**Redefining Stewardship: Pharmacist-Led AMR Governance in Community Health Settings**

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**Background and aims.** The issue of antimicrobial resistance (AMR) is a global health challenge that is particularly acute in lower and middle-income countries (LMICs) where primary care level facilities, like clinics and pharmacies, serve as the first line of healthcare contact. Absence of diagnostic devices, poor regulation, and ease of access leads to rampant misuse of antibiotics. Strategies to combat AMR often neglect pharmacists, who in fact have the opportunity to pioneer AMS at the community level. This study seeks to design and evaluate a pharmacist-centered governance model to improve the regulation of AMR within community health settings.

**Methods.** A review was carried out on pharmacist-led AMS practices with a particular emphasis on community pharmacies in LMICs. The model suggested combines the AWaRe antibiotic classification system of the WHO, flagged/denied prescription digitized antibiotic inventory, screen administering, and patient counseling schematic outline. Case studies were taken from the South Asian region and the Sub-Saharan Africa region focusing on the role of pharmacists, antibiotic consumption, and patients result.

**Results.** Evidence from community-based pilot interventions demonstrated that pharmacist-led AMS activities resulted in a reduction in irrational antibiotic use, improved patient adherence to treatment, and better alignment with treatment guidelines. Pharmacists effectively bridged the gap between national AMR policies and on-ground implementation through educational engagement and dispensing oversight.

**Conclusion/Discussion.** Redefining pharmacists as frontline AMR stewards in community settings is both feasible and impactful. Supportive policy frameworks, curriculum reforms, and inclusion of pharmacists in AMR governance can significantly enhance stewardship efforts at the grassroots level, making community pharmacists a cornerstone in the global fight against AMR.

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