



# Fighting Inflation and Antimicrobial Resistance in Nigeria: A Big Healthcare Problem

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Dear Editor,

Nigeria is facing problems with inflation and antimicrobial resistance (AMR), which are hurting the healthcare system (1). The local pharmaceutical industry could grow to almost four billion dollars by 2026, but about 70% of medicines are imported (2). This hurts local production and increases the availability of fake and poor-quality drugs (3). The inflation rate in Nigeria has been going up for months, reaching 33.95% in May 2024, the highest since March 1996. Inflation makes medicines, like antibiotics, more expensive, so many people can't afford them (4). This leads to rationing, self-medication, and using poor-quality antibiotics, which increases AMR (4). Nigeria ranks 185th out of 204 countries in age-standardised death rates linked to AMR. This dual challenge needs urgent attention (5).

This increased inflation is due to the sharp drop in the local currency and the removal of fuel subsidies (6). The core inflation rate, which excludes farm produce and energy, hit 25.9% in March, though monthly consumer prices slightly dropped to 3%, down from 3.1% in February. Femi (7) reported inflation as when plenty of money buys only a few things while (8) describes it as the continuous increase in prices of goods and services. Nigeria's inflation has been higher than the average for African and Sub-Saharan countries for years, going over 16% in 2017. The main problem is its instability, which shows a struggling economy with fluctuating pharmaceutical prices, poor health care, and more poverty.

By the middle of the 21st century, it is thought that AMR could cost anywhere from US\$300 billion (₦458.25 trillion) to US\$1 trillion (₦1.53 quadrillion) each year worldwide (9). A study in Sweden found that treating

conditions like methicillin-resistant *Staphylococcus aureus* (MRSA), extended-spectrum beta-lactamase carbapenems-producing Enterobacteriaceae (ESBL-CARBA), vancomycin-resistant enterococcus (VRE), and penicillin-non-susceptible *Streptococcus pneumoniae* (PNSP) can cost between 119 SEK (about \$13.09 or ₦21,232.25) and 206 SEK (about \$22.66 or ₦34,613.15), depending on how serious the illness is (10). In Nigeria, drug prices, especially antibiotics, have shot up due to high demand. For example, the cost of a broad-spectrum penicillinase-resistant penicillin (500 mg Ampiclox capsules) increased by 1,390%, and their selling prices rose by 1,100% from 2019 to 2023. The main contributing pathogens to AMR-related deaths in Nigeria include group B *Streptococcus* (16,600), *S. aureus* (32,300), *Escherichia coli* (38,200), *Klebsiella pneumoniae* (44,300) and *S. pneumoniae* (54,300), affecting various infections including bloodstream and respiratory infections (11). Inflation can give rise to an increase in global health concerns by not making it easy for people to get the drugs they need, causing drug resistant bacteria to spread, accelerating disease spread, and weakening national health security. It forces patients to jump doses or stop treatment entirely. This can lead to antibiotic resistance, making infections more difficult to treat. It can also worsen chronic illnesses, leading to a rise in morbidity and mortality (12). Because of the current economic realities, over-the-counter drugs may become out of reach for those who cannot afford healthcare.

The main regulatory bodies National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacy Council of Nigeria (PCN) with Nigeria Centre for Disease Control and Prevention (NCDC) together with private sectors have a major role to play (4). In addition to the rising cost of medicines, inadequate

bacteriological capacities in laboratories, poor antimicrobial stewardship are the primary things shackling the efforts against AMR surveillance (2). Important steps to be taken for efficient combat of AMR involves securing funding that is sustainable, organisation strengthening and training of AMR workforce. Special attention should be paid to AMR vulnerable populations like the elderly, pregnant mothers, children, people living with disabilities, prisoners and sex workers. Antimicrobial resistance has been known to thrive among the poor, underserved and discriminated populations. The Private sectors, PCN, NAFDAC, NCDC and the government must cater for these groups in the fight against AMR. In order to slow AMR, spread and promote careful antimicrobial use during inflation the National action plan (2017 to 2022) must be sustained and strictly followed (2). Allocating a larger part of the national budget to pharmaceutical and economic research and development will also enhance the AMR fight by discovering and developing scaffolds for unlimited new antimicrobials to treat unresponsive infections and find economically sustainable ways to make them affordable amidst inflation. Based on published literature Nigerian researchers accounted for only 0.2% scientific research output on AMR and investing in this sector is crucial (13). National Agency for Food and Drug Administration and Control is also encouraging the local manufacture of active pharmaceutical ingredients, which research and development efforts could significantly support. The government should develop steadfast programmes to fund innovative research and healthcare projects (14).

To fight AMR in Nigeria, the country needs to spend more on primary healthcare (15). That is offering private health providers encouragement with necessary supervision to lower their costs and making sure the government spends its health budget in the best possible way, avoiding corruption and waste (16). There is a need to develop social insurance for community and health to help people get the necessary medication for their families (17). People are dying because of the worsening state of Nigeria's health system (18). Despite plans and policies to improve health, the results are disappointing because the government is not spending enough on health. People who can afford healthcare spend a lot, while many others cannot afford it at all, especially with rising costs. A situation that is not in line with the sustainable development goals (SDGs) and universal health coverage (UHC). By staying the course of UHC and SDGs, the country can address this problem and fashion a strong health funding plan (16). Nigeria needs to follow policies to guarantee at least 15% of the

annual budget goes to health to fight AMR (19). We also need a system to monitor government spending and prevent misuse of resources (16). Only then can Nigeria overcome AMR and improve its health outcomes like other developed regions. The government should increase its health spending from 5.6% to 7.5%, which means spending more yearly to fill the gap (19). This approach will help improve health problems, including the spread of AMR, and make overall health better in Nigeria.

## Footnotes

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