1. Recipient Information

Record ID

_____

Global AR Laboratory & Response Network Performance Measures tool

Thank you for completing the Global Antimicrobial Resistance (AR) Laboratory and Response Network (Global AR Lab & Response Network) Performance Measures (PM) tool. This tool is intended to establish and collect standardized process and outcome metrics for recipients implementing Global AR Lab & Response Network projects. Recipients will be asked to complete this tool annually, in addition to the required Cooperative Agreement annual performance and progress reporting. Please complete the tool using information that will be included in your organization's Year 3 performance narrative submission. Please answer as many questions as possible. If you need any assistance, please contact GARLRN@cdc.gov.

FORM 1.) RECIPIENT INFORMATION

Name of Recipient Organization:

_____

Recipient HQ location:

_____

GARLRN-Funded Strategy(s):

(Select all that apply)

- ☐ Strategy 2: Assess Antimicrobial Resistance in Enteric Pathogens
- ☐ Strategy 3: Assess Antimicrobial Resistance in Fungal Pathogens
- ☐ Strategy 4: Assess Antimicrobial Resistance in Invasive Bacterial and Respiratory Pathogens
- ☐ Strategy 5: Assess Antimicrobial Resistance in N. gonorrhoeae

Please list all project pathogens:

_____

(If unknown, enter 'N/A')

SECTION 1: PROJECT IMPLEMENTATION Please answer the following questions about [pilot_recipname]'s experiences with project implementation. Please use information that will be included in [pilot_recipname]'s Year 3 performance narrative submission

1. How many countries is this project being implemented in during BP3?

_____
(If none or unknown, enter 'N/A')

2. What is the number of sites (laboratories, hospitals, healthcare facilities, etc.) that were supported as part of the project? Please answer for each country.

_____
(If none or unknown, enter 'N/A')

3. How many sites received direct material support (i.e., lab reagents/diagnostics, other lab equipment, IT material, printed SOPs, etc.) from [pilot_recipname] during this budget period as part of the project? Please answer for each country.

_____
(If none or unknown, enter 'N/A')

4. Is this project contributing to achieving the goals of a country's national action plan (NAP) on antimicrobial resistance?

○ Yes, in all countries where project is implemented
○ Yes, in some countries
○ No
○ Don't Know
○ Does not apply / No NAP has been developed in target country(s)

Please list all countries and describe supporting activities of NAP.

_____

Please list barriers to participation and/or support of the NAP in implementation country(s).

_____
(If none or unknown, enter 'N/A')

5. List any major product(s) (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) developed within this budget period and specify location (if applicable).

_____
(If none or unknown, enter 'N/A')

6. Have CDC Subject Matter Experts (SMEs) reviewed the major products listed?

○ Yes
○ No
○ Don't Know
○ Does not apply

6.b. If no, please explain.

_____

7. What strategies or activities has [pilot_recipname] implemented to sustain the efforts and progress made with this project beyond the current budget period?

_____
(If none or unknown, enter 'N/A')

Please use this space to include any additional information related to project implementation for this budget period.

_____

SECTION 2: LABORATORY CAPACITY SUPPORT Please answer the following questions based on [pilot_recipname]'s current laboratory capacity enhancement activities for this Global AR Lab & Response Network project. Please use information that will be included in [pilot_recipname]'s Year 3 performance narrative submission and be as thorough as possible.

1. Is regular external quality assurance performed for AR testing at this project's participant laboratories?

○ Yes
○ No
○ Don't Know
○ Does not apply

1.a.i. Please describe the type and frequency of these QA activities (e.g., WHO external program, PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc.).

_____
(If none or unknown, enter 'N/A')

1.a.ii. What is the total number of participant laboratories currently enrolled in these QA testing activities?

_____
(If none or unknown, enter 'N/A')

2. Is there a national or central laboratory which performs quality assurance (QA) testing for this project?

○ Yes
○ No
○ Don't Know
○ Does not apply

2.a.i. List the number of labs where QA was performed during this budget period, by country

_____
(If none or unknown, enter 'N/A')

2.a.ii. Describe the specimen submission criteria (frequency and type of specimens submitted), by country

_____
(If none or unknown, enter 'N/A')

During the current budget period, has [pilot_recipname] provided training or support to any laboratories in the following areas?

(Select all that apply)

☐ Phenotypic Testing
☐ Genotypic Testing
☐ Antimicrobial Susceptibility Testing (AST and AFST)
☐ Whole Genome Sequencing (WGS)
☐ None of these

 3. PHENOTYPIC TESTING   a. What is the total number of labs at which training or other capacity building activities for performing phenotypic testing were implemented?

(Enter 999 if unknown)

_____

 b. Describe the education and training standards held to determine proficiency* in phenotypic testing.

(Enter N/A if unknown)

*Proficiency defined as possessing a high degree of competence, expertise or skill in execution of tasks or demonstration of knowledge related to specific subject matter

_____

REDCap®

4. GENOTYPIC TESTING   a. What is the total number of labs at which training or other capacity building activities for performing genotypic testing were implemented (e.g., PCR) testing available?

(Enter 999 if unknown)

_____

b. Describe the education and training standards held to determine proficiency in genotypic testing

(Enter N/A if unknown)

_____

5. ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST), INCLUDING ANTIFUNGAL SUSCEPTIBILITY TESTING (ASFT)   a. What is the total number of labs at which training or other capacity building activities for achieving proficiency in antimicrobial susceptibility testing (AST) and/or ASFT were implemented?

(Enter '999' if unknown)

_____

b. Describe the education and training standards held to determine proficiency in AST and/or ASFT

(Enter N/A if unknown)

_____

6. WHOLE GENOME SEQUENCING (WGS)

a. Total number of laboratory personnel trained to proficiency in whole genome sequencing (WGS)

(Enter 999 if unknown)

_____

b. Describe the education and training standards held to determine proficiency in WGS

(Enter N/A if unknown)

_____

Please use this space to include any additional information related to [pilot_recipname]'s laboratory capacity support activities for this budget period.   _____

SECTION 3: SURVEILLANCE CAPACITY Please answer the following questions based on surveillance efforts for [pilot_recipname]'s Global AR Lab & Response Network project during this budget period. Do not answer questions based on future efforts.   Examples of newly detected antimicrobial resistance include:

1. Exceptional phenotypes that have not previously been reported or are very rare; and

2. Novel resistance genotypes that are associated with mechanisms of resistance that have a high public health impact (i.e., high potential for spread and health impact) or pose serious challenges in laboratory detection and surveillance

Source: GLASS Emerging antimicrobial resistance reporting framework (GLASS-EAR)

---

1. Are epidemiological data elements collected with samples tested under this project?

◯ Yes
◯ No
◯ Don't know

1.a.i. What data elements are being collected?

_____
(If unknown, enter 'N/A')

1.a.ii. List each of the sites collecting these elements within the project and indicate if the information is shared with local public health for decision making.

_____
(If unknown, enter 'N/A')

1.b. Please list barriers to collecting epidemiologic data elements at sites throughout the referral network?

_____
(If unknown, enter 'N/A')

---

2. Are the collected data (e.g., phenotypic, genotypic, NGS, etc.) integrated into subnational, national, or global databases (e.g., GLASS)?

◯ Yes
◯ No
◯ Don't know

2.a.i. What database(s) were the data reported to? Please list all.

_____
(If unknown, enter 'N/A')

2.a.ii. Select the frequency of data sharing with nationl-level devision makers (e.g., MoHs or NPHIs, etc.):

◯ Daily
◯ Weekly
◯ Bi-weekly
◯ Quarterly
◯ Annually
◯ Other _____
(If unknown, enter 'N/A')

REDCap

2.b. Please list any barriers to data integration:

_____
(If unknown, enter 'N/A')

---

3. Have any alerts* or findings from the lab or facility required a local response (e.g., within facility or local area, data sharing, PPS, etc.)?

◯ Yes
◯ No
◯ Don't know

 *Alert: Any newly detected** antimicrobial resistance findings that may influence surveillance and control practices.

 ** Examples of newly detected antimicrobial resistance include:

 1.   Exceptional phenotypes that have not previously been reported or are very rare; and

 2.   Novel resistance genotypes that are associated with mechanisms of resistance that have a high public health impact (i.e., high potential for spread and health impact) or pose serious challenges in laboratory detection and surveillance

 Source: GLASS Emerging antimicrobial resistance reporting framework (GLASS-EAR)

3.a. Please list the entities involved, response activities and how data was shared.

_____
(If unknown, enter 'N/A')

---

4. Have any alerts been detected which required a sub-national or national response (e.g., new organism/type of resistance or large outbreak)?

◯ Yes
◯ No
◯ Don't know

4.a. Please list the entities involved, response activities and how data was shared.

_____
(If unknown, enter 'N/A')

Please use this space to include any additional information related to [pilot_recipname]'s surveillance activities with GARLRN-funded projects.

_____

SECTION 4: WORKFORCE DEVELOPMENT The following questions cover current education and training activities for different personnel targeted by this Global AR Lab & Response Network project. Do not answer questions based on future efforts, only established or current opportunities.

REDCap

Please select the type of personnel that received training from [pilot_recipname] (can be in collaboration with partners): (Select all that apply)

☐ Laboratory
☐ Data Manager
☐ Healthcare Worker (including MOH/NPHL leadership)
☐ Field-based personnel (Community interviewer, environmental surveillance, etc.)
☐ Other (specify): _____
(If unknown, enter 'N/A')

LABORATORY PERSONNEL 1. How many CDC-supported education and training opportunities have targeted laboratory personnel?

_____
(If none or unknown, enter 'N/A')

---

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for laboratory personnel targeted by this project?

◯ Yes
◯ No
◯ Don't know

2.a. If yes, please list these partnerships:

_____

---

3. How many laboratory personnel received training under this project, during budget period 3?

_____
(If none or unknown, enter 'N/A')

---

4. Has a training curriculum been established for training laboratory personnel?

◯ Yes
◯ No
◯ Don't know

---

4. Yes, training curriculum established for LABORATORY PERSONNEL:

   i. Does the curriculum leverage a Train-the-Trainer (ToT) model? _____
  ii. What entity is responsible for facilitating the curriculum? _____
 iii. What assessments were conducted to ensure trainings and address knowledge gaps? _____

---

5. Has competency testing been performed among the trained laboratory personnel?

◯ Yes
◯ No
◯ Don't know

5.a. If yes, how often is this assessed?

_____
(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

_____

DATA MANAGEMENT PERSONNEL 1. How many CDC-supported education and training opportunities have targeted data management personnel?

_____
(If none or unknown, enter 'N/A')

---

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for data management personnel targeted by this project?

◯ Yes
◯ No
◯ Don't know

2.a. If yes, please list these partnerships:

_____

3. How many data management personnel received
training under this project, during budget period 3?

_____
(If none or unknown, enter 'N/A')

4. Has a training curriculum been established for
training data management personnel?

○ Yes
○ No
○ Don't know

4. Yes, training curriculum established:

   i. Does the curriculum leverage a Train-the-Trainer (ToT) model? _____
  ii. What entity is responsible for facilitating the curriculum? _____
  iii. What assessments were conducted to ensure trainings and address knowledge gaps? _____

5. Has competency testing been performed among the
trained data managment personnel?

○ Yes
○ No
○ Don't know

5.a. If yes, how often is this assessed?

_____
(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

_____

HEALTHCARE WORKER PERSONNEL 1. How many
CDC-supported education and training opportunities
have targeted healthcare worker (HCW) personnel
(including MOH/NPHL leadership)?

_____
(If none or unknown, enter 'N/A')

2. Are there any other partnerships (e.g.,
universities, hospitals, etc.) that provide mentorship
for HCW personnel targeted by this project?

○ Yes
○ No
○ Don't know

2.a. If yes, please list these partnerships:

_____

3. How many HCW personnel received training under this
project, during budget period 3?

_____
(If none or unknown, enter 'N/A')

4. Has a training curriculum been established for
training HCW personnel?

○ Yes
○ No
○ Don't know

4. Yes, training curriculum established:

   i. Does the curriculum leverage a Train-the-Trainer (ToT) model? _____
  ii. What entity is responsible for facilitating the curriculum? _____
  iii. What assessments were conducted to ensure trainings and address knowledge gaps? _____

REDCap®

---

5. Has competency testing been performed among the trained HCW personnel?

○ Yes
○ No
○ Don't know

5.a. If yes, how often is this assessed?

_____
(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

_____

FIELD-BASED PERSONNEL (e.g., community interviewer, wastewater sample collection, etc.)

1. How many CDC-supported education and training opportunities have targeted field-based personnel?

_____
(If none or unknown, enter 'N/A')

---

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for field-based personnel targeted by this project?

○ Yes
○ No
○ Don't know

2.a. If yes, please list these partnerships:

_____

---

3. How many field-based personnel received training under this project, during budget period 3?

_____
(If none or unknown, enter 'N/A')

---

4. Has a training curriculum been established for training field-based personnel?

○ Yes
○ No
○ Don't know

---

4. Yes, training curriculum established:

   i. Does the curriculum leverage a Train-the-Trainer (ToT) model? _____
   ii. What entity is responsible for facilitating the curriculum? _____
   iii. What assessments were conducted to ensure trainings and address knowledge gaps? _____

---

5. Has competency testing been performed among the trained field-based personnel?

○ Yes
○ No
○ Don't know

5.a. If yes, how often is this assessed?

_____
(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

_____

OTHER PERSONNEL TYPES

1. How many CDC-supported education and training opportunities have targeted other types of personnel?

_____
(If none or unknown, enter 'N/A')

---

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for other types of personnel targeted by this project?

○ Yes
○ No
○ Don't know

2.a. If yes, please list these partnerships:

_____

3. How many personnel in the "other" category received training under this project, during budget period 3?

_____
(If none or unknown, enter 'N/A')

4. Has a training curriculum been established for training other types of personnel?

○ Yes
○ No
○ Don't know

4. Yes, training curriculum established:

  i. Does the curriculum leverage a Train-the-Trainer (ToT) model? _____
  ii. What entity is responsible for facilitating the curriculum? _____
  iii. What assessments were conducted to ensure trainings and address knowledge gaps? _____

5. Has competency testing been performed among the other types of trained personnel?

○ Yes
○ No
○ Don't know

5.a. If yes, how often is this assessed?

_____
(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

_____

Please use this space to include any additional information about [pilot_recipname]'s workforce development activities related to this project.

_____

Thank you for completing this form. Please be sure to complete Form #2 in this tool as well. For any assistance, please email GARLRN@cdc.gov.