Overuse of antibiotics:
Do we have solutions?

Neelam Bhardwaj, UNFPA, New York, USA
7th November 2018

Management of Newborn Infections and Use of Antibiotics During Inpatient Newborn Care

(PTB/LBW Global Technical Working Group on Implementation Challenges & Solutions (PTB TWG-ICS))
Global Relevance

• Quality of care around the time of childbirth, the new guidance includes recommendations which align with the recently launched Global Goals for Sustainable Development, and the new Global Strategy for Women's, Children's and Adolescents' Health.

• The guideline will be useful for a wide range of people working across the health system in all countries, including health professionals and managers who are responsible for developing national and local health-care protocols and policies, as well as those who directly provide care of pregnant women and women who just give birth, including obstetricians, midwives, general medical practitioners and nurses.
Preventing and treating infections around the time of childbirth WHO new guidelines

• Peripartum infections also pose a threat to the lives of newborns – maternal infections during childbirth cause approximately 1 million newborn deaths annually.

• WHO has launched a new guidance to help health professionals and policy makers reduce the global burden of maternal infections and their complications around the time of childbirth.
Building Blocks of Health Systems (WHO)

- Service Delivery
- Health work Force
- Information
- Medical Products
- Financing
- Governance
- Community

Management and treatment of Newborn infections

Access, Coverage, Quality & Safety
Service Delivery

- Strengthening of Antenatal Care
- Screening & testing of pregnant mothers
- Screening & testing of the newborn for infections
  - Symptoms and signs of infection in neonates tend to be nonspecific (e.g., vomiting or poor feeding, increased sleepiness or lethargy, fever or hypothermia, tachypnea, rashes, diarrhea, abdominal distention)
- Counseling Family members on use of Antibiotics
- Is it possible to add this topic in the monthly reviews meetings at the hospital / HF level?
Unique Opportunity to Strengthen ANC

- Unique opportunity to improve Antenatal care to improve newborn care
- Positive experience of pregnancy; (WHO)
- Respectful maternity care
- Reduce mortality and morbidity in newborns
- Prevent future infections, in case of better immunity. (mother not immunocompromised)
- Improve skills for Self Care in pregnant women
Health Work Force

• Doctors, Nurses and midwives and other traditional practitioners are responsible for indiscriminate use of antibiotics.
• Role of health care professionals and the values system that they follow effects the use of drugs on newborn.
• Poor communication skills, lack of time because of many patients
• Inappropriate prescription practices (promotion of specific drugs, other malpractices)
Information/ Data/ evidence

• Operational research for creation of Data and evidence base that will be use for **Behavior change communication** at all levels of health care

• Health seeking behavior: Patients’ behavior towards the use of antibiotics (inadequate patient education)

• Values and preferences of Pregnant women.

• There is likely to be significant variability in the values and preferences of health care providers

• Values and preferences of policy-makers across all settings to understand the impact of antimicrobial resistance on women and their newborns/public health.
Medical Product

• Limited diagnostic facilities at the referral hospitals and functional health facilities for screening and testing for infections in pregnant women and their newborns after birth.

• No mechanisms in place for the supply chains of antibiotics for newborn and no surveillance mechanisms in place.

• Unauthorized sale of antibiotics/antimicrobials, most of the antibiotics are available on counter in LICs and LMICs.

• Lack of appropriate functioning drug regulatory mechanisms in most of the countries with high newborn and maternal mortality.
Financing

• **Antibiotic resistance** is a global crisis driven by **appropriate** and inappropriate use of high-level antibiotic for making money.

• Health facilities not designed with testing facilities for resistance for antibiotics; blood culture (contamination)

• **Unethical Business** by pharmaceuticals and medical practitioners, doctors who do not practice guidelines.

• Lack of functional health systems, because health is not a priority for spending (Govt.)

• No innovative financing models in place to bring quality services for newborns
Governance

• Important to hold the leaders of the Country at the National, Sub-National, District and Community level accountable.

• Use advocacy material for sensitization of the politicians and local leaders, who should take control of the pharmaceutical industries in country, for ethical business models not profit making solutions at the cost of creating resistance in newborns?

• Development of IEC material for advocacy (antibiotics Resistance)

• Grade the hospitals based on the type of facilities available in managing the newborns.

• Quality of care- include the indiscriminate use of antibiotics by the health care professionals as an important indicator for QoC.
Community

• **Community Based Models:**

  • Safe Motherhood Action Groups and Community based groups to identification of signs and symptoms of sick newborn and mobilize women for the timely access to quality care. *(avoid traditional healers and medicine over the counter).*

  • Prevent misuse of antibiotics and create awareness amongst families

  • **Promote self care on use of the rationale use of antibiotics**

  • **Support from partners in creation of awareness creation on use of antibiotics (civil Society Organization)*
No Evidence so far......

That mentally healthy pregnant women is less prone to infections?
Respectful maternity care improves quality of treatment amongst mothers and their newborns
What are the Solutions?

• What kind of Coordination is required at every level so that new WHO guidelines can be implemented and become actionable?

• If partners support in this process and what will be their incentive?

• What should be the role of civil society organizations?

• Operational research on the development of resistance and follow-up of the identified cases?

• Development of a feedback cycle; that will allow more documentation on the subject for advocacy purposes?
Next Steps:

• Preventive Care is important
• Inclusion of focus on the resistance of the antibiotics in the routine assessments of the hospitals and the health facilities
• Promoting drug industry to conduct more research in this neglected area.
• Development of Vaccines e.g., Streptococci B
• Study in selected countries the resistance on commonly used antibiotics.
• Innovative approaches to be brought in this complex area of work.
Thank You!