The Fleming Fund Phase 1

A Summary

Launch Event Q&A

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## Phase 2 General

#### What are the Fleming Fund's strategic shifts for Phase 2?

The Fleming Fund will continue to focus on supporting low- and middle-income countries (LMICs) to generate, share and use robust and quality assured AMR, AMC, and AMU data. Phase 2 will aim to broaden the depth and breadth of activity in Fleming Fund partner countries, and strengthen the usability, relevance and quality of data collected by emphasising five main areas:

1. Greater use of AMR data
2. Applying a Gender and Equity lens to AMR
3. Making the economic case for action on AMR, including measuring the economic and health burden of AMR
4. Greater focus on approaches to AMR One Health
5. A regional approach to surveillance of AMR in animal health
6. Progressing data collection on substandard and falsified (SF) medical products
7. Assessing the role of the private sector in AMU and AMR surveillance

#### When is the grant call for Phase 2 expected?

The Terms of Reference and grant competition for Phase 2 will be on a case-by-case basis and will likely be released for limited tendering in 2023/4.

## Phase 2: Strategic Shifts

### Sustainability

##### Phase 1 of the Fleming Fund provided a lot of support to strengthen physical infrastructure of laboratories, build HR capacity for surveillance, and establish Quality Assurance schemes. The sustainability of these efforts will be key. How is the Fleming Fund addressing this in Phase 2?

##### Global Technical Lead of the Fleming Fund Dr Toby Leslie from [Mott MacDonald](https://www.mottmac.com/article/72372/fleming-fund), the programme's grant management agent, answers.

The main aim of Phase 2 will be to continue to support these nascent systems so that they become stronger, more reliable, and more useful.

Plans for Phase 2 include strengthening capacity for laboratory and surveillance system management (including procurement, logistics and maintenance and servicing of instruments and equipment).

Costing exercises will be undertaken so that governments can understand the cost of maintaining services. We need to emphasise the contribution of the AMR surveillance system(s) to improved clinical care; animal production and health; and wider initiatives - such as Universal Health Coverage - so that bacteriology services become an integrated part of health system planning and development for both human and animal health, and reinforce the importance of the ['One Health'](https://www.flemingfund.org/publications/common-elements-of-good-practice-for-supporting-one-health/) approach.

#### In AMR labs, there is a move from manual to automated systems using machines that demand specific reagents and consumables. These are usually expensive. How are we building actions to ensure sustainability?

The market for automated systems was previously fragmented and inaccessible to suppliers; while the manual systems are subject to technical challenges in maintaining consistent quality in supply of items, media preparation and microbiology.

By using a central procurement function, we were able to negotiate preferential pricing for the instruments with very significant cost saving. In Phase 2, we plan to build on this by collective negotiation with suppliers which has strong advantages for both the supply side (as they have access to new untapped markets); and the demand side (as we can negotiate preferential pricing). By doing this, we hope to create a sustainable supply chain that is affordable and accessible to low- and middle-income countries (LMICs).

### Data use

#### Please share plans on how the data generated from the first phase of the Fleming Fund will be used to inform and support action in country National Action Plans (NAPs)?

Development of NAPs is a country-led process often done with the support of our colleagues in the Quadripartite. An important step in NAP development is to undertake a situational analysis to assist in planning, asking “where are we now and where do we want to be?”

Using evidence generated by the surveillance system -whether it is passive surveillance of AMR or active surveillance of AMU in a country - is valuable when it comes to planning interventions to address the issue of AMR and AMU. Phase 2 activities will include support for a NAP review and refresh. The use of data from the surveillance system is key to developing these into evidence-based plans.

## Questions to panellists

##### Panellists:

* Josh Francis – Infectious Diseases Specialist at Menzies School of Health Research, and the Project Lead for the Fleming Fund Country Grant to Timor-Leste.
* Satyajit Sarkar – Project Coordinator and Policy & Advocacy Lead, The RADAAR Project, International Vaccine Institute (IVI) Policy Grant.
* Ayesha Rasheed – Team Leader for the Fleming Fund Grant at DAI Pakistan.
* Jorge Pinto Ferreira – Food and Agriculture Organisation (FAO) AMR Food Safety Officer, veterinarian, and former Deputy Head of the OIE AMR Veterinary Products Department.

#### What's next? Once we overcome the first hurdle to understanding the problem, how do we use data to find solutions?

Josh Francis: The next step is to use data to make diagnostic microbiology testing available to all people in places like Timor-Leste and support clinicians to make targeted antibiotics choices based on laboratory results.

The need for improved access is greatest in rural and remote regions, and so there is the opportunity to take and apply regional data to the development of site-specific approaches to tackle AMR. Nationally, a more thorough understanding of the burden and impact of AMR across the One Health spectrum should inform practical policy change guiding the use of antibiotics and other strategies to reduce the impact of serious bacterial infections.

Ayesha Rasheed: We work in an environment that is rich in data, but it is often disorganised and not easily interpretable. A priority of the Fleming Fund's in Pakistan was to organise data, ensure that it is easy to use by different audiences, and create resources that are targeted and tailored to the specific audiences. Our next steps are to use the research findings, adapt them to specific messages for policymakers and implementers and advocate for changes in policies and practice for improved AMR stewardship.

Satyajit Sarkar: Two important things must follow immediately: (1) Interpreting the data and effectively communicating the results/implications to policymakers and the wider public, and (2) Consulting with stakeholders to build a shared understanding of the problem and consider policy options.

Jorge Pinto Ferreira: The data on behavioural barriers and enablers will be used to co-design interventions with livestock farmers and field veterinarians. The interventions will be designed to make it easier to measure the correct number of antimicrobials, whilst reminding individuals to continue with treatment. These interventions will also be attractive as they will focus on using biosecurity measures to increase profit, even if it requires an initial investment.

#### Are there any actions these projects are taking to engage the general public on the issues with AMR and antimicrobial use?

Josh Francis: In Timor-Leste, we are working with local pharmacists and pharmacy owners, as well as with farmers, to better understand how and why people use antibiotics for treating people and animals. We have also used social media platforms to reach people with messages about antibiotics and AMR, including this locally produced [video](https://vimeo.com/648391789).

Ayesha Rasheed: In Pakistan, we have engaged with farmers as key individuals affected by the use of antimicrobials in livestock/poultry farming. We have promoted livestock vaccinations to prevent the therapeutic use of antibiotics in livestock and poultry.

Satyajit Sarkar: RADAAR is developing a guidance document for countries on AMR Policy Advocacy. This encourages countries to develop policies that consider framing and communicating AMR, and policies that engage communities and civil society. We hope to convert this guidance document into a series of workshop modules.

Jorge Pinto Ferreira: Much of the materials that we share on social media target a public audience. Please see our [Twitter](https://twitter.com/FAO) and [YouTube](https://www.youtube.com/c/UNFAO) for examples.