



Responsive Dialogues

Enabling public-driven policies and action on Antimicrobial Resistance

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”



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.

Respect

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.

Responsiveness

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:

- **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
- **Raising awareness** amongst the public and stakeholders about the scale of the issue
- **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 DRI Responsive Dialogues Toolkit outlines activities and steps needed to commission, design, plan and run Responsive Dialogues, and develop the ideas and solutions into policies and strategies that address AMR. Responsive Dialogues involve a series of at least four events held with groups of between 15 and 20 participants involving members of the public and other stakeholders.

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



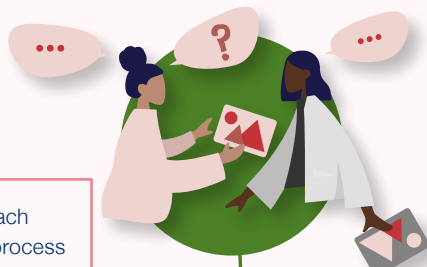
Groundwork

Activities to prepare for the Responsive Dialogue events.

- 1. Understand the AMR ecosystem**
Background research and mapping to understand the national and local AMR ecosystem, key stakeholders and existing initiatives.
- 2. Stakeholder engagement**
Identify and engage key stakeholder who can help narrow down the AMR focus, set goals and help shape the Conversation Events.
- 3. Design the Conversation Events**
Design and organise Conversation Events with thematic and facilitation experts, and develop materials and key messages to be presented during the events.
- 4. Select and recruit participants**
Select and recruit participants ensuring diversity, inclusivity and representation from across civil society.
- 5. Set the stage for the Conversation Events**
Organise the events including preparing logistics and materials.

Conversation Events

Responsive Dialogues consist of at least four events or meetings that lead participants through a process of communicating and sharing topics on AMR, deliberating on these topics and co-creating solutions and policy asks. There should be time between events to allow participants to share their experience with their communities, reflect on the outcomes of the events and gather feedback for subsequent events.

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- 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. Co-ideate local solutions and asks**
Participants reflect on evidence presented, and generate ideas about how to address AMR in their communities.
 - 8. Co-create and prototype**
Participants reflect on and prioritise ideas, and generate concrete and practical solutions and policy asks.

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 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



Malawi-Liverpool-Wellcome
Clinical Research Programme

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

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