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Scoping transformative changes in antimicrobial stewardship: Insights from devolved government hospitals and mission hospitals in a lower-middle income setting

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Statement of problem:

Poor coordination of the One Health concept contributes to commonly prescribed antibiotics for to antibiotic misuse, leading to antimicrobial resistance in LMICs. Lack of AMR data in local settings is a major hurdle to implementing National Policies and Action Plans.

Objective:

To evaluate the impact of Antimicrobial Stewardship (AMS) in 11 referral hospitals in 9 counties throughout Kenya.

Methods:

Impact assessment was conducted through the lens of [Transformative Innovation Policy](#) and [Basic Science and One Health Approaches](#). The survey team collected data using four tools: (1) National and County Assessment Tool (2) Healthcare Facility Assessment Tool (3) Laboratory Assessment of Antibiotic Resistant Testing Capacity (LAARC) and (4) WHO's Point Prevalence Survey (PPS). The team also conducted Focus Group community members.

Results:

A common AMS structure, resources and process existed in participating counties. Seven counties demonstrated partial or full implementation of the AMS guidelines. In six counties, AMS Interagency Committees (CASICs) were partially or fully established. A total of [six hospitals reviewed and updated AMS clinical guidelines](#). Nine laboratories can perform culture and disk societal goals and inclusiveness were integral to nearly all AMS lacking in the interventions. Among the 5,574 surveyed records, 81% of patients had used at least one antibiotic. The most

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