

# The Petri Dish

# Welcome

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We are always looking for stories from Fellows and opportunities to share knowledge. If you have a story or articles you'd like featured in a future newsletter, please email us!



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[FlemingFund.org](http://FlemingFund.org)

Welcome to the August edition of the Petri Dish. It is still a time of global uncertainty regarding the rate of COVID-19 infections across the globe. Many countries still have their sights focussed on the health and safety of their populations as local and national case rates continue to fluctuate. Throughout this, Fellows have continued to work on their Fellowship activities as best they can and mentors and Host Institution staff have continued to support them, adapting courses and approaches to fit the circumstances as they change.

It is with their nations' health in mind that we warmly welcome five new Fellows: two Cohort II Professional Fellows and a Policy Fellow for Tanzania, and two Policy Fellows for Laos. It is especially exciting to see one of our Laos Cohort I Fellows, who has just completed his Fellowship, returning as a Policy Fellow. Find out who by reading about the new Fellows in this issue.

With the difficult job of explaining how to translate evidence into policy, Dr Tanja Kuchenmüller spoke at this month's Fellows webinar and addressed this problem with an excellent presentation. She explained processes to help us put the various pieces of the policy puzzle together and provided links to resources to use and share. There was a lot of interest from Fellows wanting to know how their country can join EVIPNet, and if you would like to explore what the programme does, this too can be found in the links on pg. 2-3, and you can also get in touch with Tanja directly. Our thanks to Tanja for giving us a fun and exciting presentation that has sparked a great deal of interest among the Fellows.

Finally, we were exceptionally lucky to have the Director of the UK International Directorate, Anna Wechsberg to present the certificates for our Laos and Ugandan Cohort I Professional Fellows at the September Fellows Webinar. Thank you to everyone who was able to join us to hear about the work and projects from these Fellows, and to see them receive certificates in completion of their Fellowship activities. I look forward to seeing you at the next webinar in October.



*Eileen Chappell*

## Important Dates

**October Fellows Webinar – Wednesday 6<sup>th</sup> October at 08:30-09:30 BST (UTC+01:00)** - We are looking for presenters to share their work or discuss topics in AMR at the next Fellows webinar. If you are interested at speaking at this event please email [FlemingFellowshipScheme@mottmac.com](mailto:FlemingFellowshipScheme@mottmac.com).

Presentations can include:

- Overview of individual or collaborative projects
- Discussions on published studies or articles
- Insights into national or regional trends in AMR
- Joint presentations from Fellows and mentors

**Register for the 2021 Fleming Fellows Symposium – Wednesday 10<sup>th</sup> - Thursday 11<sup>th</sup> November** - The Fellows Symposium runs for two half-days and is an event for Fellows and Host Institution teams to virtually meet, connect and share ideas.

Registration is now open [HERE](#)

**Dame Sally Davies, UK Special Envoy on AMR, will be delivering the keynote address at the 2021 Symposium.** The programme will also include poster presentations and sessions on impact, sustainability, solutions, Policy Fellowships and mentor-Fellow collaboration.

[Register](#) in advance to receive links to attend the Symposium, programme updates, and networking information.

### **ARE YOU ON THE FLEMING FUND MAILING LIST?**

The Fleming Fund sends out monthly newsletters with more information on external events and achievements from across the programme, including Country and Regional Grants.

If you are not receiving these emails, you can sign up using [THIS FORM](#).

## August Webinar Q&A

With an ever-growing number of Policy Fellows joining the Fellowship Scheme each month, the August webinar brought a focus to evidence and AMR policy.

Tanja Kuchenmüller, unit head for Evidence to Policy and Impact at the World Health Organisation (WHO), joined the August webinar to discuss EVIPNet: the Evidence-informed Policy Network. EVIPNet was established in 2005 to promote the use of research evidence in public health policy development and implementation.

At the webinar, Tanja discussed the EVIPNet approach to supporting knowledge sharing in health policy, and how EVIPNet members are using the platform to advance AMR policies. Tanja also answered questions from Fellows following her presentation.

### **What are the steps for countries to be part of EVIPNet?**

**Nigeria, Ghana, Sierra Leone are currently supported by Fleming Fund, responding to AMR. What would be the requirements to have a West African hub of EVIPnet for instance?**

**Tanja:** Please see the following link for more detailed information: [www.who.int/publications/m/item/how-to-join-evipnet](http://www.who.int/publications/m/item/how-to-join-evipnet). This link on 'how to join EVIPNet' is also valid for subregions.

I would be happy to put Fellows in touch with the WHO Regional Advisor on Research and Evidence-informed Policy, if of interest.

### **Do we have EVIPNet Africa? If not, how can African countries join this network?**

**Tanja:** Our WHO Regional Office for Africa (AFRO) is currently revitalising EVIPNet. For African countries to join EVIPNet, please use the link above. I'd also be happy to convey interest to my colleagues in AFRO who, I trust, would be delighted to hear about the prospects of new engagements!

# August Webinar Q&A

**Thank you Tanja for a fantastic presentation!! Could you say a little more on lessons regarding policy implementation and the idea of continuous adaptive learning, as well as course correction (ie. strong M&E) and inclusive processes of monitoring?**

**Tanja:** We are in the process of developing our implementation tools and approaches. We are working closely with our WHO Collaborating Centre in Canada, the McMaster Health Forum, on this. You can see their approach here: [www.mcmasterforum.org/find-evidence/products/project/creating-rapid-learning-health-systems-in-canada](http://www.mcmasterforum.org/find-evidence/products/project/creating-rapid-learning-health-systems-in-canada).

**The policy information already shared by member countries on EVIPNet creates benefits for new countries who join the network. But how do you anticipate current EVIPNet members will benefit from more countries throughout Asia and Africa joining the platform?**

**Tanja:** Beyond being a network, EVIPNet is a social movement that aims to foster cultural change across the globe for the systematic and transparent use of the best available evidence in health decision-making. Hence, expanding the network/movement to other countries and regions is part of EVIPNet's mandate. Through peer-exchange and learning, mentoring and reciprocal innovation we strive to apply an inclusive approach from which any country can benefit.

**EVIPNet is about sharing and learning; does it have any training modules or online courses that Fellows could take? Would Fellows have to be within a member state to take part?**

**Tanja:** Currently multicountry and country-specific workshops are only offered to EVIPNet members. We are currently working on online training, though that should be made publicly available next year.

**The Action Cycle that you presented is really helpful in providing us with a process for understanding what we have to do to use data in policy-making but how can we ensure that AMR is considered a priority?**

**Tanja:** For AMR to be considered a priority, it would need to score high in the EVIPNet priority setting process. For more details, see the [EVIPNet manual on developing evidence briefs for policy](#), pg. 23-25

**I understand the need to engage and influence policy makers, but how can we do this with limited evidence and little-to-no government funding to collect the data?**

**Tanja:** At times, policy, programme or practice decisions need to be made even when there is insufficient evidence available on possible impacts. In the absence of a systematic review about the impact of a policy option, a rapid review of the evidence should be considered. If a rapid review is conducted, a full systematic review should be considered at a later date. In the absence of a systematic review, it may also be appropriate to draw on other types of evidence, such as indirect evidence, observational studies, and tacit (colloquial) knowledge.

Participatory processes that involve stakeholders, such as those used for the development of recommendations within guidelines, can help to ensure due process, but the uncertainty in the decision should be acknowledged. When decisions are made based on insufficient evidence, a well-designed evaluation (of process, outcomes and impacts) is necessary, which could be in the form of a pilot study prior to fully rolling out the policy or programme.

**Thank you Tanja for an informative overview of EVIPNet and answering questions about the platform.**

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You can learn more about EVIPNet by visiting the range of tools available online.

- [EVIPNet Situation analysis manual](#)
- [EVIPNet evidence briefs for policy. Using the integrated knowledge translation approach. Guiding manual.](#)
- [EVIPNet Policy Dialogue preparation and facilitation checklist](#)
- [EVIPNet Communication and advocacy checklist](#)
- [EVIPNet Conceptual background and case studies](#)

# Welcome to New Fleming Fund Fellows

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This month, we are welcoming new Cohort II and Policy Fellows from Tanzania and Laos. These Fellows have all taken part in Orientation Meetings with their Host Institutions and are currently working with mentors on developing workplans. You can learn more about these Fellows, their professional backgrounds, and motivation to join the Fellowship Scheme below.

**Join us in welcoming Zimbwe, Helmut, Witness, Souphatsone and Phouvong to the Fleming Fellowships.**

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**Kauke Bakari Zimbwe – AMU/C Surveillance, Human Health (Tanzania)**

I am Kauke Bakari Zimbwe (but go by Zimbwe). Currently, I'm based at Benjamin Mkapa Hospital and in charge of the interdepartmental clinical practice in oncology pharmacy, pharmacotherapy training and research. I am a committed clinical pharmacist with an understanding of infectious disease control and rational antibiotic use.

I applied for the Fellowship programme because of my interest in AMU and aspiration to excel in collecting, analysing and interpreting data in this field. I am motivated to lead in the effort against inappropriate antimicrobial use as part of the fight against AMR.

I hold a master's of pharmacy, with a focus on hospital and clinical pharmacy, from Muhimbili University of Health. I worked as a tutorial assistant at Muhimbili University and as an assistant lecturer at St. Augustine University of Tanzania. I also served as clinical pharmacist at the Ocean Road Cancer Institute.

I am a member of the National Medicine and Therapeutics Committee and participated in the development of the 2020 Standard Treatment Guidelines and Essential Drug List.



**Helmut Nyawale – AMR Clinician, Human Health (Tanzania)**

I'm Dr Helmut Nyawale, a clinical microbiologist at Bugando Medical Centre and a lecturer at the Catholic University of Health and Allied Sciences - Bugando.

The focus of my work is to provide a link between the Bugando Zonal Referral Laboratory and other clinical departments within and outside the Bugando Medical Centre. Apart from teaching and research, I am also involved in microbiology laboratory bench work at the Central Pathology Laboratory, as well as antimicrobial

therapy and outbreak containment consultations.

I have been working in the microbiology laboratory for the past five years and have experienced first-hand the antimicrobial surveillance support provided by the Fleming Fund Country Grant in Tanzania. So, when a Fellowship opportunity came about, I didn't hesitate to apply because this Fellowship will add value to the clinical laboratory expertise needed in the fight against AMR. I hope, through the Fellowship, to receive mentorship and training on the collection, analysis and interpretation of AMU and AMR surveillance data. This will inform prescribing practices and future surveillance priorities.

In my free time I like to travel around Africa. My next destination, once travel restrictions ease up, is São Tomé and Príncipe.

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**Witness Mchwampaka – AMR Policy, Human Health (Tanzania)**

I am Dr Witness Mchwampaka, a medical epidemiologist. Since April 2021, I have been working in the Ministry of Health within the Epidemiology, Prevention and Control of Disease section.

I am the national focal point member of the International Health Regulation (IHR) focussing on disseminating and consolidating information from all relevant sectors and coordinating IHR-related activities. I provide technical support to national,

regional and district health teams in responding to disease outbreaks. In this capacity, I also support health teams in liaising with other departments and sectors for disease control and prevention.

# Welcome New Fellows

The Fleming Fellowship in AMR surveillance drew my attention to the scheme as Tanzania is currently implementing the Action Plan on Antimicrobial Resistance 2017-2022. Additionally, Tanzania enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS) in 2019 to strengthen knowledge and evidence through surveillance and research.

As part of my Fellowship, I want to be more focussed on the surveillance of AMR with respect to human and animal health; hence, a One Health approach. I am committed and capable of adapting to new situations and synthesizing information while maintaining relationships across sectors.



## **Souphatsone Houatthongkham – AMR Advocacy for Health Economics, Human Health (Laos)**

I am an epidemiologist who has been working at the National Center for Laboratory and Epidemiology (NCLE), within the Ministry of Health, for more than 10 years. My current role is deputy chief of the Epidemiology Division.

Within my role, I am responsible for AMR data management, surveillance, and response to AMR

outbreaks in hospitals and communities.

In 2019, I was awarded the Fleming Fellowship in AMR Surveillance for Human Health as part of the Cohort I Fellowships in Laos. During my Fellowship, I conducted a collaborative project focussed on the health and economic burden of AMR using hospital-based surveillance. I provided training on AMR data management, which included the use of WHONET software, and SOP development for AMR outbreak investigations.

I graduated with a master's of healthcare administration from Nagoya University in Japan in 2017. I am very interested in health economics as well as policy development, and the Fleming Fund is providing me with a second opportunity to work in this field.

I will use this opportunity to sharpen my skills and knowledge in health economics policy, and am looking forward to learning from health economics experts. I also hope to transform AMR data into evidence-based decision making for policy, and raise awareness of AMR problems in the public sphere to try to encourage people to use antibiotics appropriately.



## **Phouvang Phommachanh – AMR Advocacy, Animal Health (Laos)**

I am the director of the National Animal Health Laboratory in the Department of Livestock and Fisheries, Ministry of Agriculture and Forestry in Laos. Since 2003, I have been working in the field of avian influenza surveillance and diagnosis.

I received my doctor of veterinary medicine degree from Khonkaen University in Thailand in 1999. After veterinary school, I started working as a laboratory technician in charge of rabies diagnosis at the National Animal Health Laboratory.

In 2004, during a highly pathogenic avian influenza outbreak in Laos, I was assigned as head of the Avian Influenza Diagnostic Group. At the same time, I was also nominated to work as national consultant for the project "Immediate Technical Assistance to Strengthening the Capacity for Avian Influenza Prevention and Control", supported by the FAO. After the project ended in 2013, I was promoted to deputy director for the National Animal Health Laboratory.

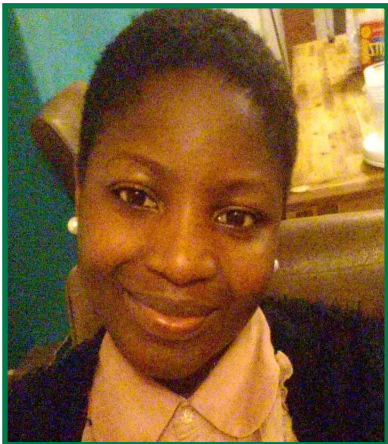
During my career, I have worked on many collaborative projects. In particular, I assisted in conducting research with St. Jude Children's Research Hospital and Avian Influenza Full Genome Sequencing for all Isolates in Laos with USCDC support. I integrated zoonotic avian influenza surveillance, and synchronised surveillance at the human-animal-environment interface; both with FAO support. Most recently, I have worked with the Fleming Fund, through FAO, to conduct National AMR surveillance across high-risk provinces of Laos.

# Get to know the Team

In June this year, we welcomed **Jemima Clarke as the new Fleming Fund Fellowships Lead at the UK Department of Health and Social Care.**

Jemima oversees all Fellowships supported by the Fleming Fund. The Fellowships include those managed by the Overseas Development Institute (ODI), the Commonwealth Partnership for Antimicrobial Stewardship, in addition to our Professional and Policy Fellowships with Mott MacDonald.

To formally introduce Jemima to our Fellowships community, we asked her a few questions so you can get to know her better.



**Hi Jemima, can you tell us about your work with the Fleming Fund? When did you join the programme?**

**Jemima:** I am a policy and programmes manager on the Fleming Fund. I have been with the team for 18 months and have led on financial management, grant management for a couple of grants and Monitoring, Evaluation and Learning. As of June I became the Fleming Fund Fellowships Lead.

**Why is the work of the Fleming Fund important to you?**

**Jemima:** Covid-19 has shown how devastating a global pandemic can be. With AMR being arguably the world's next greatest global health threat, the importance of the work the Fleming Fund does is even more evident.

**What interested you about the Fleming Fellowships?**

**Jemima:** Before joining the civil service, I had been teaching at the University of Manchester. The teacher in me is still passionate about supporting people to access learning so they can fulfil their potential and develop. The Fellowships, though not a formal academic learning programme, does just this! I also love

the model of work-based learning; unlike some academic routes of learning, this model ensures the learning is applied, relevant and understood!

**How has your previous professional experience helped you with your work on the Fleming Fellows?**

**Jemima:** Having been on the Fleming Fund for the past 18 months prior to leading the Fellowships, I have had a good insight on the Fellowships which has put me in good stead for this role. However, coming from an academic background, I think I am able to engage with the capacity development objective of the Fellowships in a unique way. For example, I recently redesigned a course for online delivery. This experience has helped me to appreciate the challenges of remote training and mentorship during this time.

**Even though we've been working online, have you had any standout experiences with the Fellowships? What are you looking forward to in the year ahead?**

**Jemima:** I have enjoyed hearing about the Fellows' fascinating projects and seeing their passion during the webinar sessions. What you do is really important work! Collectively you are supporting your countries' AMR surveillance systems and I love seeing how each Fellow is making an impact. I look forward to hearing more from you all – your projects, your experiences, etc. – and I hope I will get a chance to do so at the Fellows Symposium in November.

**And just for fun...where is your favourite place in the world?**

**Jemima:** I don't really have a favourite place, it's all dependent on who I am with and how I feel.

**What is your favourite food?**

**Jemima:** Red Red (my fellow Ghanaians will know what that is 🍷)

**What do you enjoy doing when you're not at work?**

**Jemima:** Spending time with friends and family (especially my nephews and niece), cooking ( I love all types of food), jogging (I picked up a habit during the pandemic) and watching a good movie.