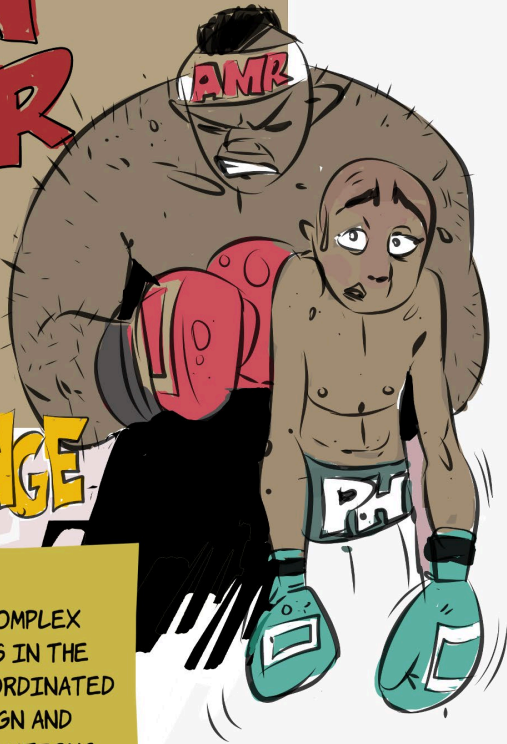


RESPONSIVE DIALOGUES TO IMPROVE PUBLIC ENGAGEMENT

ON AMR

THE CHALLENGE

AMR IS ONE OF THE MOST COMPLEX PUBLIC HEALTH THREATS IN THE WORLD. IT REQUIRES COORDINATED EFFORTS IN THE DESIGN AND IMPLEMENTATION OF SOLUTIONS.



Responsive dialogues: piloting strategies to deliver policies and actions on antimicrobial resistance in Malawi

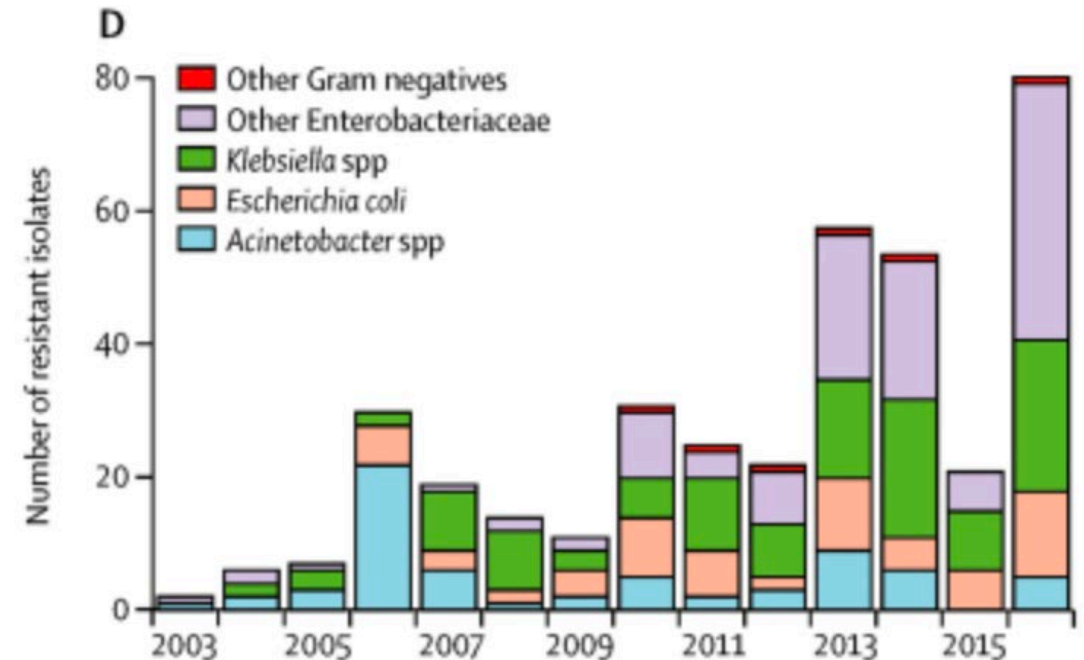
Mackwellings Phiri, Deborah Nyirenda, John Mankhomwa,
Raymond Pongoloni, Henry Sambakunsi, Thomasena Obryne,
Eleanor MacPherson

WEBINAR: Community Engagement within Research Uptake:
Antimicrobial Resistance

19th May 2022

Overview of AMR and Malawi

- Low-income context, fragile health system
- Malawi: pluralistic health system
 - government, private and faith-based organisations all providing services
 - Government only provider without user fees
- Recent work undertaken by researchers at MLW demonstrated rapid increase in blood stream infection that are resistant to 1st and 2nd line antibiotics



Musicha et al Lancet ID 2017

Responsive dialogues



Collaborators

- Dr Eleanor MacPherson, MLW
- Dr Watipaso Kasambara: AMR lead at Ministry of Health
- Dr Deborah Nyirenda, MLW
- Professor Nicholas Feasey LSTM



Implementing team

- John Mankhomwa
- Mackwellings Phiri
- Thomasena O'Byrne
- Raymond Ponglani



THE APPROACH

Responsive dialogues



- Allow public to play a key role at policy & grass roots level
- Develop policies that are contextually relevant and respond to local realities
- Involve public in grass-roots based solutions to addressing AMR and its consequences
- Take a One-Health approach to address root causes of AMR
- Wellcome designed Responsive Dialogues in order to:
 - ENGAGE Communities in AMR Issues: Engage the public in meaningful ways in the issues surrounding AMR
 - INVOLVE Public in SOLUTIONS and POLICY ASKS: Co-produce collective asks, from the public's perspective, of local (country specific) policy around antimicrobial usage
 - Add to the evidence base of public feelings, attitudes and behaviours towards DRI

RESPONSIVE DIALOGUES FACILITATE DIALOGUE, LEARNING, SOLUTIONS AND POLICIES TO ENABLE CHANGE IN ATTITUDES, BEHAVIOURS AND PRACTICES ON THE USE OF ANTIMICROBIALS, THEREBY REDUCING THE BURDEN OF DRUG RESISTANT INFECTIONS.

BRINGING
DIFFERENT
VOICES
TOGETHER



Purpose of the project



To use participatory approaches to bring together affected communities and key stakeholders with the aim of sharing information to galvanise action and create local solutions to reduce the burden of AMR

Purpose of
Responsive
Dialogues on
Drug
Resistant
Infections

Longer term engage with
the public, communities
and stakeholders in
deliberating the complex
issues

Empower the public to
come together and develop
solutions and policy asks to
address AMR

Facilitate inclusive policy
making that takes into
account public perceptions
and local realities

Implementation and evaluation plans



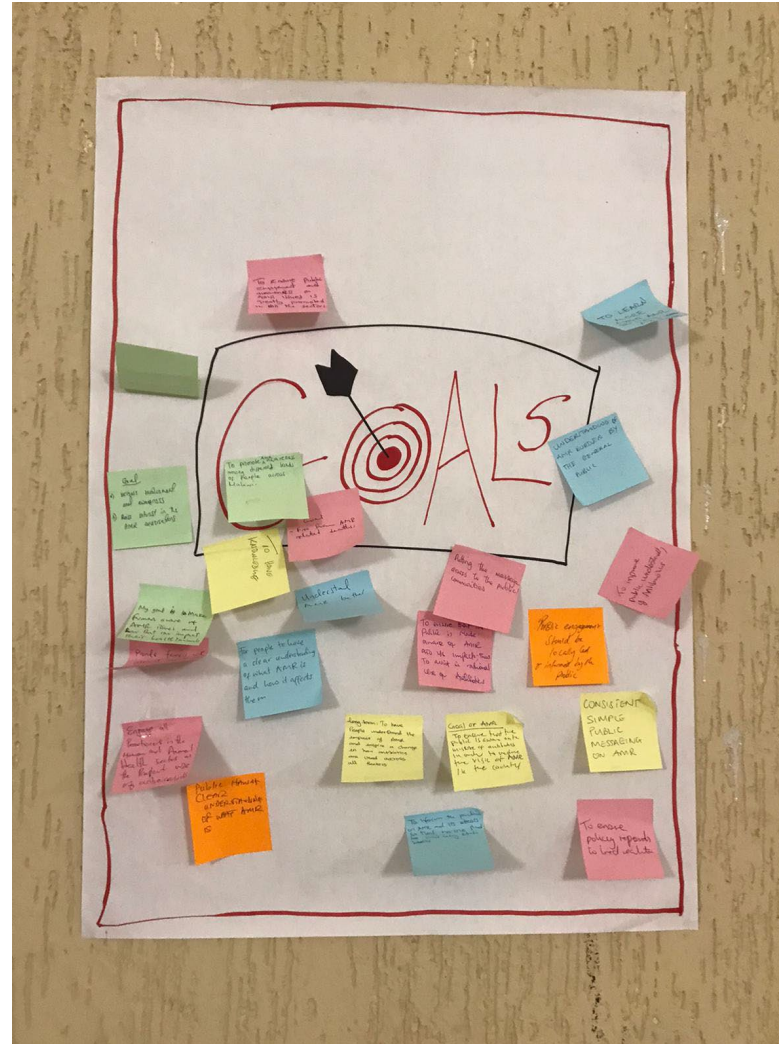
Two-year plan: began in October 2020

Phase 1 Scoping and Design Stakeholder mapping and development of messaging – scientists, policy makers and NGOs

Phase 2 Implement Responsive Dialogues between key groups, stakeholders and experts

Phase 3 Synthesising evidence, establishing impact and dissemination

Stakeholder workshop to identify priorities

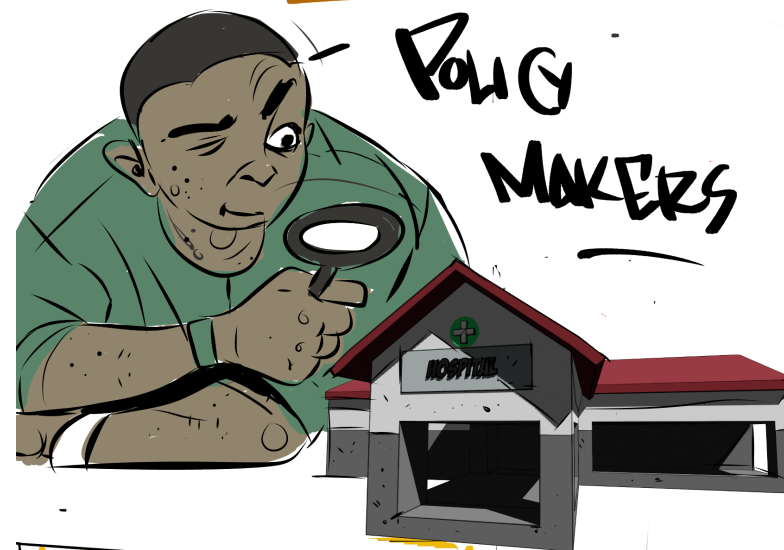




**FUNSAI ALANGIZI OVOMELEZEKA
MUKAFUNA KUGWILITSA NTCHITO
MANKHWALA A ANTIBIOTIC**

**CONSULT A HEALTH CARE PROVIDER
BEFORE USING ANTIBIOTICS**

KEY MESSAGES



**STRICT MONITORING OF HEALTH
FACILITIES TO PREVENT
UNNECESSARY SALE OF
ANTIBIOTICS**

**STRENGTHEN
THE LAWS ON
THE SELLING
OF ANTIBIOTICS**

Conversation events



Animal and poultry farmers



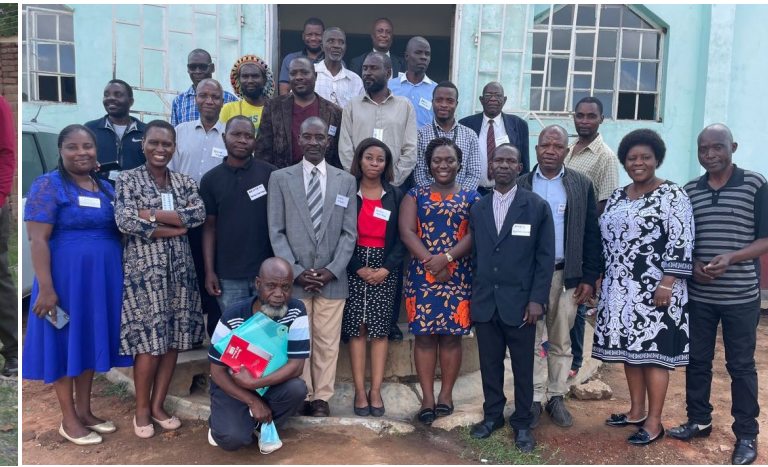
- A mix of animal and poultry farmers (16)
- 2 local experts (veterinary professionals) & 3 national animal health experts

Community prescribers and dispensers



- A range of participants from drug shops, private clinics, & government public health facilities (15)
- 3 local experts (medical professionals) & 2 national human health experts

Male community members



- A mix of village chief councillors and ordinary villagers (15)
- 3 local experts (medical professionals, 1 private drugstore owner), & 2 national human health experts



AMR CONVERSATIONS

WHAT ARE ANTIBIOTICS?

DRUGS THAT KILL VARIOUS DISEASE
CAUSING MICRO-ORGANISMS

EXAMPLES:

METRONIDAZOLE
PENICILLIN
AMOXYL
TETRACYCLINE
ERYTHROMYCIN
G-TRIMOXAZOLE



GENERAL PARTICIPANT
UNDERSTANDING

Key learnings



- RDs are effective at sharing complex scientific concepts and stimulating discussion and reflection from participants and experts
- Competing priorities (profit-making versus safety) within a context of a precarious economy can affect the adoption of AMR interventions
- Communicating AMR requires consideration of local language barriers and engagement with linguistic experts to develop effective communication strategies
- Managing complex power dynamics between the participants and the experts fosters participation and enriches engagement
- Historical involvement in research as participants limits communities to contribute and take ownership of co-produced interventions



Thank you!

