

COUNTRY SITUATION ON ANTIMICROBIAL RESISTANCE (Philippines)



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OUTLINE OF PRESENTATION



I. COUNTRY ASSESSMENT

- AMR Surveillance
- Access to Essential Medicines of Assured Quality
- Rational Use of Medicines

II. CHALLENGES

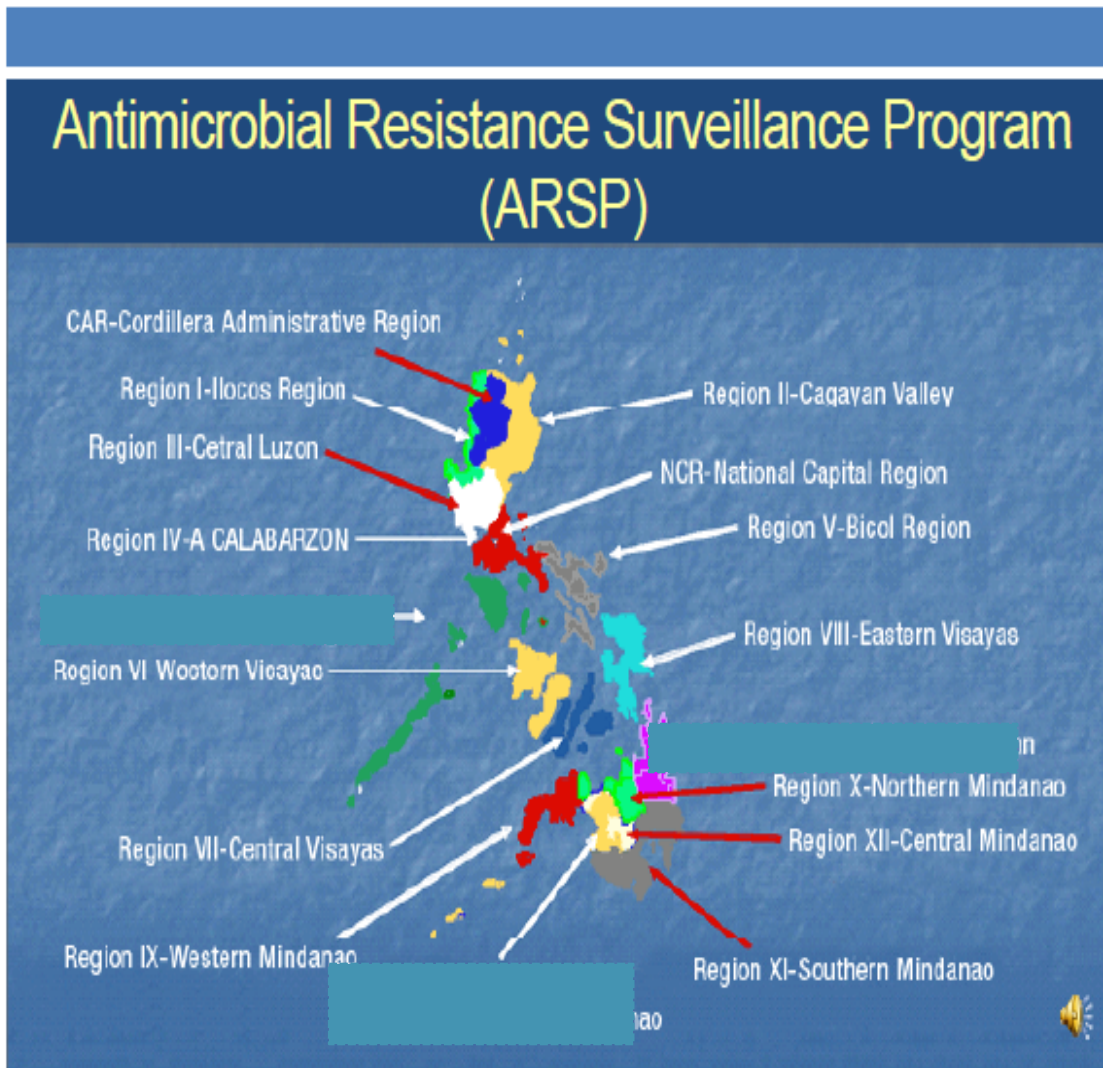
III. NEXT STEPS

AMR SURVEILLANCE (Humans)



- Done by the Research Institute for Tropical Medicine
- ***Department Order No. 339J***: Creation of the Antimicrobial Resistance Surveillance Committee (December 1, 1988)
- Objective: To provide critical inputs to promote rational drug use by determining the current status and developing trends on antimicrobial resistance of selected bacteria to specific antimicrobials.

AMR SURVEILLANCE (Humans)



- 22 sentinel laboratories
- 14 out of 17 regions of the country are represented in ARSP
- 8 or 36 % of laboratories found at NCR

AMR SURVEILLANCE (Humans)



- ARSP includes all pathogens with known resistance except TB and HIV (program-based)
 - **Diarrheal Diseases** – *Salmonella* species, *Shigella* species, *Vibrio cholerae*
 - **Respiratory Tract Infections** – *Streptococcus pneumoniae*
 - **Sexually Transmitted Infections** – *Neisseria gonorrhoeae*
 - **Urinary Tract Infections** – *Escherichia coli*
 - **Skin/Lung/Bloodstream Infections** – *Staphylococcus aureus*
 - **Hospital Acquired Infections** – *Klebsiella* spp., *Pseudomonas aeruginosa*

AMR SURVEILLANCE (Animals)



- There is no counterpart AMR surveillance in animals.
- Only drug residue monitoring in food from animal and aquaculture sources is done under AO No. 24 s. 2009 (“National Veterinary Drug Residues Control Program”)

AMR SURVEILLANCE (Animals)



- Data on AMR in animals mostly come from researches that have been conducted.
 - ***Escherichia coli* and non-typhoidal Salmonella**– most common isolates
 - 100% of resistant isolates were found against one antimicrobial, where majority exhibited AMR to tetracycline.
 - High resistance to trimethoprim- sulfamethoxazole, penicillin, ampicillin and chloramphenicol were also noted.
 - Some studies showed conjugative transferability of drug resistance and increased AMR risk due to antibiotic residues.

GAPS ON AMR SURVEILLANCE



- inadequate human resource
- insufficient resources for expansion
- limited number of program laboratories
- absence of information on correlation between laboratory-based data with clinical data or antibiotic use surveillance
- lack of integration of all AMR data (ARSP, HIV and TB data)

ACCESS TO ESSENTIAL MEDICINES OF ASSURED QUALITY



- Two policies to increase access to Essential Medicine (RA 3720 or the Food, Drug, Devices and Cosmetics Act) in 1987 - regulatory body that function to monitor drugs and medicines

RA 9502 or the Universally Accessible and Affordable Quality Medicines Act of 2008 – primary objective is to reduce prices of medicines

ACCESS TO ESSENTIAL MEDICINES OF ASSURED QUALITY



- Implementation Initiatives to Improve Access

Institution of a DOH Center mandated to strategize and implement initiatives to improve access to Essential Medicines

Formulation of the Philippine Medicines Policy Strategic Plan (2010) Key strategy: Philippine National Drug Formulary (PNDF) which reflects the Essential Drug List

GAPS IN ACCESS TO ESSENTIAL MEDICINES OF ASSURED QUALITY



- Inadequate system in the veterinary field to complement efforts in human health
 - No essential medicines list (EML) in animal husbandry and aquaculture
- Presence of two regulatory bodies, BAI and FDA, for veterinary drug regulation

RATIONAL USE OF MEDICINES



- Policies exist that provide rules and regulations in the implementation of prescribing and dispensing requirements in both humans and animals
 - AO No. 62 s. 1989 Rules and Regulations to Implement Prescribing Requirements Under the Generics Act of 1988
 - AO No. 63 s. 1989 Rules and Regulations to Implement Dispensing Requirements under the Generics Act of 1988
 - AO No. 111b s. 1991 Rules and Regulations on Registrations to Implement Prescribing Requirements for the Veterinary Drugs and Products
 - AO No. 40 s. 1990 Rules and Regulations on Dispensing of Veterinary Drugs and Products

RATIONAL USE OF MEDICINES



- It is noteworthy to mention that the animal sector has demonstrated a strong will when they banned the use of the following antimicrobials in in food producing animals:
 - chloramphenicol
 - beta antagonist drugs
 - nitrofurans

GAPS IN RATIONAL USE OF MEDICINES



- For both human and animal sectors, implementation of the monitoring system on drug prescription, dispensing and use is insufficient, if not totally missing.
 - information on antibiotic use on a national level is scanty, and hospital consumption contributes little in total drug use information
 - conclusions can be inferred only from data/trends noted in tertiary training hospitals in Metro Manila

GAPS IN RATIONAL USE OF MEDICINES



- There are no standard treatment guidelines (STGs) for animals.
- Some drugs needed to treat a specific disease are not registered in the Philippines
 - Veterinarians find a substitute from antibiotics and antimicrobials used for humans even if available packaging is not appropriate for veterinary use.
- Non-compliance of farm owners to the withdrawal period recommended in administering drugs to food animals – problem of drug residues

CHALLENGES



- I. There is no Comprehensive Cross=sectoral Plan to Address AMR
- II. There is need to Improve Animal and Human Health Surveillance
- III. There is need to Secure the Drug Supply Chain to Ensure Quality Medicines and protect patients from breaches that contribute to AMR

CHALLENGES



- IV. There is need for Positive Changes in the Knowledge and Practises of Prescribers, Dispensers and Patients
- V. There is need Improve Infection Control and Prevention
- VI. There is need for Research Initiatives to Develop Diagnostics and Therapuetics

NEXT STEPS



- I. Policy on AMR that embodies One Health is being drafted
- II. Comprehensive Cross Sectoral Planning (Strategic and Operational)
- III. Capacity Building and Implementation

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