

# How is MSF developing its position on antimicrobial resistance in relation to global policies and local practices? An anthropological study in Lebanon



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## Background

As antimicrobial resistance (AMR) is increasingly becoming a threat for global health and is now a priority on the global health stage, MSF has positioned itself on the topic. The objective of this study is to observe how this became a topic of concern in the organization, which narratives are used to discuss operations, advocacy and positioning, and how internal choices translate into practices, guidelines and actions.

## Methodology

The ethnographic method was used in this study and combined:

- **Observation** in a hospital site (Bar Elias, Beqaa, Lebanon);
- In-depth **interviews** with MSF personnel;
- Thematic analysis of MSF **internal documentation**.

Here I use verbatims from MSF staff to illustrate their understanding of AMR, the role they consider that MSF should play, and the difficulties met to make AMR a priority in the field. I summarize the main findings in the conclusion.

“ You can have a priority at headquarter level, which is wonderfully important priority, but the closer you go to the ground, the projects have so many competing priorities. ”

## Inside or outside the hospital, where should MSF focus its activities?

“I think we must start at the same time by looking at what could be done at the community level and what needs to be improved at the level of **the practices of our own medical staff because there is always the possibility to improve.**” – MSF HQ staff

“I think the **role of MSF towards the community is huge**. I think patient education is one of the biggest gaps in any country, in any healthcare situation, and I think it can hugely impact healthcare and community.” – MSF HQ staff

Discussions on the role of MSF on AMR emerge from the study. Although some MSF staff consider that the role of MSF lies primarily in its own facilities, some argue that MSF should reach out to the community outside of the hospital.

“For AMR there's a behavior change component and one organization alone cannot fight this topic.” – MSF HQ staff

## Make an invisible problem a priority of action

“People don't see it as a big issue. Because people aren't dying. Like HIV people just died, Ebola people are dying. **Whereas with AMR, people get sick. And die. But it's not as drastic.** And so, I don't think that it's as acute of a problem yet.” – MSF HQ staff

As AMR does not fit the humanitarian need model, it remains a difficulty for it to be prioritized. It seems that a push from a third party (internal or external to MSF) is highly needed to put AMR on the table. AMR activities are understood, however, as best medical practices, hence as a basics for any health intervention.

## A social science approach to antimicrobial resistance – health as politics.

As social sciences have shown, global health is rooted into biomedicine, which focuses on individual health behaviors. This behavioral approach tends to make patients only responsible for their health, excluding health from political consideration. Although antimicrobial resistance is framed as a global phenomenon touching upon human, animal and environmental health, as well as involving actors from many sectors (industries, governments, universities, etc.), it is still widely practiced in terms of human health behaviors. As this practice might simplify the issue, it might also close opportunities of addressing AMR more holistically.

## Conclusion

Out of these interviews and months of observation, few points emerge from the ongoing analysis.

➔ Difficulties remain to properly **address AMR as a transversal topic**, although it is fully understood as one by MSF staff.

➔ MSF staff tend to ask for **more health education, awareness raising, and advocacy** on the topic of AMR, while activities are, for now, mostly technical, medical, and at the hospital-level.

➔ **Advocacy seems to be a cornerstone of AMR** as a lot of it has to do with national regulation and education of medical staff, however AMR advocacy seems not to be a top priority in the field.

**Antimicrobial resistance seems to be challenging the humanitarian modus operandi** based on emergency response, biomedicine, and which is very used to vertical programs.

“Not only should we be looking at our own log frame but also looking at national action plans.”

– MSF field staff

## Ethics statement

This research was approved by MSF ethical review board, as well as by the institutional review board of the Lebanese American University.

## Acknowledgements

I would like to thank everyone in the projects, coordination and BO/HQ who took time to share with me their thoughts and knowledge on AMR.



“Let's say that everything related to the prevention of antimicrobial resistance is something that must be. You can no longer open a hospital and not have microbiology and stewardship in it. **You can't, we no longer have the right to do it, it's no longer ethical to do so.** Because if we continue to use [antibiotics] whenever and wherever, we are going to have a very, very big problem”. – MSF HQ staff