

Establishing Red Label of Antibiotics for Curbing Antimicrobial Resistance in Bangladesh

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Antimicrobial resistance is an increasingly serious threat to the gains made in health and development. It can compromise the progress towards Sustainable Development Goals, affecting health security, poverty, economic growth, and food security. There are two primary drivers of resistance, (1) overuse and misuse of antibiotics in human and (2) widespread use of antibiotics in agriculture and aquaculture. According to WHO Fact sheets on sustainable development goals: health targets (Antimicrobial Resistance); the economic cost of lost global production between now and 2050 would be around USD 100 trillion if no action is taken to contain antimicrobial resistance. Low and middle-income countries (LMICs) would be more negatively impacted, and a widen inequity gap within countries.

Pharmacies/drug shops are major primary healthcare providers for Bangladeshi households, accounting for nearly two-thirds of their out-of-pocket spending. Private pharmacies effectively influence a poorly educated population to provide a self-treatment option which is dominant mode of curative care and health sector inefficiency. Many a time no graduate pharmacists are involved in dispensing medicines, providing counseling, or any other form of pharmaceutical service at pharmacies. Drug sellers often operate pharmacies with limited training in pharmacotherapy and medicine management.

The National Centre for Antimicrobial Consumption Surveillance of Bangladesh – Directorate General of Drug Administration (DGDA) is conducting surveillance to curb antimicrobial resistance since 2015. One of the findings reported that the national consumption of antimicrobial drugs in Bangladesh was increasing and highlighted some irrational use, such as the use of “Watch” category antibiotics consumption is higher than the “Access” category. The WHO Expert Committee on Selection and Use of Essential Medicines developed the “AWaRe classification” in 2017 to support local, national, and global antibiotic stewardship efforts. As per the classification, those in the “Access” category are essential first empiric treatment options for infectious syndromes, while those in the “Watch” category are the second choice.

In collaboration with WHO Bangladesh, DGDA , with representation from Fleming Fund Fellowship program (FFFP) for AMC/AMU surveillance funded by Mott MacDonald, conducted a baseline survey on the level of awareness about antimicrobials, antimicrobial resistance, and their impacts on self-medication in Bangladesh throughout all 8 divisions during November – December 2021 revealed striking finding that among the 427 pharmacy retailers surveyed, 67.3% demonstrated insufficient knowledge about antibiotics, resulted in dispensing antibiotics without prescriptions from registered physicians.

Further, DGDA and WHO Bangladesh conducted key informant interviews on rapid situation analysis of present labeling of antibiotics in Bangladesh and feasibility as well as preferences of change in label patterns for incorporation of identification marks on antimicrobial products. The interview also included feasibility of the implementation challenges for such a policy.

Later, DGDA presented findings of these two studies to the Bangladesh Association of Pharmaceutical Industries. In the 253rd Meeting of the Drug Control Committee hosted MOHFW approved the resolution on “RED identification mark for antibiotics” for human and veterinary purposes, starting from December 2022. The pharmaceutical industries must abide to this resolution and incorporate red labels with the text "antibiotic" and the message "Do not use without a prescription of registered physician" in every packaging of antibiotics.

During the World Antimicrobial Awareness Week 2022, DGDA and WHO Bangladesh launched a campaign for red labelling to stop antibiotic misuse/curbing self-medication. Along with the red-colored labelling, the DGDA made it imperative for pharmaceutical companies to convey to the public that antibiotics could only be dispensed when prescribed by registered physicians or veterinarians. Undoubtedly, this is an effort to advocate for the rational use of antibiotics, promoting a therapeutically sound and cost-effective method of antimicrobials by health professionals and consumers.