The Fleming Fund brings evidence and people together to encourage action against drug resistance for a healthier world. The programme is comprised of a broad portfolio of grants focused on tackling antimicrobial resistance (AMR) primarily by supporting national AMR surveillance systems. This update highlights key achievements and progress across the country, regional and fellowship grants.

**Highlights**

- Grantees have been selected for country grants in Sierra Leone and Senegal and both grants are due to start in the coming weeks.
- Policy Fellows have been selected in Bhutan (2) and in Uganda (2) and will be responsible for raising awareness among national leaders about the importance of AMR. Fellows are tasked with supporting evidence-based policy making, budgeting and resourcing.
- A second cohort of professional fellows has been announced in Uganda. Cohort 2 Fellows are given professional development opportunities in specialised areas such as aquaculture, bioinformatics, clinical practice, health informatics, medical engineering and AMR/AMU and AMC surveillance.
- 12 countries successfully held coordination meetings to discuss programme activities and plans across the various Fleming Fund grant streams.
- Round 1 Regional Grants are gathering and analysing historical AMR data within Fleming Fund priority countries to understand historical AMR trends. Despite setbacks from COVID-19, data collection and analysis is ongoing in 14 countries – 9 in Africa and 5 in Asia. Training for data collectors is also ongoing.

### Key Figures

- **57** Number of Active Grants
- **126** Number of Fellows Selected
- **150** Number of Fellowships
- **£141m** Signed in Grant Agreements

*as of 30 Sep 2020*
Programme Update | Quarter 3

Fellowship Satisfaction
Twice a year the Fellowship Scheme conducts a satisfaction survey for Host Institutions, Beneficiary Institutions and Fellows across the programme. Beneficiary Institutions are the Fellows’ workplaces and Host Institutions are the academic institutions that provide mentorship.

Capacity Improvements, according to Beneficiary Institutions

- **Not Improved**: 0%
- **Improved**: 20%
- **Much Improved**: 55%

### Capacities Improved

- **Technical Capacity**: 60%
- **Leadership Capacity**: 43%
- **Strategy Development**: 34%
- **Advocacy**: 26%

### Overall Fellowship Satisfaction, total respondents

- **Extremely Satisfied**: 0%
- **Highly Satisfied**: 20%
- **Satisfied**: 40%
- **Not Satisfied**: 20%
- **Highly Unsatisfied**: 0%

Response rate: Fellows (55%), Host Institutions (67%) Beneficiary Institution response rate pending.

Laboratory Equipment Delivery

- **Ordered**
- **Completed**

Our Activities

### Strengthening Surveillance Systems & Laboratories

We invest in surveillance systems and animal and human health laboratories that are able to generate and share AMR data locally, nationally and internationally.

See procurement map on page 2 for additional details on laboratory strengthening achievements and performance. Other highlights include:

- **Point prevalence surveys** for some 20 tertiary hospitals have been launched in Pakistan, in partnership with the National Institute of Health and the WHO.
- **In Myanmar**, the National Health Laboratory has completed external quality assurance registration with One World Accuracy. EQA registration will help improve accuracy of laboratory results.
- **In Nepal**, the installation of equipment and renovation of 12 supported labs was completed. Biosafety cabinets were made available to the COVID-19 response sites at the Government’s request are still being used.
- **In Papua New Guinea**, the National Department of Health asked to fast-track the implementation of laboratory information management systems in ALL public laboratories nationwide. The government has recognised these systems will be integral to the ongoing COVID-19 response and will generally improve laboratory capacity across the country.

### Developing Workforce Capacity

We build capacity of key individuals in positions of influence or technical excellence to provide them with the support they need to take their country’s AMR agenda forward.

See fellowship satisfaction survey on page 2. Additional highlights include:

- **In Nigeria**, nearly 200 people were trained over the last quarter in either bacterial identification and antimicrobial susceptibility testing or AMR poultry surveillance. Both in-person and virtual training methods were used allowing a large number of participants to engage in the courses.
- **Our Regional Grant**, (2.4) responsible for delivering microbiology and epidemiology training across multiple Fleming Fund countries, has finalised curriculum for the Microbiology, Epidemiology and Master trainer tracks. Training sessions are expected to start in Q4 2020, and the first Regional face to face training workshop is planned for January 2021.

### Fellowship Update

Clinical Microbiologist Darshana Wickramasinghe is a Fleming Fund Fellow in Sri Lanka, in charge of AMR and the COVID-19 response in his hospital. A passionate advocate for infection prevention & control (IPC), he has trained some 200 nurses over the past several months with the aim of reducing hospital acquired infections and COVID-19 transmission.

He says his key to success is ‘ward rounds’. “Without ward rounds it’s very difficult to keep standards high and ensure they are being put into practice. But when I physically visit the wards for 15-20 minutes a few times a week - this really works. I’ve made logbooks and checklists and I host a monthly IPC meeting so that the staff can discuss issues and problems.”

Darshana says that the ongoing IPC efforts have paid off and that there is a reduction in multi-drug resistant organisms within his hospital. He says using dramas, YouTube videos and media interviews have also helped to engage audiences with key IPC messages.

(Below) Darshana leads a hospital drama and classroom training session on infection prevention and control mechanisms.

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**Strong AMR Governance**

We support AMR governance structures and help develop key AMR policy and technical documentation. All plans and documentation are developed in line with countries’ own national priorities, strategies and plans.

**Developing Policy & Technical Documents**
- In Uganda, AMR and AMU/C documents were approved, including Microbiology Curriculum for Laboratory Personnel, Antimicrobial Resistance Surveillance Plan for Human Health, Guidelines for National External Quality Assessment Program, and National Guidelines for AMC/U Surveillance in Human Health.
- In Vietnam, a five-year One Health Framework for Zoonoses and AMR has been developed after a series of workshops and consultative meetings. In September, a Research to Policy Workshop of + 60 stakeholders advocated for AMR to become the priority of the One Health working group. This is the first time AMR has been officially recognized as a top priority.

**Data Sharing & Use**
- In Zambia, laboratories are receiving on-going training on data use for decision making. Sites already generating data are now beginning local antimicrobial stewardship groups, to support better patient care.
- In Pakistan, AMR animal health data is being used for advocacy amongst policy makers to help regulate drug use in food grade animals.
- AMR surveillance data was also used during presentations at the National AMR Symposium, held in collaboration with the Fleming Fund Country Grantee. The symposium focused on educating participants about the importance of AMR and the impacts of rising antimicrobial resistance.
- Following this symposium in Pakistan, the country grantee is supporting the development of a national One Health AMR advocacy and communication strategy to help limit the use of antimicrobials and stop the spread of resistance.
- Also in Pakistan, the National Institute of Health, with support from the Fleming Fund, published their third quarterly AMR newsletter circulated widely in-country and externally.

**Read More About Our Work**

*Read our piece from World Antimicrobial Awareness Week*

Read how the Fleming Fund has supported the COVID-19 response around the world

“Grantees and governments reported renovating and upskilling laboratories, training staff and supporting cross-governmental collaboration were most useful.”

*The Fleming Fund is a £265 million UK aid programme supporting up to 24 low- and middle-income countries generate, share and use data on antimicrobial resistance. Visit [www.flemingfund.org](http://www.flemingfund.org) for more information.*