

Government of the People's Republic of Bangladesh
Directorate General of Drug Administration
Aushadh Vaban
Mohakhali, Dhaka-1212, Bangladesh

Meeting minutes of Task Force to Monitor Antimicrobial Consumption / Antimicrobial Use
Surveillance in Bangladesh

Meeting Minutes	Chairperson	Major General Mohammad Yousuf, DG, DGDA.
	Date	12.06.2022
	Time	10:00 am
	Venue	Conference Room, DGDA (5 th floor).
	Minutes Taken By	Ms. S. M. Sabrina Yesmin, Asst. Director, DGDA.
	Minutes Reviewed By	Mr. Md. Salahuddin, Director (cc), DGDA.

Attendees	Enclosed
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Agenda	No.	Meeting Topics
		<ol style="list-style-type: none">1. Approval of the Antimicrobial Consumption Surveillance report (2019-2020).2. Approval of the National Guideline on Antimicrobial Consumption Surveillance in Bangladesh.3. AMR Surveillance in Bangladesh (2016-2021)4. Sharing the results of Political Economy Analysis of AMR in Bangladesh.5. Point Prevalence Survey (PPS) on Antimicrobial Use at Selected Tertiary Hospitals in Bangladesh.6. Miscellaneous.

Discussion:

Chairperson of the Task Force to Monitor Antimicrobial Consumption (AMC) / Antimicrobial Use (AMU) Surveillance in Bangladesh Major General Mohammad Yousuf, DG, DGDA welcomed all the participants to this meeting. He said, Antimicrobial Resistance is a burning issue and as a regulator and a healthcare professional he personally took this issue very seriously. He added, "Every year 1.27 million people die from AMR. DGDA is the national center for antimicrobial consumption (AMC) and antimicrobial use (AMU) surveillance of Bangladesh. We have established the AMC surveillance system for human health and for veterinary we have plans to establish the surveillance system.

As per our AMR National Action Plan every department has some responsibilities. Like- we are taking care of the issues of safety, quality and efficacy of antimicrobial drugs, we are working to reduce the self medication, also monitoring the antimicrobial consumption pattern of Bangladesh. We need the surveillance data for the policy level decision. Like IEDCR is conducting the AMR surveillance and we are conducting the AMC surveillance. Comparing these two surveillance data we can assume the future use of antimicrobial drugs in our country.

To reduce the self medication we have taken the decision of putting a red identification mark on the label of antibiotics. But we need more awareness programs. Bangladesh Pharmacy Council needs to update the pharmacy course curriculum, so that the pharmacy retailer can understand the impact of irrational use of antimicrobial drugs.

DGHS needs to monitor the village cork doctor to reduce the irrational use of antimicrobial drugs. We need to establish culture sensitivity test facilities. Environmental surveillance is also very important. We have banned all dosage forms of colistin, azithromycin, fosfomycin in veterinary use to reduce the antimicrobial microbial resistance through animals. We also propose a clause in the proposed drug act that without prescription selling

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of antibiotics will be a punishable offence. He said, this taskforce has been formed in one health approach. So we need to work together to reduce the AMR in our country and for our future generation.”

On behalf of DGDA assistant director Ms. S. M. Sabrina Yesmin presented the Antimicrobial Consumption Surveillance 2019-2020 data. From this surveillance it is found that the overall antimicrobial consumption from 2016-2020 has been increased 16.65 in 2016, 19.87 in 2017, 21.78 in 2018, 24.74 in 2019 and 25.37 in 2020 DDD/1000 inhabitants/day. The height consumed cephalosporins is 3rd generation cephalosporins in this country. The height consumed pharmacological sub group is macrolides. The height consumed antimicrobials are azithromycin (7.09), Cefixime (3.06), metronidazole (2.70), doxycycline (2.15), ciprofloxacin (1.60), flucloxacillin (1.50), amoxicillin (1.41) DDD/1000 inhabitants/day in 2020 and azithromycin (6.18), Cefixime (3.59), metronidazole (2.20), doxycycline (1.73), ciprofloxacin (1.84), cefuroxime (1.45), flucloxacillin (1.41) DDD/1000 inhabitants/day in 2019. It is also found that the height consumed antibiotics are WATCH category antibiotics.

She also present the “Baseline survey on level of awareness about antimicrobials & AMR and its impacts on self-medication in Bangladesh” and the Key Informant Interview “Rapid situation analysis of present labelling of antibiotics in Bangladesh and preferences of label change patterns for incorporation of identification mark on Antimicrobial products and implementation challenges”.

On the basis of both study a regulatory decision has been taken:

The manufacturers will put the red identification mark with the text "Antibiotic" and the message "Do not use without prescription of registered physician"

This decision has been endorsed by the Drug Control Committee on 20 March, 2022.

Like:



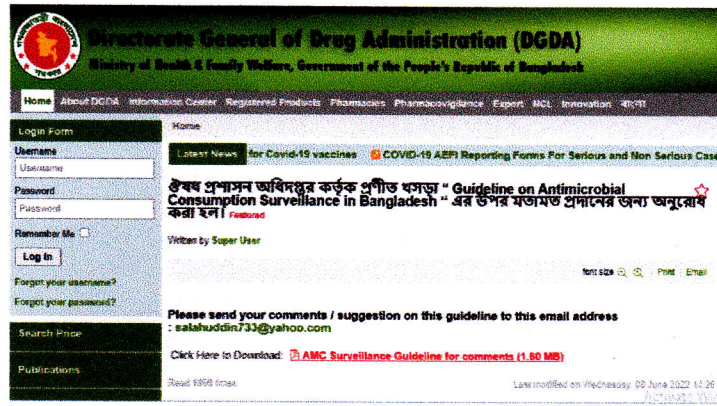
The members of the taskforce appreciate DGDA’s this work. They also approved the AMC surveillance report of 2019-2020.

Professor Dr. Md. Sayedur Rahman, Chairman, Dept of Pharmacology, BSMMU said, it is a very good initiative from DGDA. We also need mass awareness for the general people as well as for the doctors, pharmacists.

National Focal of AMC surveillance in Bangladesh and Director (cc) Mr. Md. Salahuddin said, DGDA has developed a guideline on Antimicrobial Consumption Surveillance in Bangladesh with the help of the working committee formed by the Task force. WHO provided their opinion and also the stakeholder meeting has been conducted. The Guideline has been uploaded to the DGDA website (<http://dgdagov.info/index.php/component/k2/item/20?Itemid=20>) for public opinion. This guideline is very important to sustain the AMC surveillance in Bangladesh.

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The members agree for the approval of the guideline on Antimicrobial Consumption Surveillance in Bangladesh.

He also said consumption is increasing, so we need some action to reduce the consumption of antimicrobial drugs.

Professor Dr. M. Iqbal Arslan, Former Dean, Faculty of Basic Science & Paraclinical Science, BSMMU said, we have addressed the problem behind the increasing antimicrobial consumption in our country. There are so many studies/observations/recommendations from every study. He requested DGHS, DLS, DGDA to build up their capacity. Bangladesh pharmacy council (PCB) needs to update their pharmacist certificate course curriculum and they need to provide training to those pharmacists who have completed their pharmacist course a long time ago.

The representative from FAO, Dr. Hamida Khalil Monira said, they have found that in hospitals 3rd and 4th generation antibiotics are supplied by the government rather than the 1st and 2nd generation antibiotics. It is also a reason behind the high consumption of 3rd and 4th generation antibiotics. In rural areas most of the patients are very poor, so they cannot buy antibiotics outside of the hospital.

Mr. Prof. Dr. Zakir Hossain Habib, Chief Scientific Officer, IEDCR presented the report of the AMR Surveillance in Bangladesh (2016-2021).

From IEDCR report: Five-Year Resistant Trends of Pathogens to WHO Highest Priority Critically Important Antimicrobials.

Antibiotic Name	2017	2018	2019	2020	2021
Ceftazidime	62%	68%	67%	61%	70%
Cefixime	52%	86%	92%	73%	58%
Cefepime	57%	60%	60%	57%	61%
Ceftriaxone	52%	63%	67%	60%	65%
Azithromycin	66%	81%	79%	82%	50%
Ciprofloxacin	57%	68%	70%	68%	67%

Professor Dr. M A Faiz, Ex-DG, DGHS said we need to make available the culture sensitivity test facilities and doctors need to be motivated for the test report. Antimicrobial Use surveillance also to be established in this country.

Professor Dr. Md. Nazmul Islam said, we need to take this issues very seriously and need to build up the capacity to address this issues.

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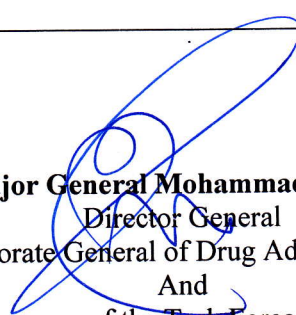
From the Fleming Fund country grant they presented the results of Political Economy Analysis of AMR in Bangladesh and also the Point Prevalence Survey (PPS) on Antimicrobial Use at Selected Tertiary Hospitals in Bangladesh.

The recommendations from the Political Economy Analysis were:

- Arrange dialogue with the pharmaceutical industry, animal feed sellers and breeders to improve their awareness of the effects of AMR.
- Establish a partnership with the media; provide them with technical reports and other materials they can use in stories.
- Conduct campaigns to raise awareness among people at community level to prevent sale of antibiotics over the counter or by non-accredited health workforce.
- Conduct costing of Bangladesh's AMR NAP.
- Generate additional evidence to estimate the economic burden of AMR.
- Engage the Ministry of Environment as a more active stakeholder in the AMR programme.
- Assess the marketing practices of the pharmaceutical companies.

Dr. Mohamed Ramzy Ismail, Technical Officer, EDM, WHO-Bangladesh said, WHO provided the support for establishing the AMC surveillance in Bangladesh. Now the surveillance system has been established. He said Bangladesh pharmacy council needs more involvement in the development of the C-grade pharmacist. Dept of pharmaceutical services need to be established. We also need to establish antimicrobial consumption surveillance for the veterinary. He added, Essential medicine list needs to be updated. He also said mass awareness program also required for the antibiotic packaging "red lebal" campaign and after the implementation an impact analysis is required.

Decisions	
No.	
01.	<p>The taskforce recommended the following issues:</p> <ol style="list-style-type: none"> 1. We need some action to reduce the consumption of antimicrobial drugs in Bangladesh. 2. Antimicrobial Use surveillance need to be established in this country. 3. Need to conduct Antimicrobial Consumption Surveillance for veterinary. 4. Essential medicine list needs to be updated. 5. Need mass awareness program for the antibiotic packaging "red lebal" campaign and after the implementation an impact analysis is required.
02.	The National Guideline on Antimicrobial Consumption Surveillance in Bangladesh has been approved.


Major General Mohammad Yousuf
 Director General
 Directorate General of Drug Administration
 And
 Chairperson of the Task Force to Monitor
 Antimicrobial Consumption / Use
 Surveillance in Bangladesh.

16 JUN 2022

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ATTENDANCE LIST



Activity: Taskforce to Monitor AME/AMU Bangladesh

Venue: DGDA Conference room

Date: 12.06.2022

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*No participant should sign the attendance list on behalf of another

*For activities running for more than one day, separate attendance lists should be signed each day

31. ~~MD HASSAN~~ Nipa Chowdhury AD, DADA 01999751886