

MINISTRY OF NATIONAL HEALTH SERVICES, REGULATIONS & COORDINATION

PAKISTAN HEALTH KNOWLEDGE HUB

Success Stories

Antimicrobial Resistance

The increasing global trend of Antimicrobial resistance (AMR) has emerged as a major challenge for the health sector. AMR has spread to almost all countries and regions, including Pakistan owing to the “misuse and overuse” of Antibiotics, contributing to the increasing burden of infections due to resistant bacteria while limiting the treatment options for managing such infections. The threat of treatment failure due to resistance is now a serious concern globally and acutely important to countries such as Pakistan where many resistant strains of bacteria are already extant.

The AMR situation in Pakistan is quite worrisome. Apart from the problems of over prescription of antibiotics and poor patient compliance with treatment schedules, we also have the concomitant issue of weak Infection Prevention and Control practices in major tertiary care hospitals. Furthermore, we also see the misuse of antibiotics in livestock and farming sectors i.e. the use of antibiotics as growth promoters. Further compounding the situation are the concomitant problems of poor sanitation and hygiene in general. As a result, Pakistan has been highly aware of and sensitive to the AMR crisis being witnessed around the world and in the region.

It is, therefore, not surprising that Pakistan endorsed the WHO’s Global Action Plan (GAP) to tackle AMR in the 68th session of the World Health Assembly (WHA) in Geneva during May 2015. Shortly thereafter, the M/oNHSRC nominated the National Institute of Health (NIH) as the focal point and hub for AMR related action in the country and began work on adapting the WHO’s GAP to the local context. The resulting National Strategic Framework for Containment of AMR was developed through a consensus based consultative process undertaken from January to April 2016.

This Strategic Framework builds on the framework of the GAP and was further contextualized into the National Action Plan for AMR. The latter will now form the basis of the provincial action plans to align the country to its international commitments and allow concerted action to control this major scourge. Since AMR is also a component of the International Health Regulations (IHR) to which Pakistan is a signatory, the gaps identified during the IHR assessments were prioritized for action. In this context the Mo NHSRC has already developed a PC-1, to address AMR related gaps, which has been submitted to Planning Commission for inclusion in the coming fiscal years.

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While the above actions were being undertaken, the Ministry also coordinated with multiple technical partners to engage them in this important area and assist the country to build essential capacities and mechanisms to enable AMR related functions. Key amongst these was the piloting of the Expanded Spectrum Beta Lactamase producing E-Coli (ESBL E-Coli) surveillance. In the absence of a full-fledged AMR surveillance mechanism, WHO recommends ESBL E-Coli surveillance as a proxy indicator to get a sense of the scale of AMR in the country. Pakistan has been the first country in the region to pilot this mechanism and the results have been promising enough for WHO to support the expansion of this pilot in Pakistan. A key factor in the success implementation of this project has been the efforts of the M/oNHSRC's to engage and cooperate with the M/o National Food Security & Research (M/oNFSR) and M/o Climate Change (M/oCC). This cooperation may be viewed as ground breaking in the national setup and provides a model for such future collaboration. Further to this, the Ministry is also in active communication with the Drug Regulatory Authority of Pakistan (DRAP) in an attempt to curtail inappropriate antibiotic prescription practices and gain a better understanding of antibiotic consumption and usage practices by gathering appropriate data at source.