

Report of the workshop

ABACUS Qualitative Paper writing workshop

27th – 28th November, 2017

Hotel Uman, Umea, Sweden



List of participants

No.	Name	HDSS	Email
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Facilitators			
1	Heiman Wertheim	Nuffield Dept. of Clinical Medicine, University of Oxford	heiman.wertheim@gmail.com
2	John Kinsman	Dept. of Public Health & Clinical Medicine, Epi & Global Health, Umea University	john.kinsman@umu.se
3	Johannes John-Langba	Social Work School of Applied Human Sciences College of Humanities University of Kwazulu-Natal Durban, South Africa	JohnLangbaJ@ukzn.ac.za
4	Margaret Gyapong	University of Health and Allied Sciences, Ho, Ghana	mgyapong@uhas.edu.gh

Opening

The meeting started on Monday 27th November, 2017 at 8:30am.

John Kinsman, the host welcomed the team to the workshop and stated the main objectives of the workshop which were :

- a. To review progress on the ABACUS single-site qualitative papers and to determine what additional support may be needed to finalise the papers for submission; and
- b. To discuss and develop a cross-site qualitative paper
- c. To discuss any other matters

There was a general introduction of all participants and facilitators to create a conducive environment for a successful workshop.

DAY 1

Session 1 – Chair: Prof. John Kinsman

Draft papers from all sites were shared among the centres for cross site peer reviews. Below is the sequence of the cross site peer reviews and site presentations;

1. Manhica HDSS, Mozambique presented their draft paper to the group.

Title: *Awareness on appropriate antibiotic use in a rural district in sub-saharan Africa: where is the starting point for prevention of antibiotic resistance?*

Objective: *This study aimed to describe community understanding and knowledge of antibiotics and antibiotic resistance, as a means of providing an empirical basis for message development and positioning.*

After which they shared their review of the draft paper of Matlab HDSS, Bangladesh.

2. Matlab HDSS, Bangladesh presented their draft paper to the group.

Title: *What influences on selling antibiotics in rural Bangladesh? A qualitative study.*

They reviewed the draft paper of Manhica HDSS, Mozambique

3. FilaBavi HDSS, Vietnam presented their draft paper.

Title: *Everybody can do business in medicine selling*

Objective: *Describe the distribution of antibiotic suppliers in Filabavi, and explore the reasons of inappropriate antibiotic use.*

FilaBavi HDSS presented the comments they had from the review of the draft paper from Kintampo HSDD, Ghana

Session 2 – Chair: Prof. Johannes John-Langba

4. Manhica HDSS Mozambique presented a leaflet developed in both English and Portuguese titled *'Safe Use of Antibiotics' / 'uso seguro de antibióticos'*. This leaflet has been distributed in the Mahica district for education on antibiotics and its use. It highlights issues such as;
 - a. How to take antibiotics
 - b. When to take antibiotics
 - c. Where to store antibiotics
 - d. What are the risks of inappropriate use of antibiotics
 - e. Why should we take antibiotics responsible
 - f. What is antibiotic resistance
 - g. What causes antibiotic resistance
 - h. Recommendations on safe use of antibiotics

5. Kintampo HDSS, Ghana presented their draft paper to the group.

Title: *To sell or not to sell; Regulatory demands verses community demands on the sale of antibiotics in rural Ghana.*

They later presented the peer review comments of the draft paper of Dodowa HDSS, Ghana

6. Dodowa HDSS, Ghana presented their draft paper to the group

Title: *Community experience in the acquisition and use of antibiotics: A qualitative assessment in two districts in Southern Ghana*

Objective: *How community members in study area acquire and use antibiotics.*

Dodowa HDSS presented the peer review comments of the draft paper from FilaBavi HDSS, Vietnam.

Lunch was from 12:15 – 13:15

Session 3 – Chair: Prof. Margaret Gyapong

7. Agincourt HDSS, South Africa was next to present their draft paper.

Title: 'Antibiotics we are taking are not working'. Community members' understanding and use of antibiotics and resistance: A qualitative study in rural South Africa

Objectives: Investigate where people are accessing and sourcing healthcare treatment and antibiotics from within this rural community;
Explore community members' understandings and experiences of antibiotics and antimicrobial resistance;
Provide an empirical basis for informing future, patient-level social interventions for appropriate antibiotic use.

They later presented the peer review of the draft paper of Kanchanaburi HDSS, Thailand.

8. Kanchanaburi HDSS, Thailand presented their draft paper and update of the ABACUS work at their HDSS.

Title: Unknown medicine: Access and use of non-prescribed poly-pharmaceutical packs in the community

Objectives: Thus, the present study drew partly on the 4th phase of the Behavioural Model of Health Services Utilization which can help to discern how and why people still need Ya Chut and raise awareness of the danger of Ya Chut.

In addition, the study calls for converting 'dangerous' Ya Chut to 'safer' Ya Chut as an interim approach to control the product in Thailand.

Kanchanaburi HDSS presented the review of Agincourt HDSS draft paper.

In addition to the reviews by site members, facilitators also reviewed and gave inputs into the papers presented by all the sites.

Prof. Gyapong led a discussion on Uptake of research results at country level. She explained how important it is to engage policy makers throughout the process of any research project from proposal development to publication to ensure that they feel part of the work and will be willing to take up any findings or recommendation from the from projects. It was agreed that sites should identify existing meetings and channels of communication and share progress with the study widely.

Centres were asked if they had any engagement with their respective Ministries and policy makers'. Dodowa HDSS, Kintampo HDSS, Manhica HDSS, Matlab HDSS, and FilaBavi HDSS had had some level of engagement with the appropriate Ministries and policy makers'. Agincourt HDSS and Kanchanaburi HDSS are yet enter into some level of engagements. The aim of this exercise is to make sure that program implementers and policy will be able to make informed decisions with evidence from research.

Session 4 – Chair – Prof. Wertheim

Participants were put into two groups, Africa and Asia; to discuss similarities and differences between what they have read and heard from the other sites and what they found in their own site. They were also tasked to consider the implications of the information to be generated for their cross-site papers.

The facilitators rotated among the two groups to join in their discussions. The summary of the discussions is presented below.

Africa	Asia
<p><u>Similarities</u></p> <ul style="list-style-type: none"> a. Antibiotics are easily available b. Antibiotic is seen as a powerful/strong medicine c. They mostly do not finish the course given them although they are aware of the importance of completing the course. d. There are regulations governing antibiotics and its use e. Each country has its unique local term and medical term to describe antibiotics <p><u>Difference</u></p> <ul style="list-style-type: none"> a. Accessibility is easy in Ghana and Mozambique but not in South Africa 	<p><u>Similarities</u></p> <ul style="list-style-type: none"> a. Law enforcement, regulation: <ul style="list-style-type: none"> ✓ illegal suppliers are still selling antibiotics ✓ a lot of non-license providers ✓ More convenience to go to private sectors than government facilities b. Availability of antibiotics is common in everywhere & easy to access c. <i>Trust mechanism</i>: Customers believe some certain providers, d. <i>Source of knowledge</i>: <ul style="list-style-type: none"> ✓ Different generation get different sources of information of antibiotics

<ul style="list-style-type: none"> b. Self-medication is common in Ghana and Mozambique but not in South Africa c. The regulations are not strictly adhered to in Ghana and Mozambique but this is not so in South Africa d. The description of antibiotics by colour and shapes are common in Ghana and Mozambique but not so in South Africa. e. Trust between nurses and the patient in Ghana and Mozambique-- the patients trust that the nurses are qualified to give them medication but they do not like the way they relate to them f. Health care providers in health care facilities can provide prescription but not in the case of South Africa. 	<ul style="list-style-type: none"> ✓ <i>Knowledge about antibiotics:</i> a medicine for treating some certain disease such as sore throat, wound, diarrhea. Community member don't know about the real meaning of antibiotics ✓ <i>Definition of antibiotic resistance:</i> people didn't understand medical term. The staffs need to explain by local term. <p><u>Difference</u></p> <ul style="list-style-type: none"> a. Using health insurance is time consuming so people prefer to pay out of pocket but there is not insurance to cover for medication in Bangladesh b. local term and medical term are the same in Vietnam and different in other countries c. Doctors and pharmacists (in Thailand) can provide prescription
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Day 2

Session 5, 6, 7 - Chair: Prof. Margaret Gyapong, Prof. John Kinsman, Prof. Johannes John-Langba

Prof. Kinsman made a 20 minutes presentation on an article in the Lancet Global Health for the cross-site papers. This is to aid the discussion and agree on appropriate journals to publish in, authorship, timeline and tasks.

Below are the agreed papers, the potential journals to publish in and the facilitators to support the various teams;

Site	Journal suggestion/s	Main support from core abacus team
Matlab HDSS, Bangladesh	BMC Public Health; Journal of Pharmaceutical Policy and Practice	<i>Johannes</i>
Agincourt HDSS, South Africa	Journal of Global Public Health (Journal of Equity in Health)	<i>John</i>
Kanchanuburi HDSS, Thailand	PLOS One (try to suggest an Editor who will be supportive...)	<i>John</i>
Filabavi HDSS, Vietnam	BMC Public Health	<i>Heiman</i>
Dodowa HDSS, Ghana	Journal of Pharmacy Practice; Journal of Global Antimicrobial Resistance; BMC Pharmacology and Toxicology	<i>Margaret</i>
Kintampo HDSS, Ghana	Journal of Pharmaceutical Policy and Practice (50% waiver for LMIC)	<i>Heiman</i>
Manhica HDSS, Mozambique	Journal of Pharmaceutical Policy and Practice (50% waiver for LMIC)	<i>Johannes, Margaret</i>

Heiman, John, Osman: write to site PIs/leaders with proposal for principles of co-authorship for the site papers. Deadline: December 15

- ✓ Primary points of contact (J, H, M, J) for each paper

- ✓ Basis for last author
- ✓ Co-authorship of ABACUS PIs and advisors

To bear in mind for future papers:

- ✓ Cross-site paper 2: International Journal of Antimicrobial Agents?
- ✓ Possibility for a Special Issue in Journal of Global Antimicrobial Resistance for future site-specific ABACUS papers?

Tasks:

- ✓ Dodowa and Kintampo HDSS, Ghana were encouraged to write a combine paper which will be a great work.
- ✓ All HDSS sites were tasked to produce a page summary of the policies/regulatory framework in relation to antibiotics access and use.
- ✓ Centres are to confirm your journal with co-authors, and then format the manuscript according to their guidelines, already for the next draft.

Lunch was observed from 12:15-13:15

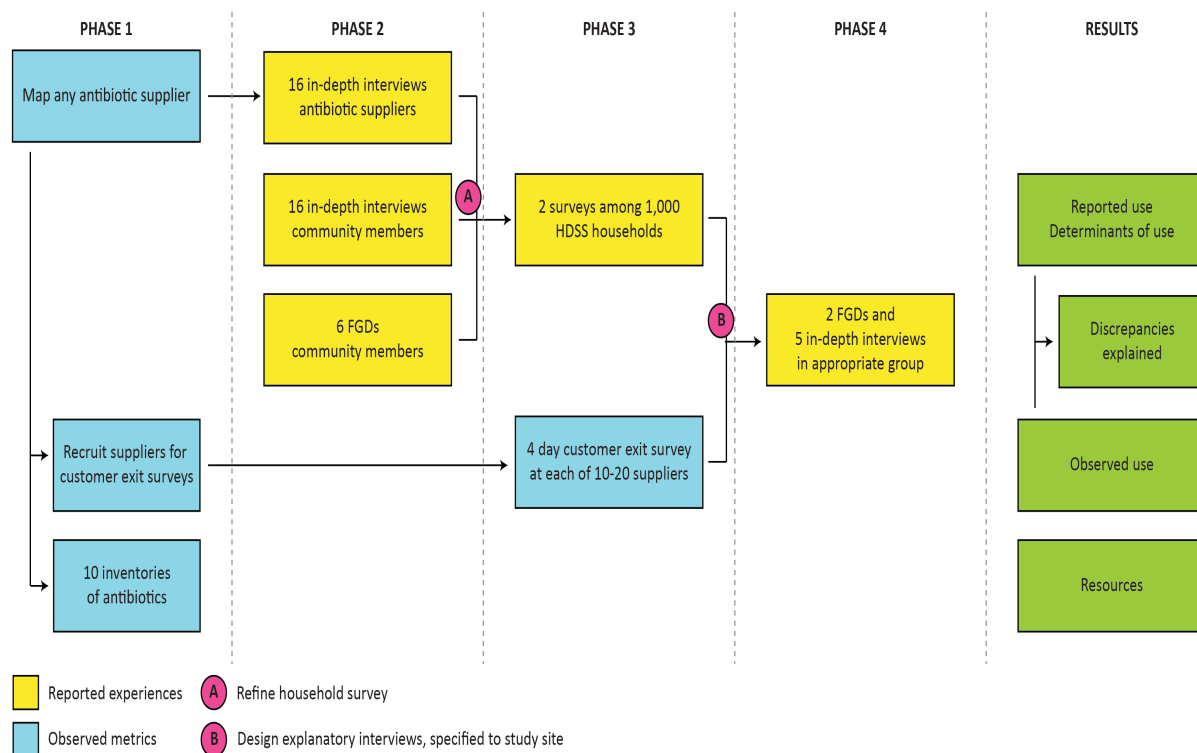
Seesion 8 – Chair: Prof. Heiman Wertheim

Heiman demonstrated the Site Progress and Preliminary data of Household survey and Customer exit interview using REDCap.

Site Progress

Site	Redcap training	Household survey	Customer exit interview
Agincourt	Nov - Dec	Start soon	Start soon
Dodowa	28 – 30 Aug	108 HHs	318 Els
Filabavi	11 - 13 Jul	67 HHs	248 Els
Kintampo	20 - 22 Nov	Start soon	Start soon
Kanchanaburi	05 - 07 Sep	1000HHs	90 Els
Manhica	05 – 08 Jun	460 HHs	496 Els
Matlab	18-20 Jul	1015 HHs	928 Els

Study design overview



Next Step in data collection for sites

- ✓ Continue with household surveys (1st & 2nd round; 6 months apart) and exit interviews (2nd, 3rd, and 4th round; 3 months apart). No further changes to the questions in Redcap database to proceed with final data collection following timeline.
- ✓ Interim analysis for Phase 3 data collected to be triangulated with the qualitative data to design the 2nd round of site-specific in-depth interviews and FGDs
- ✓ Conduct second round of in-depth interviews and FGDs to explain any potential discrepancies between household survey and customer exit survey
- ✓ Sites to share data from longitudinal INDEPTH database on selected indicators: individual education/ occupation, marital status, health status, vaccination status, smoking, alcohol use, non-communicable diseases, internet access, socioeconomic status

ABACUS 2 – Some initial ideas presented during the Umeå meeting, November 2017

- ✓ Support to be obtained from Wellcome Trust?
- ✓ A focus on Social Interventions
- ✓ We will need to reflect on what additional expertise may be required, that we don't already have in the team: Advertising companies, mathematical modellers...?
- ✓ We have identified serious stewardship problems with community and suppliers. The community is not knowledgeable about ABs.
- ✓ We also need to improve knowledge and behaviour of suppliers, within the context of them working as a BUSINESS – how to address this (conflict of interest)?
- ✓ Education – building on the trust of the community in the people who will be educating them, the suppliers (e.g. Thailand, take out the AB from the *Ya Chut* and replace with something else).
- ✓ Develop Behaviour Change and Communication intervention – communications materials/social marketing – to target both the health system (formal *and* informal suppliers, who community also trust) and the community level. There is a thirst for knowledge on both sides. We also need to inform the suppliers about issues going on in the community (that they may not already know about).
- ✓ We need to develop a package of interventions, based on ABACUS 1 evidence (which has identified, for example, the channels we should use to inform people; also the fact that different messages should target different interest groups).
- ✓ Highlight the things that people DON'T need ABs for (pain, 'bones' etc) – and make simple messages for this.
- ✓ Social mobilisation should be a part of this, related to AB and ABR. Micro and macro targets to be identified and addressed: also need a policy intervention to improve enforcement of the existing policies. Include a health systems-strengthening component – stewardship role of HRH. Pharmaceutical boards should also be involved. Evaluation of the interventions a part of this.
- ✓ Evaluate the impact of the Mozambique AB leaflet.
- ✓ South Africa: Explore more about trust in HCWs and how this can be used as an opportunity for them to teach the community about appropriate AB use. Focus on

public health care system (which caters for the majority), as it has no financial incentive to prescribe/sell the wrong drugs.

- ✓ Relying on existing structures to make an impact with the messages. Licensed Chemical Seller’s association in Ghana can be used, for example, for disseminating messages and ideas. CHW education house-to-house – how can this also be used as a channel for AB messages?
- ✓ How can we balance out adequate access and *also* appropriate use? Ensuring access but also ensuring appropriate use once people access them...
- ✓ Knowledge and enforcement – but not restricting access, rather improving it. Campaigns are often not good enough – how to produce accountability and resilience that don’t need continuous fuelling to keep the ideas alive? Develop a community-based antibiotic stewardship team – including not only health workers, but also other community leaders and champions.
- ✓ Use alternative channels, multi-sectoral interventions, identify who are the influencers and how can we engage them to disseminate the messages/create new social norms concerning safe AB use? Include: schools (educating the next generation), traditional healers, doctors.
- ✓ ABACUS should be based on a global concept for the AB intervention that can be locally adapted and applied. Needs to fit into the WHO Global Action Plan.

ABACUS Timelines for 2018

ABACUS Timeline - 2018	Jan	Feb	March	April	May	June	July	Augt.	Sept.	Oct.	Nov.	Dec.
Site-specific qualitative papers submitted			**									
REDCAP Data summaries to be sent out to sites			**									
Cross-site paper submitted				**								
Exit interviews and HH survey completed						**	**					
Develop phase 4 methods - questions				**	**	**	**					

Phase 4 field work								**				
Phase 4 analysis								**	**	**		
Final Meeting (ASTMH, New Orleans/ Amsterdam)											**	

News and Tasks

- ✓ Prof. wertheim informed the team of the plan to apply for a 'No Cost Extension' to the end of 2018 to enable the team complete the work.
- ✓ Contracts between the INDEPTH Network and participating sites should be extended till December, 2018.
- ✓ Final Meeting with Wellcome Trust will be held in Amsterdam or request for a session at the ASTMH meeting, New Orleans, USA in October, 2018
- ✓ There will be two skype calls for Africa and Asia for summary update.
- ✓ A statistician will be needed to do the data analysis.
- ✓ Samuel Afari- Asiedu from Kintampo HDSS, Ghana has been awarded a PhD scholarship from the ABACUS Project.
- ✓ All outstanding financial issues to be worked on and sites to receive their project funds
- ✓ All issues on REDCap to be sorted out.