

TAP Hungary experience and way forward

WHO webinar: Applying behavioural and cultural insights to tackle antimicrobial resistance

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FROM EVIDENCE SYNTHESIS TO GENERATION OF EVIDENCE

Evidence brief for policy (EBP) development on antibiotic use in Hungary

- Evidence-informed Policy Network (EVIPNet) Europe
- Objective: synthesising the best available evidence to inform policy making in health
- Topic of the first EBP: antimicrobial resistance (AMR)
 - chosen by the Ministry responsible for health
 - presumably with a view to supporting National Action Plan (NAP) development

Evidence brief for policy



Three policy options proposed for improving antibiotic use in Hungary

1. Developing a **national antimicrobial stewardship programme (ASP)**, complemented by evidence-informed guidelines on the diagnosis and treatment of common infections
2. Strengthening **undergraduate and postgraduate medical, dental and pharmacy education** on prudent antibiotic prescribing and training on prudent antibiotic prescribing
3. **Raising awareness of prudent antibiotic use** through information campaigns, leaflets and interpersonal communication

Raising awareness of prudent antibiotic use through information campaigns, leaflets and interpersonal communication

- Reports in the literature suggest that campaigns using written materials and the mass media could be more effective if physicians facilitated the transmission of information to the public and patients.
- In paediatric primary care, interventions aimed at parents and/or clinicians can reduce rates of antibiotic prescribing for children with respiratory tract infections (RTIs), as indicated by a high-quality systematic review.

FROM EVIDENCE TO ACTION: THE TAP PROCESS TO INFORM AWARENESS- RAISING ACTIVITIES

Defining the research question

- Three TAP workshops in Budapest during the course of 2017-2018
- Paediatric general practitioners (GPs) proposed as a target group
- The relevance of the target group verified through analysis of National Health Insurance Fund antibiotic use data
- Paediatric GPs are very important prescribers of antibiotics in Hungary, with a relatively wide scale of prescription behaviour (narrow vs. broad spectrum antibiotics)

Research question

- What are the key factors influencing antibiotic (AB) prescribing behaviour of Hungarian paediatric GPs in cases of suspected RTIs?
 - How is it decided whether an AB is prescribed?
 - How is it decided which active agent is prescribed?
 - Why are narrow-spectrum ABs underused in children with RTIs in Hungary?
 - Why are children with RTIs getting such a high amount of broad-spectrum AB prescriptions from their paediatric GPs in Hungary?
 - In which cases or circumstances does no prescribing take place?
 - What interventions may work in the Hungarian GP context, according to the paediatric GPs' opinion?

The TAP research process

1. Data analysis for target group definition
2. Choice of research methods
3. Drafting and submission of the research protocol for national and WHO ethical review
4. Training workshop on qualitative research methods (interviews)
5. Data collection
6. Data analysis
7. Drafting and submission of the research report

Current state of the research process

- Halt of the process between March 2020 and April 2021
 - Excess workload due to COVID-19
 - Difficulties of getting in touch with GPs
- 2021: modification of the research protocol
 - Telephone/online instead of face to face interviews
- Current state: most interviews have been done, analysis in underway

INFORMING POLICY MAKING

Targeted outcomes of the process

- Deeper understading of paediatric GPs' decision making process on the prescription of antimicrobials
- Highlighting the factors influencing their decisions and behaviour
- Forming a basis for possible future policy interventions to inform, engage and motivate GPs for more prudent antibiotic use
- Underpinning the implementation of the EBP's policy option 3

**THANK YOU FOR YOUR KIND
ATTENTION!**