



**EXPERIENCES AND VIEWS OF HEALTHCARE PROFESSIONALS ON  
ANTIBIOTIC PRESCRIPTION IN EASTERN UGANDA:  
A QUALITATIVE CROSS-SECTIONAL STUDY.**



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**DECLARATION**

I, **Kagoya Kawala Enid**, declare to the best of my knowledge, that the information reported in this Dissertation is original and a result of my effort. This research work has never in part or fully been tendered to any institution of higher learning for any academic award.

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**APPROVAL**

This is to certify that this dissertation was conducted under my supervision and is now ready for submission.

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## **LIST OF ABBREVIATIONS**

AMR - Antimicrobial Resistance

ABR - Antibiotic Resistance

NDA - National Drug Authority

UNCST - Uganda National Council for Science and Technology

FAO - Food and Agricultural Organization

WHO - World Health Organization

GAP - Global Action Plan

LMIC- Low and Middle and Income Countries

MRRH - Mbale Regional Referral Hospital

REC - Research and Ethics Committee

NMS - National Medical Stores

IRB - Institutional Review Board

MNRH - Mulago National Referral Hospital

RDT - Rapid Diagnostic Test

PLHIV - People Living with HIV



## CHAPTER ONE

### INTRODUCTION

#### 1.0. ABSTRACT

This study aimed to explore the experiences and views of healthcare professionals on antibiotic prescription in Eastern Uganda. Methods: This was an exploratory qualitative study using semi-structured interviews. Participants included 16 healthcare professionals from Mbale and Soroti Regional Referral Hospitals. Additionally, two workshops were held (one in each hospital) with a total of 56 healthcare professionals to discuss the findings. Thematic analysis was used to analyze the data. Results: Healthcare professionals' prescriptions are influenced by (i) healthcare workers' perceptions and practices, (ii) patients' perceptions and beliefs, and (iii) contextual factors. Healthcare workers' prescriptions depend on the presence of bacterial infection and the severity of the condition, the availability and cost of medication, previous experience with antibiotic prescribing, patient characteristics, and trial and error. They also have limited knowledge and share little information on the use of antibiotics with patients. Patient factors included the demand for a particular antibiotic, inability to afford expensive drugs, and limited knowledge about antibiotic use and resistance. Contextual factors that contributed to antibiotic prescribing were an overburdened healthcare system, the influence of pharmaceutical companies and pharmacies, the use of (treatment) guidelines, and difficulties with laboratory services.

This study showed that healthcare professionals are aware of the problem of antibiotic resistance but do not feel ownership of the problem. Instead, they rather blame the overburdened system, local drug shops, pharmacies, drug representatives, and patients. There is a need for a multisectoral and holistic approach toward fighting antibiotic resistance.

#### 1.1. BACKGROUND

Antibiotic resistance is a worldwide public health challenge attributed largely to the unnecessary and inappropriate prescription of antibiotics (Butler *et al.*, 1998). Antibiotic resistance is a problem that concerns every country irrespective of its level of income and development as resistant pathogens do not respect borders. Low and middle-income countries are likely to be more severely affected due to overstretched health systems and poor access to alternative antibiotic regimens (Irawati *et al.*, 2019). The 2014 World Health Organization (WHO) report identified Africa and South East Asia as regions without established Antimicrobial Resistance surveillance sys-

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