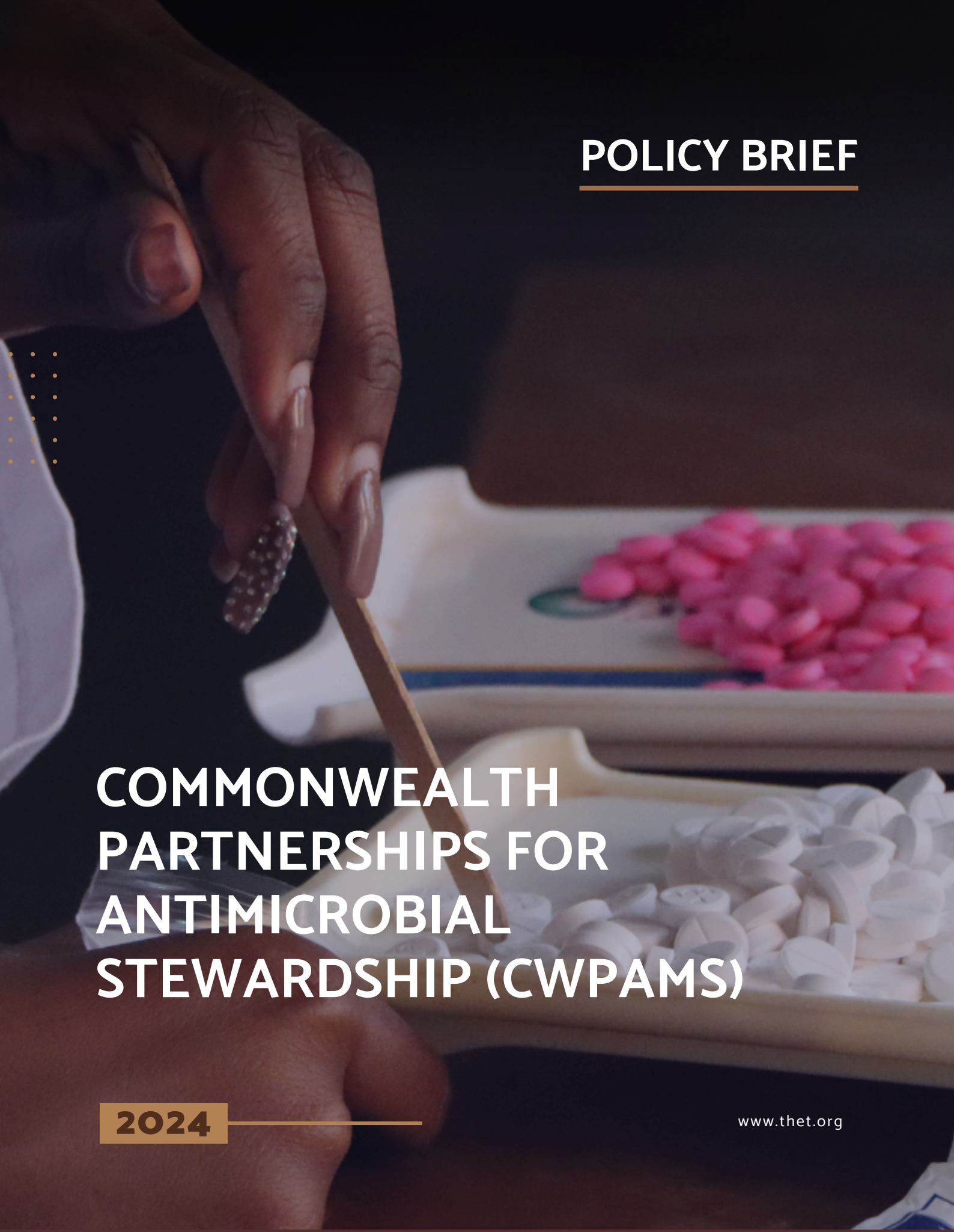


POLICY BRIEF

COMMONWEALTH PARTNERSHIPS FOR ANTIMICROBIAL STEWARDSHIP (CWPAMS)

2024

www.thet.org

The Fleming Fund

UKaid from the British people

COMMONWEALTH PHARMACISTS ASSOCIATION

THET PARTNERSHIPS FOR GLOBAL HEALTH

6500

HEALTHCARE WORKERS TRAINED

370

NHS VOLUNTEERS HAVE BEEN INVOLVED IN THE PROJECTS

19

PARTNERSHIPS ACROSS PHASE 1

MAIN OUTCOMES

Institutions and workforce demonstrate improved knowledge and practices related to AMS & IPC, utilising pharmacy expertise.

Devised and shared evidence of effective AMS interventions, with standardised tools and guidance.

NHS staff demonstrate improved leadership skills and a better understanding of the global context of AMR in their work.

Introduction

Commonwealth Partnerships for Antimicrobial Stewardship

The Department of Health and Social Care'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.

Funded by the Fleming Fund and managed by the Tropical Health & Education Trust (THET) and the Commonwealth Pharmacists Association (CPA), the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) leverages the expertise of UK health institutions and technical experts to strengthen the capacity of the health workforce and institutions in Commonwealth countries to address antimicrobial resistance (AMR) challenges, as well as creating opportunities for bidirectional learning.

Health Partnerships[1] between UK health institutions and health institutions in sub-Saharan Africa strengthen the national health workforce and institutions through interventions that lead to sustainable change in policies and practice[2]. This includes the development and implementation of local AMS action plans adapted from AMR National Action Plans (NAPs) following an assessment based on evidence and data generation, the creation of AMS Committees and infrastructures, as well as the development of national guidelines and other resources.

[1] Tropical Health and Education Trust. The Health Partnership Model, 2020. Available at: https://www.thet.org/wp-content/uploads/2020/10/The-Health-Partnership-Model.pdf
[2] Ashiru-Oredope D, Nabiryo M, et al. Tackling antimicrobial resistance: developing and implementing antimicrobial stewardship interventions in four African commonwealth countries through a health partnership model. Journal of Public Health in Africa, 2023;14(3).

Guidance for using this brief

Based on evidence and lessons learnt from CwPAMS, this brief highlights the crucial role of health professionals in AMS, including influencing policy at local, regional and national level, and offers recommendations to sustainably improve practises and tackle AMR in health systems in LMICs and the UK. It also highlights where more specific focus and support is needed.

We suggest using the evidence and recommendations provided in this briefing to support discussions in the lead up to, and following, the United Nations General Assembly (UNGA) High Level Meeting (HLM) on AMR to highlight how the Health Partnership approach can support the implementation of the Political Declarations into tangible actions through collaborative efforts across countries.

We recommend the following interventions to improve AMS at national and global level:

01.

Invest in a health system strengthening approach by leveraging the full skill set of the health workforce though the encouragement of multidisciplinary working, including the empowerment of more pharmacists to lead alongside doctors and nurses in their respective areas of expertise, and to encourage skills retention and consider succession planning aligned with UK National Action Plan commitment 5.1
(Political Declaration points 51 and 94 , but more focus is needed on workforce).

02.

Urgently and properly fund a health systems approach to delivering AMR National Action Plans, including the establishment of reliable systems to identify resource and sustainability limitations for AMS interventions at health facilities, such as timely and equitable access to lab consumables, IPC supplies, and safe, quality medicines.
(Political Declaration points 29,53, 63, and 64).

03.

Establish sustainable mechanisms for generating and disseminating data between clinical teams and to raise awareness of AMR at local, regional, and national stakeholder level. This will help to inform AMS decision-making, monitor the impact of interventions, and create policy that reflects real, impactful actions that are replicable in everyday settings
(Political Declaration points 97 & 98).

04.

Support the Health Partnership approach and scale up the work of CwPAMS to continue promoting long-term exchange of knowledge, data and best practice across health systems
(Political Declaration point 9).

05.

Invest in patient and public engagement and awareness activities to improve understanding and behaviours for AMS supported by behavioural theory of change to promote more effective AMS
(Political Declaration point 51).

Evidencing good practice of antimicrobial stewardship, infection prevention and control and influencing policy at local, regional and national levels: The role of Health Partnerships funded through CwPAMS

The problem

The misuse of antimicrobials in human medicine, agriculture and veterinary science has been described as a major contributor towards the emergence of AMR globally.[3] Tackling AMR requires collaboration of multiple disciplines working locally, regionally, nationally, and globally, to achieve the optimal health of people, animals, and the environment[4]. This requires the engagement and alignment of essential stakeholders in different economic sectors to address the gaps in AMR.

Multiple challenges exist within health systems. Persistent hierarchical structures within health facilities often favour doctors as prescribers and can, therefore limit the behaviour change needed for sustainable changes in wider healthcare practices; frequent lack of access to resources, such as microbiology services for diagnostics as well as essential quality medicines and consumables add to the challenge in improving patient outcomes and reduce the impact of AMS; academics and policymakers are often disconnected to what is happening at a clinical level and thus do not fully understand the pressures of low resources or the reality of the issues associated with AMR.

[3] Radyowijati A, Haak H. Improving antibiotic use in low-income countries: an overview of evidence on determinants. Soc Sci Med. 2003; 57:733–44.
[4] Fleming Fund. What you need to know about antimicrobial resistance (AMR) 2017. Available at: https://www.flemingfund.org/wp-content/uploads/LP1_AMR_A4Screen_FinalSignOff_Jan2017.pdf

The importance of collaborative efforts in progressing action on AMR are emphasised in WHO's Sustainable Development Goal (SDG) 17 and in the Global Action Plan for AMR (GAP)[5]. Unfortunately, many countries are yet to reach the milestones set out in the GAP. There is a need for increased policy dialogue to raise awareness of the efficacy and importance of AMS interventions. The CwPAMS programme is ideally placed to do this having evidenced tangible efforts and improvements in practice.

The evidence

Raising AMR awareness at national level to facilitate and encourage AMS/IPC practices

Within CwPAMS, many Health Partnerships have formally and informally engaged with Ministries of Health (MoH), professional associations including pharmaceutical societies, and civil society to raise awareness of AMR amongst national stakeholders. The programme encourages and supports AMS/IPC knowledge sharing and best-practice by health partners as well as national stakeholders, to optimise prescribing behaviours, using the essential medicines list and national guidelines. Behaviour change in AMS and IPC requires a complex process of actions at several levels of the health system. In line with these requirements, all CwPAMS Health Partnerships have presented findings at local, regional, national and international forums, engaging a range of key stakeholders and thus creating a space to raise awareness and influence perspectives on AMS and IPC. Health Partnerships have also increased awareness of AMR amongst non-government stakeholders and in the community, including schools, police stations, and social media channels.

The essential role of pharmacists in implementing AMS/IPC activities

Pharmacists are often the most accessible and yet most underutilised cadre of healthcare professionals in communities. They are highly trained professionals with a unique skill set and have a lead role in ensuring access to safe and effective use of medicines, including antimicrobials. The CwPAMS programme leverages these qualities and empowers pharmacists to take on leadership roles and facilitate their inclusion into the multidisciplinary team as experts in medicines to encourage appropriate use of antimicrobials. Health Partnerships have successfully advocated for pharmacists at hospital and community levels, demonstrating the critical skill set and value they can bring to AMS teams, spreading awareness in communities, and highlighting their expertise in the knowledge of AMR. Pharmacists engaged with CwPAMS have secured positions in local, regional and national committees, and are utilising these positions to progress policy changes, demonstrating the wider impact of the programme.

The key role of pharmacists in AMS/IPC across health institutions, and their wider impact on behaviour change for improved practices at regional and national level has been recognised by MoH representatives. Prescribers increasingly have a better understanding of appropriate antimicrobial prescription and use and utilise the latest data to inform best-practice. Networks established through CwPAMS have also benefited UK pharmacists, creating links to government officials and UK-based initiatives focused on AMS and IPC as part of the global effort to fight AMR.

[5] WHO library cataloguing-in-publication data global action plan on antimicrobial resistance [Internet]. 2015 [cited 2021 Apr 01]. Available from: Tropical Health and Education Trust. The Health Partnership Model. 2020. Available at: https://www.thet.org/wp-content/uploads/2020/10/The-Health-Partnership-Model.pdf
[6] Fleming Fund. What you need to know about antimicrobial resistance (AMR) 2017. Available at: https://www.flemingfund.org/wp-content/uploads/LP1_AMR_A4Screen_FinalSignOff_Jan2017.pdf

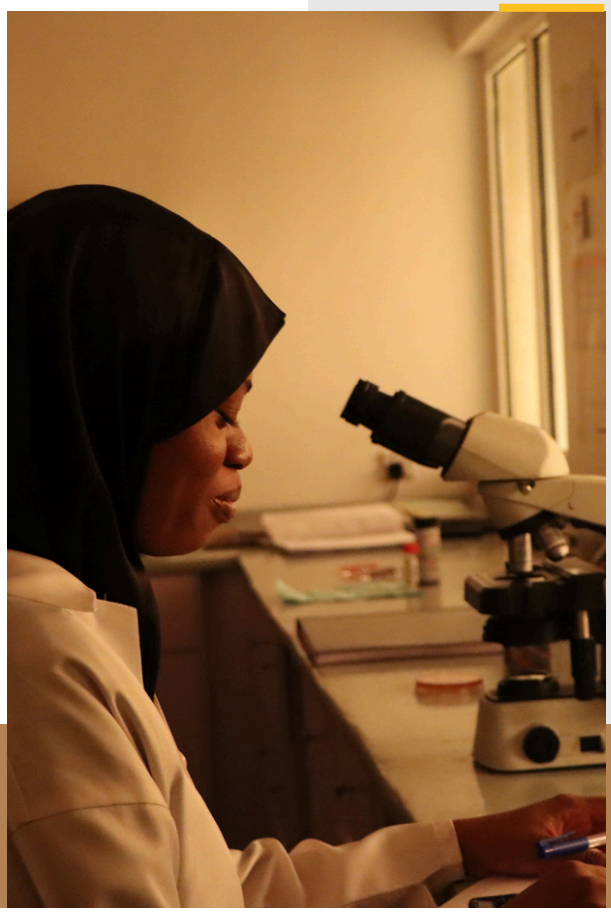
Establishing sustainable mechanisms

By establishing, or re-establishing, AMS Committees and Medicines Therapeutic Committees, Health Partnerships created new space for dialogue at institutional level by shaping AMS/IPC policy and decision-making, and developing institutional guidelines and local level AMS action plans. Many Health Partnerships have also used the newly established AMS Committees to establish new means for data collation and dissemination to MoHs and other key stakeholders to inform the implementation of the NAPs.

All Health Partnerships have included pharmacists in their AMS Committees to inform hospital policy on AMS and IPC. This, in addition to the impact of the COVID-19 pandemic, has resulted in behaviour change in AMS/IPC at the institutional level, with sharing and implementation of best-practice at regional level, and amongst Communities of Practice, as well as recognition of this positive change at a national level.

Conclusions and further recommendations

The CwPAMS programme brings best practice in AMS and IPC to the centre of discussions in health facilities where these may not have been previously prioritised.



This philosophy has been adopted not just at large teaching hospitals but also at district general hospitals, lower-level health facilities and community pharmacies, encouraging a holistic and consistent approach to AMR messaging, awareness and AMS practices.

Supported by pharmacists' knowledge, skills and behaviours, CwPAMS has been crucial in the development and implementation of AMS/IPC interventions which have led to sustainable changes to practice. In addition, our network of in-country consultants is ideally positioned to facilitate the sharing of information due to their involvement in CwPAMS and national committees. This dialogue between policy and practice can help quickly resolve any issues identified.

The WHO have recognised the work of CwPAMS by expressing the programme's ability to utilise international, national, and regional in-country networks in creating impact through the implementation of NAPs as an example of how other partnerships can adopt similar good practice. The international reach of CwPAMS, and the fact that protocols, guidance, and tools have been developed to align with NAPs and international standards, means that learning and practical approaches can be used across many countries. Increasing the impact of global antimicrobial stewardship.

The Health Partnership approach enables institutions in different countries to work more collaboratively, promoting the concept of mutual benefit, co-development, and co-learning. CwPAMS partnerships should be actively supported on both sides to promote the relevance of their work at national level, acknowledging that a longer-term approach will very likely equate to a more significant and sustainable impact on policy for best practice.

Pharmacists, as well as nurses and midwives, have previously not been included in decision-making; however, these cadres hold vital experience and knowledge of the current clinical systems. Utilisation of this information through the involvement of these cadres in hospital committees can enable context-specific policy development. Health Partnerships can connect stakeholders and engage influential individuals, amplifying the success of the projects. Sustaining functional AMS steering committees at national and institutional level can serve as an opportunity to share data andscale up AMS/IPC models to progress and identify sustainability limitations. The active participation of Health Partnerships in discussions with institutional and national stakeholders supports the implementation of NAPs, potentially leading to legislative change.

To sustain the momentum generated by Health Partnerships, it is crucial that there is adequate investment in diverse approaches to spread knowledge and awareness of AMR and the impact that effective IPC and AMS programmes can have. This ought to take place in both clinical and community settings (including settings outside human health) to reach different stakeholders and tackle the problem of AMR sufficiently. In clinical settings, the use of educational films could encourage those delivering health and care services to increase their knowledge levels about AMR and AMS. Learning should continue to be shared at events, conferences, and through publishing opportunities. Communities of Practice (CoPs) should be endorsed for further learning for practitioners. The creation of cross-programmatic CoPs in CwPAMS has demonstrated a real impact in strengthening the knowledge base around AMR and safer practices.

Acknowledgments

CwPAMS is funded by the UK Department of Health and Social Care's Fleming Fund using UK aid. The views expressed in this publication are those of the Tropical Health and Education Trust (THET) and the Commonwealth Pharmacists Association (CPA), and not necessarily those of the UK Department of Health and Social Care.