

Correspondence



Reply: A South Asian Perspective to 'Myths and Misconceptions Around Antibiotic Resistance: Time to Get Rid of Them'

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► See the letter "A South Asian Perspective to 'Myths and Misconceptions around Antibiotic Resistance: Time to Get Rid of Them'" in volume 55 on page 113.

Dear Editor:


I thank Prof. Syeda Sahra [1] for her interest and kind comments. One paradoxical aspect of antibiotic resistance is that, while most of the research and literature comes from developed countries, the issues pertaining resistance affect the most the inhabitants of low- and middle-income countries (LMIC), which are also home to the majority of the human population. At developing countries, access to antibiotics is some times more of a problem than antibiotic resistance [2]; low-quality drugs are much more common, as well as unregulated sales of antibiotics both, for clinical and agricultural purposes [3]; and the release of both, antibiotics and antibiotic resistant bacteria into the environment is rampant, due to the lack of wastewater treatment plants (and, in the particular case of China and India, to the large number of antibiotic-manufacturing facilities that release byproducts into water bodies) [4]. However, due to said paradox, the picture most people get of the problem and its causes, and the strategies to try to harness resistance, come from rich countries with an entirely different set of conditions, and that house the *Big Pharma* companies that are at the root of most of this health crisis. Therefore, it is certainly imperative that regulation and stewardship be tailor-made and enforced in LMIC, that target the problems of these regions, instead of copying the strategies of the wealthy Global North. This, along with starting anti-infective research and developing programs that address the local issues (e.g., why would *Big Pharma* would look for agents against typhoid fever that seldom occurs in rich countries?). Unfortunately, this is all as unlikely to happen, as it is for LMIC to transit from "developing" to developed countries.

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REFERENCES

1. Sahra S. Letter to the editor: A South Asian perspective to 'Myths and misconceptions around antibiotic resistance: time to get rid of them'. *Infect Chemother* 2022;55:113-4.
CROSSREF
2. Laxminarayan R, Amábile-Cuevas CF, Cars O, Evans T, Heymann DL, Hoffman S, Holmes A, Mendelson M, Sridhar D, Woolhouse M, Røttingen JA. UN high-level meeting on antimicrobials--what do we need? *Lancet* 2016;388:218-20.
PUBMED | CROSSREF
3. Sosa AJ, Byarugaba DK, Amábile-Cuevas CF, Hsueh PR, Kariuki S, Okeke IN, eds. *Antimicrobial resistance in developing countries*. New York: Springer; 2010.
4. Amábile-Cuevas CF. Antibiotic resistance from, and to the environment. *AIMS Environ Sci* 2021;8:18-35.
CROSSREF

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