

# Clinician Resilience and Global Collaboration required to Sustain ASPs



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**Global resilience and new strategies needed for antimicrobial stewardship during the COVID-19 pandemic and beyond.**

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A new article published in the *Journal of the American College of Clinical Pharmacy* describes global resilience and new strategies needed for antimicrobial stewardship during the COVID-19 pandemic and beyond.

The COVID-19 pandemic negatively impacted antimicrobial resistance (AMR) and antimicrobial stewardship programs (ASP). In fact, health-care associated infections increased 47% in 2020 compared with 2019 in the United States, and multiple countries report surges in drug-resistant infection cases and reallocation of ASP resources to support COVID-19-related workload. Clinician resilience is required to manage the pandemic demands and disruption of ASP activities.

To describe examples of ASP resiliency during the pandemic that could help colleagues in other parts of the world, ASP pharmacists and physicians from 7 countries with different resources and ASP approaches were consulted. The countries consulted included:

- High-income countries (HIC): United States, United Kingdom, and Canada
- Low-middle income countries (LMIC): Nigeria, Lebanon, South Africa, and Columbia

Each country shared its creative solutions and new “how to do” ASP practices in the face of the COVID-19 pandemic. [Learn more here](#)

New paradigms in ASPs are required due to the challenges that COVID-19 brings. Those developed by the different countries include:

- Bringing attention to antimicrobial stewardship
- Using COVID-19 framework for antibiotics
- Adopting a new perspective for managing RTIs
- Leveraging technology (e.g. implementation of telestewardship) to maintain global research collaborations remotely
- Increasing health equity and private-public partnerships



*According to the study authors “Continued disruptions in ASP will fuel the expansion of AMR globally. It will take a deep reservoir of resilience by ASP pharmacists, physicians, microbiologists, infection preventionists, and nurses to keep the focus on AMR and keep ASPs moving forward.”*