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## Background

The Commonwealth Pharmacists Association (CPA) received a Strategic Alignment Grant from the Fleming Fund and the UK Department for Health and Social Care to implement the 'Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building' (SPARC) Programme. The SPARC programme aims to improve antimicrobial stewardship (AMS), surveillance and prescribing across 22 low/middle-income countries (LMICs) in Africa (12) and Asia (10). SPARC1 was launched in January 2022, focusing on building capacity and resilience across the health workforce through:

- 1) Development and launch of a mobile application and website providing national antimicrobial guidelines to support prudent antimicrobial prescribing in human and animal health;
- 2) Quality data collection on antimicrobial use supported by behaviour change training to create a culture of continuous quality improvement in practice.

## Aim

The aim of this project was to evaluate the implementation of SPARC1.

## Method

An evaluation framework was designed for this study. A mixed methods approach was adopted. Online surveys were developed and disseminated to SPARC1 participants (n=211); out of which 30 were randomly invited to a virtual semi-structured interview (Table 1). Quantitative (29 May to 16 June, 2023) and qualitative data (16 May to 16 June, 2023) were collected and analysed. Quantitative data were analysed using a scorecard system (Figure 1), whereas qualitative data were analysed using thematic analysis.

## Results

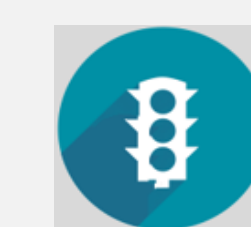
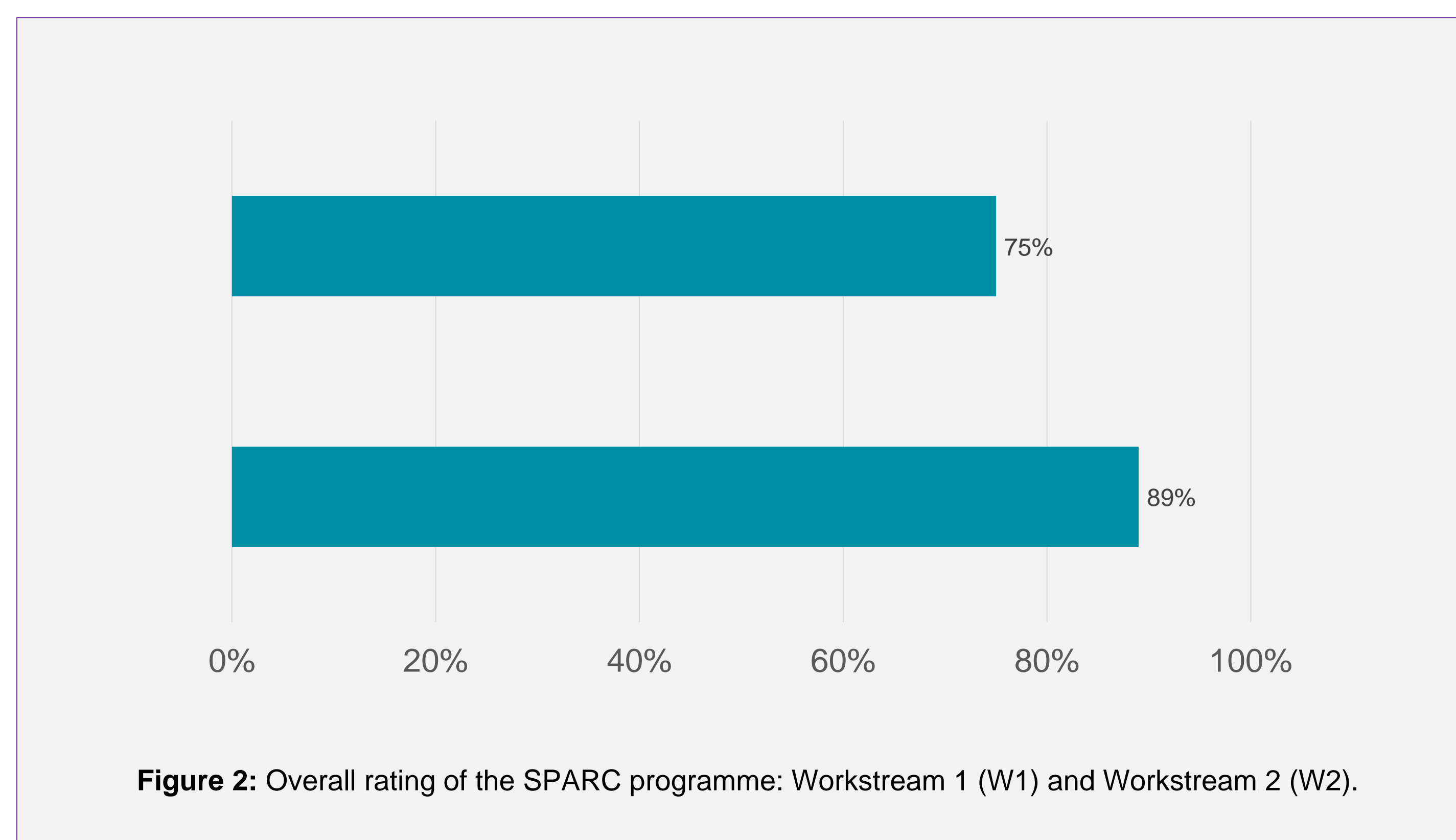
### Overall assessment of the SPARC programme

A total of 97 surveys (46% response rate) and 18 interviews (60% completion rate) were completed. The majority of the participants (82%) rated the programme's overall performance as 'very good'.

The success of SPARC1 was attributed to:

- Well-managed programme with access to high-quality resources;
- Effective training initiatives;
- Active participation of participating countries;
- Alignment with national AMS action plans;
- Strong stakeholder collaboration;
- Utilisation of high-quality data.

These elements contributed to increased awareness and improved practice outcomes in AMS.



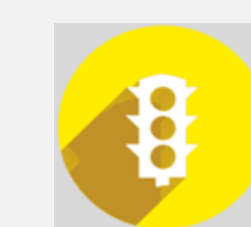
### 91-100 | "Excellent"

Excellent level of achievement reported and significant positive impact overall.



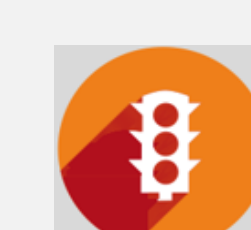
### 71-90 | "Very Good"

Strong achievements reported in most areas with very little improvement to be done in order to maximise impact.



### 51-70 | "Good"

Satisfactory overall, but some areas reported poor achievements.



### 0-50 | "Minimally Satisfactory"

Generally poor with few positive elements. Requires significant improvements.

Figure 1: Traffic light scorecard system

Table 1: Interview (A) and questionnaire (B) participation levels

A. Interviews		B. Questionnaires	
Interview invites sent	30	Questionnaire invites sent	211
Reminders shared	3	Reminders shared	5
No show ups	0	Questionnaires completed	97
No responses	12		
Successful Interviews	18		

## Lessons learned



SPARC1 challenges included:

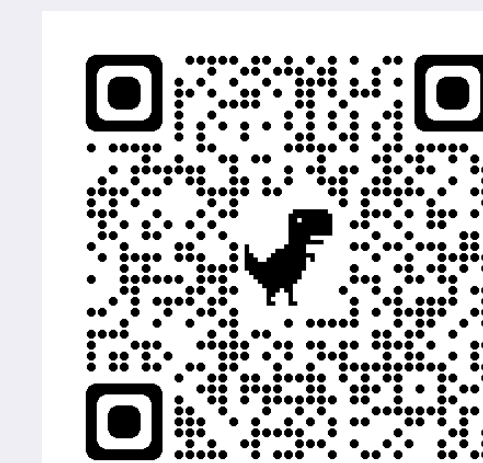
- slow national guideline approval process
- language barriers
- time and resource limitations
- challenges changing prescribing behaviours.

## Conclusion

SPARC1 demonstrated strong relevance, effectiveness, and efficiency in improving AMS, surveillance and prescribing practices in participating countries. The second phase of the programme (SPARC2), launched in early 2024, aims to build on this success and lessons learnt, to deliver a programme that furthers AMS initiatives and builds sustainable resources and health workforce capacity.

## Acknowledgements

This research is funded by the Department of Health and Social Care using UK aid funding and is managed by the Fleming Fund. The views expressed in this publication are those of the authors and not necessarily those of the Department of Health and Social Care. With thanks Ingentium Limited for their support evaluating phase one of the SPARC programme.



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