NIGERIA HEALTH WATCH

Informed commentary, intelligence and insights on the Nigerian health sector

Community Listening Insights on Antimicrobial Resistance in Nigeria

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Strategy and New Business

Antimicrobial Resistance in Nigeria: A Growing, Hidden Threat

- Antimicrobial Resistance (AMR) is one of Nigeria's most pressing yet under-reported public health threats. It occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines

- AMR is a natural process that happens over time through genetic changes in pathogens. However its emergence and spread is accelerated by human activity, mainly the misuse and overuse of antimicrobials to treat, prevent or control infections in human, animals or plants which undermines treatment outcomes and placing millions at risk

- Despite ongoing national efforts under the One Health AMR National Action Plan, a major gap persists: limited understanding of community-level behaviours and perceptions that shape antimicrobial use. To bridge this gap, Nigeria Health Watch launched a Community Listening Initiative in April and May 2025, identify and understand unsafe medicine practices, and inform policy action through evidence rooted in everyday experience

- Data was collected through structured household surveys in six Nigerian states (Lagos, Kano, Niger, Ebonyi, Cross River, and Borno); each selected to reflect a mix of geographic, cultural, and health system realities

- The community listening questionnaire explored care-seeking patterns, antibiotic access, treatment adherence, knowledge of fake or substandard drugs, and community-level experiences of medicine failure. These insights form the foundation for urgent, community-informed action to address

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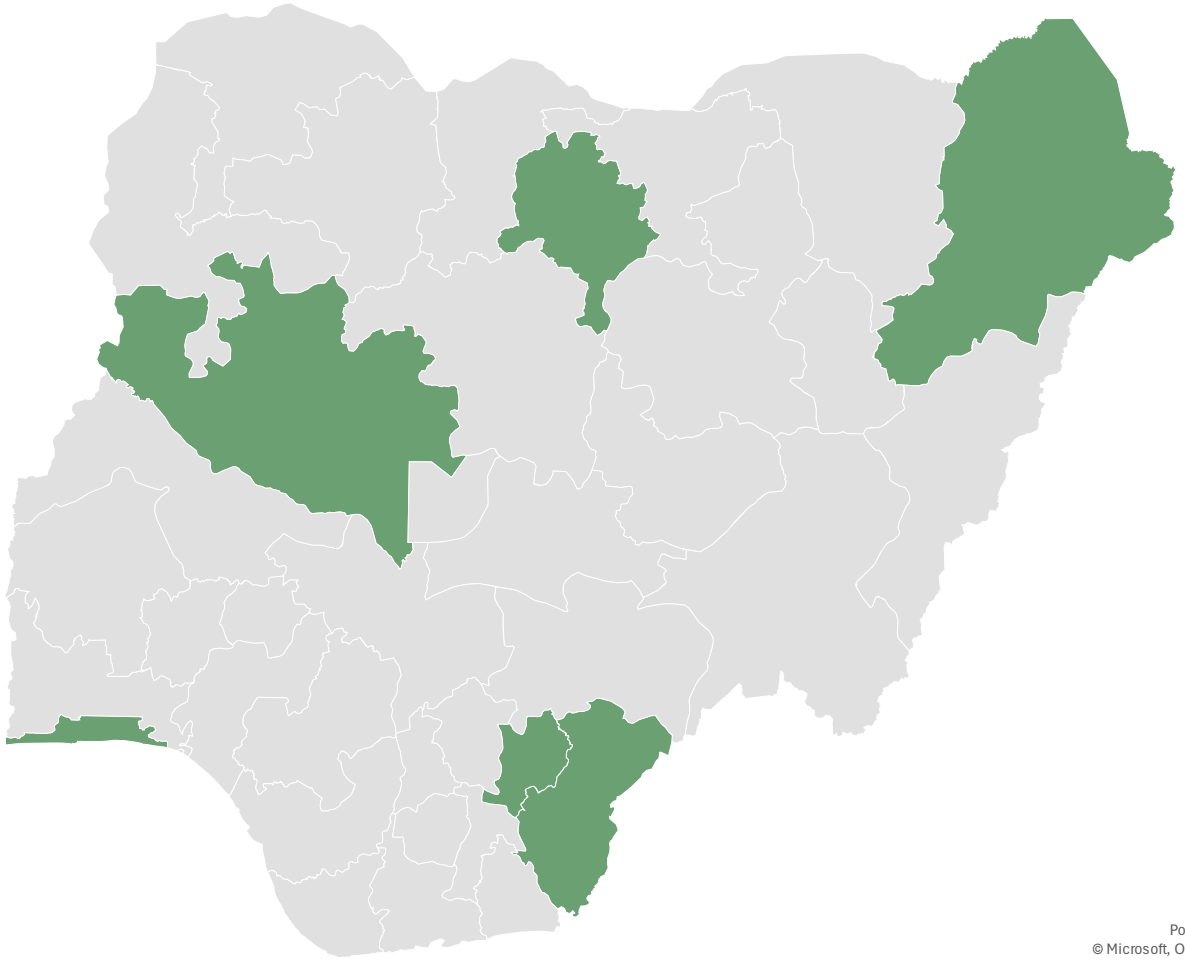
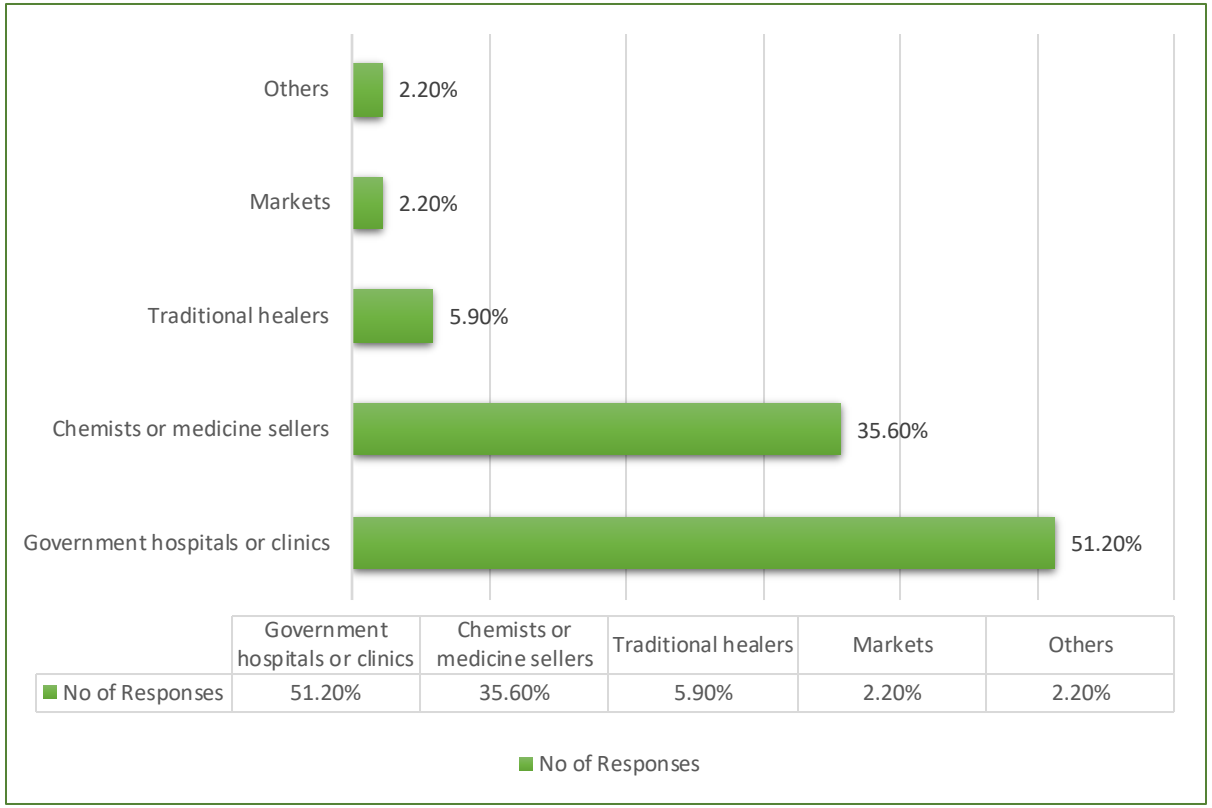
From Listening to Learning: What the Data Shows?



We asked Community Members where they first get medications when they or their family members are sick n= 4,137



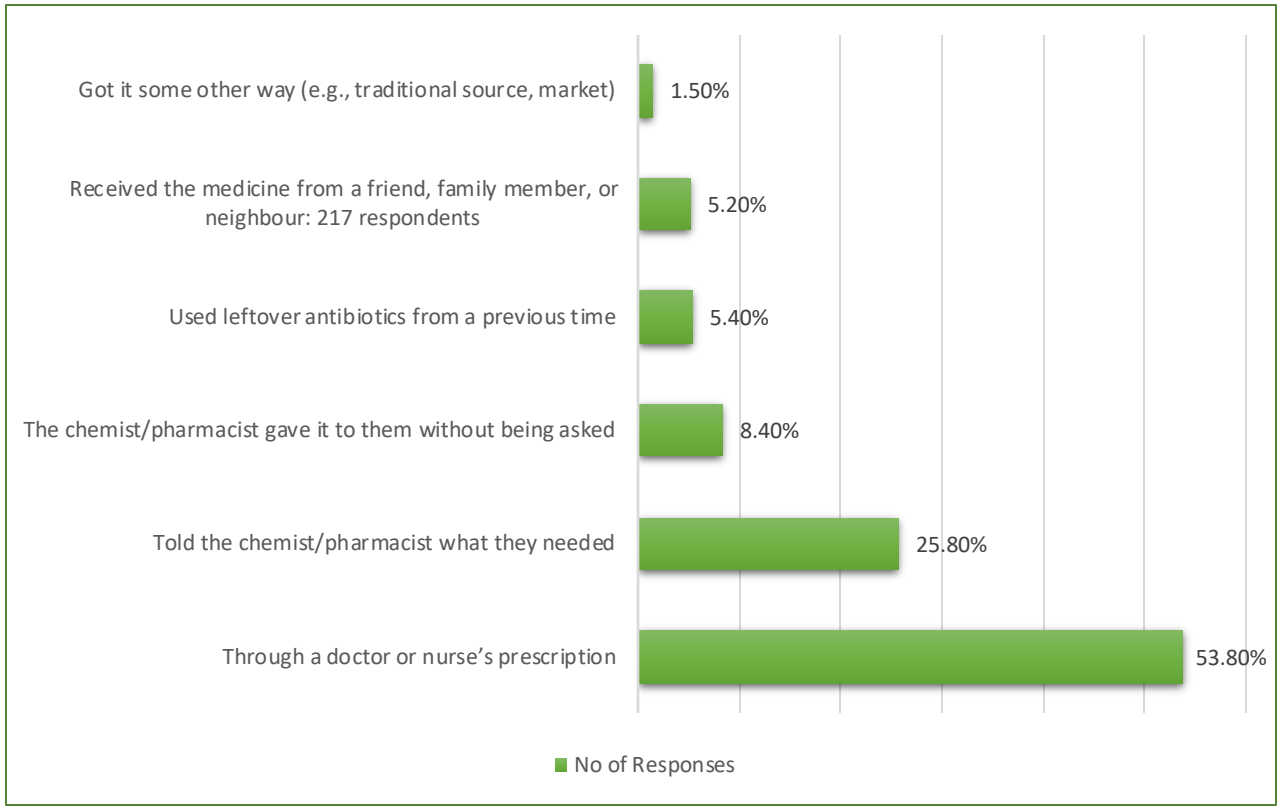
	Government hospitals or clinics	Chemists or medicine sellers	Traditional healers	Markets	Others
No of Responses	51.20%	35.60%	5.90%	2.20%	2.20%

- Public healthcare facilities serve as the primary first point of care for most Nigerians, indicating a strong reliance on government hospitals and clinics. However, the high proportion (over one-third) of respondents who seek medications from chemists or medicine sellers suggests that informal or semi-formal drug access remains widespread.
- This trend is particularly concerning in the context of antimicrobial resistance, where antibiotics accessed without prescriptions or diagnostic support can lead to misuse.
- The presence of market-based and traditional sources also highlights cultural practices and gaps in formal health system coverage, particularly in rural or underserved communities.

From Stories to Solutions: What This Tells Us to Change

- Strengthen regulatory oversight of informal and retail drug vendors.
- Improve medicine availability and service quality in public health facilities to retain user trust.
- Launch targeted public education campaigns emphasizing the importance of obtaining antibiotics through proper medical channels.

We asked community members the source of the last antibiotics used by them or someone in their household n= 4,137



- While over half of the respondents (53.8%) obtained antibiotics via formal prescriptions, a significant 46.2% accessed antibiotics through informal or non-prescribed means including self-prescription, leftover use, unsolicited dispensation, or communal sharing.
- This highlights the persistence of self-medication and unregulated dispensing practices, particularly via chemists and community sources. These practices are especially problematic in the context of AMR, as they often lack diagnostic confirmation, appropriate dosage, or monitoring of side effects and adherence. Moreover, the practice of using leftovers or shared medicines may result in incomplete or inappropriate treatment regimens, further accelerating resistance.

The Remedy Starts Here

- Strengthen enforcement of prescription-only antibiotic policies at chemist and pharmacy levels.
- Educate the public on the dangers of using leftovers, unsolicited medications, or shared antibiotics.
- Improve access to affordable healthcare and diagnostics, so that prescriptions are not bypassed due to convenience or cost.

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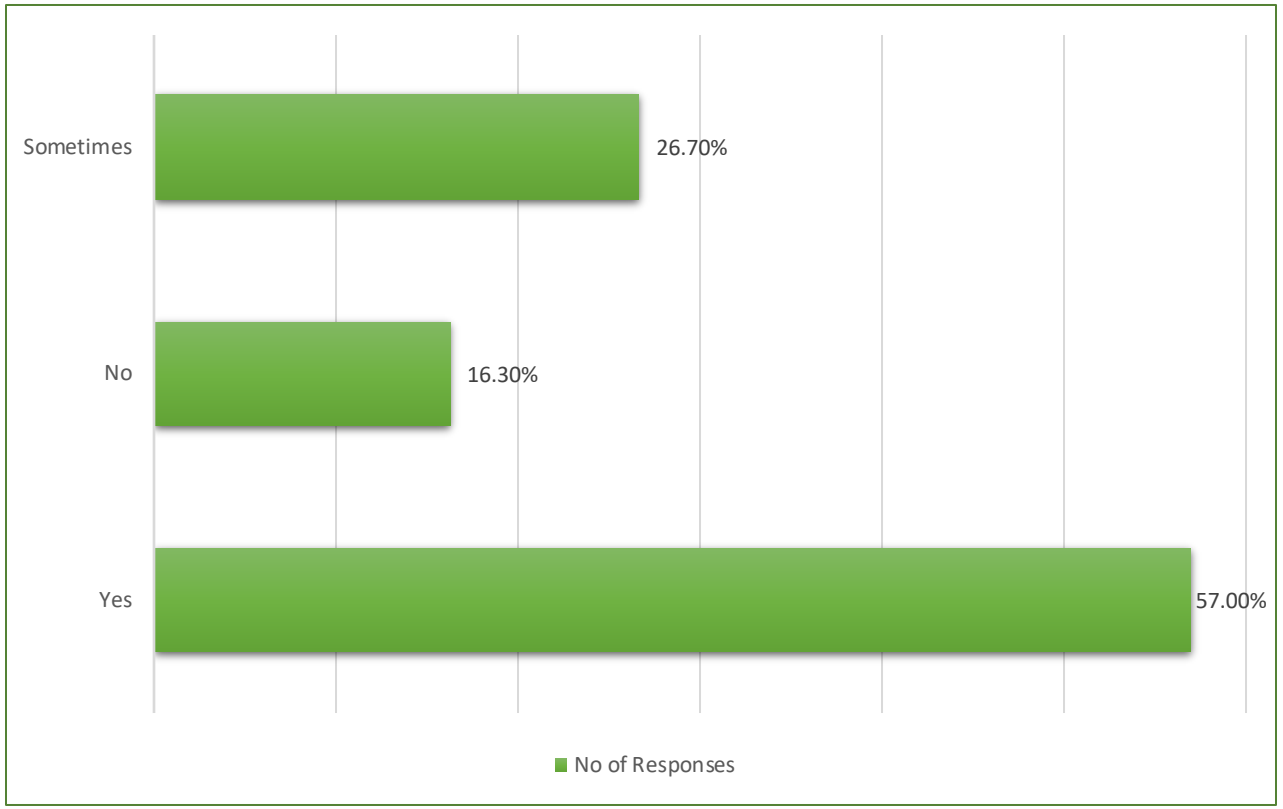
We asked Community Members if they always complete their antibiotics doses

n= 4,137



- While a modest majority (57%) reported always completing their antibiotic prescriptions, a substantial 43% of respondents either stop early or only sometimes complete their medication.
- This inconsistency in adherence is deeply problematic in the fight against antimicrobial resistance (AMR). Incomplete antibiotic use allows bacteria to survive and evolve, potentially making future infections more difficult and more expensive to treat.
- The high number of "sometimes" responses suggests that while people may intend to follow through, barriers such as side effects, symptom relief, or medicine shortages often interrupt treatment.

Fixing the Leaks: Interventions That Matter

- Healthcare providers and pharmacists must consistently emphasize the importance of completing antibiotics; even when symptoms improve.
- Health messaging must not only promote full-course adherence but also address the reasons people stop early, such as misinformation, affordability, or perceived recovery.

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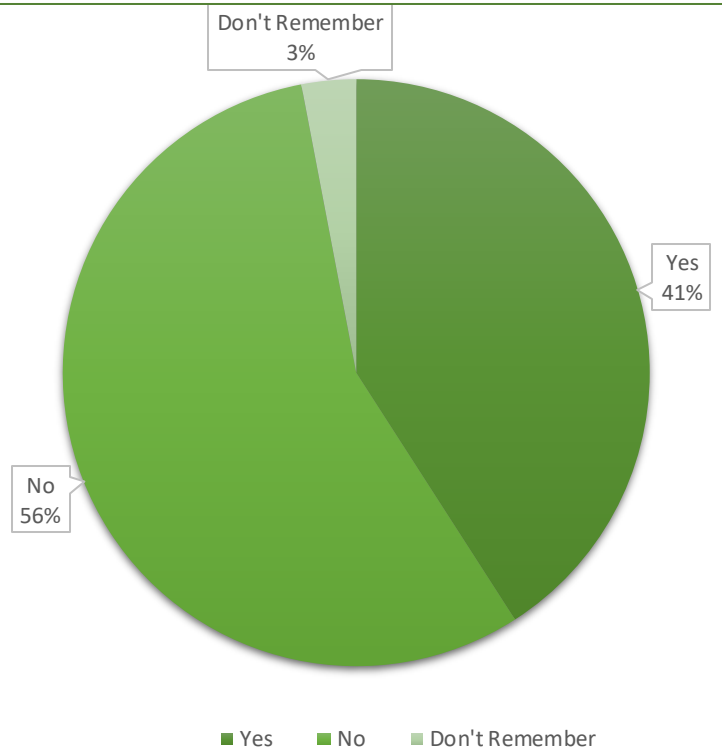
We asked Community Members if they reused leftover antibiotics in the past 1 month

n= 4,137



- Nearly 41% of respondents admitted to reusing leftover antibiotics, revealing a widespread behavioral risk that directly contributes to antimicrobial resistance.
- This practice typically arises from: Keeping unfinished doses at home or avoiding consultation or prescription fees
- Reusing antibiotics without professional oversight often means incomplete or inappropriate treatment, leading to ineffective results and an increased risk of resistant bacterial strains emerging.
- While a larger portion (56%) reported not reusing leftovers, the fact that over 4 in 10 do is significant enough to warrant concern and targeted intervention.

From Insight to Impact: What We Must Do Now

- There is an urgent need to strengthen awareness campaigns emphasizing the dangers of antibiotic reuse.
- Medicine disposal education should be included in primary healthcare messaging to discourage saving incomplete doses.
- Community health workers and local influencers should be engaged to shift norms around the casual reuse of leftover medications.

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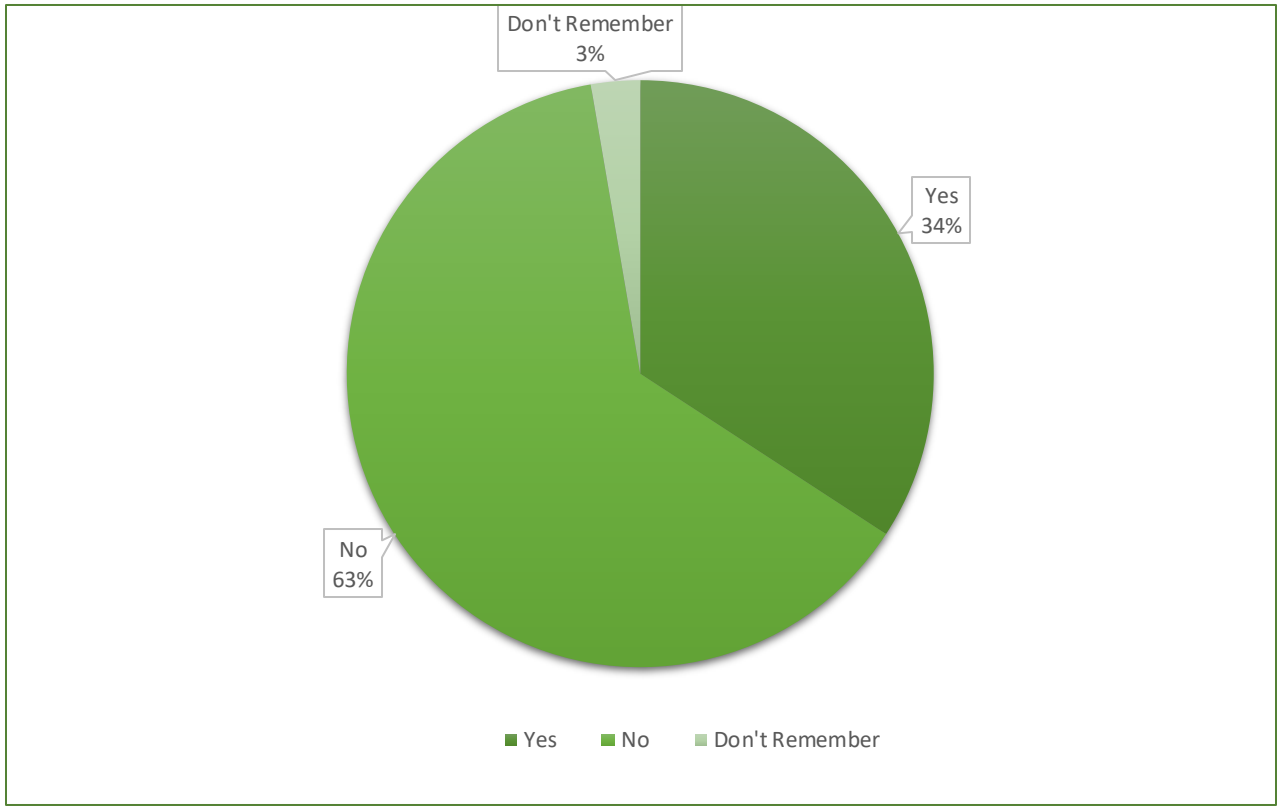
We asked Community Members if they have ever shared or received antibiotics from someone else in the past 1 month **n= 4,137**



More than one-third of respondents (34.2%) reported sharing or receiving antibiotics from someone else, a practice that bypasses medical guidance entirely. This form of communal drug use typically occurs in settings where:

- Health services are inaccessible or unaffordable
- There is limited knowledge about the importance of prescriptions
- Social trust or urgency overrides clinical prudence

This behavior is especially dangerous, as antibiotics may be taken:

- In incorrect dosages
- For the wrong illness
- For a duration too short to be effective

These misuse patterns greatly accelerate the development of resistant bacteria, especially when shared drugs are used to treat viral or self-limiting conditions.

Now We Know. Here's What We Must Do.

- Community education must emphasize that antibiotics are not general-use medicines and sharing them is not an act of care; but of harm.
- Health promotion campaigns should work through families and community structures to shift cultural attitudes toward drug sharing.
- Improving access to appropriate and affordable care can reduce the need to rely on others for leftover or spare medications.

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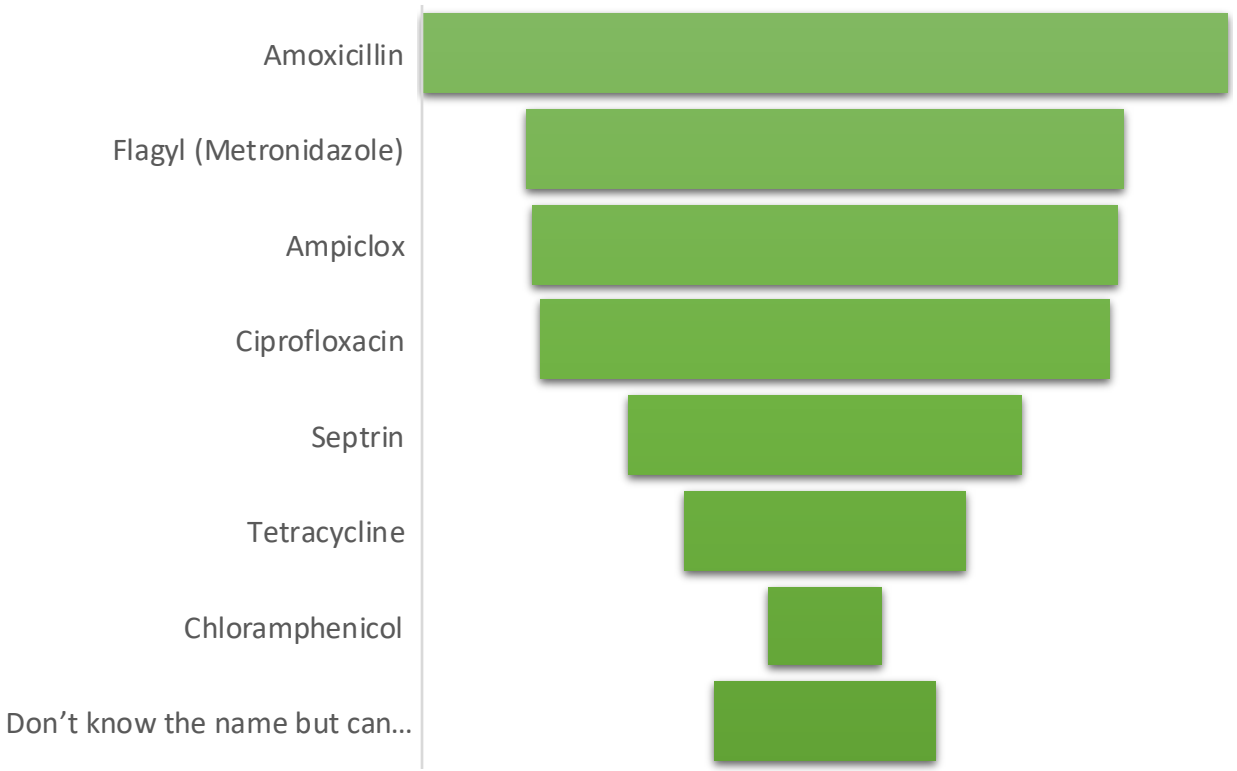
We asked Community Members to mention the antibiotics they or their household use most often

n= 4,137



The community listening data shows widespread reliance on broad-spectrum antibiotics, with Amoxicillin leading as the most used antibiotic. Close behind are Flagyl, Ampiclox, and Ciprofloxacin, all of which are easily accessible and commonly prescribed; though often without confirmed diagnosis or antimicrobial sensitivity testing.

The frequent use of Septrin and Tetracycline suggests ongoing dependency on older, generalized antibiotics. Alarmingly, Chloramphenicol, a high-risk antibiotic with serious potential side effects, is still in community circulation.

Even more concerning is that 13.3% of respondents could not name the antibiotic they use, though they could describe it physically pointing to critical gaps in medicine literacy and labelling.

This pattern reinforces the urgent need to:

- These trends reflect low antibiotic stewardship and a need for stricter pharmacy-level regulations on dispensing practices.
- Community education should focus not just on misuse, but also on medicine identification and understanding drug names, dosages, and side effects.
- National AMR strategies must prioritize limiting over-the-counter availability of high-risk antibiotics like Chloramphenicol and promote use of essential medicine lists backed by proper diagnostic guidance..

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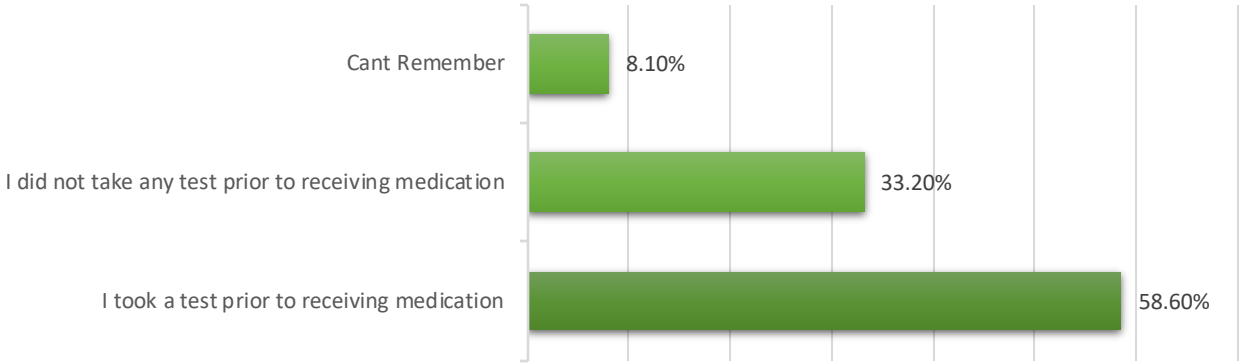
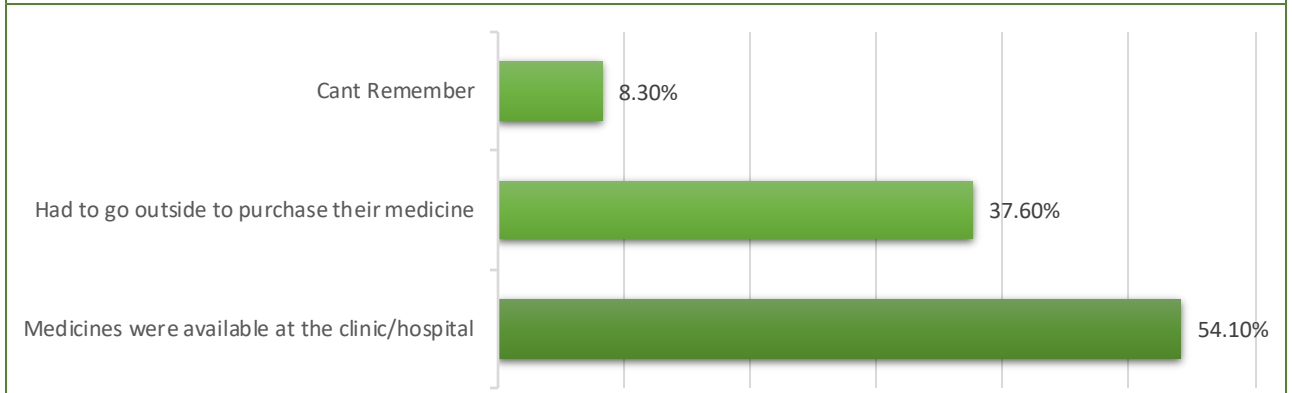
We asked Community Members if they were referred for any laboratory test before prescription and if the prescribed antibiotics are available at the hospital/clinic, or they had to get them elsewhere

n= 2,102





While a majority undergo testing, the one-third who do not suggests inconsistent adherence to diagnostic protocols, especially in antibiotic prescribing. Strengthening diagnostic stewardship is essential.

Medicine availability at health facilities is relatively strong, but over one-third of respondents faced stock-outs, pushing them toward private chemists or markets. This reflects gaps in supply chains and possible equity issues in treatment access.

What This Behavior Demands of Policy and Practice

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- Community education should focus not just on misuse, but also on medicine identification and understanding drug names, dosages, and side effects.
- National AMR strategies must prioritize limiting over-the-counter availability of high-risk antibiotics like Chloramphenicol and promote use of essential medicine lists backed by proper diagnostic guidance.

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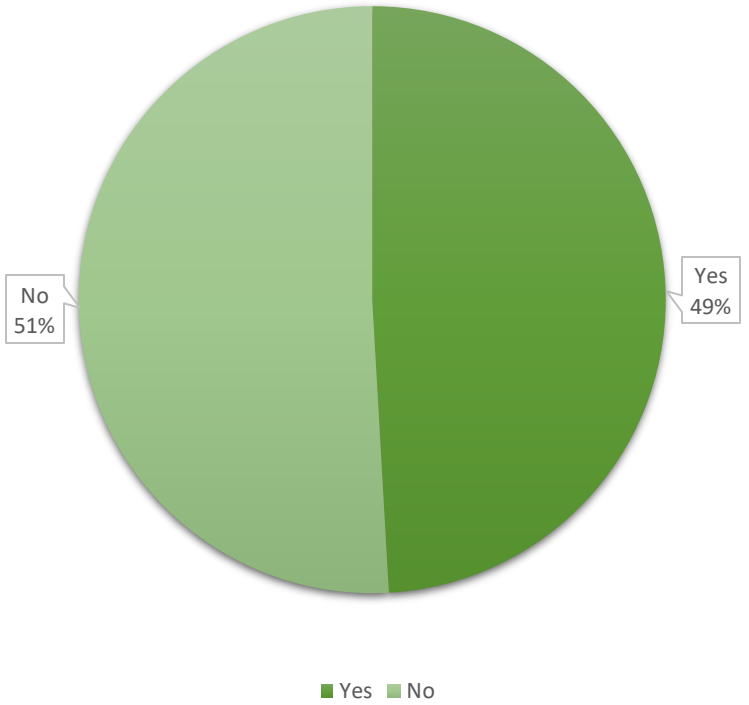
We asked Community Members if they keep antibiotics or antimalarials at home even when no one is sick

n= 4,137



The responses show a near-even split between those who keep antibiotics or antimalarials at home and those who do not. With nearly half of all households storing these medicines for future use, the findings suggest a widespread culture of stockpiling and self-preservation.

- This behavior often stems from:
- Previous illness episodes with leftover medication
- Intent to avoid costs or delays in accessing care
- A belief that symptoms can be self-managed using past treatments

However, this trend enables self-medication, encourages partial or mismatched treatment, and undermines proper medical supervision, fueling antimicrobial resistance.

Turning Behaviors into Breakthroughs

- There is a need for targeted community sensitization about the dangers of keeping and reusing antibiotics.
- Pharmacies and community health workers can serve as key channels for behavior change by emphasizing appropriate storage, use, and disposal of medications.

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One Pill, Many Risks:
Unsafe Medicine Behaviors in Nigerian Communities

- In communities across Nigeria, the fight against antimicrobial resistance is being quietly undermined, not in hospitals, but in homes and markets.

- Our findings show that **nearly half of respondents keep antibiotics at home**, even when no one is sick. These drugs are not just stored, they're often reused. **Over a third of our respondents acknowledge that they reuse leftover medication**, and **more than a quarter admit to sharing antibiotics** with family or friends. Even when antibiotics are correctly prescribed, adherence is shaky, over 1 in 3 people do not complete their full course, either stopping early or using the medicine "sometimes."

- These unsafe behaviors; reusing, sharing, stockpiling, and not completing medication aren't isolated incidents. More than 60% of respondents engage in at least one of these risky practices.

- The story this tells us is clear: antimicrobial misuse is not just a medical issue; it's a behavioral and social one. We need to engage communities with practical, relatable education, while also regulating access points like PPMVs and drug vendors. Otherwise, AMR will continue to grow silently, one shared pill at a time.

Unsafe behaviors are common;
Targeted education and regulation are essential to reverse this trend.

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THANK YOU

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