

OP 5**ANALYSIS OF ANTIBIOTIC CONSUMPTION BY AWaRe CLASSIFICATION AT TEACHING HOSPITAL, JAFFNA: A RETROSPECTIVE STUDY**

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Background

Antibiotic resistance is a major global health challenge, leading to adverse health outcomes and increased healthcare costs. In response to this growing threat, the World Health Organization (WHO) introduced the Access, Watch, and Reserve (AWaRe) classification of antibiotics in 2017 as a surveillance tool, recommending that at least 60% of total antibiotic consumption should be from the Access group. This study aimed to analyse antibiotic consumption at Teaching Hospital, Jaffna, according to the WHO AWaRe classification from 2018 to 2022.

Methods

A retrospective analysis of systemic antibiotic consumption was conducted at the Teaching Hospital, Jaffna, from 2018 to 2022. Antibiotic supply data were obtained from the hospital pharmacy database. Antibiotics were classified into Access, Watch, and Reserve groups according to the 2021 WHO AWaRe classification. Trends in antibiotic consumption were assessed using percent change for Access and Watch categories over a period of five years, taking 2018 values as the baseline, and between consecutive years. Antibiotic consumption was summarised by AWaRe category, and changes over time were evaluated by comparing percentages with the 2018 baseline and across consecutive years.

Results

Throughout the five-year period, consumption of Access group remained above the WHO-recommended target of 60%, accounting for 68.1%, 72.3%, 76.4%, 67.9%, and 70.1% of total antibiotic consumption in 2018–2022, respectively. The corresponding proportions of Watch group were 31.7%, 27.4%, 23.1%, 31.4%, and 29.0%, while Reserve group contributed 0.01%, 0.01%, 0.04%, 0.03%, and 0.01%, respectively. The Access-to-Watch ratio remained consistently above 2 throughout the study period. An increasing trend in the proportion of Access group was observed except in 2021, when it declined from 76.4% to 67.9% with a reciprocal increase in the Watch group from 23.1% to 31.4%.

Conclusion

The proportion of Access group remained above the WHO-recommended target of 60% throughout the study period. Routine monitoring of antibiotic consumption using hospital supply data could support surveillance of prescribing patterns and inform antimicrobial stewardship strategies in resource-limited settings.