

P2076 Identifying barriers to implementation of antimicrobial resistance policies: a pilot study in a lower-middle-income country through cross-disciplinary collaboration

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Background: Antimicrobial resistance (AMR) is recognised to be a rapidly escalating global health threat. International efforts focus on improving infection prevention and control (IPC), surveillance and antimicrobial stewardship (AMS). Yet, their implementation is shaped by social and structural factors that are likely to vary between countries. The aim of this work was to evaluate barriers to implementation of AMR policies in a lower middle-income setting.

Materials/methods: Between November 2017 and May 2018, semi-structured interviews were conducted at a large public tertiary hospital in Cairo, Egypt. Participants were recruited from a range of backgrounds to reflect the variety of healthcare disciplines within the hospital. NVivo Qualitative Data Analysis Software was used for thematic analysis.

Results: A total of 47 interviews were conducted involving 8 microbiologists, 9 IPC specialists, 9 physicians, 9 pharmacists, 8 nurses, and 4 stewardship group members. Three key themes emerged from the analysis. Firstly, IPC and AMS guidelines are not widely available and knowledge transfer relies on informal communication, usually between senior and junior staff. All physicians interviewed reported a lack of official training and 67% (6/9) reported a need for formal guidelines on antibiotic prescribing. Second, healthcare workers in charge of implementing policies did not feel empowered with the authority to fulfil these roles. Most pharmacists and IPC practitioners, 14/18 (78%), reported that their roles in implementing IPC and AMS guidelines were not aligned with existing organisational and social hierarchies. Finally, perceptions about the effectiveness of existing policies, such as justification forms for antibiotic dispensing, differ between senior, junior and technical staff.

Conclusions: Lack of formal knowledge transfer and guideline availability, and perceptions about the effectiveness of policies were identified as key barriers to implementing AMR strategies in this healthcare setting. Despite international efforts to address AMR, these data suggest that much work is needed at the local level to ensure policies are successfully and effectively implemented. This is likely to require interdisciplinary cooperation. Further work is required to determine whether the barriers observed are generalizable to other low and middle income settings.