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

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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
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
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 the project**

- Long 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
**KEY MESSAGES**

**Policy Makers**

- **Strict Monitoring of Health Facilities to Prevent Unnecessary Sale of Antibiotics**
- **Strengthen the Laws on the Selling of Antibiotics**

**Funsani Alangizi Ovomelezeka Mukafuna Kugwilitsa Nchito Mankhualu A Antibiotic**

Consult a Health Care Provider Before Using 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
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!