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Someone else's problem?

Antibiotic resistance has shot to prominence again with a major focus being called for by British Prime Minister, David Cameron. The story is of course not new, and I can recall articles on the subject that we've carried in this journal dating back to certainly the early 1990s if not before (alas we don't have a definitive index... so difficult to search other than manually for the pre computer revolution editions!).

The 'international charge' is that the professions prescribe badly, the consumers are sub-compliant in consumption; and Big Pharma doesn't prioritise the sector because selling a product that is used in short bursts isn't as profitable as something that individuals take for years.

But what is the African context in all of this? I get the feeling that we take the issue all too glibly, with an element of 'we've got enough problems of our own, you in the pharmaceutical research world can sort this one'? So pharma regulation is not enforced as strictly as it might; the occurrence of counterfeit drugs mean doctors and pharmacists err towards prescribing double the strength recommended just in case the capsules supplied only contain half the strength they should; and because there is money in prescribing (and laboratory testing) anyone attending a clinic with a non specific fever or cough... can have an antibiotic just in case? Am I right? I fear I am in many an establishment?

But imagine a world without effective antibiotics? It would be a world without modern medicine. Routine surgery would become terribly risky; and millions in Africa would die of diseases such as pneumonia, tuberculosis and infections that are routinely treated now such as gonorrhoea. A roundtable meeting at the

Wellcome Trust last month heard that this nightmare is not as far off as you might think. Already bacteria and parasites are developing resistance to frontline antimicrobials that are overprescribed and under-regulated. Each year about 25 000 people in Europe die of infections that doctors were unable to treat with the drugs available to them. That's about the same number as die in road-traffic accidents. In South-East Asia, the meeting heard, the situation is even worse: every five minutes a child dies as a result of a drug-resistant bug. In Africa... if only the data existed, maybe we'd wake up and start doing something about it? Truth is it is one of the greatest public health threats of our time, yet where's the urgency to resolve it? Not to be seen from Africa.

And yet of course in Africa we have infections such as Ebola that no one has yet invented a cure for anyway in large part because the economics of researching and producing a cure for a rare infection produces a highly negative cost and return graph. While Africa's pharma industry is growing, the research base remains slim, but even if was booming, it isn't going to be viable to chase the molecules that Big Pharma has found to be uneconomic. So for now, for Africa, this particular public health threat can best be countered by some pragmatic introspection from doctors, pharmacists... and street drug peddlers.



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