



Commonwealth Partnerships
for Antimicrobial Stewardship



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AMS Experiences: CwPAMS & SPARC Projects in Africa

**Enhancing International AMS Implementation with
Global-PPS: The SPARC Programme Experience**



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Established in 1969,

CPA is a registered charity, an **Accredited Organisation of the Commonwealth** and **in official relations with the World Health Organisation.**

As the international body of the Commonwealth's national pharmacy associations, **we represent over 1 million pharmacists** on the global stage.

Our vision is to advance equitable access to safe and effective medicines and pharmacy services for a healthier world.

We pursue this through our efforts to build capability in the health workforce, strengthen health systems, and advocate for patients and the profession.



Our AMS Expertise

Pharmacists, as **medicine experts**, are uniquely positioned to lead on AMS.
Our contributions have created impact through:

Partnerships and
Bidirectional
Learning

Collaborations

Engaging
Multidisciplinary
Teams

Education &
Training

Research

Evidence-Based
Tools &
Resources

Advocacy &
Policy

The Academy



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Our AMS Programmes



CwPAMS

**Commonwealth Partnerships for
Antimicrobial Stewardship**



SPARC

**Surveillance and Prescribing Support
for Antimicrobial Stewardship
Resource Capacity Building**



**The
Fleming
Fund**



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CwPAMS

Programme Focus

- **Antimicrobial stewardship (AMS), including surveillance**
- **Infection prevention and control (IPC)**
- Use of clinical microbiology data to inform clinical decisions
- Substandard and Falsified Medicines
- Supporting community pharmacy
- **AMS Leadership programme**

Phases:

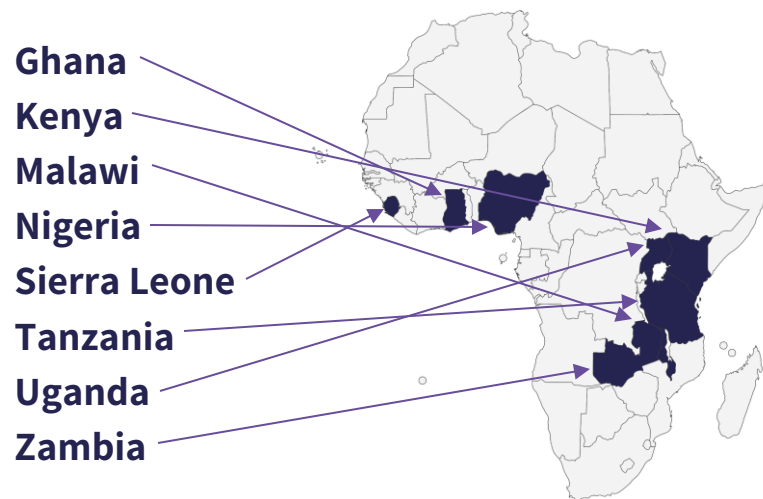
CwPAMS 1: 2019-2021- 12 HPs

CwPAMS 1.5: 2021-2022 - 14 HPs

CwPAMS 2: 2023-2025 - 24 HPs

CwPAMS 2.5: 2025-2026 -20 HPs

UK health partnerships (HPs) and 8 African countries.



CwPAMS Tools and Resources

Several AMS tools and resources have been developed collaboratively through CwPAMS.

CwPAMS Toolkit
Commonwealth Partnerships for Antimicrobial Stewardship Toolkit

- Outlines AMS strategies and projects
- Provides examples and case studies
- Acts as a repository of resources

Access Essential AMS Tools & Resources

SCAN ME

#CwPAMS

Make a difference in AMS today

<https://commonwealthpharmacy.org/amr-tools-and-resources-2>



Department
of Health &
Social Care



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SPARC II Workstreams and Objectives

Three Workstreams	Key Objectives
1: Prescribing Companion App	Expand App usage across the existing 13 countries and beyond.
2: Data for Action	Increase data utilisation in policy change and interventions.
3: Malawi Electronic Medicines Management System	Improve pharmaceutical supply chain in Malawi, addressing gaps in AMC and patient prescription data.



Prescribing Companion App



Download the Prescribing Companion App

A repository of prescribing resources in human and animal health to support healthcare professionals and drive AMS.



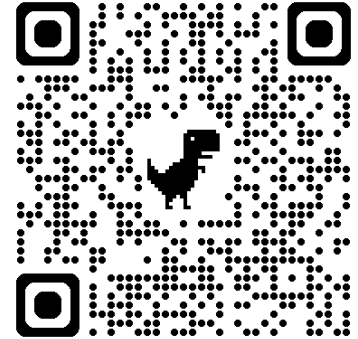
The Fleming Fund



SPARC



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Prescribing
Companion
App Website



GET IT ON
Google Play



Download on the
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Prescribing
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Enhancing International AMS Implementation with Global-PPS: The SPARC Programme Experience

Phase 1 & Phase 2



Phase 1: Global-PPS and CQI Across 5 Countries

Objectives:



- **Highlighting importance of AMR and AMS**



- **Developing Tools and Resources that support Global-PPS and CQI process to improve AMS data generation and analysis to develop**



- **Strengthening knowledge, capacity and resilience of the local health workforce**

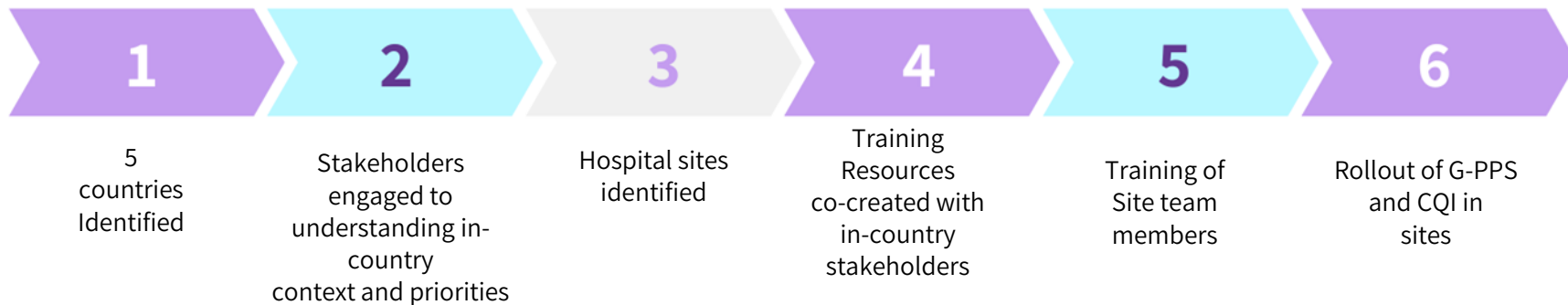


- **Facilitating shared and sustained learning through global Communities of Practice**



Phase 1: How was the Global-PPS rolled out ?

Co-created with stakeholders and site

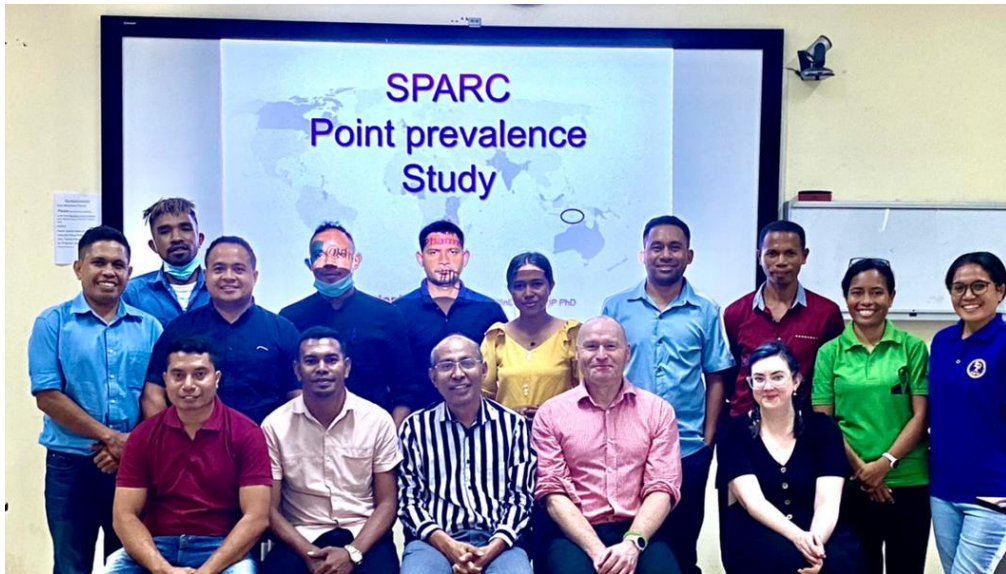


Core Principles considered

- Countries fully own and manage all Global-PPS data
- In-country sites chosen by country teams with involvement of national stakeholders
- Sites develop their own CQI work plans and interventions
- Global-PPS and CQI training resources co-created by CPA with experts and in-country input



Phase 1: Global-PPS and CQI Across 5 Countries



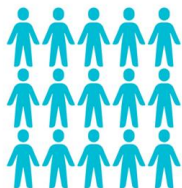
Site champions in each institution were trained in -person to use Global-PPS data generated by dedicated **Data Collectors** to improve AMU and prescribing practices on site



Phase 1: Achievements



5 G-PPS countries
26 Hospital Sites



26 Site Champions
across all 5 countries



90 Data collectors



CQI Template
to guide in developing
behaviour change actions and
plans for individual sites - aim
to change prescribing
behaviours
15 AMS Action Plans



> 10,700 inpatient beds
across G-PPS sites



> 10,000 staff on site
across G-PPS sites



**> 12 Million patient
population served**
across G-PPS sites



SPARC 2 Scoping



SPARC



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Key Gaps Identified from Phase 1

- Data collection doesn't automatically lead to data use
- Challenge with data analysis and data interpretation
- Limited leadership capacity and accountability structures within healthcare facilities
- Choice between GPPS & WHO PPS



Phase 2: Data for Action Training

Course goals

- **Empower** and **upskill** healthcare professionals in the **knowledge, attitude** and **skills** necessary to **perform a PPS**
- **Use** collected **data** to **inform evidence-based interventions** and **behaviour change** that:
 - Improves antimicrobial prescribing
 - Reduces development of resistant pathogens
 - Improves patient outcomes.



Data for Action Training Modules

Module 1:
Leadership and
Accountability
Development



Module 2: Point
Prevalence
Survey: Data
collection



Module 3: Point
Prevalence
Survey: Data
analysis



Module 4: Data
use and behaviour
change



Grant Progress Year 1 Highlights (Mar 24-Mar 25)





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CITY
ST GEORGE'S
UNIVERSITY OF LONDON

Point Prevalence Survey of Antimicrobial Consumption and Resistance: Short Report and Intervention Guide

Commonwealth Pharmacists Association & City St George's, University of London
Version 1
Completion date: June 2025



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UKaid
from the British people

The PPS Short Report & Intervention Guide

- Template created to focus on reporting key metrics from PPS
- Enables facilities to identify potential opportunities “at a glance”
- Designed to prioritise quick wins / low-hanging fruit for AMS interventions



CwPAMS



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Future Aspirations

- Validate the developed resources
- Developing Communities of Practices
- Evaluating impact: To demonstrate improvement in prescribing
- Continuous collaborations: Learning from others
- A combined PPS methodology: User friendly whilst incorporating quick analysis of results so the focus is on the interventions and change)



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Thank you for your attention!

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