



Responsive Dialogues

Delivering Policies and Actions on AMR

Antimicrobial resistance (AMR) is one of the world's biggest health threats, affecting people everywhere. Drugs, such as antibiotics, which advanced medicine in the 20th Century are becoming less effective and new 'super-bugs' for which there are no treatments are emerging.

Across the globe, 28.3 million people could be pushed into extreme poverty by drug resistance by 2050, with particularly high impact on livelihoods and food security in low-income countries in Asia and Africa.

An estimated 700,000 people die a year because of AMR, many in low- and middle-income countries.

Covid-19 highlights this huge problem further: many patients are receiving antibiotics to help control secondary bacterial infections, potentially leading to increases in antimicrobial resistance.

Policy makers are working hard to tackle the immense problem of drug resistance in their countries. One approach that can help is Responsive Dialogues, which draws on the growing field of deliberative practices.

70%

of bacteria are resistant to certain antibiotics in several LMICs¹

28.3 million

people globally could be pushed into extreme poverty by drug resistance by 2050

165%

increase in specialist antibiotic use in LMICs in 15 years²

Photo credit: Steve Ireland

This pamphlet summarises the Responsive Dialogue framework developed by Wellcome. It illustrates how Responsive Dialogues can be used to generate solutions that are grounded in local realities and embrace ideas and views from the public.

To get a free Drug Resistant Infections Responsive Dialogue Toolkit, email: responsivedialogues@wellcome.org



Introduction

AMR is one of the most complex public health threats in the world, requiring coordinated efforts from governments, the public and a range of stakeholders from different sectors. This complex problem calls for solutions and policies which are evidence-based and grounded in local realities and embrace the ideas and views of the public. Local community involvement in the design, implementation and enforcement of solutions and policies is key.

Why Responsive Dialogues?

Research has shown limited public understanding about the issues of AMR. The ways in which people are affected by these issues, and the roles that they can play in addressing them, vary across geographies and communities³. National Action Plans (NAPs) and policies on AMR are being developed to address some of these issues, but there is often a gap between these policies and on-the-ground implementation.

Furthermore, there is growing evidence that public engagement, particularly through dialogues including different members of the community, delivers better policies⁴.

In order to address some of these pressing issues, Wellcome has developed an approach called Responsive Dialogues on Drug Resistant Infections.

What are Responsive Dialogues?

Responsive Dialogues facilitate dialogue, learning and solutions, to enable change in attitudes, behaviours, policies and practices on the use of antimicrobials.

This approach is novel in tackling complex, value-ridden societal problems by addressing fragmented efforts and bringing different voices together to solve them. Stakeholders jointly examine and unpack evidence, data and messages provided by researchers and experts, and come up with solutions to address the issues. Responsive Dialogues are designed to:

- Engage the public, communities and stakeholders in deliberating the complex issues, leading to a mutual understanding of feelings, attitudes and behaviours towards the challenge of AMR, its causes and consequences.
- Empower the public to come together to develop solutions and policy asks to address the challenges of AMR in a local context.
- Facilitate inclusive policy making that takes into account public perceptions and local realities.

“ The deliberative wave has been building as innovative ways of involving citizens in the policy-making cycle have gained traction with governments and citizens across the globe”



Photo credit: Pietro Duchi / Continuum

Source: OECD⁵

Principles of Responsive Dialogues

Inclusivity

RDs provide inclusive and open spaces where people can freely and comfortably express their views. They are designed to include vulnerable, marginalised, less vocal people and to understand a wide range of views, beliefs and knowledge systems.

Accessibility

RDs are informative, with a range of people and experts providing evidence in accessible, balanced and unbiased ways.

Community based

RDs work with community groups, networks and local citizens, involving people from all walks of life.

Respectful

RDs move beyond simply gathering views to building dialogue and reflection to genuinely co-design responses, taking into account people's views, practices and experiences.

Responsive

RD processes are designed to be transparent and accountable, providing clear and open communication about the RDs to the public and commitment to act on recommendations arising from the dialogues.

Example of a Responsive Dialogue in Action

In Malawi, initial research explored the connection between AMR and women's groups. Through the dialogues, ideas were generated that increased communication on daily hygiene practices such as food preparation and washing, as well as the installation of low-technology hygiene facilities in schools. In response to reviewing the impact from these interventions, Malawi's Ministry of Health committed to scale up the ideas generated and tried by the women's groups.

Photo credit: Pietro Duchi / Continuum



How Responsive Dialogues can be used

Responsive Dialogues support policy development and implementation through:

- **Raising awareness** amongst the public and stakeholders about the scale of the issue
- **Engaging** the public, policy makers, experts and the private sector in a meaningful way
- **Co-creating and testing** ideas, solutions and approaches for addressing AMR
- **Catalysing changes** in attitudes and behaviours towards the use of antibiotics and AMR
- **Influencing** research, policy, funding and other activities to be responsive to public needs
- **Fostering learning** about policy action across different countries and regions

Responsive Dialogues help to address many policy making challenges:

Need / challenge	How Responsive Dialogues (RDs) can help
It is challenging to develop appropriate policies, and to turn policies and strategies into practical actions.	The RD process helps identify, test and refine actual actions that the public can take as well as empowering them to take a lead in carrying these out. RDs help build an understanding of infection risk and antibiotic use by bringing in community/local context and lived-experience insights.
AMR is a cross-sectoral issue, requiring a One Health response involving national and local policy makers, experts from different sectors, the public sector as well as civil society.	RDs involve a multi-stakeholder approach that includes different sectors and people from all backgrounds, with differing expertise and experience. The stakeholders contribute their thinking and, through reflecting back in their communities, feed wider societal views back into the RD process.
There are different levels of understanding about AMR and its causes.	Through RDs, public understanding about AMR, antibiotic use and the risk of infections can be assessed. Evidence is presented in different ways and the messaging can be tested with different audiences. The feedback loops of RDs allow reframing and quickly retesting communications about AMR.
Policy needs and solutions for AMR differ depending on the context and community.	RDs engage different communities, allowing them to design solutions that are highly contextualised and can work within the capacities and resources available in a given area.
Society doesn't understand or trust the experts or policy makers.	The engaging nature of RDs builds trust amongst participants. Open discussion about issues relating to AMR between policy makers, experts and stakeholders encourages and allows perspectives to be heard and acknowledged.
Resources, including money and time, to develop and implement policies on AMR are limited.	RDs combine several steps in the policy process by testing out communications and messages, generating and trying ideas for policy asks and actions, and getting support from stakeholders.

What do Drug-Resistant Infections RD's involve?

The RD toolkit outlines all the steps needed to commission, design and plan, run and analyse and use the outputs from the dialogues. Responsive Dialogue involve at least four 'meetings' between groups typically consisting of 15 – 30 participants. Participants are selected through a combination of purposeful and random sampling, with incentives provided to ensure participation. There should be adequate time between events to allow participants to share their experience with their own networks, reflect on dialogue outcomes and be able to provide feedback in subsequent sessions.

The steps summarised here are detailed in the publication *Responsive Dialogues on Drug Resistant Infections*.



Groundwork for Creating the Conversation

Groundwork involves five steps to prepare for the Responsive Dialogue events.

1. **Understand the AMR ecosystem in the country**

Background research and mapping to understand the national and regional AMR ecosystem, the causes of AMR and key stakeholders and initiatives.

2. **Engage stakeholders to narrow down AMR focus and set the goals of the conversations**

Stakeholder engagement to identify and engage key stakeholder who can help shape the RD events, assist in the policy making process and help mobilise participants.

3. **Design structure for Conversation Events**

Design and organise RD events with thematic and facilitation experts, ensuring open, consistent and participatory processes are followed. This stage includes designing materials and key messages to be presented during the events.

4. **Recruit participants for the conversation**

Select and recruit participants ensuring diversity, inclusivity and representation from across civil society.

5. **Set the stage for the events**

Organise the events including preparing logistics and materials.

RD Events

Responsive Dialogues consist of a series of 'events' that lead participants through a process of communicating and sharing topics on AMR, deliberating on these topics and co-creating solutions and policy asks.

6. **Introduce and Explore Topics**

a. **Communication** – for each participant group, the RD process starts with initial overview of AMR, sharing outreach material either before or during the first event, and generating reflections on the messages and materials.

b. **Deliberation** – topics are deliberated in an inclusive and participatory way and stories, feelings and reflections about AMR topics are captured.

7. **Ideate Local Solutions and Asks**

Co-creation – sessions lead participants through a journey of co-ideating solutions or policy asks.

8. **Co-create and prototype**

Reflection and feedback – participants are given time to think about the ideas that have been generated, exploring their potential with other stakeholders and potentially testing them out within their communities and feedback thoughts.

Post-Conversation Impact

Ideas, solutions and lessons learned during the events are applied to policy and decision-making processes and the resulting policies and their outcomes are shared with the participants. Through local involvement and participation in the entire process, communities are more likely to understand, adopt and disseminate the practices and actions included in the policies. The overall RD, Policy Making and implementation process is monitored with lessons used to improve and refine implementation.



Frequently Asked Questions

How long does the Responsive Dialogue process take?

The entire process, starting with the groundwork through to policy inputs, could take between 9 and 18 months. The dialogues themselves should be held over a period of at least 4 months, allowing time for multiple communities to engage.

What does it cost?

Costs vary, and it is important to consider the following when drawing up a budget:

- Costs of experts and professionals who will be commissioned to run the events
- The resources needed before or during the groundwork, including any research costs, designing and preparations of materials
- Event costs, including room hire, administrative support and logistics, transportation, meals and incentive payments

What do Responsive Dialogues require?

RDs involve a multi-disciplinary team of policy makers, experts, facilitators and social/behavioural scientists coming together to design and plan the dialogues. The events can be commissioned and run by expert facilitators with experience in participatory methodologies and responsive dialogue processes – but it is important to keep other stakeholders engaged throughout the process. Other resources involved are any spaces, materials and technology needed to run the events.

Who needs to be involved?

Responsive Dialogues are designed to include or be led by institutions engaged in AMR policy making and to involve at minimum key policy makers, members of the public, facilitators experienced in participatory methods, and technical experts.

Where can the dialogues take place?

The events should take place in accessible, neutral locations where participants feel comfortable and can relate to the topic. They may also be run using online platforms where people meet virtually.

How are the events run?

The events will require experienced facilitators who are neutral and open to different views being expressed, and a supporting team (looking after logistics). Facilitation requires experience and rapport in running events in inclusive and responsive ways, and combining personal and technical skills.

What support can I get?

Wellcome has developed a free toolkit on how to set up and run Drug Resistant Infection RDs, which is available from responsivedialogues@wellcome.org

Managing for Covid-19

RDs can be adapted to run safely in a pandemic context, following guidelines that ensure safe social distancing as well as inclusivity through meeting the requirements of vulnerable people to participate.

Sources:

1. Global Health Action, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6008583/>
2. Global Biosecurity, <https://jglobalbiosecurity.com/articles/10.31646/gbio.4/>
3. Wellcome, 2019. <https://wellcome.org/sites/default/files/reframing-resistance-report.pdf>
4. OECD, <https://www.oecd.org/gov/innovative-citizen-participation-and-new-democratic-institutions-339306da-en.htm> and The Lancet, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31054-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31054-0/fulltext)
5. OECD, <https://www.oecd.org/gov/innovative-citizen-participation-and-new-democratic-institutions-339306da-en.htm>

Wellcome has developed a framework and toolkit to help facilitate Responsive Dialogues on Drug Resistant Infections. The approach is being piloted in two countries – Malawi and Thailand – and the first version of the Toolkit is available for any country interested in applying the approach to the development of their AMR National Action Plans and policies. The toolkit will be revised based on learning generated through the pilot phase and input from key AMR stakeholders in 2021.

About Wellcome & partners

Wellcome's Public Engagement Team is working with the Malawi Liverpool Wellcome Trust Clinical Research Programme (MLW) and the Mahidol Oxford Tropical Medicine Research Unit (MORU) in Thailand on the implementation of the pilot projects.

MORU 
Tropical Health Network



For further information about the DRI Responsive Dialogues Toolkit, pilot projects and approach, please contact: responsivedialogues@wellcome.org

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