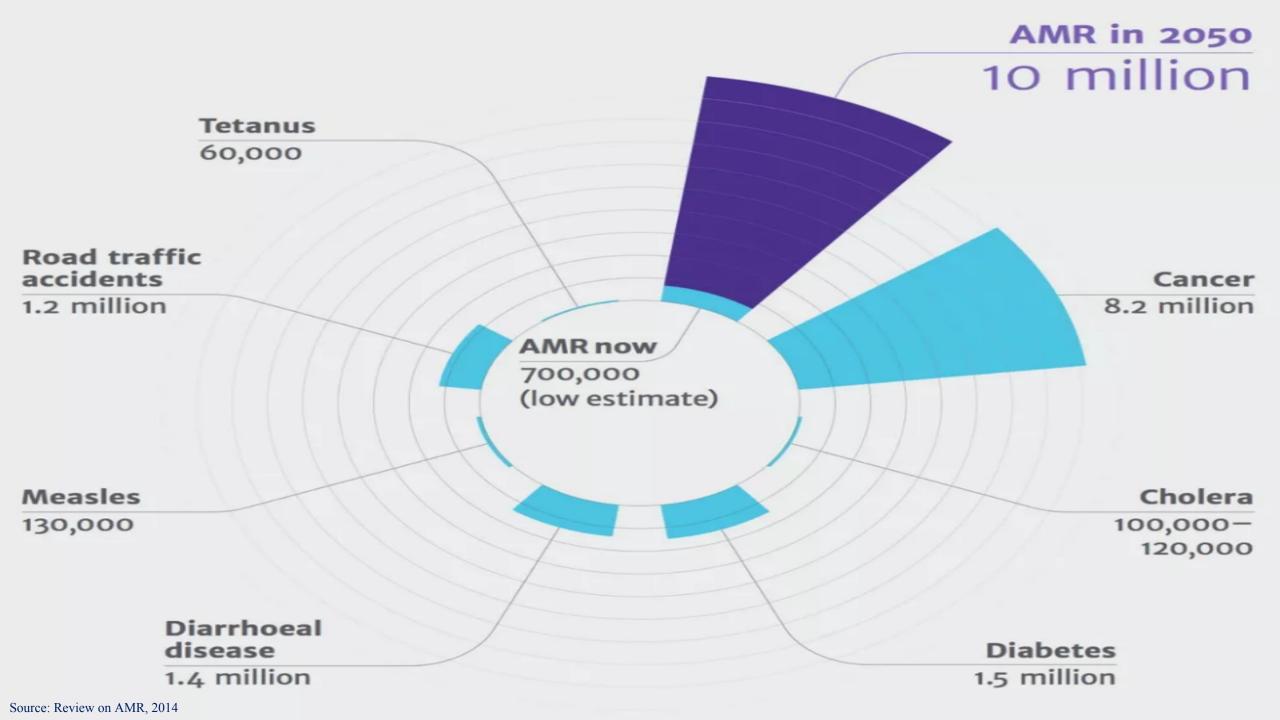
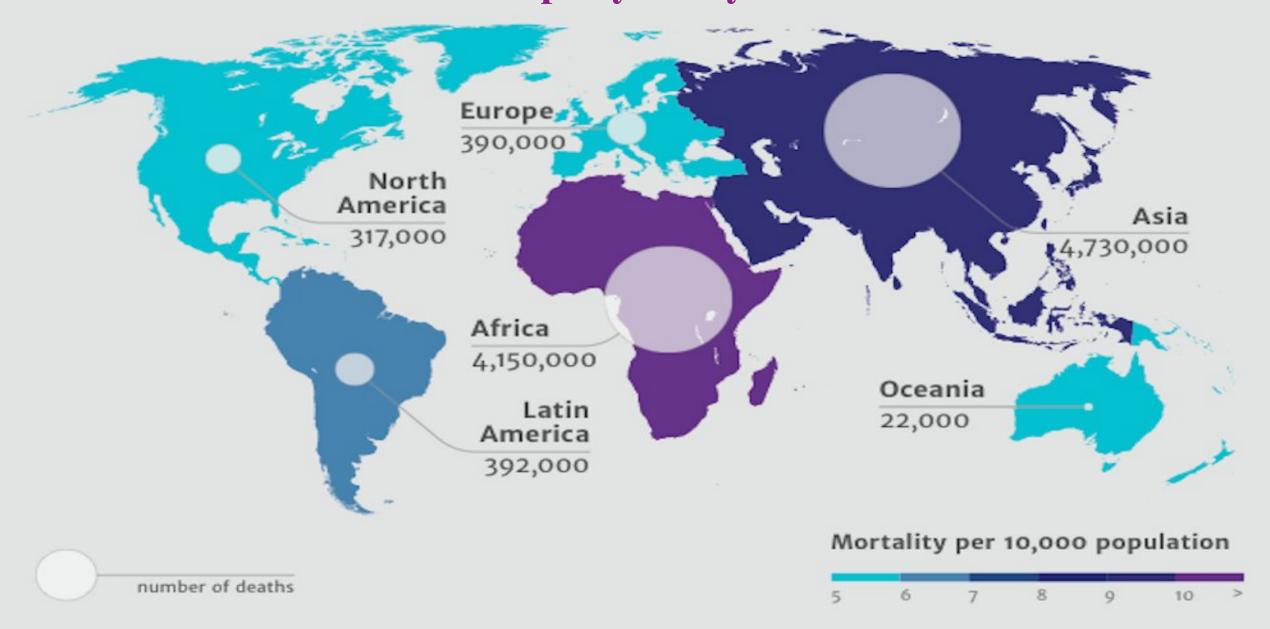


#### **APEIR EXPERIENCE ON 2012 - 2016**

#### STRENGTHENING REGIONAL ROLE ON AMR RESEARCH



## Deaths attributable to AMR per year by 2050



# **AMR Current Situation in WHO Member Countries**

As collected through available surveillance and publication data

|                            | Antibiotic                                      | Reported range of Resistant Proportion (%) |                       |        |                |                 |         |
|----------------------------|---|--|-----------------------|--------|----------------|-----------------|---------|
| Bacteria                   |   | Africa                                     | East<br>Mediterranean | Europe | Southeast Asia | Western Pacific | America |
| Eschericia coli            | 3 <sup>rd</sup> generation of<br>Cephalosporins | 2-70                                       | 22-63                 | 3-82   | 16-68          | 0-77            | 0-48    |
| Eschericia coli            | Fluoroquinolones                                | 14-71                                      | 21-62                 | 8-48   | 32-64          | 3-96            | 8-58    |
| Klebsiella pneumoniae      | 3 <sup>rd</sup> generation of<br>Cephalosporins | 8-77                                       | 22-50                 | 2-82   | 34-81          | 1-72            | 4-71    |
| Klebsiella pneumoniae      | Carbapenems                                     | 0-4  | 0-54                  | 0-68   | 0-8            | 0-8             | 0-11    |
| Staphylococcus aureus      | Beta-lactam anti-bacteria                       | 12-80                                      | 10-53                 | 0.3-60 | 10-26          | 4-84            | 21-90   |
| Streptococcus pneumoniae   | Penicilin                                       | 3-16                                       | 13-34                 | 0-61   | 47-48          | 17-64           | 0-48    |
| Nontyphoidal<br>Salmonella | Fluoroquinolones                                | 0-35                                       | 2-49                  | 2-3    | 0.2-4          | 0-14            | 0-96    |
| Shigella sp                | Fluoroquinolones                                | 0-3  | 3-10                  | 0-47   | 0-82           | 3-28            | 0-8     |
| Neisseria gonorrhoeae      | 3 <sup>rd</sup> generation of<br>Cephalosporins | 0-12                                       | 0-12                  | 0-36   | 0-5            | 0-31            | 0-31    |

Source: WHO, 2014



Comprehensive approach and collaborative work among countries are now **crucial** 



#### **APEIR RESEARCH ON AMR:**

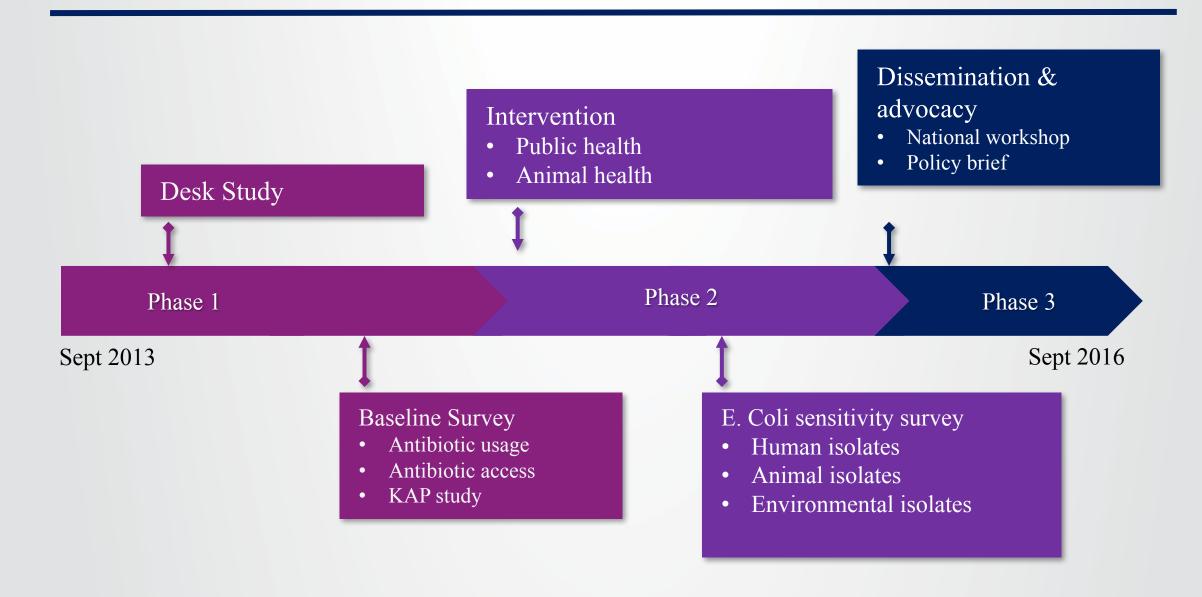
Sustaining & Strengthening Capacity of Regional Networks and

Partnership to AMR in Indonesia & Thailand

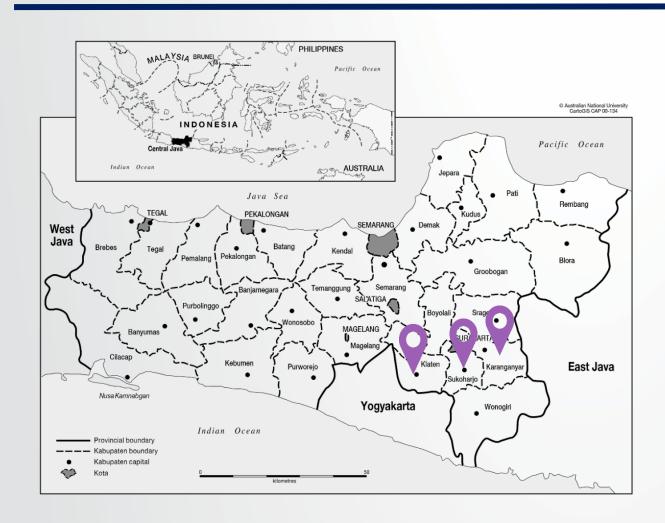
# **Objectives**

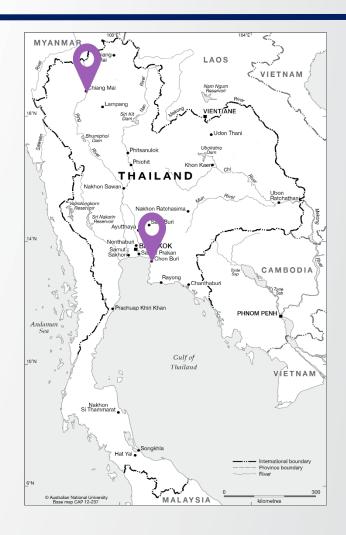
- Assess the current AMR situation in veterinary and human medicine
- Gather evidence on AMR of E. coli as the indicator bacteria available at the study sites
- Compare the costs of livestock raising between prudent and imprudent use of anti microbial
- Provide information and recommendation to policy makers based on results of the study on the importance of prudent use of antimicrobial

# **Approaches**



# **Study Sites**





The study conducted in layer chickens and pig farms

# Desk Study Result Situation Analysis Related to AMR (1)

| No   | Current Situation                               | Contributing Factors  |  |  |  |
|------|---|---|--|--|--|
| Huma | Human Health                                    |   |  |  |  |
| 1    | Improper prescription of antibiotics            | <ul> <li>Medical practitioners lack of awareness to prescribe antibiotics rationally</li> <li>Pharmaceutical companies give incentives for antibiotics use</li> </ul> |  |  |  |
| 2    | Improper consumption of antibiotics by patients | <ul> <li>Limited health education by doctors to patients</li> <li>Incomplete course of antibiotics by patients</li> </ul>   |  |  |  |
| 3    | Antibiotics selling over the counter            | <ul> <li>Poor supervision by the government</li> <li>Poor regulation by the government</li> <li>Market demand through self-medication habit by patients</li> </ul>    |  |  |  |

# Desk Study Result Situation Analysis Related to AMR (2)

| No    | <b>Current Situation</b>                  | Contributing Factors  |  |  |  |
|-------|---|---|--|--|--|
| Anima | Animal Health                             |   |  |  |  |
| 4     | Excessive use of antibiotics in farm      | <ul> <li>Lack of veterinary services in farm</li> <li>Poor control over antibiotics use</li> <li>Aggressive marketing by pharmaceutical companies</li> <li>Lack of knowledge and awareness on farmers</li> <li>Poor regulation by the government</li> </ul> |  |  |  |
| 5     | Antibiotics residue in livestock products | <ul> <li>Lack of knowledge and awareness on farmers</li> <li>Poor surveillance over livestock products by the government</li> <li>Lack of veterinary services in farm</li> </ul>  |  |  |  |

# **Baseline Result**

| No | Aspect                | Indonesia  | Thailand  |
|----|-----------------------|--|---|
| 1  | Antibiotics<br>Usage  | <ul> <li>Layer and swine farms commonly use antibiotics from the β-Lactam, tetracycline, and sulfonamide group.</li> <li>Colistin used in layer farms</li> <li>Layer farms use antibiotics for disease treatment, disease prevention and production increase.</li> <li>Swine farms use antibiotics only for disease treatment and prevention.</li> </ul> | <ul> <li>Layer and swine farms commonly use antibiotics from the β-Lactam, and tetracycline.</li> <li>Colistin used in layer and swine farms.</li> <li>Layer and swine farms use antibiotics for disease prevention and treatment.</li> </ul> |
| 2  | Antibiotics<br>Access | <ul> <li>Farms obtain antibiotics mainly from poultry shops,<br/>technical services of pharmaceutical, and government<br/>veterinary officers.</li> </ul>  | <ul> <li>Farms obtain antibiotics mainly<br/>from poultry shops.</li> </ul>   |
| 3  | KAP Study             | <ul> <li>The knowledge level of respondents on prudent use of antibiotics for humans and antimicrobial resistance is high in doctors and patients visiting healthcare facilities.</li> <li>the knowledge of layer farm workers overall is better than general patients or swine farm workers</li> </ul>  | <ul> <li>The knowledge of swine farm<br/>workers is better than layer farm<br/>workers.</li> </ul>  |

# E. Coli Sensitivity Result

#### Indonesia

- High resistance was found against antibiotics ampicillin (AMP),
   tetracycline (TCY), and Trimethoprim-sulphamethoxazole
   (SXT) in isolates from animals, humans, and the environment in swine and layer farms
- In swine farms, resistance was also found against antibiotic chloramphenicol (CHL).
- E. coli isolates from layer chickens and swine are observed to start develop resistance against fluoroquinolone antibiotics
   ciprofloxacin (CIP) and levofloxacin (LVX)

#### **Thailand**

High resistance was found against antibiotics ampicillin (AMP), and ceftriaxone (SXT) in isolates from animals, humans, and the environment in swine and layer farms

# Intervention

| No | Aspect           | Indonesia   | Thailand   |
|----|------------------|---|--|
| 1  | Public Health    | <ul> <li>Training of facilitators for public health workers</li> <li>Training of antibiotics cadres in pilot villages</li> </ul>  |  |
| 2  | Animal<br>Health | <ul> <li>Training of facilitators for animal health workers</li> <li>Training of antibiotics cadres in pilot villages</li> <li>Regular visit and education in pilot farms</li> <li>Training on good farming practices and health management for farms</li> <li>Training on good farming practices and health management for animal health workers</li> <li>Training on waste management and composting for</li> </ul> | <ul> <li>Farms biosecurity and management improvement</li> <li>Vaccination program of newcastle and mycoplasma</li> <li>Using probiotics and phytobiotics as antibiotics replacement</li> <li>Develop guideline for</li> </ul> |
|    |                  | farms   | veterinarian   |



## Dissemination in Indonesia

National Dissemination Workshop, Jakarta, 14 November 2016

Attended by national and local government officials, FAO, & Indonesia Veterinary Drug Association

## Dissemination in Thailand

### Collaborate with key stakeholders

- Workshop with drug dealers for proper use of AM in farms
- Workshop with famers and managers on livestock health and production management (>20 times)
- Meeting with The Veterinary council of Thailand and DLD to advocate the results



### Recommendation

- Require all drug producers for both animal and human use to put prescribed drug and antibiotic drug label on every drug strips.
- Establish support from local government offices or independent community funding to sustain the intervention activities into the future.
- Ensure a strict reporting system is in place for all businesses involved in the importation, distribution, sale, and prescription of antibiotics for animal and human use.
- Develop national across sector guidelines for prudent and responsible use of antibiotics.
- Similarities in antibiotic resistant patterns of E. coli isolated from animals, human and the environment indicates the need to conduct a more comprehensive research on the impact of using similar antibiotics in animal and public health, and the likely risk of sharing resistant bacteria or genes in a farm environment



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THANK YOU

