The Alliance for the Prudent Use of Antibiotics (APUA) conducts global research, education, and technical assistance programs in conjunction with over 60 country-based chapters, including 40 in the developing world. While antibiotic resistance is typically associated with antibiotic overuse in industrialized nations, in the developing world it is linked to inappropriate use, sub standard and counterfeit drugs and lack of access to effective antibiotics. Treatable acute respiratory infections (ARI) kill nearly two million children under the age of 5 years worldwide every year, and nearly one million of these deaths occur in Africa. The APUA chapter network provides an international support structure for improving local capacity for disease surveillance, diagnostics and control with a focus on acute bacterial diseases - the leading cause of deaths in children under 5 in Sub-Saharan Africa.

APUA Chapters in Africa

The APUA chapter organizations act as “local champions”, to improve antibiotic access and use. The chapters coordinate expertise in infectious disease medicine, microbiology, pathology, clinical pharmacology, and AMR surveillance to serve these vital functions:

- Coordinate stakeholder communities to document and address AMR.
- Strengthen local capacity to bolster and sustain research and education
- Promote the collection and dissemination of AMR data.
- Raise awareness at the local and country levels about the problem of resistance, and the importance of the appropriate use of antimicrobials;
- Facilitate local research on antimicrobial use and resistance as evidence to guide national policy makers and guide clinical and public health interventions.
- Provide local leaders with regular networking opportunities.

APUA Impact on Local Health Policy and Practice

- APUA-Kenya: Collaborating with Kenya Society for Microbiology to establish a laboratory quality assurance (QA) program focused on identification and susceptibility testing of key pathogens in clinical microbiology. At present, 8 laboratories are involved in this QA challenge.
- APUA-Nigeria: Publication of Antibiotic resistance trends in Escherichia coli from apparently healthy Nigeria students, and Antibiotic-resistant cell-detaching Escherichia coli strains from Nigerain children. Both papers underscore the need for routine monitoring of antibiotic resistance to help guide clinical therapy and provide essential data to promote control of AMR.
- APUA-Senegal: Conducted trainings for health workers and pharmacy sellers about the use of antibiotics in respiratory and diarrheal diseases according the national treatment guidelines in association with Ministry of Health (MOH).
- APUA-South Africa: Chapter leader, Prof. Sabina Essack published article on Antibiotic use and resistance in public –sector hospitals in KwaZulu-Natal. Efforts to influence decision makers in the public and private healthcare sectors, identify international donors to fund critical activities, and to inform South African professional associations, government stakeholders and consumers on AMR are currently underway.
- APUA-Zambia: Collaborated with the Ministry of Health and others to develop standard treatment guidelines. Funded by the USAID, the chapter coordinated training for clinical microbiology staff on AMR Basic Research Methodologies.
- APUA-Namibia: Installed antimicrobial resistance surveillance software (WHONET) at the Namibian Institute of Pathology and PathCare. Chapter leadership is currently assisting the Windhoek Central Hospital with their development of antibiotic policy.
- APUA-Senegal: Currently conducting a survey about market of illicit medicines
- APUA-Tanzania: Chapter leadership has published relevant articles; among them Surveillance of antimicrobial resistance at a tertiary hospital in Tanzania.