



EXECUTIVE SUMMARY

**EVALUATION OF THE COMMONWEALTH
PARTNERSHIPS FOR ANTIMICROBIAL
STEWARDSHIP PROGRAMME**

**Prepared for the Tropical Health and Education Trust (THET)
and the Commonwealth Pharmacists Association (CPA)**

16 June 2021



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EXECUTIVE SUMMARY

This report sets out findings from Ingentium’s evaluation of quarters 4 and 5 of the Commonwealth Partnerships for Antimicrobial Stewardship Programme (“CwPAMS”/ “Programme”), a collaborative initiative between the Tropical Health and Education Trust (“THET”) and Commonwealth Pharmacists Association (“CPA”). The evaluation reviews and assesses how and to what extent CwPAMS realised its three high-level Programme outcomes (as set out below) across 12 Health Partnerships (“HPs” / “Project(s)”) between 1st of November 2019 and 31st of January 2021. This evaluation is a continuation of the Interim CwPAMS Evaluation carried out by Ingentium which focused on Q1 to 3 of the Programme (“Interim Evaluation” / “Interim Report”).

The CwPAMS Programme is part of the Fleming Fund, a UK Aid initiative funded by the UK Department of Health and Social Care (“DHSC”). The Programme’s aim is to see an increase in the rational use of antibiotics, and subsequent reduction in morbidity and mortality associated with antimicrobial resistance (“AMR”). The Programmes activities directly contribute to the achievement of following Fleming Fund objectives: 2 - Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use, 6 - Collating and analysing data on the sale and use of antimicrobial medicines, and 7 - Advocating for the application of data to promote the rational use of antimicrobials.

The CwPAMS Programme comprises 12 HPs formed between UK health institutions and their counterparts in four Commonwealth countries: Ghana, Tanzania, Uganda and Zambia, which have been funded to achieve the aforementioned objectives but within the context of their own local needs based on National Action Plans (“NAP”) and on scoping exercises at the start of the Programme. The HPs consist of health workers and experts from UK and LMIC institutions who volunteered their time to co-develop strategies and share skills and knowledge to address priority health system issues relating to AMR and antimicrobial stewardship (“AMS”).

MAIN FINDINGS

PROGRAMME OUTCOME 1: To what extent have LMIC healthcare Institutions and the LMIC health workforce demonstrated improved practice related to AMS and prescribing practice?

The CwPAMS Programme has produced empirical evidence to demonstrate improved practice relating to AMS and prescribing practice within the LMIC workforce and their associated health care institutions.

In Q4 and 5, HPs continued to build on the work of previous quarters with most Projects continuing to pursue their original objective targets in spite of the COVID-19 pandemic. By basing their work on the Fleming Fund objectives, HPs ensured that even when they were unable to meet their original targets, they produced something of equivalent value and importance. As such, approximately 75% of HPs were able to meet their outcome targets which focused on AMS and/or improved prescribing practice.

In Q1 to 3, HPs were focused on AMS knowledge building, scoping exercises and the Global Point Prevalence Survey (“GPPS”) to assess the capacity of participating LMIC hospitals. In Q4 and 5 the focus shifted towards addressing the identified problem areas and creating structures such as AMS and Medicines and Therapeutics committees (“MTCs”) which could champion AMS. During this period, pharmacists and other health practitioners also began to apply the knowledge they had gained through workshops and seminars in their

day-to-day work. This resulted in both positive intended, and unintended, changes demonstrated through clear empirical evidence such as pharmacist upskilling and role creation, reduction in the prescription of antibiotics, increased presence of pharmacists in wards and greater emphasis on AMS in hospitals.

Most HPs had not been able to undertake comprehensive monitoring and evaluation in this last quarter of the Programme, or were still in the process of evaluating their work as of the publication of this report; however, early results provided to Ingentium show improved practice and behavioural change with respect to AMS. COVID-19 brought about a great deal of positive unintended higher-level changes giving HPs an opportunity to take advantage of unexpected opportunities to collaborate with government bodies, members of civil society and other relevant groups to demonstrate the value of AMS within a global health pandemic.

Notably as the CwPAMS objectives correlate with the World Health Organization (“WHO”) Global Action Plan, the Programme has additionally ensured that LMIC health institutions are compliant with WHO AMR recommendations, namely those that advocate for increasing knowledge on AMS through relevant campaigns, promoting the rational use of medicines, improvements to patient care, and the creation of multidisciplinary teams to advocate for AMS and understand the challenges of AMR.

PROGRAMME OUTCOME 2: Are AMS strategies, guidelines and tools in place and being used in each LMIC healthcare institution? How useful are they?

All HPs have developed and implemented AMS strategies, guidelines and tools within their hospitals which are important in ensuring the sustainability of CwPAMS’ interventions and have also played a key role in tackling COVID- 19.

As at Q3, all 12 HPs had rolled out new or revised guidelines, protocols or documents relating to AMS and antibiotic prescribing practices in participating LMIC healthcare institutions through awareness campaigns, training and knowledge sharing. In Q4 and 5, 11 of the 12 HPs produced additional guidelines / protocols / tools and all of these documents were aligned with national action plans and in some cases disseminated to surrounding hospitals or formalised in to AMS modules and IPC Standard Operating Procedures (“SoP”).

A significant factor in Q4 and 5 was the establishment / reintroduction of MTCs and AMS committees who were at the forefront of introducing many of the above measures in most hospitals and elevating the status of AMS at the local, regional and in some cases national level. Many hospitals found that the AMS guidelines and strategies developed during CwPAMS enhanced health workers’ response to COVID-19 and tasked MTCs with formulating COVID-19 specific protocols and procedures.

An assessment found that the CwPAMS Programme has significantly influenced AMS policy in LMIC healthcare institutions by supporting the implementation of NAPs, informing national guidelines and establishing new spaces for policy dialogue at institutional and national levels. Notably as these results correlate with the WHO Policy Package, CwPAMS has further ensured that LMIC strategies, guidelines and tools also meet international standards.

PROGRAMME OUTCOME 3: Have NHS staff demonstrated improved leadership skills and understanding of the global context of AMR in their work?

NHS staff were able to translate the knowledge and skills they had received early on in the Programme into clinical practice in response to COVID-19 challenges. They felt their participation in CwPAMS made them better equipped to deal with the limited resources and additional stresses brought on by COVID-19.

The Interim Report projected that the results from the final quarters of the Programme would demonstrate a larger (positive) impact accrued by the NHS through volunteer participation in comparison to Q1-3. This was accurate as the vast majority of HPs achieved a majority of their NHS-related targets (or something equivalent) and reported that their experience with CwPAMS enhanced their work abilities during the pandemic (for example, they had some experience working in low resource settings and were less affected by the stresses of the pandemic in comparison to their colleagues). From a workforce perspective, gaining international project experience has enhanced the professional development of numerous UK volunteers who have since moved on to new jobs or have been promoted in their organisations. Another key healthcare success within the Programme was the Chief Pharmaceutical Officer's ("CPhO") Global Health Fellowship programme which solely focused on enhancing the leadership and project management skills of NHS pharmacists.

Despite the disruption caused by COVID-19 in Q4 and 5, there were clear instances of knowledge exchange between LMIC and UK partners, both on and offline. In some instances, HPs used the shift to online communication to their advantage-showcasing their skills and interventions to a broader audience. The high number of NHS-affiliated websites that have shared information concerning their UK volunteers is a testament to the improved leadership and understanding demonstrated by UK volunteers and the value of CwPAMS.

CONCLUSIONS

The Health Partnership Approach

Throughout the duration of CwPAMS the health partnership approach has shown itself to be a key factor contributing to the success of HPs and the overall Programme. It facilitated shared learning, mutual respect and cooperation between UK health institutes and their counterparts in LMICs which enabled partners to be accountable to one another even in the midst of a pandemic. The support of THET and CPA was integral, providing an additional layer of support and encouragement for HPs. The strength of the partnership approach was demonstrated by the fact that all partnerships remained in close contact throughout the pandemic, often sharing experiences, good practice and resources, despite the fact that they were under very little obligation to do so. The amount of work done by HPs during Q1 to 3, coupled with the effort put towards resolving issues around division of labour, leadership and planning meant the majority of interventions scheduled for Q4 and 5 went ahead even though only a few members of the LMIC partnership were able to devote themselves to the work.

Benefits gained by the NHS volunteers

NHS staff were able to translate the knowledge and skills they had received early on in the Programme into clinical practice in response to COVID-19 challenges. Some volunteers found that throughout the pandemic it was easier to complete their NHS-related goals (as they had additional time to study whilst home or found that online communication actually enhanced their work).

In addition, 16 individuals participated in CwPAMS as the first cohort CPhO GH Fellowship. All 16 Fellows successfully graduated from the programme in Q5. All participating Fellows agreed that the skills and knowledge they gained during their fellowship was useful for the current stage in their career.

Benefits gained by NHS institutions

The partnerships and Fellows cohort generated anticipated and unexpected higher-level effects in the UK. The NHS trusts involved saw an increase in the retention of staff members. Throughout the Programme UK partners acknowledged reduced brain drain, increased retention and much happier staff. These benefits had a positive impact on their work where volunteers were referenced as good role models for their respective departments.

Due to the COVID-19 disruptions, the shift to remote working became a common day occurrence when the pandemic affected the UK, however NHS teams involved with various partnerships were already using remote communication with their respective partners. Hence, Project members were versed and comfortable with communicating with staff inside and outside the NHS, using online resources, and conducting consultations remotely.

From a workforce perspective, international project experience has been known to assist with the professional development of healthcare professionals, this has been demonstrated by the various partnerships that have seen UK-based pharmacists become involved in the Projects, and graduate as CPhO GH Fellows. A number of UK academic institutions have also reached out to CwPAMS to collaborate in future iterations or incorporate the Programme into their courses.

Sustainability - potential for scaling up antimicrobial stewardship in national antimicrobial resistance action plans

The successes of the HPs demonstrate great potential for scaling up Projects to support the implementation of NAPs. This was also evident through the last two quarters of the Programme in which LMIC Project partners achieved some objectives of their NAPs. Furthermore, there is strong indication that CwPAMS as a programme will enter a second phase, allowing the Programme to further champion the importance of AMS.

- Many CwPAMS pharmacists are now core members of their respective AMS committees, MTCs and multidisciplinary teams and providing a sustainable model for AMS within their hospitals. Despite challenges, the vast majority managed to sustain their relationships with local AMS and pharmacy groups.
- HPs forged strong ties with government and civil society actors influencing policy at a national level which will undoubtedly contribute to AMS and AMR prevention in the long-term.
- THET and CPA took considerable steps to ensure that all activities were implemented in an economically justifiable way. This included negotiating a no-cost extension for HPs, reducing costs where necessary and reallocating budgets with regards to underspend.
- Overall progress was achieved at a reasonable cost demonstrating that the HP model is an economically justifiable model for scaling up.

OECD-DAC CRITERIA

RELEVANCE

The Programme adequately demonstrated knowledge exchange and its relevance during a global health Pandemic. The success of various online conferences and webinars showcasing CwPAMS held at the Programme level demonstrate that the principles of AMS and the health partnership approach are transferable and tools such as the CwPAMS Toolkit will enable this in the future.

IMPACT

Despite COVID-19 disruptions which delayed the achievement of certain project milestones, the Programme achieved overall positive effects- creating activities and interventions that have benefited the skills exchange between UK and LMIC partners, producing a range of dissemination materials for different audiences, training fellow healthcare workers and engaging local and international policymakers in the areas of AMR.

EFFECTIVENESS:

most HPs managed to meet the vast majority of their Programme output and outcome targets and complete all but a few of their planned activities. HPs often had to adapt their (original) activities either to minimise risks or to make them relevant to COVID-19 efforts in different countries; however, even then, the Programme always ensured that its activities and interventions correlated with at least two of the Fleming Fund objectives.

EFFICIENCY

A great deal of risk management had to be performed at the Project and Programme level in Q4 and 5 of CwPAMS. Most HPs revised/reallocated resources by rescheduling/cancelling/redesigning activities, reallocating (travel) costs and in some cases restaffing HPs when Project leads and volunteers were seconded to the frontline. Despite this, as at Q5 a minority of HPs had achieved allocational efficiency with most having fairly large underspends. This was understandable as most HPs had prioritised achieving objectives above optimising budgets during the Pandemic

SUSTAINABILITY

All HPs set objectives and outcomes that could be sustained within the LMIC health systems. The development of guidelines, protocols, processes and the formation of MTCs and accompanying AMS and IPC committees in LMIC institutions are the main drivers of change in AMS and will help sustain the newly developed practises after the CwPAMS funded Projects are completed. CwPAMS has also created a wide range of tools that can be used on multiple platforms by different groups. Overall, most of the processes and tools that have been established can be sustained without additional funding.

LESSONS LEARNT

Based on observations made through the review of documentation and interviews with key information, it has been noted that:

- Often the people who are heavily involved in AMR policy development are remote from hospital local contexts, which makes prescription of guidelines harder to adopt.
- Behavioural change is a key tool for tackling long-term global health issues; however, the duration of CwPAMS is not long enough to ascertain whether meaningful behaviour change within AMS has taken place
- THET and CPAs flexibility and agility with respect to the HPs enabled them to achieve their goals by generating similar outcomes and outputs which were more in tune with the situation caused by the Pandemic.
- The Pandemic increased the Programme's ability to engage with WHO members, NHS leaders, and local and global stakeholders as part of the fight against the Pandemic.
- The (successful) shift to online engagement has shown that the CwPAMS programme can be replicated anywhere and that partnerships do not have to be physically in the same place to achieve the same level of output.
- Although THET and CPA relaxed the format for reporting, COVID-19 disruptions meant that some HPs were unable to fully capture their activities and outcomes.

- THET and CPA failed to make references or interrogate HPs on GESI objectives throughout the Programme; however, they have future plans in this regard
- The skills and knowledge NHS volunteers gained during their involvement in the Programme were pertinent to their work and helped the NHS deal with a lack of resources and pressured working environment during the Pandemic