



Kampala Cambridge

Antimicrobial Stewardship and Infection Prevention

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Talk outline

- Background and context of the partnership
- Partnership activities
- The impact of COVID-19
- Current partnership work
- Future directions

Background and context

Context

- Grew from existing Cambridge-Uganda obstetrics partnership
- Recognition of an enormous clinical need:
 - 60-80 deliveries/day & up to 100 babies on neonatal ICU
 - Maternal mortality rate 343/100,000 (UK: 7/100,000)
 - Infant mortality rate 43/1000 live births (UK 3.9/1000)
- Multidisciplinary team approach
- Response to a funding call:



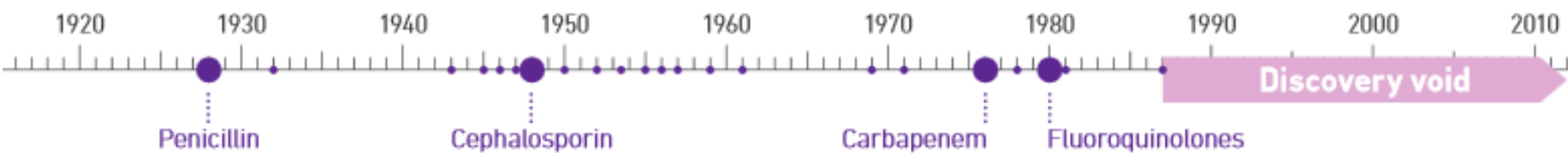
Department
of Health &
Social Care



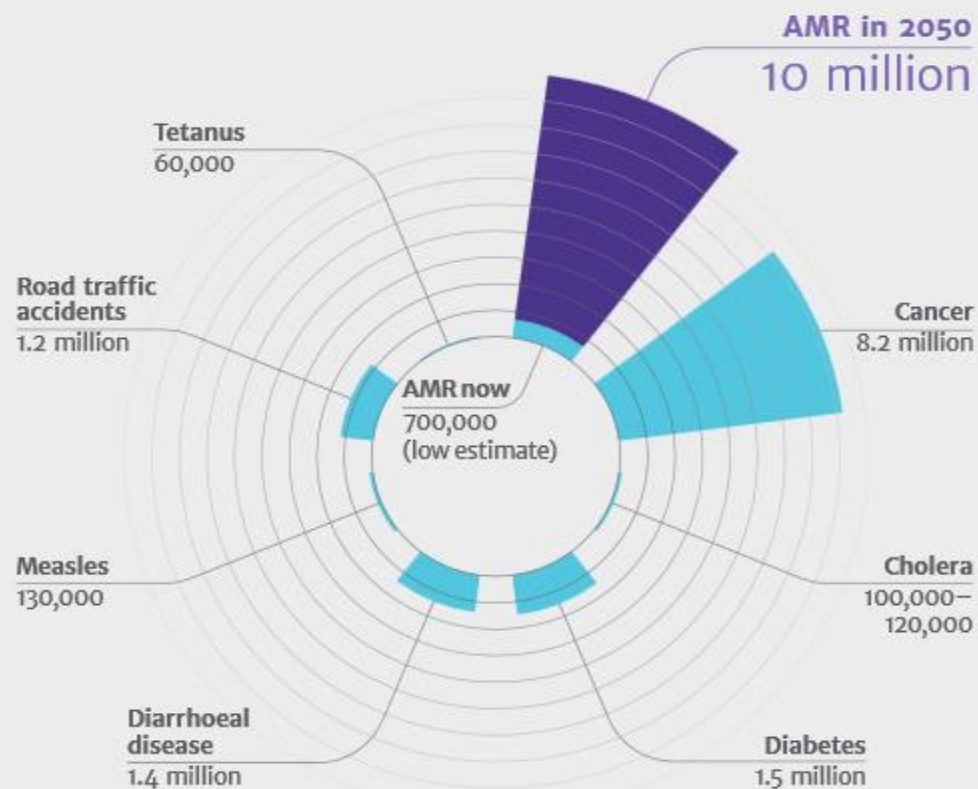
The
Fleming
Fund



COMMONWEALTH
PHARMACISTS
ASSOCIATION



Deaths attributable to AMR every year compared to other major causes of death



Source: WHO and Tackling a crisis for the health and wealth of nations - a review on antimicrobial resistance – chair Dr J O'Neill

CAUSES OF ANTIBIOTIC RESISTANCE

Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause.



Over-prescribing
of antibiotics



Patients not finishing
their treatment



Over-use of antibiotics in
livestock and fish farming



Poor infection control
in hospitals and clinics



Lack of hygiene and poor
sanitation



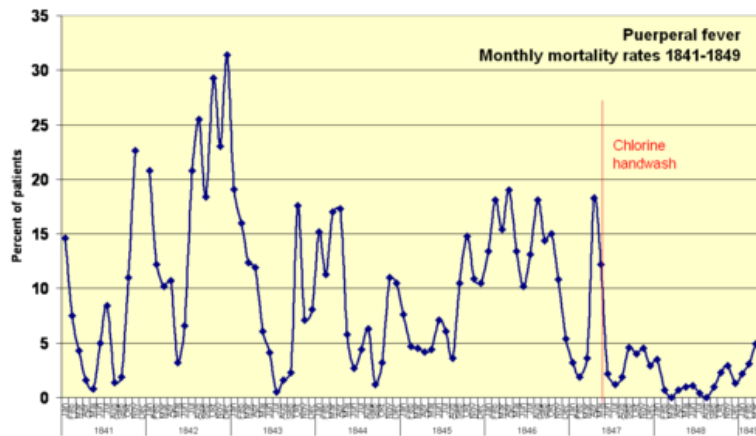
Lack of new antibiotics
being developed

www.who.int/drugresistance

#AntibioticResistance



World Health
Organization



Kawempe Referral Hospital



Mulago Specialised Women and Neonatal Hospital



Partnership activities

What did we do?

- Ran a training course on AMS and IPC
- Hosted a multidisciplinary Uganda team in Cambridge
- Provided further focused training in Uganda:
 - Increased awareness of hand hygiene
 - Promotion of the use of alcohol gel
 - Review of antibiotic prophylaxis
 - Less use of IV antibiotics
 - Support & development of MTCs





MY 5 HANDWASHING MOMENTS

- 1) ON ENTRY INTO A CLINICAL AREA
- 2) BEFORE & AFTER TOUCHING A PATIENT.
- 3) BEFORE AND AFTER PERFORMING PATIENT TASKS - SUCH AS:
 - CANNULATION
 - COLLECTING BLOOD SAMPLES
- 4) AFTER HANDLING BODY FLUIDS eg. VOMIT, FAECES, SWEAT, URINE etc
- 5) ON REMOVAL OF GLOVES OR PRIOR TO GLOVING



ANTIBIOTIC STEWARDSHIP (5 R's)

START

↑

RIGHT PATIENT

→

↑

RIGHT DRUG

→

↑

RIGHT DOSE

→

↑

RIGHT ROUTE

→

↑

RIGHT TIME

END

EITHER:

- ORAL
- IM
- IV
- TOPICAL
- RECTAL

Mg/Kg

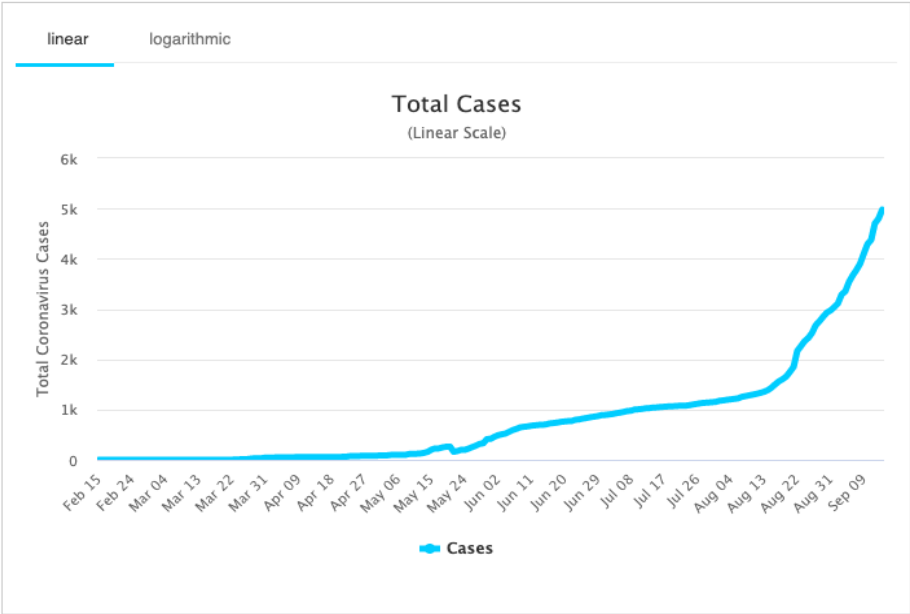
12 1 2 3 4 5 6 7 8 9 10 11

Further plans at that stage:

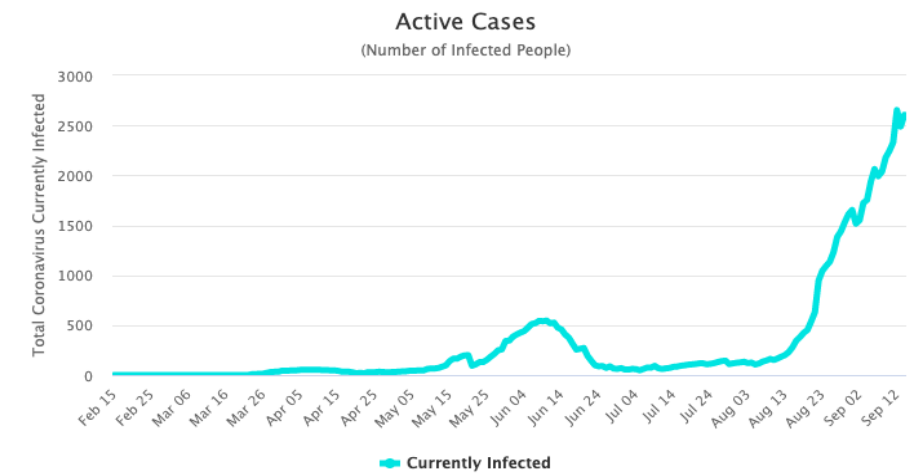
- Secure funding to continue partnership
- Train the trainers
- Support microbiology
- Build in a research element

The impact of COVID-19

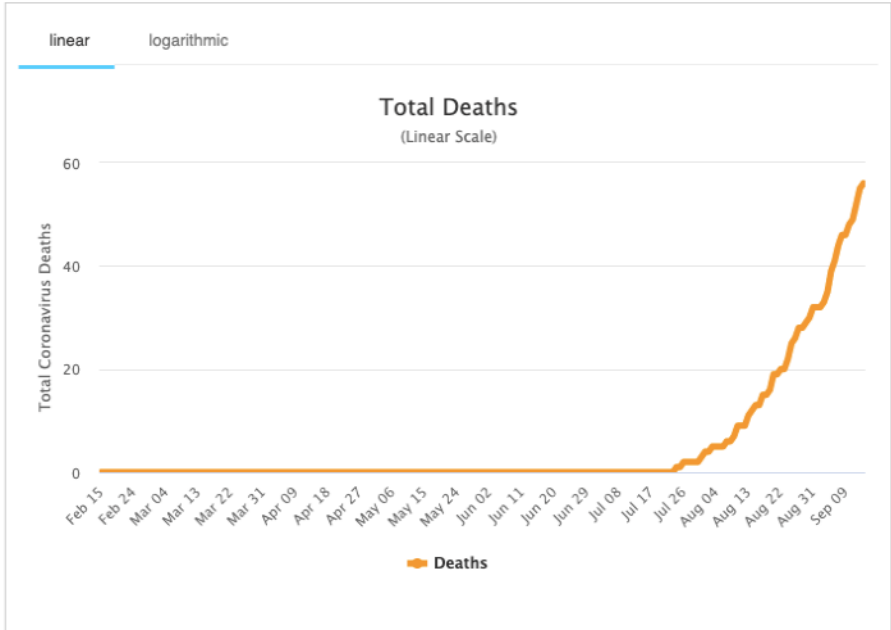
Total Coronavirus Cases in Uganda



Active Cases in Uganda



Total Coronavirus Deaths in Uganda



Health Worker Action Fund

- Secured additional funding to support partners in Uganda to:
 - Procure scrubs
 - Manufacture alcohol gel in-house
 - Share COVID-19 learning resources developed at CUH with Ugandan partners

TOGETHER WE SAVE LIVES

This website is designed for staff working at CUH and shares the latest information on our response to Covid-19 and our plans for recovery.

LATEST UPDATES



COVID-19 impact on partnership

- Negative impacts
 - Delayed visits
 - Many partnership activities put on hold
- Positive effects
 - “Physically distanced but socially connected”
 - “COVID-19 has instilled a behaviour change in our patients and staff on the importance of using alcohol gel in mitigating the spread of infections, COVID-19 inclusive. The local production of alcohol gel and the installation of the dispensers within our joint partnership was a timely blessing to us as a hospital, because we couldn’t imagine if they weren’t in place how difficult life would now be. Their existence has built confidence and reduced anxiety among the healthcare workers.” (Ronald Onegwa)

Current partnership work

CwPAMS extension grant

- Reinforcing IPC training – sharing video learning
- Hand hygiene audit
- Developing local IPC “champions” and commencement of a “train the trainers” programme proving long-term sustainability
- Support & mentorship of the MTC
- Development of a local AMS action plan

Benefits & future directions

Partnership benefits





Aspirations

- CwPAMS-2 grant writing in process...
- Development of local microbiology services
- Expand IPC and AMS training to other healthcare settings – hub and spoke model
- Build in research component

Principles of Partnership

As part of our ongoing approach to quality improvement, we have developed Principles of Partnership to support health partnerships, and to improve the quality and effectiveness of what they do.

1



Strategic

Health partnerships have a shared vision, have long-term aims and reasonable plans for achieving them, and work within a jointly agreed framework of priorities and decisions.

2



Harmonised & Aligned

Health partnerships' work is consistent with local and national plans and complements the activities of other development partners.

3



Effective & Sustainable

Health partnerships operate in a way that delivers high-quality projects that meet targets and achieve long-term results.

4



Respectful & Reciprocal

Health partnerships listen to one another and plan, implement and learn together.

5



Organised & Accountable

Health partnerships are well-structured, well-managed and efficient and have clear and transparent decision-making processes.

6



Responsible

Health partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders.

7



Flexible, Resourceful & Innovative

Health partnerships proactively adapt and respond to altered circumstances and embrace change.

8



Committed to Joint Learning

Health partnerships monitor, evaluate and reflect on their activities and results, articulate lessons learned and share knowledge with others.

9



Incorporating a GESI approach

Health Partnerships consider unequal power relations and inequalities experienced by individuals as a result of their social identities and conduct GESI activities and analysis to ensure GESI is mainstreamed into organisations, programmes, interventions and activities.



Cambridge
Global Health Partnerships

