

# STANDING UP FOR YOUR PATIENTS' HEALTH

Messages for health professionals

*Tackling antimicrobial resistance  
a story of health professionals playing their part*

Volume 2

## YOU TOO ... CAN TAKE ACTION!

I use my medical knowledge to try to improve the services in our hospital.



Dr J.

I try to stay on top of the newest developments in patient care.



Nurse Waja

I take initiative so that more essential medicines are available for my patients.



Pharmacist

I make infection control and availability of medicines top priority in our hospital.



Medical director

The spread of antimicrobial resistance is a global problem with particularly dire consequences for Africa which is grappling with high levels of infection in the face of limited resources.

Poor quality medicines, inappropriate use of medicines, as well as poor hygiene and waste management, all facilitate the development of resistance. This means treatments with antimicrobials such as antibiotics, antifungals and antivirals are no longer effective.

The containment of antimicrobial resistance requires an increased awareness by all actors in health, including the public, as well as collective action.

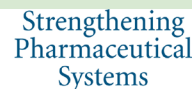
These comic strips were developed by EPN to provide information to the general public, through graphic art. This material is also available in French and Kiswahili.

Antimicrobial treatment is a major lifesaving intervention for infectious diseases but Antimicrobial Resistance (AMR) is rapidly reducing the effectiveness of antimicrobials. As a result, many first line treatments for diseases such as malaria, TB and opportunistic infections of AIDS are no longer effective and the cost of care is inevitably increased.

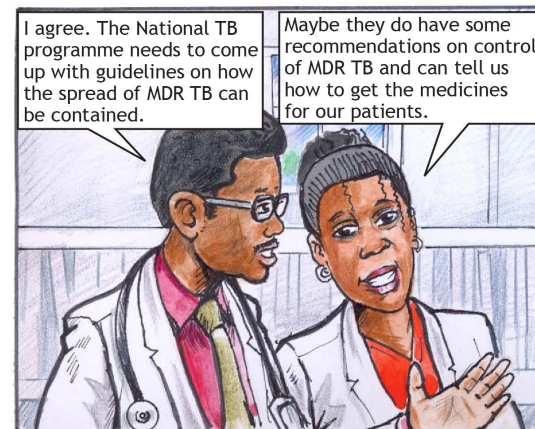
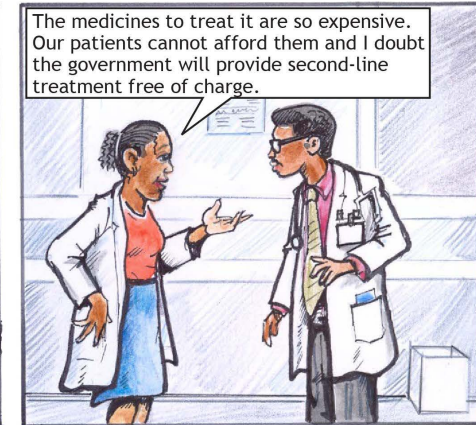
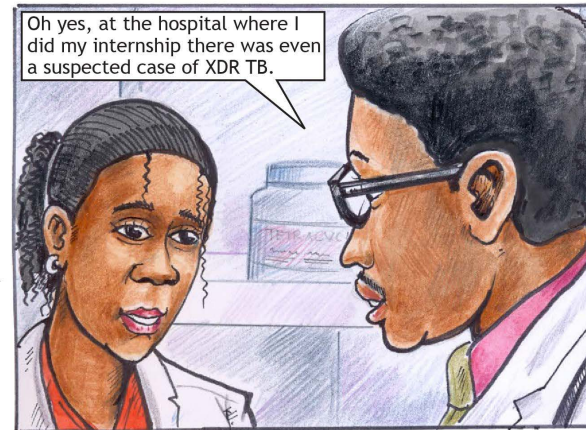
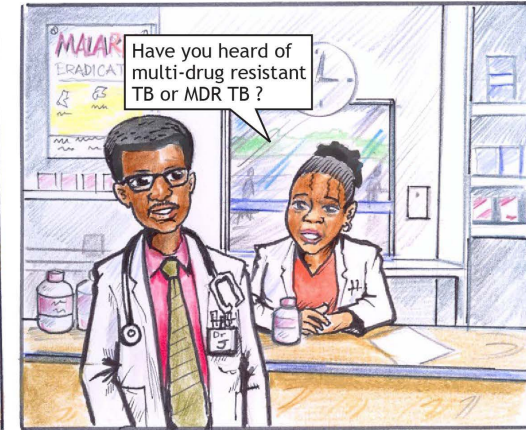
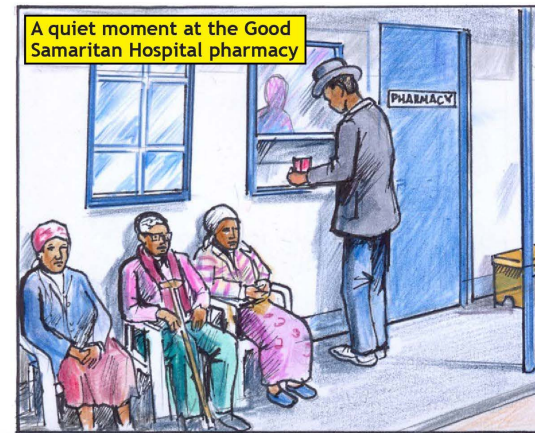
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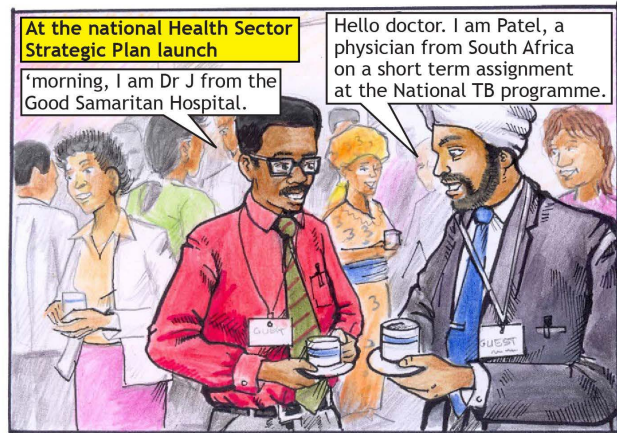


EPN wishes to thank its partners for supporting the development of these strips.



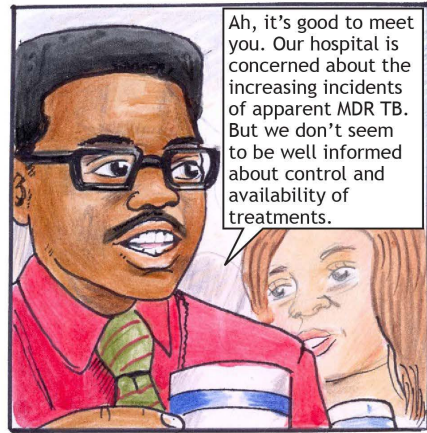
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**At the national Health Sector Strategic Plan launch**  
 'morning, I am Dr J from the Good Samaritan Hospital.

Hello doctor. I am Patel, a physician from South Africa on a short term assignment at the National TB programme.



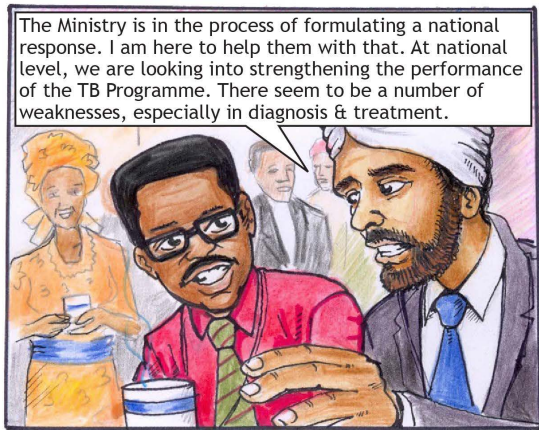
Ah, it's good to meet you. Our hospital is concerned about the increasing incidents of apparent MDR TB. But we don't seem to be well informed about control and availability of treatments.



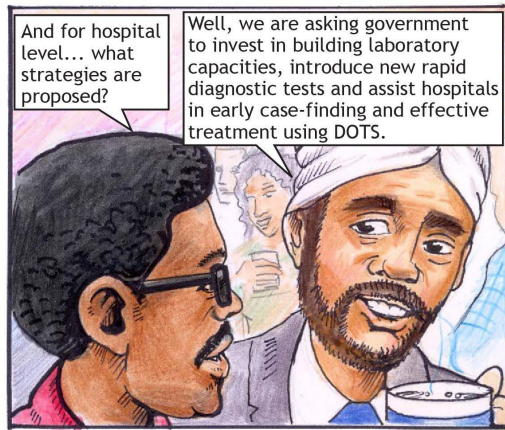
**A meeting is going on in the Medical Director's office**



Complaints have been reaching me from patients. It seems patients are continually being told to buy certain medicines outside the hospital.

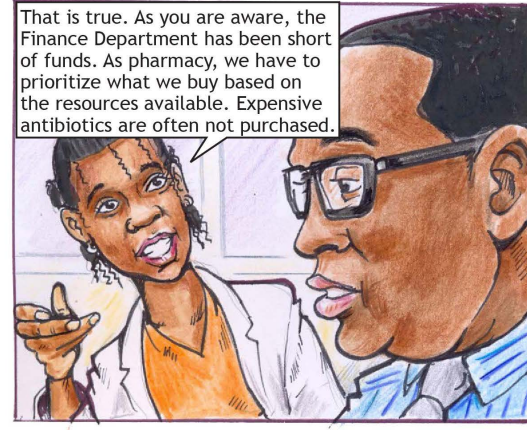


The Ministry is in the process of formulating a national response. I am here to help them with that. At national level, we are looking into strengthening the performance of the TB Programme. There seem to be a number of weaknesses, especially in diagnosis & treatment.

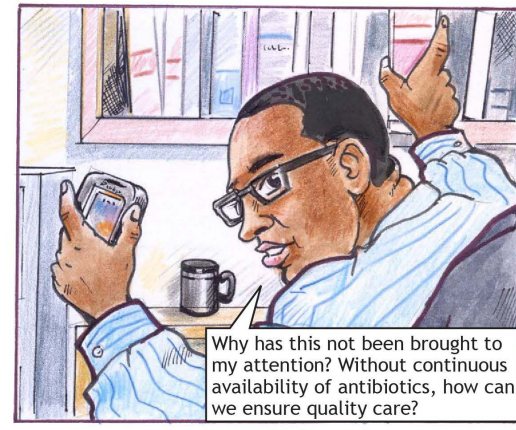


And for hospital level... what strategies are proposed?

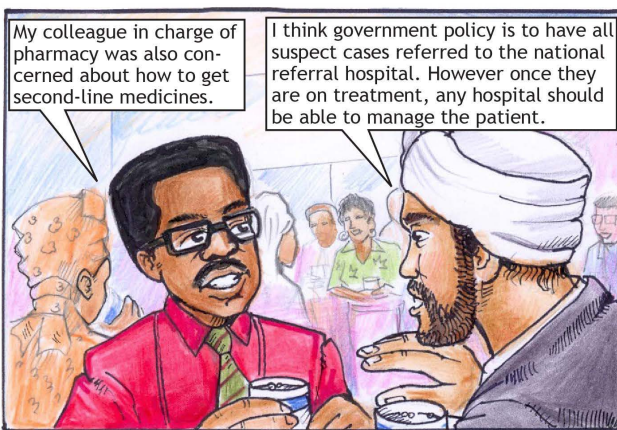
Well, we are asking government to invest in building laboratory capacities, introduce new rapid diagnostic tests and assist hospitals in early case-finding and effective treatment using DOTS.



That is true. As you are aware, the Finance Department has been short of funds. As pharmacy, we have to prioritize what we buy based on the resources available. Expensive antibiotics are often not purchased.

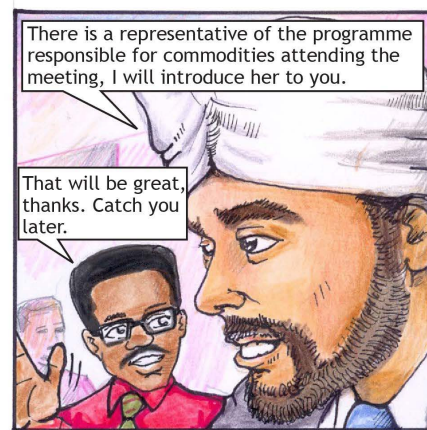


Why has this not been brought to my attention? Without continuous availability of antibiotics, how can we ensure quality care?



My colleague in charge of pharmacy was also concerned about how to get second-line medicines.

I think government policy is to have all suspect cases referred to the national referral hospital. However once they are on treatment, any hospital should be able to manage the patient.

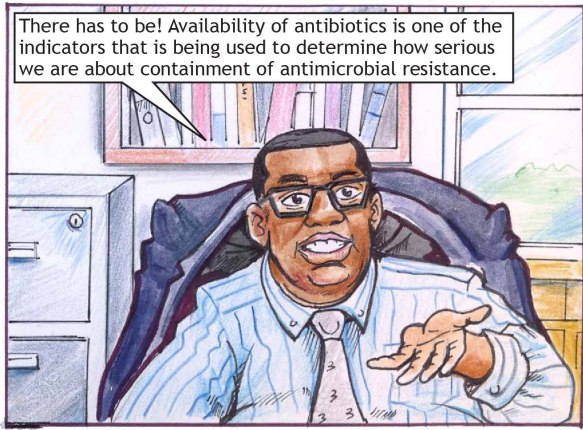


There is a representative of the programme responsible for commodities attending the meeting, I will introduce her to you.

That will be great, thanks. Catch you later.



Sorry Sir, I didn't think there was anything that could be done.



There has to be! Availability of antibiotics is one of the indicators that is being used to determine how serious we are about containment of antimicrobial resistance.

**The medical director, finance manager and pharmacist meet to discuss the availability of antibiotics**

Sir, the antibiotics that we are not buying are really expensive, for example a single vial of meropenem costs up to 40 USD. Buying four of such antibiotics would exhaust a big chunk of our medicines budget.



But if we bought only what we sell in say two weeks, we could help the patients without causing a burden to the hospital.



Exactly my concern! Patients are exploited when they buy from these pharmacies in town.

Question is where to get the money for the initial investment? My accounts are truly constrained.



Let me think. Parliamentarians have funds to help their constituents, yes?

Maybe if I approached our MP, she might help...

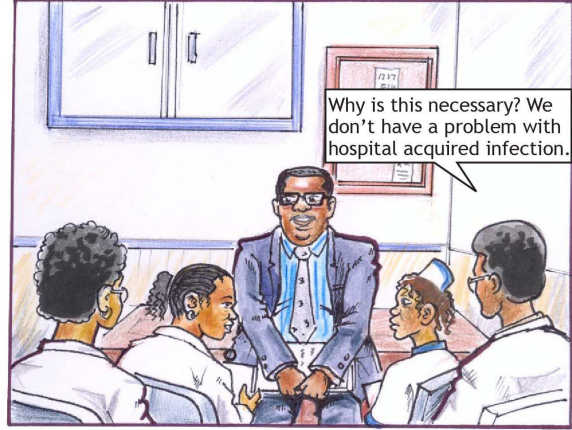
Good idea. We could even treat it as a loan and pay back in round about 24 months. Might make it a better sell...



**At the Good Samaritan Hospital monthly staff meeting**



Over the coming weeks we are to start the process of developing an infection control policy and setting up an infection control committee for the hospital.



Why is this necessary? We don't have a problem with hospital acquired infection.

Well, we want to ensure that hospital acquired infection continues to be minimal and as you know, infection control is one of the pillars of containment of antimicrobial resistance.



So it fits well with the other containment actions we are undertaking.

The development of the policy will be through a consultative process in which you are all invited to give your input. We need to develop policies that we can implement collectively.



Oh no, we already have so many committees.

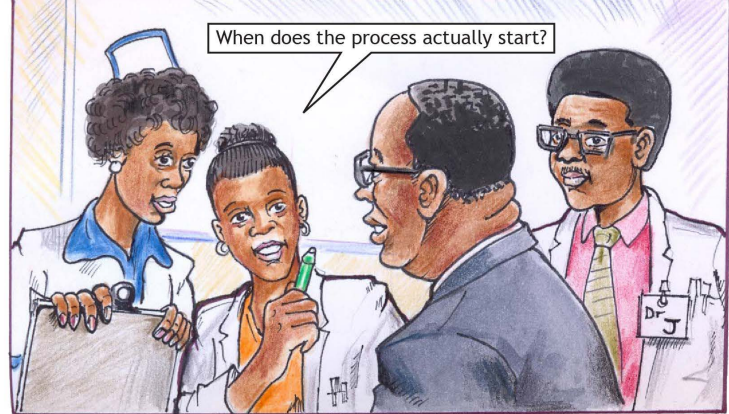
I hope this does not mean a whole lot of new do's and don'ts for us to comply with.

In the mean time, I will ask the MTC to prioritize the medicines in our formulary that we are currently not stocking.



Excellent, that way we guarantee that any funds go to the most needed medicines.

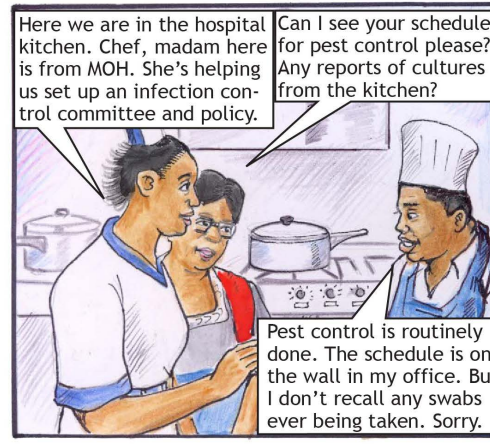
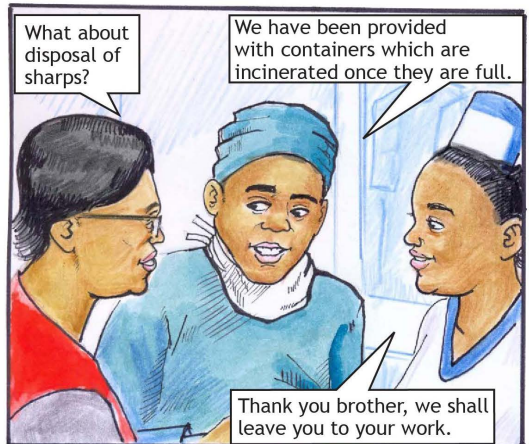
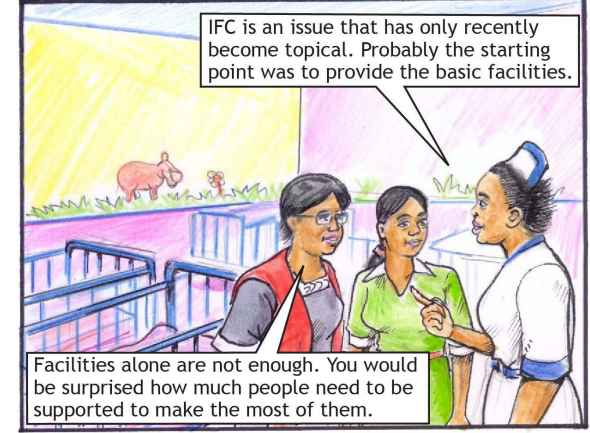
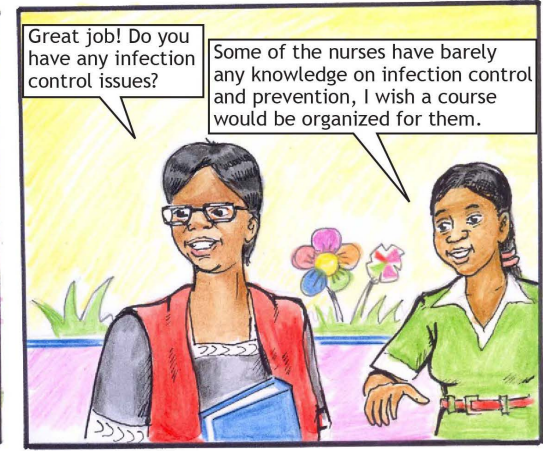
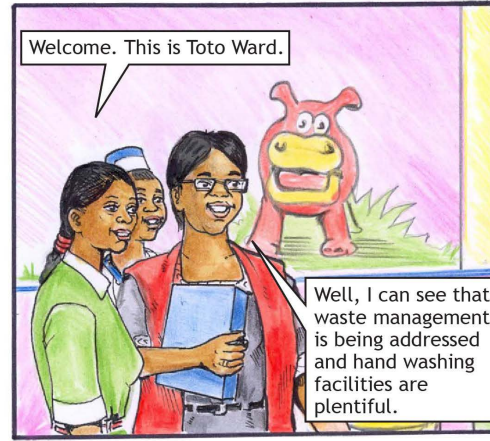
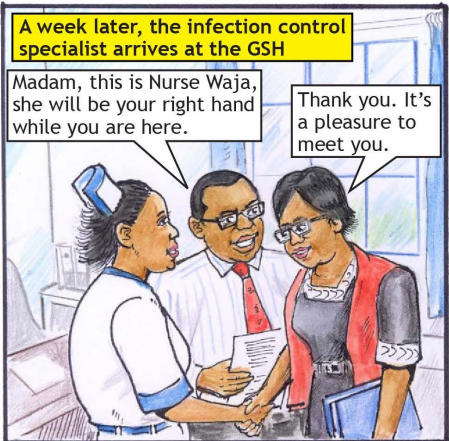
That's settled then! As our finance manager, please prepare a short note on this for management.



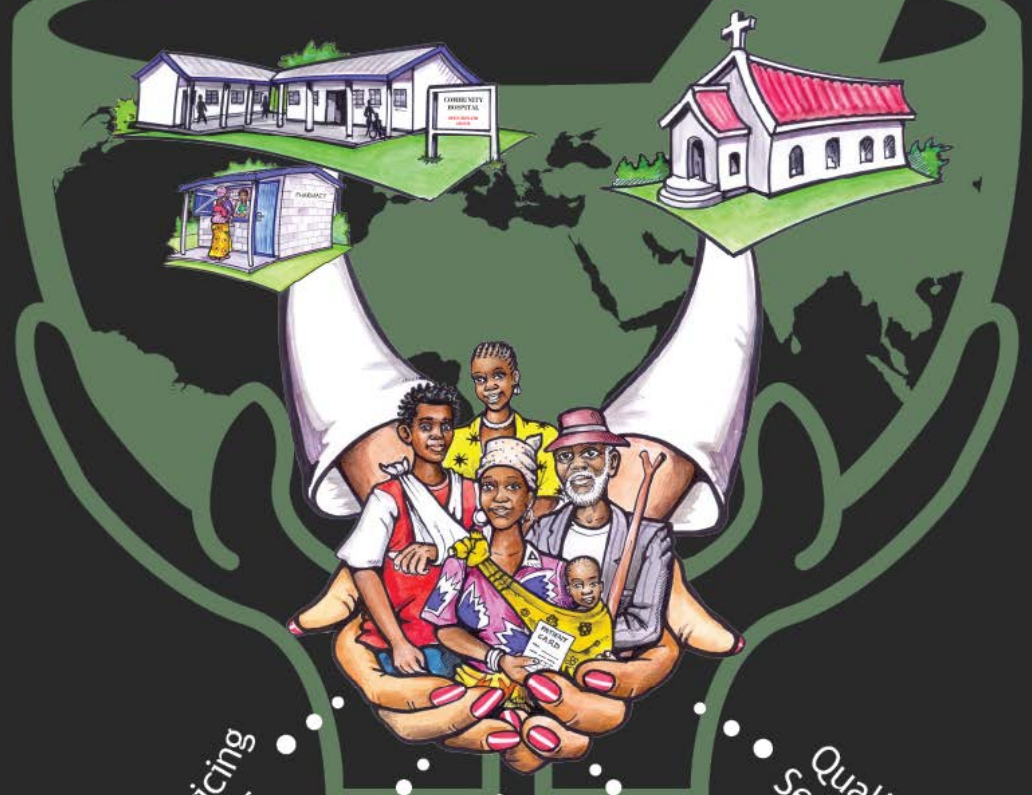
When does the process actually start?

We have engaged an infection control specialist from the Ministry of Health who will be here in one week's time to kick-start the process. Please give her your support.

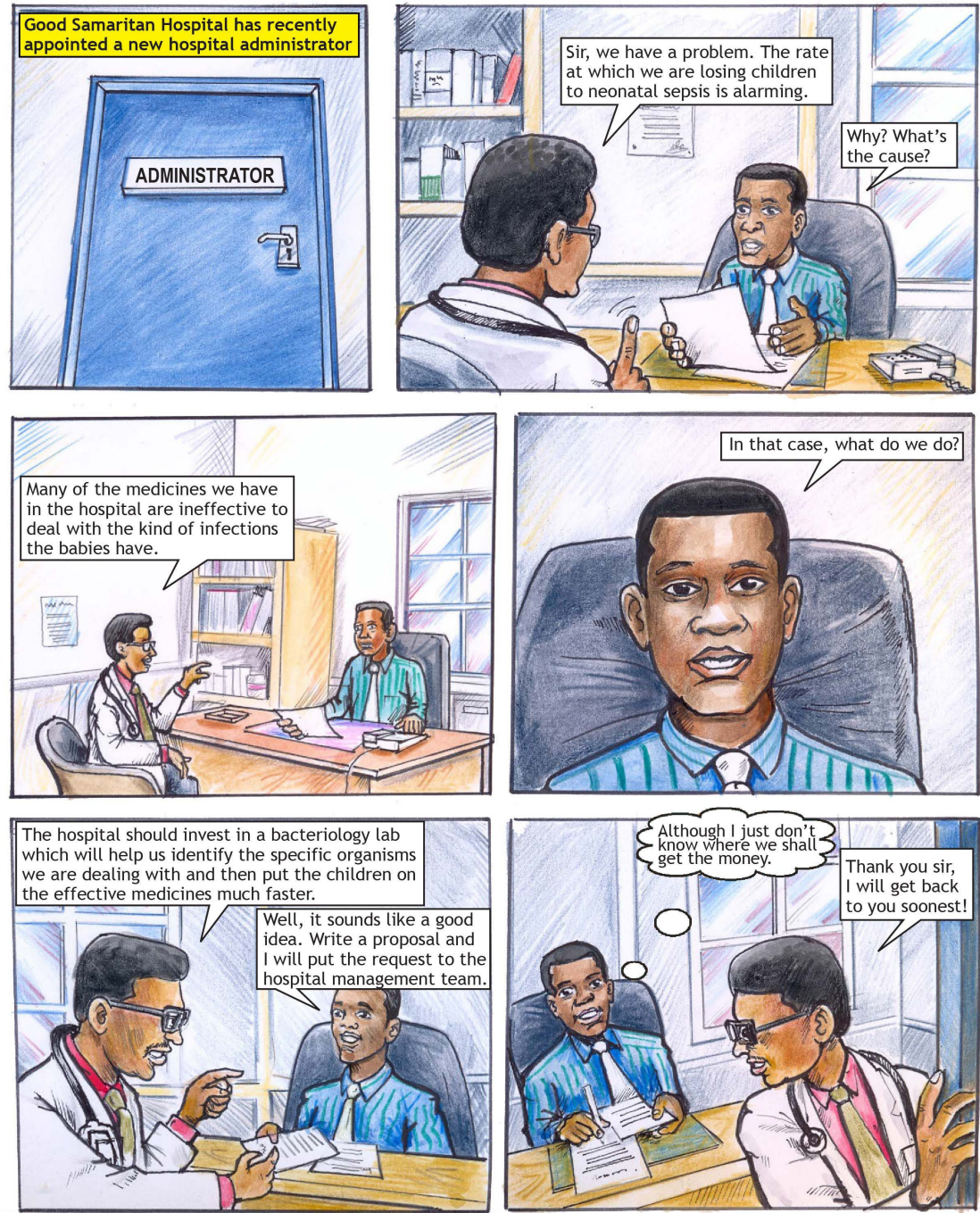


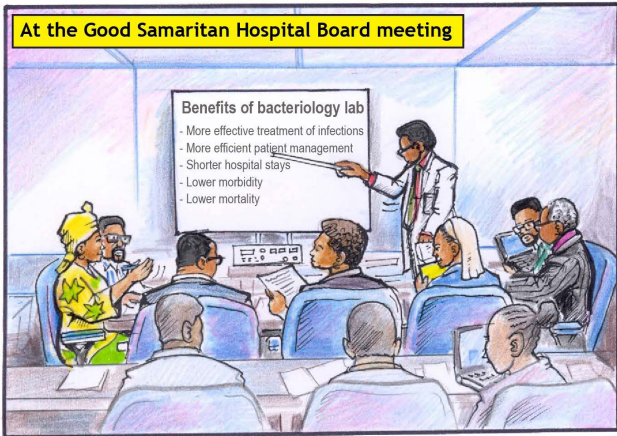


30 years of strengthening pharmaceutical services in church health systems **EPN**  
 30 ans de renforcement des services pharmaceutiques dans les systèmes sanitaires confessionnels



- Affordable pricing / Prix abordables
- Reliable supply systems / Systèmes de fourniture fiables
- Quality medicines / Médicaments de qualité
- Quality service / Service de qualité
- Skilled pharmaceutical staff / Personnel pharmaceutique qualifié
- Health information / Information de santé



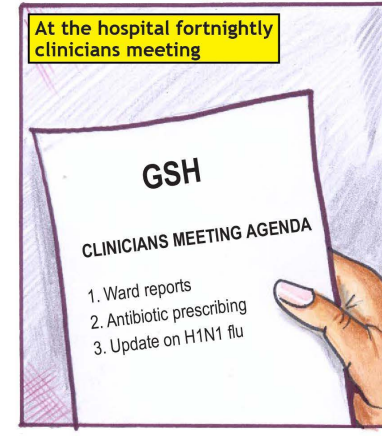


At the Good Samaritan Hospital Board meeting

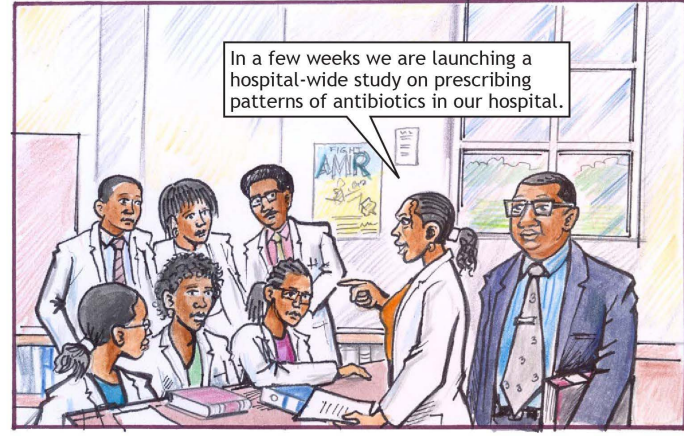


Hold on now, we barely meet running costs. How can we dream of investing in such a venture?

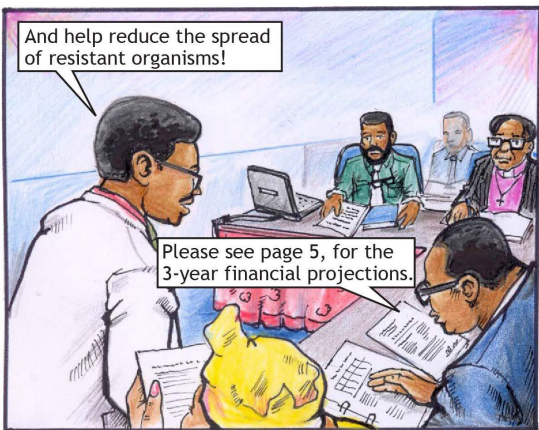
Yes Madam Chair, but this investment should help us reduce running costs in the long term.



At the hospital fortnightly clinicians meeting



In a few weeks we are launching a hospital-wide study on prescribing patterns of antibiotics in our hospital.



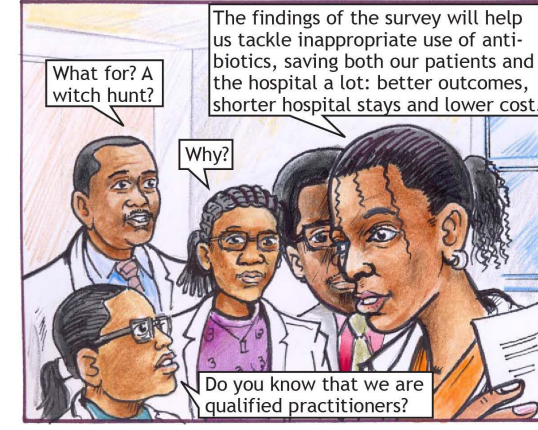
And help reduce the spread of resistant organisms!

Please see page 5, for the 3-year financial projections.



We hear that the Danish Government is equipping hospitals. We would like to submit the proposal to them.

One minute, I don't see anything about the financing.

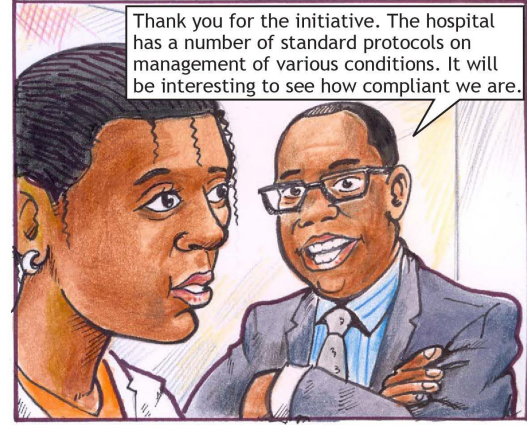


The findings of the survey will help us tackle inappropriate use of antibiotics, saving both our patients and the hospital a lot: better outcomes, shorter hospital stays and lower cost.

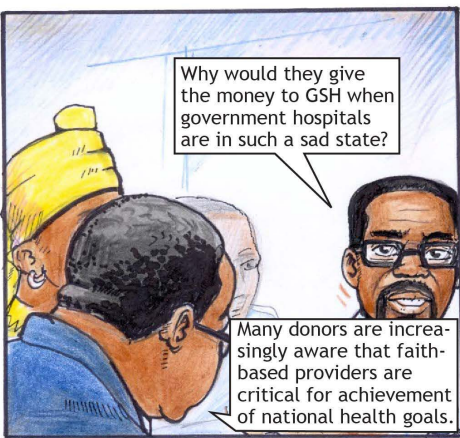
What for? A witch hunt?

Why?

Do you know that we are qualified practitioners?

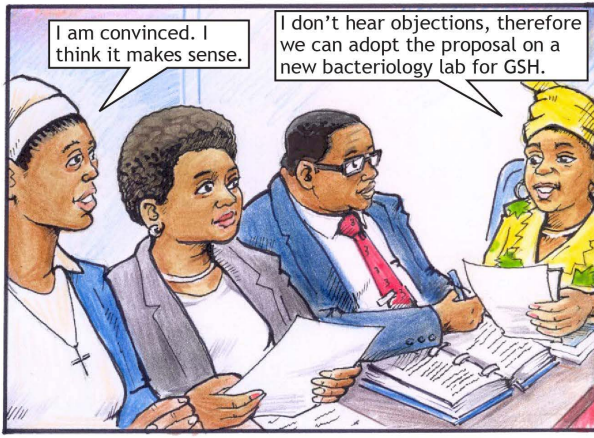


Thank you for the initiative. The hospital has a number of standard protocols on management of various conditions. It will be interesting to see how compliant we are.



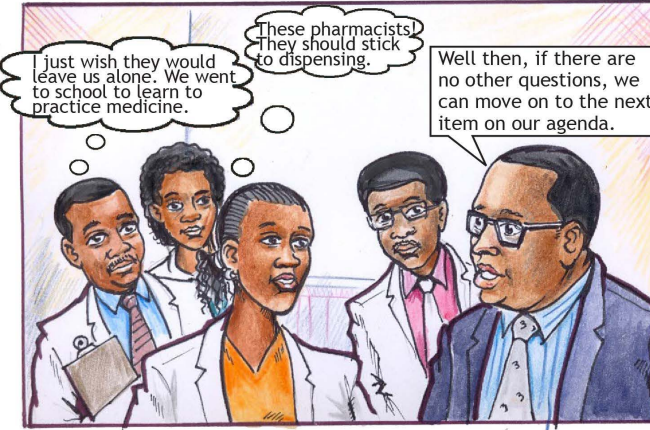
Why would they give the money to GSH when government hospitals are in such a sad state?

Many donors are increasingly aware that faith-based providers are critical for achievement of national health goals.



I am convinced. I think it makes sense.

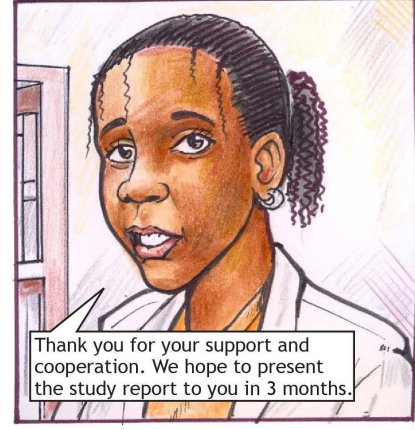
I don't hear objections, therefore we can adopt the proposal on a new bacteriology lab for GSH.



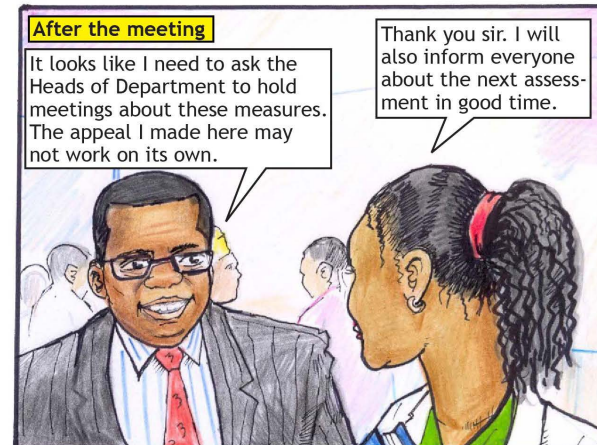
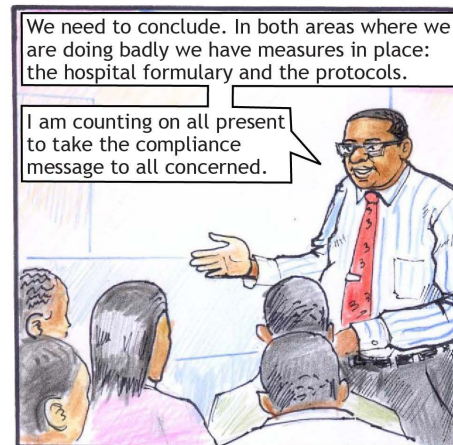
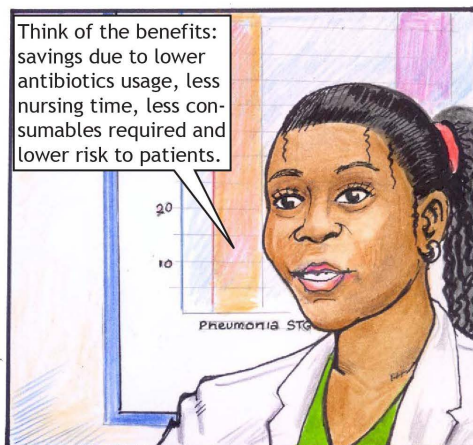
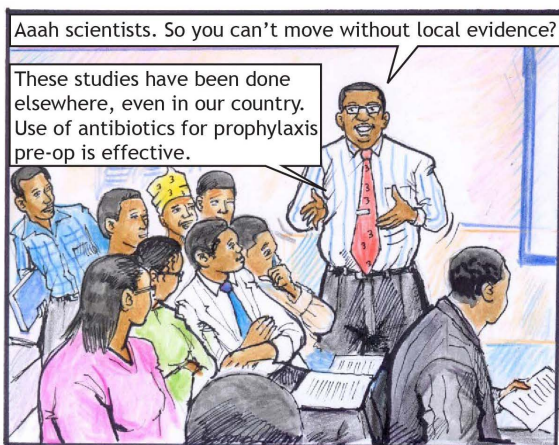
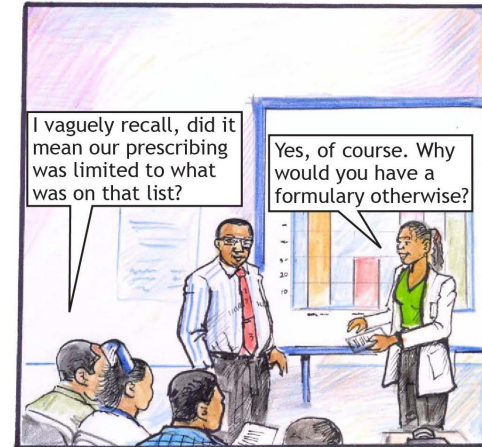
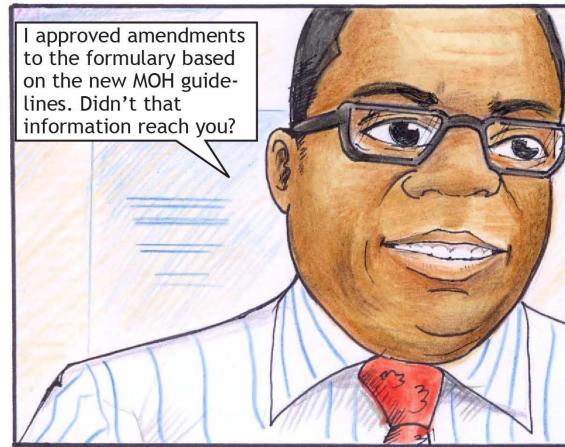
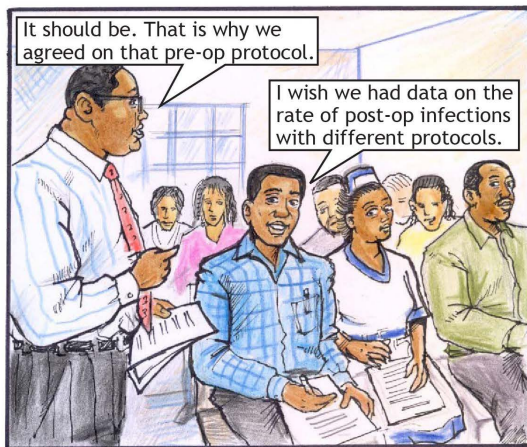
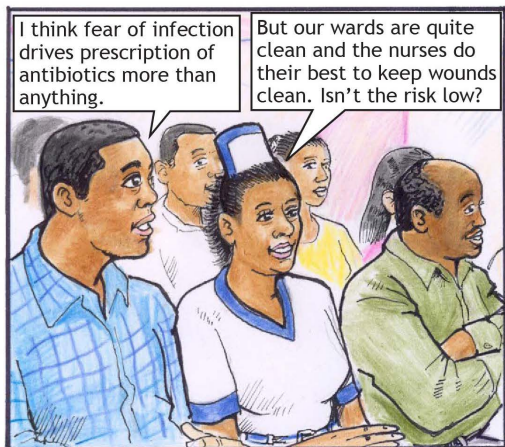
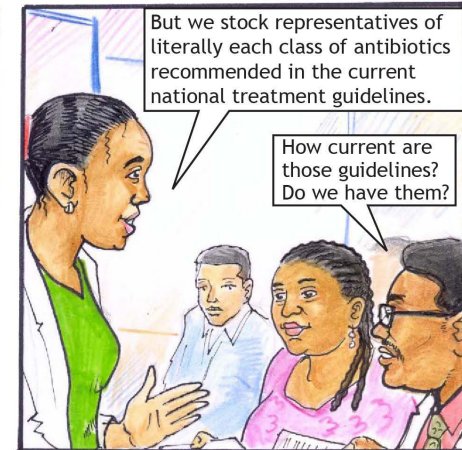
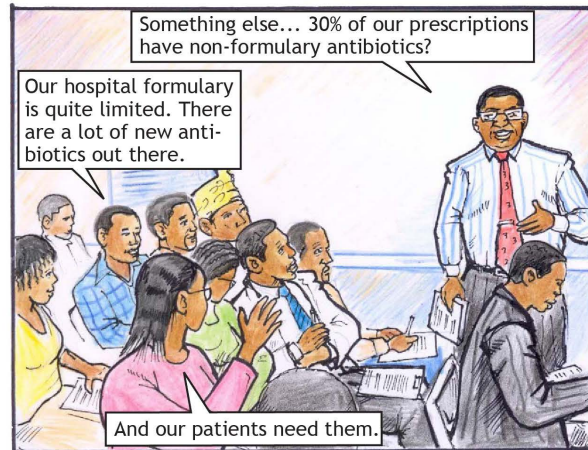
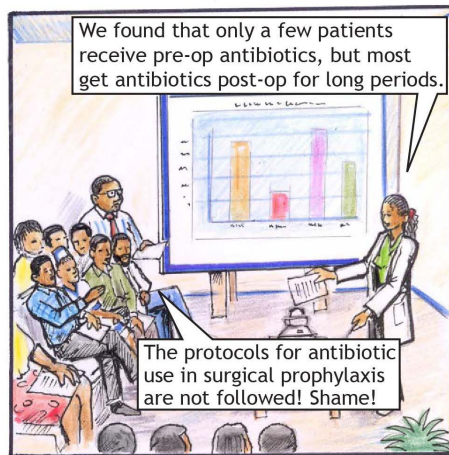
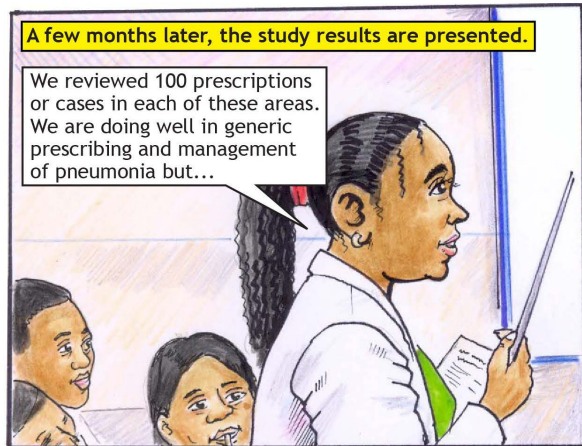
I just wish they would leave us alone. We went to school to learn to practice medicine.

These pharmacists! They should stick to dispensing.

Well then, if there are no other questions, we can move on to the next item on our agenda.



Thank you for your support and cooperation. We hope to present the study report to you in 3 months.





# 30 years of strengthening pharmaceutical services in church health systems



## Professionalism and good governance

Institutional strengthening through capacity building and distribution of tools to impact governance

Training on pharmacy for health facility staff as well as provision of guidelines and standards to strengthen pharmacy practice

## Access to medicines



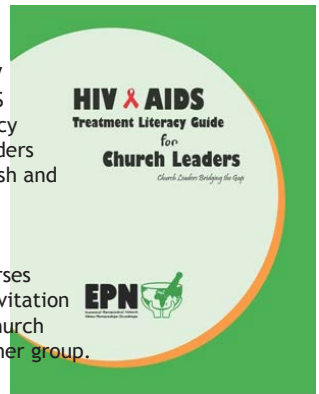
Addressing supply systems, medicine use, quality of medicines, pharmaceutical care and affordability

## Campaign against antimicrobial resistance

Activities on rational use of antibiotics and implementation of hospital-based infection control interventions reached more than 500 health professionals in 9 countries in 2010.

HIV and AIDS Treatment Literacy Guide for Church Leaders available in English and French.

EPN also offers Treatment Literacy Courses for Church Leaders on invitation from any church or other group.



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