

THE COMMONWEALTH PHARMACISTS ASSOCIATION

England & Wales · Charity number 1176132

Details

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| Other names | COMMONWEALTH PHARMACISTS ASSOCIATION |
| Status | Registered |
| Legal form | CIO |
| Registered | 2017-12-06 |
| Register | View on the Charity Commission register |

Contact

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|---------|--|
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Activities

Objects: 3.1 TO ADVANCE HEALTH FOR THE PUBLIC BENEFIT BY COLLABORATING WITH OTHER HEALTH-RELATED ORGANISATIONS AND INSTITUTIONS WITHIN AND OUTSIDE THE COMMONWEALTH AND PROVIDING ADMINISTRATIVE AND FINANCIAL SUPPORT WHERE POSSIBLE;3.2 TO ADVANCE EDUCATION FOR THE PUBLIC BENEFIT (AND PARTICULARLY AMONGST PHARMACEUTICAL STAFF) BY FACILITATING THE DISSEMINATION OF KNOWLEDGE ABOUT THE PHARMACEUTICAL SCIENCES AND THE PROFESSIONAL PRACTICE OF PHARMACY THROUGH MEETINGS, LITERATURE DISTRIBUTION, ELECTRONIC MEDIA AND FELLOWSHIP OR EXCHANGE PROGRAMMES;3.3 TO ADVANCE HEALTH FOR THE PUBLIC BENEFIT THROUGH QUALITY IMPROVEMENT OF PHARMACY PRACTICE, PARTICULARLY IN RELATION TO THE PROMOTION OF SAFE AND EFFECTIVE SYSTEMS OF MEDICINES MANAGEMENT, THE PROMOTION OF HEALTHIER LIFESTYLES AND SUPPORTING MEASURES TO REDUCE HEALTH INEQUALITIES.

Activities: THE CPA ADVANCES HEALTH, PROMOTES WELLBEING AND IMPROVES EDUCATION FOR THE BENEFIT OF THE PUBLIC. WE SUPPORT THE DEVELOPMENT OF SAFE AND EFFECTIVE SYSTEMS OF MEDICINES MANAGEMENT, HEALTHIER LIFESTYLES, AND THE REDUCTION OF HEALTH INEQUALITIES. WE ACHIEVE THIS THROUGH SUPPORTING OUR MEMBER

ORGANISATIONS TO IMPROVE THE USE OF MEDICINES THROUGH ACCESS TO EDUCATION AND COLLABORATIVE NETWORKS.

Classification

- **How:** Makes Grants To Individuals, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives, Disability
- **Who:** The General Public/mankind

Geography

- Antigua And Barbuda
- Australia
- Bangladesh
- Barbados
- Belize
- Bermuda
- Botswana
- Brunei
- Cameroon
- Canada
- Cyprus
- Dominica
- Eswatini
- Fiji
- Ghana
- Grenada
- Guyana
- India
- Jamaica
- Kenya
- Kiribati
- Lesotho
- Malawi
- Malaysia
- Malta
- Mauritius
- Mozambique
- Namibia
- Nauru
- Nepal
- New Zealand
- Nigeria
- Northern Ireland
- Pakistan

- Papua New Guinea
- Rwanda
- Saint Vincent
- Samoa
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- South Africa
- Sri Lanka
- St Kitts And Nevis
- St Lucia
- Tanzania
- The Bahamas
- Tonga
- Trinidad And Tobago
- Tuvalu
- Uganda
- Vanuatu
- Zambia
- Zimbabwe
- Throughout England

Finances

| Period end | Income | Expenditure | Assets | Employees |
|------------|------------|-------------|----------|-----------|
| 2025-06-30 | £1,720,466 | £1,558,407 | £478,961 | 9 |
| 2024-06-30 | £1,189,716 | £1,217,158 | £316,902 | 7 |
| 2023-06-30 | £789,907 | £747,566 | £319,344 | 2 |
| 2022-06-30 | £852,173 | £670,866 | £277,003 | 2 |
| 2021-06-30 | £293,704 | £295,552 | - | - |

Trustees

| Name | Role | Appointed |
|----------------------------------|-------|------------|
| Prof Thomas Antony Downes | Chair | 2022-12-06 |
| AKINBIYI OLASUNKANMI OLOKO | | 2021-07-19 |
| Andrea Lee Gibson Shirtcliffe | | 2025-03-04 |
| Annagrace Malamsha | | 2024-10-01 |
| Bronwyn Le May Clark | | 2026-03-24 |
| Claire Wynn Anderson | | 2019-03-23 |
| Dr James Edward Davies | | 2025-03-04 |
| Dr Phyllis Ocran Mattila | | 2025-03-04 |
| Hope Kalasa | | 2026-03-24 |
| JOHN RAYMOND ANDERSON | | 2017-07-30 |
| Mary Anne Ciappara | | 2022-12-06 |
| Prof David Henry Reissner | | 2023-02-07 |
| William Frelah Mpute | | 2026-03-24 |

THE COMMONWEALTH PHARMACISTS ASSOCIATION

England & Wales - Charity number 1176132

Accounts



COMMONWEALTH
PHARMACISTS
ASSOCIATION

**Report of the Trustees and
Financial Statement
for the Year Ended 30 June 2025 for**

**Commonwealth Pharmacists Association
Registered Charity 1176132**

1 July 2024 to 30 June 2025

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The trustees submit their report together with the financial statements of the charity for the year ended 30th June 2025.

Chair's Foreword

What a pleasure to write another Chair's Foreword for the Commonwealth Pharmacists Association Annual Report. I am delighted to report a further very successful year, led by our excellent Chief Executive Victoria Rutter. My thanks to all the staff and volunteers and trustees both here in the UK and especially working in-country for their contributions to the work of the CPA.

In the course of the year we said goodbye to trustees Zaheer Babar and Claire Thompson (to whom thanks and best wishes for the future). Former President Rao Vadlamudi stepped down after the Council elections. Rao has been a long-standing and faithful supporter of the Association, and has given excellent support to the CEO and to other trustees. In the course of the year we were joined by James Davies, Phyllis Ocran Mattila and Andrea Shirtcliffe. It was good to see the Council holding an election for the trustees to represent it.

This Report reveals a continuing excellent range of programmes, and a strong financial base. The CPA Academy increases in strength and visibility as the home for our continuing education and leadership training programmes. I am happy to acknowledge here the generous financial support we receive from our backers (all listed elsewhere in the Report), and the continuing support of the Commonwealth and the Royal Pharmaceutical Society in facilitating our work.

Looking beyond FY 2025-26 there are some clouds on the horizon. The significant reduction in the UK's overseas aid budget, and consequent ending of funding from which we have previously benefited, means that we may in the short term have to operate in a more limited way, and in the longer term identify different strategies and sources of funding to continue and expand the important work we do. The Chief Executive and her team continue to work identifying and winning grants, and the trustees are supporting them in this effort.

Objectives and Activities

The CPA's charitable objectives are:

- To advance health for the public benefit by collaborating with other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
- To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programme.
- To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

1. Summary of Main Activities

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit of the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to empower pharmacists to improve health and well-being of the communities they serve. The CPA has a growing collaboration plan with WHO and is in 'official' relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

For the year ended 30th June 2025, CPA's strategy has been delivered across three key areas of work:

1. **Workforce Capability Building:** Expansion of CPD delivery through online learning modules, webinars, face to face workshops and specialist training; Preparation for the launch of the CPA Academy; Collaboration with FIP around workforce data collection for WHO.
2. **Health Systems Strengthening:** Continuation of our two award winning flagship AMR programmes (CwPAMS and SPARC; launch of a second cohort of African Leadership Fellows in AMS, the establishment of the first joint UK - African cohort and a mentorship scheme; Transition of the Voluntary Information Sharing Database work into the Heads of Procurement Network.
3. **Advocacy, Campaigns and Events:** Outputs from the 2024 Commonwealth Civil Society Forum (CCSPF) and inputs in to the 2025 CCSPF, Heads of Government Meeting in Samoa, Annual Health Ministers meeting; Campaigns around Commonwealth Pharmacists Day and World Antimicrobial Awareness Week; Multiple publications and presence at key events and conferences; Drafting of Pandemic Preparedness report for WHO.

The details of activities delivered in each of these areas are outlined in section 3. For additional information visit www.commonwealthpharmacy.org

2. Public Benefit

Upon appointment, all trustees are required to sign a Code of Conduct that outlines the commitment to CPA's charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents, as part of the trustee induction process.

As the charity has grown significantly over the last few years, trustee training has been introduced - this included further emphasis on all Charities Commission's Guidance, including that relating to public benefit.

3. Contribution made by Volunteers

A volunteer governance/risk advisor continued to support the work of the charity.

Several volunteers also work for the CPA, including seven individuals who contributed their skills and expertise as an extension of our research and programmes teams.

Major activities carried out in the reporting period - 1st July 2024 - 30th June 2025

1. Workforce Capability Building

1.1 PharmAid

Background and Aim

The primary aim of PharmAid is to provide essential medicines information resources to pharmacists and healthcare professionals throughout the Commonwealth. This initiative has been a cornerstone of the CPA's commitment to fostering professional development and knowledge-sharing among its members for nearly five decades.

Countries

Although this is an initiative for the whole Commonwealth, 10 countries have so far more actively engaged with PharmAid: Lesotho, Malawi, Nigeria, Papua New Guinea, Uganda, Rwanda, Sierra Leone, Sri Lanka, St Vincent and The Grenadines, and Tanzania.

Start and End date

Start Date: PharmAid launched in the 1970s

End date: Ongoing

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Transition to Digital Access, including current and future partnerships

The CPA has worked with the Royal Pharmaceutical Society to secure access to paper copies of the British National Formulary since the 1970s. With the publishing landscape shifting from print to digital, CPA has been actively scoping options to ensure continued access to high-quality medicines information. This work includes exploring digital delivery models, partnerships, and sustainable approaches to ensure that healthcare professionals across the Commonwealth are not left behind in the transition.

1.2 Continuing Professional Development – Online CPD platform

Background

The Continuing Professional Development (CPD) platform continues to provide pharmacists with free, high-quality training to advance their professional skills and improve patient outcomes. Developed in partnership with National Pharmacy Associations (NPAs), the platform delivers courses that align with global health priorities set by the Commonwealth and WHO. Where possible, accreditation is secured through NPAs, allowing pharmacists to use their learning towards national CPD requirements.

Aim

To strengthen the global pharmacy workforce by equipping pharmacists with knowledge and skills to address priority health challenges, thereby improving health systems and patient outcomes.

New Guinea, Rwanda, Saint Lucia, Samoa, Sierra Leone, South Africa, Sri Lanka, Saint Vincent & The Grenadines, Tanzania, Uganda, Zambia, and Zimbabwe.

Start and end date

Start date: 1 February 2021. Launched in February 2021, the CPD platform delivers new modules, resources, and webinars on a quarterly basis, supported by both Novartis-funded and wider CPA-led initiatives

End date: Ongoing

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

New Courses

- Supply Chain and Substandard & Falsified Medicines (Sept 2024) – training pharmacists to identify, prevent, and report unsafe medicines, with embedded video case studies.
- Diabetes Overview (Dec 2024) – introduced case-based learning on diabetes management, counselling, and early complication detection.

Webinars and Workshops

- CVD & Diabetes Complications (Nov 2024, 604 attendees from 48 countries).
- World AIDS Day: Pharmacists in HIV Care (Nov 2024, 263 attendees from 45 countries).
- Young Pharmacists & Students Webinar Series (Sept 2024 – Mar 2025, 6 sessions, 1,800+ registrants overall, equipping early-career pharmacists with leadership, research, digital, and project management skills).
- Clinical Consultation Skills Workshops, India (Jan 2025, 500 pharmacists trained, co-accredited by the Indian Pharmaceutical Association).
- Unlocking the Future of Pharmacy in the Commonwealth, Sri Lanka (Jan 2025, 450 attendees exploring pharmacy's role in UHC).
- Sickle Cell Disease Webinar (June 2025, 140 attendees from 48 countries, strong feedback on equitable access to hydroxyurea and pain management).

Engagement and Growth

- Record-breaking webinar engagement: CVD & Diabetes Complications webinar achieved 1,109 registrations, 604 attendees and 25,587 participant minutes.
- Global CPD Learner Survey (Dec 2024 – Jan 2025): provided actionable insights on barriers (internet access, time, navigation), guiding improvements such as mobile optimisation and simplified user journeys.

Accreditation and Recognition

- In collaboration with the Pharmaceutical Society of Kenya, the CPA has secured formal CPD accreditation for its courses with the Pharmacy and Poisons Board. This ensures CPA courses are now formally recognised for in-country CPD points.

Outcomes and Impact

- Expanded access to CPD for over 8,000 pharmacists worldwide.
- Significant improvement in learner engagement, especially in webinars and accredited workshops.
- Strengthened NPAs through collaboration, in-country training, and accreditation recognition.

- Broadened CPD content to cover priority areas: diabetes, CVD, HIV, sickle cell disease, AMS, quality improvement, and consultation skills.
- Developed a more sustainable and interactive learning model, integrating case-based studies, patient perspectives, and leadership training.

1.3 Critical Care Course (with UCLH)

Background

Since 2022, the CPA has partnered with University College London Hospitals (UCLH) to widen access to the “*Fundamentals of Critical Care*” 12-month training programme for pharmacists in low- and middle-income countries (LMICs). The course combines structured teaching with practical application, enabling participants to put their learning directly into practice. By building critical care expertise, pharmacists are better equipped to support the management of seriously ill patients, improve therapeutic outcomes, and strengthen the resilience of healthcare systems. The initiative continues to bridge a major training gap in LMICs while promoting sustainable improvements in patient care.

Aims of the CPA/UCLH collaboration

- Broaden access to high-quality critical care education for pharmacists across LMICs.
- Equip pharmacists with both foundational and advanced skills in critical care.
- Strengthen local healthcare delivery by embedding improved critical care practices.
- Create lasting impact through ongoing professional development and support networks.

Countries (2025 cohort)

This year, 40 pharmacists from 11 countries are participating in the course:

| Country | Number of Learners |
|------------------|--------------------|
| Cameroon | 3 |
| Eswatini | 1 |
| Gambia, The | 3 |
| Ghana | 1 |
| Kenya | 1 |
| Malawi | 3 |
| Papua New Guinea | 1 |
| Sri Lanka | 2 |
| Tanzania | 11 |
| Uganda | 8 |
| Zambia | 6 |
| Grand Total | 40 |

Start and end date

Start Date: 1 Jan 2022 (Course first launched in 2022)

End Date: Ongoing

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Programme Description

The “*Fundamentals of Critical Care*” course is a year-long, fully virtual programme designed for pharmacists already practising in, or newly entering, critical care settings. Delivered via Microsoft Teams, it offers a structured learning pathway across 12–14 intensive care topics, giving participants both foundational knowledge and practical insights to apply directly in their clinical work.

Course Structure

- Monthly Live Seminars: Interactive sessions on Microsoft Teams covering core ICU themes such as sepsis, respiratory care, renal therapy, and pain management.
- Pre-seminar Preparation: Recorded lectures and reading resources to support active participation in live sessions.
- Post-seminar Tasks: Optional case discussions and clinical assignments, leading to a Certificate of Competence for those who complete them.
- Knowledge Assessments: Baseline and end-of-course tests used to track progress and learning impact.
- Community Engagement: Peer-to-peer support and knowledge exchange through WhatsApp groups and Google Classroom.

Expected Outcomes

- Strengthened critical care skills for pharmacists working in LMICs.
- Improved patient management and outcomes in intensive care settings.
- Growth of an international community of trained critical care pharmacists.
- A sustainable education model adaptable for diverse healthcare systems.

1.4 Pharmacy Workforce Data

Background

The CPA continues to work collaboratively with the WHO National Health Workforce Accounts (NHWA) and the International Federation of Pharmacists (FIP) to collate pharmacy workforce data to enhance its utilisation. This data can then be used for effective pharmacy workforce planning, quality assurance (ensuring pharmacists are suitably qualified and maintaining professional standards), to identify gaps in pharmacy access, and to advocate for the importance of pharmacists in healthcare systems.

Aims

- To collect relevant, up-to-date, data on the pharmacy workforce within the Commonwealth member states (e.g. workforce registration, demographics, education and training, etc.).
- To work closely with member organisations to explore how best we can:
 - support pharmacy workforce data collection;
 - support the pharmacy workforce in-country e.g. addressing specific training/development needs;
 - further understand the issues affecting the pharmacy workforce;
 - work together to overcome challenges e.g. regulation, migration, cultural issues.
- To report findings to WHO NHWA and FIP.

Countries

The project targets all Commonwealth member countries since data can be used for workforce planning; data collection is mostly active in CPA member organisations.

Start and End date

Start date: 1 Jan 2021 (Scoping initiated in 2021. Survey developed during Q1 2024 and launched in April 2024. Data collection and analysis conducted during this reporting period.

End Date: Ongoing (Report to be completed in the next reporting period in September 2025)

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key outcomes and impact

- A comprehensive workforce survey was developed, incorporating questions to meet the needs of WHO NHWA, FIP, and CPA.
- Survey launched in April 2024 with data collection carried out in the subsequent months.
- Continuous engagement and reminders were sent to maximise participation and ensure comprehensive data coverage.
- Data will provide insights for workforce planning, quality assurance, gap analysis, and advocacy efforts.

2. Health Systems Strengthening

2.1 CwPAMS - Commonwealth Partnerships for Antimicrobial Stewardship

Background

The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme aims to tackle antimicrobial resistance (AMR) by supporting low- and middle-income countries (LMICs) to generate, share and use data to improve antimicrobial use and clinical practice, and encourage further investment in AMR. The programme is managed by CPA in partnership with the Global HealthPartnerships (GHP, formerly THET) and is funded by the UK Department of Health and Social Care's Fleming Fund.

Aim

CwPAMS aims to leverage the expertise, particularly in pharmacy, of UK health institutions, volunteers and technical experts to strengthen the capacity of the national health workforce and institutions in Commonwealth countries around the following focus areas:

- Improving antimicrobial stewardship (AMS), including surveillance through the use of a point prevalence survey (PPS), data collection and analysis
- Building antimicrobial pharmacy expertise and capacity
- Enhancing infection prevention and control (IPC)
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions
- Enhancing the detection and reporting of substandard and falsified antimicrobial medicines
- Supporting community pharmacy
- One Health

Countries

Eight countries across the African continent: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia. In partnership with the United Kingdom.

Start and End date

Start date: 1 April 2023 (launch of CwPAMS 2)

End date: Ongoing (CwPAMS 2 to conclude in March 2026 with final evaluation subsequently conducted)

Phase 2 of CwPAMS (CwPAMS 2.0) started in April 2023 and concluded in March 2025. A new extension phase, CwPAMS 2.5, commenced in April 2025 and will run for one year until 31 March 2026.

Key outcomes and impact

The outcomes and impact of this reporting period are being presented in two parts, covering the completion of CwPAMS 2.0 and commencement of CwPAMS 2.5.

Over the two years of implementing CwPAMS 2.0 (April 2023 - March 2025), the following achievements were observed by the end of the implementation period:

2.1.1 Completion of CwPAMS 2.0

Achievements in numbers by end of March 2025:

- 24 health partnerships supported 74 health facilities across 8 sub-Saharan African countries developing and implementing interventions
- 8 hubs supported 39 spokes across 7 sub-Saharan African countries – 6 of these hubs established structures, leadership and action plans to support activities/interventions amongst spokes
- Over 17,172 healthcare professionals have been trained
- Over 2,671 combined volunteering days contributed by UK healthcare professionals to strengthen AMS in LMIC healthcare institutions.
- 67 Awareness raising interventions amongst One Health groups and community pharmacies
- 70 AMS committees were established and are fully operational
- 73 AMS Action Plans have been implemented
- 52 Institutions updated and/or developed new AMS/IPC guidelines, tools or protocols
- 73 Institutions conducted Point Prevalence Surveys (128 PPS conducted in total),
- 70 Institutions used generated data to plan for improvements to antimicrobial prescribing practices
- 49 Institutions shared data with clinical teams, AMS/IPC programmes or guideline development groups
- 23 Antibiograms have been produced which were informed by local and up-to-date surveillance/microbiology data
- 64 Institutions were aware of detection and/or reporting mechanisms for substandard and falsified medicines, with 56 reporting data using established mechanisms

Achievements in Narrative (July 2024-March 2025)

Advancement of Antimicrobial Stewardship (AMS) Workforce and Technical Capacity:

Workforce Training: Data from initial scoping exercises was used to develop targeted resources and advocacy documents, specifically within the microbiology and Substandard & Falsified Medicines (SFMed) workstreams. These were presented at global advocacy meetings like CHOGM.

Shared Learning: Multiple shared learning opportunities were created, including successful face-to-face hub and spoke strengthening meetings that facilitated peer-to-peer knowledge transfer between partner sites.

Country led substandard and falsified medicines (SFMs) webinars: The In-country Consultants and their respective national authorities created awareness on SFMs. CwPAMS and other national teams participated actively, in each of the webinars across the 8 countries.

Extensive microbiology report produced: Using data collected iteratively through CwPAMS 2, the CPA microbiology team developed a comprehensive report outlining critical findings and actionable recommendations to bolster laboratory capacity, optimise diagnostics, and integrate microbiology data into clinical practice. The report was disseminated to key stakeholders including DHSC and Mott MacDonald.

Strengthened Governance, Leadership, and Country Ownership:

Launch of the Uganda AMR Parliamentary Forum: In November 2024, The Ugandan Speaker of Parliament launched the Uganda AMR Parliamentary Forum. This significant milestone was achieved through collaborative efforts between CwPAMS In-Country Coordinators (ICCs), Fleming Fund country grantees, and key partners. During the launch, Members of Parliament pledged their commitment to advocating for increased funding to combat AMR.

Integration into National Systems: Demonstrating sustainability, findings from the programme's data management workstream are now being used to inform national advocacy efforts during key stakeholder meetings, ensuring evidence-based policy discussions.

Strategic Engagement and Collaboration for Sustainability:

United Nations General Assembly High-Level Meeting (HLM) on AMR: The CPA and GHP developed and disseminated policy briefs outlining actionable recommendations for the HLM. These briefs were widely disseminated through our network and media channels to key national and international stakeholders. The significant impact of the CwPAMS programme was recognised at the HLM, with the Director of Pharmaceutical Services in Ghana specifically praising its contribution to enhancing antimicrobial stewardship within the country.

World AMR Awareness Week November 2024: CwPAMS actively participated in WAAW activities across the 8 countries, as well as awareness creation on GHP and CPA social media platforms with over 15,000 engaged in our posts. In-country, CwPAMS provided support to various WAAW activities, including engagement with national stakeholders, producing a song to promote AMR awareness (HP in Kenya), participating in AMR awareness walks (Kenya), and liaising with ZNPHI on implementation of celebratory activities (Zambia).

Presenting at Conferences: The CPA actively showcased the impact of the CwPAMS programme through extensive conference engagement. A total of 20 abstracts were submitted, with 12 accepted to date, and 10 published in peer-reviewed journals or conference proceedings. In addition, the programme was represented through 20 poster presentations and 5 oral presentations at major international forums. These included events such as the International Congress on Infectious Diseases (ICID), the Ecumenical Pharmaceutical Network Forum and the annual conferences of the International Pharmaceutical Federation and the Royal Pharmaceutical Society. This high level of dissemination not only highlighted key project successes but also strengthened CPA's visibility and partnerships across a diverse range of global stakeholders.

Publications: The CwPAMS 1 (including also phase 1.5) [Impact Report](#) was developed and published on 31 October 2024. A scoping review on the application of the hub and spoke model in AMS programmes was published in the [Journal of Biomedical Sciences](#).

CwPAMS 2.0 concluded with several valuable lessons learned and a suite of practical resources including data, which were directly transferred to inform and accelerate the start of the CwPAMS 2.5 phase.

Sharing & Learning Events and ALF-A Fellowship Graduation sessions were held in each of the 8 CwPAMS countries during February and March 2025. Each event attracted high level national stakeholders and partners and was an opportunity to celebrate the successes of CwPAMS HPs, showcase the achievements of the ALF-A Fellows, and reflect on future priorities within AMR and the national context.

2.1.2 Commencement of CwPAMS 2.5 (April 2025-June 2025)

- The successful conclusion of CwPAMS 2.0 paved the way for the inception of CwPAMS 2.5, which commenced in April 2025. The CwPAMS programme received notable recognition at the UKHSA 2025 Antibiotic Guardian Awards in June, the CPA was honoured with a win in the Diagnostic Stewardship category for its work on developing diagnostic resources for low- and middle-income countries. Additionally, Nakaseke General Hospital, a Ugandan spoke site, was recognised for its efforts, winning in the Infection Prevention and Control (IPC) category.
- 20 out of 24 Health Partnerships (HPs) from CwPAMS 2 successfully transitioned to the new phase, with inception meetings completed, grant variation agreements signed, and initial funds disbursed to support continued implementation.
- In this phase, a new Community Pharmacy workstream was launched and implementation of AMS in the Community Pharmacy setting is being piloted.

Key CwPAMS 2.5 Achievements to Date:

AMR Workforce and Technical Capacity Development:

- A significant milestone was achieved with the successful enrolment of 25 Substandard and Falsified Medicines (SFM) leads, including 5 from the community pharmacy sector, into a dedicated training programme.
- An induction webinar was delivered, a community of practice established, and a full schedule of training webinars developed to ensure continuous learning.
- New reporting tools were created and shared with HPs to improve data tracking. Impact reports were initiated following successful microbiology visits to Uganda.
- A pilot diagnostic Point Prevalence Survey (PPS) was successfully conducted by one HP, with feedback being used to refine the tool for distribution to all HPs.

Strengthening AMR Leadership:

- The UK-Africa Leadership Fellowship Programme (UK-ALF-A) was launched, with a cohort of 20 UK and 20 African pharmacists successfully identified, recruited, and are currently enrolled on the programme.
- The ALF-A Alumni Mentorship Programme was developed and became operational, with alumni actively mentoring current fellows and other participants in AMS leadership.

Advancing Community Engagement:

- The Community AMS Toolkit was finalised.
- Five Community Champions were recruited and will undertake SFM training.
- Five HPs across Malawi, Ghana, Uganda, Kenya, and Nigeria were identified to pilot the AMS Toolkit in community pharmacies.

Enhancing Sustainability and Country Ownership:

- In-Country Coordinators (ICCs) developed comprehensive work plans for national-level engagement throughout CwPAMS 2.5.
- National Ownership Mechanisms (NOMs) were re-engaged, with quarterly meetings scheduled and many already held. NOM members were encouraged to join monitoring visits for deeper engagement.
- UK Sharing and learning Event on 10th June: The event successfully convened, for the first time since CwPAMS 1, all UK-based HPs under CwPAMS 2.5, directly contributing to the overarching programme goal of NHS institutions benefiting through improved knowledge and capability of UK volunteers. The day's sessions, which included discussions on the CwPAMS journey, bi-directional learning, inspiring new UK-ALFA fellows, and integrating partnership principles into the NHS, effectively fostered collaboration and highlighted the advantages of the programme, ultimately strengthening the value these partnerships bring back to the UK and to the fight of AMR as a global issue without borders.

Monitoring, Evaluation, Research and Learning:

- A MEL workshop was delivered in April 2025 to strengthen HPs' capacity in monitoring, evaluation, and learning.
- Key MEL templates and updated publication guidance were finalised and shared with all HPs to standardise and improve reporting.
- The independent evaluation is on track, with the inception report completed and secondary data analysis underway.

2.2 Africa Leadership Fellowship for AMS (ALF-A)

Background

Based on the success of the UK's Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme, the Africa Leadership Fellowship-AMS (ALF-A), has been developed for mid-career pharmacists in Africa who were part of health partnerships CwPAMS phase 2. Thirty pharmacists from across 8 African CwPAMS2 countries were selected following a very competitive selection process and started the fellowship in October 2023. Since many eligible pharmacists who applied for ALF-A could not be offered a fellowship place, CPA applied for further funding for another cohort. The second cohort of 15 pharmacists commenced in January 2024 for the year-long fellowship.

Aims

ALF-A aimed to:

- Support AMS capacity building nationally and being key to sustainability
- Provide mentorship and leadership skills to pharmacists who are part of a CwPAMS partnership in each delivery country
- Empower and develop country leaders to continue the mission of tackling AMR in the long term
- Leverage training materials developed during CwPAMS extension phase.

Countries

Eight countries: Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda, United Kingdom, and Zambia.

Start and End date

Start date: October 2023

End date: Ongoing (final evaluation currently being conducted and anticipated to be concluded in Dec 2025)

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key outcomes and impact

Graduation and recognition: Of the 45 pharmacists enrolled, 43 successfully completed the fellowship and were awarded the Fellowship certificate.

Dissemination of learning: Graduation events were held integrated into *CwPAMS 2.0 Learning and Sharing Events*. Fellows presented their projects as poster displays, with a winning poster recognised in each country.

Capacity building: Fellows implemented AMS projects within hospitals and community settings, contributing to local stewardship interventions and policy influence.

Leadership development: Through mentorship and training, fellows have taken on new leadership roles, becoming AMS champions within their institutions and at national level.

Monitoring, Evaluation and Communication of impact

- A comprehensive evaluation framework was applied, tracking fellows' progress against defined leadership and AMS capacity indicators.
- Data collected included self-assessed leadership skills, number and scope of AMS initiatives implemented, and evidence of institutional or national policy engagement.
- Preliminary evaluation findings demonstrate measurable increases in leadership confidence, project delivery skills, and visibility of AMS initiatives across participating countries.
- A consolidated evaluation report is being finalised, with plans to submit findings for publication in a peer-reviewed journal in late 2025, ensuring wider dissemination of lessons and impact.
- The CPA actively showcased the impact of the ALF-A through conference engagement with a total of 5 abstracts were submitted, with 3 accepted to date, and 4 published in peer-reviewed journals or conference proceedings. In addition, the programme was represented through 5 poster presentations and 1 oral presentation at major international forums. These included events such as the International Social Pharmacy Workshop Ecumenical Pharmaceutical Network Forum, the East of England Global Health Conference and the annual conferences of the International Pharmaceutical Federation and the Royal Pharmaceutical Society. This high level of dissemination not only highlighted key project successes but also strengthened CPA's visibility and partnerships across a diverse range of global stakeholders.

2.3 UK-Africa Leadership Fellowship for AMS (UK-ALF-A)

Background

In 2024, CPA secured funding to deliver a combined UK-ALF-A Fellowship under the CwPAMS 2.5 extension, starting in April 2025. Forty Fellows, 20 UK-based and 20 from Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda, and Zambia, enrolled.

In parallel, 31 ALF-A alumni joined the CwPAMS Alumni Programme. Through the Alumni Mentoring Programme, they provide structured, peer-led support to new UK-ALF-A Fellows while strengthening their own leadership growth. Alumni also facilitate breakout sessions during online action learning, and selected 10 are serving as tutors, giving feedback on project plans and reports submitted by current Fellows.

This creates a sustained, intergenerational community of practice that strengthens antimicrobial stewardship leadership across the UK and Africa.

Aims

UK-ALF-A aims to:

- Bring together pharmacists from the UK and Africa for joint learning and networking in AMS.
- Strengthen leadership capabilities to address gaps in AMS and improve healthcare delivery.
- Drive sustainable healthcare improvement through stronger AMS initiatives.
- Expand learning from CwPAMS while supporting personal growth, leadership, and global health experience.
- Develop a cadre of pharmacy leaders in the UK and Africa with quality improvement expertise for use within and beyond CwPAMS.

Countries

Nine countries: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, United Kingdom, and Zambia.

Start and End date

Start date: 1 April 2025 (launch of fellowship)

End date: Ongoing (Fellowships will end in March 2026 with final evaluation to be subsequently conducted).

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key outcomes and impact

- 60 applications were received for the UK-ALF-A Fellowship in February 2025
- 40 successful candidates enrolled on the UK-ALF-A programme in April 2025
- All 40 are on track to achieve at least 80% of live webinar attendance and are progressing with online learning.
- 38 of the 40 have submitted their Project plans for the key Health Partnership deliverables they are leading on.
- The Fellows completed a leadership self-assessment and received 360-degree feedback. This helped them identify areas for improvement and set their leadership development goals and plan.
- All 40 Fellows have been assigned two mentors and are engaging with them at least once a month.
- The UK CwPAMS Sharing and Learning event in May 2025 was a valuable networking opportunity. It brought all UK-based Fellows together and provided a forum to inspire them with alumni success stories.
- Following their 1-day leadership induction, they have had 1 webinar focusing on what leadership means to me and enrolled in the Edward Jenner Leadership Programme levels 0-4.
- Live webinar learning sessions so far in Antimicrobial Stewardship x2 and Project Management.

2.4 CwPAMS Alumni Mentoring Programme

Background

The CwPAMS Alumni Mentoring Programme was established to sustain and amplify the impact of the CwPAMS initiative. Recognising the wealth of expertise built through successive phases of CwPAMS, the programme connects experienced alumni with new and emerging leaders in AMS. By fostering peer-to-peer learning, professional development, and leadership support, the mentoring programme strengthens a growing network of AMS champions across the Commonwealth, ensuring that the skills, knowledge, and innovations developed through CwPAMS continue to shape practice and policy long after formal project cycles end.

Aims

The structured mentoring programme will:

- Sustain the leadership pipeline by equipping CwPAMS Alumni with mentoring skills.
- Support new Fellows as they undertake the Fellowship in real time.
- Strengthen the CwPAMS network by fostering cross-country and intergenerational collaboration.
- Further embed a culture of leadership and knowledge sharing, ensuring sustainability.

Countries

Nine countries: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, United Kingdom and Zambia.

Start and End date

Start date: 1 May 2025 (launch of the mentorship scheme)

End date: Ongoing (mentoring of UK-ALF-A fellows will be completed in March 2026 but mentorship scheme will continue).

Key outcomes and impact

- 31 of 32 applicants were awarded a place on the Alumni Mentoring Programme. One applicant was not selected due to limited engagement with mentors during their Fellowship.
- Alumni will facilitate at least three breakout sessions during the year to strengthen their leadership skills, AMS expertise, and role modelling capacity.
- Impact of these sessions will be assessed through participant feedback, post-session evaluations, and reflective reports.
- Monthly drop-in sessions for alumni mentors and the wider mentor network have been well received, creating a regular forum for learning and sharing strategies for effective mentoring.
- A learning exchange on “Building trust and impact through constructive and meaningful feedback” supported alumni, particularly those new to mentoring, to strengthen their feedback skills.

2.5 SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building

Background

The Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC) programme delivers innovative solutions to improve antimicrobial surveillance and prescribing in partner countries with a geographic focus in LMICs in Africa and Asia, to build workforce capability, capacity and resilience in health systems, in the drive for better global antimicrobial stewardship.

Aim

The SPARC programme has expanded from three workstreams to six:

- **Prescribing Companion:** a mobile application and website designed to support prudent antimicrobial prescribing in human and animal health in line with the global one health approach.
- **Data for Action:** Support antimicrobial use and surveillance in human health through curated training modules supporting countries in data use to inform policy and practice for better AMS.
- **Malawi electronic medicines management system (eMMS):** Pilot to improve the pharmaceutical supply chain in Malawi by addressing critical gaps in monitoring antimicrobial consumption and usage.

New workstreams

- Strengthening the capacity of national and site-level laboratories to detect AMR – Zambia
- Improving AMR surveillance data collation and presentation across One Health sectors – Kenya, Zambia
- Strengthening antimicrobial stewardship (AMS) capacity to support clinical decision-making – Kenya

Countries

18 countries across two continents in Africa and Asia: Bangladesh, Eswatini, Ghana, Indonesia, Kenya, Malawi, Nepal, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Sri Lanka, Tanzania, Timor Leste, Uganda, Zambia, Zimbabwe.

Start and End date

Start date: 1 Mar 2024 (launch on SPARC 2)

End date: Ongoing (SPARC 2 will close in March 2026 with final evaluation subsequently conducted)

SPARC phase 2 is currently underway and has been running since March 2024 set to conclude in March 2026 with final evaluation to be conducted after programme completion. Phase I was delivered from January 2022 to June 2023, with an interim extension between July 2023 to February 2024.

Key outcomes and impact

SPARC 2 Expansion

- **Additional Funding:** Following a successful programme review in October 2024 by the Fleming Fund Management Agent (Mott MacDonald), SPARC was awarded an additional £1million investment, enabling SPARC to expand from three to six workstreams. This marked a pivotal step in broadening our technical footprint and strengthening interventions across digital health, surveillance, training, and One Health. A further £172,000 was mobilised specifically to support in-person training delivery of the Data for Action training, in response to stakeholder feedback on the limitations of virtual workshops. This investment significantly enhanced the quality, reach, and engagement of training.
- **Increased Scope:** New workstreams: As part of this expansion, CPA is supporting Kenya and Zambia to strengthen national AMR capacity through three additional workstreams, see above. We have welcomed new members on the team to support the delivery.
- **Extended delivery timeline (January to March 2026):** Initially scheduled to conclude in December 2025, DHSC has confirmed a No-Cost Extension for the period January to March 2026 intended to provide additional time to complete Phase 2 implementation to achieve intended outcomes and support consolidation of existing investments with a focus on sustainability.

Strengthening AMS through Capacity Building - Data for action workshops delivered in 11 countries

- In the core SPARC Data for Action countries; Malawi, Nigeria, Zimbabwe, Timor-Leste, and Nepal, two-day workshops were successfully delivered, focused on CPA's four flagship modules: Module 1: Leadership and Accountability, Module 2: Data Collection, Module 3: Data Analysis (aligned with WHO PPS methodology), Module 4: Data Use and Behaviour Change.
- The workshops were co-delivered by the CPA's core technical team — comprising the AMS Technical Lead, Technical Advisor for Human Health, and Technical Officer — supported by in-country Technical Consultants, AMS Champions trained through the ALF-A programme, UK-based AMS Technical Volunteers, and commissioned Behavioural Change experts.
- Participating professionals enhanced their competencies in data-driven decision-making for antimicrobial stewardship, equipping them to implement evidence-based policy and practice changes.

- The scope of the Data for Action workstream was strategically expanded to six additional countries in the CwPAMS programme: Tanzania, Uganda, Kenya, Zambia, Ghana, and Sierra Leone. In each country, a half-day Data for Action training session was conducted, led by Behavioural Change Psychologists and ALF-A Fellows.
- Overall reach of the SPARC Data for Action training was 11 countries, training 286 healthcare workers across 119 health facilities, almost quadrupling the initial target.
- Communities of Practice (CoPs) have been established to provide ongoing technical support and peer exchange.

Digital Innovation: Malawi eMMS Pilot

- The technical development and handover of Malawi's electronic Medicines Management System (eMMS) was successfully completed. Integration efforts are underway into local systems.
- Pre-implementation data collection completed at four pilot sites; including: Queen Elizabeth Central Hospital – Emergency Department (Blantyre) and Three facilities in Ntcheu District: Bilira, Nsiyaluzu, and Kandeu Health Centres with evaluation protocols designed to assess impact.
- High-level advocacy at the Commonwealth Health Ministers' Meeting (CHMM) secured government endorsement and technical alignment.
- Upon completion of integration with local systems, the pilot will stand as a proof of concept for sustainable digital stewardship addressing gaps in pharmaceutical supply chain.

Prescribing Companion App – Scaling Access and Impact

- Recognised internationally, the App was highly commended at the UK Antibiotic Guardian Awards (2025) for the Antibiotic Guardian Award in the category of *Animal Health, Agriculture and Food Supply*
- Now active in 18 countries, previously 13, we have onboarded new countries; Senegal, Pakistan, Papua New Guinea, Eswatini and Sri Lanka in this phase.
- Nine live national human health Standard treatment guidelines and two others in the final stages of approval.
- Expansion into animal health is advancing rapidly, with live national resources in four countries: Tanzania, Timor-Leste, Uganda, and Nigeria.
- Updated International AMS/IPC resource for both human and animal health on the App.
- The app's user base has surged to over 70,000 professionals, up from 25,000 at the start of the year.
- Our annual evaluation survey showed 95% of surveyed users recommend the app, citing relevance and ease of use.
- Delivered over 40 awareness campaigns across countries, reaching thousands of health professionals and policymakers. Key global platforms include the Nepal Pharmacists Association conference where the App was recognised.
- National launch events (e.g. Ghana, Zimbabwe, Zambia, Nigeria) attracted over 700 stakeholders, securing high-level government buy-in.

One Health initiatives and Multisectoral Engagement

- SPARC team engages in quarterly Fleming Fund Country Coordination meetings which provides an opportunity for collaboration, alignment without duplicating efforts. We have presented and contributed to over 15 meetings across Africa and Asia.
- In the kick-off planning for the expansion work, we have further established strong national ownership in Kenya and Zambia through multisectoral engagement with ministries of health, agriculture, and national public health institutes, having Director generals and other high-level stakeholders officiating key engagements.

- Validated Prudent Use Guidelines for Animal Health in Kenya, with a train the trainer (ToT) delivery planned for July 2025.
- SPARC is now strengthening diagnostic stewardship in Zambia by supporting reference laboratories - Zambia National Public Health Reference Laboratory (ZNPRL) and Levy Mwanasa Teaching Hospital with planned site assessments and mentorship.
- At a national level, a microbiology mentorship Guide has been developed, and a TOT is planned in August 2025.
- Technical Assistance is underway for the development of the one health (OH) platforms in Zambia and Kenya to be completed by end of phase 2.

Conference Dissemination

The CPA continues to actively showcase the impact of the SPARC through conference engagement. A total of 3 abstracts were submitted, with 2 accepted to date and published in peer-reviewed journals or conference proceedings. In addition, the programme was represented through 4 poster presentations and 2 oral presentations at major international forums. These included events such as the East of England Global Health Conference, International Social Pharmacy Workshop and the annual conferences of the International Pharmaceutical Federation and the Royal Pharmaceutical Society. This high level of dissemination not only highlighted key project successes but also strengthened CPA's visibility and partnerships across a diverse range of global stakeholders.

2.6 VIPSD - Commonwealth Voluntary Information and Price Sharing Database

Background

The Commonwealth Voluntary Information and Price Sharing Database (VIPSD) was established in response to the 2018 deliberations of the Commonwealth Health Ministers, who identified the need for a robust information-sharing mechanism among member states. The Commonwealth Secretariat spearheaded the development of VIPSD, an electronic database designed to promote equitable access to essential medicines and health commodities by providing critical procurement data. This initiative aims to support informed decision-making in the procurement of essential medicines. Despite being endorsed by Commonwealth Health Ministers in May 2021, the database's uptake and deployment have been limited.

Aim

In collaboration with the Commonwealth Secretariat, the CPA was commissioned to support a six-month project (June–November 2023) with the following objectives:

- To explore the procurement and pricing landscape of medical products and evaluate how VIPSD can enhance procurement systems in select Commonwealth member states.
- To establish a network of Heads of Procurement and form expert groups to facilitate information sharing.
- To deliver engagement and information sessions to procurement stakeholders in selected member states.

Countries

The project targeted up to 20 of the 56 Commonwealth member states, spanning five regions: the Eastern Caribbean, Southern African Development Community, Association of Southeast Asian Nations, Malta/Europe, and the Pacific.

Start and End date

Start date: 15 October 2021 (Launched of VIPSD)

End date: Ongoing (paper to be published in July 2025)

Key outcomes and impact

- An abstract was submitted for the Royal Pharmaceutical Society Annual Conference 2024 titled: “Voluntary Information and Price Sharing Database: A Scoping Review of the Pricing and Procurement Landscape across Eight Commonwealth Member States”. The abstract was accepted, successfully presented at the conference in November 2024 and published in the International Journal of Pharmacy Practice (IJPP).
- A peer-reviewed article is being written and will be published in the Journal of Pharmaceutical Policy and Practice in the next reporting period, titled “*Piloting a voluntary information and price sharing database (VIPSD) for Commonwealth countries: lessons for improving transparency in medicines procurement*”. The paper will highlight that transparent procurement data can improve negotiation power, reduce inefficiencies, and promote fairer pricing across member states.
- The paper led to the establishment of the Heads of Procurement Network (HOPN), creating an online forum to discuss access to medicines issues and better understand the key issues from a Commonwealth wide, regional and country perspective. Three webinars were held during this reporting period, with CPA taking a leading role in chairing and provision of technical expertise.
- The project enhanced CPA’s role as a technical partner in medicines access and positioned CPA as a trusted intermediary between the Commonwealth Secretariat, governments, and procurement leaders.

3. Advocacy, campaigns and events

3.1 Commonwealth Civil Society Policy Forum (CCSPF) 2024

Background

The CCSPF 2024 was convened by the Commonwealth Health Professions and Partners Alliance (CHPA) under the theme “Actionable Solutions to Building Resilience in Healthcare Systems within the Commonwealth, with an Emphasis on Small and Vulnerable States.” The forum fed recommendations into the 36th Commonwealth Health Ministers’ Meeting (36CHMM) which met in late May 2024 in Geneva alongside the 77th World Health Assembly. The resulting consensus paper from the forum was later prepared for peer review and published in May 2025.

Aims

- To identify and propose concrete, civil-society-led solutions to strengthen health system resilience in Commonwealth countries, especially small and vulnerable states.
- To ensure recommendations are evidence-based, actionable, and aligned with the pressing challenges of workforce shortages, climate change, health emergencies, and inequalities.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 Jan 2024 (planning, followed by CCSPF, CHMM and CHOGM and associated outputs)

End Date: 30 May 2025 (final paper published)

Key Outcomes and Impact

- A peer-reviewed paper (Grange et al. 2025) synthesising the forum’s evidence and recommendations was published 30 May 2025 under the title “*Building resilience together: actionable solutions to tackle workforce challenges and the climate crisis’ impact on health systems within the Commonwealth.*” This provides a citable, academic record of the forum’s recommendations.

- The paper and CCSPF recommendations distilled key actions: strengthen workforce capacity and planning; integrate climate-health considerations into policy; improve emergency preparedness and response; and adopt ethical frameworks on international recruitment and workforce exchanges.
- Forum outputs were fed into the 36CHMM agenda in May 2024 and influenced multiple ministerial resolutions on resilience, workforce strengthening, cross-sector partnerships and climate-health integration. These links boosted the visibility and influence of CPA and CHPA as civil-society advocates.

3.2 UN High Level Meeting on AMR 2024

Background

The United Nations convened its second High-Level Meeting on Antimicrobial Resistance (AMR) in September 2024 in New York. The meeting brought together Heads of State, Ministers, civil society organisations, and technical agencies to take stock of progress since the 2016 political declaration and to galvanise global action to address AMR as a critical threat to health, food security, and sustainable development.

Aims

CPA's engagement aimed to:

- Ensure that the critical role of pharmacists in AMR was recognised in global policy commitments.
- Showcase evidence and learning from CPA programmes, particularly CwPAMS, SPARC, Global Health Fellowships and related initiatives, as practical models of impactful and scalable stewardship and pharmacist-led solutions.
- Advocate for stronger focus on workforce, health system strengthening, equitable access, and leadership capacity within the HLM political declaration.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 June 2024 (preparatory advocacy and paper drafting)

End Date: 30 September 2024 (meeting and dissemination)

Key Outcomes and Impact

CPA produced and disseminated two policy papers in advance of the meeting:

- Commonwealth Partnership for AMS (in collaboration with Global Health Partnerships) – drawing on lessons from CwPAMS, this brief highlighted the central role of health professionals, including pharmacists, in AMS and influencing policy at all levels. It offered concrete recommendations for sustainably improving practices and tackling AMR, including: Investing in health system strengthening and multidisciplinary workforce models; Ensuring reliable resourcing for AMS interventions; Establishing sustainable mechanisms for data sharing and awareness; Scaling the Health Partnership approach to support delivery of the political declaration; Investing in public and patient engagement to shift behaviours.
- Recommendations to the UN General Assembly's High-Level Meeting on AMR – outlining CPA's broader AMR programme contributions across >20 LMICs and offering 10 priority recommendations for governments, including: Enhancing access to high-quality medicines and pharmacy services; Strengthening regulation and governance to tackle substandard and falsified medicines; Building AMS leadership capacity and embedding pharmacy roles in multidisciplinary teams; Promoting One Health approaches, equitable resourcing, and international collaboration.

Both papers were shared with Commonwealth delegations and UN agencies and fed into the wider CPA advocacy coordinated for the HLM. CPA's contributions amplified the visibility of pharmacists as central to combating AMR, positioning pharmacy-led initiatives as scalable models for LMICs. Through its work with CHPA, CPA also helped ensure that references to health workforce strengthening, access to quality-assured antimicrobials, and stewardship were reflected in the HLM discussions and in draft commitments.

3.3 Commonwealth Heads of Government Meeting (CHOGM) 2024

Background

The 27th Commonwealth Heads of Government Meeting (CHOGM 2024) was hosted by Samoa in Apia (with retreat activities at Mulifanua). The summit took place in late October 2024, with leaders' sessions held on 25–26 October 2024 (ministerial meetings and fora preceded the summit). CHOGM 2024 brought together Heads of Government from the 56 Commonwealth member countries to agree shared priorities and communiqués on cross-cutting issues including climate, oceans, health and economic resilience.

Aims

- Position pharmacists and pharmacy networks as critical enablers of health systems strengthening.
- Showcase evidence and impact from CPA programmes such as CwPAMS, SPARC and ALF-A in relation to antimicrobial resistance (AMR) and medicines quality.
- Contribute actionable recommendations for governments, building on CPA's advocacy work at the 2024 CCSPF, CHMM and UN HLM on AMR.
- Secure high-level commitments from Commonwealth Heads of Government on resilience, climate and sustainable development priorities that affect health and wellbeing.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 May 2024 (planning)

End Date: 31 October 2024 (CHOGM held and output completed)

Key Outcomes and Impact

CPA produced and disseminated three policy papers in advance of the meeting:

- Outcomes and Recommendations from the Commonwealth Civil Society Policy Forum (CCSPF) 2024 – synthesising priorities identified by civil society actors across the Commonwealth, with emphasis on health workforce, equity, access to medicines, and patient safety.
- A Call to Action on Antimicrobial Resistance – echoing CPA's submission to the UN HLM on AMR, this brief highlighted lessons learnt from CwPAMS and SPARC, and called for investment in workforce, multidisciplinary AMS capacity, sustainable funding, and stronger integration of the Health Partnership approach into national action plans.
- A Call to Action on Substandard and Falsified Medicines (SFMs) – this paper urged a Commonwealth-wide partnership to address the growing threat of SFMs, with strategic actions underpinned by the pillars of Education, Regulation, Equity, Research and Innovation.

A “Road to CHOGM24” narrative was published on CPA's website documenting that many of the six recommendations from CCSPF 2024 were aligned with CHOGM documents/resolutions.

CHOGM 2024 produced a number of high-level commitments and communiqués on climate resilience, oceans (the Apia Commonwealth Ocean Declaration), and sustainable development priorities which have relevance for health systems, particularly for small island and vulnerable states. These commitments provide leverage for downstream action on climate-health, health systems resilience and cross-sectoral partnership.

CPA's "Road to CHOGM24" advocacy and CCSPF inputs helped ensure that health priorities - workforce resilience, climate-health action and equitable access to services - were visible in ministerial and Heads-level discussions, strengthening the case for health-sensitive implementation at national level.

3.4 Commonwealth Civil Society Policy Forum (CCSPF) 2025

Background

The CCSPF 2025 was convened by CHPA under the theme "*Fit for our Commonwealth ... toward a resilient and sufficient health and wellbeing workforce*". The online forum was held on 28 February 2025 building on prior CCSPF outputs. The three themes for the CCSPF 2025 Forum were:

- Sustainable financing for a sufficient health and care workforce
- Planning for a sufficient health and care workforce for the future
- Return on investment from a resilient and sufficient health and social care workforce

Similarly to previous years, CPA was actively involved in the development and delivery of the CCSPF 2025.

Aims

- To build on prior recommendations, assess progress, highlight new or emerging issues, and refine what is needed to strengthen health systems, especially concerning sustainable financing, workforce, equity, etc.
- To raise awareness of the need for a resilient and sufficient health and wellbeing workforce across Commonwealth countries.
- To emphasise the necessity for adequate financing, forward planning, and effective retention strategies for the health and wellbeing workforce, to ensure a healthy and economically productive and socially stable population.
- To optimise civil society interaction with Commonwealth Health Ministers; to ensure that civil society's insights are reflected in health policy decisions at CHMM 2025.
- To propose actionable recommendations for Commonwealth Health Ministers on effective strategies to address the three themes of the Forum: adequate financing, forward planning, and effective retention strategies.

Countries

All Commonwealth member countries.

Start and End Date

Start Date: 1 Jan 2025 (planning)

End Date: 28 February 2025 (Forum held and report published)

Key Outcomes & Impact

- CHPA published the CCSPF 2025 report (28 Feb 2025) which emphasised sustainable financing, workforce planning and retention, cross-sector partnerships and digital tools, and climate resilience. The report was submitted as civil society input to CHMM 2025, helping to inform ministerial discussion under the theme *“Investing in Health: Sustainable Financing for an Equitable Commonwealth.”*
- The forum reinforced civil society’s role in shaping CHMM dialogue and strengthened the evidence base for calls on investment in workforce planning and retention strategies across Commonwealth countries.

3.5 Commonwealth Health Ministers Meeting (CHMM) 2025

Background

The 37th Commonwealth Health Ministers Meeting (37CHMM) was held in Geneva, Switzerland, on 17 May 2025, on the margins of the World Health Assembly. The meeting brought together Commonwealth Health Ministers, senior officials and global health partners to consider civil society inputs (including CCSPF 2025) and to agree ministerial statements and ministerial priorities under the theme *“Investing in Health: Sustainable Financing for an Equitable Commonwealth”*.

Aims

- Forge ministerial consensus and commitments on sustainable financing models for health and on measures to strengthen the health and wellbeing workforce across Commonwealth countries.
- Ensure civil-society evidence and recommendations (CCSPF 2025 report) inform ministerial deliberations and outcome statements, and to secure concrete operational actions and follow-up.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 1 Jan 2025 (planning)

End date: 17 May 2025. The CHMM meeting in Geneva was held immediately before the World Health Assembly (WHA) sessions that year.

Key Outcomes and Impact

- Ministers adopted a Ministerial Statement at 37CHMM (17 May 2025) that reaffirmed the urgent need for innovative and sustainable financing to strengthen health systems, committed to actions to build workforce resilience, and emphasised equity and cross-sectoral partnerships. The Ministerial Statement is an official Commonwealth outcome that provides an advocacy and accountability anchor for national action.
- CHMM 2025 foregrounded topics central to CCSPF 2025 inputs - sustainable financing for workforce sufficiency, workforce planning and retention, digital tools, and climate-resilient health systems - strengthening the link between civil society recommendations and ministerial priorities. WHO and other global partners contributed statements supporting the meeting’s objectives and calling for urgent investment and partnership.
- In the runup to CHMM 2025, we collaborated with the Commonwealth Secretariat on a feature for the CwPAMS programme and CPA’s work to tackle antimicrobial resistance which generated over 260,000 impressions, making it CPA’s most widely disseminated content piece to date.

3.6 The role of Pharmacists in Pandemic Preparedness and Response

Background

In collaboration with the WHO, this project examines the critical role pharmacists play in pandemic preparedness and response. Drawing on evidence from the COVID-19 pandemic, the project aims to highlight the essential contributions of pharmacists in medicine access, vaccine delivery, supply chain management, public health education, countering misinformation, and supporting vulnerable communities, despite often being underrepresented in national emergency and health policy frameworks.

Aims

- To compile evidence demonstrating the impact of pharmacists during pandemics, with a focus on real-world case studies from Commonwealth countries.
- To identify gaps in preparedness and the structural integration of pharmacists within emergency response frameworks.
- To provide actionable recommendations for policy reform, workforce development, and investment to strengthen future pandemic preparedness.

Countries

The project targets and has the potential to benefit all Commonwealth member countries since the outputs can be used for future planning; data collection is mostly active in CPA member organisations.

Start and End Date

Start Date: 1 Jan 2024

End Date: Ongoing (Final report to be completed in the next reporting period in October 2025).

This is an update for the reporting period: 1 July 2024 to 30 June 2025.

Key Outcomes and Impact

- Comprehensive literature search gathering global and Commonwealth-specific evidence.
- Worked with Councillors from National Pharmacy Associations to collect examples of best practice and real-life case studies showcasing the vital role of pharmacists during the COVID-19 pandemic.
- Initiated drafting of the report, which will include compelling evidence and actionable recommendations to enhance the integration of pharmacists into health emergency preparedness plans.

3.7 World AMR Awareness Week 2024

Background

Every year as a condition of our agreement with the World Health Organisation, we participate in a range of global health campaigns to represent the voice of Commonwealth Pharmacy and advocate for shared health goals. Our flagship campaign from the range of WHO activities is World Antimicrobial Resistance Awareness Week, due to the volume of work CPA has done in this area over the last half decade.

Aims

- Raise awareness of the threat posed by AMR around the world, especially in the lower- and middle-income countries of the Commonwealth.
- Promote CPA's impactful work and the uptake of our programme outputs like the Prescribing Companion App.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 18 Nov 2024

End date: 24 Nov 2024

Key Outcomes and Impact

- We launched a WAAW Digital Hub that provides a comprehensive overview of AMR, showcases survivor stories from the Commonwealth and links to a range of resources. This is a year-round resource that continues to be available to pharmacists across the Commonwealth and attracts several hundred viewers per month.
- Users in 35 countries were reached according to our available monitoring data, with strong engagement from India, Nigeria, Uganda, Zambia, Kenya and the United Kingdom.
- An estimated 16,000 people saw digital campaign materials between social media and the CPA website, the vast majority believed to be healthcare professionals in LMICs around the Commonwealth.

3.8 Commonwealth Pharmacists Day 2025

Background

Commonwealth Pharmacists Day is celebrated every year on June 16th as a triple celebration: to honour the convening of the first ever Commonwealth Pharmaceutical Conference in London in 1969 (which led to the formal institution of CPA on 1 January 1970 and is taken as our founding date), to remember our first President Albert Howells whose birthday happened to be on the same day, and to celebrate the pharmacy profession across the Commonwealth. The 2025 theme was chosen as a follow on from the theme of Commonwealth Day: “Six Continents. One Profession. Together, we thrive.”

Aims

- Celebrate the role of pharmacists as leaders and drivers in the development of resilient healthcare systems.
- Soft launch the new CPA Academy brand.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 1 May 2025 (planning)

End date: 16 June 2025 (the day)

Key Outcomes and Impact

- Around 25,000 impressions between CPA, CPA staff and CPA member or partner channels, representing significant growth on the 2024 campaign.

3.9 Communication highlights

Background

Throughout the year CPA undertakes a range of communication activities aimed at raising the organisation's profile, celebrating the impact of its work and position itself as the authoritative voice of the pharmacy profession within the Commonwealth.

Aims

- Promote CPA's brand awareness and identity.
- Increase awareness of and engagement with CPA's diverse work streams.
- Celebrate CPA's achievements and broaden CPA's reach.

Countries

All Commonwealth member countries.

Start and End Date

Start date: 1 July 2024

End date: 31 June 2025

Key Outcomes and Impact

- 503,530 visits to the CPA website (+70%).
- 250,127 impressions on social media (+38%), and approx. 600,000 including partner channels.
- 2,325 new LinkedIn followers (+63% in numbers and growing 53% faster than 2023/2024).
- 63,505 email opens (+8%), despite discontinuation of Quarterly Newsletter and a transition period in which only technical mailers were sent.
- Mailing list growth from 11,000 to 14,000 users despite a revalidation exercise, with a sustained average opening rate of 36.1%, comfortably above the average for a UK nonprofit. The rate at which our contact list grew more than doubled between 2023/24 and 2024/25.
- Mainstream media coverage in Nigeria, Kenya, Ghana, New Zealand, Jamaica, Papua New Guinea, Guyana, India, Malta, Nepal and Sri Lanka.

Future Activities

CPA is currently drafting a new Strategic Plan, creating a bold, pragmatic direction in response to a rapidly evolving global health and funding landscape. A key driver is the impending discontinuation of funding for CPA's flagship antimicrobial resistance (AMR) programmes following the closure of the Fleming Fund in April 2026.

In terms of CPA's ongoing programmes of work, future plans are outlined below.

4. Practice and Educational Resources

4.1 PharmAid

Next steps and Future Work

Survey work was initiated to understand member needs and preferred formats for accessing information. Further analysis and follow-up are required to finalise a model that balances accessibility, cost-effectiveness, and quality.

4.2 Continuing Professional Development – Online CPD platform

Next steps and Future Work

Looking ahead, the CPA will deliver a strong pipeline of courses with the launch of Sickle Cell Disease (July 2025), Introduction to Quality Improvement (August 2025), Heart Failure (September 2025), Quality Improvement in Practice (October 2025), and the Cardiovascular Disease course (December 2025) supported by thematic webinars to strengthen clinical application and peer learning.

At the same time, the CPD platform is transforming into the CPA Academy in July 2025, with improved navigation, interactive discussion boards, and streamlined user access, creating a more dynamic and accurate learning environment. Alongside these upgrades, accreditation processes are advancing in Ghana, Tanzania, and Uganda to ensure local recognition of learning and support integration into national CPD systems. Together, these developments will establish the CPA Academy as a comprehensive hub for education, collaboration, and professional growth across the Commonwealth.

4.3 Critical Care Course (with UCLH)

Next steps and Future Work

We are currently seeking funding to expand access to a larger number of pharmacists in LMICs in the next cohort, commencing in April 2026.

4.4 Pharmacy Workforce Data

Next steps and Future Work

- Final analysis of collected data.
- Preparation and publication of a final report in the next reporting period.
- Continued collaboration with member states to refine data collection processes and address emerging workforce issues.

5. Health Systems Strengthening

5.1 CwPAMS - Commonwealth Partnerships for Antimicrobial Stewardship

Next steps and Future Work

Over the next year, CwPAMS 2.5 will focus on consolidating gains and embedding sustainable practices:

- **Implementation Support:** Continue providing ongoing support to all 20 HPs to ensure activities are delivered as per their workplans, with a focus on face-to-face engagement where possible.
- **SFM Training Programme:** Deliver the full schedule of training webinars for the 25 enrolled SFM leads and support the establishment of their roles within their health systems.
- **Community AMS Toolkit Piloting:** Support the five identified HPs to pilot the Toolkit and gather feedback for refinement.
- **Leadership Development:** Continue the rollout of the UK-ALF-A and Alumni Mentorship programmes to build a lasting network of AMS leaders.
- **Strategic Scoping:** Complete the scoping protocol informed by data from previous sharing & learning events. This will focus strategically on sustaining programme gains and embedding AMS within country systems long-term.
- **Evaluation and Learning:** Complete the independent end-of-programme evaluation to capture case studies, successes, and generate critical programmatic and technical learnings to inform future AMS programming.
- **Coordination:** Actively participate in regional coordination and country grantee meetings to align AMS planning and share learning across Fleming Fund programmes

5.2 Africa Leadership Fellowship for AMS (ALF-A)

Next Steps and Future Work

- Support ALF-A alumni through the development of a *pan-African AMS Leadership Alumni Network* to continue peer support, advocacy, and knowledge exchange.
- Advocate for integration of the fellowship model into sustainable regional or national leadership development schemes.
- Secure additional funding to scale the fellowship across other Commonwealth African countries and beyond pharmacy, potentially expanding to other cadres of healthcare professionals engaged in AMS.
- Use the published evaluation findings to inform funders, policymakers, and regional AMR coordination bodies of the fellowship's contribution to long-term AMS sustainability.

5.3 UK-Africa Leadership Fellowship for AMS (UK-ALF-A)

Next steps and Future Work

- Deliver planned live webinar learning sessions between August 2025 and March 2026: Quality Improvement (3), Global Health (3), Research Dissemination (1), Leadership (3)
- Fellows' projects are in progress, with reports due by 1 March 2026.
- Deploy the ALF-A Fellowship Impact and Storytelling Survey on 1 September 2025 to assess Fellows' perspectives on their journey so far. Analyse data and report findings in October 2025.
- Conduct an end-of-programme evaluation, including case studies, to assess impact and inform the design of future programmes.

5.4 CwPAMS Alumni Mentoring Programme

Next steps and Future Work

- Continue monthly drop-in sessions for mentors.
- Deliver upcoming learning exchanges:
 - Overcoming challenging situations in mentoring relationships (October 2025).
 - Supporting mentees to achieve leadership development goals (January 2026).
- Alumni continue to facilitate breakout rooms during the remaining UK-ALF-A webinar learning sessions.
- Alumni tutors to review and provide feedback on Fellows' reports (January–February 2026).
- Conduct an end-of-programme evaluation, including case studies, to assess impact and inform future programme design.

5.5 SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building

Next steps and Future Work

Given recent news about the close of the Fleming Fund, as we conclude SPARC 2 in March 2026, our focus is on sustaining impact and executing a responsible exit. This involves completing ongoing workstreams, embedding tools and processes within local systems, and supporting national partner institutions to sustain AMS gains beyond SPARC.

- In the Data for Action efforts, we are continuing support via the established AMS Communities of Practice WhatsApp groups to enable local coordination of trained local AMS champions in 5 countries: Malawi, Nigeria, Zimbabwe, Timor Leste and Nepal. A series of AMS webinars/refresher trainings will be conducted based on country needs.
- Finalise the quality assurance processes of the Data for Action training materials engaging CPA education team, packaging them for wider use.

- Continue local customization and rollout of the Prescribing Companion App in-country, working with local app champions.
- Integration of eMMS as part of existing local systems. Protocol has been developed, and the team is working towards collecting proof of concept data.
- In the expansion workstreams for Kenya and Zambia:
- Support the review and finalisation of AMU Module in collaboration with Kenya National Public Health Institute (KNPHI)
- Support with national dissemination of developed AMS resources including: the AMS Modules for Kenya, Prudent Use Guidelines for Animal Health for Kenya and the Microbiology mentorship guide for Zambia through the train the trainer (ToT) model.
- At site level in Kenya, Kajiado county hospital will be supported with setting up an AMS programme coupled with ongoing mentorship and training for clinicians.
- SOPs and protocols are under development for two reference laboratories in Zambia; Zambia National Public Health Reference Laboratory (ZNPRL) and Levy Mwanasa Teaching Hospital. There is planned mentorship and technical assistance for laboratory technicians using the materials.
- CPA will close gaps identified at baseline assessment, thereby supporting these laboratories closer to accreditation.
- With regards to the Dashboard work, working with Zambia National Public Health Institute (ZNPHI), the One Health platform development is ongoing, technical assistance for data use to AMRCC and surveillance sites will be extended.
- Similarly in Kenya, Technical assistance is being provided to National Antimicrobial Stewardship Interagency Committee (NASIC) and surveillance sites in linking AMR data to the One Health platform.
- Impact Evaluation of Phase 2 and Funding Exploration: Overall across all workstreams, we are working to consolidate impact by strengthening monitoring, evaluation, and evidence dissemination while exploring funding opportunities.

5.6 VIPSD - Commonwealth Voluntary Information and Price Sharing Database

Next steps and Future Work

- Expand participation in HOPN by engaging additional member states, especially those with limited procurement transparency, and address barriers to data sharing.
- Advocate for stronger political and institutional commitment from Commonwealth Health Ministers to mandate and sustain HOPN participation.
- Explore partnerships with regional economic communities, WHO, and global health financing institutions and the private sector to strengthen data harmonisation and support pooled procurement initiatives.
- Continue to publish and disseminate learnings, case studies, and impact assessments to drive adoption and demonstrate value.

6. Advocacy, campaigns and other events

6.1 Commonwealth Civil Society Policy Forum (CCSPF) 2024

Next Steps and Future Work

- Continue to monitor and support national implementation of CCSPF 2024 recommendations, prioritising small and vulnerable states.
- Use the peer-reviewed publication to support advocacy and funding proposals, and to present evidence to ministries and development partners.
- Consider targeted follow-up evaluations or case studies to assess adoption of recommendations and to generate country-level examples for wider dissemination.

6.2 UN High Level Meeting on AMR 2024

Next Steps and Future Work

- Monitor the follow-up to the AMR HLM political declaration and identify opportunities to hold governments accountable for their commitments.
- Continue to leverage the two CPA policy papers in advocacy with national governments, regional bodies, and donors.
- Integrate HLM 2024 outcomes into future CPA programming and advocacy, ensuring alignment with Commonwealth and UN-level commitments.
- Prepare to contribute to the next CHOGM and CHMM cycles by showcasing how pharmacists are driving delivery of the global AMR agenda.

6.3 Commonwealth Heads of Government Meeting (CHOGM) 2024

Next Steps and Future Work

- Track CHOGM 2024 commitments for relevance to health (e.g., climate and ocean declarations) and support national partners to translate commitments into actionable policy and financing at country level.
- Use CHOGM outcomes as a basis for partner engagement and funding proposals that explicitly connect climate-resilient policy and health systems strengthening.
- Continue to amplify pharmacy and allied health priorities in follow-up ministerial and sectoral dialogues to secure integration of CHOGM commitments into national health plans and budgets.

6.4 Commonwealth Civil Society Policy Forum (CCSPF) 2025

Next Steps and Future Work

- Track which CHMM 2025 resolutions or commitments explicitly reference CCSPF 2025 recommendations and support member associations to localise and implement the recommendations.
- Build civil society capacity for monitoring and accountability against ministerial commitments, including evidence-based tracking and case studies from member countries.
- Use the CCSPF 2025 report to shape further policy engagement, funding proposals and technical support offers focused on workforce financing, planning and retention.

6.5 Commonwealth Health Ministers Meeting (CHMM) 2025

Next Steps and Future Work

- Map CHMM 2025 ministerial commitments against national policy priorities in member states and support CPA member associations to localise recommendations on financing, workforce planning and retention.

- Establish a monitoring and accountability approach (through CPA and CHPA networks) to track implementation of CHMM commitments and report progress back to Commonwealth fora.
- Translate CHMM commitments into concrete funding proposals and technical assistance packages targeting workforce capacity, retention incentives, and climate-smart health system interventions. Engage WHO and other partners already aligned to CHMM priorities to co-design follow-up actions.

6.6 The role of Pharmacists in Pandemic Preparedness and Response

Next Steps and Future Work

- Completion and finalisation of the report in the next reporting period.
- Dissemination of findings to key stakeholders, including policymakers, to support strategic integration of pharmacists into future emergency response frameworks.
- Development of advocacy materials to promote the recommendations and drive policy reform across Commonwealth member states.

6.7 World AMR Awareness Week 2024

Next Steps and Future Work

We plan to scale up our WAAW campaign in 2025 to take a bolder, more dynamic approach to the campaign, engaging more national stakeholders and international collaborators from within the Commonwealth family.

Financial Review

1. Financial Review

The Charity has continued to grow after a stable income over the last two years preceded by a particularly rapid growth trajectory, reflected in total income for the year of £1.72m (2024: £1.19m).

The Charity's core unrestricted fund stands at £243k (2024: £150k).

Designated funds are £43k (2024: £Nil) and restricted funds are £193k (2024: £167k) which reflect the unspent funds for project activity that extends over the next financial year.

The Charity begins the new financial year in a good financial position. The total funds carried forward are £479k (2024: £316k).

2. Reserves Policy

Reserves are held to help the charity operate efficiently. The unrestricted reserves are that part of the charity's funds that are freely available to spend on the charity's purposes. Whilst ensuring that the charity holds at least three months of unrestricted funds to cover running costs, the reserves policy also looks at building up reserves for unforeseen expenditure which will strengthen the resilience of the charity. Unforeseen expenditure can include a shortfall in income, temporary cash flow issues, uncontrolled costs, trustee liability, sudden closure. A decision to carry c. £100k in unrestricted reserves was deemed prudent and will be reviewed quarterly in light of a growing team of employed staff. This cost relates to three months of salaries and relevant redundancy costs.

3. Principal sources of funds:

- £549,868 (2024: £521,149) from the Department of Health and Social Care's (DHSC) Fleming Fund to provide the technical input and oversight to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme
- £865,955 for the SPARC 2 programme (2024: 343,502 for the SPARC Extension programme completed March 2024 and £217,468 for the SPARC 2 programme).
- £25,000 (2024: £23,211) from the Royal Pharmaceutical Society to support staffing costs.
- £35,903 (2024: £27,435) from membership fees and donations.
- £6,819 (2024: £22,350) from Reckitt to run an educational programme, including, but not limited to a train the trainer workshop covering Clinical Consultation Skills and expanding pharmacists' scope of practice.
- £214,000 from Novartis Pharma AG for the Continuing Professional Development (CPD) platform providing pharmacists with free, high-quality training to advance their professional skills and improve patient outcomes as well as focusing on the Pharmacists Leadership Programme.
- £15,000 from Gilead, one off funding to deliver the webinar - World AIDS Day: The Role of Pharmacists in Advancing HIV Care.

4. Principal Risks

The CPA has a strategic risk register in addition to those relating to individual projects. The risks to the charity have been categorised as operational, financial, regulatory, governance and external. The response and mitigations relating to these risks are detailed in the strategic risk register and are reviewed at least quarterly by the senior management team and more formally every quarter in liaison with the Board of Trustees. A further in-depth review of the risk register took place in May 2024, resulting in a much more comprehensive list of risks and a more standardised way of defining these.

Structure, Governance and Management

The charity is governed by the constitution accepted in December 2017 and adopted in July 2018 when the CPA officially began functioning as a Charitable Incorporated Organisation (CIO). This replaced the original constitution that related to the establishment of the unincorporated charity that was adopted in Dec 2015.

The charity is a CIO consisting of 31 (2024: 28) member organisations and over 8k (2024: 11k) individual members to date. Traditionally, the CPA has been an association of member organisations. Individual reach is expected to continue to grow in line with the relationships and collaborative working opportunities developed.

Trustees

In accordance with the constitution, there are:

- 2 ex-officio Trustees (the President and immediate past President) who remain in office for the duration of their service (up to 2 terms of 2 years)
- Up to 4 nominated Trustees that serve a 3-year term (currently our Treasurer and Chair)
- Between 4 and 12 elected Trustees that are appointed or reappointed annually in accordance with the constitution (1/3 must step down each year) at the AGM

The Trustees can fill any casual vacancy in their number and may co-opt not more than three additional trustees, any person so appointed being entitled to hold office until the next AGM.

Any new trustees appointed are briefed by the board of Trustees of their legal obligation under charity and company law and the contents of the Memorandum and Articles of Association. They are given copies of the Memorandum and Articles of Association, recent Trustee meeting minutes and the latest financial information.

They are also directed towards the Charity Commission website, especially to booklets CC3 “The Essential Trustee” and CC3a, “Charity Trustee: what’s involved?”. Trustees are encouraged to attend appropriate training events which will help them know their responsibilities.

Organisational Structure

The CPA is governed by the board of Trustees.

The Chief Executive Officer reports to the board of trustees and manages the day to day running of the organisation, working with the CPA team of staff, consultants, and volunteers.

The Trustees consider the Board of Trustees, the Chief Executive and the senior leadership team as comprising the key management personnel of the charity in charge of directing and controlling the charity and running and operating the charity on a day-to-day basis. All Trustees give their time freely and no trustee remuneration was paid in the year. Details of Trustee expenses and related party transactions are disclosed in notes 9 and 18 to the accounts.

Trustees are required to disclose all relevant interests and in accordance with the Trusts' policy withdraw from decisions where a conflict of interest arises.

The pay of the Chief Executive and senior leadership team is reviewed annually and is normally increased in accordance with average earnings. The remuneration is reviewed to ensure that it is commensurate with similar roles.

The CPA's council and regional assembly (previously referred to as 'executive') consist of representatives from the national pharmacy associations (NPAs) of the Commonwealth, from which the President and Vice president are elected. These bodies serve as an advisory board to the CPA, helping to set and deliver the strategy.

The CPA is in a unique position in terms of the organisation's established and potential relationships, particularly in terms of:

- The heritage and close working established with the six global regions of the Commonwealth over the years and the national pharmacy associations (NPAs) in Commonwealth member states.
- The space the CPA owns for pharmacy, as an advocate for members at national meetings and Commonwealth forums. This includes the opportunity to work with other civil society organisations to provide input into health advisory committees and the Commonwealth Health Ministers meetings.
- The special relationship we have enjoyed with the Royal Pharmaceutical Society (RPS), having originated from this organisation in 1970.
- The relationships and memorandums of understandings with several partners who have aligned visions and common areas of work.
- The partnership and joint working that we have established with other organisations with similar aims and objectives – for example, Global Health Partnerships (GHP - formally Tropical Health and Education Trust - THET) whom CPA partners with to deliver CwPAMS.
- The relationship developed with the world health organisation (WHO), where the CPA have an evolving collaborative work plan and are in 'official relations'.

Fundraising Standards Information

The charity does not raise funds from the general public and has had no complaints or concerns raised during the period in this respect.

Reference and Administration Details

Charity name: The Commonwealth Pharmacists Association

Charity Commission registered number: 1176132

Charity principal address: 66-68 East Smithfield, London, E1W 1AW

Trustees during the year were:

| | | |
|-----------------------|---------------------------------------|------------------------------------|
| Tony Downes | Chair | |
| Raymond Anderson | Vice Chair | |
| Mary Anne Ciappara | Immediate past president (Ex-officio) | |
| Biyi Oloko | Treasurer | |
| Claire Anderson | | |
| Zaheer Babar | Resigned 14th Aug 2024 | |
| Oksana Pyzik | | |
| David Reissner | | |
| Claire Thompson | Resigned 19th Nov 2024 | |
| Rao Vadlamudi | Ex-officio, Term ended 1st Oct 2025 | |
| Annagrace Malamsha | President (Ex-officio) | Appointed 1 st Oct 2025 |
| James Davies | | Appointed 4th Mar 2025 |
| Andrea Shirtcliffe | | Appointed 4th Mar 2025 |
| Phyllis Ocran Mattila | | Appointed 4th Mar 2025 |

Other key personnel:

| | |
|------------------|---|
| Victoria Rutter | Chief Executive Officer |
| Freya Liiv | Finance & Business Manager |
| Linda Tyler | Finance & Administration Officer |
| Beth Ward | Strategic Lead: Workforce Capability Building |
| Maxencia Nabiryo | Head of Programmes |
| Helena Rosado | Monitoring, Evaluation and Research Lead |
| Peter Gaffney | Communications Manager |

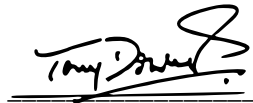
Independent Auditor:

| | |
|--------------------|---------------|
| Benjamin Hayes FCA | Wenn Townsend |
|--------------------|---------------|

Public Benefit

When planning the activities for the year, the trustees have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to guidance published by the Charity Commission, including public benefit guidance.

The trustees have approved the report above and have authorised us to sign it on their behalf.



Tony Downes – Chair



Biyi Oloko – Treasurer

Date of approval: 13th January 2026

Statement of Trustees responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2019 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008, and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Opinion

We have audited the financial statements of The Commonwealth Pharmacists Association (the 'charity') for the year ended 30th June 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 30th June 2025, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in

the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the trustees' report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management, those charged with governance and the entity's solicitors around actual and potential litigation claims;
- Enquiry of entity staff in accounting and HR functions to identify any instances of non-compliance with laws and regulations;
- Reviewing minutes of meetings of those charged with governance;

- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed

Wenn Townsend

Wenn Townsend Chartered Accountants, Statutory Auditor

Oxford

Date: 13th January 2026

Wenn Townsend is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Commonwealth Pharmacists Association
Statement of Financial Activities
For The Year Ended 30th June 2025

| | | Unrestricted funds £ | Restricted funds £ | 2025 Total funds £ | 2024 Total funds £ |
|------------------------------------|------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | Note | | | | |
| Income from: | | | | | |
| Donations and legacies | 2 | 10,520 | - | 10,520 | 4,100 |
| <u>Charitable activities</u> | | | | | |
| Grants and contracts income | 3 | 214,000 | 1,462,642 | 1,676,642 | 1,159,777 |
| Individual subscriptions | | 4,879 | - | 4,879 | 820 |
| Membership fees | | 20,504 | - | 20,504 | 22,515 |
| | | 239,383 | 1,462,642 | 1,702,025 | 1,183,112 |
| Interest receivable | | 7,921 | - | 7,921 | 2,504 |
| Total income | | 257,824 | 1,462,642 | 1,720,466 | 1,189,716 |
| Expenditure on: | | | | | |
| Charitable activities | 4 | 216,311 | 1,342,096 | 1,558,407 | 1,217,158 |
| Total expenditure | | 216,311 | 1,342,096 | 1,558,407 | 1,217,158 |
| Net income/(expenditure) | | 41,513 | 120,546 | 162,059 | (27,442) |
| Transfers between funds | 16 | 94,995 | (94,995) | - | - |
| Net movement in funds | | 136,508 | 25,551 | 162,059 | (27,442) |
| Reconciliation of funds: | | | | | |
| Total funds brought forward | | 149,817 | 167,085 | 316,902 | 344,344 |
| Total funds carried forward | | 286,325 | 192,636 | 478,961 | 316,902 |

All income and expenditure have arisen from continuing activities

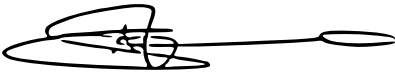
Commonwealth Pharmacists Association
Balance Sheet
For The Year Ended 30th June 2025

| | | 2025 | 2024 |
|--|------|-----------------------|-----------------------|
| | | £ | £ |
| | Note | | |
| Fixed assets | | | |
| Tangible assets | 12 | 57 | 285 |
| Current assets | | | |
| Debtors | 13 | 4,567 | 7,545 |
| Cash at bank in hand | 14 | 723,803 | 502,311 |
| | | <u>728,370</u> | <u>509,856</u> |
| Creditors | | | |
| Amounts falling due within one year | 15 | (249,466) | (193,239) |
| Net current assets | | 478,904 | 316,617 |
| Total assets less current liabilities | | 478,961 | 316,902 |
| Net assets | | <u>478,961</u> | <u>316,902</u> |
| Funds | 16 | | |
| Unrestricted funds: | | | |
| General funds | | 243,101 | 149,817 |
| Designated funds | | 43,224 | - |
| Restricted funds | | 192,636 | 167,085 |
| Total funds | | <u>478,961</u> | <u>316,902</u> |

The financial statements were approved by The Board of Trustees on 13th January 2026 and were signed on its behalf by:



Tony Downes – Chair



Biyi Oloko – Treasurer

The notes on pages 45 to 57 form part of these financial statements.

Commonwealth Pharmacists Association
Statement of Cash Flows
For The Year Ended 30th June 2025

| | 2025 | 2024 |
|---|--------------------|--------------------|
| | £ | £ |
| Reconciliation of net income to net cash flow from operating activities: | | |
| Net income for the year | 162,059 | (27,442) |
| Depreciation | 228 | 228 |
| Interest receivable | (7,921) | (2,504) |
| Decrease in debtors | 2,978 | 213,807 |
| Increase in creditors | 56,227 | 102,660 |
| Cash generated from operations | 213,571 | 286,749 |
| Net cash from investing activities | | |
| Interest received | 7,921 | 2,504 |
| Net cash used in investing activities | 7,921 | 2,504 |
| Net increase in cash and cash equivalents | 221,492 | 289,253 |
| Cash and cash equivalents at the beginning of the year | 502,311 | 213,058 |
| Cash and cash equivalents at the end of the year | 723,803 | 502,311 |

1. ACCOUNTING POLICIES

General information and basis of preparing the financial statements

The Commonwealth Pharmacists Association is a charitable incorporated organisation. The address of the registered office is given in the charity information on page 36 of these financial statements.

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £1.

Going concern

There are no material uncertainties about the charity's ability to continue so it is regarded as a going concern.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received, and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets

Depreciation is provided at the following annual rates of write off each asset over its estimated useful life.

| | |
|------------------|---------------------------|
| Office Equipment | 25% straight line on cost |
|------------------|---------------------------|

Fund's structure

Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the Charity's objects at the trustees' discretion.

Designated funds – included within unrestricted funds, these are funds which can be used in accordance with the Charity's objects at the trustees' discretion and have been assigned for specific areas of activity.

Restricted funds - these funds can only be used for restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or where funds are raised for restricted purposes.

Further explanations of the nature and purpose of each fund are included in the notes to the accounts.

Debtors and creditors receivable/payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price.

Employee benefits

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

2. Donations and legacies

| | 2025 | 2024 |
|-----------------|-------------|-------------|
| | £ | £ |
| Other donations | 10,520 | 4,100 |

3. Grants and contracts income

| | 2025 | 2024 |
|---|------------------|------------------|
| | £ | £ |
| Unrestricted: | | |
| Novartis Pharma AG | 214,000 | - |
| Restricted: | | |
| Fleming (SPARC) | 865,955 | 560,970 |
| Fleming Fund (CwPAMS) | 549,868 | 521,149 |
| Fleming Fund (CwPAMS Alf-A 2) | - | 29,597 |
| Royal Pharmaceutical Society | 25,000 | 23,211 |
| Reckitt | 6,819 | 22,350 |
| Commonwealth Secretariat: Year of Youth Webinar | - | 2,500 |
| Gilead | 15,000 | - |
| | 1,676,642 | 1,159,777 |

4. Charitable activities expenditure

| | Unrestricted funds | Restricted funds | 2025 Total funds | 2024 Total funds |
|------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| | £ | £ | £ | £ |
| Direct costs | 53,800 | 1,293,747 | 1,347,547 | 1,123,849 |
| Support costs (note 5) | 162,511 | 48,349 | 210,860 | 93,309 |
| | 216,311 | 1,342,096 | 1,558,407 | 1,217,158 |

5. Support costs

| | Unrestricted funds | Restricted funds | 2025 Total funds | 2024 Total funds |
|--------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | £ | £ | £ | £ |
| Staff costs | 98,542 | 44,334 | 142,876 | 95,521 |
| Travel and subsistence | 10,343 | 3,904 | 14,247 | 15,807 |
| Governance (note 6) | 15,250 | - | 15,250 | 8,023 |
| Information technology | 250 | - | 250 | 3,723 |
| Depreciation | 228 | - | 228 | 228 |
| Office costs | 19,329 | 111 | 19,440 | 9,266 |
| Bad debt | - | - | - | 2,566 |
| Other | 18,569 | - | 18,569 | 7,967 |
| Overhead contribution (note 7) | - | - | - | (49,792) |
| | <u>162,511</u> | <u>48,349</u> | <u>210,860</u> | <u>93,309</u> |

6. Governance costs

| | 2025 £ | 2024 £ |
|------------------------|-------------------|-------------------|
| Trustee expenses | 5,726 | 470 |
| Auditor remuneration | 7,620 | 7,000 |
| Other accountancy fees | 1,904 | 553 |
| | <u>15,250</u> | <u>8,023</u> |

7. Overhead contribution

In the prior year, overhead contributions included within grants and contracts receivable were accounted for by reallocating an amount from unrestricted support costs (as shown in note 5) to restricted direct costs. From the year ended 30th June 2025 onwards, these overhead contributions are instead accounted for as a transfer from restricted (or designated) funds to unrestricted (general) funds. The amount of overhead contributions recognised as transfers this year is £94,995. Total support costs would be £115,864 if these were accounted for in the same way as the prior year.

8. Net income for the year

Net income is stated after charging:

| | 2025 £ | 2024 £ |
|--------------|-------------------|-------------------|
| Depreciation | <u>228</u> | <u>228</u> |

9. Trustees' remuneration and benefits

There were no trustees' remuneration or other benefits for the year (2024: £Nil), except as outlined in Note 18.

One trustee (2024: no trustees) was reimbursed £84 (2024: £Nil) for travel expenses in the year. Additionally a total of £7,760 (2024: £470) was paid to third parties for trustees' travel expenses.

The total amount of employee benefits received by key management personnel was £222,846 (2024: £254,815). The charity considers its key management personnel to comprise of the CEO, the Finance & Business Manager and the Strategic Lead: Workforce Capability Building.

10. Staff costs

| | 2025 | 2024 |
|---|----------------|----------------|
| | £ | £ |
| Wages and salaries | 363,900 | 357,576 |
| Pension | 16,778 | 17,034 |
| Employer National Insurance contributions | 26,759 | 30,037 |
| Overtime | - | 2,705 |
| | <u>407,437</u> | <u>407,352</u> |

The average monthly number of employees during the year was as follows:

| | 2025 | 2024 |
|-------|-------------|-------------|
| Staff | <u>9</u> | <u>7</u> |

The number of employees who received total employee benefits (excluding employer pension costs) of more than £60,000 is as follows:

| | 2025 | 2024 |
|-------------------|-------------|-------------|
| £60,001 - £70,000 | <u>2</u> | <u>1</u> |

The Charity has a pension scheme set up with NEST for the benefit of staff. New staff have the option of joining the NEST scheme or continuing to pay into their existing personal pensions.

The amount of pension contributions charged to the charity in the year was £16,778 (2024: £17,034). The amount of pension contributions outstanding at the end of the year was £3,258 (2024: £2,045).

11. Comparative Statement of Financial Activities

| | | Unrestricted funds £ | Restricted funds £ | 2024 Total funds £ |
|------------------------------------|-------|-------------------------------------|-----------------------------------|-----------------------------------|
| | Notes | | | |
| Income from: | | | | |
| Donations | 2 | 4,100 | - | 4,100 |
| <u>Charitable activities</u> | | | | |
| Grant and contracts income | 3 | - | 1,159,777 | 1,159,777 |
| Individual subscriptions | | 820 | - | 820 |
| Membership fees | | 22,515 | - | 22,515 |
| | | 23,335 | 1,159,777 | 1,183,112 |
| Interest receivable | | 2,504 | - | 2,504 |
| Total income | | 29,939 | 1,159,777 | 1,189,716 |
| Expenditure on: | | | | |
| Charitable activities | 4 | 43,104 | 1,174,054 | 1,217,158 |
| Total expenditure | | 43,104 | 1,174,054 | 1,217,158 |
| Net Income/(expenditure) | | (13,165) | (14,277) | (27,442) |
| Transfers between funds | 16 | 29,966 | (29,966) | - |
| Net movement in funds | | 16,801 | (44,243) | (27,442) |
| Reconciliation of funds: | | | | |
| Total funds brought forward | | 133,016 | 211,328 | 344,344 |
| TOTAL FUNDS CARRIED FORWARD | | 149,817 | 167,085 | 316,902 |

All income and expenditure have arisen from continuing activities

12. Tangible fixed assets

| | Office Equipment £ |
|-----------------------|-----------------------------------|
| Cost | |
| At 1st July 2024 | 898 |
| At 30th June 2025 | 898 |
| Depreciation | |
| At 1st July 2024 | 613 |
| Charge for year | 228 |
| At 30th June 2025 | 841 |
| Net book value | |
| At 30th June 2025 | 57 |
| At 30th June 2024 | 285 |

13. Debtors

| | 2025 £ | 2024 £ |
|---------------|-------------------|-------------------|
| Grant income | 930 | 5,830 |
| Subscriptions | - | 250 |
| Prepayments | 1,462 | 930 |
| Other debtors | 2,175 | 535 |
| | 4,567 | 7,545 |

14. Cash at bank in hand

| | 2025 £ | 2024 £ |
|---------------|-------------------|-------------------|
| Bank accounts | 723,803 | 502,311 |

15. Creditors: amounts falling due within one year

| | 2025 | 2024 |
|-----------------------|-------------|-------------|
| | £ | £ |
| Trade creditors | 102,805 | 46,183 |
| Deferred income | 124,500 | 121,275 |
| Accruals | 12,615 | 14,258 |
| Pension contributions | 3,258 | 2,045 |
| HMRC creditor | 6,288 | 9,478 |
| | 249,466 | 193,239 |

Deferred income is made up of contracts for services relating to the 2025/26 financial year.

16. Movements in funds

| | At 1 July 2024 | Incoming resources | Outgoing resources | Transfers | At 30 June 2025 |
|------------------------------|---------------------------|-------------------------------|-------------------------------|------------------|----------------------------|
| | £ | £ | £ | | £ |
| Unrestricted funds | | | | | |
| General fund | 149,817 | 257,824 | (72,529) | (92,011) | 243,101 |
| Designated funds | | | | | |
| Novartis Pharma AG | - | - | (143,782) | 187,006 | 43,224 |
| Total unrestricted funds | 149,817 | 257,824 | (216,311) | 94,995 | 286,325 |
| Restricted funds | | | | | |
| Fleming Fund (SPARC) | 107,956 | 865,955 | (747,024) | (59,538) | 167,349 |
| Fleming Fund (CwPAMS) | 18,073 | 549,868 | (539,340) | (9,846) | 18,755 |
| Fleming Fund (CwPAMS Alf-A) | 25,611 | - | - | (25,611) | - |
| Commonwealth Secretariat | 2,192 | - | (2,192) | - | - |
| Royal Pharmaceutical Society | - | 25,000 | (25,000) | - | - |
| Reckitt | 13,253 | 6,819 | (13,540) | - | 6,532 |
| Gilead | - | 15,000 | (15,000) | - | - |
| Total restricted funds | 167,085 | 1,462,642 | (1,342,096) | (94,995) | 192,636 |
| Total funds | 316,902 | 1,720,466 | (1,558,407) | - | 478,961 |

Designated funds:

- **Novartis**

A collaboration to work together to develop and strengthen healthcare systems in selected countries with a focus on Sub-Saharan Africa (SSA).

Focus Area 1 will be training delivered covering; Sickle Cell Disease, Malaria, Cardio Vascular Disease, Ophthalmology, Substandard and Falsified Medicines, and Leprosy.

Focus Area 2 will be the Pharmacists Leadership Programme.

The Novartis funds have been treated as designated as there is a detailed plan of activities.

Restricted funds:

- **Fleming Fund (SPARC)**

Surveillance and **P**rescribing support for **A**ntimicrobial Stewardship **R**esource **C**apacity Building.
Managed by Mott Macdonald.

SPARC commenced in October 21 originally for 9 months. After 2 extensions it finally closed on 30th June 2023. The CPA was invited to apply for a second round of funding. This application was successful giving funding for an extension which ran to February 2024.

Following this we have been awarded further funding to develop and grow the SPARC project in the existing and additional territories until March 2026.

- **Fleming Fund (CwPAMS)**

CwPAMS is a health partnership scheme funded by the UK Government Department of Health and Social Care's Fleming Fund. Managed by GHP, previously THET. The CwPAMS networking platform was developed by BSAC for use by partners in the CwPAMS programme in partnership with the Commonwealth Pharmacists' Association (CPA). The forum will allow the sharing of skills and knowledge between multidisciplinary NHS teams, including or led by pharmacists with hospitals in Ghana, Tanzania, Uganda and Zambia, and expand capacity for antimicrobial stewardship. This initial programme ran until June 2022. The small amount of underspend was carried over to CwPAMS 2.0. No underspend was carried forward to CwPAMS 2.5.

The programme commenced in July 2022 as a continuation of CwPAMS 1.5 and ran to June 2024. A restricted fund with a very detailed and strictly controlled budget in collaboration with THET. The figures introduced into the budget are lifted directly from the formal agreement. This was extended to CwPAMS 2, where we were able to continue our work and legacy. We are currently working towards the end of the final phase, CwPAMS 2.5 which will run until March 2026. Funds are received partly in advance and partly in arrears.

- **Fleming Fund (CwPAMS Alf-A)**

The African Leadership Fellowship-AMS, developed for mid-career pharmacists in Africa who are part of a CwPAMS 2 partnership. This work has continued, but is now included in the CwPAMS fund.

- **Commonwealth Secretariat / VIPSD The Commonwealth Voluntary Information and Price Sharing Database**

Objectives:

- Developing an agreed work plan, in consultation with the Commonwealth Health team for successful completion of the project within the proposed timelines.
 - Develop an engagement plan for countries focused on efforts to increase uptake of the VIPSD initiative and support the Commonwealth Secretariat in implementing plans.
-

- Lead in the creation and implementation of the Heads of Procurement Network including coordination of meetings and agendas, developing minutes and reports and acting as the main point of contact for network members.
- Support the Commonwealth Secretariat in the relaunching of the VIPSD Task Force to a formalised VIPSD functioning committee.
- Support in drafting or amending the technical guiding documents including user manuals, FAQ sheets etc.
- Support other activities relating to the VIPSD where relevant.

Grant of £24K received in advance from the Commonwealth Secretariat. The programme ran for 6 months from September to Feb 2024. The final academic journal was published in December 2024.

– **RPS**

An annual grant from the Royal Pharmaceutical Society of £25K to cover core salaries for the calendar year not covered by programmes.

– **Reckitt**

To run an educational programme, including but not limited to a train the trainer workshop covering Clinical Consultation Skills and expanding pharmacists scope of practice.

– **Gilead**

Gilead Sciences Inc. approved our request for funding to support a CPA run webinar for World AIDS Day: The Role of Pharmacists in Advancing HIV Care.

Transfers:

- £59,538 from Fleming Fund (SPARC 2) Restricted fund to Unrestricted funds (general) representing the overhead contribution within the grant budget.
- £35,457 from Fleming Fund (CwPAMS) Restricted fund to Unrestricted funds (general) representing the overhead contribution within the grant budget.
- £26,994 from Novartis Pharma AG Designated fund to Unrestricted funds (general) representing the overhead contribution within the project budget.
- £25,611 from Fleming Fund (CwPAMS Alf-A) Restricted fund to Fleming Fund (CwPAMS) Restricted fund as the Alf-A project is part of the overall CwPAMS grant and therefore should be treated as one restricted fund.

Movement in funds - continued
2024

| | At 1 July 2023 £ | Incoming resources £ | Outgoing resources £ | Transfers | At 30 June 2024 £ |
|--------------------------------|---------------------------------|-------------------------------------|-------------------------------------|------------------|----------------------------------|
| Unrestricted funds | | | | | |
| General fund | 107,689 | 29,939 | (17,777) | 29,966 | 149,817 |
| Designated funds | | | | | |
| Novartis Pharma AG | 25,327 | - | (25,327) | - | - |
| Total unrestricted funds | <u>133,016</u> | <u>29,939</u> | <u>(43,104)</u> | <u>29,966</u> | <u>149,817</u> |
| Restricted funds | | | | | |
| Fleming Fund (SPARC) | - | 217,468 | (109,512) | - | 107,956 |
| Fleming Fund (SPARC Extension) | - | 343,502 | (343,502) | - | - |
| Fleming Fund (CwPAMS) | 43,741 | 521,149 | (546,817) | - | 18,073 |
| Fleming Fund (CwPAMS Alf-A 2) | - | 29,597 | (3,986) | - | 25,611 |
| Pfizer | 116,246 | - | (86,280) | (29,966) | - |
| Commonwealth Secretariat | 23,600 | 2,500 | (23,908) | - | 2,192 |
| Royal Pharmaceutical Society | 25,000 | 23,211 | (48,211) | - | - |
| Menarini AMS CPD | 2,741 | - | (2,741) | - | - |
| Reckitt | - | 22,350 | (9,097) | - | 13,253 |
| Total restricted funds | <u>211,328</u> | <u>1,159,777</u> | <u>(1,174,054)</u> | <u>(29,966)</u> | <u>167,085</u> |
| | <u><u>344,344</u></u> | <u><u>1,189,716</u></u> | <u><u>(1,217,158)</u></u> | <u><u>-</u></u> | <u><u>316,902</u></u> |

Restricted funds:

– **Pfizer - Medical Education Grant Initiative**

To increase the number of Pharmacists in low/middle income countries (LMICs) accessing and completing locally relevant Continuing Professional Development (CPD) courses via an online CPD platform. The target population includes Latin America, Africa, the Middle East, Southeast Asia and beyond.

The core purpose of the CPD platform is to support in upskilling the pharmacy workforce, building capacity in health systems and ultimately improving patient care and safety. The objectives are:

- To Increase the number of learners and National Pharmacy Associations (NPAs) engaged and accessing the platform.

- Increase completion rate of courses for existing and new users.
- Develop interactive webinars supporting the CPD modules and establish communities of practice via a digital engagement platform.
- Understand impact of CPD on professional practice and how learning translates into tangible benefits for patients.

The total grant of £125,000 had been received and partially spent up to June 2023. The remaining funds of £116K have been fully spent in the current year.

– **Menarini**

The project aims to update the AMR/AMS CPD programme courses to align with international standards and incorporate behavioural change outcomes that can be assessed. In addition, other resources will be accessible to learners through the platform, transforming it into a world-class resource hub for AMR/AMS training.

Objectives:

- Update the content of the existing 4 AMR/AMS CPD courses to address the gaps and ensure it meets the WHO curricula standards for pharmacists
- Incorporate a behavioural approach, with clear behaviour outcomes that can be assessed into the AMS courses
- Upload additional resources developed through other CPA projects related to AMR/AMS and our partners, including webinars, tools, etc.

Transfers:

- £29,966 from Pfizer Restricted fund to Unrestricted funds (general) to represent the administration costs associated with the Pfizer project

17. Analysis of net assets between funds

| 2025 | General fund | Designated funds | Restricted funds | Total funds |
|-------------------------------|-------------------------|-----------------------------|-----------------------------|------------------------|
| | £ | £ | £ | £ |
| Tangible fixed assets | 57 | - | - | 57 |
| Cash at bank and in hand | 271,439 | 163,553 | 288,811 | 723,803 |
| Other net current liabilities | (28,395) | (120,329) | (96,175) | (244,899) |
| | <u>243,101</u> | <u>43,224</u> | <u>192,636</u> | <u>478,961</u> |

Analysis of net assets between funds – continued
2024

| | General fund | Designated funds | Restricted funds | Total fund |
|-------------------------------|-------------------------|-----------------------------|-----------------------------|-----------------------|
| | £ | £ | £ | £ |
| Tangible fixed assets | 285 | - | - | 285 |
| Cash at bank and in hand | 176,653 | 107,000 | 218,658 | 502,311 |
| Other net current liabilities | (27,121) | (107,000) | (51,573) | (185,694) |
| | <u>149,817</u> | <u>-</u> | <u>167,085</u> | <u>316,902</u> |

18. Related party disclosures

Donations from Trustees totalled £6,690 (2024: £3,930).

An amount of £2,000 was paid to one trustee during the year, but for work performed and completed prior to their appointment as a trustee. An amount of £26 was also paid to another trustee for services provided during the year.

In both cases, the provision of services was at or below a market rate basis, and no amounts were outstanding at the year end date.

Detailed Statement of Financial Activities

| | Unrestricted funds £ | Restricted funds £ | 2025 Total funds £ | 2024 Total funds £ |
|--|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Income from: | | | | |
| Donations and legacies | 10,520 | - | 10,520 | 4,100 |
| <u>Charitable activities</u> | | | | |
| Grants and contracts income | 214,000 | 1,462,642 | 1,676,642 | 1,159,777 |
| Membership fees | 4,879 | - | 4,879 | 22,515 |
| Individual subscriptions | 20,504 | - | 20,504 | 820 |
| | <u>239,383</u> | <u>1,462,642</u> | <u>1,702,025</u> | <u>1,183,112</u> |
| Interest receivable | 7,921 | - | 7,921 | 2,504 |
| Total income | 257,824 | 1,462,642 | 1,720,466 | 1,189,716 |
| EXPENDITURE | | | | |
| Charitable Activities: | | | | |
| Direct costs and contractors' fees | 53,800 | 1,293,747 | 1,347,547 | 1,074,057 |
| Gross salaries, NI and pension | 97,662 | 44,334 | 141,996 | 89,785 |
| Technical support | 250 | - | 250 | 3,723 |
| Accountancy and payroll | 9,524 | - | 9,524 | 7,553 |
| Insurance | 3,180 | - | 3,180 | 4,927 |
| Consultancy fees | 14,674 | - | 14,674 | 1,565 |
| Telephone, stationery, office supplies | 2,848 | 111 | 2,959 | 3,105 |
| Travel and subsistence | 16,069 | 3,904 | 19,973 | 16,277 |
| Subscriptions | 14,662 | - | 14,662 | 3,026 |
| Bank charges and exchange differences | 715 | - | 715 | 1,475 |
| Software | 1,819 | - | 1,819 | 3,135 |
| Staff welfare and training | 880 | - | 880 | 3,912 |
| Recruitment | - | - | - | 1,824 |
| Depreciation of IT equipment | 228 | - | 228 | 228 |
| Bad debt | - | - | - | 2,566 |
| Total expenditure | 216,311 | 1,342,096 | 1,558,407 | 1,217,158 |
| Net income/(expenditure) | 41,513 | 120,546 | 162,059 | (27,442) |

THE COMMONWEALTH PHARMACISTS ASSOCIATION

England & Wales - Charity number 1176132

Accounts

Commonwealth Pharmacists Association
Report of the Trustees
For The Year Ended 30th June 2024

REGISTERED CHARITY NUMBER 1176132

Report of the Trustees and
Financial Statement for the Year Ended 30 June 2024
for
The Commonwealth Pharmacists Association (CPA)

Commonwealth Pharmacists Association
Report of the Trustees
For The Year Ended 30th June 2024

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The trustees submit their report together with the financial statements of the charity for the year ended 30th June 2024.

Chair's Foreword

It is a considerable pleasure again to write the Chair's Foreword for the Commonwealth Pharmacists Association Annual Report. I am delighted to report another very successful year, led by our excellent Chief Executive Victoria Rutter. My thanks to all the staff and volunteers both here in the UK and especially working in-country for their contributions to the work of the CPA.

In the course of the year we said goodbye to trustee Manjula Halai (to whom thanks and best wishes for the future). In the coming year we shall lose a number of other valued trustees (and so will be seeking actively to replace them).

This Report reveals a good range of programmes, and a strong financial base. It means the Association, supported by the trustees, must now be ambitious to extend the range and geographical reach of what we do. In the past year we have launched the CPA Academy as an identifiable home for our continuing education and leadership training programmes. The Chief Executive and her team continue to be successful in identifying and winning grant support for our work, which is essential. I am happy to acknowledge here the generous financial support we receive from our backers (all listed elsewhere in the Report), and the continuing support of the Commonwealth and the Royal Pharmaceutical Society in facilitating our work.

Objectives and Activities

The CPA's charitable objectives are:

- To advance health for the public benefit by collaborating with other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
- To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programmes.
- To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

1. Summary of Main Activities

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit of the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to empower pharmacists to improve health and well-being of the communities they serve. The CPA has a growing collaboration plan with WHO and is in special relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

CPA's strategy has been designed around three clear strategic goals. Although these goals cut across all programmes of work, our programmes can be categorised according to the primary goal of alignment as follows::

1. 1.1. Workforce Capability Building

The CPA has focused on advancing education and capacity building through various impactful initiatives:

- **Continuing Professional Development (CPD) Platform:** The platform saw significant growth, with over 10,858 pharmacists enrolled from 20 countries, and new member countries including Sri Lanka, Papua New Guinea, Samoa, and Zimbabwe. Four new courses on tuberculosis management and behavioural change were launched, bringing the total to 12 active courses. Plans for 2024 include interactive webinars, case studies, and new courses on communicable and non-communicable diseases.
- **Critical Care Course (with UCLH):** This 12-month course continues to enhance pharmacists' skills in critical care settings in LMICs. Delivered in collaboration with UCLH, it trained pharmacists from 12 countries, with plans for expanded cohorts starting in 2025.
- **AMS Leadership Fellowship for Africa (ALF-A):** The fellowship supported 45 mid-career pharmacists across two cohorts, equipping them with leadership skills in antimicrobial stewardship (AMS). Communities of Practice events engaged stakeholders and integrated projects into national AMR agendas.
- **Pharmacy Workforce Data:** In partnership with WHO and FIP, the CPA launched an initiative to collect pharmacy workforce data across Commonwealth countries. A data collection form was developed and disseminated, with data being collected on an ongoing basis to support workforce strategy and advocacy efforts.

2. 1.2. Health Systems Strengthening

The CPA strengthened healthcare systems through innovative programmes and resources:

- **PharmAid:** Renewed our partnership with BookAid International, dispatching 5,000+ books to 10 countries, including Malawi, Nigeria, and Sierra Leone. Additional shipments reached Lesotho, Sri Lanka, and St. Vincent and the Grenadines. Plans are underway to continue expanding book distribution.
- **SPARC Programme:** Delivered antimicrobial stewardship solutions, including:
 - Prescribing Companion App, which added guidelines from five countries and reached over 22,000 healthcare professionals since launch. The app is now integrated into AMS activities in 16 countries.
 - Data for Action training, planning for development and delivery of curated training modules in 5 countries to support 5 countries using antimicrobial use and surveillance data to inform policy and practice for better AMS.
 - Malawi eMMS Pilot, aimed at improving antimicrobial use data collection, progressed with stakeholder engagement and system development.
- **CwPAMS Programme:** Supported 24 AMS projects in eight countries, with workshops, webinars, and country monitoring visits strengthening implementation. Integration with national systems occurred in Zambia, Malawi, and Nigeria.

- **VIPSD:** The Voluntary Information and Price Sharing Database facilitated procurement collaboration. Scoping for eight countries informed future development, and a Heads of Procurement Network was established.

3. 1.3. Advocacy, Campaigns, and Events

The CPA actively championed pharmacists' roles in improving health systems and addressing global health priorities:

- **Commonwealth Civil Society Policy Forum and Health Ministers Meeting:** Presented actionable recommendations on health system resilience, workforce sustainability, and climate change's health impacts. These influenced discussions at the Commonwealth Health Ministers Meeting and broader Commonwealth advocacy.
- **World AMR Awareness Week 2023:** Focused on engaging young pharmacists through webinars and campaigns, raising awareness about antimicrobial resistance. Activities reached thousands via social media and events.
- **Commonwealth Pharmacists Day 2024:** Celebrated under the theme "Pharmacists Developing Resilient and Sustainable Health Systems for All." Pharmacists actively participated by sharing personalized flyers and videos. The campaign reached over 25% of CPA's social media audience and emphasized building resilient healthcare systems.

For more information visit www.commonwealthpharmacy.org

2. Public Benefit

Upon appointment, all trustees are required to sign a Code of Conduct that outlines the commitment to CPA's charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents, as part of the trustee induction process.

As the charity has grown significantly over the last few years, trustee training has been introduced and took place between October and December 2023 - this included further emphasis on all Charities Commission's Guidance, including that relating to public benefit.

- **3. Contribution made by volunteers**

A volunteer governance/risk advisor continued to support the work of the charity.

Several volunteers also work for the CPA, including 7 individuals who contributed their skills and expertise as an extension of our research and programmes teams.

Major activities carried out in the reporting period 1st July 2023 – 30th June 2024

1. Practice and Educational Resources

1.1. PharmAid

Background and Aim: The primary aim of PharmAid is to provide essential medicines information resources to pharmacists and healthcare professionals throughout the Commonwealth. This initiative has been a cornerstone of the CPA's commitment to fostering professional development and knowledge-sharing among its members for nearly five decades.

Countries: Lesotho, Malawi, Nigeria, Papua New Guinea, Rwanda, St Vincent and The Grenadines, Sierra Leone, Sri Lanka, Tanzania, Uganda.

Key Deliverables

- [CPA renewed a Memorandum of Understanding with BookAid International to manage the scheme.](#)
- [Donations received from Pharmaceutical Press and the National Institute for Health and Care Excellence \(NICE\)](#)

Outcomes and Impact

- Book Aid International dispatched books, totalling 5,000, aimed to benefit Commonwealth countries such as Malawi, Uganda, Rwanda, Tanzania, Sierra Leone and Nigeria.
- With the support of Macmillan Distribution (MDL) through PharmPress, the CPA successfully shipped books to Commonwealth countries where Book Aid International does not operate. We dispatched 240 books to Lesotho, St Vincent and The Grenadines, Sri Lanka, and Papua New Guinea.

1.2. Continuing Professional Development – Online platform

Background and Aim: The Continuing Professional Development (CPD) platform provides pharmacists with key courses to continue their professional development and optimise the care they provide to patients.

Countries: Cameroon, Eswatini, Fiji, Gambia, India, Kenya, Lesotho, Malawi, Mauritius, Namibia, Nigeria, Papua New Guinea, Saint Lucia, Saint Vincent & The Grenadines, Samoa, Sierra Leone, South Africa, Sri Lanka, Tanzania, Uganda, Zambia and Zimbabwe.

Key Deliverables

- Launched four new courses: 'An Introduction to Behaviour Change' (3 modules), 'Tuberculosis Management,' 'Management of Tuberculosis in the Community,' and 'Management of Tuberculosis in Hospital Settings,' each with 4 modules to complete our courses in the Tuberculosis programme.
- Updated the third AMS course, 'Antimicrobial Stewardship in Practice,' by combining two courses: 'AMS in Community Practice' and 'AMS in Hospital Practice.'
- A total of 12 live 3-4 modules courses and additional AMS tools and resources are now available on the platform.
- In June 2023, we secured funding as part of our ongoing collaboration with Novartis to maintain and further develop courses and other resources, ensuring that these free resources remain accessible to pharmacists across the Commonwealth and beyond.

- Strengthened stakeholder relationships and engagement and increased enrolment on the platform: a total of 10,858+ pharmacists enrolled on the platform (July 2023), an increase of 1,058+ users compared to last year (2023: 9,800; 2022: 8,700).
- Four more countries joined the membership: Sri Lanka, Papua New Guinea, Samoa and Zimbabwe.
- Abstract submitted to the 29th Federation of Asian Pharmaceutical Associations (FAPA) in August 2023, and accepted for poster and oral presentation, in October 2023, in Taiwan.

4. 1.3. Critical Care Course (with UCLH)

Background and Aim: Since 2022, the CPA has collaborated with the University College Hospital (UCLH) to extend access of their "Fundamentals of Critical Care" 12-month course to 60 pharmacists in LMIC per cohort delivered. The course offers a comprehensive and structured approach to equipping pharmacists with the necessary knowledge and skills to optimise the management of patients in the Critical Care setting.

Countries: Cameroon, Eswatini, Ghana, India, Kenya, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe.

5. 1.4. Pharmacy Workforce Data

Background and Aim: The CPA is working collaboratively with the WHO National Health Workforce Accounts (NHWA) and the International Federation of Pharmacists (FIP) to collate pharmacy workforce data.

Countries: All Commonwealth countries.

Key Deliverables

- New project [webpage](#) developed.
- Combined CPA/WHO/FIP data collection form developed.
- Data collection form disseminated to member organisations in June 2024 and ongoing.

2. Programmes

2.1. SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building

Background: SPARC delivers innovative solutions to improve antimicrobial surveillance and prescribing in partner countries with a geographic focus in LMICs in Africa and Asia, to build workforce capability, capacity and resilience in health systems, in the drive for better global antimicrobial stewardship. The programme has three core work streams:

1. The Prescribing Companion App, a mobile Application and website designed to support prudent antimicrobial prescribing in human and animal health in line with the global one health approach.
2. Data for Action: Support antimicrobial use and surveillance in human health through curated training modules supporting countries in data use to inform policy and practice for better AMS.
3. Malawi electronic medicines management system (eMMS): Pilot to address critical gaps in Antimicrobial consumption data and patient prescription data in Malawi.

Countries: Bangladesh, Bhutan, Eswatini, Ghana, India, Indonesia, Kenya, Laos, Malawi, Nepal, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Sri Lanka, Tanzania, Timor Leste, Uganda, Vietnam, Zambia, Zimbabwe.

Key Deliverables - Costed Extension (June 2023 to February 2024)

Further development of the Prescribing Companion App

- A further 5 National antimicrobial human health guidelines from Malawi, Sierra Leone, Nigeria, Timor Leste and Nepal were uploaded, quality checked and published on the App. These efforts were entirely country led through App champions (trained country super users) to increase ownership and customization to context.
- To support country App Champions, a digital governance process has been built into the App to ensure quality and accuracy of uploaded guidelines.
- Over 20 in-country App promotional activities led by App champions across 11 countries were conducted covering over 700 healthcare workers.
- Over 3500 new registered users through the App engagement events.

Scoping and Planning for Phase II

Development and approval of the proof of concept for the Malawi eMMS pilot in collaboration with national stakeholders from the Malawi Ministry of Health.

The project research team completed a desktop scoping exercise across a wide variety of stakeholders to gather information on AMR context in up to 22 Fleming Fund countries.

Three in-country grant inception/ scoping events attended in preparation of phase II including; Timor Leste, Bangladesh and Nepal.

Findings from the scoping were used to inform the SPARC II Proposal and translated into country specific AMR context proformas to be used for future work.

Phase II proposal development and submission in December 2023

Key Deliverables - SPARC II to date (March to June 2024)

- SPARC Phase II Grant Awarded in March 2024 and Grant Agreement signed.
- 16 country work plans have been submitted for approval before implementation can officially kick off, 9 of these have been approved. Phase II adopts a more collaborative approach, closely aligning with country priorities to collectively advance the core work areas of the Fleming Fund. We are working in partnership with Country Grantees, Regional Grantees, and other strategic alignment agreements to deliver on the 3 core workstreams.

Outcomes and Impact

SPARC 1 Evaluation: Using a mixed method's approach to evaluate the implementation of SPARC 1, the majority of the participants (82%) rated the programme's overall performance as 'very good'. Success of SPARC 1 was attributed to: a well-managed programme, access to high-quality resources, effective training initiatives, active participation of participating countries, alignment with national AMS action plans, strong stakeholder collaboration and utilisation of high-quality data

Enhanced Antimicrobial Prescribing Practices: The expansion of the Prescribing Companion App, with the addition of four national antimicrobial guidelines from Malawi, Sierra Leone, Nigeria, Timor-Leste, and Nepal,

directly contributed to more accurate and context-specific prescribing practices. Since launch in November 2022, over 22,000 healthcare professionals have now integrated this tool into their daily routines, leading to more informed and effective antimicrobial use in both human and animal health.

Increased Local Ownership and Customization of the App: The country-led efforts to upload and maintain antimicrobial guidelines in the Prescribing Companion App have fostered greater local ownership. The involvement of trained App champions has ensured that the guidelines are not only accurate but also tailored to the specific needs and contexts of each country, thereby enhancing the relevance and effectiveness of the tool.

Increased Regional Collaboration: The SPARC programme's collaborative approach, involving partnerships with Country Grantees, Regional Grantees, and strategic stakeholders, has fostered a spirit of cooperation across regions in the global action against AMR

Conference Dissemination: A total of 5 conference abstracts accepted for presentation as follows: 29th Congress of the Federation of Asian Pharmaceutical Associations, Taipei, Taiwan, 24-28 October 2023 – abstract accepted and poster and oral presentation delivered. 9th Working Symposium of the Pharmaceutical Care Network Europe, Basel-Switzerland, 20-22 June 2024 – abstract accepted and poster presentation delivered. 22nd International Social Pharmacy Workshop, Canadian Rocky Mountains-Canada, 7-11 July 2024 – abstract accepted and poster presentation delivered. 82nd World Congress of Pharmacy and Pharmaceutical Sciences, Cape Town-South Africa, 1-4 September 2024 – abstract accepted for poster presentation. Royal Pharmaceutical Society Annual Conference, London-UK, 8 November 2024 – abstract accepted for poster presentation.

Prescribing Companion App.

- Expand reach of the App beyond the 13 Phase 1 countries by supporting upload of 15 national antimicrobial guidelines in human health.
- 5 Animal health national guidelines uploaded and published.
- Expansion of international AMS and IPC modules for Human and Animal Health in line with Global one health approach.
- Rollout of the Digital Governance Process to support more App champions in App maintenance and customization.
- App promotional events, including a national physical launch event per country followed by facility level promotional activities.

Data for Action training in 5 countries.

- Development of modular workshop materials for the 4 core modules including a curriculum, facilitator guide and participant manuals.
- Delivery of the 4 training modules: AMS Leadership and Accountability, AMU Data collection, Data Analysis, Data use and Behavioural change.
- Feedback and follow up for trained sites.

Malawi eMMS

- eMMS Architectural assessment.
- eMMS version development and testing resulting in a fully functional system interoperable with local systems.

- Online training and technical support for country ownership.

2.2. CwPAMS - Commonwealth Partnerships for Antimicrobial Stewardship

Background and Aim: The CwPAMS programme aims to tackle antimicrobial resistance (AMR) by supporting low- and middle-income countries (LMICs) to generate, share and use data to improve antimicrobial use and clinical practice, and encourage further investment in AMR. The programme is managed by CPA in partnership with the Global Health Partnerships (formerly THET - Tropical Health and Education Trust), and is funded by the UK Department of Health and Social Care's Fleming Fund.

Countries: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia. In partnership with the United Kingdom.

Key Deliverables

- Twenty-four AMS projects, initiated in March 2023 across eight CwPAMS countries, are still ongoing. All eight Hub and Spoke partnerships successfully onboarded their respective spoke sites and initiated the capacity building and knowledge sharing between the hub and spoke sites.
- **Facilitation of workshops:** Health partnerships were trained on several areas in the last year – including using data for quality improvement, One Health, substandard and falsified medicines (SFMs). The number of participants in each webinar ranged from 40-150 attendees across all eight CwPAMS countries. The recordings of the webinars were made available for partnerships to view and use for local training.
- **Access to Behaviour Change Module on CPA CPD platform:** Over 90 healthcare professionals were given access to undertake the module.
- **Developed tools and resources** including: a webinar and Q&A document to raise awareness of SFMs ; infographics and leaflets to support quality sampling procedures in the laboratory.
- **Country monitoring and support visits:** Across January-March 2024, CPA and GHP undertook in-country monitoring visits across the eight CwPAMS countries to assess the progress of projects, meet with partnership teams, discuss challenges, and bolster implementation of CwPAMS projects. CPA, GHP, and ICC teams worked with the local partnership teams to identify project achievements, discuss possible solutions to challenges, and identify opportunities to maximise success during the remaining programme period.
- **Increase in use of the Prescribing Companion App:** Promotional events were held in each of the 8 CwPAMS countries to promote use of the Prescribing Companion App. They contributed to an additional 8000 users on the app at the end of April 2024.
- **Integration of CwPAMS into national mechanisms:** The ICCs facilitated country-specific ownership of the CwPAMS projects. For example, in Zambia, the ICCs started submitting quarterly progress updates to the Zambia National Public Health Institute on CwPAMS activities. In Malawi, two hospital managements have now allocated a monthly budget for AMS activities and another hospital has allocated a budget to support procurement and support antibiogram development. In Nigeria, the Director General of the NCDC has included CwPAMS into the national AMR programme.
- **Conducted a series of Community Pharmacy** focused discussions to leverage contextual experiences for developing resources and tools to promote AMS in CPs: 3 sets of focused discussions were held with TEICCs and Partnerships, bringing together 30 participants.

- **Royal Society AMR Event:** On May 16th, 2024, His Majesty's Government and the Royal Society convened a stakeholder meeting in London, to discuss AMR. At the event, CwPAMS was showcased through a poster, video, and panel discussion. The CPA Senior Technical Advisor, Claire Brandish, explained the role of HPs & Pharmacists in tackling AMR. Insights gained from the event will inform and strengthen our ongoing and future AMR initiatives.
- **Fleming Fund Delivery Partners' Meeting:** In September 2023, CPA and GHP colleagues were delighted to participate in the Fleming Fund Delivery Partners' event in Ghana, where they met, interacted, built and strengthened relationships with other Fleming Fund Delivery Partners. The opportunity to share our experiences in fostering behaviour change in AMS at the workshop, was a platform to raise awareness on the impact of CwPAMS work. Our presentation was an opener to further discussions with delivery partners during and after the event.
- **Coordination with Fleming Fund Country Grantees (FF CG):** We've participated in two country coordination meetings, led by FF CGs in Nigeria and Tanzania. All the FF CGs were invited to participate in the CwPAMS Annual review meetings in May/June 2024. The meetings provided an opportunity to update on the progress of CwPAMS work, continue to explore potential areas of collaboration & manage the risk of duplication of efforts.
- **Hub & Spoke showcase webinar series launched:** The CPA Technical ICCs are chairing the webinars, while in-country partnership members deliver presentations. The inaugural session featured Kenyan and Ugandan hub pharmacist leads and ALF-A Fellows sharing effective Infection Prevention and Control (IPC) strategies and their impact on reducing infections. With 107 attendees from across CwPAMS countries, the series fostered knowledge exchange. A bidirectional learning and sustainable approach was exemplified: UK-trained Ugandan hub staff trained their Kenyan counterparts, and trained hubs have extended the training to the spokes where they're also promoting the local production of alcohol hand gel.
- **Sixteen abstracts** detailing various CwPAMS technical workstreams at the programmatic level, were accepted for presentation at six conferences, (6 presented, 10 upcoming) : Clinical Pharmacy Congress, UK, May 2024 (1 abstract, 1 oral presentation); 4th International Congress of Health Workforce Education and Research, Barcelona, June 2024 (1 abstract, 1 oral presentation); 9th Working Symposium of the Pharmaceutical Care Network Europe, Basel, June 2024 (4 abstracts, 4 poster presentations); International Society for Infectious Diseases, Cape Town, December 2024 (3 abstracts); 82nd FIP World Congress of Pharmacy and Pharmaceutical Sciences, September 2024 (4 abstracts, 4 poster presentations); 22nd International Social Pharmacy Workshop, Canadian Rocky Mountains, July 24 (3 abstracts, 1 oral presentation and 2 poster presentations).

2.3. ALF-A - AMS Leadership Programme for Africa

Background and Aim: Based on the success of the UK's Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme, the Africa Leadership Fellowship-AMS (ALF-A), has been developed for mid-career pharmacists in Africa who are part of a CwPAMS 2 partnership.

Countries: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia.

Key Deliverables

- Fellowship places were awarded to 30 fellows in the first cohort in August 2023, and they commenced the fellowship in October 2023.

- Funding for the second cohort was secured in October 2023, and fellowship places were awarded to 15 fellows in November 2023, with the fellowship commencing in January 2024.
- Both cohorts completed AMS, Behaviour Change, Project Management, and QI online learning and action learning sessions.
- Cohort 1 completed the NHS Leadership Academy's Edward Jenner course levels 0, 1, 2, 3, & 4, along with associated webinars, in June 2024. Cohort 2 has completed up to level 3 and is currently undertaking course 4.
- 8 in-country Communities of Practice Shared Learning Events took place between March and April 2024 bringing together fellows, mentors and key AMR stakeholders.

Outcomes and Impact

- ***Fellowship progress:*** 42 fellows (out of the initial 45) are currently achieving more than 90% of the fellowship requirements:
 - Cohort 1: of the 30 fellows, 28 are achieving more than 90% of the fellowship requirements, one is achieving between 60% and 90%, and one is below 60%.
 - Cohort 2: of the 15 fellows, 14 are achieving more than 90% of the fellowship requirements; one withdrew in April 2024 due to personal reasons.
- ***In-country events:*** Achievements from the in-country events include:
 - Attendance of a total of 44 fellows, 18 mentors and 18 key AMR stakeholders.
 - The creation of 8 Communities of Practice.
 - Project plan presentations by the 44 fellows, raising awareness amongst key AMR stakeholders, and the Ministry of Health Official promoted the sustainability and country ownership leading to support and integration into the national AMR agenda.
 - Shared-learning opportunities, with fellows receiving leadership development training, leaving them motivated with a clear plan for disseminating their work locally and transferring knowledge to others.
- ***Conference dissemination:***
 - Royal Pharmaceutical Society Annual Conference 2023, London, UK - One abstract accepted for poster presentation in October 2023.
 - International Network for Health Workforce Education Conference 2024, Barcelona, Spain - One abstract accepted for oral presentation in June 2024.
 - International Social Pharmacy Workshop 2024, Canadian Rocky Mountains, Canada - One abstract accepted for oral presentation in July 2024.
 - International Pharmaceutical Federation Congress 2024, Cape Town, South Africa - One abstract accepted for poster presentation in September 2024.
 - Royal Pharmaceutical Society Annual Conference 2024, London, UK - One abstract submitted and awaiting result.

2.4. VIPSD - Commonwealth Voluntary Information and Price Sharing Database

Background and Aim: VIPSD was established in response to the 2018 deliberations of the Commonwealth Health Ministers, who identified the need for a robust information-sharing mechanism among member states.

The initiative aims to support informed decision-making in the procurement of essential medicines. Despite being endorsed by Commonwealth Health Ministers in May 2021, the database's uptake and deployment have been limited.

Countries: The project targeted up to 20 of the 56 Commonwealth member states, spanning five regions: the Eastern Caribbean, Southern African Development Community, Association of Southeast Asian Nations, Malta/Europe, and the Pacific.

Key Deliverables

- Formation of a Heads of Procurement Network (HOPN), with over 30 member states expressing interest.
- Delivery of two information sessions for Heads of Procurement in December 2023.
- Completion of desktop scoping for eight member states: Bangladesh, Dominica, Kenya, Malaysia, Malta, Solomon Islands, South Africa, and St. Vincent and the Grenadines.
- Development of eight country-specific scoping proformas.
- Development of a comprehensive scoping report, summarising key findings from the eight selected member states and proposed key recommendations.
- Establishment of ongoing quarterly sessions for the Heads of Procurement Network to address critical topics in procurement.

3. Advocacy, campaigns and other events

3.1. Commonwealth Civil Society Policy Forum 2024

Background and Aim: The 2024 Commonwealth Civil Society Policy Forum theme was 'Actionable Solutions to Building Resilience in Healthcare Systems within the Commonwealth, with an Emphasis on Small and Vulnerable States', in line with the Commonwealth Health Ministers meeting, to raise awareness of the impact of climate change and other natural disasters on health within Civil Society.

Countries: All Commonwealth countries.

Key Deliverables: As a key member of the Commonwealth Health Professions and Partners Alliance the CPA inputted into the programme and helped shape the 6 actionable recommendations:

1. Recommendation 1 - Addressing the effects of climate change on health
2. Recommendation 2 - Strengthening Health Emergency Capacities
3. Recommendation 3 - Leveraging workforce capability to support health across the whole life course
4. Recommendation 4 - Bringing younger and older generations together
5. Recommendation 5 - Addressing sustainable availability and employment of healthcare workers
6. Recommendation 6 - Developing a resilient health workforce

An online survey was conducted prior to the Forum 2024 to gather views and opinions on the draft recommendations. A total of 94 responses were received, with the majority of respondents agreeing with all the key challenges identified and proposed recommendations (over 98% across all recommendations). Minor changes and suggestions were proposed to the original recommendations.

- A report has been produced, including the 6 recommendations which have been used for our ongoing advocacy work throughout 2024.

- Actionable recommendations were presented at the Commonwealth Health Ministers Meeting.
- A manuscript has been developed to be published in a peer-reviewed journal.

6.

3.2. Commonwealth Health Ministers Meeting 2024

Background and Aim: The annual Commonwealth Health Ministers meeting was held on the 24-25th May 2024 in Geneva, Switzerland, on the margins of the 77th World Health Assembly, to “foster a shared understanding of health system resilience to achieve Universal health Coverage and health security and to catalyse joint action towards strengthening health systems within the Commonwealth”. The theme this year was “Actionable solutions to build resilience in Health Systems within the Commonwealth, with an emphasis on small and vulnerable states”.

Countries: All Commonwealth countries.

Key Deliverables: CPA, as a key member of the Commonwealth Health Professions and Partners Alliance, presented the outputs and recommendations of the Commonwealth Civil Society Policy Forum. The outcome of the Commonwealth Health Ministers meeting, along with the 67 resolutions agreed on, are recorded in an outcome statement which include issues on:

- Building health system resilience
- Health and care sector challenges
- Access to health products and services
- Non-communicable diseases, cancer and mental health
- Addressing the intersection of climate change and public health.
- Partnerships and networking.

3.3. World AMR Awareness Week 2023

Background and Aim: The World AMR Awareness Week (WAAW), celebrated annually between 18th and 24th of November, is a campaign dedicated to raising awareness about antimicrobial resistance. The theme for WAAW 2023 was “Preventing antimicrobial resistance together”.

Countries: All Commonwealth countries.

Key Deliverables: The campaign and activities were recognized and endorsed by the Commonwealth Secretariat as part of the Year of the Youth Activities.

- Webinar focused on young pharmacists across the Commonwealth, with over 500 registrations (mass Mailer was sent to over 12,000 recipients with 32% open rate). The event brought together young healthcare professionals and enthusiasts to discuss the current global antimicrobial resistance crisis and explore innovative solutions. The panel featured young professionals actively involved in healthcare and public health initiatives, particularly those engaged in AMR work. The primary goal of the webinar was to foster dialogue on the importance of youth perspectives in addressing the AMR crisis.
- Selfie cards, with the message "I am stepping up against AMR, are you?", distributed across all our physical programs and engagements leading up to World Antimicrobial Awareness Week. At each event with pharmacists, we captured photos of pharmacists across the Commonwealth holding these cards,

which were then shared on social media throughout the week of World Antimicrobial Awareness Week. Over 33,000 impressions across Twitter, LinkedIn, Instagram and Facebook were achieved.

3.4. Commonwealth Pharmacists Day 2024

Background and Aim: The Commonwealth Pharmacists Day, celebrated annually on the 16th of June, is a dedicated occasion to recognize and appreciate the crucial role pharmacists perform in the healthcare systems spanning the 56 Commonwealth nations. The theme for 2024 was *Pharmacists Developing Resilient and Sustainable Health Systems for all*, developed in collaboration between the CPA President and staff team. The focus emphasised the critical role Pharmacists have to play in the modern healthcare landscape. We experimented this year with embedding a secondary theme into the campaign, intended to make core theme more relevant to the everyday Pharmacist, and so chose to emphasise the “Resilient” aspect of the message by also highlighting the need for the development of the *#ResilientPharmacist* to create resilient health systems.

Countries: All Commonwealth countries.

Key Deliverables: Building on the success of our 2023 campaign, the core of the 2024 campaign was centred around self-representation, enabling pharmacists from across the Commonwealth to participate actively. This involved:

- Uploading personal photographs.
- Submitting their names and respective countries.
- Receiving a personalised flyer bearing their name, country, and a relevant message. These messages were themed around the *#ResilientPharmacist* tag and connecting individual resilience to improvements in healthcare systems or patient experience; for example “the resilient Pharmacist embraces continuous learning” or “the resilient Pharmacist finds strength in collaboration”.

Outputs and Impact

- **Mass Mailer:** An email was sent to all CPA 13,075 current CPA subscribers celebrating the Day and encouraging involvement from our networks. The email was opened by 4,613 people, a gain of 6% on last year’s mailer.
- **Social Media:** A series of coordinated posts across our social media channels were viewed 4,731 times, which represents around 25% of our maximum following, broadly in line with industry standards for a social media presence of our size and niche appeal.
- **Video Content:** This year, we produced two videos to share with our members celebrating the day - one from President Mary Anne Ciappara and one from CEO Victoria Rutter. These videos account for about 50% of all social media engagement, and were professionally edited to enhance their quality and impact.

4. Future Plans

4.1. Aims and Objectives

The Commonwealth Pharmacists Association (CPA) remains committed to its mission of improving health outcomes across the Commonwealth by enhancing pharmacy education, strengthening healthcare systems, and fostering impactful global partnerships. This section outlines CPA's future plans and strategic objectives, which focus on expanding access to professional development resources, supporting antimicrobial stewardship efforts, and promoting leadership and advocacy within the pharmacy sector.

At the heart of CPA's strategy is the belief that pharmacists are often the most accessible healthcare professionals in their communities, making them pivotal to improving public health and reducing health disparities. Recognising this, CPA aspires to expand its programmes to equip community pharmacists with the necessary tools and training to address key health challenges, moving beyond our award winning AMR programmes to recognise the double burden of disease faced by LMICs, putting pharmacists at the forefront of the management and prevention of non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases, and respiratory illnesses.

Programme specific priorities are detailed further below and include the continued enhancement of initiatives such as the Continuing Professional Development (CPD) platform, the SPARC and CwPAMS programmes, and the expansion of leadership fellowships. CPA aims to strengthen partnerships, promote data-driven approaches, and increase pharmacist capacity, particularly in LMICs.

An important aspect of CPA's future aspirations is securing sustainable funding to support its growing programmes and ensure long-term resilience. By pursuing new grant opportunities, diversifying income streams, and enhancing financial reserves, the organisation seeks to maintain operational stability and meet the evolving needs of its member countries. CPA is also committed to strengthening its internal governance, increasing volunteer engagement, and improving risk management to address organisational sustainability.

Through these efforts to empower the pharmacy profession throughout the Commonwealth, CPA aims to address global health challenges, reduce health inequalities, and contribute meaningfully to the Sustainable Development Goals (SDGs).

4.2. Practice and Educational Resources

4.1.1 PharmAid

Next steps and future work: The CPA aims to continue partnering with BookAid to continue delivering books to Commonwealth African countries.

[4.1.2 Continuous Professional Development – Online Platform](#)

Next steps and future work: The CPA has a program to deliver 2 courses in 2024 and 4 courses in 2025, along with associated webinars to support online learning and provide additional tools and resources for our learners to use in practice and patient care delivery. This initiative is in response to learner feedback from the 2023 survey, which called for more interactive webinars, case studies and an increase in learning modalities on the platform. The courses and webinars will cover communicable and non-communicable diseases, as well

as pharmacy practice, which have been highlighted as priority areas by our members. Moving forward, our courses will also incorporate opportunities for learners to reflect on practice.

4.1.3 Critical Care Course (with UCLH)

Next steps and future work: We are currently seeking funding to expand access to a larger number of pharmacists in LMICs in the next cohort, commencing in April 2025.

4.1.4 Pharmacy Workforce Data

Next steps and future work: Data collection will take place on an ongoing basis and feed into our strategy and advocacy work including workforce and education.

4.3. Programmes

4.2.1 SPARC – Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building

Next steps and future work

We anticipate to officially start implementation of SPARC II activities in September 2024 after all country work plans have been approved by the grant management agent. The main milestones/deliverables for each of the 3 core work streams are described below.

4.2.2 CwPAMS – Commonwealth Partnerships for Antimicrobial Stewardship

Next steps and future work: Over the next year, we will continue supporting implementation of the 24 AMS projects, building capacity of healthcare professionals and to strengthen country ownership, collaboration and knowledge sharing. We shall provide additional support to enhance sustainability and sharing of best practices.

4.2.3 Alf-A – AMS Leadership Programme for Africa

Next steps and future work: The next steps are to support Cohort 2 in completing their Edward Jenner Course 4 and the remaining 3 webinars on Leadership, Quality Improvement, Data Analysis and Research, and their project work. We will support all fellows in submitting their project reports in September for Cohort 1 and in December for Cohort 2.

The next key phase will include the monitoring and evaluation of the program, including the delivery, implementation, and impact on the fellows' leadership development and the mentorship program. Together with the research team, we are analysing the data collected so far (pre-fellowship surveys and post-action learning sessions) and developing tools for end-of-program questionnaires and focus group meetings for fellows and key stakeholders. Apart from internal and funders reports, we also plan to submit our findings as peer-reviewed journal publications.

4.2.4 VIPSD – Commonwealth Voluntary Information and Price Sharing Database

Next Steps and Future Work

- A manuscript has been developed to be published in a peer-reviewed journal.
- Continuation of the Heads of Procurement Network sessions.
- Horizon scanning for resources to support further VIPSD development and implementation.

4.4 Advocacy, Campaigns

4.4.1 Commonwealth Health Ministers Meeting 2024

Next steps and future work: The six recommendations, reflecting civil society priorities, informed the subsequent Commonwealth Health Ministers meeting in enhancing healthcare resilience across the Commonwealth, ahead of the 7th WHO World Health Assembly in Geneva, Switzerland, between 27 May and 1 June 2024. The CPA has also taken these recommendations into account to further shape programmes of work, in particular around the pharmacy workforce and access to medicines.

1. Financial Review

The Charity has continued to grow after a stable income over the last 2 years preceded by a particularly rapid growth trajectory, reflected in a turnover for the year of £1.19m (2023: £725k).

The Charity's core unrestricted fund stands at £149k (2023: £108k).

Designated funds from prior years have been expended (2023: £25k). Restricted funds are £167k (2023: £211k) which reflect the unspent funds for project activity that extends over the next financial year.

The Charity begins the new financial year in a good financial position. The total funds carried forward are £316k (2023: £344k).

2. Reserves Policy

Reserves are held to help the charity operate efficiently. The unrestricted reserves are that part of the charity's funds that are freely available to spend on the charity's purposes. Whilst ensuring that the charity holds at least three months of unrestricted funds to cover running costs, the reserves policy also looks at building up reserves for unforeseen expenditure which will strengthen the resilience of the charity. Unforeseen expenditure can include a shortfall in income, temporary cash flow issues, uncontrolled costs, trustee liability, sudden closure. A decision to carry c. £100k in unrestricted reserves was deemed prudent and will be reviewed quarterly in light of a growing team of employed staff. This cost relates to three months of salaries and relevant redundancy costs.

3. Principal sources of funds:

- £521,149 (2023: £312,373) from the Department of Health and Social Care's (DHSC) Fleming Fund to provide the technical input and oversight to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme and £29,597 for the Alf-A 2 programme.
- £343,502 for the SPARC Extension programme and £217,468 for the SPARC 2 programme (2023: £223,992 for the SPARC1 programme).
- £23,211 (2022: £26,789) from the Royal Pharmaceutical Society to support staffing costs.
- £27,369 (2022: £20,653) from membership fees and donations.
- £116,246 from Pfizer carried forward from 2023 as a medical education grant to support pharmacists attaining the relevant local CPD via the CPD platform.
- £22,350 from Reckitt to run an educational programme, including, but not limited to a train the trainer workshop covering Clinical Consultation Skills and expanding pharmacists scope of practice.

4. Principal Risks

The CPA has a strategic risk register in addition to those relating to individual projects. The risks to the charity have been categorised as operational, financial, regulatory, governance and external.

The response and mitigations relating to these risks are detailed in the strategic risk register and are reviewed at least quarterly by the senior management team and more formally every quarter in liaison with the Board of Trustees. A further in depth review of the risk register took place in May 2024, resulting in a much more comprehensive list of risks and a more standardised way of defining these.

5. Structure, Governance and Management

The charity is governed by the constitution accepted in December 2017, and adopted in July 2018 when the CPA officially began functioning as a Charitable Incorporated Organisation (CIO). This replaced the original constitution that related to the establishment of the unincorporated charity that was adopted in Dec 2015.

The charity is a CIO consisting of 28 (2023: 25) member organisations and over 11158 (2023: 10023) individual members to date. Traditionally the CPA has been an association of member organisations. Individual reach is expected to continue to grow in line with the relationships and collaborative working opportunities developed.

6. Trustees

In accordance with the constitution, there are:

- 2 ex-officio Trustees (the President and immediate past President) who remain in office for the duration of their service (up to 2 terms of 2 years)
- Up to 4 nominated Trustees that serve a 3-year term (currently our Treasurer and Chair)
- Between 4 and 12 elected Trustees that are appointed or reappointed annually in accordance with the constitution (1/3 must step down each year) at the AGM

The Trustees can fill any casual vacancy in their number and may co-opt not more than three additional trustees, any person so appointed being entitled to hold office until the next AGM.

Any new trustees appointed are briefed by the board of Trustees of their legal obligation under charity and company law and the contents of the Memorandum and Articles of Association. They are given copies of the Memorandum and Articles of Association, recent Trustee meeting minutes and the latest financial information.

They are also directed towards the Charity Commission website, especially to booklets CC3 “The Essential Trustee: and CC3a, “Charity Trustee: what’s involved?”. Trustees are encouraged to attend appropriate training events which will help them know their responsibilities.

7. Organisational Structure

The CPA is governed by the board of Trustees.

The Chief Executive Officer reports to the board of trustees and manages the day to day running of the organisation, working with the CPA team of staff, consultants, and volunteers.

The Trustees consider the Board of Trustees, the Chief Executive and the senior leadership team as comprising the key management personnel of the charity in charge of directing and controlling the charity and running and operating the charity on a day-to-day basis. All Trustees give their time freely and no trustee remuneration was paid in the year. Details of Trustee expenses and related party transactions are disclosed in notes 9 and 18 to the accounts.

Trustees are required to disclose all relevant interests and in accordance with the Trusts’ policy withdraw from decisions where a conflict of interest arises.

The pay of the Chief Executive and senior leadership team is reviewed annually and is normally increased in accordance with average earnings. The remuneration is reviewed to ensure that it is commensurate with similar roles.

The CPA's council and regional assembly (previously referred to as 'executive') consist of representatives from the national pharmacy associations (NPAs) of the Commonwealth, from which the President and Vice president are elected. These bodies serve as an advisory board to the CPA, helping to set and deliver the strategy.

The CPA is in a unique position in terms of the organisation's established and potential relationships, particularly in terms of:

- The heritage and close working established with the six global regions of the Commonwealth over the years and the national pharmacy associations (NPAs) in Commonwealth member states.
- The space the CPA owns for pharmacy, as an advocate for members at national meetings and Commonwealth forums. This includes the opportunity to work with other civil society organisations to provide input into health advisory committees and the Commonwealth Health Ministers meetings.
- The special relationship we have enjoyed with the Royal Pharmaceutical Society (RPS), having originated from this organisation in 1970.
- The relationships and memorandums of understandings with several partners who have aligned visions and common areas of work.
- The partnership and joint working that we have established with other organisations with similar aims and objectives – for example, the Tropical Health and Education Trust (THET) whom CPA partners with to deliver CwPAMS.
- The relationship developed with the world health organisation (WHO), where the CPA have an evolving collaborative work plan and are in 'special relations'.

Fundraising standards information

The charity does not raise funds from the general public, and has had no complaints or concerns raised during the period in this respect.

8. Reference and Administration Details

Charity name: The Commonwealth Pharmacists Association
Charity Commission registered number: 1176132
Charity principal address: 66-68 East Smithfield, London, E1W 1AW

Trustees during the year were:

| | | |
|--------------------|--------------------------|-----------------------------|
| Tony Downes | Chair | |
| Raymond Anderson | Vice Chair | |
| Mary Anne Ciappara | President | Ex-officio |
| Biyi Oloko | Treasurer | |
| Claire Anderson | | |
| Zaheer Babar | | Resigned 14th August 2024 |
| Manjula Halai | | Resigned 29th January 2024 |
| Oksana Pyzik | | |
| David Reissner | | |
| Claire Thompson | | Resigned 19th November 2024 |
| Rao Vadlamudi | Immediate past president | Ex-officio |

Volunteer Advisors:

| | |
|----------------|---------------------------|
| Matthew Hayday | Governance & Risk Advisor |
|----------------|---------------------------|

Independent Auditor/Examiner:

| | |
|--------------------|---------------|
| Benjamin Hayes FCA | Wenn Townsend |
|--------------------|---------------|

Other key personnel:

| | |
|-----------------|--|
| Victoria Rutter | Chief Executive Officer |
| Josie Malloy | Finance and Business Manager (resigned 29 th February 2024) |
| Freya Liiv | Interim Finance and Business Manager (appointed 19th February 2024) |
| Momodou Darboe | Finance and Business Manager (appointed 6th May 2024) |

9. Public Benefit

When planning the activities for the year, the trustees have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to guidance published by the Charity Commission, including public benefit guidance.

The trustees have approved the report above and have authorised us to sign it on their behalf.



Tony Downes – Chair



Biyi Oloko – Treasurer

Date of approval: 10th February 2025

Statement of Trustees responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2019 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008, and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Opinion

We have audited the financial statements of The Commonwealth Pharmacists Association (the 'charity') for the year ended 30th June 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 30th June 2024, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in

the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the trustees' report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management, those charged with governance and the entity's solicitors around actual and potential litigation claims;
 - Enquiry of entity staff in accounting and HR functions to identify any instances of non-compliance with laws and regulations;
-

- Reviewing minutes of meetings of those charged with governance;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Other matters

The financial statements of The Commonwealth Pharmacists Association for the year ended 30th June 2023 were unaudited. An independent examination was performed which expressed an unmodified opinion.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed

Wenn Townsend

Wenn Townsend Chartered Accountants, Statutory Auditor

Oxford

Date: 10th February 2025

Wenn Townsend is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Commonwealth Pharmacists Association
Statement of Financial Activities
For The Year Ended 30th June 2024

| | | Unrestricted funds £ | Restricted funds £ | 2024 Total funds £ | 2023 Total funds Restated £ |
|-------------------------------------|-------|-------------------------------------|-----------------------------------|-----------------------------------|--|
| | Notes | | | | |
| INCOME AND ENDOWMENTS FROM | | | | | |
| Donations | 2 | 4,100 | - | 4,100 | 916 |
| Total Donations and legacies | | | | | |
| <u>Charitable activities</u> | | | | | |
| Grant and contracts income | 3 | - | 1,159,777 | 1,159,777 | 794,254 |
| Individual subscriptions | | 820 | - | 820 | 300 |
| Membership fees | | 22,515 | - | 22,515 | 19,437 |
| Interest receivable | | 2,504 | - | 2,504 | - |
| Total Charitable activities | | | | | |
| | | 25,839 | 1,159,777 | 1,185,616 | 813,991 |
| Total Income | | | | | |
| | | 29,939 | 1,159,777 | 1,189,716 | 814,907 |
| EXPENDITURE ON | | | | | |
| Charitable activities | 4 | 43,104 | 1,174,054 | 1,217,158 | 747,566 |
| Total Expenditure | | | | | |
| | | 43,104 | 1,174,054 | 1,217,158 | 747,566 |
| Net Income/(expenditure) | | | | | |
| | | (13,165) | (14,277) | (27,442) | 67,341 |
| Transfers | | 29,966 | (29,966) | - | - |
| Net Movement | | | | | |
| | | 16,801 | (44,243) | (27,442) | 67,341 |
| RECONCILIATION OF FUNDS | | | | | |
| Total funds brought forward | | 133,016 | 211,328 | 344,344 | 277,003 |
| TOTAL FUNDS CARRIED FORWARD | | | | | |
| | | 149,817 | 167,085 | 316,902 | 344,344 |

All income and expenditure have arisen from continuing activities


Commonwealth Pharmacists Association
Balance Sheet
For The Year Ended 30th June 2024

| | | 2024 £ | 2023 £ Restated |
|--|-------|----------------|-----------------------|
| FIXED ASSETS | Notes | | |
| Tangible assets | 12 | 285 | 513 |
| CURRENT ASSETS | | | |
| Debtors | 13 | 7,545 | 221,352 |
| Cash at bank in hand | 14 | 502,311 | 213,058 |
| | | 509,856 | 434,410 |
| CREDITORS | | | |
| Amounts falling due within one year | 15 | (193,239) | (90,579) |
| NET CURRENT ASSETS | | 316,617 | 343,831 |
| TOTAL ASSETS LESS CURRENT LIABILITIES | | 316,902 | 344,344 |
| NET ASSETS | | 316,902 | 344,344 |
| FUNDS | 16 | | |
| Unrestricted funds: | | | |
| General funds | | 149,817 | 107,689 |
| Designated funds | | - | 25,327 |
| Restricted funds | | 167,085 | 211,328 |
| TOTAL FUNDS | | 316,902 | 344,344 |

The financial statements were approved by The Board of Trustees on 10th February 2025 and were signed on its behalf by:



Tony Downes – Chair



Biyi Oloko – Treasurer

The notes on pages 30 to 42 form part of these financial statements.

Commonwealth Pharmacists Association
Statement of Cash Flows
For The Year Ended 30th June 2024

| | 2024 | 2023 |
|--|----------------|------------------|
| | £ | £ |
| | | Restated |
| Reconciliation of net income to net cash flow from operating activities | | |
| Net income for the year | (27,442) | 67,341 |
| Depreciation | 228 | 198 |
| Interest receivable | (2,504) | - |
| Debtors movement | 213,807 | (173,046) |
| Creditors movement | 102,660 | (34,315) |
| Cash (absorbed)/generated from operations | 286,749 | (139,822) |
| Net cash from investing activities | | |
| Interest received | 2,504 | - |
| Net cash from investing activities | 2,504 | - |
| Net (decrease)/increase in cash and cash equivalents | 289,253 | (139,822) |
| Cash and cash equivalents at the beginning of the year | 213,058 | 352,880 |
| Cash and cash equivalents at the end of the year | 502,311 | 213,058 |

1. ACCOUNTING POLICIES

General information and basis of preparing the financial statements

The Commonwealth Pharmacists Association is a charitable incorporated organisation. The address of the registered office is given in the charity information on page 21 of these financial statements.

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £1.

Going concern

There are no material uncertainties about the charity's ability to continue so it is regarded as a going concern.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received, and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets

Depreciation is provided at the following annual rates of write off each asset over its estimated useful life.

Office Equipment -25% straight line on cost.

Fund's structure

Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the Charity's objects at the trustees' discretion.

Designated funds – included within unrestricted funds, these are funds which can be used in accordance with the Charity's objects at the trustees' discretion and have been assigned for specific areas of activity.

Restricted funds - these funds can only be used for restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or where funds are raised for restricted purposes.

Further explanations of the nature and purpose of each fund are included in the notes to the accounts.

Debtors and creditors receivable/payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price.

Employee benefits

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

Prior period errors

The prior year figures for deferred income have been restated to recognise a grant from The Royal Pharmaceutical Society in the correct period.

| Reconciliation of funds | 1 July 2022 £ | 30 June 2023 £ |
|--------------------------------|------------------------------|-------------------------------|
| Funds as previously reported | 277,003 | 319,344 |
| Adjustments arising: | | |
| Release of deferred income | - | 25,000 |
| Funds as restated | 277,003 | 344,344 |

| Reconciliation of net income for the previous financial period | 2023 |
|---|-------------|
| Net income as previously reported | 42,341 |
| Adjustments arising: | |
| Release of deferred income | 25,000 |
| Net income as restated | 67,341 |

2. DONATIONS AND LEGACIES

| | 2024 | 2023 |
|----------------------|-------------|-------------|
| | £ | £ |
| Unrestricted: | | |
| Other donations | 4,100 | 916 |

3. GRANT AND CONTRACTS INCOME

| | 2024 | 2023 |
|--|-------------|-----------------|
| | £ | £ |
| | | Restated |
| Designated: | | |
| Novartis Pharma AG | - | 40,000 |
| International Pharmaceutical Association (FIP) | - | 20,000 |
| Restricted: | | |
| Fleming Fund (CwPAMS 2.0) | 521,149 | 312,373 |
| Fleming (SPARC) | 560,970 | 223,992 |
| Pfizer | - | 125,000 |
| Commonwealth Secretariat: Price Sharing Database | - | 23,600 |
| Royal Pharmaceutical Society grant | 23,211 | 39,289 |
| Menarini: AMD CPD | - | 10,000 |
| Fleming Fund (CwPAMS Alf-A 2) | 29,597 | - |
| Reckitt | 22,350 | - |
| Commonwealth Secretariat: Year of Youth Webinar | 2,500 | - |
| | 1,159,777 | 794,254 |

4. CHARITABLE ACTIVITIES COSTS

| | Unrestricted funds | Restricted funds | 2024 Total funds | 2023 Total funds |
|------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| | £ | £ | £ | £ |
| Direct costs | 25,387 | 1,098,462 | 1,123,849 | 706,346 |
| Support costs (note 5) | 17,717 | 75,592 | 93,309 | 41,220 |
| | 43,104 | 1,174,054 | 1,217,158 | 747,566 |

5. SUPPORT COSTS

| | Unrestricted funds | Restricted funds | 2024 Total funds | 2023 Total funds |
|--------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | £ | £ | £ | £ |
| Staff costs | 24,055 | 71,466 | 95,521 | 18,233 |
| Travel and subsistence | 11,709 | 4,098 | 15,807 | 1,320 |
| Governance (note 6) | 8,023 | - | 8,023 | 2,366 |
| Information technology | 3,723 | - | 3,723 | 10,462 |
| Depreciation | 228 | - | 228 | 198 |
| Office costs | 9,238 | 28 | 9,266 | 3,642 |
| Bad debt | 2,566 | - | 2,566 | - |
| Other | 7,967 | - | 7,967 | 4,999 |
| Overhead contribution (note 7) | (49,792) | - | (49,792) | - |
| | <u>17,717</u> | <u>75,592</u> | <u>93,309</u> | <u>41,220</u> |

6. GOVERNANCE COSTS

| | 2024 | 2023 |
|---------------------------------|--------------|--------------|
| | £ | £ |
| Trustee expenses | 470 | 23 |
| Auditor / examiner remuneration | 7,000 | 1,780 |
| Other accountancy fees | 553 | 563 |
| | <u>8,023</u> | <u>2,366</u> |

The auditors remuneration amounts to an audit fee of £7,000 (2023: independent examination of £1,780).

7. OVERHEAD CONTRIBUTION

| | 2024 | 2023 |
|------------------------------|---------------|---------------|
| | £ | £ |
| Advance health and education | 49,792 | 33,064 |
| | <u>49,792</u> | <u>33,064</u> |

Activity

Basis of allocation

| | | |
|------------------------------|---|------------|
| Support costs | Apportioned on an estimated use basis as follows: | |
| | % | % |
| Advance health and education | 100 | 100 |
| | <u>100</u> | <u>100</u> |

8. NET INCOME FOR THE YEAR

Net income is stated after charging:

| | 2024 | 2023 |
|--------------|-------------|-------------|
| | £ | £ |
| Depreciation | 228 | 198 |
| | 228 | 198 |

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year (2023: £Nil).

There were no trustee travel expenses reimbursed in the year (2023: £23 for 1 trustee) but a total of £470 reimbursed to third parties for trustee subsistence (2023: £Nil).

The total amount of employee benefits received by key management personnel was £254,815 (2023: £93,417). The charity considers its key management personnel to comprise of the CEO, the Finance and Business Manager and Operations Lead – Programmes.

10. STAFF COSTS

| | 2024 | 2023 |
|---|-------------|-------------|
| | £ | £ |
| Wages and salaries | 357,576 | 77,417 |
| Pension | 17,034 | 4,347 |
| Employer National Insurance contributions | 30,037 | 3,383 |
| Overtime | 2,705 | 19,361 |
| | 407,352 | 104,508 |

The average monthly number of employees during the year was as follows:

| | 2024 | 2023 |
|-------|-------------|-------------|
| Staff | 7 | 1.7 |

Number of employees earning within the following bands:

| | 2024 | 2023 |
|-------------------|-------------|-------------|
| £60,001 - £70,000 | 1 | - |

The Charity has a pension scheme set up with NEST for the benefit of staff. New staff have the option of joining the NEST scheme or continuing to pay into their existing personal pensions.

The amount of pension contributions charged to the charity in the year was £17,064 (2023: £4,347).
The amount of pension contributions outstanding at the end of the year was £2,045 (2023: £249).

11. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

| | Unrestricted funds £ | Restricted funds £ Restated | 2023 Total funds £ Restated |
|------------------------------------|-------------------------------------|--|--|
| INCOME AND ENDOWMENTS FROM | | | |
| Donations and legacies | 916 | - | 916 |
| Charitable activities | | | |
| Grant income | 60,000 | 734,254 | 794,254 |
| Individual subscriptions | 300 | - | 300 |
| Membership fees | 19,437 | - | 19,437 |
| Member association fees | - | - | - |
| Total | 80,653 | 734,254 | 814,907 |
| EXPENDITURE ON | | | |
| Charitable activities | 40,239 | 707,327 | 747,566 |
| Total | 40,239 | 707,327 | 747,566 |
| NET INCOME | 40,414 | 26,927 | 67,341 |
| Transfers between funds | (133) | 133 | - |
| Net movement in funds | 40,281 | 27,060 | 67,341 |
| RECONCILIATION OF FUNDS | | | |
| Total funds brought forward | 92,735 | 184,268 | 277,003 |
| TOTAL FUNDS CARRIED FORWARD | 133,016 | 211,328 | 344,344 |

12. TANGIBLE FIXED ASSETS

| | Office Equipment £ |
|-----------------------|-----------------------------------|
| COST | |
| At 1st July 2023 | 898 |
| At 30th June 2024 | <u>898</u> |
| DEPRECIATION | |
| At 1st July 2023 | 385 |
| Charge for year | <u>228</u> |
| At 30th June 2024 | <u>613</u> |
| NET BOOK VALUE | |
| At 30th June 2024 | <u><u>285</u></u> |
| At 30th June 2023 | <u><u>513</u></u> |

13. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | 2024 £ | 2023 £ |
|----------------|---------------------|-----------------------|
| Grant income | 5,830 | 205,465 |
| Subscriptions | 250 | 492 |
| Accrued income | - | 13,565 |
| Prepayments | 930 | 1,830 |
| Other debtors | <u>535</u> | <u>-</u> |
| | <u><u>7,545</u></u> | <u><u>221,352</u></u> |

14. CASH AT BANK IN HAND

| | 2024 | 2023 |
|----------------------------|----------------|----------------|
| | £ | £ |
| Unity Trust Bank – current | 31,945 | 208,117 |
| Unity Trust Bank – deposit | 468,005 | - |
| PayPal Account | 426 | 2,843 |
| Soldo Account | 1,935 | 2,098 |
| | <u>502,311</u> | <u>213,058</u> |
| | <u>502,311</u> | <u>213,058</u> |

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | 2024 | 2023 |
|-----------------------|----------------|-----------------|
| | £ | £ |
| | | Restated |
| Trade creditors | 46,183 | 69,880 |
| Deferred income | 121,275 | 10,957 |
| Accruals | 14,258 | 7,558 |
| Pension Contributions | 2,045 | 249 |
| HMRC Creditor | 9,478 | 1,935 |
| | <u>193,239</u> | <u>90,579</u> |
| | <u>193,239</u> | <u>90,579</u> |

Deferred income is made up of contracts for services relating to the 2024/25 financial year.

16. MOVEMENTS IN FUNDS

| | At 1 July 2023 £ Restated | Incoming resources £ | Outgoing resources £ | Transfers | At 30 June 2024 £ |
|---|--|-------------------------------------|-------------------------------------|------------------|----------------------------------|
| Unrestricted funds | | | | | |
| General fund | 107,689 | 29,939 | (17,777) | 29,966 | 149,817 |
| Designated funds | | | | | |
| Novartis Pharma AG | 25,327 | - | (25,327) | - | - |
| Restricted funds | | | | | |
| Fleming Fund (SPARC) | - | 217,468 | (109,512) | - | 107,956 |
| Fleming Fund (CwPAMS 2.0) | 43,741 | 521,149 | (546,817) | - | 18,073 |
| Pfizer | 116,246 | - | (86,280) | (29,966) | - |
| Commonwealth Secretariat Royal Pharmaceutical Society | 23,600 25,000 | 2,500 23,211 | (23,908) (48,211) | - - | 2,192 - |
| Menarini AMS CPD | 2,741 | - | (2,741) | - | - |
| Fleming Fund (CwPAMS Alf-A 2) | - | 29,597 | (3,986) | - | 25,611 |
| Reckitt | - | 22,350 | (9,097) | - | 13,253 |
| Fleming Fund (SPARC Extension) | - | 343,502 | (343,502) | - | - |
| | <u>344,344</u> | <u>1,189,716</u> | <u>(1,217,158)</u> | <u>-</u> | <u>316,902</u> |

Designated funds:

- **Novartis**, a collaboration to work together to develop and strengthen healthcare systems in selected countries with a focus on Sub-Saharan Africa (SSA). Areas of activity: Collaboration on Pharmacists Training, STELLA, Healthy Families and Corporate Volunteering

Commenced December 2021 and completed by June 2024. The Novartis funds have been treated as designated as there is a detailed plan of activities.

- **FIP**, International Pharmaceutical Federation, will raise the profile of the CPA and vice versa through inclusion as a partner on their website and in any joint conference and workshop programmes. Their actions will be mutually supportive, including offering mutual recognition for joint work presented at conferences and/or published in journals. They will work together to foster each other's interests through website promotion and linkages as well as sharing, where applicable, conferences and workshop programmes/reports, relevant publications and news items. No funds remained at the end of the prior financial year.

Restricted funds:

- **Fleming Fund/SPARC, Surveillance and Prescribing support for Antimicrobial Stewardship Resource Capacity Building.** Managed by Mott Macdonald.
SPARC commenced in October 21 originally for 9 months. After 2 extensions it finally closed on 30th June 2023. The CPA was invited to apply for a second round of funding. This application was successful giving funding for an extension which ran to February 2024.
- **Health Education England** - Delivering CPhO-GH-Fellowship. £12K received in the previous year and all spent in the prior year to June 2023.
- **Fleming Fund/CwPAMS 1.5**
CwPAMS: A health partnership scheme funded by the UK Government Department of Health and Social Care's Fleming Fund. Managed by THET. The CwPAMS networking platform was developed by BSAC for use by partners in the CwPAMS programme in partnership with the Commonwealth Pharmacists' Association (CPA). The forum will allow the sharing of skills and knowledge between multidisciplinary NHS teams, including or led by pharmacists with hospitals in Ghana, Tanzania, Uganda and Zambia, and expand capacity for antimicrobial stewardship. This initial programme ran until June 2022. The small amount of underspend was carried over to CwAMS 2.0.
- **Fleming Fund/CwPAMS 2.0**
The current programme commenced in July 2022 as a continuation of CwPAMS 1.5 and ran to June 2024. A restricted fund with a very detailed and strictly controlled budget in collaboration with THET. The figures introduced into the budget are lifted directly from the formal agreement. Funds are received partly in advance and partly in arrears.
- **Fleming Fund/CwPAMS Alf-A**
The African Leadership Fellowship-AMS, developed for mid-career pharmacists in Africa who are part of a CwPAMS 2 partnership.
- **Pfizer - Medical Education Grant Initiative**
To increase the number of Pharmacists in low/middle income countries (LMICs) accessing and completing locally relevant Continuing Professional Development (CPD) courses via an online CPD platform. The target population includes Latin America, Africa, the Middle East, Southeast Asia and beyond.

The core purpose of the CPD platform is to support in upskilling the pharmacy workforce, building capacity in health systems and ultimately improving patient care and safety. The objectives are:
 - To Increase the number of learners and National Pharmacy Associations (NPAs) engaged and accessing the platform.
 - Increase completion rate of courses for existing and new users.
 - Develop interactive webinars supporting the CPD modules and establish communities of practice via a digital engagement platform.
 - Understand impact of CPD on professional practice and how learning translates into tangible benefits for patients.

The total grant of £125,000 had been received and partially spent up to June 2023. The remaining funds of £116K have been fully spent in the current year.

- **Commonwealth Secretariat / VIPSD** The Commonwealth Voluntary Information and Price Sharing Database

Objectives:

- Developing an agreed work plan, in consultation with the Commonwealth Health team for successful completion of the project within the proposed timelines.
- Develop an engagement plan for countries focused on efforts to increase uptake of the VIPSD initiative and support the Commonwealth Secretariat in implementing plans.
- Lead in the creation and implementation of the Heads of Procurement Network including coordination of meetings and agendas, developing minutes and reports and acting as the main point of contact for network members.
- Support the Commonwealth Secretariat in the relaunching of the VIPSD Task Force to a formalised VIPSD functioning committee.
- Support in drafting or amending the technical guiding documents including user manuals, FAQ sheets etc.
- Support other activities relating to the VIPSD where relevant.

Grant of £24K received in advance from the Commonwealth Secretariat. The programme ran for 6 months from September to Feb 2024.

- **RPS**, an annual grant from the Royal Pharmaceutical Society of £25K to cover core salaries for the calendar year not covered by programmes. This grant hasn't been utilised in full due to staff changes so an amount has been deferred but will be fully spent by December 2024.
- **Menarini**, the project aims to update the AMR/AMS CPD programme courses to align with international standards and incorporate behavioural change outcomes that can be assessed. In addition, other resources will be accessible to learners through the platform, transforming it into a world-class resource hub for AMR/AMS training.

Objectives:

- Update the content of the existing 4 AMR/AMS CPD courses to address the gaps and ensure it meets the WHO curricula standards for pharmacists
- Incorporate a behavioural approach, with clear behaviour outcomes that can be assessed into the AMS courses
- Upload additional resources developed through other CPA projects related to AMR/AMS and our partners, including webinars, tools, etc.

- **Reckitt**, to run an educational programme, including but not limited to a train the trainer workshop covering Clinical Consultation Skills and expanding pharmacists scope of practice.

There was one transfer of £29,966 during the year to from restricted funds to unrestricted funds to represent the administration costs associated with the Pfizer project.

MOVEMENT IN FUNDS - CONTINUED

2023

| | At 1 July 2022 £ | Incoming resources £ Restated | Outgoing resources £ | Transfers £ | At 30 June 2023 £ Restated |
|------------------------------|---------------------------------|--|-------------------------------------|------------------------|---|
| Unrestricted funds | | | | | |
| General fund | 88,478 | 20,653 | (17,356) | 15,914 | 107,689 |
| Designated funds | | | | | |
| Novartis Pharma AG | 4,257 | 40,000 | (18,930) | - | 25,327 |
| FIP | - | 20,000 | (3,953) | (16,047) | - |
| Restricted funds | | | | | |
| Fleming Fund (SPARC) | 167,869 | 223,992 | (391,861) | - | - |
| Health Education England | 11,453 | - | (11,529) | 76 | - |
| Fleming Fund (CwPAMS 1.5) | 4,946 | - | (556) | (4,390) | - |
| Fleming Fund (CwPAMS 2.0) | - | 312,373 | (273,079) | 4,447 | 43,741 |
| Pfizer | - | 125,000 | (8,754) | - | 116,246 |
| Commonwealth Secretariat | - | 23,600 | - | - | 23,600 |
| Royal Pharmaceutical Society | - | 39,289 | (14,289) | - | 25,000 |
| Menarini AMS CPD | - | 10,000 | (7,259) | - | 2,741 |
| | <u>277,003</u> | <u>814,907</u> | <u>(747,566)</u> | <u>-</u> | <u>344,344</u> |

17. ANALYSIS OF NET ASSETS BETWEEN FUNDS

| | Unrestricted funds £ | Designated funds £ | Restricted funds £ | Total funds £ |
|-------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------|
| Tangible fixed assets | 285 | - | - | 285 |
| Cash at bank and in hand | 176,653 | 107,000 | 218,658 | 502,311 |
| Other net current liabilities | (27,121) | (107,000) | (51,573) | (185,694) |
| | <u>149,817</u> | <u>-</u> | <u>167,085</u> | <u>316,902</u> |

ANALYSIS OF NET ASSETS BETWEEN FUNDS – CONTINUED

2023

| | Unrestricted funds £ | Designated funds £ | Restricted funds £ Restated | Total funds £ Restated |
|--|-------------------------------------|-----------------------------------|--|---------------------------------------|
| Tangible fixed assets | 513 | - | - | 513 |
| Cash at bank and in hand | 112,114 | 25,327 | 75,617 | 213,058 |
| Other net current (liabilities)/ assets | (4,938) | - | 135,711 | 130,773 |
| | <u>107,689</u> | <u>25,327</u> | <u>211,328</u> | <u>344,344</u> |

18. RELATED PARTY DISCLOSURES

Donations from Trustees totalled £3,930 (2023: £165).

Commonwealth Pharmacists Association
Notes to the Financial Statements
For The Year Ended 30th June 2024

| | Unrestricted funds £ | Restricted funds £ | 2024 Total funds £ | 2023 Total funds £ Restated |
|--|----------------------------|--------------------------|--------------------------|---|
| INCOME AND ENDOWMENTS | | | | |
| Donations and legacies: | | | | |
| Donations | 4,100 | - | 4,100 | 916 |
| Total Donations and Legacies | 4,100 | - | 4,100 | 916 |
| Charitable activities: | | | | |
| Grant income | - | 1,159,777 | 1,159,777 | 794,254 |
| Membership fees | 22,515 | - | 22,515 | 19,437 |
| Individual subscriptions | 820 | - | 820 | 300 |
| Interest receivable | 2,504 | - | 2,504 | - |
| Total Charitable Activities | 25,839 | 1,159,777 | 1,185,616 | 813,911 |
| Total Incoming Resources | 29,939 | 1,159,777 | 1,189,716 | 814,907 |
| EXPENDITURE | | | | |
| Charitable Activities: | | | | |
| Direct costs and contractors' fees | 25,387 | 1,048,670 | 1,074,057 | 706,346 |
| Gross salaries, NI and pension | 18,319 | 71,466 | 89,785 | 16,930 |
| Technical support | 3,723 | - | 3,723 | 10,462 |
| Accountancy and payroll | 7,553 | - | 7,553 | 2,366 |
| Insurance | 4,927 | - | 4,927 | 2,241 |
| Consultancy fees | 1,565 | - | 1,565 | 1,687 |
| Telephone, stationery, office supplies | 3,077 | 28 | 3,105 | 1,662 |
| Travel and subsistence | 12,179 | 4,098 | 16,277 | 1,320 |
| Subscriptions | 3,026 | - | 3,026 | 1,131 |
| Bank charges and exchange differences | 1,475 | - | 1,475 | 1,071 |
| Software | 3,135 | - | 3,135 | 849 |
| Staff welfare and training | 3,912 | - | 3,912 | 656 |
| Recruitment | 1,824 | - | 1,824 | 647 |
| Depreciation of IT equipment | 228 | - | 228 | 198 |
| Bad debt | 2,566 | - | 2,566 | |
| Admin support from programmes | (49,792) | 49,792 | - | - |
| Total Charitable Activities | 43,104 | 1,174,054 | 1,217,158 | 747,566 |
| NET INCOME/(EXPENDITURE) | (13,165) | (14,277) | (27,442) | 67,341 |
| NET MOVEMENT | (13,165) | (14,277) | (27,442) | 67,341 |

THE COMMONWEALTH PHARMACISTS ASSOCIATION

England & Wales - Charity number 1176132

Accounts

REGISTERED CHARITY NUMBER 1176132

Report of the Trustees and
Financial Statement for the Year Ended 30 June 2023
for
The Commonwealth Pharmacists Association (CPA)

Commonwealth Pharmacists Association

Contents

For The Year Ended 30th June 2023

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The trustees submit their report together with the financial statements of the charity for the year ended 30th June 2023.

Chair's Foreword

It is with considerable pleasure that I sit down to write my first Chair's Foreword for the Commonwealth Pharmacists Association Annual Report. It is a privilege but also a responsibility to have been invited to take over as Chair of such a successful organisation, lead by our excellent Chief Executive, who has been guided by, in turn, my immediate predecessor interim Chair Raymond Anderson, and before him Roger Odd. My thanks to all three of them for establishing and maintaining an organisation in robust good health.

In the course of the year the Association employed charity consultants Mosaic to provide an independent assessment of our strengths and weaknesses, and of opportunities which might be pursued. The report gave us food for thought about both the short and long terms. In particular, it has given us confidence to start the creation of a staffing structure to support the Chief Executive, in order to free her time to lead the organisation.

This Report reveals a good range of programmes, and a strong financial base. It means the Association, supported by the trustees, must now be ambitious to extend the range and geographical reach of what we do. In saying that, I must acknowledge here the generous financial support we receive from our backers (all listed elsewhere in the Report), and the continuing support of the Royal Pharmaceutical Society in facilitating our work.

Objectives and Activities

The CPA's charitable objectives are:

- To advance health for the public benefit by collaborating with other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
- To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programmes.
- To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

Summary of Main Activities

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit of the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to empower pharmacists to improve health and well-being of the communities they serve. The CPA has a growing collaboration plan with WHO and is in special relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

This year, based on its charitable objectives, the CPA has redefined its strategy around three clear strategic goals. These emerged as a result of an external consultancy exercise, and the resulting organisational restructure. Although these goals cut across all programmes of work, our programmes can be categorised according to the primary goal of alignment:

1. Workforce Capability Building, *developing the pharmacy workforce and building capacity through education and training. This includes our programmes that have a primary focus on education and training:*

- Online continuing professional development (CPD) platform – launched in November 2020 with initial courses on antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) – funded by grants from the Sir Halley Stewart Trust, the UK's Fleming Fund and Novartis.

- Chief Pharmaceutical Officers Global Health Fellowship (ChPOGHF) – building leadership capability for mid-career NHS pharmacists involved in our CwPAMS partnerships (funded by Health Education England)
- AMS Leadership Fellowship for Africa – extending the concept of the ChPOGHF programmes to pharmacists in Africa that are part of our CwPAMS partnerships (funded by the Fleming Fund)
- Fundamentals of Critical Care Course – building capability of pharmacists to work in a critical care setting as part of pandemic preparedness (funded in kind by UCLH and CPA’s unrestricted income)

2. Health Systems Strengthening, *support pharmacists to strengthen healthcare systems through the safe and effective USE of medicines, prevention of disease and promotion of healthier lifestyles. This includes our programmes that have a primary focus on the health system:*

- PharmAid – the redistribution of recent editions of pharmaceutical texts to support prescribing in lower resource settings (funded through the CPA’s unrestricted income, including membership fees, and a grant from the Royal Pharmaceutical Society).
- Commonwealth Partnerships for Antimicrobial Stewardship 2 (CwPAMS2) and resulting resources and toolkits – e.g. CwPAMS AMR toolkit (funded by the UK’s Fleming Fund)
- The Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building – (SPARC – also funded by the UK’s Fleming Fund), and resulting outputs such as:
 - Prescribing Companion App, supporting antimicrobial prescribing according to evidence-based guidelines
 - Clinical Quality Improvement (CQI) training
- Voluntary Information and Price Sharing Database (VIPSD) – creating a procurement network and establishing a system to share information on the pricing of medicines, setting the scene for pooled procurement networks and enhancing access to medicines and vaccines (funded by the Commonwealth Secretariat)

3. Advocacy, *embedding pharmacists at all levels of medicines management – enhancing access to and quality of medicines and pharmacy services. This includes work through our official advocacy channels, publications, participation in events and social media campaigns:*

- Representation of pharmacists and priority areas related to medicines and vaccines at annual forums and high-level meetings – e.g. Commonwealth Health Ministers Meeting and Commonwealth Heads of Government Meeting.
- Actively promoting world health days and several key policy areas, focusing particularly on:
 - Tackling antimicrobial resistance (AMR) through providing tools and training resources, running surveys, and engaging members to take part in activities for World Antibiotic Awareness Week and the Antibiotic Guardian Awards.
- Raising awareness and creating discussion around the issue of falsified and substandard medicines as active partners of the Fight the Fakes Campaign through joint advocacy papers presented to Commonwealth government forum
- Raising awareness and demonstrating impact through our increasing number of research publications

For more information visit www.commonwealthpharmacy.org

Public Benefit

Upon appointment, all trustees are required to sign a Code of Conduct that outlines the commitment to CPA’s charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents, as part of the trustee induction process.

As the charity has grown significantly over the last few years, trustee training has been introduced and took place in October and November 6th December 2023, which will include further emphasis on all Charities Commission’s Guidance, including that relating to public benefit.

Contribution made by volunteers

Volunteer HR and governance/risk advisors have been appointed to support the work of the charity.

Major activities carried out in the reporting period 1st July 2022 – 30th June 2023

| 1. Workforce Capability Building | |
|---|---|
| <p>1a. Online Continuing Professional Development (CPD) platform</p> <p>Background: The Continuing Professional Development (CPD) platform provides pharmacists with key courses to continue their professional development and optimise the care they provide to patients. Both the technological infrastructure and course content have been developed to align with global policy and address global health priorities, as defined by the Commonwealth and WHO. By collaborating with each NPA, the CPA supports both the organisation, helping to build their membership and advocacy efforts, and provides pharmacists with a free resource that supports their professional development. Where applicable, in-country accreditation is obtained through the NPA, enabling pharmacists to use the learning as credits towards their own national CPD requirements.</p> <p>Aim: To upskill the pharmacy workforce, building capacity in health systems and improving patient outcomes and safety.</p> <p>Countries: Sixteen countries across three continents: Cameroon, Eswatini, Fiji, Gambia, India, Kenya, Lesotho, Malawi, Mauritius, Namibia, Saint Vincent & The Grenadines, Sierra Leone, South Africa, Tanzania, Uganda, Zambia.</p> <p>Timeline: An ongoing programme to deliver CPD modules relevant for our members every quarter.</p> <p>Key milestones and deliverables:</p> <ul style="list-style-type: none"> ● Launched 2 new courses, each with four-modules Diabetic Eye complication and Malaria courses. ● Updated two Antimicrobial Stewardship courses. ● Incorporated Behaviour Change Outcomes in our courses to promote lasting changes in practice for our learners. ● A total of seven live courses, 112 hours of learning and additional AMS tools and resources now available on the platform. ● A total of 9,800+ pharmacists enrolled on the platform (July 2023), an increase of 1,100+ users compared to last year (n=8,700). ● Two more countries joined the membership. ● Launched individual membership for access to the platform. ● Conducted a user feedback survey, with over 500 respondents (January 2023) <p>Outcomes and Impact:</p> <ul style="list-style-type: none"> ● Strengthened relationship and engagement with member NPAs. | <p>Cameroon Eswatini Fiji Gambia India Kenya Lesotho Malawi Mauritius Namibia Saint Vincent & The Grenadines Sierra Leone South Africa Tanzania Uganda Zambia</p> |

| | |
|---|--|
| <ul style="list-style-type: none"> ● Increased enrolment on-to the platform. ● Increased engagement with our courses and improved completion rates. ● Results from the feedback survey showed that 80% of users felt that the topics were relevant to their practice, with 86% reporting that undertaking our CPD courses improved their knowledge and 83% it improved their practice. ● Abstract submitted to the Annual Congress of the International Pharmaceutical Federation (FIP) in June 2023, and accepted for poster presentation, in September 2023, in Brisbane, Australia. <p>Next steps and future work:</p> <p>The CPA continues to source funding to maintain and develop the platform and to ensure that it remains a free resource for all pharmacists across the Commonwealth and beyond. Our platform users want more variety, including case studies and the opportunity to reflect on practice and interactive webinars, which we have incorporated into our work plan for next year.</p> <p>We have introduced individual membership, which will allow a wider reach of pharmacists across the globe to access our courses beyond the Commonwealth. There will be a focus on promoting individual membership to drive enrolment onto the platform.</p> | |
| <p>1b. Chief Pharmaceutical Officer’s Global Health Fellowships (CPhOGHF)</p> <p>Background:</p> <p>Following the announcement of the successful CwPAMS grantees in early February 2019, a cohort of sixteen UK mid-career pharmacists undertook a year-long Chief Pharmaceutical Officer’s Global Health (CPhOGH) Fellowship, in parallel with the CwPAMS, taking on leadership roles to deliver the projects selected by their partnerships. In addition, they completed a short Global Pharmacy Course supported by Brighton & Sussex Medical School as well as an adapted Health Education England (HEE) International Fellowship (IGH) Induction Programme and attended action learning sets provided by the CPA. Each Fellow also worked with a UK-based mentor throughout the Fellowship and undertook a leadership development experience using the NHS Healthcare Leadership model. In 2021, additional funding was secured and a further cohort of thirteen UK mid-career pharmacists who were part of the CwPAMS extension partnerships were enrolled in the fellowship programme, and successfully completed in December 2022.</p> <p>Aims:</p> <p>CPhOGHF aimed to:</p> <ul style="list-style-type: none"> ● Support sustainable improvement in healthcare. ● Provide an unparalleled personal, leadership development and global pharmacy experience with shared learning opportunities between UK and African counterparts. ● Create a cadre of skilled leaders with quality improvement skills who can use these skills. <p>Countries:</p> <p>Seven countries across 2 continents - Ghana, Malawi, Sierra Leone, Tanzania, Uganda, United Kingdom, Zambia.</p> <p>Timeline:</p> <p>The programme was delivered in one year, with completion in December 2022.</p> | <p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p> |

| | |
|---|--|
| <p>Key milestones and deliverables:</p> <ul style="list-style-type: none"> ● Delivered a two-day Leadership Development Course. ● Delivered six courses in Global Pharmacy on a monthly basis. ● Delivered a mentorship programme, with each fellow being assigned a mentor to support them. ● Fellows co-lead on the delivery of at least two CwPAMS objectives. <p>Outcomes and Impact:</p> <ul style="list-style-type: none"> ● All thirteen Fellows felt that their participation in the CPhOGH Fellowship programme has been valuable, and they have gained a greater understanding of global health and leadership skills, developed resilience and motivation for their current roles, and a better appreciation for problem-solving with limited resources. ● 64% of the Fellows had gained a better understanding of how to apply pharmacy skills in a global health context and 55% had gained a greater understanding of international development and health partnership principles, antimicrobial stewardship (AMS) in low and middle-income contexts, and leadership skills. ● Senior colleagues who participated in the programme recommended the CPhO Global Health Fellowship to other pharmacists in their department and identified compassionate leadership, innovation, great communication skills, good collaboration and stakeholder engagement as some of the strengths displayed by the Fellows. ● 86% of the supervisors thought their fellow was ready for a more senior role after completing the fellowship. ● Most of the Fellows faced disruptions due to the COVID-19 pandemic, however, all the fellows were able to meet their objectives and deliver their respective outcomes. ● The Fellows were proud of the progress they made in their projects, with impact on people’s lives, collaborative working, capacity building, and knowledge transfer and sharing identified as the main themes. <p>Next steps and future work: We look forward to running a third cohort of the CPhOGH Fellowship once funding has been secured.</p> | |
| <p>1c. AMS Leadership Fellowship for Africa</p> <p>Background: Based on the success of the UK’s Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme, the Africa Leadership Fellowship-AMS (ALF-A), has been developed for mid-career pharmacists in Africa that are part of a CwPAMS 2 partnership. The year-long programme is due to commence in October 2023 during the first phase of CwPAMS 2.</p> <p>Aims: ALF-A aims to:</p> <ul style="list-style-type: none"> ● Support AMS capacity building nationally and being key to sustainability. ● Provide mentorship and leadership skills to pharmacists who are part of a CwPAMS partnership in each LMIC. ● Empower and develop country leaders to continue the mission of tackling AMR in the long term. ● Leverage training materials developed during CwPAMS extension phase. | <p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p> |

| | |
|--|--|
| <p>Countries: Eight countries across the African continent - Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia.</p> <p>Timeline: ALF-A will deliver a 12-month long fellowship programme for 30 pharmacists by December 2024.</p> <p>Key milestones and deliverables:</p> <ul style="list-style-type: none"> ● Project kick-off and partners engagement for delivery of the various aspects of the programme. ● Developed and published the ALF-A programme brochure in April 2023. ● Developed application form, recruitment and selection process. ● Applications opened 1st -30th June and promoted as follows: <ul style="list-style-type: none"> ○ Oral presentation at CwPAMS 2 Grants virtual event. ○ Oral presentation at CwPAMS 2 in-country Inception meetings across the eight countries. Oral presentation at the Fleming Fund Alumni event to recruit mentors for the fellows. Formalised partnership with Novartis Volunteer Services for a Leadership expert to co-deliver leadership webinar and mentor fellows. ● Planned and developed tools for monitoring and evaluation of the programme. <p>Outcomes and Impact: A total of 68 applications were received for the ALF-A programme from across the eight countries - application review and selection underway. Published a peer reviewed paper: Ikhile I, Gülpnar G, Iqbal A, Kamere N, Ward B, Halai M, Chan AHY, Muringu E, Munkombwe D, Lawal M, Nambatya W, Esseku Y, Kaminyoghe F, Barlatt S, Muro E, Savieli C, Ashiru-Oredope D, Rutter V. Scoping of pharmacists' health leadership training needs for effective antimicrobial stewardship in Africa. J Pharm Policy Pract. 2023 Mar 2;16(1):33. doi: 10.1186/s40545-023-00543-2. PMID: 36864477; PMCID: PMC9979108.</p> <p>Next steps and future work: The next steps include finalising the monitoring and evaluation process, training materials and mentor recruitment and training.</p> | |
| <p>1d. Fundamentals of Critical Care Course</p> <p>Background: As a result of the COVID-19 pandemic, University College London Hospital (UCLH) began running an online course to upskill pharmacists in critical care knowledge and skills. It was so successful that it is now run virtually each year.</p> <p>Aim: To collaborate with UCLH and offer 100 free places to Pharmacists Across LMICs of the Commonwealth to train in the fundamentals of critical care. This was particularly important for pandemic preparedness as many pharmacists found themselves working in a critical care setting without any training during COVID-19.</p> <p>Key Milestones and Deliverables: CPA negotiated 104 free places, which were offered to pharmacists around the Commonwealth who were involved in critical care to further develop their knowledge and skills.</p> | <p>Bangladesh Cameroon India Kenya Malawi Mauritius Nigeria Pakistan Sierra Leone St Vincent and the Grenadines Tanzania</p> |

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| <p>Outcomes and Impact: Learners completed the course and undertook a survey, feeding back that the course was valuable in preparing them to work in a critical care setting.</p> <p>Next Steps and Future Work: This will be repeated next year.</p> | <p>Trinidad and Tobago Uganda Zambia</p> |
| <p>2. Health Systems Strengthening</p> | |
| <p>2a. PharmAid</p> <p>Background: PharmAid, a core membership offering, is an annual scheme that has been running since the establishment of the CPA in the 1970s.</p> <p>Aim: To provide medicines information resources such as pharmaceutical formularies and books, across the Commonwealth.</p> <p>Countries: Six countries across the African continent - Zambia, Ghana, Sierra Leone, Uganda, Malawi and Tanzania.</p> <p>Timeline: The PharmAid scheme is an annual charitable initiative that runs every year. The book donations run all year round and delivery takes place between July and December.</p> <p>Key milestones and deliverables: A cost-benefit exercise was conducted on the PharmAid scheme, revealing its high delivery cost in its current form. For this reason, the CPA signed a Memorandum of Understanding with BookAid International to manage the scheme. Amongst the changes introduced in this partnership is donating and delivering brand new books, the British National Formulary (BNF) and the British National Formulary for Children (BNFC).</p> <p>Outcomes and Impact: 4,400 books were requested this year and will be delivered between July - December 2023. The CPA received requests for book donations of 9,123 books from PharmPress, and 5,566 book request donations from the National Institute for Health and Care Excellence.</p> <p>Next steps and future work: The CPA has partnered with BookAid this year who will deliver brand new books to Commonwealth countries across the African continent where BookAid operates. The CPA is looking at sourcing other types of Medicines Information books beyond BNF and BNFC.</p> | <p>Ghana Malawi Sierra Leone Tanzania Uganda Zambia</p> |

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| <p>2b. Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)</p> <p>Background: The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme aims to tackle antimicrobial resistance (AMR) by supporting low- and middle-income countries (LMICs) to generate, use and share AMR data. The programme is managed by CPA in partnership with the Tropical Health and Education Trust (THET), and is funded by the UK Department for Health and Social Care’s Fleming Fund.</p> <p>Aim: CwPAMS aims to leverage the expertise, particularly in pharmacy, of UK health institutions, volunteers and technical experts to strengthen the capacity of the national health workforce and institutions in Commonwealth countries around the following focus areas:</p> <ul style="list-style-type: none"> ● Improving antimicrobial stewardship (AMS), including surveillance through the use of a point prevalence survey (PPS), data collection and analysis ● Building antimicrobial pharmacy expertise and capacity ● Enhancing infection prevention and control (IPC) ● Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions ● Enhancing the detection and reporting of substandard and falsified antimicrobial medicines ● Supporting community pharmacy. ● One Health <p>Countries: Nine countries across two continents - Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, United Kingdom, Zambia.</p> <p>Timeline: CwPAMS has been running since 2018 with the first phase successfully ending in June 2022 (CwPAMS 1). A second phase (CwPAMS 2) is currently running from July 2022 to March 2025 (delivered within 2.5 years), supporting new projects and also more mature projects which have been running since the inception of the programme.</p> <p>Key milestones and deliverables:</p> <ul style="list-style-type: none"> ● Scoped the AMS landscape in the eight CwPAMS African countries and developed country reports describing the AMS context in each of the eight CwPAMS countries. Launched a call for the applications of the second phase of the programme (CwPAMS2). ● Selected 24 AMS projects to be implemented across the eight CwPAMS African countries in partnerships between health institutions in the UK and Africa. ● Developed the ‘Hub and Spoke’ model for delivery of mature CwPAMS 2 partnerships. Seven CwPAMS 1 institutions in Africa were selected as Hubs to facilitate the rollout of the ‘Hub and Spoke’ model. ● Conducted virtual welcome meetings and in-country inception launch events of the projects selected in each of the eight CwPAMS African countries and widely disseminated live on Twitter. ● Interacted with grantees and key in-country stakeholders across the eight CwPAMS African countries. ● Identified and recruited technical experts to support the development and delivery of our technical work streams including Integration and Use of Microbiology Data. | <p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p> |
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Outcomes and Impact:

- Eight AMS landscape scoping reports have been developed and informed the scope and focus of the CwPAMS2 projects.
- A total of 24 AMS projects were funded to contribute to the AMR fight across the eight countries.
- Built and strengthened relationships with key in-country stakeholders across the eight CwPAMS African countries and established platforms for further engagement.
- Organised and developed resources to support the delivery of our technical work streams including:
 - An AMS resources Handbook and Website Page
 - Scoping Survey on Microbiology Capacity
 - Learning Needs Analysis Survey
 - The Hub and Spoke Hand book.
- Our AMS Game won an award for Innovation and Technology at the Antibiotic Guardian Awards 2023. We were also shortlisted for our AMS Explainer videos and celebrated the success of one of our CwPAMS health partnerships between Nottingham Trent University, Makerere University, Buckinghamshire Healthcare NHS Trust and Entebbe Regional Referral Hospital (ERRH) who were winners of the Multi-country Collaboration category.
- A blog was widely disseminated on social media showcasing our award after the event.
- During World Antimicrobial Awareness Week (November 2022), the CPA in partnership with the International Pharmaceutical Federation (FIP), culminated a series of six 'AMS in Action' webinars (where CwPAMS impact was showcased) with further promotion of the CwPAMS resources and physical AMS board games were offered as prizes to winning individuals who shared their innovative solutions of tackling AMR. Three patient representatives were invited to share their personal experiences and the meetings were widely disseminated on social media and live on Twitter.
- An abstract showcasing the impact of the first phase of the programme was accepted for oral presentation at the International Pharmaceutical Federation Congress of 2023.
- The global role of CwPAMS2 in AMS highlighted in an article by the Antibiotic angels team at the Manchester Foundation Trust.

The impact and lessons learnt from the first phase of the programme were published in peer reviewed journals under various subjects as detailed below:

Supply Chain and Antimicrobial Stewardship

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10225941>

Development and User Feedback on Antimicrobial Stewardship Explainer Videos:

<https://www.mdpi.com/2673-9992/15/1/15>

Development and Implementation of an Antimicrobial Stewardship Checklist in Sub-Saharan Africa:

<https://research.bond.edu.au/en/publications/development-and-implementation-of-anantimicrobial-stewardship-ch>.

Scoping Review of National Antimicrobial Stewardship Activities in Eight African Countries and Adaptable Recommendations:

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| <p>https://www.mdpi.com/2079-6382/11/9/1149</p> <p>Developing and implementing antimicrobial stewardship interventions in four African commonwealth countries through a health partnership model: https://www.publichealthinafrica.org/jphia/article/view/2335</p> <p>Developing a Board and Online Game to Educate People on Antimicrobial Resistance and Stewardship: The AMS Game:</p> <p>https://www.mdpi.com/2673-9992/15/1/12</p> <p>Next steps and future work:</p> <ul style="list-style-type: none"> ● Development and implementation of the 24 AMS projects by December 2024, focusing on surveillance (PPS), IPC, pharmacy, substandard and falsified antimicrobial medicines, microbiology and One Health. ● Establishment of the ‘Hub and Spoke’ model. ● Delivery of training, for example in conducting PPS, integrating and using microbiology data, AMS in community pharmacy and ‘Hub and Spoke’ model. ● Development of courses to support integration and use of microbiology data. ● Development of mechanisms to support identification and control of substandard and falsified medicines. ● Promotion and development of AMS tools and resources, including the Prescribing Companion App. ● Support leadership development of AMS committees and institutional leads. ● Integration of research in the CwPAMS2 programme. | |
| <p>3c. SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building</p> <p>Background: The Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC) programme delivers innovative solutions to improve antimicrobial surveillance and prescribing in partner countries with a geographic focus in LMICs in Africa and Asia, to build workforce capability, capacity and resilience in health systems, in the drive for better global antimicrobial stewardship.</p> <p>Aim: The SPARC programme has two core workstreams:</p> <ol style="list-style-type: none"> 1. Design and build a mobile application, the Prescribing Companion App, to support prudent antimicrobial prescribing in human and animal health. 2. Support antimicrobial use and surveillance in human health through PPS data collection on the use of antimicrobials and training in CQI in AMS for multidisciplinary clinical teams. <p>Countries: 22 countries across three continents in Africa, Asia and Oceania - Bangladesh, Bhutan, Eswatini, Ghana, India, Indonesia, Kenya, Laos, Malawi, Nepal, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Sri Lanka, Tanzania, Timor Leste, Uganda, Vietnam, Zambia, Zimbabwe.</p> | <p>Bangladesh Bhutan, Eswatini Ghana India Indonesia Kenya Laos Malawi Nepal Nigeria Pakistan Papua New Guinea Senegal Sierra Leone Sri Lanka Tanzania</p> |

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| <p>Timeline: SPARC phase 1 was delivered from January 2022 to June 2023. The programme is expected to extend to December 2023 to support scoping for Phase 2.</p> <p>Key milestones and deliverables:</p> <ul style="list-style-type: none"> ● Launch of the Prescribing Companion App and website in November 2022 - an offline, free to download, and customisable application, available to all 22 countries. ● GlobalPPS training and data collection delivered in 5 countries. ● CQI training delivered to clinical specialists in 5 countries. <p>Outcomes and Impact:</p> <p>Workstream 1</p> <ul style="list-style-type: none"> ● Thirteen App champions (super users) from thirteen countries trained in app customisation and maintenance. Countries include: <ul style="list-style-type: none"> ○ Uganda, Zimbabwe, Ghana, Bangladesh, Nepal, Nigeria, Timor-Leste, Kenya, Tanzania, Zambia, Malawi, Bhutan, Sierra Leone. ● Ten national guidelines published on the Prescribing Companion App. ● International AMS/IPC core module made available to all 22 countries through the Prescribing Companion App and website. <p>Outcomes and Impact:</p> <p>Workstream 2 and 3</p> <ul style="list-style-type: none"> ● GPPS training delivered across 25 sites in 5 countries: Malawi, Nepal, Nigeria, Timor Leste, Zimbabwe - 50 data collectors. ● CQI for clinicians serving over 10,700 inpatients. ● 12 million patient population served across PPS sites. <p>Next steps and future work:</p> <ul style="list-style-type: none"> ● SPARC is expected to be extended to December 2023 to support: ● Further development and deployment of the Prescribing Companion App. ● Use of collected antimicrobial use data for action. ● Scoping for SPARC 2. ● Separate web pages are under development for SPARC, the Prescribing Companion App, CQI and PPS and App Champion Tools page. | <p>Timor Leste Uganda Vietnam Zambia Zimbabwe</p> |
| <p>3d. Commonwealth Voluntary Information and Price Sharing Database</p> <p>Background: The Commonwealth Voluntary Information and Price Sharing Database (VIPSD) is an initiative that was developed following the 2018 Commonwealth Health Ministers deliberation to establish an information sharing mechanism between member states. The Commonwealth Secretariat initiated the process for the development of the VIPSD, an electronic database that aims to increase equitable access to essential medicines, health commodities and procurement data assisting informed decision making when sourcing essential medicines. Endorsed in May 2021 by Commonwealth Health Ministers, the database’s uptake and deployment has been low.</p> <p>Aim: The first phase of the project (June - November 2023) will build the foundation for the scale up activities focusing on:</p> <ul style="list-style-type: none"> ● Scoping the procurement landscape in select Member States to understand the scope and gaps of available databases. Findings will inform further development of | <p>All Commonwealth countries</p> |

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| <p>an updated and relevant database.</p> <ul style="list-style-type: none"> ● Establish a network of contact persons (Heads of Procurement and IT) and form expert groups to support implementation activities. ● Develop and disseminate technical documents including a VIPSD user manual. ● Deliver engagement/information sessions to procurement stakeholders in select member states. <p>Countries: 20 select countries across five regions of the Commonwealth. The E. Caribbean, SADAC, ASEAN, Malta / Europe and the Pacific.</p> <p>Timeline: VIPSD will be delivered between June to November 2023.</p> <p>Key milestones and deliverables:</p> <ul style="list-style-type: none"> ● Project kick off on 1 June 202 ● Development and adaptation of the scoping document ● Identification of technical experts and officers. <p>Next steps and future work: Systematic deployment of the VIPSD over the 56 Member states within the Commonwealth (Dec 2023 and beyond).</p> | |
| <p>3. Advocacy</p> | |
| <p>3a. Digital Campaigns</p> <p>The CPA has an annual calendar of health campaigns that they support and promote that are relevant to the Commonwealth and aligned to our strategic goals.</p> <p>The purpose of these campaigns is to raise awareness of health issues affecting the Commonwealth and the role of pharmacists in tackling these, encouraging and empowering pharmacists around the Commonwealth to better serve their communities.</p> <p>Two of the largest campaigns run each year are around World Antimicrobial Awareness week and Commonwealth Pharmacists Day.</p> <p>World Antimicrobial Awareness Week</p> <p>During World Antimicrobial Awareness Week (November 2022), the CPA in partnership with the International Pharmaceutical Federation (FIP), culminated a series of six ‘AMS in Action’ webinars (where CwPAMS impact was showcased) with further promotion of the CwPAMS resources and physical AMS board games were offered as prizes to winning individuals who shared their innovative solutions of tackling AMR. Three patient representatives were invited to share their personal experiences and the meetings were widely disseminated beforehand on social media and live tweeted during the events.</p> <p>Commonwealth Pharmacists Day</p> <p>Background: The Commonwealth Pharmacists Day, celebrated annually on the 16th of June, is a dedicated occasion to recognize and appreciate the crucial role pharmacists perform in the healthcare systems spanning the 56 Commonwealth nations.</p> | <p>All Commonwealth countries</p> |

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| <p>Theme for 2023: The chosen theme for this year was “Your Pharmacist, Your Partner in Health.”</p> <p>Main Campaign: The core of the campaign for 2023 was centred around self-representation, enabling pharmacists from across the Commonwealth to participate actively. This involved:</p> <ul style="list-style-type: none">● Uploading personal photographs.● Submitting their names and respective countries.● Receiving a personalised flyer bearing their name, country, and a relevant message. Sample messages included: “Your pharmacist, your access to public health resources, “Your pharmacist, your access to pain management options” and “Your pharmacist, your access to vaccines and immunizations”. <p>Promotion and Outreach: Article Publication: An article detailing the theme, significance of the day, and participation methods was published prior to the event. It garnered significant traction with over 4,000 views and approximately 1,700 complete reads. Victoria Rutter, the CEO, wrote an article dedicated to the occasion, which was subsequently shared across all official social media channels.</p> <p>Newsletter: On the day, a newsletter was circulated to approximately 11,000 pharmacists within the Commonwealth community. It achieved a 33% open rate, translating to over 4,000 recipients actively engaging with its content.</p> <p>Flyer Distribution: Over 1,500 personalised flyers were created and shared by pharmacists throughout the Commonwealth. Generic flyers promoting Commonwealth Pharmacists Day were disseminated extensively across various social media platforms.</p> <p>3b. Advocacy around Substandard and Falsified Medicines at CHMM</p> <p>Background: Substandard and Falsified Medicines (SFMs) are a growing threat to the public health of nations, with an estimated 1:10 medicines in low/middle-income countries (LMICs) to be substandard or a fake. SFMs result in ineffective treatment and harm to patients, eroding people’s trust in health systems and governmental efforts to fight communicable and non-communicable diseases. Weak and fragmented regulation further exacerbates the problem in many countries. We must minimise the impact of SFMs to improve patient safety and public health.</p> <p>Aim: To write and present a paper to CHMM with a call to action for health ministers to develop a co-ordinated and urgent response.</p> | <p>All Commonwealth countries</p> |
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| <p>Milestones and Deliverables: Successful submission of paper.</p> <p>Outcomes and Impact: The recommendation was also presented as a recommendation from Civil Society to the Health Ministers and was taken up into the CHMM ministerial statement.</p> <p>Next Steps: This work will be followed up through the CPA's SF medicines work streams that are part of our portfolio of programmes and further advocacy built into future Commonwealth government meetings.</p> | |
| <p>3c. Research & Dissemination</p> <p>The CPA has an active research programme, with over 35 publications since 2018, highlighting the impact of our programmes and issues around access to, and use of, medicines as well as the full breath and expertise of pharmacists in these fields.</p> <p>A full list of publications can be found on the CPA Website: https://commonwealthpharmacy.org/publications</p> <p>During 2023, we have also developed and delivered a total of 10 conference abstracts, 8 poster presentations and 4 conference talks, including:</p> <ul style="list-style-type: none"> ● 3 abstracts to the International Pharmaceutical Federation Congress (Brisbane, Australia) - these resulted in 1 oral and 2 poster presentations. ● 3 abstracts to the Royal Pharmaceutical Society Conference (London, UK) - these resulted in 3 poster presentations. ● 3 abstracts to the Federation of Asian Pharmacists Association Conference (Taipei, Taiwan) - these resulted in 3 oral and 3 poster presentations. ● 1 abstract to the International Conference on Public Health in Africa (Lusaka, Zambia). <p>We continue to work to ensure continuous communication and dissemination of our work to achieve high impact.</p> | <p>All Commonwealth countries</p> |

Financial Review

The Charity has remained stable after rapid growth in the previous year, reflected in a turnover for the year of £790K (2022: £852K).

The Charity's core unrestricted fund shows a surplus of £19K increasing the core funds from £88K to £107K. This is in line with the reserves policy to build the resilience of the organisation. Designated funds show a surplus of £21K increasing the reserves from £4K to £25K.

Restricted funds have increased with a surplus of £2K to £186K (2022: £184K) which reflect the unspent funds for project activity that extends over the next 2 financial years.

The Charity begins the new financial year in a good financial position. The total funds carried forward are £319K (2022: £277K).

Reserves Policy

Reserves are held to help the charity operate efficiently. The unrestricted reserves are that part of the charity's funds that are freely available to spend on the charity's purposes. Whilst ensuring that the charity holds at least three months of unrestricted funds to cover running costs, the reserves policy also looks at building up reserves for unforeseen expenditure which will strengthen the resilience of the charity. Unforeseen expenditure can include a shortfall in income, temporary cash flow issues, uncontrolled costs, trustee liability, sudden closure. A decision to carry £83K in unrestricted reserves would be deemed prudent and will be reviewed quarterly considering a growing team of employed staff. These reserves would be held to cover:

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| Income risk | £18,000 |
| Working capital reserve | £19,500 |
| Cessation reserve | £45,500 |

The current reserves of £133K are therefore adequate.

Principal sources of funds:

- £312,373 (2022: £120,416) from the Department of Health and Social Care's (DHSC) Fleming Fund to provide the technical input and oversight to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme and £223,992 (2022: 510,075) for the SPARC programme.
- £25,000 (2022: £25,000) from the Royal Pharmaceutical Society to support staffing costs.
- £60,000 (2022: £110,000) grant from Novartis to support the delivery of our strategic programmes, including the online learning platform.
- £20,653 (2022: £41,682) from membership fees and donations.
- £125,000 from Pfizer as a Medical education grant to support pharmacists attaining the relevant local CPD via the CPD platform.
- £10,000 from Menarini to support AMR/AMS CPD programme courses to align with international standards and incorporate behavioural change outcomes that can be assessed.
- £23,600 from The Commonwealth Secretariat to support and develop the Voluntary Information Price Sharing Database.

Principal Risks

The CPA has a strategic risk register in addition to those relating to individual projects. The risks to the charity have been identified as:

1. Breach of Data Protection regulations/law
2. Insufficient unrestricted funding
3. Incident arising as a consequence of non-compliance with legislation or policy.
4. Inability to deliver the CPA annual work programme as the organisation evolves.
5. Trustees may fail to understand and deliver on their role.
6. Inability to meet contractual commitments due to poor cash flow management.

The response and mitigations relating to these risks are detailed in the strategic risk register and are reviewed monthly by the senior management team and every quarter in liaison with the Board of Trustees. A further in-depth review of the risk register took place on 10th October 2023.

Structure, Governance and Management

The charity is governed by the constitution accepted in December 2017, and adopted in July 2018 when the CPA officially began functioning as a Charitable Incorporated Organisation (CIO). This replaced the original constitution that related to the establishment of the unincorporated charity that was adopted in Dec 2015.

The charity is a CIO consisting of 25 member organisations (2022: 36) and over 10,023 individual members (2022: 9000) to date. Traditionally the CPA has been an association of member organisations. Individual reach is expected to continue to grow in line with the relationships and collaborative working opportunities developed.

Trustees

In accordance with the constitution, there are:

- 2 ex-officio Trustees (the President and immediate past President) who remain in office for the duration of their service (up to 2 terms of 2 years)
- Up to 4 nominated Trustees that serve a 3-year term (currently our Treasurer and Chair)
- Between 4 and 12 elected Trustees that are appointed or reappointed annually in accordance with the constitution (1/3 must step down each year) at the AGM

Organisational Structure

The CPA is governed by the board of Trustees.

The Chief Executive Officer reports to the board of trustees and manages the day to day running of the organisation, working with the CPA team of staff, consultants, and volunteers.

The CPA's council and regional assembly (previously referred to as 'executive') consist of representatives from the national pharmacy associations (NPAs) of the Commonwealth, from which the President and Vice president are elected. These bodies serve as an advisory board to the CPA, helping to set and deliver the strategy.

The CPA is in a unique position in terms of the organisation's established and potential relationships, particularly in terms of:

- The heritage and close working established with the six global regions of the Commonwealth over the years and the national pharmacy associations (NPAs) in Commonwealth member states.
- The space the CPA owns for pharmacy, as an advocate for members at national meetings and Commonwealth forums. This includes the opportunity to work with other civil society organisations to provide input into health advisory committees and the Commonwealth Health Ministers meetings.
- The special relationship we have enjoyed with the Royal Pharmaceutical Society (RPS), having originated from this organisation in 1970.
- The relationships and memorandums of understandings with several partners who have aligned visions and common areas of work, for example the International Pharmaceutical Federation (FIP) and the Collaboration of Australians and Sri Lankans for Pharmacy Practice Education and Research (CASPPER).
- The partnership and joint working that we have established with other organisations with similar aims and objectives – for example, the Tropical Health and Education Trust (THET) whom CPA partners with to deliver CwPAMS.
- The relationship developed with the world health organisation (WHO), where the CPA have an evolving collaborative work plan and are in 'special relations'.

Reference and Administration Details

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| Charity name: | The Commonwealth Pharmacists Association |
| Charity's Commission registered number: | 1176132 |
| Charity's principal address: | 66-68 East Smithfield, London, E1W 1AW |

Commonwealth Pharmacists Association

Report of the Trustees
For The Year Ended 30th June 2023

Trustees during the year were:

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| Tony Downes | Chair | Appointed 6 th Dec 2022 |
| Raymond Anderson | Acting Chair to 6 th Dec 2022 | |
| Mary Anne Ciappara | President | |
| Biyi Oloko | Treasurer | |
| Claire Anderson | | |
| Zaheer Babar | | |
| Manjula Halai | | Appointed 6 th Dec 2022 |
| Oksana Pyzik | | |
| David Reissner | | Appointed 7 th Feb 2023 |
| Claire Thompson | | Appointed 6 th Dec 2022 |
| Rao Vadlamudi | | |

Volunteer Advisors:

Matthew Hayday Governance & Risk Advisor

Independent Examiner:

Vicky Newham CPAA Solutions Accountancy & Bookkeeping Ltd

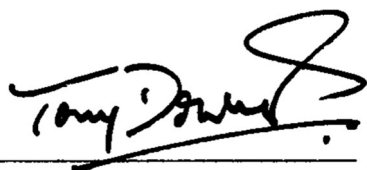
Other key personnel:

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| Victoria Rutter | Chief Executive Officer | |
| Josie Malloy | Business & Finance Manager | Appointed 2 nd Jan 2023 |
| Tatiana Hardy | Senior Administrator | Resigned 31 st Oct 2022 |

Public Benefit

When planning the activities for the year, the trustees have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to guidance published by the Charity Commission, including public benefit guidance.

The trustees have approved the report above and have authorised us to sign it on their behalf.



Tony Downes – Chair



Biyi Oloko – Treasurer

Date of approval: 20th November 2023

I report on the accounts for the year ended 30th June 2023 set out on pages 22 to 32.

Respective responsibilities and basis of report

The charity's trustees are responsible for the preparation of the accounts in accordance with the Charities Act 2011("the Act").

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's financial statements as carried out under section 145 of the Charities Act 2011 ('the 2011 Act').

In carrying out my examination, I have followed the Directions given by the Charity Commission under section.

145(5)(b) of the 2011 Act.

Independent examiner's statement:

As the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of CPAA.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Vicky Newham
CPAA
Solutions Accountancy & Bookkeeping Ltd
1 The Mews
Little Brunswick Street
Huddersfield
HD1 5JL

Date: 04 December 2023

Commonwealth Pharmacists Association

Statement of Financial Activities
For The Year Ended 30th June 2023

| | Notes | Unrestricted funds | Restricted funds | 2023 Total funds | 2022 Total funds Restated |
|-------------------------------------|-------|--------------------|------------------|------------------|---------------------------|
| | | £ | £ | £ | £ |
| INCOME AND ENDOWMENTS FROM | | | | | |
| Donations | 2 | 916 | 0 | 916 | 16,148 |
| Total Donations and legacies | | 916 | 0 | 916 | 16,148 |
| <u>Charitable activities</u> | | | | | |
| Grant income | 3 | 60,000 | 709,254 | 769,254 | 810,491 |
| Individual subscriptions | | 300 | 0 | 300 | 225 |
| Membership fees | | 19,437 | 0 | 19,437 | 17,309 |
| Member association fees | | 0 | 0 | 0 | 8,000 |
| Total Charitable activities | | 79,737 | 709,254 | 788,991 | 836,025 |
| Total Income | | 80,653 | 709,254 | 789,907 | 852,173 |
| EXPENDITURE ON | | | | | |
| Charitable activities | 4 | 40,239 | 707,327 | 747,566 | 670,866 |
| Total Expenditure | | 40,239 | 707,327 | 747,566 | 670,866 |
| Net Income | | 40,414 | 1,927 | 42,341 | 181,307 |
| Transfers | | (133) | 133 | 0 | 0 |
| Net Movement | | 40,281 | 2,060 | 42,341 | 181,307 |
| RECONCILIATION OF FUNDS | | | | | |
| Total funds brought forward | | 92,735 | 184,268 | 277,003 | 95,696 |
| TOTAL FUNDS CARRIED FORWARD | | 133,016 | 186,328 | 319,344 | 277,003 |

CONTINUING OPERATIONS

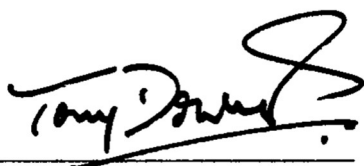
All income and expenditure have arisen from continuing activities

Commonwealth Pharmacists Association

Statement of Financial Activities
For The Year Ended 30th June 2023

| | Notes | 2023 £ | 2022 £ |
|-------------------------------------|-------|-----------------------|-----------------------|
| <u>FIXED ASSETS</u> | | | |
| Tangible assets | 9 | 513 | 711 |
| <u>CURRENT ASSETS</u> | | | |
| Debtors | 10 | 221,352 | 47,692 |
| Cash at bank in hand | 11 | 213,057 | 352,880 |
| | | <u>434,410</u> | <u>400,572</u> |
| <u>CREDITORS</u> | | | |
| Amounts falling due within one year | 12 | (115,579) | (124,894) |
| NET ASSETS | | <u>319,344</u> | <u>277,003</u> |
| <u>FUNDS</u> | | | |
| Unrestricted funds | 13 | 133,016 | 92,735 |
| Restricted funds | | 186,328 | 184,268 |
| TOTAL FUNDS | | <u>319,344</u> | <u>277,003</u> |

The financial statements were approved by The Board of Trustees on 20th November 2023 and were signed on its behalf by:



Tony Downes – Chair



Biyi Oloko – Treasurer

The notes form part of these financial statements.

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

Going concern

There are no material uncertainties about the charity's ability to continue so it is regarded as a going concern.

Financial reporting standard 102 – reduced disclosure exemptions

The charity has taken advantage of the following disclosure exemption in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received, and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets

Depreciation is provided at the following annual rates of write off each asset over its estimated Office Equipment -25% on cost.

Fund's structure

Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the Charity's objects at the trustees' discretion.

Designated funds – included within unrestricted funds, these are funds which can be used in accordance with the Charity's objects at the trustees' discretion and have been assigned for specific areas of activity.

Restricted funds - these funds can only be used for restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or where funds are raised for restricted purposes.

Comparative figures

The comparative figures have been restated to better reflect the appropriate analysis of certain items of income and expenditure in accordance with the SORP, resulting in no changes to income, expenditure, net movement in funds or fund balances.

Further explanations of the nature and purpose of each fund are included in the notes to the accounts.

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

2. DONATIONS AND LEGACIES

| | 2023 | 2022 |
|----------------------|-------------|-----------------|
| | £ | £ |
| Unrestricted: | | Restated |
| Other donations | 916 | 16,148 |
| | 916 | 16,148 |

3. GRANT INCOME

| | 2023 | 2022 |
|--|-------------|-----------------|
| | £ | £ |
| Unrestricted Designated: | | Restated |
| Novartis Pharma AG | 40,000 | 110,000 |
| International Pharmaceutical Association (FIP) | 20,000 | 0 |
| Restricted: | | |
| Fleming Fund (CwPAMS 2.0) | 312,373 | 0 |
| Fleming (SPARC) | 223,992 | 510,075 |
| Pfizer | 125,000 | 0 |
| Commonwealth Secretariat: Price Sharing Database | 23,600 | 0 |
| Royal Pharmaceutical Society grant | 14,289 | 25,000 |
| Menarini: AMD CPD | 10,000 | 0 |
| Fleming Fund (CwPAMS 1.5) | 0 | 120,416 |
| Health Education England | 0 | 30,000 |
| Sir Halley Stewart Trust | 0 | 15,000 |
| | | |
| | 769,254 | 810,491 |

4. CHARITABLE ACTIVITIES COSTS

| | Unrestricted funds | Restricted funds | 2023 Total funds | 2022 Total funds |
|----------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| | £ | £ | £ | £ |
| Direct costs | 32,083 | 674,263 | 706,346 | 609,430 |
| Administration costs | 8,156 | 33,064 | 41,220 | 61,436 |
| | | | | |
| | 40,239 | 707,327 | 747,566 | 670,866 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

5. SUPPORT COSTS

| | 2023 | 2022 |
|------------------------------|---------------|---------------|
| | £ | £ |
| Advance health and education | 33,064 | 20,574 |
| | 33,064 | 20,574 |
| | 33,064 | 20,574 |

| Activity | Basis of allocation | | |
|------------------------------|---|------------|------------|
| Governance costs | Apportioned on an estimated use basis as follows: | | |
| | | % | % |
| Advance health and education | | 100 | 100 |
| | | 100 | 100 |
| | | 100 | 100 |

6. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year (2022: £Nil).

There were trustee travel expenses paid in the year of £23 for 1 trustee (2022: £Nil for 0 trustees).

7. STAFF COSTS

| | 2023 | 2022 |
|---|----------------|---------------|
| | £ | £ |
| Wages and salaries | 77,417 | 69,014 |
| Pension | 4,347 | 2,715 |
| Employer National Insurance contributions | 3,383 | 2,631 |
| Overtime | 19,361 | 0 |
| | 104,508 | 74,360 |
| | 104,508 | 74,360 |

The average monthly number of employees during the year was as follows:

| | 2023 | 2022 |
|-------|-------------|-----------------|
| | No. | No. |
| | | Restated |
| Staff | 1.7 | 1.3 |
| | 1.7 | 1.3 |
| | 1.7 | 1.3 |

No employees received emoluments, including pension contributions, in excess of £60,000 (2022: None)

The Charity has a pension scheme set up with NEST for the benefit of staff. New staff have the option of joining the NEST scheme or continuing to pay into their existing personal pensions.

The amount of pension contributions charged to the charity in the year was £4,347 (2022: £2,715).

The amount of pension contributions outstanding at the end of the year was £249 (2022: £796).

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

8. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

| | Unrestricted funds £ Restated | Restricted funds £ Restated | 2022 Total funds £ Restated |
|------------------------------------|--|--|--|
| INCOME AND ENDOWMENTS FROM | | | |
| Donations and legacies | 16,148 | 0 | 16,148 |
| Charitable activities | | | |
| Grant income | 110,000 | 700,491 | 810,491 |
| Individual subscriptions | 225 | 0 | 225 |
| Membership fees | 17,309 | 0 | 17,309 |
| Member association fees | 8,000 | 0 | 8,000 |
| Total | 151,682 | 700,491 | 852,173 |
| EXPENDITURE ON | | | |
| Charitable activities | 127,259 | 543,607 | 670,866 |
| Total | 127,259 | 543,607 | 670,866 |
| NET INCOME | | | |
| Transfers between funds | 0 | 0 | 0 |
| Net movement in funds | 24,423 | 156,884 | 181,307 |
| RECONCILIATION OF FUNDS | | | |
| Total funds brought forward | 68,312 | 27,384 | 95,696 |
| TOTAL FUNDS CARRIED FORWARD | 92,735 | 184,268 | 277,003 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

9. TANGIBLE FIXED ASSETS

| | Office Equipment £ |
|-----------------------|-----------------------------------|
| COST | |
| At 1st July 2022 | 1,722 |
| Disposal | (824) |
| | 898 |
| At 30th June 2023 | 898 |
| DEPRECIATION | |
| At 1st July 2022 | 1,011 |
| Charge for year | 198 |
| Disposal | (824) |
| | 385 |
| At 30th June 2023 | 385 |
| NET BOOK VALUE | |
| At 30th June 2023 | 513 |
| At 30th June 2022 | 711 |

10. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | Unrestricted funds £ | Restricted funds £ | 2023 Total funds £ | 2022 Total funds £ |
|----------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Grant income | 0 | 205,465 | 205,465 | 40,705 |
| Subscriptions | 492 | 0 | 492 | 6,987 |
| Accrued income | 0 | 13,565 | 13,565 | 0 |
| Prepayments | 1,222 | 608 | 1,830 | 614 |
| | 1,714 | 219,638 | 221,352 | 48,306 |
| | 1,714 | 219,638 | 221,352 | 48,306 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

11. CASH AT BANK IN HAND

| | Unrestricted funds | Restricted funds | 2023 Total funds | 2022 Total funds |
|------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | £ | £ | £ | £ |
| Unity Trust Bank | 132,500 | 75,617 | 208,117 | 351,402 |
| PayPal Account | 2,843 | 0 | 2,843 | 0 |
| Soldo Account | 2,098 | 0 | 2,098 | 1,478 |
| | <u>137,441</u> | <u>75,617</u> | <u>213,058</u> | <u>352,880</u> |

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | Unrestricted funds | Restricted funds | 2023 Total funds | 2022 Total funds |
|-----------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | £ | £ | £ | £ |
| Trade creditors | 1,096 | 68,784 | 69,880 | 92,363 |
| Deferred income | 246 | 35,711 | 25,000 | 25,000 |
| Accruals | 5,061 | 2,497 | 7,558 | 1,620 |
| Bad debt provision | 0 | 0 | 0 | 4,800 |
| Pension Contributions | 249 | 0 | 249 | 796 |
| HMRC Creditor | 0 | 1,935 | 1,935 | 315 |
| | <u>6,652</u> | <u>108,297</u> | <u>115,579</u> | <u>124,894</u> |

Additional information regarding the deferred income is shown at note 15

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

13. MOVEMENTS IN FUNDS

| | At 1 July 2022 | Incoming resources | Outgoing resources | Transfers | At 30 June 2023 |
|------------------------------|-------------------|-----------------------|-----------------------|-----------|--------------------|
| Unrestricted funds | £ | £ | £ | £ | £ |
| | Restated | | | | |
| General fund | 88,478 | 20,653 | (17,356) | 15,914 | 107,689 |
| Designated funds | | | | | |
| Novartis Pharma AG | 4,257 | 40,000 | (18,930) | 0 | 25,327 |
| FIP | 0 | 20,000 | (3,953) | (16,047) | 0 |
| Restricted funds | | | | | |
| Fleming Fund (SPARC) | 167,869 | 223,992 | (391,861) | 0 | 0 |
| Health Education England | 11,453 | 0 | (11,529) | 76 | 0 |
| Fleming Fund (CwpPAMS 1.5) | 4,946 | 0 | (556) | (4,390) | 0 |
| Fleming Fund (CwpPAMS 2.0) | 0 | 312,373 | (273,079) | 4,447 | 43,741 |
| Pfizer | 0 | 125,000 | (8,754) | 0 | 116,246 |
| Commonwealth Secretariat | 0 | 23,600 | (0) | 0 | 23,600 |
| Royal Pharmaceutical Society | 0 | 14,289 | (14,289) | 0 | 0 |
| Menarini AMS CPD | 0 | 10,000 | (7,259) | 0 | 2,741 |
| | <u>277,003</u> | <u>789,907</u> | <u>(747,566)</u> | <u>0</u> | <u>319,344</u> |

Designated funds:

- **Novartis**, a collaboration to work together to develop and strengthen healthcare systems in selected countries with a focus on Sub-Saharan Africa (SSA). Areas of activity: Collaboration on Pharmacists Training, STELLA, Healthy Families and Corporate Volunteering

Commenced December 2021 and aiming to complete activities and costs by December 2023. The Novartis funds have been treated as designated as there is a detailed plan of activities.

- **FIP**, International Pharmaceutical Federation, will raise the profile of the CPA and vice versa through inclusion as a partner on their website and in any joint conference and workshop programmes. Their actions will be mutually supportive, including offering mutual recognition for joint work presented at conferences and/or published in journals. They will work together to foster each other's interests through website promotion and linkages as well as sharing, where applicable, conferences and workshop programmes/reports, relevant publications and news items. No funds remain at the year end.

Restricted funds:

- **Fleming Fund/SPARC**, Surveillance and Prescribing support for Antimicrobial Stewardship Resource Capacity Building. Managed by Mott Macdonald.
SPARC commenced in October 21 originally for 9 months. After 2 extensions it finally closed on 30th June 2023. CPA have been invited to apply for a second round of funding.

- **Health Education England** - Delivering CPhO-GH-Fellowship. £12K received in the previous year and all spent in the year to June 2023.

- **Fleming Fund/CwPAMS 1.5**

CwPAMS: A health partnership scheme funded by the UK Government Department of Health and Social Care's Fleming Fund. Managed by THET. The CwPAMS networking platform was developed by BSAC for use by partners in the CwPAMS programme in partnership with the Commonwealth Pharmacists' Association (CPA). The forum will allow the sharing of skills and knowledge between multidisciplinary NHS teams, including or led by pharmacists with hospitals in Ghana, Tanzania, Uganda and Zambia, and expand capacity for antimicrobial stewardship. This initial programme ran until June 2022. The small amount of underspend was carried over to CwAMS 2.0.

- **Fleming Fund/CwPAMS 2.0**

The current programme commenced in July 2022 as a continuation of CwPAMS 1.5 and will run to June 2024. A restricted fund with a very detailed and strictly controlled budget in collaboration with THET. The figures introduced into the budget are lifted directly from the formal agreement. Funds are received partly in advance and partly in arrears.

- **Pfizer - Medical Education Grant Initiative**

To increase the number of Pharmacists in low/middle income countries (LMICs) accessing and completing locally relevant Continuing Professional Development (CPD) courses via an online CPD platform. The target population includes Latin America, Africa, the Middle East, Southeast Asia and beyond.

The core purpose of the CPD platform is to support in upskilling the pharmacy workforce, building capacity in health systems and ultimately improving patient care and safety. The objectives are:

- To Increase the number of learners and National Pharmacy Associations (NPAs) engaged and accessing the platform.
- Increase completion rate of courses for existing and new users.
- Develop interactive webinars supporting the CPD modules and establish communities of practice via a digital engagement platform.
- Understand impact of CPD on professional practice and how learning translates into tangible benefits for patients.

The total grant of £125,000 has been received and partially spent up to June 2023. The remaining funds of £116K are due to be spent in the forthcoming year.

- **Commonwealth Secretariat / VIPSD** The Commonwealth Voluntary Information and Price Sharing Database

Objectives:

- Developing an agreed work plan, in consultation with the Commonwealth Health team for successful completion of the project within the proposed timelines.
- Develop an engagement plan for countries focused on efforts to increase uptake of the VIPSD initiative and support the Commonwealth Secretariat in implementing plans.
- Lead in the creation and implementation of the Heads of Procurement Network including coordination of meetings and agendas, developing minutes and reports and acting as the main point of contact for network members.
- Support the Commonwealth Secretariat in the relaunching of the VIPSD Task Force to a formalised VIPSD functioning committee.

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

- Support in drafting or amending the technical guiding documents including user manuals, FAQ sheets etc.
- Support other activities relating to the VIPSD where relevant.

Grant of £24K received in advance from the Commonwealth Secretariat. The programme will run for 6 months from September to Feb 2024.

- **RPS**, an annual grant from the Royal Pharmaceutical Society of £25K to cover core salaries for the calendar year not covered by programmes. This grant hasn't been utilised in full due to staff changes so an amount has been deferred but will be fully spent by December 2023.
- **Menarini**, the project aims to update the AMR/AMS CPD programme courses to align with international standards and incorporate behavioural change outcomes that can be assessed. In addition, other resources will be accessible to learners through the platform, transforming it into a world-class resource hub for AMR/AMS training.

Objectives:

- Update the content of the existing 4 AMR/AMS CPD courses to address the gaps and ensure it meets the WHO curricula standards for pharmacists
- Incorporate a behavioural approach, with clear behaviour outcomes that can be assessed into the AMS courses
- Upload additional resources developed through other CPA projects related to AMR/AMS and our partners, including webinars, tools, etc.

14. RELATED PARTY DISCLOSURES

The Royal Pharmaceutical Society (RPS) granted the charity £25,000 in the year January 2023 (2022: £25,000) to help pay for the core salary costs for the charity.

The RPS received free annual subscription to the Commonwealth Pharmacists Association in the year ended 30th June 2023 which had a value of £7,354 (2022: £7,354).

15. COST OF INDEPENDENT EXAMINATION AND OTHER PROFESSIONAL SERVICES

The amount payable to the independent examiner was as follows:

| | 2023 | 2022 |
|---------------------------|-------------|-------------|
| | £ | £ |
| Cost of external scrutiny | 1,780 | 1,620 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2023

| | Unrestricted funds £ | Restricted funds £ | 2023 Total funds £ | 2022 Total funds £ Restated |
|--|----------------------------|--------------------------|-----------------------------|---|
| INCOME AND ENDOWMENTS | | | | |
| Donations and legacies: | | | | |
| Donations | 916 | 0 | 916 | 16,088 |
| Total Donations and Legacies | 916 | 0 | 916 | 16,088 |
| Charitable activities: | | | | |
| Grant income | 60,000 | 709,254 | 769,254 | 810,551 |
| Membership fees | 19,437 | 0 | 19,437 | 17,309 |
| Individual subscriptions | 300 | 0 | 300 | 225 |
| Associate membership fees | 0 | 0 | 0 | 8,000 |
| Total Charitable Activities | 79,737 | 709,254 | 788,991 | 836,085 |
| Total Incoming Resources | 80,653 | 709,254 | 789,907 | 852,173 |
| EXPENDITURE | | | | |
| Charitable Activities: | | | | |
| Direct costs and contractors' fees | 32,082 | 674,263 | 706,346 | 609,430 |
| Gross salaries, NI and pension | 16,930 | 0 | 16,930 | 44,712 |
| Technical support | 10,462 | 0 | 10,462 | 5,271 |
| Accountancy and payroll | 2,366 | 0 | 2,366 | 2,261 |
| Insurance | 2,241 | 0 | 2,241 | 2,087 |
| Consultancy fees | 1,687 | 0 | 1,687 | 1,500 |
| Telephone, stationery, office supplies | 1,662 | 0 | 1,662 | 673 |
| Travel and subsistence | 1,320 | 0 | 1,320 | 508 |
| Subscriptions | 1,131 | 0 | 1,131 | 2,041 |
| Bank charges and exchange differences | 1,071 | 0 | 1,071 | 350 |
| Software | 850 | 0 | 850 | 1,357 |
| Staff welfare and training | 656 | 0 | 656 | 400 |
| Recruitment | 647 | 0 | 647 | 89 |
| Depreciation of IT equipment | 198 | 0 | 198 | 187 |
| Admin support from programmes | (33,064) | 33,064 | 0 | 0 |
| Total Charitable Activities | 40,239 | 707,327 | 747,566 | 670,866 |
| Total Outgoing Resources | 40,239 | 707,327 | 747,566 | 670,866 |
| NET INCOME | 40,414 | 1,927 | 42,341 | 181,307 |
| Transfers | (133) | 133 | 0 | 0 |
| NET MOVEMENT | 40,281 | 2,060 | 42,341 | 181,307 |

THE COMMONWEALTH PHARMACISTS ASSOCIATION

England & Wales - Charity number 1176132

Accounts

REGISTERED CHARITY NUMBER 1176132

Report of the Trustees and
Financial Statement for the Year Ended 30 June 2022
for
The Commonwealth Pharmacists Association (CPA)

Commonwealth Pharmacists Association

Report of the Trustees
For The Year Ended 30th June 2022

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| Statement of Financial Activities | 21 |
| Statement of Financial Position | 22 |
| Notes to the Financial Statements | 23-29 |
| Detailed Statement of Financial Activities | 30-32 |

The trustees submit their report together with the financial statements of the charity for the year ended 30th June 2022.

Objectives and Activities

The CPA's charitable objectives are:

1. To advance health for the public benefit by collaborating other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
2. To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programmes.
3. To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

Summary of Main Activities

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit of the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to develop the pharmacy workforce and build capacity through education and training; strengthen healthcare systems and ensure the safe and effective use of medicines, prevention of disease and promotion of healthier lifestyles; advocate for improved access and quality of medicines and vaccines, by supporting and embedding pharmacists at all levels of medicines management. The CPA has a growing collaboration plan with WHO and is in special relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

The CPA has developed its strategy around three core areas of work:

1. **Capacity Development and Health Systems Strengthening**, *improving the quality of health systems and pharmaceutical care, for the benefit of the public:*
 - Online continuing professional development (CPD) platform – launched in November 2020 with initial courses on antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) – funded by grants from the Sir Halley Stewart Trust, the UK's Fleming Fund and Novartis.
 - Global health partnerships – Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) and SPARC programmes – funded by the UK's Fleming Fund.
 - Global Health Fellowships – Chief Pharmaceutical Officers Global Health Fellows (ChPOGHF) – funded by Health Education England (HEE).
2. **Practice Resources**, *supporting the safer and more effective use of medicines for the benefit of the public:*
 - PharmAid – the redistribution of recent editions of pharmaceutical texts to support prescribing in lower resource settings (funded through the CPA's unrestricted income, including membership fees, and a grant from the Royal Pharmaceutical Society)
 - Toolkits – e.g. CwPAMS AMR toolkit (funded by the UK's Fleming Fund)

- Prescribing support – e.g. antimicrobial prescribing App (funded by the UK’s Fleming Fund as part of the Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building – SPARC - programme)
- Clinical Quality Improvement (CQI) training delivered as part of the SPARC programme.

3. Advocacy and Campaigns, *improving the access to use of medicines and reducing health inequalities for the public benefit (funded through the CPA’s unrestricted income including membership fees, and a grant from the Royal Pharmaceutical Society):*

- Representation of pharmacists and priority areas related to medicines and vaccines at annual forums and high-level meetings – e.g. Commonwealth Health Ministers Meeting and Commonwealth Heads of Government Meeting.
- Actively promoting world health days and several key policy areas, focusing particularly on:
- Tackling antimicrobial resistance (AMR) through providing tools and training resources, running surveys, and engaging members to take part in activities for World Antibiotic Awareness Week and the Antibiotic Guardian Awards.
- Raising awareness and creating discussion around the issue of falsified and substandard medicines as active partners of the Fight the Fakes Campaign.
- Supporting and promoting international health days and campaigns.

In addition to this, the organisation has published a significant amount of work and contributed to the peer reviewed literature (see table below for more details).

For more information visit www.commonwealthpharmacy.org

Public Benefit

Upon appointment, all trustees are required to sign a Code of Conduct that outlines the commitment to CPA’s charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents, as part of the trustee induction process.

As the charity has grown significantly over the last few years, trustee training will be introduced following our AGM on 6th December 2022, which will include further emphasis on all Charities Commission’s Guidance, including that relating to public benefit.

Contribution made by volunteers.

Volunteer HR and governance/risk advisors have been appointed to support the work of the charity.

Major activities carried out in the reporting period 1st July 2021 – 30th June 2022

| 1. CPA Councillors and Membership | |
|---|---|
| <p>1.1 Councillor Nominations</p> <p>National Pharmacy Associations (NPAs) across the Commonwealth are invited to nominate a Councillor to represent their NPA on the CPA Council, which provides the strategic direction for the CPA. Nominations are welcomed from pharmacists who are in close and regular contact with their NPA and in-country strategic priorities.</p> <p>All confirmed CPA Councillors then vote for a Councillor to represent their region, consisting of, Caribbean and Americas, East and Southern Africa, West Africa, Europe, South-east Asia and Pacific and Central Asia. The six representatives together form the Regional Assembly from whom the CPA President and Vice-president is elected.</p> <p>Aim: The CPA Council, Regional Assembly, President, and Vice President together provide strategic direction for the CPA; identifying and ensuring that the work programmes meet in-country and global health priorities, as well as advocating for the profession.</p> <p>Activities that CPA has undertaken:</p> <ul style="list-style-type: none"> ● Councillor Nominations: commenced on 6th May 2022 to all eligible NPAs inclusive of an expression of interest for the role of Regional Representative, President, and Vice-President. Nominations closed on 30th June 2022 with a total of 25 confirmed Councillors representing 25 NPAs across the Commonwealth. ● Regional Assembly Nominations: commenced on 30th June, with all six regional representatives confirmed on 30th July 2022. ● CPA President and Vice President were voted in, between 30th July – 30th August 2022. <p>Announcements and welcome of the new Councillors, Regional Representatives, President, and Vice-president were made at the 2022 annual Council meeting; a hybrid event held this year at the International Pharmaceutical Federation (FIP) World Congress on 20th September 2022.</p> | <p>All Countries:</p> <p>Australia Bangladesh Cameroon Canada Dominica eSwatini Fiji Ghana Grenada Guyana India Kenya Malawi Malaysia Malta Mauritius New Zealand Nigeria Pakistan Rwanda Saint Lucia Samoa Singapore South Africa Sri Lanka St Vincent and The Grenadines Tanzania Trinidad and Tobago Uganda United Kingdom</p> |
| 2. Practice and Educational Resources | |
| <p>2a. PharmAid</p> <p>PharmAid, a core membership offering, is an annual scheme that has been running since the establishment of the CPA in the 1970s.</p> <p>Aim: To provide medicines information resources such as pharmaceutical formularies and books, across the Commonwealth.</p> <p>Activities undertaken:</p> <p><i>Supply of Medicines Information Resources:</i></p> <ul style="list-style-type: none"> ● This year the Pharmaceutical Press and NICE donated a large number of books, hence an NHS collection was not required. | <p>Botswana Dominica eSwatini Ghana Grenada Lesotho Malaysia Mauritius Nigeria Sierra Leone Sri Lanka St Vincent and The Grenadines Uganda Zambia</p> |

- For the 2021/22 scheme, a total of 5496 books were donated to 14 countries (Dominica, Eswatini, Ghana, Grenada, Lesotho, Malawi, Malaysia, Nigeria, Sierra Leone, Sri Lanka, St Lucia, St Vincent & the Grenadines, Uganda, Zambia)

Review of the PharmAid Scheme:

- The scheme has been running for nearly 50 years; an in-depth review was undertaken this year to assess whether it is still viable to continue providing books, especially in the current climate of increasing costs for collection, shipping, customs clearance, and more digital resources available etc.
- Following the review, the CPA is developing collaborations with partners that focus on book provision in low- and middle-income countries, and alternative digital resources that provide medicines information - ensuring that pharmacists have up-to-date resources available at point of care.

2b. Online Continuing Professional Development (CPD) platform

The online CPD platform has been a request from our members for many years, and now it is a reality. The platform provides pharmacists with a number of key courses to continue their professional development and optimise the care they provide to patients.

Aim: To upskill the pharmacy workforce; building capacity in health systems and improving patient outcomes and safety.

Both the technological infrastructure and course content have been developed to align with global policy and address the global health priorities, as defined by WHO and The Commonwealth. By collaborating with each NPA the CPA supports the organisation in helping to build their membership and advocacy efforts, as well as providing pharmacists with a free resource that supports their professional development. Where applicable, in-country accreditation is obtained through the NPA, enabling pharmacists to use the learning as credits towards their own national CPD requirements.

Activities undertaken:

CPA focus to date has been on engaging NPAs in raising awareness and ensuring access to the CPD platform for Commonwealth Pharmacists. The platform CPD has gone beyond its expected function, and key achievements over the past year include:

- >8500+ pharmacists enrolled on the platform (August 2022)
- Total of 13 courses are available.
- Pharmacists in 22 countries have free access to all courses, via their NPAs.
- 90% of countries accessing the platform are based in low- and middle-income countries.

The CPA continues to source funding to maintain and develop the platform and ensure it is a free resource for all pharmacists across the Commonwealth and beyond.

Cameroon
Eswatini
Fiji
Gambia
India
Lesotho
Namibia
Malawi
Mauritius
Saint Vincent & the Grenadines
Sierra Leone
Tanzania
Uganda
Zambia

| 3. Capacity Building and Health Systems Strengthening | |
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| <p>3a. Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)</p> <p>CwPAMS is managed by the CPA and partners at the Tropical Health and Education Trust (THET), and is funded by the Fleming Fund, a £265 million UK aid investment to tackle antimicrobial resistance by supporting low- and middle-income countries to generate, use and share data on AMR. CwPAMS takes a partnership approach to focus on:</p> <ol style="list-style-type: none"> 1. Antimicrobial stewardship, including surveillance. 2. Utilising/developing pharmacy expertise and capacity (including in the community). 3. Infection Prevention and Control. 4. Strengthening capacity of using clinical microbiology data. <p>Aim: The CwPAMS leverages the expertise, particularly in pharmacy, of UK health institutions, volunteers, and technical experts to strengthen the capacity of the national health workforce and institutions in Commonwealth countries around the focus areas above.</p> <p>Activities undertaken:</p> <ul style="list-style-type: none"> • From 2018 to 2021, CwPAMS supported 12 Health Partnerships between the UK and health institutions in: Ghana (5), Tanzania (1), Uganda (5) and Zambia (1) health institutions. • A scoping study was successfully completed for CwPAMS Extension Phase from February 2021 to July 2021 with the intention to extend the programme to include 4 more countries: Malawi, Sierra Leone, Nigeria and Kenya. • 8 country reports (4 new and 4 updated), a summary of recommendations and accompanying resource kits were generated from the scoping study. • From October 2021 to June 2022 the CwPAMS programme launched a new grant call and supported 14 partnerships between the UK and 8 low- and middle-income countries: Uganda (4), Ghana (3), Zambia (2) Sierra Leone (1), Kenya (1), Tanzania (1), Malawi (1), Nigeria (1). <p>Achievements from the extension programme included:</p> <ul style="list-style-type: none"> • 1452 health workers trained in antimicrobial stewardship (AMS) principles, antimicrobial prescribing & consumption surveillance. • 733 health workers trained in infection prevention control. • 1324 health workers trained in utilising and developing pharmacy expertise and capacity. • 23 UK health institutions actively embedding returned volunteers' skills and experience in their workplace. • 322 volunteering days contributed by NHS staff. • 40 guidelines and protocols rolled out in low- and middle-income country healthcare institutions. • 34 new or revised documents developed for AMS and antibiotic prescribing. <p>A proposal has been submitted for CwPAMS2, which will include an increase in the scope of work moving forward to include supporting lab capacity and addressing the issue of substandard and falsified medicines. The programme is scheduled to launch in Q3 2022, pending funding.</p> | <p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p> |

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| <p>3b. Chief Pharmaceutical Officer’s Global Health Fellowships (CPhOGHF)</p> <p>Following the announcement of the successful Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) grantees in early February 2019, a cohort of 16 UK mid-career pharmacists undertook a yearlong CPhOGH Fellowship in parallel with the CwPAMS programmes, taking on leadership roles to deliver the projects selected by their partnerships. In addition, they completed a short Global Pharmacy Course supported by Brighton & Sussex Medical School as well as an adapted Health Education England (HEE) International Fellowship (IGH) Induction Programme and attended action learning sets provided by the CPA. Each Fellow also worked with a UK-based mentor throughout the Fellowship and undertook a leadership development experience using the NHS Healthcare Leadership model. In 2021, additional funding was secured and a further cohort of 13 UK mid-career pharmacists who were part of the CwPAMS extension partnerships were enrolled in the fellowship programme. They are due to complete the programme in November 2022.</p> <p>Key aims of the programme:</p> <ul style="list-style-type: none"> • Supporting sustainable improvement in healthcare. • Providing an unparalleled personal, leadership development and global pharmacy experience with shared learning opportunities between UK and African counterparts. • Creating a cadre of skilled leaders with quality improvement skills who can use these skills. <p>During the current reporting year CPhOGHF has resulted in:</p> <ul style="list-style-type: none"> • Peer-reviewed publication on impact of CPhOGHF https://www.mdpi.com/2227-9032/9/7/890/htm • Recruitment of second cohort of 13 Fellows. • Delivery of Leadership Development course. • Delivery of six modules on Global Pharmacy and action learning set sessions. • Mentorship training: nine fellows from the initial programme became mentors for the current second cohort. • Global Pharmacy in Action Modules are due for delivery from September to November 2022 and to host an end of Fellowship event in December 2022. • We are in the process of securing funding for an additional cohort to run along CwPAMS in 2023. <p>The programme has been so successful that a version is under development for African pharmacists who are part of the CwPAMS2 partnerships, and is due to launch in 2023.</p> <p>3c. AMS Leadership Programme for Africa</p> <p>Based on the success of the UK’s Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme is currently being developed for mid-career pharmacists in Africa that are part of a CwPAMS partnership. The programme is due to commence in 2024 in parallel with the second phase of the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS2).</p> | <p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p> |
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| <p>The programme aims to:</p> <ul style="list-style-type: none"> • Support AMS capacity building nationally and being key to sustainability. • Provide mentorship and leadership skills to pharmacists who are part of a CwPAMS partnership in each LMIC. • Empower and develop country leaders to continue the mission of tackling AMR in the long term. • Leverage training materials developed during CwPAMS extension phase. <p>Activities undertaken:</p> <ul style="list-style-type: none"> • Completed a scoping study to investigate the need for a leadership program. • Developed a programme outline (12-month programme comprising core knowledge and skills learning in health leadership, behaviour change, project management and AMS, and leading an improvement initiative). • Mapped the courses against global frameworks (FIP-GADF) and WHO curricula guide for AMS) to ensure global compliance. • Identified available online courses to be incorporated into the programme (WHO, NHS-LA, BSAC). • Identified experts to co-write course content and co-deliver webinars with the CPA to contextualise the online courses. • Drafted learner handbook, curricula, budget, programme timelines, and project plan. <p>We plan to finalise discussions and contracts with experts co-delivering courses shortly to enable the launch of the programme in 2024. We have had interest in this course from many Commonwealth states. After the initial cohort completes the programme as a proof of concept, we have a vision to extend this course to other Commonwealth states beyond the initial 8 CwPAMS countries.</p> | |
| <p>3d. SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building</p> <p>Working with 14 Commonwealth countries and extending this work to 9 other Low and Middle income countries outside the Commonwealth, SPARC will develop sustainable solutions that support the prescribing of antimicrobials and surveillance around their use. The programme focuses on establishing a culture change and continuous quality improvement in AMS, providing training, support, and resources. It consists of three core workstreams.</p> <p>Workstream 1: The new Prescribing Companion App, supporting prudent antimicrobial prescribing in human and animal health. The App, rolled out in up to 22 countries, with bespoke training delivered by the CPA on maintaining the App, including further customisations for in- country requirements. The App is available on Google play store and iOs for offline use and is funded for 5 years.</p> <p>Key Outputs:</p> <ul style="list-style-type: none"> • Information at point of care - through access to Standard Treatment Guidelines | <p>Commonwealth countries:</p> <p>Bangladesh Eswatini Ghana India Kenya Malawi Nigeria Pakistan Papua New Guinea Sierra Leon Sri Lanka Tanzania Uganda Zambia</p> <p>Non-Commonwealth countries:</p> |

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| <ul style="list-style-type: none"> ● Increased knowledge and awareness of International antimicrobial stewardship (AMS) and infection prevention control (IPC) resources ● Strong country ownership of the App beyond antimicrobial use - the App can be further adapted to host other clinical guidelines, resources, audit, and data capture as needed in-country, supported by trained App Champions and development funds. ● One Health approach - fostered through shared learning and multidisciplinary working across both human and animal health. ● Sustainability through training and funding <p>Workstream 2: Point Prevalence Survey (PPS) and support of antimicrobial use and surveillance in human health. In-country teams are supported to conduct PPS in 6 countries (Eswatini, Nigeria, Malawi, Zimbabwe, Nepal, and Timor Leste); in up to 5, in-patient sites per country.</p> <p>Work stream 3: Following on from workstream 2, the CPA helps drive behaviour change through a culture of continuous quality improvement (QI) in AMS. In-country teams are supported and trained to analyse PPS data, current trends and develop appropriate AMS plans, using a behavioural change approach. This involves fostering, strengthening, and sustaining links between pharmacists, nurses, doctors and laboratory staff. In addition, in-country Site Champions are appointed, to engage stakeholders and help to:</p> <ul style="list-style-type: none"> • Raise PPS awareness on site. • Facilitate end to end PPS process in timeframe (training, coordination, roll-out and data analysis), using a behavioural change approach. • Develop networks for Behaviour Change and Quality Improvement amongst colleagues and key stakeholders across their local site, region, and country. • Support development and uptake of SPARC App and outputs across all key stakeholders, working with appointed ICCs. <p>The programme has been so successful that an extension programme is currently in development to ensure that more countries can benefit, with a strong focus on sustainability; delivered by working with in-country Site and App Champions, who help drive and facilitate stakeholder engagement and the successful uptake of using the App.</p> | <p>Bhutan Indonesia Laos Myanmar Nepal Senegal Timor Leste Vietnam Zimbabwe</p> |
| <p>4. Advocacy and Campaigns</p> | |
| <p>4a. 2022 Commonwealth Civil Society Policy Forum</p> <p>The Commonwealth Civil Society Policy Forum (CCSPF) is convened annually by the Commonwealth Health Professions and Partners Alliance (CHPA), culminating in a list of recommendations that are fed back to Health Ministers at the annual Commonwealth Health Minister Meeting (CHMM). In 2022 the programme was hosted by the Commonwealth Association for Paediatric Gastroenterology and Nutrition (CAPGAN), with a theme of addressing how commercial determinants of health can improve the health and wellbeing of the people of the Commonwealth. The CPA inputted into the programme and helped shape four recommendations:</p> <ul style="list-style-type: none"> ● 1. Strengthen the evidence base. ● 2. Develop tools and capacity to address the Commercial Determinants of Health ● 3. Convene partnerships and dialogue. ● 4. Raise awareness and advocacy. | <p>All countries</p> |

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| <p>Raymond Anderson, CPA Trustee and Immediate Past President and Mary Anne Ciappara, regional representative for Europe constructed a blog reflecting on this event and the relevance to pharmacy, in which they quoted:</p> <p>“...for pharmacy it is vitally important to be aware of how corporations and commercial entities are a key factor in determining the health of citizens.”</p> | |
| <p>4b. Commonwealth Health Ministers Meeting (CHMM)</p> <p>The annual Commonwealth Health Ministers meeting was held (virtually) in May 2022.</p> <ul style="list-style-type: none"> • The set of recommendations from the CCSPF (the CPA helped to shape) were presented to the Commonwealth Health Ministers. • During Commonwealth Advisory Committee on Health (CACH) biannual meetings, CPA was invited to participate as Chair of the Voluntary Price Sharing Database. CACH agrees the agenda and draft statement for CHMM. Input into this meeting allowed CPA to support incorporation of some of the recommendations from CCSPF and the advocacy papers that CHPA drafted for the Commonwealth Heads of Government Meeting (CHOGM) into the ministerial statement and successfully advocate for the inclusion of AMR. | <p>All countries led by: Rwanda & Uganda</p> |
| <p>4c. Commonwealth Heads of Government Meeting (CHOGM)</p> <ul style="list-style-type: none"> • The Commonwealth Heads of Government Meeting (CHOGM) was held on 20th to 25th June 2022 in Kigali, Rwanda (4 years after the last CHOGM held in London). The CPA’s advocacy efforts for this event began many months and years beforehand. Through our membership with the Commonwealth Health Professions and Partners Alliance (CHPA) and our presence on the Informal Federation of Commonwealth Organisations (IFCO) steering committee, the CPA directly contributed to the advocacy papers developed, which were drafted and presented to the Commonwealth Heads of Government around the following themes: <ul style="list-style-type: none"> • Governance and rule of law • Sustainability (Trade and Environment) • Youth • ICT and Innovation • Health <p>The Civil Society recommendations and the subsequent deliberations from the Heads of Government are then reflected in the Communiqué issued by CHOGM as an outcome of the meeting.</p> <p>We were excited to see many elements of our advocacy work reflected in the CHOGM Communiqué as a result of our advocacy efforts, including the emphasis on the need for action to tackle AMR, which appeared for the first time as a key area for action.</p> <p>The CPA was represented at CHOGM by Ms Winnie Nambatya, in-country consultant for Uganda (CwPAMS/SPARC) and Flandrie Habyarimana, CPA Councillor for Rwanda.</p> <ul style="list-style-type: none"> • The CPA hosted a side event led by Ms Winnie Nambatya on ‘Emerging from the Pandemic: Antimicrobial Resistance - a Call to Action’. | |

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| <ul style="list-style-type: none"> • It was an interactive discussion that: <ul style="list-style-type: none"> • Highlighted the global picture of AMR and the urgency to act. • Showcased Commonwealth initiatives tackling AMR through innovation, partnerships, and transformation, including the Commonwealth Partnerships for Antimicrobial Stewardship programme. • Reflected on opportunities and threats emerging from the COVID-19 pandemic regarding infection prevention and management. • Discussed barriers to tackling AMR and action required to change systems and behaviours. • Key points raised during discussions were: <ul style="list-style-type: none"> • Urgent need to strengthen health systems and regulatory bodies around detection of SF medicines. • Need to address dispensing of antimicrobials without prescriptions and without microbiological evidence in health facilities. • Lack of collaboration among health workers around AMR also needed to be addressed (especially between doctors and pharmacists). • Urgent call to educate health care workers and communities on AMR and the consequences. • Other events that CPA Team attended: <ul style="list-style-type: none"> • AMR event • Malaria and NTD summit • Building resilient and equitable health systems • Opening ceremony and reception with SG <p>Outcomes from the CPA representation:</p> <ul style="list-style-type: none"> • Importance of access to and appropriate use of medicines emphasised, profile of pharmacists as key health works in this space raised amongst Civil Society and Heads of Government. <p>Key issues around AMR highlighted - to be followed up through CPA programmes of work.</p> <ul style="list-style-type: none"> • Inclusion of advocacy areas into the CHOGM Communique, including AMR for the first time! • Production of two blogs on the CPA website | |
| <p>4d. The Commonwealth Voluntary Information and Price Sharing Database (VIPSD)</p> <p>The CPA Chairs the VIPSD Working Group, working closely with the Secretariat, the Southern African Programme on Access to Medicines and Diagnostics (SAPAM), and World Health Organisation to further accelerate the implementation of The Voluntary Information and Price Sharing Database (VISPD).</p> <p>In 2018 Commonwealth Health Ministers deliberated over establishing an information sharing mechanism between members states, to include and electronic database of distributors, wholesalers, manufacturers, and prices. The VISPD was finalised and endorsed in May 2021, and is currently hosted by the Commonwealth Secretariat</p> | <p>All countries</p> |

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| <p>VISPD aims to assist member states by providing a centralised, real time pricing data; helping to manage procurement budgets, reduce pricing asymmetry and give data driven insights on medicines, technologies, and supply chains to support key stakeholders. Eventually it is envisaged that VISPD will form the basis of a pooled procurement system.</p> <p>The CPA is currently working with the Secretariat to develop a concept note and project plan with an allocated budget to further drive this project forward in terms of engagement and real time data upload.</p> <p>We plan to leverage networks and connect to heads of procurement as well as include a project management function.</p> | |
| <p>4e. World Antimicrobial Awareness Week</p> <p>The theme for World Antimicrobial Awareness Week (WAAW) 2021 was ‘Spread awareness, stop resistance’, with the slogan ‘Antimicrobials: Handle with care.’</p> <p>Individuals and organisations participating in WAAW were encouraged to ‘Go Blue’ in support of the AMR Tripartite’s (FAO, OIE and WHO) vision for tackling AMR using a One Health approach and the CPA provided and disseminated a campaign for use on social media by our networks to support this. The campaign focused on the important role of pharmacists in improving the use of antimicrobials, linking it to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) tools and resources, including the CwPAMS toolkit.</p> <p>A page on the CPA website was also developed. This featured a toolkit, with a variety of daily activities to promote the role of pharmacists in tackling AMR. The toolkit also encouraged participants to support the One Health AMR Tripartite global campaign by using the hashtags #WAAW, #AMR #AntimicrobialResistance, #OneHealth and #HandleWithCare. Participants were also encouraged to “Go Blue to show support for pharmacists working to tackle AMR” and pass this onto colleagues.</p> <p>Participants were encouraged to “Go Blue” for pharmacists working in AMR by sharing their favourite AMR/AMS messages on social media. There were a series of 9 blue boards that included key messages in English, and 3 for participants to insert their own messages in a relevant language to accommodate diversity across the Commonwealth.</p> <p>Participants were further invited to change their social media profile cover images, photo frames or video backgrounds to show support for pharmacists tackling AMR across the Commonwealth.</p> <p>To help “spread awareness and stop resistance”, participants shared some of the #CwPAMS “mysterious microbes” fun facts. They were also encouraged to create their own cards in any language.</p> <p>A TweetChat was organised on the eve of WAAW (17th November) between 5 to 6pm GMT using the hashtag #CPApharm. The TweetChat was designed for individuals working or involved in the AMR sector, such as pharmacists, doctors, patients, and policymakers, to share their views around the topic: “Spread awareness, stop resistance – the role of pharmacists”. A blog was posted about the session, which was disseminated widely in the preceding weeks.</p> | <p>All countries</p> |

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| <p>90 people participated in the TweetChat, representing many countries including the UK, Ethiopia, Tanzania, Canada, Nigeria, South Africa, Malta, and Uganda. A total of 1506 Tweets, 394 participants and 6,928 million impressions were measured during the month of November 2021, with most of the engagement taking place during WAAW.</p> <p>Campaign participants were also encouraged to share the CwPAMS programme tools and resources including the Infection Prevention Control (IPC) resources, AMS Prescribing App, AMS Toolkit, Continuing Professional Development (CPD) programmes and PULSE community platform during WAAW as part of the WAAW toolkit.</p> <p>Various stakeholders were personally invited to write a short blog on the role of pharmacists in tackling AMR across the Commonwealth, taking a One Health approach. The CPA published 6 blogs, covering a range of AMR topics from the role of digital technology in combating AMR, to antimicrobial stewardship.</p> <p>5 participants recorded a video documenting their views, experiences, and expertise from a One Health approach of how pharmacists play a role towards tackling AMR. The videos covered AMR in 4 countries: India, Australia, Fiji, and Malaysia.</p> <p>To close the WAAW campaign, participants were invited to join an AMS game tournament on the 24th of November as a player or facilitator. To help drive interest, a digital copy of the game was offered as a prize; 124 people across 23 countries registered to play. This contributed to a peer-reviewed publication: https://www.mdpi.com/2079-6382/11/5/611/htm</p> <p>Overall, the CPA's campaign for WAAW was a great success. #CPApharm was in the topmost used hashtags, and @CW_Pharmacists was measured as a top influencing account in a random network of 27,042 Twitter users whose recent tweets were included in a list related to #WAAW #EAAD search terms.</p> <p>A full metrics report for the campaign can be found at: www.commonwealthpharmacy.org/waaw2021</p> <p>An article summarising activities around WAAW was also produced for the Fleming Fund website: www.flemingfund.org/publications/waaw-2021-cwpams</p> | |
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5. Communications Highlights

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| <ol style="list-style-type: none"> 1. New Website Development: https://www.commonwealthpharmacists.org 2. Company-wide branding 3. Commonwealth Pharmacists Day 2022: We wanted to have a campaign where every pharmacist across the Commonwealth could participate. As a result, we received banner creating requests from over 150 pharmacists in the Commonwealth. It's one of the most engaging campaigns CPA has had. 4. Quarterly Newsletters: https://commonwealthpharmacy.org/the-cpa-newsletter-29th-of-march-2022/ and https://commonwealthpharmacy.org/the-cpa-newsletter-31st-of-may-2022/ 5. Health/Campaign Days scheduling <p>The CPA has an annual calendar of health campaigns that they support and promote that are relevant to the Commonwealth and aligned to our strategic goals.</p> | <p>All countries</p> |
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| <p>The purpose of these campaigns is to raise awareness of health issues affecting the Commonwealth and the role of pharmacists in tackling these, encouraging and empowering pharmacists around the Commonwealth to better serve their communities.</p> <p>We celebrate Commonwealth Pharmacists Day on the 16th of June each year, the theme this year reflects that of Commonwealth Day, 'Working towards a common future for the pharmacy profession through partnerships, innovation and transformation.' We created banners for pharmacists to use throughout the Commonwealth to promote this theme on social media. It was one of the most engaging campaigns that we have had and is encouraging to see the continued increase in activity amongst our members and followers.</p> | |
| <p>6. Communications Highlights</p> | |
| <p>The CPA has an active research programme, with over 28 publications since 2018: highlighting the impact of our programmes and issues around access to and use of medicines, as well as the full breath and expertise of pharmacists in these fields.</p> <p>A full list of publications can be found on the CPA Website: https://commonwealthpharmacy.org/publications/ A summary of publications for this current reporting period is outlined below:</p> <p>Published: Two manuscripts were published in May 2022.</p> <p>Links to the publications: https://www.mdpi.com/2079-6382/11/5/691 https://www.mdpi.com/2079-6382/11/5/611</p> <p>Submitted Pending Peer Review</p> <p>Scoping Review of National Antimicrobial Stewardship Activities in Eight African countries and adaptable recommendations. Medicine supply chain factors: Essential considerations for effective antimicrobial stewardship (WHO Bulletin) Tackling Antimicrobial Resistance: A Case Study of Developing and Implementing Antimicrobial Stewardship Interventions in Four African Commonwealth Countries through a Health Partnership Model.</p> <p>Ongoing Manuscripts</p> <p>Exploring Barriers & Facilitators around reporting Substandard & Falsified Medical Products in Eight Commonwealth Countries: Kenya, Uganda, Ghana, Nigeria, Malawi, Sierra Leone, Tanzania and Zambia. Scoping Pharmacists' Health Leadership Training Needs Across Eight African countries.</p> <p>We also have 5 abstracts that have been submitted to the International Pharmaceutical Federation's congress in September 2022 and have been asked to participate in their AMR</p> | |

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| <p>case study session to raise awareness in the global community around the great work of our partnerships in Africa.</p> <p>Additional research outputs include:</p> <ul style="list-style-type: none">• Delivering 3 MPharm research projects into CPD and Professional Regulation status across the Commonwealth.• Delivering 1 summer student placement - focused on research and research techniques in pharmacy global health. | |
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Financial Review

The Charity continues to grow, reflected in an increased turnover for the year of £852,173, which is significantly more compared to £293,704 in the previous year and £209,600 in the year prior to that.

This growth in turnover is largely due to an increase in project activity, building relationships and confidence with new and existing donors and successful grant applications.

The Charity's general unrestricted funds carried forward totals £92,735 (2021: £68,312). This is in line with the reserves policy to build the resilience of the organization.

The restricted funds carried forward are £184,268 (2021: £27,384) which reflect the unspent funds for projects that span over 2 financial years.

The Charity begins the new financial year in a good financial position. The total funds carried forward are £277,003 (2021: £95,696).

Reserves Policy

We are currently reviewing our reserves policy, which ensures that the charity holds at least three months of unrestricted funds to cover running costs. This amounts to approximately £30,000, which is covered by the funds available. However, due to the anticipated growth in the core team, this will need to be reviewed and increased.

Principal sources of funds:

- £120,416 (2021: £184,932) from the Department of Health and Social Care's (DHSC) Fleming Fund to provide the technical input and oversight to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme and £510,075 for the SPARC programme.
- £25,000 (2021: £25,000) from the Royal Pharmaceutical Society to support staffing costs.
- £15,000 (2021: £30,000) from the Sir Halley Stewart Trust for the development of the charity's online CPD platform
- £30,000 from Health Education England to deliver the Chief Pharmaceutical Officers Global Health Fellows programme.
- £110,000 grant from Novartis to support the delivery of our strategic programmes, including the online learning platform.
- £25,534 (2021: £25,158) from membership fees.
- £16,148 (2021: £1,964) from donations, including via our patron's scheme.

Principal Risks

The CPA has a strategic risk register in addition to those relating to individual projects. The risks to the charity have been identified as:

1. Breach of Data Protection regulations/law
2. Insufficient unrestricted funding
3. Incident arising as a consequence of non-compliance with legislation or policy.
4. High dependency on 2 key staff and capacity to meet current and future demands.
5. Trustees may fail to understand and deliver on their role.

The response and mitigations relating to these risks are detailed in the strategic risk register and are updated every quarter in liaison with the Board of Trustees.

Structure, Governance and Management

The charity is governed by the constitution accepted in December 2017, and adopted in July 2018 when the CPA officially began functioning as a Charitable Incorporated Organisation (CIO). This replaced the original constitution that related to the establishment of the unincorporated charity that was adopted in Dec 2015.

The charity is a CIO consisting of 36 (2021: 39) member organisations and over 9,000 (2021: 822) individual members to date. Traditionally the CPA has been an association of member organisations. Individual reach is expected to continue to grow in line with the relationships and collaborative working opportunities developed.

Trustees

In accordance with the constitution, there are:

- 2 ex-officio Trustees (the President and immediate past President) who remain in office for the duration of their service (up to 2 terms)
- Up to 4 appointed Trustees that serve a 3-year term (currently our Treasurer and Chair)
- Between 4 and 12 elected Trustees that are appointed or reappointed annually in accordance with the constitution (1/3 must step down each year) at the AGM (which has coincided with the annual virtual Council meeting during the pandemic).

Organisational Structure

The CPA is governed by the board of Trustees.

The executive director reports to the board of trustees and manages the day to day running of the organisation, working with the CPA team of staff, consultants, and volunteers.

The CPA's council and regional assembly (previously referred to as 'executive') consist of representatives from the national pharmacy associations (NPAs) of the Commonwealth, from which the President and Vice president are elected. These bodies serve as an advisory board to the CPA, helping to set and deliver the strategy.

The CPA is in a very unique position in terms of the organisation's established and potential relationships, particularly in terms of:

- The heritage and close working established with the six global regions of the Commonwealth over the years and the national pharmacy associations (NPAs) in Commonwealth member states.

Commonwealth Pharmacists Association

Report of the Trustees For The Year Ended 30th June 2022

- The space the CPA owns for pharmacy, as an advocate for members at national meetings and Commonwealth forums. This includes the opportunity to work with other civil society organisations to provide input into health advisory committees and the Commonwealth Health Ministers meetings.
- The special relationship we have enjoyed with the Royal Pharmaceutical Society (RPS), having originated from this organisation in 1970.
- The relationships and memorandums of understandings with several partners who have aligned visions and common areas of work, for example the International Pharmaceutical Federation (FIP) and the Collaboration of Australians and Sri Lankans for Pharmacy Practice Education and Research (CASPPER).
- The partnership and joint working that we have established with other organisations with similar aims and objectives – for example, the Tropical Health and Education Trust (THET) whom CPA partners with to deliver CwPAMS.
- The relationship developed with the world health organisation (WHO), where the CPA have an evolving collaborative work plan and are in ‘special relations’.

Reference and Administration Details

Charity name: The Commonwealth Pharmacists Association
Charity’s Commission registered number: 1176132
Charity’s principal address: 66-68 East Smithfield, London, E1W 1AW

Trustees during the year were:

| | |
|------------------|------------------------------|
| Roger Odd | Chair, retired March 2022 |
| Raymond Anderson | Acting Chair from March 2022 |
| Biyi Oloko | Treasurer |
| Claire Anderson | |
| Zaheer Babar | |
| Oksana Pyzik | |
| Rao Vadlamudi | |

Volunteer Advisors (optional):

| | |
|----------------|---------------------------|
| Jenny Deere | HR Advisor until Feb 2022 |
| Matthew Hayday | Governance & Risk Advisor |

Independent Examiner:

| | |
|-------------------|---|
| Vicky Newham CPAA | Solutions Accountancy & Bookkeeping Ltd |
|-------------------|---|

Other key personnel:

| | |
|-----------------|---|
| Victoria Rutter | Executive Director |
| Tatiana Hardy | Senior Administrator, resigned October 2022 |

Public Benefit

When planning the activities for the year, the trustees have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to guidance published by the Charity Commission, including public benefit guidance.

Commonwealth Pharmacists Association

Report of the Trustees
For The Year Ended 30th June 2022

The trustees have approved the report above and have authorised us to sign it on their behalf.



Raymond Anderson – Acting Chair



Biyi Oloko – Treasurer

Date of approval: 22nd November 2022

I report on the accounts for the year ended 30th June 2022 set out on pages 19 to 30.

Respective responsibilities and basis of report

The charity's trustees are responsible for the preparation of the accounts in accordance with the Charities Act 2011("the Act").

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's financial statements as carried out under section 145 of the Charities Act 2011 ('the 2011 Act').

In carrying out my examination, I have followed the Directions given by the Charity Commission under section. 145(5)(b) of the 2011 Act.

Independent examiner's statement:

As the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of CPAA.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



_____ Date: 21st March 2023

Vicky Newham
CPAA
Solutions Accountancy & Bookkeeping Ltd
1 The Mews
Little Brunswick Street
Huddersfield
HD1 5JL

Commonwealth Pharmacists Association

Statement of Financial Activity
For The Year Ended 30th June 2022

| | Notes | Unrestricted funds | Restricted funds | 2022 Total funds | 2021 Total funds |
|---------------------------------------|-------|--------------------|------------------|------------------|------------------|
| | | £ | £ | £ | £ |
| INCOME AND ENDOWMENTS FROM | | | | | |
| <u>Donations and legacies</u> | | | | | |
| Donations | 2 | 126,148 | 700,491 | 826,639 | 251,896 |
| Total Donations and legacies | | 126,148 | 700,491 | 826,639 | 251,896 |
| <u>Charitable activities</u> | | | | | |
| Individual subscriptions | | 225 | 0 | 225 | 870 |
| Membership fees | | 17,309 | 0 | 17,309 | 21,038 |
| Member association fees | | 8,000 | 0 | 8,000 | 3,250 |
| Total Charitable activities | | 25,534 | 0 | 25,534 | 25,158 |
| <u>Other trading activities</u> | | | | | |
| Fee for service | 3 | 0 | 0 | 0 | 16,650 |
| Total other trading activities | | 0 | 0 | 0 | 16,650 |
| Total income & endowments | | 151,682 | 700,491 | 852,173 | 293,704 |
| EXPENDITURE ON | | | | | |
| Raising funds | 4 | 0 | 0 | 0 | 35,556 |
| Charitable activities | 5 | 127,259 | 543,607 | 670,866 | 259,996 |
| Total Expenditure | | 127,259 | 543,607 | 670,866 | 295,552 |
| Net (Income / Expenditure) | | 24,423 | 156,884 | 181,307 | (1,848) |
| RECONCILIATION OF FUNDS | | | | | |
| Total funds brought forward | | 68,312 | 27,384 | 95,696 | 97,544 |
| TOTAL FUNDS CARRIED FORWARD | | 92,735 | 184,268 | 277,003 | 95,696 |

CONTINUING OPERATIONS

All income and expenditure have arisen from continuing activities

Commonwealth Pharmacists Association

Statement of Financial Position
For The Year Ended 30th June 2022

| | Note | 2022 | 2021 |
|-------------------------------------|------|-----------------------|----------------------|
| | s | £ | £ |
| <u>FIXED ASSETS</u> | | | |
| Tangible assets | 10 | 711 | 0 |
| <u>CURRENT ASSETS</u> | | | |
| Debtors | 11 | 47,692 | 9,341 |
| Prepayments | | 614 | 0 |
| Cash at bank in hand | 12 | 352,880 | 183,623 |
| | | <u>401,186</u> | <u>192,964</u> |
| <u>CREDITORS</u> | | | |
| Amounts falling due within one year | 13 | (124,894) | (97,268) |
| NET ASSETS | | <u>277,003</u> | <u>95,696</u> |
| <u>FUNDS</u> | | | |
| Unrestricted funds | | 92,735 | 68,312 |
| Restricted funds | | 184,268 | 27,384 |
| TOTAL FUNDS | | <u>277,003</u> | <u>95,696</u> |

The financial statements were approved by The Board of Trustees on 22nd November 2022 and were signed on its behalf by:



Raymond Anderson – Acting Chair



Biyi Oloko – Treasurer

The notes form part of these financial statements.

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

Going concern

There are no material uncertainties about the charity's ability to continue so it is regarded as a going concern.

Financial reporting standard 102 – reduced disclosure exemptions

The charity has taken advantage of the following disclosure exemption in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received, and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets

Depreciation is provided at the following annual rates of write off each asset over its estimated Office Equipment -25% on cost.

Fund's structure

Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the Charity's objects at the trustees' discretion.

Restricted funds - these funds can only be used for restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or where funds are raised for restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the accounts.

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

2. DONATIONS AND LEGACIES

| | 2022 | 2021 |
|---|----------------|----------------|
| | £ | £ |
| Unrestricted: | | |
| Novartis Pharma AG | 110,000 | 0 |
| Other donations | 16,148 | 1,964 |
| Restricted: | | |
| Fleming Fund (CwPAMS) | 0 | 184,932 |
| Fleming Fund (CwPAMS 1.5) | 120,416 | 0 |
| Fleming (SPARC) | 510,075 | 0 |
| Health Education England | 30,000 | 0 |
| Royal Pharmaceutical Society grant | 25,000 | 25,000 |
| Sir Halley Stewart Trust | 15,000 | 30,000 |
| Sir Halley Stewart Trust (Covid emergency fund) | 0 | 10,000 |
| | 826,639 | 251,896 |

3. FEE FOR SERVICE

| | 2022 | 2021 |
|----------------------------|-------------|---------------|
| | £ | £ |
| Content review and design: | | |
| Plexicon | 0 | 16,650 |
| | 0 | 16,650 |

4. RAISING FUNDS

| | 2022 | 2021 |
|---------------------------------|-------------|---------------|
| | £ | £ |
| Raising donations and legacies: | | |
| Other costs | 0 | 17,763 |
| Support costs | 0 | 17,793 |
| | 0 | 35,556 |

5. CHARITABLE ACTIVITIES COSTS

| | 2022 | 2021 |
|-------------------------------|----------------|----------------|
| | £ | £ |
| Advance health and education: | | |
| Other costs | 475,915 | 224,412 |
| Support costs | 194,951 | 35,584 |
| | 670,866 | 259,996 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

6. SUPPORT COSTS

| | 2022 | Governance costs |
|------------------------------|---|-------------------------|
| | £ | 2021 |
| | | £ |
| Raising funds | 0 | 17,793 |
| Advance health and education | <u>194,952</u> | <u>17,791</u> |
| | <u>194,952</u> | <u>35,584</u> |
| Activity | Basis of allocation | |
| Governance costs | Apportioned on an estimated use basis as follows: | |
| | % | % |
| Raising funds | 0 | 50 |
| Advance health and education | <u>100</u> | <u>50</u> |
| | 100 | 100 |

7. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 30th June 2022 (2021: £Nil).

There were no trustee expenses paid in the year ended 30th June 2022 (2021: £Nil).

8. STAFF COSTS

| | 2022 | 2021 |
|---|---------------|---------------|
| | £ | £ |
| Wages and salaries | 69,014 | 41,437 |
| Pension | 2,715 | 2,408 |
| Employer National Insurance contributions | 2,631 | 2,242 |
| Overtime | <u>0</u> | <u>27,826</u> |
| | <u>74,359</u> | <u>73,913</u> |

The average monthly number of employees during the year was as follows:

| | 2022 | 2021 |
|-------|-------------|-------------|
| Staff | <u>2</u> | <u>2</u> |

No employees received emoluments in excess of £60,000 (2021: None)

The Charity has a pension scheme set up with NEST for the benefit of staff.

The amount of pension contributions charged to the charity in the year ended June 2022 was £2,715 (2021: £2,408).

The amount of pension contributions outstanding at the end of the year was £796 (2021: £825).

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

9. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

| | Unrestricted funds £ | Restricted funds £ | 2021 Total funds £ |
|------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| INCOME AND ENDOWMENTS FROM | | | |
| Donations and legacies | 1,964 | 249,932 | 251,896 |
| Charitable activities | | | |
| Individual subscriptions | 870 | 0 | 870 |
| Membership fees | 21,038 | 0 | 21,038 |
| Member association fees | 3,250 | 0 | 3,250 |
| Other income | 16,650 | 0 | 16,650 |
| Total | 43,772 | 249,932 | 293,704 |
| EXPENDITURE ON | | | |
| Raising funds | 10,211 | 25,345 | 35,556 |
| Charitable activities | 15,064 | 244,932 | 259,996 |
| Total | 25,275 | 270,277 | 295,552 |
| NET INCOME/(EXPENDITURE) | 18,497 | (20,345) | (1,848) |
| Transfers between funds | 0 | 0 | 0 |
| Net movement in funds | 18,497 | (20,345) | (1,848) |
| RECONCILIATION OF FUNDS | | | |
| Total funds brought forward | 49,815 | 47,729 | 97,544 |
| TOTAL FUNDS CARRIED FORWARD | 68,312 | 27,384 | 95,696 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

10. TANGIBLE FIXED ASSETS

| | Office Equipment £ |
|---------------------------|-----------------------------------|
| COST | |
| At 1st July 2021 | 824 |
| Additions | <u>898</u> |
| At 30th June 2022 | <u>1,722</u> |
| DEPRECIATION | |
| At 1st July 2021 | 824 |
| Charge for year | <u>187</u> |
| At 30th June 2022 | <u>1,011</u> |
| NET BOOK VALUE | |
| At 30th June 2022 | <u><u>711</u></u> |
| At 30th June 2021 | <u><u>0</u></u> |

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | Unrestricted funds £ | Restricted funds £ | 2022 Total funds £ | 2021 Total funds £ |
|----------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Subscription debtors | 6,987 | 40,705 | 47,692 | 9,341 |
| Staff Debtor | 156 | (156) | 0 | 0 |
| Prepayments | <u>614</u> | <u>0</u> | <u>614</u> | <u>0</u> |
| | <u><u>7,757</u></u> | <u><u>40,549</u></u> | <u><u>48,306</u></u> | <u><u>9,341</u></u> |

12. CASH AT BANK IN HAND

| | Unrestricted funds £ | Restricted funds £ | 2022 Total funds £ | 2021 Total funds £ |
|------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Unity Trust Bank | (64,213) | 415,615 | 351,402 | 180,909 |
| PayPal Account | 3,508 | (3,508) | 0 | 2,510 |
| Soldo Account | <u>17,673</u> | <u>(16,195)</u> | <u>1,478</u> | <u>204</u> |
| | <u><u>(43,032)</u></u> | <u><u>395,912</u></u> | <u><u>352,880</u></u> | <u><u>183,623</u></u> |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | Unrestricted funds | Restricted funds | 2022 Total funds | 2021 Total funds |
|-----------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | £ | £ | £ | £ |
| Trade creditors | 18,192 | 74,171 | 92,363 | 67,768 |
| Deferred income | 0 | 25,000 | 25,000 | 25,000 |
| Accruals | 25,662 | (24,042) | 1,620 | 2,426 |
| Funds Transfer | (49,699) | 49,699 | 0 | 0 |
| Bad debt provision | 4,800 | 0 | 4,800 | 0 |
| Pension Contributions | 796 | 0 | 796 | 825 |
| HMRC Creditor | 315 | 0 | 315 | 1,249 |
| | <u>66</u> | <u>124,828</u> | <u>124,894</u> | <u>97,268</u> |

Additional information regarding the deferred income is shown at note 15

14. MOVEMENTS IN FUNDS

| | At 30.06.21 | Incoming resources | Outgoing resources | At 30.06.22 |
|---|--------------------|-------------------------------|-------------------------------|--------------------|
| | £ | £ | £ | £ |
| Unrestricted funds | | | | |
| General fund | 68,312 | 151,682 | (127,259) | 92,735 |
| Restricted funds | | | | |
| Fleming Fund (CwpPAMS 1.0) | 17,782 | 0 | (17,782) | 0 |
| Fleming Fund (CwpPAMS 1.5) | 0 | 120,416 | (115,470) | 4,946 |
| Fleming Fund (SPARC) | 0 | 510,075 | (342,206) | 167,869 |
| Health Education England | 29 | 30,000 | (18,576) | 11,453 |
| Royal Pharmaceutical Society | 0 | 25,000 | (25,000) | 0 |
| Sir Halley Stewart Trust | 8,324 | 15,000 | (23,324) | 0 |
| Sir Halley Stewart Trust (Covid emergency fund) | 1,249 | 0 | (1,249) | 0 |
| | <u>95,696</u> | <u>852,173</u> | <u>(670,866)</u> | <u>277,003</u> |

Restricted funds:

- The Commonwealth Partnerships for Antimicrobial Stewardship (CwpPAMS) programme is funded by a grant made from the UK Department of Health and Social Care's Fleming Fund. An additional grant awarded by the Fleming Fund supports the SPARC (Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building) programme and is administered by the Management Agent Mott Mac Donald.
- The Chief Pharmaceutical Officer's Global Health Fellowship was funded by Health Education England.
- A grant from the Sir Halley Stewart Trust funds the development of the charity's online CPD platform.
- An additional grant from the Sir Halley Stewart Trust was released from their COVID19 emergency fund towards the development of resources during the pandemic.

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

15. RELATED PARTY DISCLOSURES

The Royal Pharmaceutical Society (RPS) granted the charity £25,000 in the year ended 30th June 2022 (2021: £25,000) to help pay for the running costs for the charity. An additional £25,000 was received from RPS which relates to the year ended 30 June 2023 so is included in deferred income.

The RPS received free annual subscription to the Commonwealth Pharmacists Association in the year ended 30th June 2022 which had an estimated value of £7,354 (2021: £7,354).

16. COST OF INDEPENDENT EXAMINATION AND OTHER PROFESSIONAL SERVICES

The amount payable to the independent examiner was as follows:

| | 2021 | 2020 |
|---------------------------|--------------|-------------|
| | £ | £ |
| Cost of external scrutiny | <u>1,620</u> | <u>750</u> |

| | Unrestricted funds £ | Restricted funds £ | 2022 Total funds £ | 2021 Total funds £ |
|---|----------------------------|--------------------------|-----------------------------|-----------------------------|
| INCOME AND ENDOWMENTS | | | | |
| Donations and legacies | | | | |
| CwPAMS 1.0 | 0 | 0 | 0 | 184,932 |
| CwPAMS 1.5 | 0 | 120,416 | 120,416 | 0 |
| Fleming (SPARC) | 0 | 510,075 | 510,075 | 0 |
| Health Education England | 0 | 30,000 | 30,000 | 0 |
| Royal Pharmaceutical Society Grant | 0 | 25,000 | 25,000 | 25,000 |
| Sir Halley Stewart Grant | 0 | 15,000 | 15,000 | 30,000 |
| Sir Halley Stewart Grant Covid Emergency Fund | 0 | 0 | 0 | 10,000 |
| Novartis | 110,000 | 0 | 110,000 | 0 |
| Other Donations | 16,148 | 0 | 16,148 | 1,964 |
| Charitable activities | | | | |
| Individual subscriptions | 225 | 0 | 225 | 870 |
| Membership fees | 32,369 | 0 | 32,369 | 28,758 |
| Membership fees (waivers) | (9,280) | 0 | (9,280) | (7,720) |
| Membership fees (bad debt provision) | (4,800) | 0 | (4,800) | 0 |
| Membership fees | (980) | 0 | (980) | 0 |
| Associate membership fees | 8,000 | 0 | 8,000 | 3,250 |
| Other trading activities | | | | |
| Fee for service | 0 | 0 | 0 | 16,650 |
| Total incoming resources | 151,682 | 700,491 | 852,173 | 293,704 |
| EXPENDITURE | | | | |
| Raising Funds | | | | |
| Bank Charges RF | 0 | 0 | 0 | 271 |
| Gross Salaries RF | 0 | 0 | 0 | 12,621 |
| Professional Fees RF | 0 | 0 | 0 | 4,871 |
| Support Costs Fundraising RF | 0 | 0 | 0 | 17,793 |
| Total Raising Funds | 0 | 0 | 0 | 35,556 |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

| | Unrestricted funds £ | Restricted funds £ | 2022 Total funds £ | 2021 Total funds £ |
|-------------------------------------|----------------------------|--------------------------|-----------------------------|-----------------------------|
| Charitable Activities | | | | |
| Awards, Gifts and Sponsorship CA | 0 | 0 | 0 | 133 |
| Bank Charges CA | 0 | 0 | 0 | 942 |
| Conference Costs CA | 0 | 0 | 0 | (25) |
| External Printing CA | 0 | 0 | 0 | 27 |
| Gross Salaries CA | 29,648 | 0 | 29,648 | 25,222 |
| Hosting Service CA | 0 | 0 | 0 | 9,303 |
| Internet Development CA | 0 | 0 | 0 | 1,062 |
| Mileage (Staff) CA | 0 | 0 | 0 | 34 |
| Other Travel (Staff) CA | 0 | 0 | 0 | (425) |
| Overseas Postage & Couriers CA | 0 | 0 | 0 | 51 |
| Overtime CA | 0 | 0 | 0 | 5,852 |
| Paper & Stationery CA | 0 | 0 | 0 | 21 |
| PharmAid CA | 18,525 | 0 | 18,525 | 1,124 |
| Phone Internet Network Fax CA | 0 | 0 | 0 | 1,543 |
| Postage & Couriers CA | 0 | 0 | 0 | 55 |
| Professional Fees CA | 38,200 | 389,517 | 427,717 | 193,178 |
| Published Articles CA | 0 | 0 | 0 | 3,152 |
| Software License Asset CA | 0 | 0 | 0 | 66 |
| Software New/Upgrades CA | 0 | 0 | 0 | 303 |
| Subscriptions CA | 24 | 0 | 24 | 587 |
| Support Costs Charitable Activities | 40,862 | 154,090 | 194,952 | 17,791 |
| Total Charitable Activities | 127,259 | 543,607 | 670,867 | 259,996 |
| Total outgoing resources | 127,259 | 543,607 | 670,867 | 295,552 |
| NET INCOME/(EXPENDITURE) | 24,424 | 156,884 | 181,307 | (1,848) |

Commonwealth Pharmacists Association
Notes to the Financial Statement - continued
For The Year Ended 30th June 2022

| | Unrestricted funds £ | Restricted funds £ | 2022 Total funds £ | 2021 Total funds £ |
|--|----------------------------|--------------------------|-----------------------------|-----------------------------|
| Support costs | | | | |
| Audit & Accountancy Fees | 2,261 | 0 | 2,261 | 3,359 |
| Bank Charges | 350 | 0 | 350 | 182 |
| Childcare Vouchers | 0 | 0 | 0 | 2,498 |
| Depreciation | 187 | 0 | 187 | 21 |
| Employers NI | 2,631 | 0 | 2,631 | 2,241 |
| Employers Pension | 2,715 | 0 | 2,715 | 2,408 |
| Gifts and Donations | 35 | 0 | 35 | 73 |
| Gross Salaries | 39,366 | 0 | 39,366 | 13,843 |
| Consultancy fees | 66,673 | 55,486 | 122,159 | 0 |
| Travel & subsistence | 508 | 0 | 508 | 0 |
| Hosting Service | 0 | 0 | 0 | 144 |
| Insurance | 2,087 | 0 | 2,087 | 0 |
| Internet Development | 228 | 0 | 228 | 150 |
| Dissemination and Publications | 0 | 11,357 | 11,357 | 0 |
| IT Consumables | 37 | 0 | 37 | 27 |
| Occupational Health | 125 | 0 | 125 | 0 |
| Overtime | 0 | 0 | 0 | 9,373 |
| Paper and Stationery | 0 | 0 | 0 | 4 |
| Phone Internet Network Fax | 625 | 0 | 625 | 788 |
| Postage and Couriers | 11 | 0 | 11 | 4 |
| Professional Fees | 0 | 0 | 0 | 125 |
| Recruitment | 89 | 0 | 89 | 20 |
| Research | 1,500 | 0 | 1,500 | 0 |
| Software New/Upgrades | 1,129 | 0 | 1,129 | 0 |
| Staff Training | 240 | 0 | 240 | 0 |
| Subscriptions | 2,041 | 0 | 2,041 | 324 |
| Technical Support | 5,271 | 0 | 5,271 | 0 |
| Support Costs to Fundraising | 0 | 0 | 0 | (17,793) |
| Support Costs to Charitable Activities | (40,862) | (154,090) | (194,952) | (17,791) |
| Support Costs Transfer | (87,247) | 87,247 | 0 | 0 |
| Balance | 0 | 0 | 0 | 0 |

THE COMMONWEALTH PHARMACISTS ASSOCIATION

England & Wales - Charity number 1176132

Accounts

REGISTERED CHARITY NUMBER 1176132

**Report of the Trustees and
Financial Statement for the Year Ended 30 June 2021
for
The Commonwealth Pharmacists Association (CPA)**

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| Statement of Financial Activities | 19 |
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The trustees submit their report together with the financial statements of the charity for the year ended 30th June 2021.

Objectives and Activities

The CPA's charitable objectives are:

1. To advance health for the public benefit by collaborating (network) with other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
2. To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination (sharing) of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programmes.
3. To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

Summary of the main activities in relation to those purposes for the public benefit, in particular, the activities, projects or services identified in the accounts.

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to develop the pharmacy workforce and build capacity through education and training; strengthen healthcare systems and ensure the safe and effective use of medicines, prevention of disease and promotion of healthier lifestyles; and advocate for improved access and quality of medicines and vaccines, by supporting and embedding pharmacists at all levels of medicines management. The CPA has a growing collaboration plan with WHO and is in special relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

The CPA has developed its strategy around three core areas of work:

1. **Capacity Development and Health Systems Strengthening, *improving the quality of health systems and pharmaceutical care, for the benefit of the public:***
 - Online continuing professional development (CPD) platform – launched in November 2020 with initial courses on antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) – funded by a grant from the Sir Halley Stewart Trust and the UK's Fleming Fund
 - Global health partnerships – Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) – funded by the UK's Fleming Fund
 - Global Health Fellowships – Chief Pharmaceutical Officers Global Health Fellows (ChPOGHF) – funded by Health Education England (HEE)
2. **Practice Resources, *supporting the safer and more effective use of medicines for the benefit of the public:***
 - PharmAid – the redistribution of recent editions of pharmaceutical texts to support prescribing in lower resource settings (funded through the CPA's unrestricted income, including membership fees, and a grant from the Royal Pharmaceutical Society)

- Toolkits – e.g. COVID19 (recently developed as part of our website overhaul funded by a grant from Sir Halley Stewart Trust) and CwPAMS (funded by the UK’s Fleming Fund)
 - Prescribing support – e.g. antimicrobial prescribing App (funded by the UK’s Fleming Fund)
3. **Advocacy and Campaigns, improving the access to, use of medicines and reducing health inequalities for the public benefit** (funded through the CPA’s unrestricted income, including membership fees, and a grant from the Royal Pharmaceutical Society):
- ● Representation of pharmacists and priority areas related to medicines and vaccines at annual forums and high-level meetings – e.g. Commonwealth Health Ministers Meeting and Commonwealth Heads of Government Meeting.
 - Activity promoting world health days and around two key policy areas focusing on:
 - Tackling antimicrobial resistance (AMR) through providing tools and training resources, running surveys, and engaging members to take part in activities for World Antibiotic Awareness Week and the Antibiotic Guardian Awards.
 - Raising awareness and creating discussion around the issue of falsified and substandard medicines as active partners of the Fight the Fakes Campaign. advocacy activities.

In addition to this, in recent times the Charity has also diverted some resources to support the COVID19 response around the Commonwealth for the benefit of the people of the Commonwealth. In a recent dialogue with the Commonwealth’s Secretary General, the charity and its extended network of pharmacists were commended for the action they took and the key services that they provided to the public during COVID19 (see table below for more details).

For more information www.commonwealthpharmacy.org

Statement confirming whether the trustees have had regard to the guidance issued by the Charity Commission on public benefit

Upon appointment, all trustees have to sign a Code of Conduct that outlines the commitment to CPA’s charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents.

As the charity has grown significantly over the last few years, formal trustee training will be introduced following our AGM on 8th December 2021, which will include further emphasis on all Charities Commission’s Guidance, including that relating to public benefit.

Contribution made by volunteers

Volunteer HR and governance/risk advisors have been appointed to support the work of the charity.

Major activities carried out in the reporting period 1st July 2020 – 30th June 2021

| 1. COVID19 Response | |
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| <p>1.1 COVID19 Survey and Response to Needs</p> <p>On 25th March 2020, the Commonwealth Pharmacists Association (CPA) launched an invite to pharmacy professionals and pharmacy professional bodies across the Commonwealth to complete a short survey to identify the needs of the pharmacy workforce during the COVID19 pandemic.</p> <p>Objectives of the survey were to understand:</p> <ul style="list-style-type: none"> * what issues are affecting pharmacy professionals' ability to respond to the COVID19 pandemic * how pharmacy professionals and professional bodies are responding to the pandemic * what support would be helpful from the CPA or other pharmacy bodies <p>It took approximately 10 minutes to complete and was promoted on social media and via CPA councillors.</p> <p>Results: We received 545 responses from across the Commonwealth (countries as listed above), with a roughly equal split between male and female and a good distribution across different sectors of practice. Respondents were generally worried about the current pandemic, with around 1/3 of respondents saying that they were 'extremely worried' and close to 50% said it was 'somewhat difficult' to work effectively at the current time.</p> <p>The most frequently requested support was as follows:</p> <ul style="list-style-type: none"> - Access to COVID19 community of support - COVID19 webinars - Signposting to COVID19 information <p>Other needs highlighted were training on preparedness, support communicating key messages and advocacy.</p> <p>These results were presented in a Webinar on 7th May 2020 and were published in a peer reviewed journal in October 2020. https://rdcu.be/cyeTG</p> <p>In response to these needs identified, the CPA did the following:</p> <ol style="list-style-type: none"> 1. Created a mobile based community of practice using the Telegram platform 2. Ran a Webinar series on COVID19 (see item 2 for more details) 3. Created a COVID19 resource repository on our website, including pulling together a tool kit for pharmacy professionals to support quick and easy access to relevant information | <p>Those taking part in survey:</p> <p>Australia Bangladesh Cameroon Canada Dominica eSwatini Fiji Ghana Grenada Guyana India Kenya Malawi Malaysia Malta Mauritius New Zealand Nigeria Pakistan Rwanda Saint Lucia Samoa Singapore South Africa Sri Lanka St Vincent and The Grenadines Tanzania Trinidad and Tobago Uganda United Kingdom</p> |

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| <p>and resources. We also gathered resources from other pharmacy associations around the Commonwealth and successfully sought a grant to develop the COVID19 resources page on our website.</p> <p>4. Added a COVID19 section to our antimicrobial prescribing App to allow easy access to treatment and prevention resources for healthcare professionals offline.</p> | |
| <p>1.2 COVID19 Webinars</p> <p>In response to the COVID19 survey disseminated to pharmacists round the Commonwealth the CPA have to date run 3 Webinars to help support the profession.</p> <p>The topics covered have been:</p> <ul style="list-style-type: none"> - Webinar 1, 7th May 2020: Resources for pharmacists (412 attendees) - Webinar 2, 4th June 2020: Experiences from around the Commonwealth and launch of WHO-formula hand sanitiser animation (376 attendees) - Webinar 3, 17th July 2020: Response to COVID19 response via the Commonwealth Partnerships in Antimicrobial Stewardship (CwPAMS) programme (244 attendees) | <p>Attendance by country:</p> <p>Antigua and Barbuda Australia Barbados Cameroon Dominica eSwatini Fiji Gambia Ghana Grenada India Kenya Malaysia Malta Mauritius Mozambique Namibia New Zealand Nigeria Pakistan Rwanda Saint Lucia Sierra Leone Singapore South Africa Sri Lanka Tanzania Trinidad and Tobago Uganda United Kingdom Zambia</p> |
| <p>1.3 Clinical COVID19 Webinars – collaborative Continuing Professional Development (CPD) resource initiative</p> <p>The Royal Pharmaceutical Society (RPS) has developed a range of clinical webinars to support pharmacists during the COVID19 pandemic. All of the webinars follow a Q&A format focusing on practical tips and sharing good practice.</p> <p>The CPA developed a partnership agreement with the RPS to provide these webinars as a free CPD package for CPA members.</p> <p>Once registered (for FREE) as a user on the RPS website, pharmacists and other healthcare professionals accessing this resource via the CPA can watch these recordings at any time and obtain a CPD certificate for their records.</p> | <p>Antigua and Barbuda Australia Barbados Cameroon Dominica eSwatini Fiji Gambia Ghana Grenada India Kenya Malaysia Malta Mauritius Mozambique Namibia New Zealand Nigeria Pakistan Rwanda</p> |

| | |
|---|--|
| | Saint Lucia Sierra Leone Singapore South Africa Sri Lanka Tanzania Trinidad and Tobago Uganda United Kingdom Zambia |
| 2. Practice and Educational Resources | |
| <p>2.1 PharmAid</p> <p>PharmAid is our annual scheme that has been running since the establishment of the CPA in the 1970s that supports the collection of recent copies of pharmaceutical text from the NHS and redistribution to national pharmacy associations throughout the Commonwealth.</p> <p>In 2018/2019 we collected and redistributed over 5500 recent editions of pharmaceutical texts (including British National Formularies - BNFs) to those national pharmacy associations in member countries that had requested the books. PharmAid 2018/2019 concluded in May 2019. Donations had begun for PharmAid 2019/2020, but distribution had to be postponed to 2021 due to the current pandemic. Countries listed are those that are expected to receive books in 2021 from the postponed PharmAid 2019/20. NICE and the Pharmaceutical press both donated significant amounts of books for this round of PharmAid.</p> <p>The feedback from recipients continues to emphasise the impact these books have on enhancing the better use of medicines and strengthening the pharmacy profession in LMICs, where credible and reliable resources of medicines information are not as readily available – something taken for granted in many high income countries.</p> <p>In a recent survey we learnt that 80% of recipients of our PharmAid books believed that these books were either ‘very influential’ or that ‘their practice would not be the same without them’. The books are distributed by national pharmacy associations to pharmacists working in medicines information, clinical practice, and training environments. The most frequently cited use of the books is to check dosages for children and safety in pregnancy and lactation.</p> <p>The CPA also conducted in-depth case studies with three pharmacists in Rwanda to understand how the resources are used over a weekly period. This highlighted how the resource allows pharmacists to check critical information through a reliable source to ensure quality care for patients.</p> | Botswana Dominica eSwatini Ghana Grenada Lesotho Malaysia Mauritius Nigeria Sierra Leone Sri Lanka St Vincent and The Grenadines Uganda Zambia |

3. Capacity Building and Health Systems Strengthening**3.1 Online Continuing Professional Development (CPD) platform**

After securing a grant in October 2019 to develop an online continuing professional development (CPD) platform we have now established the platform, and created and uploaded the first programme in consultation with National Pharmacy Associations. Following a soft launch of the platform with pilot users in November 2020, the project has developed and during the past year we have delivered the following:

A fully developed mobile first and intuitive CPD Platform, to host the CPD programmes <https://commonwealthpharmacycpd.org/>

A full Antimicrobial Stewardship Programme, consisting of 4 courses and 2 AMS toolkit resources all aimed for LMIC pharmacists practicing in community and hospital pharmacy.

The content followed a co-creation process and each course measures baseline knowledge and a quiz on completion. The certificates are co-branded between the CPA and the national pharmacy association.

Strengthened relationships and increased engagement whilst working with the following countries to enable access to the CPD platform for pharmacists that are members of the NPA. Countries in bold have completed the onboarding process to provide access to pharmacists, the others are part way through the process.

Eswatini

The Gambia

Ghana (CwPAMS)

Kenya (CwPAMS)**Malawi (CwPAMS)****Nigeria (CwPAMS)****Sierra Leone (CwPAMS)**

Tanzania (CwPAMS)

Uganda (CwPAMS)

Zambia (CwPAMS)**St Vincent and The Grenadines**

Fiji

Full technical support has been set up and implemented using Live Agent to manage and offer support to members

eSwatini
Fiji
Gambia
Ghana
Kenya
Malawi
Nigeria
Sierra Leone
St Vincent and The
Grenadines
Tanzania
Uganda
Zambia

3.2 Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

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The aims of the programme were to strengthen workforce in:

- Antimicrobial prescribing (including informed by clinical data and using decision tools)
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- Infection prevention and control.

Prior to COVID19, CwPAMS involved volunteer NHS pharmacists, specialist nurses, medics and health psychologists travelling to participating Commonwealth nations to work in partnership with local health workers, sharing expertise and jointly tackling the growing challenge of AMR. Originally, 12 partnerships were awarded grants across 4 countries: Ghana, Tanzania, Uganda and Zambia, with the intention of sharing skills and knowledge, and to co-create innovation in AMS. Participating teams from the NHS undertook 1-2 annual placements of 1-2 weeks at hospital sites in Commonwealth countries. Between visits, teams kept in touch through online mentoring arrangements. This programme of work has the aim of supporting countries to deliver on their national AMR action plans through facilitating better stewardship of antimicrobials and infection prevention control processes.

By Q3, 50% of objectives were achieved, and the original programme achieved all of its planned objectives.

Intermediate outcomes include:

OUTCOME 1: LMIC healthcare institutions and workforce improved practice related to AMS

- 1500 LMIC healthcare workers trained, including 253 pharmacists in AMS – up-skilling & role creation across projects
- Monitoring of behavioural change has been conducted (full results pending)
- Improved prescribing practice and collaboration between prescribers & lab – expected in all by end of programme

OUTCOME 2: AMS strategies, guidelines and tools in place and being used

- Antimicrobial Stewardship checklist & behavioural tools
- 15 new or revised documents relating to AMS and AntibioticAbx prescribing practices (zero before)
- CwPAMS app (including national treatment guidelines, WHO guidelines, IPC & surveillance)
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- Global Point Prevalence Surveys (GPPS) in 10 hospitals (previously only 1) e.g. Korle Bu 2000+ bed PPS (pooled national results being used to guide national strategy, as well as local intervention).

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OUTCOME 1: LMIC healthcare institutions and workforce improved practice related to AMS

- 1500 LMIC healthcare workers trained, including 253 pharmacists in AMS – up-skilling & role creation across projects
- Monitoring of behavioural change has been conducted (full results pending)
- Improved prescribing practice and collaboration between prescribers & lab – expected in all by end of programme

OUTCOME 2: AMS strategies, guidelines and tools in place and being used

- Antimicrobial Stewardship checklist & behavioural tools
- 15 new or revised documents relating to AMS and AntibioticAbx prescribing practices (zero before)
- CwPAMS app (including national treatment guidelines, WHO guidelines, IPC & surveillance)
- Medicines & Therapeutics Committees
- AMS champions
- Global Point Prevalence Surveys (GPPS) in 10 hospitals (previously only 1) e.g. Korle Bu 2000+ bed PPS (pooled national results being used to guide national strategy, as well as local intervention).

3.2 Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

Ghana
Kenya
Malawi
Nigeria
Sierra Leone
Tanzania
Uganda
United Kingdom
Zambia

In September 2018 the CPA, in partnership with the Tropical Health and Education Trust (THET), received funding from the UK Department of Health and Social Care's Fleming Fund to develop the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme. This scheme is delivered via THET's very successful Health Partnerships Scheme (HPS). The CPA provides key technical support to the partnerships on antimicrobial stewardship (AMS) and clinical pharmacy. The programme was originally due to finish in May 2020 but has been granted an extension to June 2021 due to the COVID19 pandemic.

The aims of the programme were to strengthen workforce in:

- Antimicrobial prescribing (including informed by clinical data and using decision tools)
- Antimicrobial stewardship practices (including surveillance of use)
- Infection prevention and control.

Prior to COVID19, CwPAMS involved volunteer NHS pharmacists, specialist nurses, medics and health psychologists travelling to participating Commonwealth nations to work in partnership with local health workers, sharing expertise and jointly tackling the growing challenge of AMR. Originally, 12 partnerships were awarded grants across 4 countries: Ghana, Tanzania, Uganda and Zambia, with the intention of sharing skills and knowledge, and to co-create innovation in AMS. Participating teams from the NHS undertook 1-2 annual placements of 1-2 weeks at hospital sites in Commonwealth countries. Between visits, teams kept in touch through online mentoring arrangements. This programme of work has the aim of supporting countries to deliver on their national AMR action plans through facilitating better stewardship of antimicrobials and infection prevention control processes.

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