# Senegal Research Dissemination Meeting Report

Understanding the drivers of antibiotic misuse in Senegal and Tanzania and identifying outcomes-based financing interventions to counteract drivers



### 1. Introduction

The research results dissemination workshop was held on February 26, 2025, at PATH, Allées Seydou Nourou Tall, Immeuble SOGEPA, Dakar, Senegal. This workshop is part of the project to investigate the drivers of antibiotic misuse and explore outcome-based financing (OBF) mechanisms to reduce antimicrobial resistance (AMR).

The main objective of this workshop was to share the results of the survey conducted in Dakar, Senegal and to discuss possible intervention strategies with key stakeholders.

# 2. Workshop objectives

- Share key results of the survey on the use of antibiotics in public and private healthcare facilities.
- Analyze behavioral and financial factors that influence the overuse of antibiotics.
- Gather information on the feasibility of OBF interventions.
- Obtain input from stakeholders to validate the results and strengthen strategic recommendations.
- Discuss the next steps for implementing solutions tailored to the problem of AMR as well as Phase II of the project.

# 3. Workshop procedure

The workshop combined presentations and group discussions.

## 3.1. Opening of the workshop

The workshop began with a welcome from PATH, followed by a presentation of the project and its objectives. Participants included health professionals, researchers and representatives from the Ministry of Health and Social Action (MoHSA).

#### 3.2. Presentation of research results

PATH presented the results of the survey carried out in Senegal, highlighting:

- The prescription and use of antibiotics.
- The socioeconomic and systemic factors influencing these practices.
- The potential impact of results-based financing.

Adjustments have been made to the presentations at the suggestion of the participants:

- Request to clarify from Professor Camara on the WHO GLASS-One Health Tricycle for E. coli BLSE project (slide 9).
- Clarify "antibiotic resistance" and deleting antimicrobial
- Replace the term "clinician" with "prescriber" (slide 14).
- Review of the diagrams (slide 23).
- Clarify that the analysis concerns private pharmacies and not hospital pharmacies (slide 24).

- Improve the diagram on slide 32 by mentioning patients refusing to consult a doctor.
- Replace "human" with "patient" (slide 42).

#### 3.3. Discussion and contribution from stakeholders

The discussion focused on:

- Identifying measures to reduce the inappropriate use of antibiotics.
- The feasibility of OBF mechanisms in the local context.
- The role of the various stakeholders in implementing the proposed solutions.
- The importance of including the guidelines developed by the Ministry of Health's Antibiotic Committee
- Focus on pharmacists and prescribers and less on the patient who is seeking care.

### 3.4. Summary and recommendations

The discussions led to a summary of the recommendations and funding opportunities based on the results.

### 4. Recommendations

- Focus on capacity building and awareness-raising for healthcare professionals and the public on the responsible use of antibiotics.
- Test OBF mechanisms in certain hospitals, health centers, and pilot pharmacies to encourage good practices.
- Set up monitoring and evaluation systems to measure the impact of OBF interventions.
- Include other sectors and promote the "One Health" approach.
- Share the results of the laboratory research.
- Focus more on the clinician (prescriber), the pharmacist and the laboratory and not on the patient, who is ill and wants to be treated at all costs.

# 5. OBF proposals

| Prescriber  | Pharmacist                  | Laboratory  | Patient  |
|---|-----------------------------|---|--|
| Awareness-raising & advocacy (medical association, associations of state nurses and midwives, dental surgeons | Awareness raising campaigns | Capacity building (HR and equipment) to carry out antibiotic susceptibility testing | Awareness raising campaigns (ATBs knowledge, risks associated with misuse) |

| Make the antibiotic susceptibility test available (in case of suspected bacterial infections) | Advocacy (Order of Pharmacists)  | Support by always making inputs and reagents available                          | Communication campaign (advert, sketch, neighborhood hike with community actors) |
|---|--|---|--|
| Capacity-building grant   | Enforce compliance with regulations  | Support availability of antibiotic susceptibility testing at all levels         |  |
| Patient register containing the patient's full diagnosis.                                     | Support ARP (Senegalese Agency for Pharmaceutical Regulation) during supervision missions                      | QMS: encouraging<br>the availability of<br>antibiotic<br>susceptibility testing |  |
| Help make the antibiotic therapy guide available  | Capacity building on antibiotic indications  |   |  |
| Update and distribute the antibiotic therapy guide  | Enforce compliance<br>with antibiotic<br>dispensing rules  |   |  |
| Train educators on the antibiotic therapy guide   | Free RDT (CBC) for orientation purposes  |   |  |
| Respect the categorization of ATBs  | Remove certain ATBs<br>from the private sector<br>(protect) and make<br>them available in the<br>public sector |   |  |