



PREACT (Pathways to REshape Access to Antibiotics Collaborative Team)

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INTRODUCTION

To meet the threat of AMR, GARDP works with partners to accelerate the development and access to treatments for priority drug-resistant infections that pose the greatest threat to health. However, even once antibiotics are approved, a number of barriers may prevent their introduction and appropriate use. Multiple stakeholders need to work together to overcome these access barriers.

KEY ACCESS HURDLES



RATIONALE

GARDP works with key partners, including National Ministries of Health, academic centres and major private healthcare providers, to facilitate the development of in-country access and implementation networks for the rapid introduction and appropriate use of antibiotics in hospitals.

OBJECTIVES

- Implementer networks aim to:
- Determine priorities for the introduction of new antibiotic products.
 - Develop costed antibiotic access strategies for advocacy and implementation.
 - Determine opportunities to accelerate, identify and remove potential barriers to access, and leverage best practices.

CASE STUDY 1: SOUTH AFRICA

Initiated in February 2023 by bringing together country experts on AMR, across both the public and private sector, the group agreed to take on 3 projects that would be affordable, impactful and relatively easy to achieve.

1. Antibiotic prioritization: Commissioned a position paper on AMR in South Africa, “The Changing Landscape of Antimicrobial Resistance and Use in South Africa: The Need for Access to New Antibiotics”, recently completed by an expert FIDSSA working group.
2. Understanding current Reserve antibiotic use to inform future introduction strategies:
 - a. An analysis of reserve antibiotic use in South Africa was initiated as part of an overall surveillance project undertaken by South Africa’s National Department of Health.
 - b. Understanding Colistin usage. This has not yet been initiated due to difficulties in accessing the data.

The next step is to conduct an introduction study of cefiderocol in two academic tertiary hospitals to test real-life usage of a new reserve antibiotic, and in so doing, develop relevant clinical and stewardship guidance.

CASE STUDY 2: KENYA

Initiated via a process of stakeholder engagement and relationship building, the Kenya PREACT was launched in June 2023, by bringing together key opinion leaders within tertiary healthcare. Key next steps included:

1. Developing a repository for research papers, evaluation documents, and programme plans so all country AMR information could be stored in one place.
2. Conducting stakeholder mapping and establishing a stakeholder forum to keep the Kenyan Ministry of Health and partners informed.
3. Together with FIND, a baseline laboratory capacity and antibiotic usage assessment was conducted across 10 counties.



CONCLUSION

GARDP’s goal is for PREACTs to become self-managed and self-funded, with key partners taking on implementer roles. We are working towards this. The plan is for GARDP to continue to facilitate in-country, and possibly inter-country communities of practice.

