

To,
Dr. Mansukh Mandaviya
Hon'ble Union Minister for Health and Family Welfare, Government of India
Room No. 348-A, Nirman Bhawan,
New Delhi – 110011

Subject: Re-orienting our approach to addressing AMR

Respected Sir,

Greetings from the Health Parliament and International Patients' Union.

Health Parliament is the world's leading think-tank on healthcare policy issues and the International Patients' Union is India's first patients' only platform to address the challenges related to accessibility, affordability, and quality of healthcare faced by patients across India. Both these initiatives were founded by Dr. Rajendra Pratap Gupta, Former Advisor to the Union Health Minister of India, who played a key role in drafting the National Health Policy 2017 and the National Education Policy 2020 besides the Election Manifesto of the BJP twice. Our team at the Health Parliament and International Patients' Union held a National Workshop (Virtual) on 'Why Antimicrobial Resistance (AMR) Campaigns are not working and what we can do about it?' on November 30, 2023, and has put forth a few actionable policy suggestions to change our approach towards AMR campaigns, reduce the incidence of AMR and promote Rational Use of Medicines.

Inputs from the Health Parliament and International Patients' Union are based on 5 levels, namely, Individual Level, Implementation/Execution Level, Regulatory Level, Diagnostic Level, and Prescriber Level. It is important to note that the Rational Use of Medicines is possible only when we follow an integrated approach, and when all stakeholders work together.

Individual Level:

1. Awareness at the consumer level must be imparted to rationally use medicines. Currently, OTC medicines are the starting point. Once the consumer starts using medicines for common ailments by purchasing them over the counter, it starts a psyche, where any drug that can be brought over the counter can be consumed without medical advice and a prescription.
2. Behaviour change needs to be promoted amongst individuals so that they do not self-medicate & adhere to the dosage regime and complete the medication course as prescribed by the doctor. We need to create awareness that every medicine has a side effect, and the consumer need not consume medications like candies but strictly follow the doctor's advice.

Regulatory Level:

1. There is a need to define over-the-counter (OTC) medicines and enlist the medicines that would fall under this category. Currently, there is no OTC list for medicines.
2. There needs to be a system in place to redact the information from all platforms if a notification has been reversed.
3. All three aspects - Human, Animal, and Agriculture are responsible for creating the AMR pandemic. Hence, AMR needs to be looked at from the 'One Health' approach.

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4. It is possible to regulate physicians only when the industry and the retail interface are regulated. Hence, regulations in this respect need to be formulated and followed with constant monitoring.
5. Regulation needs to be put in place to ensure that pharmacies are run by registered pharmacists adhering to ethical considerations.
6. Stringent Prescription Guidelines need to be developed to ensure that antibiotics are prescribed by only the registered Allopathy doctors who know the pharmacology of the drugs.
7. Guidelines must be put in place to promote correct strip-cutting practices and prevent the sale of expired drugs. For this, a QR code with the Date of Manufacturing, Best Use/Use By, Ingredients/Salts of Medicines, and Dosage Regime, can be placed over each tablet in the medicine leaflet.

Implementation/Execution Level:

1. Strong implementation of regulations needs to be practiced at the level of retail pharmacies & and the industry.
2. Pharmacists play an important role in addressing the issue of AMR and promoting the Rational Use of Medicines. They are the first point of contact and need to be trained in the following matters:
 - a) To know when a prescription containing antibiotics is given to them.
 - b) To be clinically oriented and advise the patients about the dosage regime.
3. The sale of medicines must be accompanied by Medication Guidelines available in multiple languages in a manner that the common man can understand.
4. There is a need to change our strategy & practice Persuasive Advocacy & run impactful campaigns. Some practical solutions that may be applied are as follows-
 - a) Impart knowledge about the consumption of medicines in the school curriculum/science Olympiads.
 - b) Loop in important influencers such as the film fraternity, or the cricket team.
 - c) Encourage Pharma companies to set aside a percentage of sales and commit the amount towards a national campaign.
5. Integrate technology such as Artificial Intelligence (AI) to set up a digital database of when, why, how much, & by whom the antibiotic is prescribed and dispensed. This will regulate the sale of antibiotics and prevent misuse/under-use/over-use of antibiotics.

Diagnostic Level:

- 1) To manage the use of antibiotics, we need to have the Right Diagnosis. Point of care -Strip-based tests can be developed to minimize the time of diagnosis and encourage the prescription of antibiotics only when necessary.
- 2) There is a need to develop Surveillance Tools to check the source of antibiotics since the problem persists not just because of antibiotic consumption, but also because of environmental factors & and the food chain.

Prescriber Level:

1. Doctors must indulge in good prescription practice and perform a prescription audit to regulate the sale of antibiotics.
2. Doctors need to avoid prescribing antibiotics unless necessary.
3. Doctors must inform the patients to complete the prescribed medicine course.
4. Doctors must follow a 1+2 prescription approach, with one prescription with the Doctors; one with the Patients; & one with the Pharmacist. Digital Prescription could be a solution, wherever feasible.

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Research & Development:

1. There is a need for investment & partnerships with Pharma industries to create a new drug pipeline (including antibiotics).
2. Heavy investments also need to be made in the municipal systems & food industries to reduce the infectious disease load.
3. There is a need to invest in Primary Care where most of the outpatient is currently provided by non-qualified/unqualified/ or low-qualified practitioners/unlicensed practitioners or directly by pharmacists.

The problem of AMR goes beyond the consumption of antibiotics. We need to solve the AMR puzzle with an integrated, holistic approach focusing on the Rational Use of Medicines. It is crucial to take timely action to prevent the catastrophe predicted by WHO in its recent notification. Health Parliament & International Patients' Union remain committed to improving the state of health in India and informing and empowering the patients. We remain at your disposal for further discussion and hope you will keep us posted on the further developments in the field, and positively take these suggestions.

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CC to:

- 1) **Dr. Rajeev Raghuvanshi**, Drugs Controller General of India, CDSCO, Government of India
- 2) **Dr. R.K. Srivastava**, Former Director General of Health Services, and Former Chairman, Medical Council of India, Government of India
- 3) **Dr. Shirshendu Mukherjee**, Mission Director, Programme Management Unit (DBT-BIRAC-BMGF-Wellcome Trust)
- 4) **Dr. Raman Kumar**, President, Academy of Family Physicians of India
- 5) **Dr. Krishna Iyer**, Professor of Pharmaceutical Chemistry & I/C Principal, Bombay College of Pharmacy
- 6) **Dr. Sunil Chandy**, Former Director, Christian Medical College, Vellore; Presently, Chief Medical Officer, ITC India
- 7) **Dr. Sudhakar Gayakwad**, Sr Vice President & Country Head, McCann Health
- 8) **Mr. Abhijit Ghosh**, Assistant Drugs Controller, Drugs Control Department, Government of NCT, Delhi
- 9) **Dr. Ratna Mehta**, Pharmacist, OptumRx
- 10) **Mr. Altaf Shaikh**, Registered Pharmacist, Shifa Medicals, Nagpur
- 11) **Mr. Vishnu Gupta**, Owner, Jan Aushadhi Store
- 12) **Mr. P. Rudresha**, Clinical Pharmacist, Maxtra Enterprises
- 13) **Mr. Sudarshan Jain**, Secretary General, Indian Pharmaceutical Alliance (IPA)
- 14) **Mr. Suresh Pattathil**, President, Organization of Pharmaceutical Producers of India (OPPI)
- 15) **Shri Jagannath Sakharam Shinde**, Chairman & MD, All Indian Origin Chemists & Distributors Limited (AIOCD)
- 16) **Mr. Ravi Uday Bhaskar**, General Secretary, All India Drugs Control Officers' Confederation (AIDCOC)