

Journey of a Lebanese AMR Survivor

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Daughter and carer of an AMR survivor

Nour Shamas



- Chairperson, Antimicrobial Stewardship Committee – Riyadh, KSA for 8 years
- AMS technical/ policy consultant
- Daughter of an AMR patient survivor



My mother's AMR journey

01

2018: Mom's Surgery

Emergency back surgery

02

Initial infection

2 months post surgery

ESBL *E coli* kidney & blood infection

Required:

- Infectious disease consultation
- Contact isolation
- Intravenous antibiotics

03

Recurrent infection

Around **3 times** a year

- Self-management
- Struggle finding antibiotics
- Economic crisis

Case continuation

Patient was started on Polymyxin B, prolonged infusion meropenem and amikacin **without improvement**



Aztreonam



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Changing perspectives

- ✓ My mother knew about AMR, hospital acquired infections, and had the **medical literacy** to hold healthcare workers accountable before and after they visit her
- ✓ She asked me: **Why me?** What did I do wrong? Why can't I get rid of this infection?
- ✓ Doesn't fit the **definition of catheter associated urinary tract infection**
 - ✓ Surveillance and insurance coverage
- ✓ Needed to explain and support her on:
 - ✓ Need for ID consultant approval & stigma
 - ✓ Hospital acquired infections
 - ✓ Recurrent UTI & lack of adequate research & therapeutics to tackle women health

Impact

- **Suffered** from the illness, treatment, stigma, and continuous fear of the recurrence
 - Social:
 - Isolation
 - Anger
 - Guilt
 - Shame
 - Financial
 - Home IV therapy
 - Lack of insurance and out of pocket expenditure
 - Augmented by the crises in Lebanon
 - Severe medication shortages: fosfomycin & ertapenem

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Emergency back surgery

02

Initial infection

2 months post surgery
ESBL *E coli* kidney & blood infection

Required:

- Infectious disease consultation
- Isolation
- IV antibiotics

03

Recurrent infection

Around 3 times a year

- Self-management
- Struggle finding antibiotics
- Economic crisis
- **Military conflict**
- **Displacement**

Case continuation

Patient was started on Polymyxin B, prolonged infusion meropenem and amikacin **without improvement**



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Office for the Coordination of
Humanitarian Affairs (OCHA) -
Lebanon



Middle East Eye – Nov 10, 2024



Middle East Eye – Oct 4, 2024

Impact (2)

- Displacement, fear, anxiety
- Increased vulnerability (access to care, financial, etc..)
- Decreased access to WASH, vaccination
- Dirty wounds
- Healthcare worker shortages
- Unsanitary living conditions

→ AMR!!

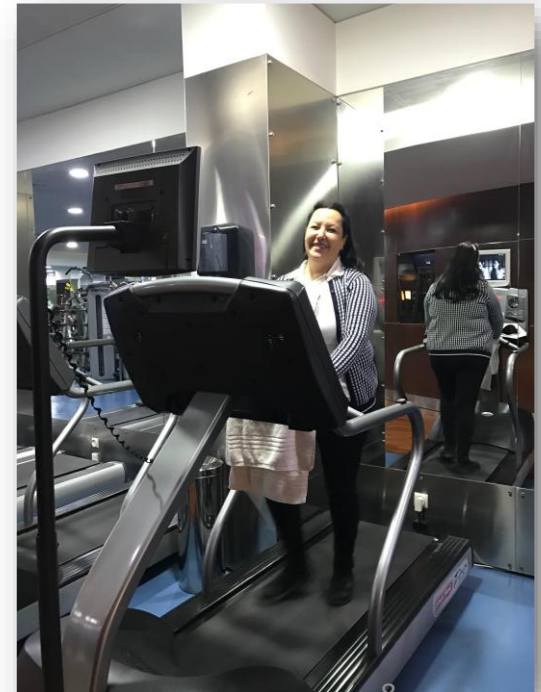
Growth

Clinical
pharmacy

Project
management
& health
policy

Incorporate
the patient
perspective

Advocacy



What we want

- Better policies that prioritize health:
 - **Access** to healthcare and medicine
 - Healthy **environments**
 - Dedicated effort on **vulnerable** populations: infants, elderly, chronic diseases, displaced people
 - Study **conflict & AMR**: war is bad for AMR and everything else
 - Wholesome approaches: support **sustainable development goals**
 - **Expand research**: implementation, behavioral, communication
- Increased **funding** for research and advocacy work
- Put **patients** at the center of care and decisions
- A **platform** for us to share our stories





AMR Policy Accelerator



CFD
CENTER ON FORCED DISPLACEMENT



Global Strategy Lab



Dr. Angela Uyen Cateriano
Health Policy Advisor,
Médecins Sans Frontières



Dr. Nour Shamas
WHO Task Force of Antimicrobial
Resistance (AMR) Survivors



Suzanne Naro
Policy Advisor,
AMR Policy Accelerator at the
Global Strategy Lab



MODERATOR:
Dr. Muhammad Zaman
Director, Center on Forced
Displacement at Boston University

WHEN PROMISES
AREN'T ENOUGH:
IMPROVING ACCESS TO
ANTIMICROBIALS AMIDST
GLOBAL CRISES

This World AMR Awareness Week, join us for a
thought-provoking online panel on equity and
access, with a special focus on barriers for
displaced and refugee communities.

NOVEMBER 21, 2024
9-10 AM EST/ 3-4 PM CET

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World AMR Awareness Week 2024

Events





World Health Organization



WHO Taskforce of
AMR Survivors

Widening the engagement of patient advocacy groups
and networks in Antimicrobial Resistance (AMR) action:
A Global Roundtable (virtual)

21 Nov 2024 | 1430-1600 CET | Zoom



Jon Kirknes
Norwegian Cancer Society



David T Elin
Cystic Fibrosis Foundation



Tariro Kutadza
ZNNP+



Ani Herna Sari
Rekat Peduli Foundation



Yukiko Nakatani
ADG, WHO



Ron Daniels
UK Sepsis Trust



Shalini Jayasekar-Zurn
UICC



Diane Shader Smith
AMR Dairy



Vanessa Carter
AMR Survivor



Sujith J Chandy
ICARS



Rob Purdie
AMR Survivor



Felix Liauw
AMR Survivor



Brandon Jaka
AMR Survivor



Philip Mathew
WHO

Scan QR code
to register



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Meaningful engagement of patients, survivors and carers in addressing antimicrobial resistance



WHO Taskforce of
AMR Survivors

WHO Taskforce of AMR Survivors

MEET SOME OF OUR AMR SURVIVORS AT THE
UN HIGH-LEVEL MEETING ON
ANTIMICROBIAL RESISTANCE (AMR)
TO ASK US ABOUT OUR GUIDANCE
NOTE ON MEANINGFUL ENGAGEMENT OF
PATIENTS, SURVIVORS AND CARERS
AS WELL AS OTHER WORK WE ARE DOING



AMR is invisible.

I am not.

SHARING REAL-LIFE STORIES
TO ENCOURAGE GLOBAL ACTION
AGAINST AMR.



#AMRsurvivors



AMR is invisible.

I am not.

**SHARING REAL-LIFE STORIES
TO ENCOURAGE GLOBAL ACTION
AGAINST AMR.**

Developed by the World Health Organization,
the “AMR is invisible. I am not” campaign launched in May 2024.
The campaign is designed to provide a human face to AMR and help
the public, media and policymakers to better understand its impact.