

THE DECISION-MAKING PROCESS IN HEALTH POLICY IMPACTS CLINICAL PRACTICES: A QUALITATIVE STUDY.

Dohou A.M.^{1,2}, Abedinzadeh A.¹, Van Bambeke F.¹, Van Hees T.³, Dossou F.M.², Dalleur O.^{1,4}
1- Louvain Drug Research Institute, UCLouvain, Brussels, Belgium
2- Faculté des Sciences de la santé, Université d'Abomey Calavi, Cotonou, Benin
3- Center for Interdisciplinary Research on Medicines, Université de Liège, Liège, Belgium
4- Service de Pharmacie, Cliniques Universitaire Saint-Luc, Brussels, Belgium
Presenting author: angele.dohou@uclouvain.be



Background and importance

The setting up of the fee exemption policy in cesarean-sections is spread in Sub-Saharan Africa. In our country, since 2009, a free kit as a guideline, containing the required materials and antibiotics has been available. An agency was set up to manage the policy. Unfortunately, some contradictions were noted in antibiotic prophylaxis practices.

Aim and objectives	Materials and methods
We aimed to identify bottlenecks of appropriate antibiotic prophylaxis practices.	Using a semi-structured interview guide, we carried out a qualitative study in 2019 and 2020, to explore in the stakeholders involved in the setting up their opinions on the mechanism used, with a focus on the choice of the antibiotics. The data were analyzed using content analysis by three pharmacists.

Results

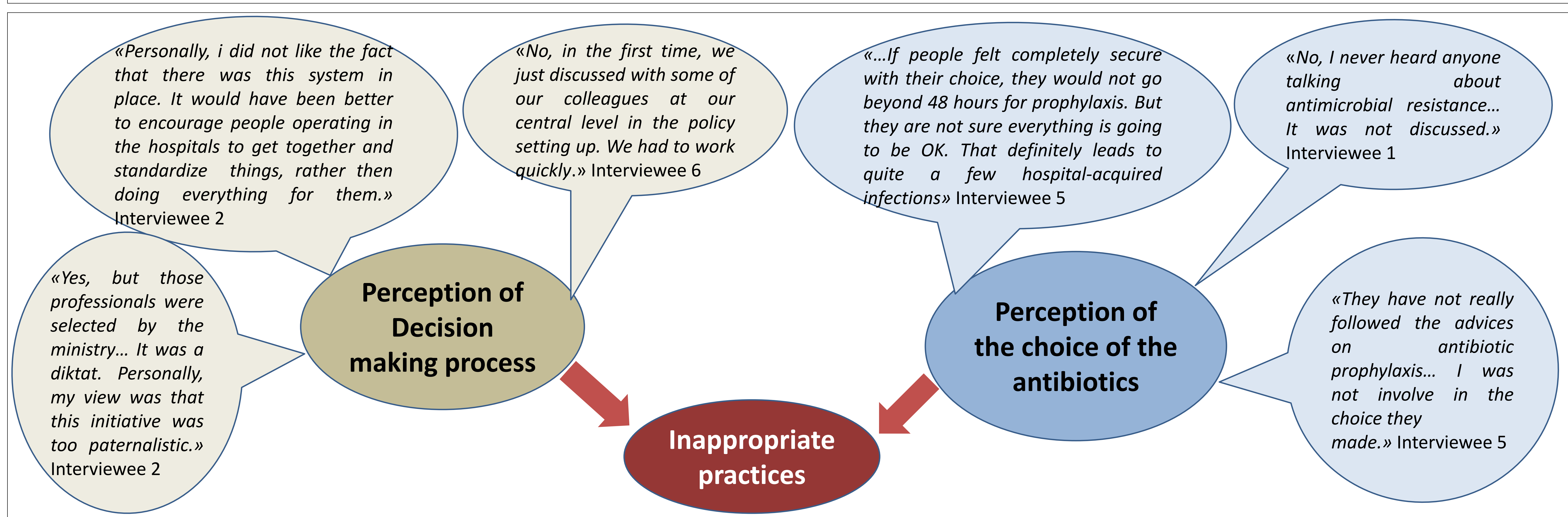
From themes that emerged, the six stakeholders interviewed, expressed *positive opinions* about the kit, that was meant for *patients’ safety and protection, and for good practices* in cesarean-sections.

However, they perceived that the engagement and opinions of the concerned stakeholders were little considered in terms of:

- a *non-involvement of certain socio-professional categories* (microbiologists and pharmacists), and perceived stakeholders 'selection as a diktat,
- a *top-down approach* reported in terms of high paternalism of the government, and a need of making-decision by the healthcare professionals themselves.

The choice of the antibiotics in the kit was based on pharmacologic and non-pharmacologic criteria. It comes out of their declaration that:

- the choice of the antibiotics *did not take into account the concern of antimicrobial resistance*, and the practitioners’ opinions,
- all stakeholders involved in the process *did not agree with the antibiotics chosen*, and thought that the choice is not reliable.



Conclusion and relevance

The non-adherence of the practitioners to the kit can be the result of the low participation of the stakeholders in the decision-making and the low evidence-based choice of the antibiotics. The stakeholders’ empowerment and collaborative approach will help to address barriers.

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