

Antimicrobial Resistance Hub

Accessibility of antibiotics in low-income countries

Arshnee Moodley, a.moodley@cgiar.org

CGIAR AMR Hub Leader, Nairobi, Kenya

Associate Professor at the University of Copenhagen, Denmark

CGIAR AMR Hub mitigating agricultural associated AMR risks

















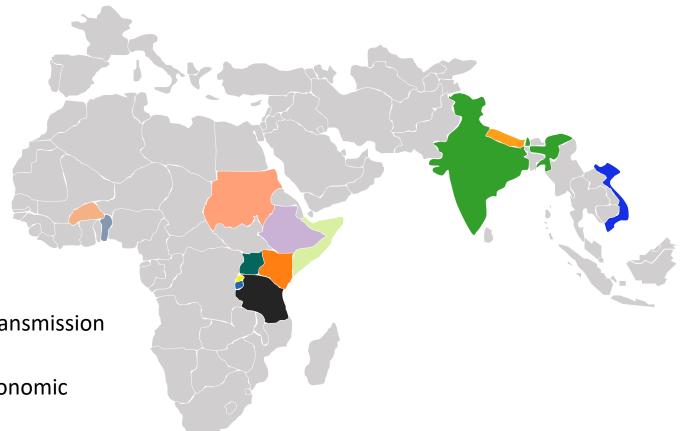






National partners e.g. MAAIF in Uganda

Global Project Activities



- AMU, drivers, KAP
- AMR Prevalence & Transmission (interfaces)
- Interventions incl. economic impact
- Cap. Building (lab capability and mentorship)

Other AMR projects

- AMU and AMR in crop production
- Fate and transport in water bodies
- AMR in wildife and bushmeat



How do farmers access antibiotics?

- Why do farmers use antibiotics?
 - Therapeutic vs. Non- therapeutic (Prophylaxis, Metaphylaxis, Growth promotion)
- Factors affecting availability of antibiotics within a country
- Who makes the diagnosis and determines treatment?
 - Veterinary surgeons
 - Veterinary para-professionals (need to be supervised by a vet. surgeon)
 - Extension officers (training and assistance to farmers)
 - Farmer's influence and economy
 - Knowledge, attitudes and practices
- Where can farmers buy antibiotics?



Who ultimately administers antibiotics?

Antibiotic supply chain

- Antibiotics are typically imported by a national procurement agency, private, NGOs
 - dependent on global availability
 - local import regulations (very complex -> shortcuts)
- Within country: regional differences impacts availability e.g. rural vs. urban

- Price influences availability
- Illegal entry of drugs including smuggled products



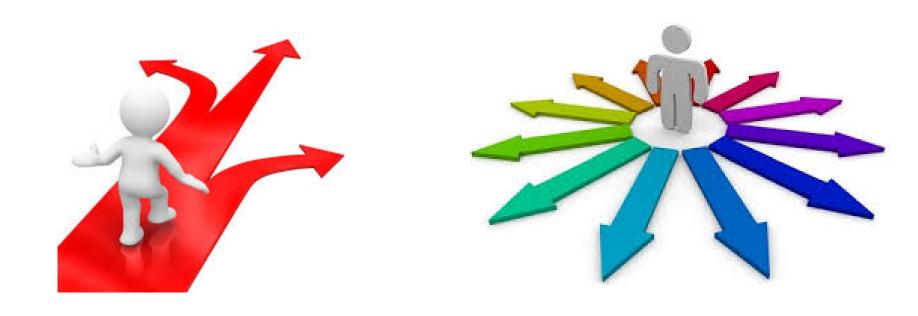
Quality of antibiotics

- WHO noted 17% of antibiotics in LMICs are substandard or counterfeit
 - Complex regulations, poor communication between governing bodies, weak enforcement, corruption → infiltration of poor quality drugs
 - Manufacturers produce lower quality products for less regulated markets
 - insufficient capacity to assess drug quality
- Lack of proper transportation, storage and enforcement of regulation → affects drug quality, e.g. no cold storage
- Complex distrubution chain → no infrastructure to do recalls
- No compensation of retailers for expired drugs
 - continued sales



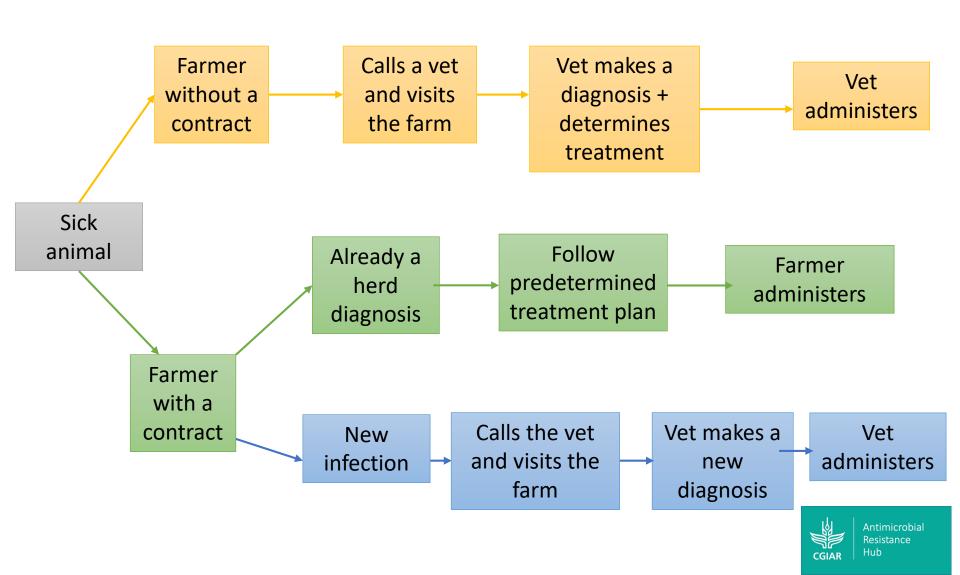
How are farms animals treated?

Two scenarios



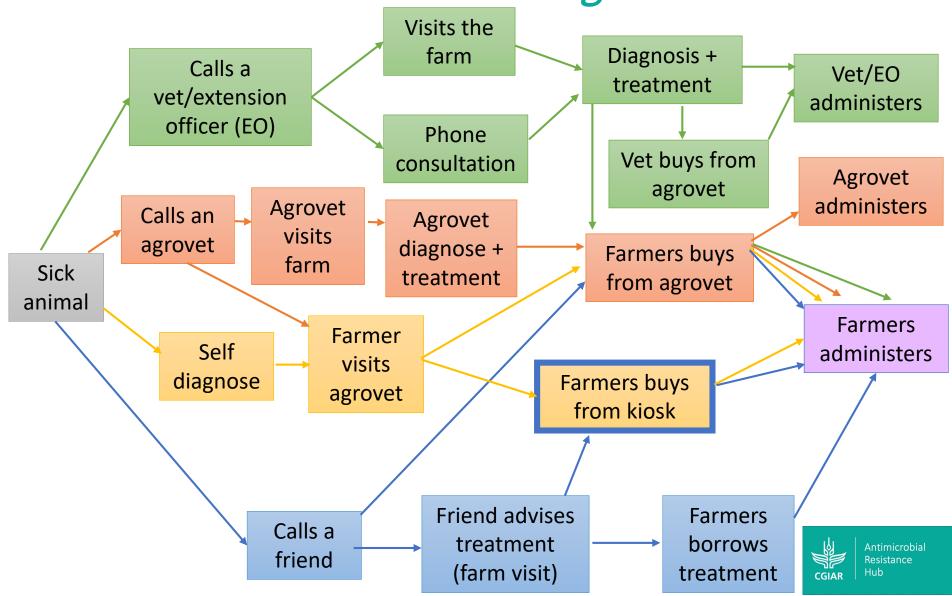


What happens if an animal is sick? Danish model



What happens if an animal is sick?

Low and middle-income setting



Where do farmers buy their antibiotics?

- Formal sector: Regulated by policies
 - Pharmacy typically sell human drugs
 - Drug store typically sell vet drugs
 - Agrovet one stop agricultural shop
 - Animal health practitioners (Vets/EO)

- Informal sector: Unregulated
 - Local kiosk/store-Human & vet drugs
 - Open markets Human and vet drugs
 - Pharmaceutical reps visiting farms
 - Other farmers
 - Unqualified practitioners









Acknowledgements

Key individuals:

Michel Dione, Barbara Wieland, Ulf Magnusson, Hu Suk Lee, Delia Grace, Kristina Roesel, Eric Fevre, Fred Unger, Bernard Bett.







