS 2 Overview

• The programme will start in the next couple of months and run to March 2025
• Maintain focus on:
  • AMS, IPC, pharmacy expertise, and clinical microbiology
• Start focus on:
  • Substandard and falsified antimicrobial medicines
  • Support community pharmacists
  • Encourage partnerships to work through a hub & spoke model by developing centres of excellence
  • Increase the use of data by linking with Fleming Fund laboratories and develop antibiograms.
• CwPAMS 2 will align with the Fleming Fund priorities by focusing on the following principles:
  • One Health
  • Alignment
  • Sustainability
  • Country ownership
  • Gender and equity
CwPAMS 2 Overview

• Up to 24 projects will be funded working in the current eight CwPAMS countries
• Health Partnership model between LMIC and UK institutions
• Grants of up to £150,000 will be available
• Up to two years to complete projects
CwPAMS 2 Overview

- Established CwPAMS partnerships encouraged to consider in their projects:
  - **Integration:** Further embedding and integrating AMS in the first phase institutions
  - **Scale-up:** Scaling-up to other health institutions within the same country by establishing a Centre of Excellence
  - **Engagement at national level:** Coordination with national AMS Committees
  - **Health system strengthening** in other areas affecting the quality and impact of AMS, for example microbiology
  - **Quality improvement** methodologies
  - **Community** pharmacy services and health workers
  - **Enhancing substandard and falsified antimicrobials** detection and reporting.

- Partnerships new to CwPAMS
  - Longer inception time
  - Address the CwPAMS priorities areas: AMS including surveillance, pharmacy expertise and capacity, IPC, use of clinical microbiology, and antimicrobial prescribing data to inform clinical decisions.
CwPAMS 2 Overview

More information will be shared in the coming months - stay tuned!
Break out room discussions

Please join the relevant country room
Ministry of Health representative

1. What are the top 3 current priorities for tackling AMR in your country?
2. How can CwPAMS partnerships help to address these priorities?
Session 4: CwPAMS resources & Change Exchange
CwPAMS resources
Maxencia Nabiryo & Fran Garraghan
CwPAMS 1 resources

CwPAMS Extension has given partnerships the opportunity to continue to use the resources and further embed them in the projects.
CwPAMS Extension new resources

Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

Antimicrobial Stewardship Action Plan Template

CwPAMS is funded by the Department of Health and Social Care using UK aid funding and is managed by the Fleming Fund. The Fleming Fund is a GBP 265 million UK aid investment to tackle antimicrobial resistance by supporting low- and middle-income countries to generate, use and share data on AMR. The Fleming Fund programme is managed by the UK Department of Health and Social Care. The CwPAMS programme is managed by the Commonwealth Pharmacists Association and the Tropical Health Education Trust (THEF).
AMS Explainer videos
CPA is developing an App for Human and Animal Health prescribing guidelines

**Outputs**

- Access to Standard Treatment Guidelines at point of care
- Raise knowledge and awareness of International AMS/IPC resources
- **Strong country ownership** of adaptable App beyond AMU/AMS to host other clinical guidelines and resources as needed by countries via App champion and App developer
- Foster a **one health approach** through shared learning.
- **Sustainability** through training and funding

**APP FULLY UPDATED**
Core Modules availed to all 22 countries

**HUMAN HEALTH**
12 countries supported
National Prescribing Guidelines

**ANIMAL HEALTH**
National Prescribing Guidelines (Where available)
Understanding Principles of Partnerships for the Commonwealth Antimicrobial Stewardship Scheme

Dr Rebecca R Turner, CPsychol
Health Psychology Researcher and Chartered Psychologist
University of Manchester
The Team

**Professor Jo Hart**

Jo Hart is an expert in developing educational interventions for health professionals and in particular education to change practice.

**Professor Lucie Byrne-Davis**

Lucie Byrne-Davis is an expert in the assessment of psychological determinants of behaviour and using insights to understand the impact of interventions to change practice on health professionals.

**Dr Eleanor Bull**

Eleanor Bull is a Health Psychologist and works as a practitioner in integrated care teams helping change practice, with research expertise in intervention development and evaluation.
The Change Exchange

• The Change Exchange is a voluntary network of behavioural scientists working in health partnerships

• Founded by Prof Jo Hart and Prof Lucie Byrne-Davis (University of Manchester)

• We work with project teams, translating behavioural science to make health partnership projects more likely to achieve its aims
Background

What does this look like?

How do partnerships make this happen?

Does this make partnerships work better?
What we wanted to explore ...

The aim of this study was to understand how key principles of health partnerships are enacted within health partnerships.
Methods

• Qualitative interview study
• Interviewed individuals virtually from health partnerships
• Recruited individuals through THET
• Applied an appreciative enquiry lens
Results

• Thirteen individuals across eight partnerships took part in an interview, the majority were pharmacists (69%), and other participants were academics (15%), microbiologists (8%) and project managers (8%).

• Six participants were based in the High income country partner and seven participants were based in the low income country partner.
1. **Strategic**
   Health partnerships have a shared vision, have long-term aims and measurable plans for achieving them, and work within a jointly-agreed framework of priorities and direction.

2. **Harmonised & Aligned**
   Health partnerships' work is consistent with local and national plans and complements the activities of other development partners.

3. **Effective & Sustainable**
   Health partnerships operate in a way that delivers high-quality projects that meet targets and achieve long-term results.

4. **Respectful & Reciprocal**
   Health partnerships listen to one another and plan, implement and learn together.

5. **Organised & Accountable**
   Health partnerships are well-structured, well-managed and efficient and have clear and transparent decision-making processes.

6. **Responsible**
   Health partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders.

7. **Flexible, Resourceful & Innovative**
   Health partnerships proactively adapt and respond to altered circumstances and embrace change.

8. **Committed to Joint Learning**
   Health partnerships monitor, evaluate and reflect on their activities and results, articulate lessons learned and share knowledge with others.

https://www.thet.org/principles-of-partnership/
Results

Respectful & reciprocal

“I think still based on the grounds of equality and diversity, we and sure, that’s there's mutual respect and not just ensuring this . . . We’ve got documents. That's it at the start of our projects. Every member literally signed onto it. So I mean you've consented to abide by the rules, you go against it. The loss would be with you, so we all developed it’s we all agreed to its and it's binding to every member of the committee.” P14

“There's been that flexibility that has really helped, so that everyone is able to contribute equally do their tasks without yeah burdening one person or burdening few people.” P8

“I think, using a platform like Google drive has helped us, and the weekly meetings have helped us to be able to share information equally and to share tasks equally. So I think that's basically how we've been doing it.” P8
Results

Organised and accountable

“I think we're very lucky with in [retracted] that we've got support from Global Health Partners, which are. Full time people who work to support parts of activity happening within [retracted] with overseas partners, not just in [retracted] but other countries as well. And they they've been Absolutely Fabulous and trying to ensure that we stick the timetables, the deliverables that we everything is documented very clearly about the deliverables and we're out with things like that”. P1

“The massive gear change was halfway through the project. We had the project manager appointed.” P13

“So we have what we call the steering committee within our partnership. So follow up with that was also the committee was also was also based was also constituted visually equal equality. So you've got a balance across board.” P14
Results

Harmonised and aligned

“So right from the beginning, we had copies from [retracted], from the team in [retracted] of their national guidance of their national AMR protocol. We had all of those and that we were all tasked to read them to make sure that what we were devising and doing fitted in quite clearly with the governmental approach that the [retracted] was taking.” P9

“Whatever we do, we try to consult the national policy documents in the national action plan so that at the end of the day, our actions are aligned.” P14
Results

Responsible and build trust

“I think it's been built up over years. I wouldn't say it was just, you know, job done on day one kind of thing. I definitely think that's been cultivated over years and years.” P6

“So you can do a lot online, but there needs to be a face to face connection as well to kind of make things happen and so I'm hoping that we can revisit, you know, to basically reconnect and kind of get things moving in that sense.” P1

“But having had that time together, you know not just in work, but also in a social context as well . . . you've got that kind of friendship element as well to it, which I think in the longer run is you know what we need in the partnership that sort of camaraderie and banter that comes with having had that sort of face to face interaction I think is important.” P13
Key implications for practice

Ensuring the partnership is shared and equal

1. Regular contact via various platforms
2. Agreed work plan
3. Equality, Diversity and Inclusion starts within the project
Key implications for practice

Aligned with national plans

1. Consult local guidance and policies
2. Hold stakeholder meetings with relevant individuals
Key implications for practice

_Keeping the partnership organised and accountable_

1. Project manager
2. Develop timelines and expectation setting
Key implications for practice

**Responsible and build trust**

1. Regular contact via various platforms
2. Transparency
3. Start small but build upon that
Key implications for research

• Further research exploring the experiences of health partnerships

• What behavioural science strategies or techniques are acceptable and effective in health partnerships?

• How do we best evaluate health partnerships?
Summary

• Health partnerships are complex but we have insight into what makes certain elements work better

• We have shared practical tips to support the future of health partnerships
Session 5: Reflections from breakout groups
Thank you so much for your kind invitation to be part of today’s Commonwealth Partnerships for Antimicrobial Stewardship sharing and learning event. AMR is a global health threat. One we need to take seriously. The work you are all doing is so important, for now and for future generations.

As I write this, I am in the midst of the UN Oceans Conference in Lisbon, off the back of a fantastic and packed Commonwealth Heads of Government meeting in Kigali - the first CHOGM since London 2018. I was delighted to see that the Commonwealth Partnerships for Antimicrobial Stewardship was featured on the programme and one of your in-country consultants who is with you today, Ms Winnie Nambatya, was able to travel to Rwanda to present your work.

My apologies that my commitments to represent our Ocean Commonwealth at the UN Oceans Conference have prevented me being with you in person today, but I wanted to send this congratulatory note to all of the partnerships that have participated in this programme of work.
Rt Hon Baroness Scotland,  
Secretary General of the Commonwealth

I have been following the journey of CwPAMS from when it first began in 2018. The work that has been done by the partnerships through the collaborations you have formed emanates the very essence of the Commonwealth, working together around a common goal to make the Commonwealth a healthier, safer place for all our citizens.

I was particularly encouraged to see how these partnerships supported each other through the COVID-19 pandemic and how the knowledge and skills developed were put into practice.

During this time the bi-directional learning which is at the centre of CwPAMS became evident when colleagues from Zambia taught their counterparts in the UK how to prepare hand sanitizer when the UK had run out of stocks.

The Commonwealth supported this through funding a video to support production in other Commonwealth states.

Thank you for everything you to do the Commonwealth, and thank you for everything you will continue to do for our family of nations. I wish you all a day of fruitful discussions and reflection, and I look forward to seeing the progression of and supporting this important programme of work into the future. And I look forward to seeing you all again in person soon.
Mentimeter Word Cloud

What has been your highlight of the CwPAMS programme so far?
Close and Thank you
THANK YOU FOR JOINING US TODAY.

Please complete the Evaluation form in the Chat box