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# Highlight report: Tackling antibiotic resistance during the COVID-19 era in developing countries

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Antimicrobial Resistance (AMR) has emerged and increased every day since the first antimicrobial innovation (Ferri et al., 2017). This phenomenon resulted from the incorrect usage of antimicrobials in different fields due to the lack of appropriate awareness. Microorganisms developed various mechanisms to combat antimicrobial drugs, making the treatment ineffective (Chew-Li et al., 2020). The emergence of COVID-19 resulted in many incorrect practices and information circulating about the virus, to the degree that people have tried to use antimicrobials without following any proper guidelines regarding dose and/or duration. The COVID-19 has already developed its footprint in antimicrobial resistance phenomenon. Also, more efforts should be exerted, especially in developing countries, to tackle this problem (Rawson, Moore, et al., 2020; Rawson, Ming, et al., 2020; Lucien et al., 2021).

According to many researches, low-and-middleincome countries (LMICs) have higher rates of antimicrobial resistance (AMR) (Morrison & Zembower, 2020). That may be due to the attitudes of health care providers and patients as well as the uncontrolled antimicrobial supply chains in the environment (Ayukekbong et al., 2017). Antibiotic treatment in the developing countries has gone through trial and error and overusing the few available antibiotics due to the lack of well-trained staff, equipment, and financial resources (Sartelli et al., 2016; World Health Organization, 2014). The lack of clinical laboratory capacities, reliance on therapy through observation, and poor infection control enable the rising AMR spread in the LMICs (Lucien et al., 2021).

Studies revealed that the COVID-19 patients living in developing countries are subjected to different risk factors for the same pathogen and different antimicrobial susceptibility (Lucien et al., 2021). Weak health systems and medicine control in the LMICs withhold the proper antimicrobial access (Knight et al., 2021). Latin American countries allowed direct sales of antibiotics online without a prescription, but COVID-19 has forced them to build rational antibiotic-use programs to restrict public health threats (Álvarez-Moreno et al., 2021). Moreover, the socio-behavioral measures such as social distancing are considered sparse practices in the LMIC with high-density populations. So an effective strategy may rely on communitybased programs instead of pharmaceutical development (Rodríguez-Baño et al., 2021). In Africa, several gaps had also existed before the pandemic in the fight against AMR. There was an inefficient implementation of interventions against AMR in the continent due to the accessibility of over-thecounter antibiotic use. Only a few countries, such as South Africa, have a national surveillance system for AMR involving specific representative data on antimicrobial use (Iwu et al., 2020). However, the rapid spread of the virus in Ghana is considered a motivating call for effective testing for antimicrobial susceptibility in health care facilities (Egyir et al., 2020).

Controlling AMR in developing countries has always been an enormous obstacle. (Godman et al., 2021). Inefficient healthcare systems influence the overuse of broad-spectrum antibiotics as a desperate measure to lower the risk of COVID-19 secondary infections (Getahun et al., 2020). Lack of COVID-19 testing kits and investigations misdiagnosis resulted in from healthcare professionals, especially in respiratory-associated diseases. like tuberculosis (TB) or upper respiratory tract infections (Egyir et al., 2020). Moreover, the low vaccination rate against other

diseases in many developing countries due to COVID-19 cases represents a burden on health care systems as a whole (Hossain et al., 2020; Lucien et al., 2021).

To tackle these challenges governments, and individuals should follow the following approaches. Maintaining proper hygiene and sanitation is the first step in combating infectious diseases, as their improvement reduces the spread of resistant organisms(Smith et al., 2004). Also, an efficient vaccination program may prevent the spread of infectious diseases, thus reducing their severity (Hinman & Orenstein, 2007). Furthermore, implementing antimicrobial stewardship programs (ASPs) among LMICs can reduce the excessive use of antibiotics. Raising public awareness about stewardship as well as applying the guidelines of the World Health Organization (WHO) are essential approaches to put an end to improper antibiotic prescriptions (Mazdeyasna et al., 2020; Lucien et al., 2021; Godman et al., 2021).

Restricting exacerbated antibiotic resistance during the COVID-19 pandemic demands the strict prevention of the health care ill-practices. Antibiotic therapy for COVID-19 should be administered only for those with severe complications or avoiding it together through infection control measures. Also, microbiological screenings in the developing countries needs more improvement to eliminate any concurrent bacterial infections in the COVID-19 patients and to prevent empirical antibiotic treatment (Lucien et al., 2021). Laws and regulations by the authorities should prohibit pharmacy-staff malpractice (Ansari, 2017). Monitoring the usage of antiseptics and disinfectants during this pandemic as their overuse may contribute to AMR's spread through biocidal agents (Kampf, 2018). Controlling AMR in developing countries is not only confined by legislative action; it continues further as more research and data resurfaces regarding the unfortunate lack of resources to enforce these strategic plans on mass populations (Ayukekbong et al., 2017).

## **Conflict of Interest**

The authors declare no conflict of interest.

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