The Fleming Fund

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November 2020

Department of Health & Social Care

UKaid
from the British people

Who we are

The Fleming Fund is a £265m UK aid programme building global partnerships to improve AMR surveillance.

We share the best of UK and international expertise to strengthen national public health capabilities in surveillance.

We enable countries to improve the collection and use of antimicrobial resistance (AMR) data in line with their National Actions Plans so governments and the global community can take action to improve patient health, inform national health policies and warn of emerging threats.

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Where we work

West Africa:
- Ghana
- Nigeria
- Senegal
- Sierra Leone

South Asia:
- Bangladesh
- Bhutan
- Nepal
- Pakistan
- Sri Lanka

South East Asia:
- Indonesia
- Laos
- Myanmar
- Papua New Guinea
- Timor-Leste
- Vietnam

East and Southern Africa:
- Eswatini
- Kenya
- Malawi
- Tanzania
- Uganda
- Zambia
- Zimbabwe

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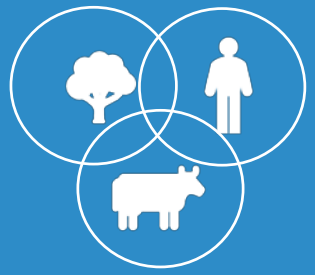
How we work: Programme Principles



One Health

Because bacteria spread freely around the environment, we promote a multi-sectoral response that includes human health, animal health and environmental health.

Alignment

We ensure our funding aligns with broader global initiatives like the World Health Organization's Global Action Plan on AMR.

Sustainability

We ensure projects and activities are bespoke designed with national institutions to support national systems with sustainability the primary consideration.

Country Ownership

Projects are designed with national governments to support implementation of National Action Plans, so that all activities contribute to national health system strengthening.

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What we do

OUR AIMS

- **Build partnerships** across sectors, governments and organisations
- Equip countries to **collect, share and use data** on drug resistance
- Encourage clinicians and farmers to **use antibiotics better**
- Encourage governments to **invest in tackling AMR for a sustainable future**
- Encourage policymakers to **make AMR a policy priority**

OUR ACTIVITIES

- Support strong national AMR **governance**
- Develop AMR **workforce capacity**
- Establish **laboratory capacity** and **surveillance systems**
- Improve **awareness** and understanding of AMR
- Establish national, regional and **global solidarity** on AMR.

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Our Investments

INDEPENDENT EVALUATION

IMPROVING AWARENESS AND DATA USE

BUILDING THE ENABLING ENVIRONMENT

including AMR governance and global solidarity

STRENGTHENING NATIONAL SURVEILLANCE SYSTEMS & AMR WORKFORCE CAPACITY

Itad Independent Evaluation

Commonwealth Partnerships for Antimicrobial Stewardship

ODI Economic Fellowships

South Centre

GRAM Global Burden of Disease

World Health Organization

Food and Agriculture Organization

World Organization for Animal Health

FAO International Reference Centre

FIND Substandard and Falsified Medicines

MANAGEMENT AGENT MOTT MACDONALD

Fellowship Schemes

Open University Online Learning

Country Grants

Regional Grants

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Fleming Fund Country Support

Country grant

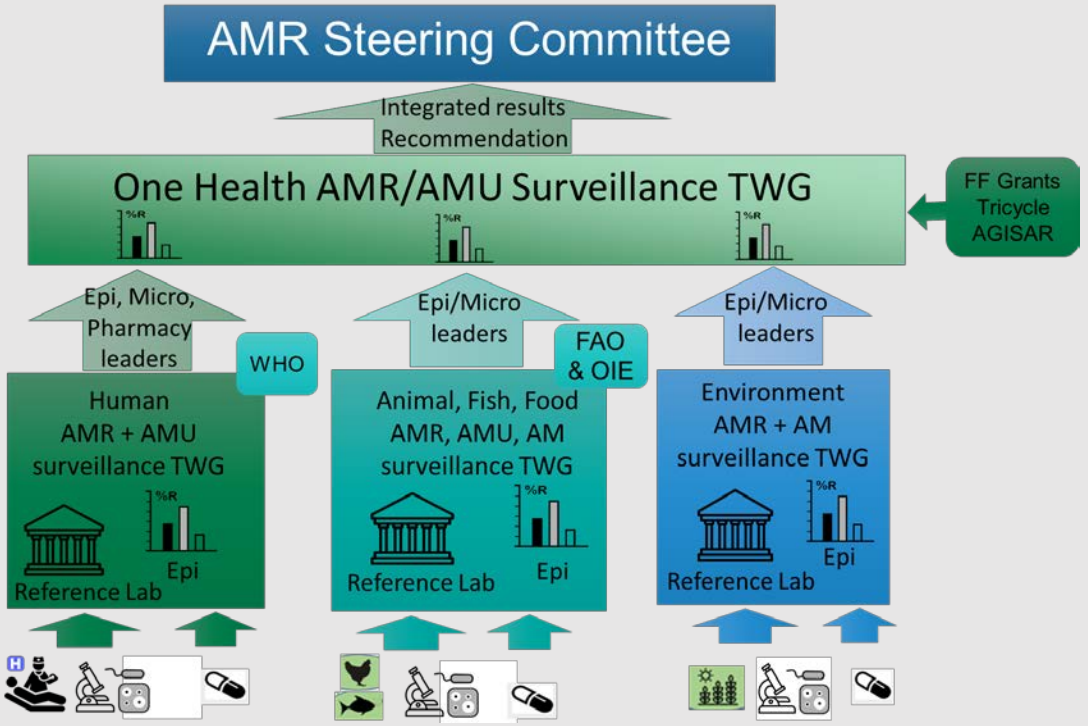
- Focus on supporting the surveillance component of the NAP
- Intersectoral governance and coordination
- Development of laboratories, human resources, reporting systems

Fellowships

- Advanced workforce development

Regional Grants

- Standardising approaches for training, EQA, protocols etc.



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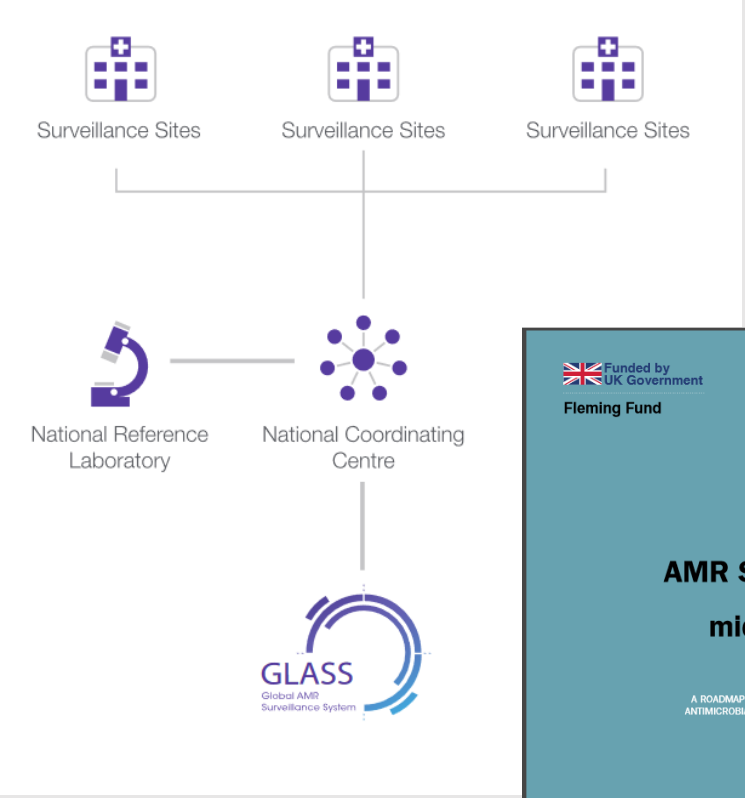
Fleming Fund Design

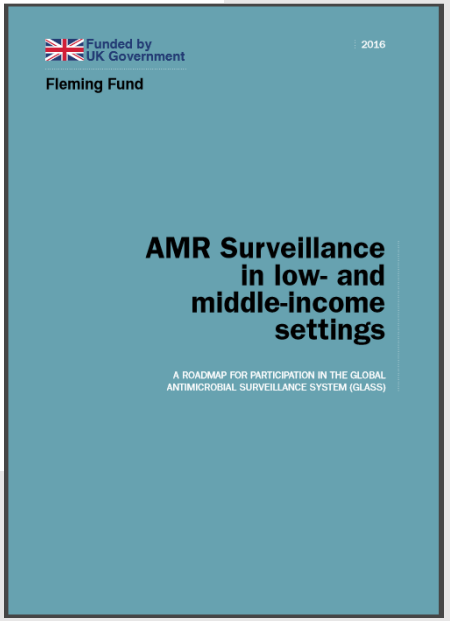
Country Grants are closely aligned with Tripartite Programmes

- In Human Health:

- GLASS-AMR
  - Passive surveillance for drug-resistant bacterial infection
    - Development of clinical diagnostic microbiology services
  - GLASS priority samples, pathogens, and bug-drug combinations
  - Stepwise approach guided by the LSHTM roadmap

- AMU as per WHO methodology





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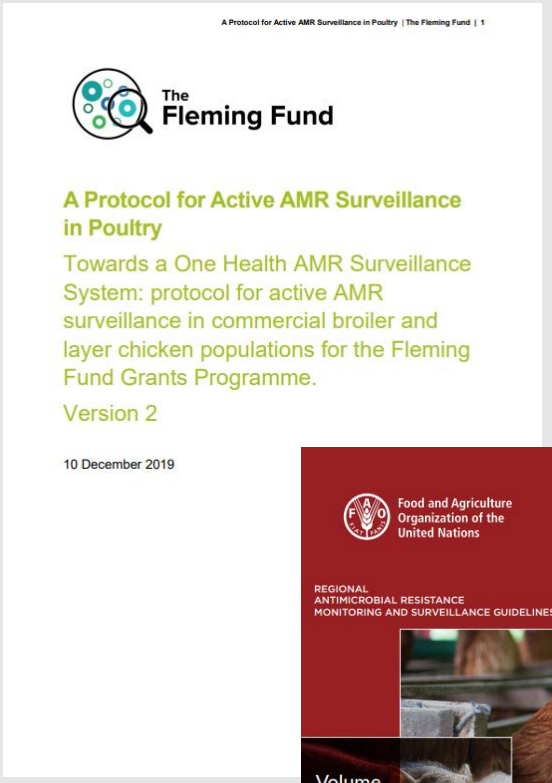
In Animal Health

- Active surveillance
  - Initial focus on poultry
  - Salmonella and *E. coli* as important transboundary organisms
  - Stepwise approach as per poultry protocol, progressing in line with FAO protocol

- AMU / AMC reporting in line with OIE



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Baseline findings: Governance

Situation as of 2017/2018

- All countries had an AMR-NAP, or a draft awaiting approval
- All except one had established an AMR coordination committee
- Only a minority of AMRCCs had designated specific sub-committees or TWGs for NAP implementation
- Even fewer were meeting regularly or undertaking activities
- Only one country received government funding to support AMRCC meetings / activities.

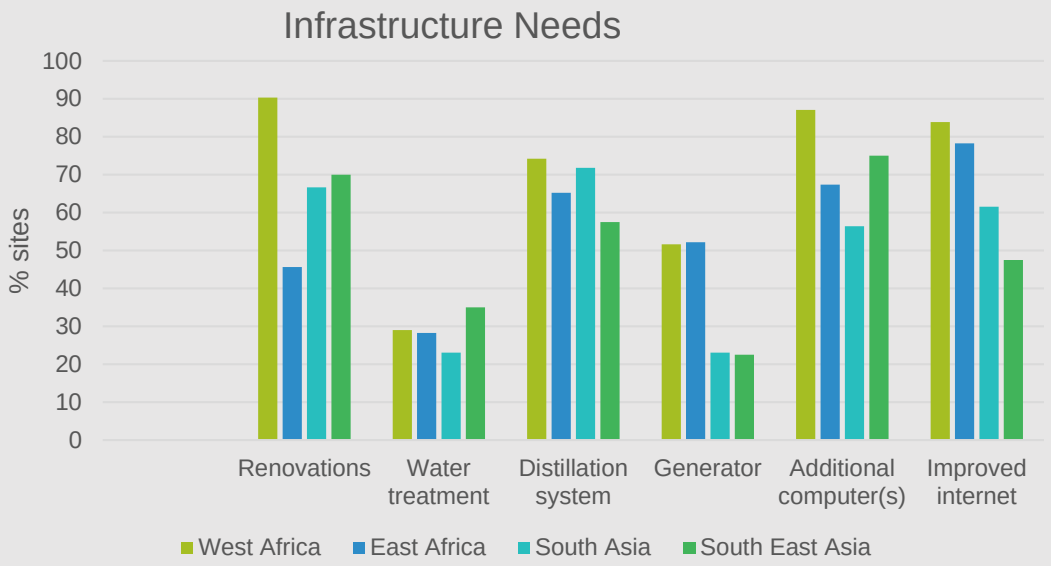
Region	NAP	AMRCC established	TWGs established	AMRCC Functional *	Government funding for AMRCC activities
West Africa	Y	Y	Y	N	N
	Y	Y	Y	Y	P
	Y	Y	Y	N	N
	Y	Y	N	N	N
	Y	Y	Y	P	N
East and Southern Africa	Y	Y	Y	P	N
	Y	Y	Y	Y	N
	Y	Y	Y	P	N
	Y	Y	Y	Y	N
	Y	Y	N	Y	N
	Y	Y	Y	Y	N
	Y	Y	P	P	N
South Asia	Y	P	N	N	N
	Y	Y	N	P	N
	Y	Y	N	N	N
	Y	Y	N	P	N
	Y	Y	Y	P	N
South East Asia	Y	Y	P	P	N
	P	Y	N	N	N
	P	N	N	N	N
	Y	Y	N	N	N
	Y	Y	N	P	N
	Y	Y	N	P	N

*Functional: agreed ToRs, regular meetings, undertaking activities

Human Health laboratory capacity (n=156)

:

- More than half require structural renovations and / or improvements in utilities (water, electrical supply, IT)
- Fewer than 40% meet requirements for BSL 2 (despite operating at this level) – e.g. only about 50% have adequate autoclave capacity.
- Regional differences: generally greater needs WA->ESA->SA->SEA



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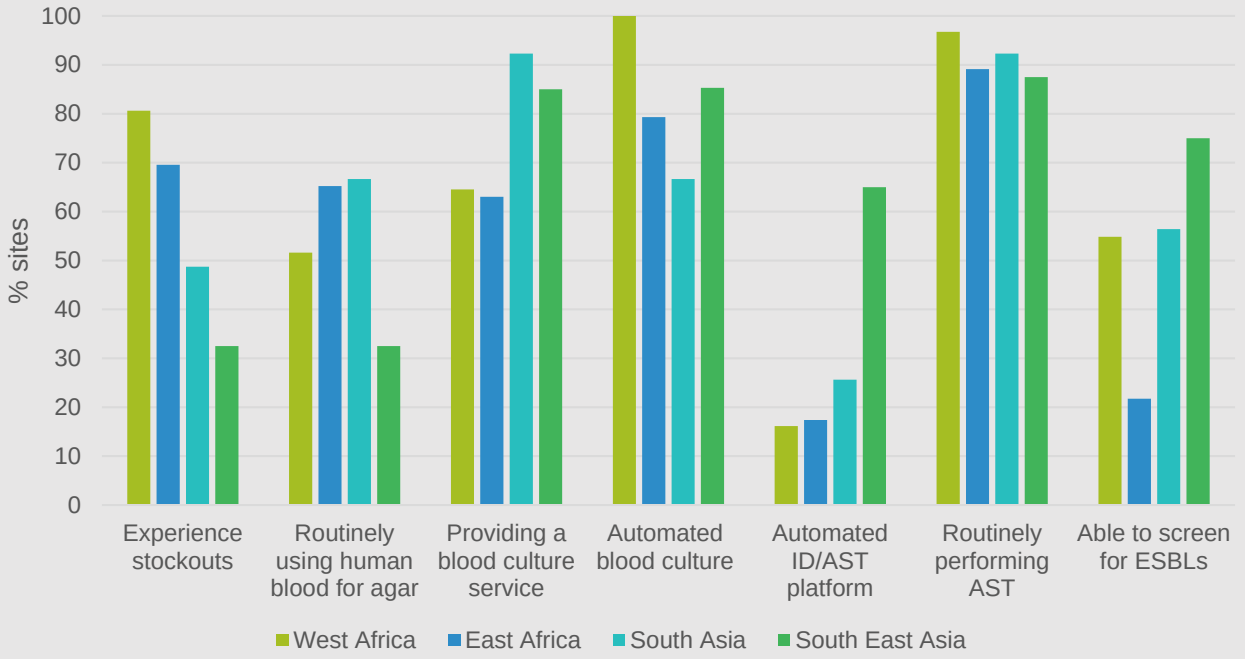
HH Baseline: Bacteriology capacity - Baseline (n=156)

- Majority of sites experience stockouts
- >50% do not have a reliable source of horse or sheep blood
- Over 70% provide a blood culture service, of those, but 20% of those are performing manual cultures only



Non-human health laboratory capacity
- Baseline (n=78)

Similar challenges in other sectors

Most sites need improvements in infrastructure, biosafety and basic bacteriology

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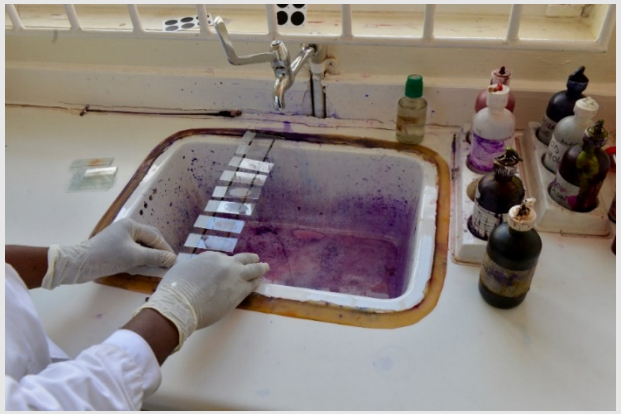
Progress

Active Country Grants	Active Regional Grants	Active Fellows
⓾20	• 11	•118

- 161 laboratories currently reporting, including 111 human health and 50 animal, aquaculture and environmental health.
- 14 Fleming Fund countries enrolled in GLASS. (up from 7 in 2016). 9 Fleming Fund countries submitted data to GLASS. (up from 2 in 2016)
- 155 countries have supplied data on antimicrobial use in animals to OIE database.
- Mapped out the location and sources of AMR and AMU data across Africa and Asia
- 142 fellowships are approved in 20 countries.



Learning

Realism:

Time to build the Fleming Fund platform in a way which ensured country ownership and sustainability. Sustainable surveillance systems and realising benefits take time.

Coordination and alignment:

Coordination is resource-intensive but critical.

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Leadership:

We need to continue to demonstrate the value of Global Health Security including through flagship investments like the Fleming Fund.
Keeping AMR as a priority for international engagement is key

Building demand for data

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Thank you

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