



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

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### 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 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 AMU or 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 - MALAWI

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><b>Extend the CwPAMS project to other referral hospitals</b>  Aim: To train other pharmacists in the other major referral hospitals to increase the impact.  To allow the Global PPS comparison to be done in-country</p> <p><b>Validate training material for CPD accreditation</b>  Have professional bodies validate training material for participants to earn CPD points</p>
Good practice from previous CwPAMS phases	<p>AMS toolkit was developed.  KPI (Key Performance Indicators) in AMS were developed to measure the impact.</p>
FF partners in country with AMR/AMS projects (titles)	<p>Organisation: University of North Carolina  NMRL: National Microbiology Reference Laboratory, Lilongwe  Site of Lab:  Kamuzu Central Hospital, Lilongwe  Malomulo Adventist Hospital, Malombo  Mangochi District Hospital, Mangochi  Mzimba South District Hospital, Mzimba  Mzuzu Central Hospital, Mzuzu  Queen Elizabeth Central Hospital, Lilongwe  Zomba Central Hospital, Zomba  Project title: Malawi Country Grant 1 (CG1)</p>

Non-FF grant holders in country with AMR/AMS projects (titles)	<p>PFIZER, 2019, <a href="mailto:elizabethmusyani@yahoo.com">elizabethmusyani@yahoo.com</a>  Project title: Real World Study on Nosocomial Infections in LIMCs in Africa  Key Outputs: Surveillance of Hospital acquired infections in two facilities: KCH and QUECH</p>
	<p>WHO, November 2021 recurrent,  Project title: World Antibiotic Awareness Week  Key outputs: AMR awareness</p>
	<p>Malawi Liverpool Wellcome Trust, 07.06.2022, Diana Kululanga <a href="mailto:-dkululanga@mlw.mw">-dkululanga@mlw.mw</a>, Samantha Lissauer -slissauer@mlw.mw    Project title: A Clinically Oriented Antimicrobial Resistance Surveillance Network    Key outputs: Real time data on laboratory findings, clinical presentation and outcome of drug resistant infections.</p>
AMS activity in-country since 2021 (GPPS, WHO PPS, other)	
AMU reviews in-country since 2021 (non-PPS)	
Evidence of use of data gathered in development of NAP (especially GPPS methodology)	<p>Yes  GPPS data is being used to make informed decisions in Malawi.</p>
Principal stakeholders in AMS arena in-country	<ol style="list-style-type: none"> <li>1. AMR TWG</li> <li>2. MoH - Secretary for Health</li> <li>3. AMR Coordinator (Malawi)</li> <li>4. MoH - Director of Research</li> <li>5. DD PHIM</li> <li>6. CHAM</li> <li>7. Vet members of TWG</li> <li>8. MOA DD and others</li> <li>9. LUANAR</li> <li>10. Ministry of Agriculture</li> </ol> <p>Please contact the CPA Project Management Team for contact details and formal introductions to these stakeholders (as per GDPR Good Practice Guidance)</p>
Training	<p>In-service training is already taking place such as CPD, and webinars. In-service training are planned by the Pharmaceutical Society of Malawi (PHASOM) in Malawi for HCPs. Pharmacists have been trained so far. PHASOM is planning to deliver some</p>

	training for nurses and doctors. Training is anticipated shortly for pharmacists and clinicians.
Registered pharmacist numbers in-country (2021-2022)	Currently 160 pharmacists are registered.
Other registered healthcare professionals	1 qualified clinical microbiologist
Evidence of leadership training for HCPs	Some leadership training was delivered to healthcare professionals at hospital level in Mzuzu Central Hospital and in Kamuzu Hospitals in Malawi.
Evidence of CQI/Behaviour Change training for HCPs in the AM arena	<p>Yes, they delivered some training to healthcare professionals (HCPs) in a multidisciplinary team by the lead pharmacists. In one of the monitoring visits that was conducted at Mzuzu Central Hospital in Malawi, it was seen that the project had contributed to behaviour change of HCPs in terms of reducing prescribing numbers. Initially, it was perceived that doctors were just prescribing antimicrobials with little attention to the impact on AMR. This was causing drug resistance; the training had an impact on the doctors' behaviours in terms of their prescription habits. Unlike in the past where cases of empirical prescription were the order of the day, health workers are using data on drug resistance to decide whether to continue with a particular antibiotic or not in Mzuzu and Kamuzu Central Hospitals now.</p> <p>After the training, in two hospitals (Mzuzu and Kamuzu Hospitals) susceptibility testing was planned to be conducted. Susceptibility test results are being presented to pharmacists in these hospitals before health workers access to the medicines for patients. For example, patients couldn't access Meropenem, unless they present their lab results.</p>
Registered numbers of clinical microbiologists	Just 1 qualified clinical microbiologist
Evidence of Good Practice in AMS, AMU, AMR in Community Health arena	PHASOM initially conducted awareness campaigns for community pharmacies. Later, other healthcare providers were included in these campaigns. A webinar organized by PHASOM is planned to raise awareness of community pharmacists, medical doctors, and clinicians in the upcoming days.
Evidence of Supply Chain management processes in-country	In Malawi there is a centralised procurement system for public hospitals. Medicines are procured through Centralised Medical Trust by public hospitals. Centralised Medical Trust procures supplies locally and also from international suppliers and manufacturers (in India, China, UK etc.). Hospitals are allowed to procure independently up to 30% if they have the budget and if

	<p>CMT does not have the supply. In district hospitals can procure up to 30% from outside, if they have a budget.</p> <p>Community pharmacies are using wholesalers to purchase drugs. Hospitals are using wholesalers in case of any delay by CMT or if they cannot find commodities from CMT. Wholesalers are the biggest player in the importation system in Malawi. They have to get an import license from the Pharmacy and Medicines Regulatory Authority in Malawi.</p>
<p>Evidence of Substandard and Falsified Medicines reporting mechanisms</p>	<p>Some work has been done for substandard and falsified medicine by a colleague from from Kamuzu Uni of Health Sciences.</p> <p>Please contact the CPA Project Management Team for contact details and formal introductions to these stakeholders (as per GDPR Good Practice Guidance)</p>

### **Examples of good practice developing AMS within Animal Health settings**

#### ***Use of tools, resources, training etc***

A team of pharmacists are doing a Fleming Fund funded fellowship. Central Veterinary Lab. is one of the leading organisation in this process. They are getting samples from animals to be checked for resistance in terms of AMR. One Health approach is being progressive in animal health in Malawi. Dr. Francis Matita from the University of Agriculture and Natural Resources and Dr. Joseph Nkhma Central from Central Vet lab are the responsible scientists who are conducting some work on animal health in Malawi.

#### **Please provide more details about the projects that has been done so far or are going on!**

In the scope of CwPAMS no work has been done so far for animal health. ICCs recommended that deliberate tasks or interventions should be included in phase 2 of CwPAMs as comprehensive as possible.

1. Central Vet Lab
2. University of Agriculture and Natural Resources

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