



COVID-19 lessons to tackle the antimicrobial resistance crisis

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An innumerable number of publications and articles have appeared in the scientific and mainstream literature on the impact of COVID-19 on the antimicrobial resistance (AMR) scenario and the challenge of AMR on the COVID-19 pandemic. AMR is one of the biggest challenges the healthcare system ever faced. The medical community and the policymakers are well versed with the seriousness of AMR, though the public perception of AMR is still patchy. COVID-19 locked down the world and taught every living human being how mighty the microbes are and what they can achieve!

The COVID-19 pandemic made humanity slow down and rethink their priorities. Politicians and policymakers are now willing to go to any extent to tackle the microbial armies' attacks. The world, despite genuine efforts, failed to implement AMR action plans and policies in most countries. Why can't we utilise the new momentum generated by the pandemic to implement the AMR action plans in all countries?

The collective efforts of countries, organisations and activists succeeded in bringing AMR to the forefront, culminating in the WHO Global AMR Action Plan and UN political declaration on AMR. Unfortunately, in most countries the plans at national and subnational have been at a snail's pace. Sadly, we could not utilise the momentum we created.

The COVID-19 pandemic has generated an unprecedented level of awareness about the challenges created by microbes. Let us relaunch the global AMR action plan and convince the policymakers and politicians to implement the action plans.

We do know that the public is the most crucial stakeholder in implementing AMR action plans. It is doubtful whether we previously understood this aspect and involved the public, especially in the low–middle-income countries (LMICs). Nonetheless, we now unmistakably know that the public is the essential

stakeholder in controlling the COVID-19 pandemic. At least now we should apply this principle to AMR.

Diagnostics, vaccines and therapeutics play a colossal role in controlling COVID-19. At the same time, the scientific community and the public debated every component's role in detail. The public became the judge and the jury.

So let us be prepared to answer the public's questions while reattempting to implement the AMR action plans.

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The pharmaceutical industry is an essential stakeholder in AMR action plans. At the same time, we should never allow the industry to monopolise the plans. We followed the strategy during the COVID-19 pandemic—acknowledging the industry's importance— but keeping it at arm's-length, without blindly following its commands like a flock of sheep

following a shepherd.

The public and the media analysed every component of the clinical trials and implementation plans during COVID-19. Now that the public antenna is up, let us try our best to maintain the transparency during the implementation of the AMR action plans. The public expects it. Let us take the public along with us. Let us utilise the visual and print media to the best possible extent. Let us discuss each component of the AMR action plans in the media debates, clarify the public's doubts and involve them actively in the decision-making. We can successfully implement the OTC (Over the Counter) sales rule if we convince the public. We can significantly reduce the growth promotional use of antibiotics in animal farming if we convince the public of this practice's dangers. If we can convince the public of the dangers of hospital-acquired infections, they will lead advocacy to improve the hospitals' infection control standard.

COVID-19 has taught us how to survive a pandemic. Let us utilise this experience to tackle the AMR pandemic!