

Addressing AMR requires change across the healthcare ecosystem

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As antimicrobial resistance (AMR) continues to threaten patient safety and healthcare outcomes across Asia, the need for responsible antibiotic use has become increasingly urgent. Ahead of World AMR Awareness Week 2026, BioSpectrum Asia speaks with Adjunct Associate Professor Keith Lim Hsiu Chin, Group Chief Medical Officer, IHH Healthcare, about the growing AMR challenge, the importance of antimicrobial stewardship, and how hospitals, healthcare professionals and patients can work together to preserve antibiotic effectiveness and strengthen patient care.



For patients and caregivers, what does antimicrobial resistance (AMR) actually mean in practical terms, and how could it affect the treatment of what might otherwise be considered a routine infection?

Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi or parasites develop resistance and no longer respond as effectively to the antimicrobials designed to treat them. In the case of antibiotics, resistance occurs when bacteria change over time and no longer respond as effectively to the antibiotics used to treat them.

This can turn a straightforward infection into one that is more difficult to treat, requiring the patient to take additional tests, a different medication, a longer course of treatment or spend more time in hospital. In more serious cases, fewer treatment options may be available.

This is already a significant concern. The World Health Organisation (WHO) Global Antibiotic Resistance Surveillance Report 2025 found particularly high levels of antibiotic resistance in Southeast Asia and the Eastern Mediterranean regions, where almost one in three common bacterial infections was resistant to antibiotics.

WHO also notes that AMR undermines life-saving treatments and increases the risks associated with common infections and routine medical interventions. Surgery, cancer treatment, intensive care and the management of patients with weakened immune systems can become riskier if infections cannot be treated reliably.

For patients and caregivers, antibiotics should be used only when they are genuinely needed and exactly as prescribed. Protecting their effectiveness is important as it affects patient safety and quality of care.

Patients often expect antibiotics when they have an infection. How do clinicians determine when antibiotics are genuinely necessary, and how can healthcare professionals better communicate the decision not to prescribe them?

One common misconception is that antibiotics can treat all infections. But in fact, they only work against bacteria and not viruses.

The starting point should always be the clinical needs of the patient. Clinicians consider the patient's symptoms, examination findings, medical history, underlying risk factors and the severity of the illness. Diagnostic and laboratory tests can determine whether a bacterial infection is present and which treatment is likely to work.

Communication is just as important. Clinicians should explain what is likely causing the illness and why an antibiotic would not help in that particular case. They should also discuss how symptoms can be managed, how long recovery may take and which warning signs should prompt further medical attention. This helps patients understand the recommended treatment and reinforces confidence in the care they receive.

What does responsible antibiotic use and antimicrobial stewardship look like within a hospital setting, particularly when clinicians must balance the immediate needs of an individual patient with the longer-term challenge of AMR?

Good antimicrobial stewardship is about using the right antibiotic for the right patient, at the right time and for the right duration. This means providing effective treatment today while minimising unnecessary antibiotic exposure that can contribute to resistance over time.

IHH Healthcare is the first multinational healthcare provider to implement the CDC's Antimicrobial Stewardship Programme (ASP) Core Elements across its entire network of hospitals.

One practical example is the antibiotic "time-out". In an acutely unwell patient, clinicians may have to begin treatment before all diagnostic or laboratory results are available. Within 48 to 72 hours, they can review the patient's response, available results and decide whether the treatment should be continued, narrowed, adjusted or stopped.

This forms part of a Group-wide Antimicrobial Stewardship Programme aligned with CDC, WHO and relevant national guidelines. The programme includes country-level stewardship committees and treatment guidelines for common infections and procedures. It also incorporates antimicrobial-use audits, post-prescription feedback, antibiograms, infection monitoring, therapy optimisation, pre-authorisation requirements for certain antimicrobials, infection-based interventions and continuing education.

Going forward, IHH will continue to measure and track our hospitals' compliance with ASP protocols, supporting ongoing improvement across our network.

How significant is inappropriate or unnecessary antibiotic use in driving AMR across Asia, and what behavioural changes among patients, caregivers and healthcare professionals could make the greatest difference?

Inappropriate and unnecessary antimicrobial use is an important driver of AMR, particularly in a region where antibiotic resistance is already substantial.

This is influenced by patient expectations, prescribing practices, access to medicines, the availability of diagnostics, healthcare infrastructure, regulation, surveillance and public understanding. Addressing AMR therefore requires change across the healthcare ecosystem.

For patients and caregivers, one important shift is understanding that antibiotics are not appropriate for every infection. Patients should avoid self-medicating, sharing them with others, or using leftover medicines from an earlier illness. When antibiotics are prescribed, they should be taken exactly as directed.

For healthcare professionals, the responsibility is to continually assess whether an antimicrobial is clinically indicated. Treatment should be informed by the best available evidence and local resistance patterns. It should then be reviewed when more diagnostic information becomes available.

Education is therefore important for patients, caregivers and healthcare professionals. At IHH, continuing education forms part of the Group's ASP, alongside treatment guidelines, monitoring and clinical reviews.

Looking towards 2027 and beyond, what changes would you like to see across hospitals and the wider healthcare ecosystem to strengthen antimicrobial stewardship, and how can measurable targets help translate AMR commitments into tangible outcomes?

There is already broad recognition that AMR is a serious healthcare threat. The next step is moving from awareness and commitment to measurable improvement.

Antimicrobial stewardship should increasingly be embedded within clinical quality and patient safety, rather than as a standalone programme or annual awareness initiative.

Healthcare organisations need to be able to answer specific questions: Are antibiotics being prescribed appropriately? Are prescriptions being reviewed when new diagnostic information becomes available? Are broad-spectrum antibiotics being narrowed where possible? Are avoidable infections being prevented? What are local resistance patterns showing? And when one hospital identifies an intervention that works, can that learning be applied more broadly? This is where measurable targets become important.

A similar principle is being applied to antimicrobial stewardship. In May 2026, IHH entered a S\$250 million sustainability-linked loan with DBS, with financial terms linked to improving responsible antibiotic practices across IHH's hospitals in Singapore.

This is a significant milestone because it connects financing with a defined clinical stewardship indicator, creating greater accountability for translating an AMR commitment into measurable practice improvement.

AMR requires sustained collaboration among healthcare providers, governments, regulators and communities. Ultimately, antimicrobial stewardship should be embedded in everyday clinical practice and measured as part of clinical quality and patient safety. It should not be viewed as a separate activity, but as an integral part of safe, effective and responsible care.

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