Reporting on the Magic Bullet’s Toll

Vibha Varshney
Associate Editor
Down To Earth
vibha@cseindia.org
Down To Earth: Who are we?

Print, web, multimedia, books

• Fill a critical information gap
• Connect local and global: Reporting from farm, forests and factories
• Bridge the gap between science and policy; between decision makers and practitioners
• Supplement research, analyses and documentation of its sister organization, Centre for Science and Environment
Why is AMR dangerous?

- 10 million deaths each year and USD100 trillion economic loss in 2050 due to resistant microbes
- Consumption of antibiotics increasing: by 2030, consumption is estimated to go up by 200 per cent (in terms of defined daily doses)
- No new major antibiotic being developed, weak pipeline for antibiotic agents, declining private investment
- UN set up the Interagency Coordination Group on Antimicrobial Resistance in 2016. The group formulated a blueprint to fight against antimicrobial resistance in which it recommended a ‘One Health’ response
- The World Health Organization has identified AMR as one of the 12 global health challenges in 2020
- AMR will derail 10 of the 17 sustainable development goals
SPREAD OF RESISTANCE

Asia and Africa will account for 88.8 per cent of AMR deaths

317,000
North America

390,000
Europe

392,000
Latin America

4,150,000
Africa

22,000
Oceania

4,730,000
Asia

Source: Natural and bioinspired nanostructured bactericidal surfaces, July 2017, Advances in Colloid and Interface Science
THE MAGIC BULLET’S TOLL

BY 2030
126 BILLION
defined daily dosages of antibiotics*
200% more than in 2015*

BY 2050
10 MILLION
deaths/year**
More than those killed in the Rwandan genocide

BY 2050
$100 TRILLION
economic loss**
Which is over 15 times of Africa’s GDP

What if a saviour turns into a killer? After 80 years of use, overuse and abuse of antibiotics—termed magic bullets—microbes have become resistant to them. Antibiotic resistant diseases are undoing the great strides in modern treatment. VIBHA VARSHNEY exposes a growing public health crisis.

With reportage by
AGATHA NGOIRO | KENYA
ENGELA DUVENAGE | SOUTH AFRICA
PRESPER K KUORSON | GHANA
VINCENT YUSUF | NIGERIA
VIOLET NAKAMBA | ZAMBIA
JENIPHER ASIIMWE | UGANDA
ALOK GUPTA | CHINA
Reporting from 6 countries in Africa

The questions...
• What is the status of antibiotic resistance in your country?
• What is the government doing to tackle the problem?
• What problems did you face while reporting on antibiotics?
What did we find?

• Reporters came back with stories of rampant misuse in the health sector
  • Antibiotics could be purchased in local markets alongside vegetables
  • Peddlers brought them home in baskets
  • Prescriptions were not required
  • People were not aware of the adverse effects and mixed them even in alcoholic beverages, energy drinks and honey
  • Capsules were opened up and used topically
  • Patients left treatment midway
• They were used indiscriminately by the food animal industry too
  • Used instead of good practices
  • Antibiotics were added to milk to increase shelf life
What did we find?

• Infectious diseases are still the major cause of hospitalisation in the continent
• Resistance is making treatment difficult and expensive. Hospital acquired infections are common too
• Data on resistance is poor as is the data on use of antibiotics
• There is lack of regulation on sale and use
• Lack of coordination between human health, animal health and environmental health experts
• Governments have developed National Action Plans for Antimicrobial Resistance but have shortage of funds to implement changes
Learning

• It is a global problem and Africa is no different
• Every country is doing something that is working and also something that is not working
• This information has to come in public domain so that everyone can learn from each others mistake
• Journalists play an important role in this. They also play a role in creating awareness about AMR
• For maximum impact, reporting has to be based on data, stories, comparisons, interviews, photos...