

Title: Activities across Africa to improve antimicrobial utilisation and reduce AMR

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INTRO:

- Highest prevalence of infectious diseases world-wide is currently seen in sub-Saharan Africa
- However, there are concerns with inappropriate use increasing AMR rates
- MURIA (Medicines Utilisation Research in Africa) members are involved with multiple activities to improve future prescribing starting with utilization and qualitative studies across all sectors
- The activities and findings are being documented to provide future guidance

METHODS

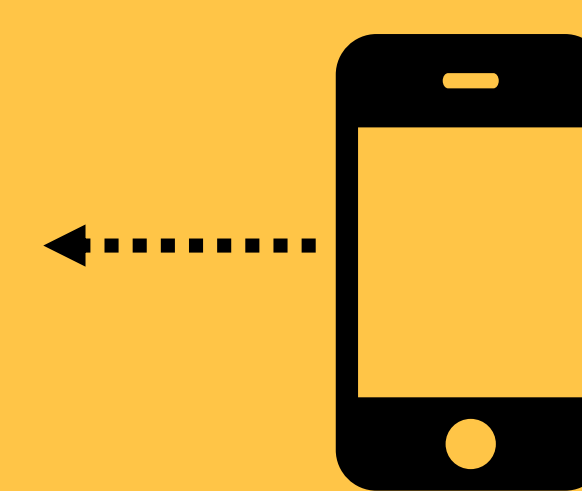
1. Review of published and ongoing studies across all sectors in Africa involving MURIA colleagues and their findings
2. 60 publications among members up to mid January 2020

RESULTS

- PPS studies indicate appreciable differences in hospital utilisation across Africa ranging from 38% of inpatients in South Africa to 68% in Kenya, 71% in Botswana and 82% in Ghana. Concerns include high empiric use, missed doses, and extended prophylaxis
- High use of antimicrobials among children in Zimbabwe with appreciable number (42%) non adherent to current guidelines
- Concerns with hang times in hospitals in Botswana which is being addressed
- Therapeutic interchange programmes are ongoing in South Africa to address shortages
- Variable extent of ASPs among hospitals in Africa and concerns with the quality of antibiotic prescribing in ambulatory care – up-to-date and easy to use guidelines, and audits, can improve prescribing
- Ongoing strategies to reduce high rates of self-purchasing of antibiotics in Africa
- Ongoing strategies to improve management of TB including predictors to DOTS and improved facilities in rural areas

There are concerns with current prescribing and dispensing of antimicrobials in Africa

Point prevalence studies in hospitals shown variable rates with high rates HIV in some. Variable ASPs, extended prophylaxis and high rates self purchasing in some



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Results expanded

- High rates in Botswana aided by high rates HIV (40% inpatients) and TB
- Extended prophylaxis typically > 1 day to 5 days or more
- Variable instigation of ASPs in Nigeria (only 35% even in tertiary hospitals) and variable knowledge of ASPs in Zambia
- Trained pharmacists reduced self purchasing of antibiotics in Kenya and no self-purchasing in Namibia with monitoring
- Adherence to guidelines good indicator of quality vs. WHO/ INRUD

References: (i) Paramadhas B et al. PPS of antimicrobial use among hospitals across Botswana; findings and implications. EARIT. 2019; 17; 535–46; (ii) Fadare JO et al. Status of antimicrobial stewardship programs in Nigerian tertiary healthcare facilities; findings and implications. JGAR. 2019; 17: 132–136 (iii) Kalungia AC et al. Antimicrobial stewardship knowledge and perception among physicians and pharmacists at leading tertiary teaching hospitals in Zambia: implications for future policy and practice. Jn Chemo. 2019; 31 (7-8): 378-387; (iv) Godman et al. Ongoing strategies to improve the management of URTIs and reduce inappropriate antibiotic use particularly among LMICs. CMRO. 2019:1 (Eprint)

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