Government Initiatives to Combat Antimicrobial Resistance (AMR) in the Philippines

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AMR as a significant Public Health Threat

- Prolongs illnesses and increases risk of death
- Hampers the control of infectious diseases
- Threatens a return to the pre-antibiotic era
- Increases health care cost
- Jeopardizes health-care gains to the society
- Threatens health security, and damages trade and economies

(WHO, 2012)
2011 World Health Day

The World Health Organization has selected the theme *Combat Drug Resistance: No action today means No Cure Tomorrow.*

**Six-Point Policy Package to Combat AMR**
Elements of the Six-point Policy Package to Combat AMR

1. Committing to develop a *master plan* to combat antimicrobial resistance
2. Strengthening *surveillance and laboratory capacity*
3. Ensuring uninterrupted *access to essential medicines* of assured quality
4. Promoting *rational use of medicines* in patient care and *animal husbandry*
5. Enhancing *infection prevention and control*
6. Fostering *innovations and research* to develop new tools and drugs
ACTIONABLE AREA 1:
In the Philippines, there is **no comprehensive national plan** to address the growing AMR problem.
No Comprehensive AMR Plan

What we have are *Fragmented* policies on surveillance, laboratory capacity, drug accessibility and quality, rational use of antimicrobials, infection prevention and control and research for new alternative drugs and innovative methods.
No Comprehensive AMR Plan

While there are many direct or indirect AMR-related activities conducted by government and nongovernment institutions, these initiatives are widely dispersed and fragmented, with no single road map being used as template.

– No body to consolidate all these efforts into one AMR program
– Question of sustainability and financing
ACTIONABLE AREA 2:
There is a need to improve surveillance through collection and sharing of information across networks of laboratories and research institutions.
Surveillance System

- There is an existing **Antimicrobial Resistance Surveillance Program (ARSP)** for HUMANS, but none yet in ANIMALS.

- The **ARSP** data of the **RITM** come from the program’s 22 sentinel sites and the National Tuberculosis Research Laboratory
  - **All human cases**, without any correlation with those from the animal health sector
- Results of studies done in academic institutions on AMR are **not incorporated in the general picture**
- **No correlation** of laboratory-based data with clinical data or antibiotic use surveillance in the status quo
  - limiting the utility of existing data.
  - The extent of external quality assurance system (EQAS) implementation, particularly for units outside the existing ARSP is **not clear**.
ACTIONABLE AREA 3: Securing the drug supply chain is requisite to ensuring quality products and protecting people from breaches that contribute to AMR.
Several Policies were enacted/issued to improve access to quality essential medicines

1. Generics Act of 1988
2. Cheaper Medicines Act of 2008
3. Food and Drug Administration Act of 2009 - The intention is to strengthen the regulatory capacity to ensure the safety, efficacy and quality of all medicines for human and animal health, including addressing counterfeit medicines

- Safety, Efficacy and Quality
- Availability and Affordability
- Rational Use of Medicines
- Accountability, Transparency and Good Governance
- Health Systems Support
ACTIONABLE AREA 4:
Containment of AMR and optimization of health outcomes is only possible with positive changes in knowledge and practices of prescribers, dispensers and patients.
PRESCRIBERS

• Pharmaceutical products are being prescribed inappropriately.

• STG non-adherence: Prescribing of broad-spectrum antibiotics and of prolonged duration of prophylaxis.
ANIMAL HUSBANDRY

- Extensive use of antimicrobials in animal husbandry as growth enhancers and prophylactic agents
DISPENSERS

- Dispensing of antimicrobials **without prescriptions**
- Pharmacists, who are supposed to educate the consumers, **act as prescribers** of antimicrobials
- Loose dispensing of antimicrobials
- Drugstores **operating without the supervision of a pharmacist**, leaving all the dispensing duties to pharmacy assistants who most likely did not have adequate training on medicines and in counseling patients.
PATIENTS

- Pervasive practice of self-medication, and purchase of antimicrobials without doctor’s prescription
- Patients and caregivers generally consider antibiotics to be relatively risk-free and are often not troubled by considerations of under treatment or development of resistant organisms
- Widespread self-treatment often with the least effective agent in an incorrect dosage
- Local practice of recycling prescriptions and prescription sharing among friends, neighbours and relatives.
- Widespread lack of patient awareness that drug regimens should be completed
Laws on Prescribing and Dispensing

- **AO 62 s. 1989** also known as “Rules and Regulations to Implement Prescribing Requirements under the Generics Act of 1988”

- **AO 63. series of 1989** entitled “Rules and Regulations to Implement Dispensing Requirements under the Generics Act of 1988”

*Ethical Drugs can only be dispensed upon a written order of a validly-registered physician, dentist or veterinarian.*
DOH Initiatives pertinent to Rational Use of Medicines

Complete Treatment Package of the DOH NCPAM
- Medicines (including Antibiotics) are packaged and dispensed to patients in complete dosage regimens

Development of an Administrative Order on the Implementation of RUM
- where the AMR Program is an integral component
- Target month of approval: SEPTEMBER 2013
DOH Initiatives pertinent to Rational Use of Medicines

Revised Philippine National Formulary System


EO 49 s. 1993 requires use of this document as basis for procurement

PHIC Board Resolution No. 265 requires use of the document as basis for Philhealth reimbursement claims
ACTIONABLE AREA 5:
Controlling microbial infections through strengthening sanitation, infection control and prevention is a key step in reducing the prevalence of resistant organisms.
Existing Initiatives pertinent to IPC

Late 1980s – establishment of *Infection and Control Committees (ICC) in hospitals* as per Memo issued by the Office of Hospital Facility Services and Regulation of DOH

1996 – emphasis on the establishment of three vital committees in their hospitals (one of which is the ICC) as per Revised Rules and Regulation on Registration and Licensing of Hospitals


2012- Creation of the *National Center for Health Facilities and Development Technical Working Group for the development of the National Policy on IPC*
Strengthening sanitation, infection control and prevention (IPC)

- IPC is not limited to the healthcare facilities, but it should include communities and individual households.
  - There are standards and guidelines for healthcare facilities
  - There are also professional organizations dedicated in promoting IPC
- The DOH-National Center for Health Promotion (NCHP)
  - renewed the program on Healthy Settings, which is primarily about the promotion of health that necessarily includes sanitation, in places like schools and workplaces
  - Emphasis given on proper handwashing
Strengthening sanitation, infection control and prevention

The standards, guidelines and various measures are not properly disseminated and/or not strictly enforced.

- Due to lack of awareness about the implications and importance of effective IPC, and lack of expertise in the area of IPC and dedicated personnel across the country.
- AMR surveillance is not one of the major functions of IPC programs in the hospitals.
- In most instances, AMR surveillance is not conducted.
Research initiatives in AMR should focus on product development and discovery for diagnostics and therapeutics.
Research on discovery and development

- There is minimal operational research on the development of new antimicrobials and diagnostic tools in the Philippines.
- The country can show that numerous attempts and efforts have been done to develop new antimicrobials but limited funds lead only to incomplete researches.
  - Have not evolved and resulted to the production of new drugs
  - Majority of these researches are student-initiated and preliminary screening tests
- Lacking a monitoring mechanism, even promising results are not pursued for completion.
ACTIONS TO BE TAKEN
An **Executive Order** is being processed to mandate the creation of a duly constituted body that shall formulate and oversee the implementation of a *comprehensive national AMR plan*, consolidating all existing and future efforts into one integrated AMR Program.

The comprehensive plan shall provide for:

- **Adequate financing** to support the AMR program and sustain the involvement of stakeholders especially those who are most affected by AMR.
- Strengthening of the *surveillance system* for AMR such that data from current surveillance programs and researches in both human and veterinary health are linked, translated for practical use, and utilized to guide AMR interventions.
• Establish a **uniform set of standards** that would encourage rigorous and transparent procedures for testing and reporting of drugs and diagnostics to ensure quality, safety and efficacy.

• Put in place **adequate support for regulatory institutions** in order to ensure equitable availability and affordability of safe, efficacious and quality medicines for patient care and veterinary use, as well as ethical practice of medical and veterinary practitioners.

• Make relevant the existing **essential medicines list based on up-to-date Standard Treatment Guidelines or Clinical Practice Guidelines** with full consideration and inclusion of those for animal health conditions.
• Institutionalize, strictly implement, monitor and evaluate *infection prevention and control* in all hospitals, veterinary facilities and other care settings.

• Carry out *directed, evidence-based massive and sustained campaigns and interventions* should be carried out to ensure *rational and responsible use of medicines*.

• There should be a concerted and active effort towards *research and development* on alternative antimicrobials and diagnostics.
THANK YOU