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AFRICAN COMMUNITY PHARMACISTS AND AMR

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CAUSES OF ANTIMICROBIAL RESISTANCE AMR

- Drug Abuse
- Polypharmacy
- Open Supply Chains
- Fake, Adulterated and Spurious Drugs
- Antibiotic Antagonism
- Low Health Literacy
- Health Seeking Behavior



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COUNTRY EXPERIENCES

- Nigeria — *“Oga Chemist, Sell me capsule” syndrome* 😊
- Egypt
- Zimbabwe
- Ghana — *WHO Collaboration Center working with Uppsala UMC*



AFRICAN COMMUNITY PHARMACISTS AND AMR

Our Nigeria experience:

- Public Enlightenment and Awareness on AMR being created by community pharmacists through the Association of Community Pharmacists of Nigeria (ACPN) and individual pharmacy efforts
- ACPN was represented at the draft of the National Action Plan for Antimicrobial Resistance, 2017.
- Pockets of indigenous research on access to antimicrobials by the public
- Professional engagements such as lectures and seminars on AMR
- National AMR/AMC surveillance network

• Challenges

- Easy access by the public to antimicrobials
- Poor collaborative practice
- Poor regulation of antimicrobial prescribing and dispensing
- Poverty
- Poor health insurance coverage





AMR . . . *the next pandemic in Africa.*

- COVID-19 has ravaged the world
- Africa has not procured enough vaccines to bail itself out
- IPC Practices are not adhered tono masking, no adherence to non-pharmaceutical protocols of COVID-19
- Huge dosing of antimicrobials at every opportunity
- Every available antimicrobial has been ‘repurposed’ rightfully or wrongfully, for COVID-19



Patient Engagement and Co-creation in the Global Action Plan on Antimicrobial Resistance (AMR) – *Community Pharmacists' Role*

- Community Pharmacies need to be trained in the newer developments
- Patient Engagement and Co-Creation need to be taught as these are horizontal communication lines and not vertical
- The term Patient IEC is being replaced by the term 'Patient Engagement and Co-Creation'. Many Practitioners do not have an idea what this means
- Many Patients are not aware of the new developments. To move this forward, engagement has to be dynamic, mutual and deliberate
- Patient Organisations need to be trained and leaders need to emerge , to train others for retention



IAPO Patient Safety Observatory (P4PS)

- IAPO has established an AMR Patients Alliance under the IAPO Patient for to address AMR.
- The Pharmaceutical Industry established the AMR Action Fund to address new treatments.
- We need a ‘whole of government’ and ‘whole of society’ action to prevent AMR becoming a pandemic.



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AMR Action Fund



AMR action fund

Bridging the gap between science and patients

- Established by the International Pharmaceutical companies to prevent AMR by establishing new treatments
- Established to form a sustainable pipeline of funding **to fight SUPERBUGS**
- Developed in collaboration with the WHO, the European Investment Bank, and the Wellcome Trust
- Novel Antibiotics Research
- Pharma Collaborations - *ongoing*



WHO Five Strategies in the Global Action Plan on AMR

The Community Pharmacist has a KEY ROLE

- **Improve awareness** and understanding of antimicrobial resistance through effective communication, education, and training.
- **Strengthen knowledge** through surveillance and research.
- **Reduce the incidence of infection** through effective sanitation, hygiene, and infection prevention.
- **Optimize the use of antimicrobial agents** by strengthening stewardship and eliminating irrational use.
- **Develop the economic case for sustainable investment in new medicines**, diagnostic tools, vaccines, and other interventions.



Moving Forward . . .

- **AMATA** – *African Medicines Agency Treaty Alliance*
- **P4PS** – *Observatory – Patients for Patient Safety*
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- **AMR Action Fund** – *WHO, EIB, WT*
- **PAPA Launch** - *collaboration with the Pharma Industry and Organisations- Pan African Patient Alliance*



CONCLUSION

- There is no doubt that the **African Community Pharmacist** has a **key role** to play in eliminating AMR
- To do this, he or she **needs** to Collaborate with the Pharmaceutical Industry, through **Research and Surveillance**
- **Engage Patients and Empower them as Co-Creators** of Healthcare by engaging in and involving them where necessary in Therapeutic Dialogues with the Healthcare Team
- The African Pharmacist needs to **be updated in the GHSS and Action Plan on AMR** and follow through with it, by working with CSOs, Physicians, Other Healthcare Practitioners in engaging and activating Patient Organisations towards achieving the AMR Eliminations goals.



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Thank you *for*
listening

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