

Knowing–Doing Gap in WHO AWaRe Antibiotic Classification Among Primary Healthcare Physicians

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ABSTRACT

To combat the major threat of antimicrobial resistance, the World Health Organization (WHO) has developed the AWaRe (Access-Watch-Reserve) classification to regulate the use of antibiotics. However, physician adherence to these guidelines remains a significant challenge. To assess knowledge and adherence of primary healthcare physicians to the AWaRe classification. A questionnaire was distributed among physicians in primary healthcare centres in Makkah. A total of 205 physicians completed the questionnaire, with most being Saudi (97.6%), holding postgraduate degrees (70.2%), having 6-10 years of experience (41.5%), and managing chronic cases (48.8%). Regarding knowledge, 77% of the participants reported a satisfactory understanding of the AWaRe guidelines but encountered challenges in applying them due to dissatisfaction with the outcomes or personal preference. About 70.7% had received guidance and supervision, and 26.3% believed that the Saudi Health Education Plan improves the accuracy of using medication. With respect to practice, Mecillinam "Access group" ranked first among the prescribed antibiotics. However, Ciprofloxacin and Linezolid from the Watch and Reserve groups, respectively, were also used. This reflects conflicts. 73.2% stated that they select antibiotics based on their personal judgement, whereas 26.8% follow the AWaRe guidelines. A "knowing-doing gap" in antimicrobial stewardship was noticed among primary healthcare physicians. Although more than two-thirds of physicians are AWaRe of the AWaRe classification of antibiotics, only 26.8% of them strictly follow this guidance. This emphasises the importance of increasing their commitment to following the AWaRe classification.

Keywords: AWaRe classification, Awareness, Adherence, Primary healthcare physicians

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