# **ONE HEALTH AMR RESEARCH PROGRAMME**

# **Final Report**

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*All information is treated with confidence. The information is furnished to the National Centre for Infectious Diseases with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes.*

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All sections must be completed. Indicate “NA” where a particular section is not applicable.

PI must submit this report to NCID electronically (in word format without signatures and PDF format with signature) at [oh\_amr\_research@ncid.sg](mailto:oh_amr_research@ncid.sg) . This report must be submitted within 3 months following the end of Term.

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| --- | --- |
| **OHARP Grant No.:** | OHARP-00X |
| **Project Title:** |  |
| **Principal Investigator:** |  |
| **Host Institution:** |  |
| **Expected Completion Date:** |  |
| **Actual Completion Date:** |  |
| **Grant Quantum (Total Project Value):** | $ |
| **Amount of funds utilised:** | $ |
| **Grant balance:** | $ |
| **Utilisation rate (%):** |  |

# **Abstract of Final Report (not more than 200 words)**

Provide a summary of the project: its objectives, methodology, deliverables, major accomplishments and other relevant information.

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# **Introduction and Objectives**

1. State the background and objectives of the study.

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1. Describe the extent to which the projects’ aims, objectives and deliverables of the research have been achieved and relate the significance of the research to clinical applications, and recent work in the field.

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1. Deviations from the aims, objectives and deliverables of the original proposal during the course of the project, if any. The reasons and justifications for the deviations should also be reported.

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# **Project Milestones**

Fill the table with the milestones as stated in the original grant application. Use shading to indicate the original target duration, and crosses to indicate the actual duration (Please remove the examples in the table below and add more rows where applicable).

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| **Milestones** | **Year 1** | | | **Year 2** | | | | **Year 3** | | | | **Year 4** | |
| **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** |
| Eg. Milestone 1 (please replace) |  |  | x | x | x | x |  |  |  |  |  |  |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: | | | | | | | | | | | | | |
| Eg. Milestone 2 (please replace) |  |  |  |  | x | x | x | x |  |  |  |  |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: | | | | | | | | | | | | | |
| Eg. Milestone 3 (please replace) |  |  |  |  | x | x | x | x | x | x | x | x |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: | | | | | | | | | | | | | |

# **Manpower recruited**

1. Please provide a list of the personnel recruited under the grant, and for each person recruited, provide the name, post, qualification and remuneration.

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| **Institution** | **Name** | **Designation** | **Qualifications** | **Remuneration per Year (S$)** | **Training provided (if any)** |
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1. Indicate whether the principal investigator, co-investigator or a named collaborator is on protected time for the project and if so, the amount of protected time approved and consumed.

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| **Name** | **Position** | **Amount of protected time approved** | **Amount of protected time consumed** |
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# **Equipment Purchased**

Please provide a list of items purchased with the grant, and for each piece of equipment, the institution by which it is purchased, the date of purchase and purchase price in S$.

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| **Institution** | **Equipment** | **Date of Purchase** | **Purchase Price (S$)** |
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# **Project management and execution**

1. Provide a brief write-up of work performed. Describe the individual and collaborative work done by the various organisations involved in the project, elaborating on the roles and responsibilities taken.

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1. Highlight any problems encountered (e.g. technical or personnel problems, material/ equipment sourcing problems) and how these were resolved. Include reasons for any delay if the project took longer than the proposed time frame.

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# **Performance Indicators**

Please provide the target and achieved values for each of the indicators in the tables below. The target values should be the same as stated in the OHARP Letter of Award, Schedule A.

**Mandatory Performance Indicators**

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| **S/N** | **Performance Indicators** | **Target values** | **Achieved values** |
| 1 | Number of reports/presentations made to policy-makers, health system/environment/veterinary managers, and leadership etc. |  |  |
| 2 | Number of findings that result in new or changes in local or international clinical/veterinary/environmental practice guidelines and policies, including implementation of new or improved interventions or diagnostics or services. |  |  |
| 3 | Number of new products/processes/services implemented locally. |  |  |
| 4 | Number of undergraduate and graduate students trained. |  |  |
| 5 | Number of presentations at international or major conferences. |  |  |
| 6 | Number of papers published in international and peer-reviewed journals.  Please state the impact factor. |  |  |
| 7 | Number of joint publications (original research articles, reviews, letters, correspondences, others). |  |  |
| 8 | Number of local and international academic collaborations. |  |  |

**Performance Indicators relevant to One Health AMR objectives:**

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| **S/N** | **Performance Indicators** | **Target values** | **Achieved values** |
| 9 | **KAP**: Number of media reports and public education materials (e.g. Health Promotion Board booklet). |  |  |
| 10 | **KAP**: Number of electronic/ online/ non-traditional/ technological tools developed that lead to better information dissemination to the population, industry or professionals. |  |  |
| 11 | **KAP**: Number of outreach or community programmes developed. |  |  |
| 12 | **SE**: Number of health economic (including cost-effectiveness and other health technology assessment applications) findings that influenced policies or services relating to AMR. |  |  |
| 13 | **TP**: Number of findings that impact understanding of transmission pathways or identify potential areas for intervention of transmission pathways. |  |  |

**Optional Performance Indicators:**

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| **S/N** | **Performance Indicators** | **Target values** | **Achieved values** |
| 14 | Number of awards for research at national and international level. |  |  |
| 15 | Number of joint programmes or projects with international research organisations and local universities. |  |  |
| 16 | Number of R&D projects with industry. |  |  |
| 17 | Number of citations in studies (e.g. findings which are subsequently used in other research studies, commentaries, systematic reviews, review articles). |  |  |

# **Future Plans**

Indicate any future plans for the project, whether there are external grants applied/attracted, if any. Give a brief description of any new features that you may want to incorporate into the project

# **Final Statement of Accounts**

Please submit 2 account closing statements for the institutional budgets from your respective Finance Departments. The statements should reflect the approved budget and the expenditure in the year reported in terms of manpower, equipment, consumables and others, as well as the balance available.

The first statement of accounts should be enclosed with the submission of this Final Report, and the second statement of accounts should be submitted within 6 months from the end of the Term.

# **Signing & Endorsement of Report**

This report must be signed and dated by the PI and co-PI(s), if any, of the project and endorsed by the respective institutional representatives.

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| **SIGNATURE OF PI** |  | **DATE** |

Endorsed by:

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| --- | --- | --- |
| **NAME, TITLE & SIGNATURE**  **OF Research Director**  **or his/her designated authority** |  | **DATE** |

# **FOR OFFICIAL USE ONLY**

**Acknowledgement by: Head**

Antimicrobial Resistance Coordinating Office. National Centre for Infectious Diseases

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| --- | --- | --- |
| **NAME, TITLE & SIGNATURE**  **OF designated authority** |  | **DATE** |

# **Appendix 1**

**Format for reporting selected outcome/output of research**

**Publications**

*Please list down all publications from this project.*

^Status: Published / In Press / Accepted/Submitted

Author Names:

Title of Article:

Journal Name:

Publisher:

Year/ Issue/No.:

Page No.:

Impact Factor:

*^Delete as appropriate & please provide a copy of published articles.*

**Presentations/Conferences**

Author Names:

Title of Article:

Conference Name:

Page No. of Abstract:

Organiser/Publisher:

Country/State:

Date:

*Please provide a copy of published articles.*

**Other Follow-up Grants / Awards**

Name of Researcher:

Title of Article:

Name of External Grants/Award:

Awarding Authority:

Date applied:

Date awarded:

Duration of Award (Grants):