



Commonwealth Partnerships for Antimicrobial Stewardship 2: Scoping Exercise - Executive Summary

1. BACKGROUND

The Commonwealth Partnerships for Antimicrobial Stewardship 2 (CwPAMS2) programme is a project within the Fleming Fund.

The Department of Health and Social Care (DHSC) Fleming Fund

The Department of Health and Social Care (DHSC)'s [Fleming Fund](#) is a UK aid programme supporting up to 25 countries across Africa and Asia to tackle antimicrobial resistance (AMR), a leading public health threat across the world. The Fleming Fund invests in strengthening surveillance systems through a portfolio of country grants, regional grants and fellowships managed by Mott MacDonald, and global projects managed by DHSC partners. By supporting the capture of AMR surveillance data, and other relevant data, we will collectively be better able to understand the scale and scope of the problem in order to effectively tackle the issue of resistance.

The Fleming Fund does this through the following objectives:

1. Supporting the development of National Action Plans for AMR.
2. Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
3. Building laboratory capacity for diagnosis.
4. Collecting drug resistance data.
5. Enabling the sharing of drug resistance data locally, regionally, and internationally.
6. Collating and analysing data on the sale and use of antimicrobial medicines.
7. Advocating the application of data to promote the rational use of antimicrobials.
8. Shaping a sustainable system for AMR surveillance and data sharing.
9. Supporting fellowships to provide strong national leadership in addressing AMR.

The Fleming Fund will achieve these objectives through funding a number of projects with a diverse range of delivery partners, each focussing on a specific set of objectives and outputs, with a focus on sustainability and training.

The Commonwealth Partnerships for Antimicrobial Stewardship Programme 2

CwPAMS2 will build upon the work in earlier funded programmes (CwPAMS1, CwPAMS1.5), and contribute to achieving objectives 2, 7 and 9 from the above list – i.e.:

- Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
- Advocating the application of data to promote the rational use of antimicrobials.
- Supporting fellowships to provide strong national leadership in addressing AMR.

The programme will leverage the expertise of UK health institutions and technical experts to strengthen the capacity of the national health workforce and institutions in eight Commonwealth countries (Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia), to address AMR challenges identified in countries individual AMR National Action Plans in existence or being drawn up with the support of the Fleming Fund.

Target countries have been carefully selected to derive maximum benefit from the established relationships already held by THET, the Fleming Fund and the UK Government more broadly in these locations. The project will be delivered to galvanise action amongst, and between, Commonwealth actors on AMR.

This programme of works can be seen as an extension of the Commonwealth's partnership working that has been an ever-present feature of the network. The importance of collaborative efforts such as these in progressing the development of nations, are emphasised in Sustainable Development Goal (SDG) 17, and aims to tackle the same priorities as the initial phase of CwPAMS through the Health Partnerships approach, while expanding its scope in line with the Fleming Fund strategy and aligns with the UK NAP for AMR ambition 1: *To be a good global partner.*

The Fleming Fund currently identifies its five core funding areas as:

- **Laboratory Infrastructure Enhancement:** building renovation, microbiology equipment purchase, biosafety and security equipment, reagents, durables and consumables and transport and logistics for goods and specimens.
- **Human Resource Strengthening:** training in AMR laboratory techniques, biomedical data management, bio data safety and biosecurity for fellows and country grant beneficiaries.
- **Surveillance System Strengthening:** support for Antimicrobial Resistance Coordinating Committees (AMRCCs), cross-sectoral meetings, strategy reviews, quality assurance control and data analysis and storage.
- **Building Foundations for Surveillance Data Use:** support for awareness raising, publications, evidence-based strategy, data sharing platforms, etc.
- **Rational use of Antimicrobial Medicines:** Development of Antimicrobial Use (AMU) or Antimicrobial Consumption (AMC) surveillance strategies and stewardship programmes

Priority Themes

The grant will **target themes and areas of investment currently not being developed by other Fleming Fund funded projects**, but which will make an important contribution to the overall success of the Fund. It aims to increase the rational use of antibiotics and ultimately a reduction in morbidity and mortality associated with AMR.

In particular, this grant will support partnerships to address priorities in the following areas:

- Improving antimicrobial stewardship, including surveillance at hospital and community level (**Rational use of Antimicrobial Medicines**)
- Building antimicrobial pharmacy expertise and capacity (**Human Resource Strengthening**)
- Enhancing infection prevention and control (**Human Resource Strengthening, Surveillance System Strengthening**)
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions (**Building Foundations for Surveillance Data Use, Laboratory Infrastructure Enhancement**)
- Enhancing the detection and reporting of substandard and falsified antimicrobial medicines (**Laboratory Infrastructure Enhancement, Human Resource Strengthening, Building Foundations for Surveillance Data Use**)

2. SCOPING EXERCISE - SUMMARY FINDING - Ghana

The previous programme scoping was completed in November 2021; it assessed the status of AMS in each of the 8 CwPAMS Extension countries, and how health partnerships could support institutions and contribute to each country’s AMR National Action Plan. Recommendations from that previous scoping will inform implementation of CwPAMS 2 projects.

This Executive Summary draws on detailed data available at Appendix 1 (COUNTRY NAME), and highlights gaps in AMS activities in-country. This document is developed as a non-judgemental tool, to be used to guide grant seekers through their application process, to highlight areas which would benefit from partnership activities, develop networks in-country as well as provide resilience and sustainable models of work and training to roll out in the future.

Key needs and priorities identified	<p>There are opportunities to increase AMS in the following areas:</p> <ul style="list-style-type: none"> ● AMS coverage in both pre- and in- service training for healthcare workers. ● Animal health settings. ● Quality improvement methodologies. ● Behaviour change methodology. ● Microbiology surveillance. ● AMS in community pharmacies. ● Community healthcare settings. <p>It is good to note that some of these areas have been proposed as activities in the CwPAMS 1.5 health partnerships action plans.</p>
Good practice from previous CwPAMS phases	<ul style="list-style-type: none"> ● Development of antibiotic prescribing guidelines (national) with the view of having simpler and accessible local prescribing guidelines such as “The Antibiotic Adult”. ● Development of a laboratory surveillance data collection tool and reporting framework for antimicrobial resistance.

	<ul style="list-style-type: none"> • Public awareness of AMS through Q&A sessions on local Ghana radio. • Development of hospital antibiograms. • Formulation of hospital AMS policy and guidelines • Established mechanisms for hand hygiene compliance.
FF partners in country with AMR/AMS projects (titles)	Country Grant 2 - Aurum Institute
Non-FF grant holders in country with AMR/AMS projects (titles)	<ul style="list-style-type: none"> • ReACT Africa
AMS activity in-country since 2021 (GPPS, WHO PPS, other)	None
AMU reviews in-country since 2021 (non-PPS)	None
Evidence of use of data gathered in development of NAP (especially GPPS methodology)	No
Principal stakeholders in AMS arena in-country	Ministry of Health
Training	
Registered pharmacist numbers in-country (2021-2022)	5583 registered pharmacists (2022) ¹
Other registered healthcare professionals	
Evidence of leadership training for HCPs	Limited WHO launched Leadership for Health Transformation Programme to provide high-level strategic leadership to Senior Managers of Ghana's Health Sector in 2021 ²
Evidence of CQI/Behaviour Change training for HCPs in the AM arena	Yes <ul style="list-style-type: none"> • Improved and evidence-based hand hygiene practices.

¹ Pharmacy Council Ghana Website

² <https://www.afro.who.int/news/who-launches-leadership-health-transformation-programme-provide-high-level-strategic>

	<ul style="list-style-type: none"> ● Provision of a foundation for training and education for staff. ● Established mechanisms for hand hygiene compliance, monitoring and feedback. ● Organisations such as PATH Ghana are using facilitators from LEKMA hospital for an infection control project. ● AMS has been integrated in management meetings ● Rational drug utilization surveys have been implemented.
Registered numbers of clinical microbiologists	Unavailable at date of publication (October 2022). To follow when available
Evidence of Good Practice in AMS, AMU, AMR in Community Health arena	<p>Yes</p> <ul style="list-style-type: none"> ● Promoting awareness, HPs introduced AMR to the public through campaigns via TV, Radio and Twitter and through advice sharing sessions with the Ghana Pharmacy Council. ● Successful IPC, AMR and AMS school educational sessions in 5 Junior Secondary Schools and 1 Senior Secondary School (altogether approximately 700 students/pupils) i.e. as part of World Antimicrobial Awareness Week (WAAW). ● Increased awareness of appropriate use of antibiotics amongst patients in Saboba district via question-and-answer sessions with outpatient groups to improve the understanding of AMR. ● Journal Publications: https://doi.org/10.3390/antibiotics9110773 ● Published a background literature review for developing surgical guidelines on antibiotics for preventing surgical site infection in LMICs and an Evaluation of AMS training: https://academic.oup.com/jacamr/article/2/1/dlaa001/5740119 https://www.mdpi.com/2079-6382/9/10/636 https://academic.oup.com/jacamr/article/2/3/dlaa070/5917870 https://academic.oup.com/jacamr/article/2/4/dlaa092/5936128 ● Webinar hosted on BSAC Infection Learning Hub –via Open Access Global Learning: https://infectionlearninghub.co.uk/course/antimicrobial-surveillance-and-consumption-data-how-what-and-why-to-measure-to-provide-meaningful-data/ ● Public awareness of AMS through Q&A sessions on local Ghana radio.
Evidence of Supply Chain management processes in-country	<p>Yes</p> <p>The Ghana public health sector operates a three-tier system for the management of health medicines and</p>

	<p>health supplies. The Central Medical Stores (CMS), the Regional Medical Stores (RMS), and Service Delivery Points (SDP) together with the transportation network constitute the pipeline for the supply chain. The CMS, a unit of the Procurement and Supply Directorate of the Ministry of Health (MoH), is responsible for the receipt, storage, and distribution of all commodities procured by the MoH. Lower levels get supplies from the CMS through the "pull" or "demand" system³.</p>
<p>Evidence of Substandard and Falsified Medicines reporting mechanisms</p>	<p>No</p>

³ Assessment of Medicines Procurement and Supply Management Systems in the Public Health Sector - Ghana Country Report 2009 [Internet]. [cited 2021 Oct 1]. Available from: <http://digicollection.org/hss/documents/s18017en/s18017en.pdf>
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