# **Fleming Fund grants programme:** progress in the Fleming Fellowship Scheme, Regional Grants and on use of AMR surveillance data

## Overview of the Fleming Fund

In 2015, the UK Government established the Fleming Fund to the value of £265 million over five years to improve laboratory capacity and diagnosis as well as data and surveillance of Antimicrobial Resistance (AMR) in LMICs through a One Health approach[1]. The bulk of the Fleming Fund is being implemented by DHSC's Management Agent (MA), Mott MacDonald, who have oversight of a portfolio of country and regional grants, as well as a Fleming Fellowship Scheme in each of its 22 focus countries (Figure 1).

## Evaluation focus and evidence base for this report

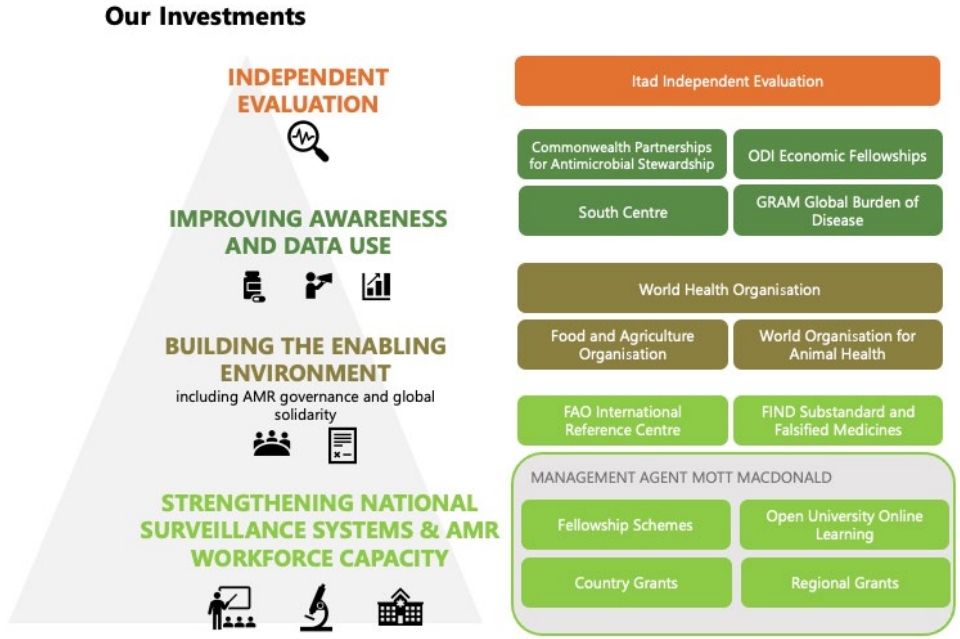
Itad has been appointed to independently assess how far the outputs of this portfolio[2] will contribute to key outcomes reflected in six evaluation questions (EQs)[2]. We have not been tasked to include all aspects of the Fleming Fund, e.g. support to the Tripartite, or grants that DHSC has commissioned directly and which do not fall under the MA's oversight.

However, during 2020, DHSC asked us to focus on understanding the implementation and strengths and weaknesses of three key elements of the FF portfolio: 1) the **Fleming Fellowship Scheme**; 2) the **Regional Grants portfolio**; and 3) the prospects for **use of AMR surveillance data** at country level.

The purpose is to inform the design of a potential second phase of the Fleming Fund, from April 2022 onwards (if approved). We set out findings for each key theme below.

The findings presented here are primarily based on review of available MA documentation for 16 countries[3], key information interviews with more than 200 stakeholders in 16 countries, and at regional and global levels. Preliminary findings were presented to DHSC in October 2020, timed to maximise the opportunity to reflect these in the Business Case for Fleming Fund 2. We reflect on progress up to the end of October 2020, and recognise that additional implementation has subsequently occurred which is not captured here.

**Figure 1:** Overview of the Fleming Fund




## OVERVIEW OF KEY FINDINGS

This report focuses on issues of particular interest to DHSC in early 2020: the Fleming Fellowships Scheme and Regional Grants portfolio, and use of AMR surveillance data. Broader findings regarding effectiveness, VFM, data use, coherence and sustainability will follow in December 2022.

**Our analysis suggests that both workstreams are well conceived and expected to make important contributions to the Fund's overarching goals.** However, it is too early to say how effective they will be given limited actual implementation to date, and the potential impact of COVID-19. There is scope to strengthen in terms of further incorporating best practice, strengthening coordination (recognising this is a challenging area), and demonstrating effectiveness (given the M&E system is not currently well configured to track results at the right level).

**The focus at this stage has been on generation of data and strengthening AMR surveillance systems.**

**The current phase lacks an approach to identifying opportunities to ensure that data is used at country level. However, opportunities to influence AMR-relevant policy agendas do exist in all countries that we looked at.**

Leveraging these will require a different focus and ways of working for the Fund.

[1] AVMA. One Health: A new professional imperative. One Health Initiative Task Force Final Report. Schaumburg, IL: American Veterinary Medical Association; 2008.

[2] Evaluation Questions are focused on: generation of data at country-level, alignment and coherence of AMR investments, sustainability, use of AMR data for policy/regulation and behaviour change, sharing of data at international level, and value for money. Our full evaluation design is set out in our inception report.

[3] Bangladesh, Bhutan, Ghana, Indonesia, Kenya, Laos, Nepal, Nigeria, Pakistan, Senegal, Sierra Leone, Tanzania, Timor Leste, Uganda, Vietnam, Zambia; a rationale for our sample choice is described in our inception report.

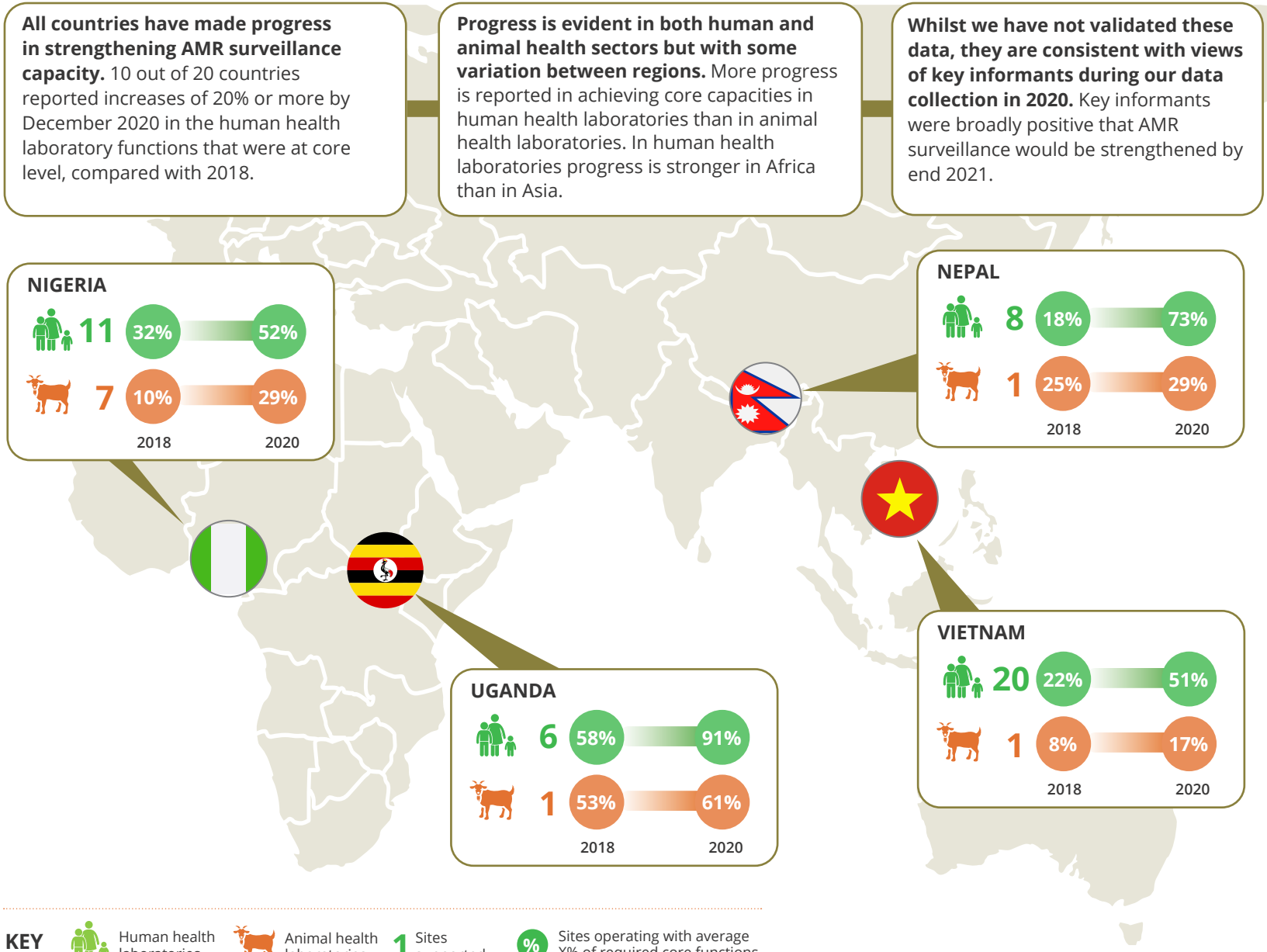
# Progress in strengthening countries' AMR surveillance capacity

Whilst the focus of this document is on the Fellowship Scheme, Regional Grants and use of AMR surveillance data, we have continued to gather evidence against our six main EQs. Evidence of progress in terms of strengthening AMR surveillance capacity is starting to emerge:

**All countries have made progress in strengthening AMR surveillance capacity.** 10 out of 20 countries reported increases of 20% or more by December 2020 in the human health laboratory functions that were at core level, compared with 2018.

**Progress is evident in both human and animal health sectors but with some variation between regions.** More progress is reported in achieving core capacities in human health laboratories than in animal health laboratories. In human health laboratories progress is stronger in Africa than in Asia.

**Whilst we have not validated these data, they are consistent with views of key informants during our data collection in 2020.** Key informants were broadly positive that AMR surveillance would be strengthened by end 2021.




KEY

Human health laboratories

Animal health laboratories

1 Sites supported

% Sites operating with average X% of required core functions

## BOX 1: Strengthening laboratory capacity in Uganda

The Fleming Fund has provided Uganda with three MALDI-TOF laboratory machines to speed up the process of testing and treating patients for bacterial infections. One of the machines identifies bacteria in just two minutes, compared with 18-48 hours for conventional testing.

Emmanuel Azore, a Clinical Microbiologist for the Fleming Fund's Management Agent said: ***"until now, treatment in Uganda has been based on symptoms, rather than on laboratory testing or findings. This often results in misdiagnosis and can increase the risk of drug resistance if patients aren't administered the correct medicines. These new machines will speed up testing results, reduce human errors and ensure that more junior microbiologists can conduct diagnostic tests with accuracy."***

COHERENCE:

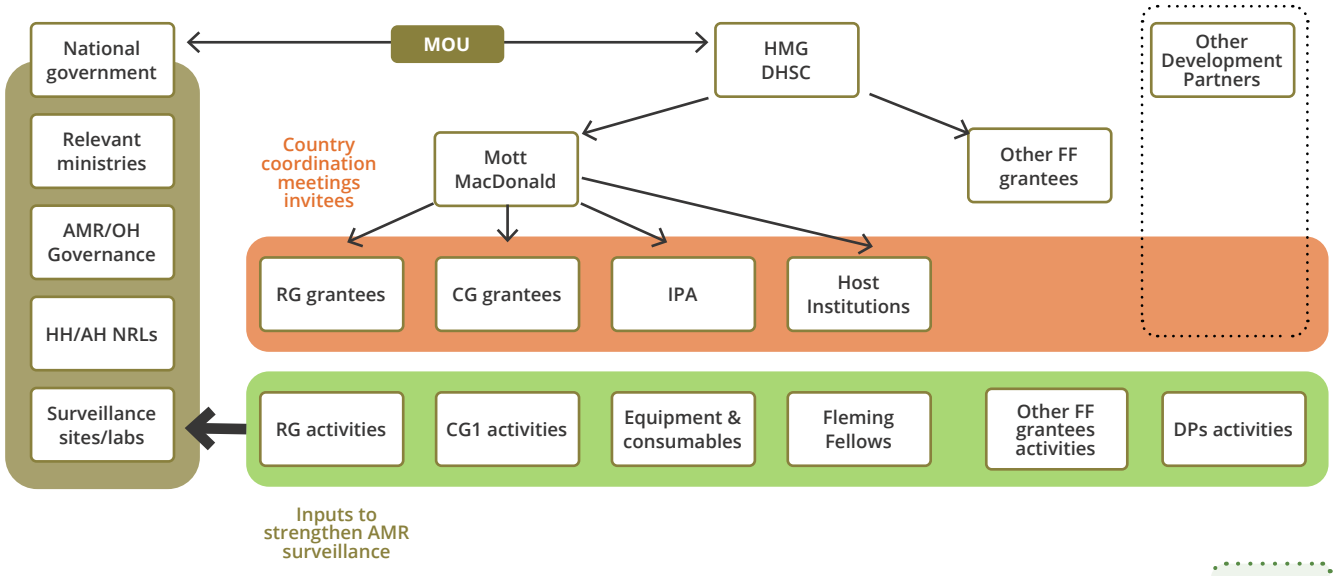
# The Fleming Fund at country level

**The Fleming Fund operational model and ecosystem are complex, and enhancing coherence is challenging, yet essential.** The Fleming Fund has established a complex network of grantees at global, regional and country level (Figure 2). Each of these grantees is variously seeking to establish relationships with country stakeholders with the potential for high transaction costs, fragmentation, and duplication. Added to this, other HMG and international actors and programmes often operate in Fleming Fund countries in areas that relate to AMR surveillance (see visual for an overview).

**DHSC have responded to the growing realisation of need to invest more in coordination, with some success**. For example, DHSC has created a Delivery Partners Portal with key information on the activities of all grantees, including one-page summaries on every Fleming Fund grant and country; DHSC has also developed a theory of change for the Fleming Fund to clarify expected contributions from each grantee and what it is feasible to achieve within this phase of funding. The MA country grantees have recently started to convene regular Country Coordination Meetings involving all Fleming Fund grantees, AMRCC members (optional) and other DPs working in areas related to AMR. These are setting the stage for collaboration outside of the meeting, by linking people together to discuss prospects of synergies.

> *Fleming Fund coherence is well thought through – good approach to strengthen country level data and then move up to regional and global levels.*
>
> ***Regional Grantee***

**Figure 2:** The complex landscape of AMR-focused interventions at country level




**Basic structures for coordination are now in place and the focus is switching to operationalising and getting benefits from them.** There is scope to strengthen coordination mechanisms to achieve greater coherence. The format of the country coordination meetings could be improved, joint work planning between grantees is limited, and grant reviews tend to be conducted in isolation (rather than jointly).

**There is better information sharing (to avoid duplication), but going further is more difficult**. Grantees are aware of the need to ensure coherence with other grantees and there is clear potential for complementarity. Grant documents clearly demonstrate grantees' intentions to collaborate with other grants. But there is evidence that achieving coherence in practice can be hampered by a desire to avoid inter-dependencies between grants, and by delays in implementation (for example, where sequencing means that progress on specific grant activities is contingent on progress in a different grant). Against this landscape, there is a strong imperative for strengthening coordination among all Fleming Fund grantees.

## Suggestions for DHSC consideration for the second phase of the Fleming Fund (FF2)*

Plan for coherence from the start; Invest in having country level theories of change, joint work planning processes and joint annual reviews between all Fleming Fund grantees and including country stakeholders in one country; Ensure that roles and responsibilities around coherence are clear from the start and dedicated resources available.

*Suggestions for the current phase of the Fleming Fund are reported separately.

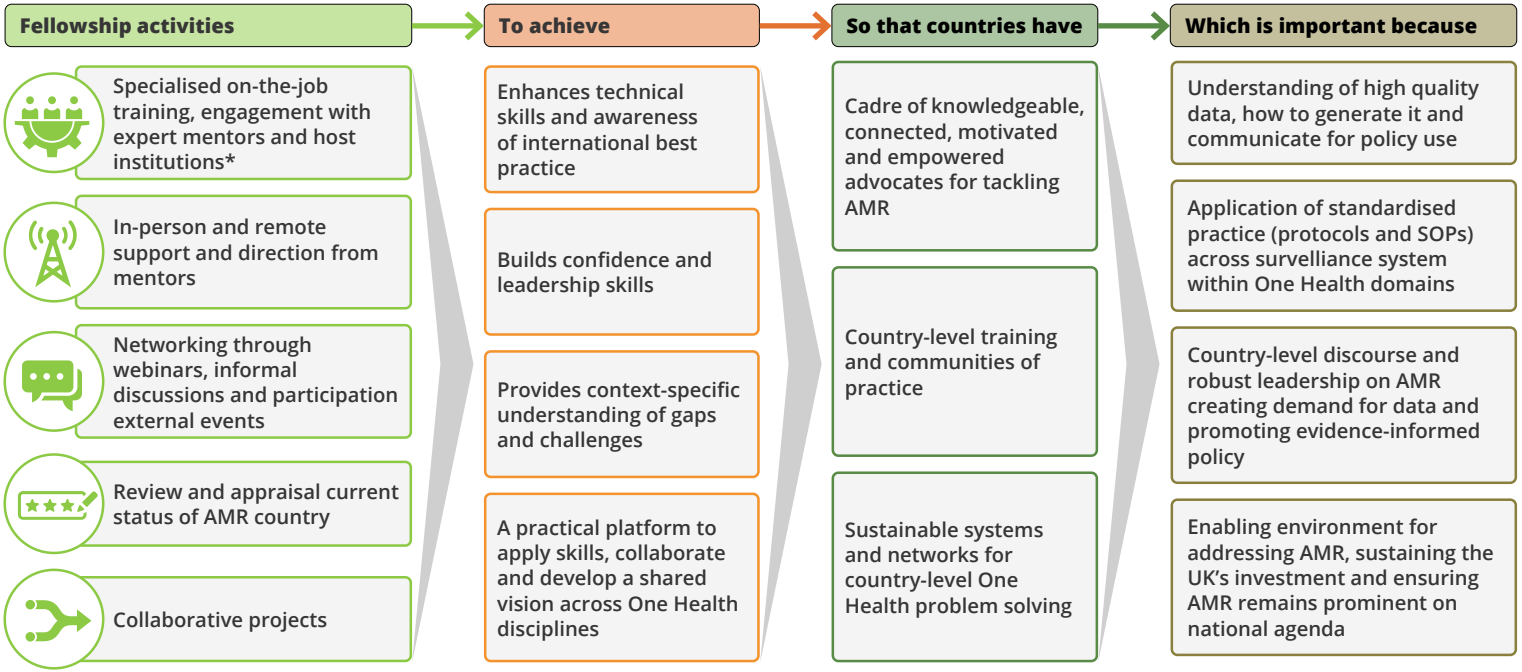
# Fleming Fellowships Scheme

## What is the Fleming Fellowships Scheme and what is it trying to achieve?

The Fellowship Scheme is a programme of individually tailored, capacity building and mentoring designed to empower participants to take leadership roles at a country level, developing the surveillance system and promoting country level discourse on AMR issues (Figure 3). Through three different categories of Fleming Fellows (Box 2) the scheme seeks to build an understanding of what is required to generate, analyse and use high quality data for AMR. Fellows are expected to play a role in driving demand and use of data for policymaking.

Through a combination of on-the-job training and mentorship the scheme provides foundational skills and leadership development to enable Fellows to actively support communities of practice within their own countries. The Fellows participate in country, regional and international networking activities, and collaborate with their peers on One Health projects which together help broaden experience and enable them develop a shared vision across human and animal health systems.

**Figure 3:** Simplified theory of change for the Fleming Fellowship Scheme




*Host institutions are academic or professional institutions working in the field of human and animal health. Host institutions provide specialist mentors matched to each Fellow.

**Respondents expect the Fellowship Scheme to make a vital contribution to building AMR surveillance systems and promoting data use, dovetailing well with Country Grants.** The programme is considered key to promoting cross-sectoral networking and collaboration. The design of the Fellowship Scheme is aligned with best practice principles including a strong focus on individual and country specific needs, with the majority of Fellows' work plans aligning well with national and organisational priorities.

### BOX 2:
### Three categories of Fleming Fellows

**Professional Fellows** hold strategic positions within beneficiary institutions engaged in the generation and use of AMR data. There are three main categories of Professional Fellow for both human and animal health;

- **Laboratory Fellows:** focus on establishing and maintaining quality systems in surveillance site laboratories to ensure good quality data.
- **AMR surveillance Fellows:** focus on epidemiological skills to manage, analyse and utilise AMR surveillance data.
- **AMU surveillance Fellows:** focus on epidemiology, clinical microbiology and pharmaceutical skills to collect, manage, analyse, interpret and utilise AMU surveillance data.

**There are two cohorts of Professional Fellows. Cohort 1** was designed to meet immediate technical needs of beneficiary institutions and address gaps in surveillance capacities. **Cohort 2** will focus on specific needs identified by the Beneficiary Institutions, for example aquaculture, pharmacy, bioinformatics.

**Policy Fellows** are champions who can shape the national discourse on AMR and build country ownership and commitment utilising data/information from the Professional Fellows, country grants surveillance system and other sources.

FLEMING FELLOWSHIP SCHEME:

# Progress to date

**Figure 4:** Implementation status and duration of Fleming Fellowships

✓ Approved ✓ 7/10 Part-approved

○ In review ○ In development

| Country | Workplan Status | Implementation | | | | | |
|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 |
| Ghana | ✓ | | | | Exension granted | | |
| Uganda | ✓ | | | | | | |
| Bhutan | ✓ | | | | | | |
| Laos | ✓ | | | | | | |
| Nigeria | ✓ 7/10 | | | | | | |
| Nepal | ✓ | | | | | | |
| Vietnam | ✓ 4/10 | | | | | | |
| Tanzania | ✓ | | | | | | |
| Timor Leste | ✓ | | | | | | |
| Vietnam | ✓ | | | | | | |
| Senegal | ✓ | | | | | | |
| Pakistan | ✓ | | | | | | |
| Kenya | ○ | | | | | | |
| Indonesia | ○ | | | | | | |
| Bangladesh | ○ | | | | | | |
| Sierra Leone | | No fellows | | | | | |

**Whilst it is currently too early to expect to see results, Fleming Fellows were recognised for the potentially vital role they will play in generating, sharing and using AMR data.** By October 2020, only seven countries had received three or more months support through the Fellowship Scheme (see Figure 4[4]). Implementation of the programme has been substantively impacted by COVID-19; yet there is evidence that stakeholders see the Fellowship Scheme as essential to the wider success of the FF programme.

**Building the capacity and expertise of those directly involved in AMR work is expected to enable them to become drivers of change at a country level.** Fellows provide expertise on the ground to build systems and processes, 'paving the ground' for country ownership and are considered a route to achieving sustainability. For example, in some countries Fellows are responsible for drafting NAPs and in others, policy relevant data is already being produced.

**But at this stage there is no data available through the MA's Monitoring & Evaluation (M&E) system on changes in fellows' competencies and capabilities.** Monitoring data is largely at activity level, and whilst reporting against a competency framework for Fellows has been discussed, plans remain unclear. Reporting against intermediate outcomes should be addressed in FF2 and potentially through more systematic capture of outcome-level change as FF1 progresses.

> *"I think that the Fellowship Scheme gives opportunity to build capacity at personal level. It dovetails nicely with the country grants."*
> ***Country Grantee***
>
> *"Fellowships are helpful to build capacity of a few people who can be drivers of change"*
> ***Regional Coordinator***

## BOX 3: Fellowships in Nigeria

The Fleming Fund supports 10 Professional Fellows in cohort 1 in Nigeria. Fellows receive training and mentoring from their host institutions (HIs): the Technical University of Denmark (DTU) or Public Health England (PHE). The Fellows reported that they have been well matched with their HI mentors.

Whilst Fellows' Beneficiary Institutions agree in principle that Fellows' complete their activities as part of their jobs, this is not always realistic, given competing priorities. However, the Fellows reported that the scheme is addressing their needs and those of their organisations, through intense knowledge sharing and exposure to new areas of knowledge. Networking with in-country peers is encouraged and a multisectoral collaborative project, although beset by some start up challenges, provides a mechanism to apply their learning. Fellows reported that they are starting to be seen as reference points for AMR within their organisations.

***"I've learned how to do antimicrobial susceptibility testing (AST) completely differently. Our visit to our Host Institution blew our minds. There is so much we need to correct." – Fellow, Nigeria***

[4] Country status in October 2020

# Lessons and implications for future action

**In an extremely diverse operating context the flexible support, tailored to individual needs and national priorities provided by the Fellowship Scheme was considered a strength of the approach.** Challenges identified often relate to COVID-19, which has significantly altered the implementation context for the Fellowship programme. Below, we identify strengths that DHSC can build on the second phase of the Fleming Fund (FF2), and areas for improvement in FF2:

## Strengths that DHSC can build on in FF2

- **Specificity and flexibility of the capacity development and mentoring approach** was considered a strength. Involvement of Fellows and Host Institutions (HIs) in work plan development ensures relevance to Fellow's job roles and a good mix of practical and theoretical training supported opportunities to put learning into practice[5].
- **On-the-job training** focuses the scheme on the realities of the situation in a country, involving those actively working on AMR.
- **Generally, selection processes have been effective** in recruiting the Fellows with appropriate skills, motivation and positions within the AMR space. Beneficiary Institution (BI) involvement in this process is considered a strength.

## Areas for improvement in FF2

- **Beneficiary Institution involvement in selections** can also create challenges where candidate selection is influenced by organisational politics. Increased flexibility in recruitment might be required where country-level human resources are limited.
- **It takes time to set up Fellowships,** which has limited the amount of actual implementation to date.
- **Limited focus at the organisational and institutional level.** The Fellowship Scheme is focused primarily at the individual level, and evidence suggests sustainable capacity building requires broader focus.
- **Managing Fellows workload and expectations has been challenging, with many fellows unable to allocate time to Fellowship Scheme activities.** In many cases, this relates to COVID-19 responses but more widely, Fellows are expected to complete Fellowship Scheme work in addition to their current roles.
- **Lack of formal linkages with ministries and the AMRCC** has resulted in limited awareness and engagement with Fellowship Scheme in some contexts, especially where Fellows are not currently members of the AMRCC.
- **Clarity on the relationships between Fellowship Scheme and CGs** has challenged effective collaboration although the extent of this challenge varies between countries.

**There is scope to strengthen the focus on organisational and institutional linkages to enhance the effectiveness of the Fellowship Scheme.** Building management support, through increased engagement; interaction between HIs and BIs and formal feedback loops with ministries/AMRCC may help address some of the challenges faced during implementation. Understanding the incentives structure for Fellows when promoting behaviour change and maintaining motivation requires consideration. There is variation in how Fellows are supported by BIs and whether they are given time to carry out their activities.

**Best practice principles related to implementation have been heavily impacted by COVID-19** with practical training limited due to travel restrictions, difficulties in building and maintaining mentor-mentee relationships and limited opportunities for face-to-face networking and collaboration.

## Suggestions for DHSC consideration for the second phase of the Fleming Fund (FF2)*

- **Clearly articulate links, interactions and processes for coordination between Fellowship Scheme and CGs** at the start of the programme, potentially through an agreed country-level theory of change.
- **Consider the balance of Fellows' day-to-day work with the expectations of the Fellowship Scheme** in design of the work plans. Work closely with BIs to establish manageable workloads and consider incentives such as certification, stipends etc.
- **Promote engagement of AMRCC and ministries:** Ensure AMRCC buy-in at inception and strengthen formal feedback mechanisms where Fellows are not AMRCC members.
- **Cultivate Beneficiary Institutions' senior members' engagement.** BI ownership is a strength of the programme and should be reinforced.
- **Develop monitoring and evaluation frameworks that effectively capture outcome level change.** Assess baseline-endline capacity and track training and dissemination activities and AMR sector engagement.

*Suggestions for the current phase of the Fleming Fund are reported separately.

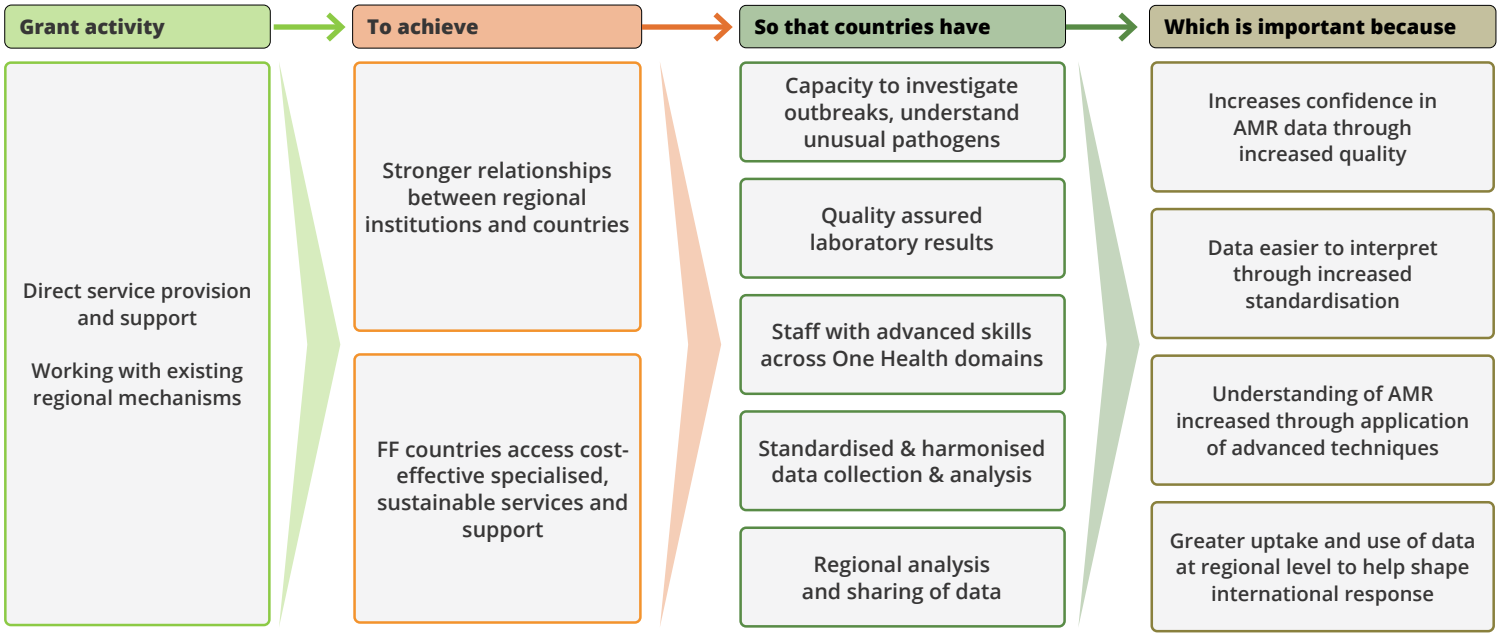
[5] Where face-to-face support was possible prior to COVID-19

# Regional Grants

## What are the Regional Grants and what are they trying to achieve?

The major part of the Regional Grants (RGs) portfolio[6] is a set of complementary interventions which is organised at regional level to aggregate country-level demand and to maximise the pool of suppliers (both of which form key assumptions that we looked at during our data collection). The portfolio is intended to complement Fleming Fund country grants and Fleming Fellowship, to both support country-level outcomes and strengthen relationships between regional institutions and countries (Figure 5). The thematic focus of specific grants was determined through consultation responses from 33 experts, and reflects services that can not easily be delivered at country level or should not be a country-level function[7].

**Figure 5**: Simplified theory of change for the Regional Grants portfolio




**Review of relevant experience suggests that good practice has broadly been followed and that design of the Regional Grants is a key strength**, whereas there have been more challenges in actual implementation. For the key assumptions highlighted above, there are questions on whether aggregating demand can be achieved as countries have not yet consistently demonstrated buy-in to regional services (mainly as grant services are not being delivered yet); however the assumption about access to a broader pool of suppliers seems to hold and grantees are well appointed.

[6] The RG portfolio includes four grants focused on retrospective data collection (RG1), as well as seven grants focused on supporting country-level AMR surveillance (RG2). We focus here on the RG2 grants, acknowledging that progress in implementing RG1 grants is further advanced.

[7] Specific technical capacity being built by the RG2 portfolio includes: strengthening quality of laboratory results through external quality assurance, provision of specialised technical training in microbiology and epidemiology, standardisation and harmonisation of data collection through regional protocols and ability to investigate outbreaks and understand unusual pathogens through Whole Genome Sequencing.

### BOX 4: Regional Grants added value in the COVID-19 response

The Whole Genome Sequencing (WGS) Regional Grant is designed to upgrade WGS capability for bacterial antimicrobial resistance (AMR) across Africa though support to regional centres in **Tanzania, Nigeria, South Africa** and **Ghana**. The majority of WGS equipment and training can also be used in the COVID-19 response.

After consultation with key stakeholders, including Africa CDC, the Fleming Fund approved additional funding to sequence up to 1,000 SARS-CoV-2 whole genome sequences from Fleming Fund priority countries and beyond.

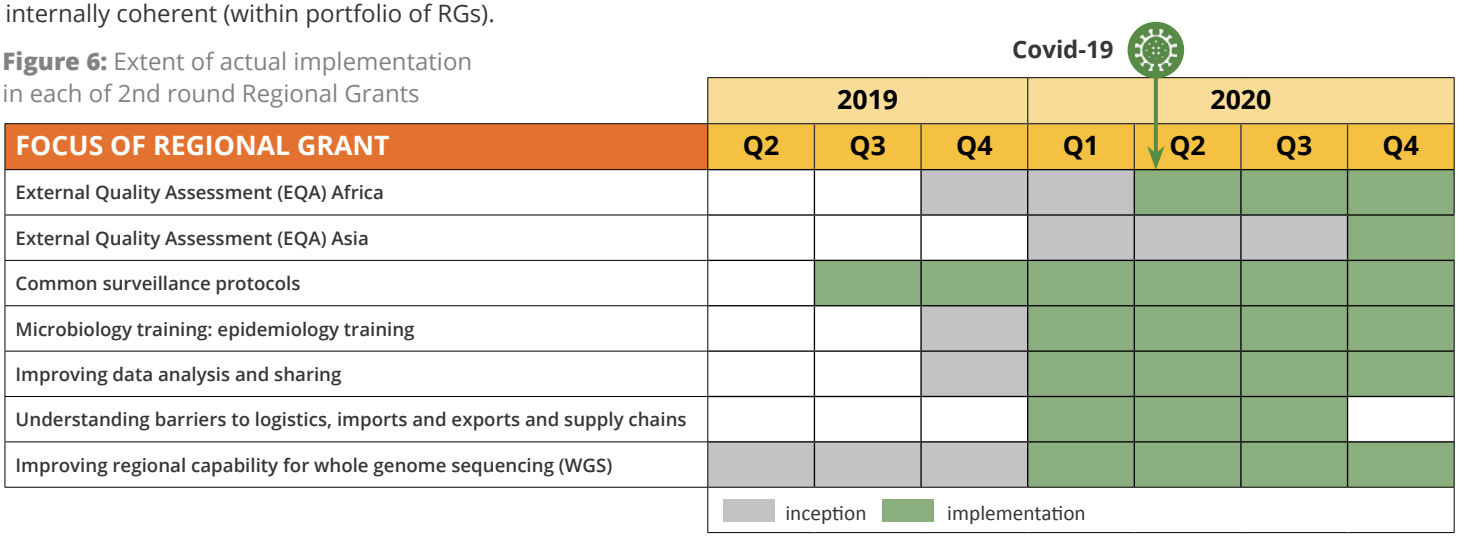
This is an example of flexible, responsive support by the Fleming Fund which also promotes value for money of the WGS Regional Grant. Providing sequencing support to the COVID-19 response is an opportunity to boost Africa's WGS capabilities and to accelerate the use of WGS across Africa. Key staff are expected to gain expertise in the use of WGS equipment, systems and protocols which should translate into an enhanced ability to conduct WGS of AMR samples in the region.

> *"Really want to convey that what FF are trying to do is really needed - nothing has happened for 20 years, there is a huge gap. Have opportunity to do something unique and vital."* ***Regional Grantee***

# Progress to date

**It is too early to expect to see substantive results, given limited time for actual implementation of Regional Grants at country level.** Figure 6 shows that of seven second round regional grants, only one had been in full implementation (i.e. past inception phase) by February 2020 when the COVID-19 pandemic placed substantive constraints on grantees ability to implement their planned activities. However, respondents report that the portfolio is focused on issues that are needed by countries and are internally coherent (within portfolio of RGs).

**Figure 6:** Extent of actual implementation in each of 2nd round Regional Grants




## Lessons and implications for future action

### Strengths that DHSC can build on in FF2

A number of strengths of the RG portfolio were identified by key informants, including: the choice of the RG2 portfolio themes and grantees to implement these, the use of existing networks and capacities, and giving space to grantees to tailor and adapt their approaches to country needs during a clear inception phase (see Box 2 for example of adapting to support the response to COVID-19).

### Areas for improvement in FF2

There is scope to strengthen elements related to the articulation of the strategic vision for each grant and to put in place systems to track progress (whilst recognising that the Fleming Fund monitoring framework is still evolving, it is currently largely focused at output level[8]). Other challenges identified by key informants related to: limited time available to deliver agreed objectives (see Figure 6 below), the risk that RGs add to the complexity of Fleming Fund delivery at country level, the difficulty of securing buy-in from national governments when Regional Grants do not have a country presence, and the risk of silos between regional grants, Fleming Fellows and country grantees which is exacerbated by management arrangements within the grant portfolio more broadly – such as limited involvement of the MA's Regional Teams in managing the RGs.

### Suggestions for DHSC consideration for the second phase of the Fleming Fund (FF2)

- Grants need longer to deliver agreed objectives. Starting from beginning of FF2 will help, including for sustainability (although a clear, measurable sustainability strategy with responsibilities and targets is also needed).
- The MEL system needs to be able to demonstrate effectiveness, and to encourage learning, including to share common challenges across grants. Effective use of annual and end of grant review processes could provide a mechanism to address this.
- In-country links are central to effectiveness, e.g. for buy-in and coherence. Yet Regional Grants are managed separately from country grants and Fleming Fellowships, Regional Teams oversight of RG implementation is minimal, and linkages between RG grantees and other parts of the portfolio are consequently ad hoc. There is scope to review and revise management of the grants portfolio to maximise coherence, efficiency and effectiveness.
- Recognise importance of maintaining existing suppliers and address any procurement issues upfront. Identifying and contracting processes for the RG2 grants revealed a limited pool of qualified suppliers. Whilst suppliers have been well chosen, the lack of alternatives make it important for DHSC to proactively manage procurement processes to enable direct award of regional contracts where appropriate in order to ensure continuity of provision.

* Suggestions for the current phase of the Fleming Fund are reported separately.

[8] While this is probably sufficient for contractual accountability purposes and to manage for efficiency, it does not meet DHSC's and the evaluation's information needs in terms of changes at the outcome level.

# Is AMR surveillance likely to contribute to changes in policy, practice and ultimately in reducing AMR?

In December 2022, our summative evaluation report will reflect on the extent to which AMR surveillance is likely to influence changes in AMR-related policies and behaviours. Whilst it has always been acknowledged that effective use of data is unlikely during the first phase of the Fleming Fund, supporting use of data is likely to be a key objective of any second phase. We present here findings from our literature review and country-level interviews on whether AMR surveillance data and relevant policies are likely to be used and implemented, and factors affecting this.

**AMR surveillance makes a necessary contribution to reducing AMR, but it is not sufficient in and of itself to deliver this.** The primary contribution of surveillance is in strengthening the knowledge and evidence on which evidence-informed policies can be based (Figure 7).

**The Fleming Fund assumes that its contribution to strengthening surveillance will be done in the context of an AMR National Action Plan (NAP) in each country,** which is being implemented under the direction of an effective multisectoral governance structure (AMR coordinating committee, or AMRCC). National Action Plans broadly follow the Global Action Plan on AMR[9] as set out by WHO, and include AMR surveillance as one of five pillars needed to tackle AMR (see Figure 7). Tackling AMR relies on implementation of the NAP across all pillars, most of which are outside of the Fleming Fund's control.

**Yet evidence suggests that AMR NAPs are not always being resourced and implemented.** Government budgets for NAPs are lacking in most countries. And it is not clear how NAPs can be prioritised in resource-constrained contexts when most NAPs have no operational plans, monitoring frameworks and weak governance structures[10].

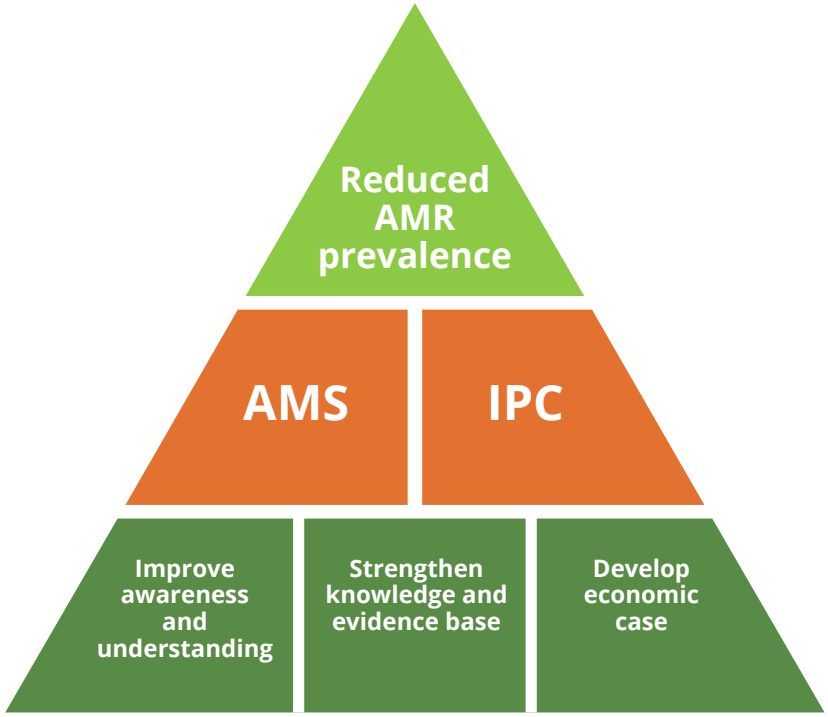



**Figure 7:** The AMR Global Action Plan's five pillars for tackling AMR

**BOX 5:**
## Using AMR data to avert outbreak of hospital acquired infection in Timor Leste

Nevio Sarmento, who has worked as a scientist in the Timorese health system for 10 years and now works on the Timor Leste Fleming Fund country grantee team, says ***"better communication has also had a tangible impact on patient health. For example, in one case, test results from an intensive care patient showed the presence of a multi-resistant pathogen. New equipment from the Fleming Fund helped ensure testing accuracy and confirmed the pathogen's antibiotic resistance pattern. As a result, the hospital closed the intensive care ward to completely disinfect the environment, avoiding further infection transmission."***

[9] https://www.who.int/antimicrobial-resistance/global-action-plan/en/

[10] We note that the Fleming Fund is providing support to other NAP priorities beyond surveillance, in particular through the Tripartite and its Multi-Partner Trust Fund, which may contribute to strengthening NAP implementation.

# What can be done to maximise use?

**Prioritisation of an agenda happens when policymakers concurrently understand the problem, have a viable solution available and are convinced of the need to act** (Figure 8). When this happens is unpredictable (not linear, more chaotic) and it is sometimes facilitated by a policy entrepreneur.

**However, evidence from published literature and key informant interviews suggests that the necessary conditions for prioritisation of NAPs are generally not in place (Figure 9).** This is not unexpected when it comes to broader experience with agenda setting. To date, the Fleming Fund has not focused on establishing the full range of conditions that are necessary and sufficient for use of AMR surveillance data or verifying whether these conditions are in place, primarily because it has emphasised production of the data during this phase of the Fleming Fund.

**Perhaps most importantly, there is some evidence of countries' intentions to change policies and regulations that are relevant to AMR which provide opportunities for the Fleming Fund and its partners to engage with.** There is also some evidence AMR surveillance data is being used to improve clinical outcomes at facility level (see Box 5).

**Figure 8:** Kingdon's three stream model of agenda setting[11]

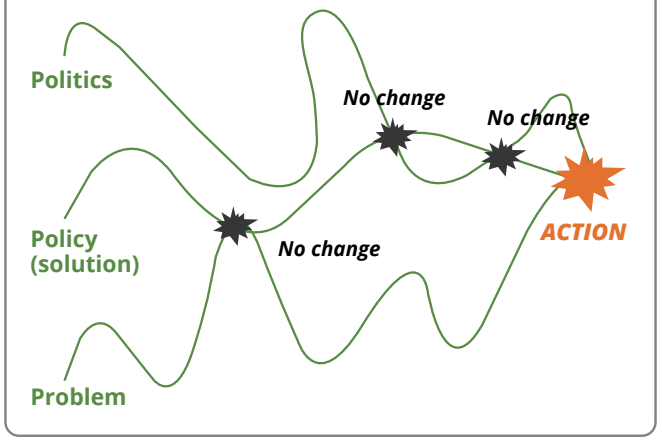



**Figure 9** Overview of extent to which necessary conditions are in place for prioritisation of AMR National Action Plans.

| | Ghana | Kenya | Laos | Nepal | Nigeria | Pakistan | Senegal | Sierra Leone | Tanzania | Timor Leste | Uganda | Vietnam |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Problem** | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **Policy** | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **Politics** | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **PE*** | ○ | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | ● |
| **Window** | ● | ○ | ○ | ○ | ● | ○ | ● | ● | ○ | ● | ● | ○ |

● Conditions not in place
● Conditions partly in place
○ Unclear whether conditions are in place

*Policy Entrepreneur

[11] Adapted from Sieleunou, I., Turcotte-Tremblay, A.-M., Fotso, J.-C.T., Tamga, D.M., Yumo, H.A., Kouokam, E., Ridde, V., 2017. Setting performance-based financing in the health sector agenda: a case study in Cameroon. Globalization and Health 13, 52. https://doi.org/10.1186/s12992-017-0278-9

## Suggestions for DHSC consideration for the second phase of the Fleming Fund (FF2)*

**Published literature points to changes which the Fleming Fund can seek to pursue with AMR surveillance systems to strengthen the use and uptake of AMR surveillance data:**

- Be realistic about strengths and limitations of NAPs as a tool for prioritisation, coordination and driving the broader agenda forward.
- Be able to identify opportunities that exist within multiple policy agendas – e.g. AMR-relevant policy processes, e.g. for infection prevention control (IPC), Antimicrobial Stewardship (AMS), laboratory or broader health system strengthening, are likely to happen outside of AMR governance structures. These can provide scope for use of AMR surveillance data even if there is lack of overall progress in prioritising AMR.
- Be ready for the opportunities when they come up (rather than having to respond).
- Be proactive in terms of who the stakeholders are and identifying potential policy entrepreneurs.
- Have a flexible and experimental approach.
- If focus on use is at facility level – be clear on how FF will ensure system-wide effects and avoid well-documented risks associated with pilots/demonstration model approaches.

* Suggestions for the current phase of the Fleming Fund are reported separately.

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