



## **APUA-Philippines Inc.**

Antimicrobial resistance information in the Philippines is derived mainly from data generated by the antimicrobial resistance surveillance program (ARSP) of the Department of Health (DOH) which come from 20 secondary and tertiary care hospitals distributed in 11 out of the 16 political regions in the country. The surveillance has been ongoing since 1988. Data are from disc diffusion procedures and analyzed nationwide every 6 months and published in the Journal of the Philippine Society of Microbiology and Infectious Diseases. MIC data can be obtained from the coordinating center of the surveillance, the Research Institute for Tropical Medicine. There is a committee on antimicrobial resistance surveillance in the DOH whose chair since 1994 has been Dr. Celia Carlos. Sometimes pharmaceutical companies fund antibiotic resistance surveys but these are not sustained.

In April 15, 2003, the APUA-Philippines officers and board members met and drafted the society's Vision and Mission statements. The chapter's VISION statement is: "With faith, integrity, social responsibility and commitment to the highest professional standards, we are a society dedicated to the advocacy of rational antibiotic use in the Philippines.

The society's MISSION statement is: 1. To effectively disseminate evidence-based information on rational antibiotic use. 2. To formulate and prioritize policies and programs for rational antibiotic use that will respond to the needs and welfare of the majority of Filipinos. 3. To demonstrate responsive leadership in the development and implementation of policies and strategies that will impact on antibiotic use. 4. Pursue with zeal and dynamism unrelenting efforts at self-improvement to achieve the ultimate goal of rational antibiotic use. 5. To develop strategic partnership with government and nongovernment organizations both local and international and other stakeholders in the promotion of rational antibiotic use.

### **Objectives**

Please list the stated updated objectives of your chapter:

1. To enhance the prudent use of antibiotics among health workers and the general public through education.
2. To carry out research on various aspects of microbial resistance.
3. To exchange information and experience at the national and international levels in order to reduce antibiotic resistance.

4. To organize meetings, seminars, conferences etc. at national and international levels for the promotion of prudent use of antibiotics.
5. To formulate and implement programs in order to increase the prudent use of antibiotics and reduce the resistance of bacteria.
6. To provide assistance to the Department of Health in formulating and amending policies and rules promoting prudent use of antibiotics.
7. To act by maintaining contacts with APUA and other Associations for the fulfillment of the objectives set forth in clauses 1 to 6 above.
8. To conduct training on the related subjects.
9. To edit and publish journals, magazines, bulletins, books and audio-visual materials for the achievement of the objectives of the Association.
10. To undertake any other activities in consonance with its objectives,
11. The above mentioned functions shall be carried out only in accordance with the prevailing Acts and laws and the policies and directions of the Department of Health.

## **II. Recent and Current Activities**

Please list below the main activities that your chapter is carrying out in 2003

### **Proposed APUA Philippines Project:**

#### **STRATEGIES TO PROMOTE IMPLEMENTATION OF CLINICAL PRACTICE GUIDELINES IN INFECTIOUS DISEASES**

Date Prepared: February 28,2003

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- A. Definition
  - Rational vs. Judicious Use of Antibiotics
- B. Rationale/Background
  1. Relationship between antibiotic misuse and resistance
  2. Consequences of increased antibiotic resistance increase medical and economic costs
- C. Objectives
  1. Promote judicious use of antibiotics to decrease drug resistance thereby decreasing morbidity and mortality from infectious diseases through :
    - a. Training of physicians
    - b. Utilization of relevant evidences from researches
    - c. Public health education
  2. Develop strategies to prevent and control emergence and spread of antibiotic resistant microorganisms in hospital and community settings specifically strategies to promote increased use of Clinical Practice Guidelines ( CPG)
  3. Enlist administrative and community support in promoting judicious use of antibiotics

Strategies for Implementation of Strategic Plan	Specifics related to CPG strategy	Time frame
a. Define specific, short term goals	A. Select CPGs for implementation B. Validate CPGs selected if not yet done C. Obtain baseline data re: MDs KAP of CPGs D. Decide on appropriate strategy to implement to promote use of CPGs- uniform vs variable strategy E. Evaluate outcome of strategies as to extent by which desired outcome & process measures are achieved F. Institute corrective measures if needed	
b. Set policies, guiding principles	<ul style="list-style-type: none"> <li>• “participative”- plan strategies “from the bottom”</li> <li>• Involve persons w/ permanent appointment esp. the ID specialist ( i. e. minimize use of contractual staff since this is not sustainable)</li> <li>• Promote capacity-building among personnel in the peripheral sites</li> </ul>	
c. Allocate resources		
People	Organizational structure A. Core group- APUA members, secretariat-secretary, research assistants, messenger B. Personnel from study sites	
Facilities	3 Pilot sites 1 @ from Luzon, Visayas, Mindanao	
Managers	To be selected from the core group and peripheral sites	
Funding	Gov’t and Non-gov’t Agencies	
d. Organize Tasks	Phase 1. <ul style="list-style-type: none"> <li>• Prioritization of Guidelines to implement</li> </ul>	

	<ul style="list-style-type: none"> <li>• Validation of selected CPGs if needed</li> <li>• Select uniform strategy to implement</li> <li>• Presentation to DOH for approval and endorsement- MOA for implementation</li> <li>• Search for funding</li> <li>• Workshops for core group and facilitators ( Strategic Planning for implementation of proposals)</li> </ul>	
e. Determine <b>who</b> will manage <b>what</b>	<ul style="list-style-type: none"> <li>• Overall organizational chart to be drawn to include the ff: <ol style="list-style-type: none"> <li>1. Core Group <ul style="list-style-type: none"> <li>• APUA members</li> </ul> </li> <li>• Support Staff to Core Group- Secretariat, Statisticians, Research assistants, Messenger</li> <li>2. Peripheral Sites <ul style="list-style-type: none"> <li>• Administrative- Hospital director, Chief of Clinics, Administrative Officers</li> <li>• Personnel- Infectious Disease specialists, ICC staff, Research Assistants</li> </ul> </li> </ol> </li> </ul>	
f. Service delivery mechanisms, methods, system procedures	<p>Phase 2. Implementation of Strategies</p> <ul style="list-style-type: none"> <li>• Setting of Core Group</li> <li>• Identification of key persons in study sites</li> <li>• Orientation of involved personalities/groups—incl. Travel to study sites</li> </ul>	
g. Sequencing of activities	Strategic Planning Workshop - 2 days to be facilitated	
h. Support systems, alliance	Gov't & Non-gov't Agencies	
i. Communication and dissemination	Information agencies ( trimedia) CME's	
j. Contingency Planning	<ul style="list-style-type: none"> <li>• Changes in hospital</li> </ul>	

(Establish Fallback Positions)	<p>administration- participation of other more permanent hospital staff like Chief of Clinics, Administrative Officer , ID specialists rather than contractual staff</p> <ul style="list-style-type: none"> <li>• For funding, establish linkages with possible funding sources</li> </ul>	
k. Evaluation Process	<p>Key result areas/ performance indicators</p> <p>A. Desired outcomes such as clinical outcome</p> <ol style="list-style-type: none"> <li>1. Improved w/o revision of management</li> <li>2. Improved with revision of management</li> <li>3. Death</li> <li>4. Outcome difficult to assess bec. of confounding variables</li> </ol> <p>B. Process Measures</p> <ol style="list-style-type: none"> <li>1. Percentage patients correctly assessed compared to baseline ( i.e. prior to intervention)</li> <li>2. Percentage of patients correctly treated after the interventions</li> </ol> <p>C. No. of prescriptions conforming to guidelines/ total No. of prescriptions</p> <p>D. No. of guidelines reviewed and revised/ total No. of guidelines</p> <ul style="list-style-type: none"> <li>• If problems are site specific- address problems locally</li> <li>• Involve philHealth- to use as leverage to enforce compliance among MDs ( to</li> </ul>	

	obtain hospital accreditation or reimbursement for hospital bills or medications)	
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