



SOCIETY OF ANTIMICROBIAL STEWARDSHIP PRACTICES (SASPI) IN INDIA

SASPI-Related Antimicrobial Stewardship Frameworks (2024–2026)

Model / Framework	Year	Target Setting / Specialty	Core Objectives	Methodology / Basis	Practical Relevance	Reference Link
PRESCRIBES Framework (IJID)	2026	Hospital-wide, LMIC settings	Create a unified, actionable AMS framework across 10 domains	Editorial synthesis of SASPI's 42 validated IAS practice statements	Provides hospitals with a ready-to-use AMS audit tool aligned with NAP-AMR 2.0	https://www.sciencedirect.com/science/article/pii/S1201971226000238
GUT-CARE ASP Model (Indian J Gastroenterology)	2026	Gastroenterology & GI Surgery	Integrate stewardship into GI infections and postoperative care	Narrative review + SASPI IAS integration	Guides rational therapy in SBP, liver abscess, CDI, GI sepsis	https://link.springer.com/article/10.1007/s12664-026-01991-9
Geriatric Stewardship Practices (JIAG)	2026	Geriatric medicine	Address age-specific risks, polypharmacy, ADRs	Expert review proposing OLD-AGE AMSP model	Supports safer prescribing and deprescribing in elderly patients	https://journals.lww.com/jiag/fulltext/2026/01000/geriatric_infections_and_stewardship_practices__a.2.aspx
DISPENSER AMSP Model (Pharmacy Practice)	2025–26	Pharmacy services	Strengthen pharmacist-led stewardship	Expert editorial proposing GUARDIAN framework	Enhances audits, counselling, rational dispensing	https://www.jppcm.org/article/12/1/1
INTENS AMSP Model – ICU Practices	2025	Intensive Care Units	Improve stewardship in high-risk ICU environments	Critical-care infection review + predictive model insights	Promotes culture-guided therapy, de-escalation, optimized prophylaxis	https://journals.lww.com/iaaf/fulltext/2025/07000/critical_care_infections_and_stewardship.1.aspx
Community Health Stewardship (IJCH)	2025	PHC, CHCs, community settings	Adapt AMS for primary care and public health	Review of CAI burden + SASPI framework adaptation	Introduces COMMUNITY STEWARD model for PHCs, ASHAs, CHOs	https://www.iapsmupuk.org/journal/index.php/IJCH/article/view/3450
ASPPIRE / PPS Multicentric Study (eClinicalMedicine)	2025	Tertiary hospitals (8-centre PPS)	Assess national antimicrobial prescribing patterns	WHO PPS methodology; 3974 patients	Identifies high empiric and Watch-category use; sets national benchmarks	https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00107-5/fulltext
JASPI Delphi Study (Integrated AMS in India)	2024	National tertiary-care network	Validate 42 Integrated AMS practice statements	Delphi survey across 31 centres	Establishes national AMS baseline, gaps, barriers	https://jaspi.saspi.in/https-jaspi-saspi-in-original-article-3_full-text_v2i4/
IJPP Article (Pharmacy Stewardship – 26646)	2024–25	Pharmacy & dispensing	Promote rational dispensing and community-level stewardship	Observational + practice-based insights	Reinforces pharmacist involvement in AMS, OTC antibiotic control	https://journals.ipinnovative.com/ijpp/archive/volume/13/issue/1/article/26646 (journals.ipinnovative.com in Bing)



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Summary : SASPI Related Antimicrobial Stewardship Frameworks (2024–2026)

Between 2024 and 2026, SASPI and collaborating institutions have developed a suite of antimicrobial stewardship (AMS) frameworks that collectively define India's evolving stewardship landscape.

The journey began with the **JASPI Delphi Study (2024)**, which validated 42 Integrated AMS Practice Statements across 31 tertiary centres, establishing a national baseline and identifying barriers such as diagnostic gaps, limited OPAT use, and workforce constraints. This consensus laid the foundation for subsequent specialty-specific models.

Building on this, the **ASPPiRE Multicentric PPS Study (2025)** in *The Lancet eClinicalMedicine* quantified prescribing patterns across eight hospitals, revealing high empiric and Watch-category antibiotic use. These findings provided measurable targets for stewardship improvement and informed the design of domain-specific frameworks.

The **PRESCRIBES Framework (IJID, 2026)** emerged as the umbrella model, translating the validated IAS statements into ten actionable domains—Policy, Resources, Education, Surveillance, Culture, Rational Use, Information, Behaviour, Engagement, and Sustainability. It serves as a national audit and benchmarking tool aligned with NAP-AMR 2.0.

Parallel specialty models refined stewardship for distinct clinical contexts.

The **INTENS AMSP Model (IAAF, 2025)** addressed ICU stewardship, promoting culture-guided therapy, de-escalation, and real-time dashboards for critical-care teams.

Extending stewardship beyond hospitals, the **Community Health Stewardship Model (IJCH, 2025)** adapted SASPI principles for PHCs and CHCs, introducing the **COMMUNITY STEWARD** approach—syndromic triage, POCT use, narrow-spectrum empirics, vaccination advocacy, and community surveillance.

The **DISPENSER AMSP Model (Pharmacy Practice, 2025–26)** empowered pharmacists through the **GUARDIAN** framework, focusing on prescription audits, patient counselling, and formulary governance.

The **GUT-CARE ASP Model (Indian Journal of Gastroenterology, 2026)** integrated stewardship into gastroenterology and GI-surgical practice, emphasizing rational empiric therapy and diagnostic precision in conditions such as spontaneous bacterial peritonitis and liver abscess.

The **Geriatric Stewardship Practices (JIAG, 2026)** introduced the **OLD-AGE AMSP** model, advocating safer prescribing and deprescribing strategies for elderly patients with multimorbidity and renal impairment.

cohesive national ecosystem:

- **JASPI Delphi** defines the baseline and consensus.
- **ASPPiRE PPS** quantifies prescribing behaviour.
- **PRESCRIBES** unifies hospital-wide stewardship.
- **GUT-CARE, INTENS, DISPENSER, OLD-AGE, and COMMUNITY STEWARD** operationalize stewardship across specialties and care levels.

SASPI has emerged as India's leading collaborative platform for antimicrobial stewardship, bridging clinical practice, public health, and policy through evidence-based, scalable models.

