

W

wellcome

Responsive Dialogues on Drug Resistant Infections

Enabling public-driven policies and
action on Antimicrobial Resistance

Version 2.0
January 2021



Acknowledgments

Wellcome has developed a framework and this toolkit to help facilitate Responsive Dialogues on drug-resistant infections. The first version of the toolkit was researched and developed by EPAM Continuum in 2019. This framework is being piloted in two countries – Malawi and Thailand – and is being revised based on learning generated through the pilot phases and input from key AMR stakeholders.

Wellcome wishes to acknowledge EPAM Continuum, the Malawi Liverpool Wellcome Trust Clinical Research Programme (MLW), the Mahidol Oxford Tropical Medicine Research Unit (MORU), and the stakeholders and participants who have contributed to the development of the framework and toolkit in Italy, Malawi and Thailand.

For further information about the DRI Responsive Dialogues please contact:

responsivedialogues@wellcome.org

This version of the toolkit is based on updated research into AMR, Responsive Dialogues, and initial feedback to the first version, published in January 2020.

This edition of the toolkit has been designed by LionBox - Design Studio.

Contents

Introduction	4
Overview of Responsive Dialogues	8
Overview of the Toolkit	10
Activities and outputs involved in Responsive Dialogues	12
Groundwork	18
1. Understand the AMR Ecosystem	20
2. StakeholderEngagement	28
3. Design the Conversation Events and develop content	38
4. Select and recruit participants	44
5. Set the Stage forthe Conversation Events	54
Conversation Events	60
6. Introduce and exploretopics	62
7. Ideate local solutionsand asks	74
8. Co-create and prototype promising solutions	82
Post-Conversation Impact	90
9. Implement and pilotco-created solutions	92
10. Download learnings and evaluate evidence	96
11. Kickstart impact	98
12. Measure outcome, seek feedback and ensure sustainability	104
Illustrative Examples	108
Italy Example	110
Malawi Example	118
Thailand Example	126
References	134
Glossary	136

Introduction



The Challenge

Antimicrobial resistance (AMR) is one of the world's biggest health threats, affecting people of every age in any country.

By 2050, drug-resistant infections are expected to lead to more deaths than cancer. The World Health Organization (WHO) has stated: "Without urgent, coordinated action by many stakeholders, the world is headed for a post-antibiotic era, in which common infections and minor injuries which have been treatable for decades can once again kill".

Research on AMR communications has shown limited public understanding about the issues of AMR. The way in which people are affected by and the role that they can play in addressing the issues relating to

AMR varies across geographies and communities, [Wellcome, 2019]. National Action Plans (NAPs) and policies on AMR are being developed to address some of these issues, however there is often a gap between policies and on the ground implementation.

In order to address some of these pressing issues, Wellcome developed this Responsive Dialogues toolkit which outlines a framework for bringing multiple stakeholders together to tackle the problem of AMR right in communities that are most affected by AMR.

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. Involving the public and local communities in the design, implementation and enforcement of solutions and policies is key.

The Approach

Responsive Dialogues facilitate dialogue, learning, solutions and policies to enable change in attitudes, behaviours, policies and practices on the use of anti-microbials, thereby reducing the burden drug-resistant infections.

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.



Conversation Events in Italy, 2019.

The Uses

Using the framework helps address AMR by:

- 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 are particularly suited to address AMR through a One-Health approach involving stakeholders from a wide range of sectors, backgrounds and interests.

Key Principles

Responsive Dialogues (RDs) are based on five key principles

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 participants, 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.

Overview of Responsive Dialogues



Groundwork

Activities to prepare for the Responsive Dialogue events.

- 1. Understand the AMR ecosystem**
- 2. Stakeholder engagement**
- 3. Design the Conversation Events**
- 4. Select and recruit participants**
- 5. Set the stage for the Conversation Events**

Background research and mapping to understand the national and local AMR ecosystem, key stakeholders and existing initiatives.

Identify and engage key stakeholder who can help narrow down the AMR focus, set goals and help shape 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.

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

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.

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.



9. Implement and pilot co-created solutions

10. Download learnings and evaluate evidence

11. Kickstart impact

12. Measure outcome, seek feedback and ensure sustainability

Overview of the Toolkit

The toolkit is divided into three distinct but interrelated phases that guide the design, implementation and follow-up of Responsive Dialogues.

The Groundwork phase sets out the key steps that will aid in the preparations for running Responsive Dialogues. The activities in this phase are intended to help plan the Responsive Dialogues and may be used to prepare funding applications, enlist support for the dialogues and to design the actual events.

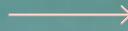
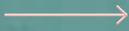
The activities in the Groundwork phase of the toolkit are grouped together in sections which are not consecutive steps: activities happen in parallel with each other, with research and information from one activity informing another activity, building the project in an iterative way.

The Conversation Events phase describes a minimum set of 'events' that make up the Responsive Dialogues and lead to a set of solutions and ideas for policies. There is a logical flow between each of the different events described in this phase, which is repeated for each of the different contexts where the events are run.

The sections in this part of the Toolkit are sequential STEPS for each of the series of Conversation Events that make up the Responsive Dialogues in a geography or community.



Conversation Events.
Malawi, 2019.



AMR Stakeholders.
Bangkok, Thailand, 2019.

The Post-conversation Impact phase presents suggestions for how to test the ideas and solutions generated during the Conversation Events, allowing them to be translated into scalable, impactful policies as well as local action. These activities will happen after the completion of the Responsive Dialogues, and will be integrated with country and local level policy, strategy or initiatives processes.

Monitoring of the events and their outcomes is woven across all the three phases of Responsive Dialogues, allowing evidence to be gathered, analysed and applied to the solutions and ideas that are generated through the Responsive Dialogues. The toolkit offers monitoring tips that should help with setting up and carrying out a monitoring framework.

The toolkit provides some examples of approaches, methodologies and tools that can be adapted and applied throughout the Responsive Dialogue processes. The list of tools is not exhaustive and many more can be used and applied!

Activities and outputs involved in Responsive Dialogues

This checklist is intended to help see which activities have already been completed or started, and which activities still need to be carried out in order to prepare, plan and carry out Responsive Dialogues, and ensure that the outcomes of the dialogues is applied, acted upon and leads to impact.



Groundwork

1. Understand the AMR Ecosystem

- National AMR landscape is mapped
- Key actors and stakeholders in the AMR landscape are mapped
- AMR issues and policy implementation gaps are identified

2. Stakeholder engagement

- Goals and priorities to frame the Responsive Dialogues are agreed
- Partnerships / collaboration with key stakeholders are established

3. Design the Conversation Events and develop content

- Event plans are drawn up
- Content for the Conversation Events is developed
- Monitoring framework developed

4. Select and recruit participants

- Participants from backgrounds identified, invited and agree to take part
- Mechanisms in place ensuring diverse group of participants can take part
- Participants' awareness and understanding of AMR mapped
- Key stakeholders invited and briefed

5. Set the stage for the Conversation Events

- Logistics for running Conversation Events are organised
- Materials and props for the events are ready and in place
- Participants travel and accommodation arrangements are complete



Conversation Events

6. Introduce and explore topics

- Participants' knowledge about and interest in addressing AMR is sparked
- Key AMR problem area(s) to work on are defined collectively

7. Ideate local solutions and asks

- Participants understand how the AMR problem relates to their context
- Ideas for possible solutions are generated

8. Prioritise ideas and refine solutions

- Priority ideas are refined into co-created solutions
- Solutions are co-created and prototypes developed
- At least one solution is selected for piloting in the local community / area
- Policy implications and asks are identified



Post-conversation Impact

9. Implement and pilot co-created solutions

- Additional evidence is gathered from piloted solutions

10. Download learnings and evaluate evidence

- Recommendations, policy asks, potential solutions are formulated
- Learning from the Responsive Dialogues is synthesised and mapped

11. Kickstart impact

- Stakeholders find evidence compelling and illuminating
- A shared plan to use evidence to influence AMR strategies is drafted
- Cases are presented to the right decision makers and the process of influencing AMR strategies is set in motion

12. Measure outcome, seek feedback and ensure sustainability

- AMR Solutions developed are expanded or replicated
- Value of Responsive Dialogues is recognised and extended to new contexts

Who this toolkit is for and how to use it

This toolkit has been developed for use by policy makers, experts, NGOs and advocates seeking to support the development and implementation of National Action Plans (NAPs) and policies on AMR.

This toolkit provides a guide to designing and carrying out Responsive Dialogues that are relevant and appropriate at local levels. The toolkit is designed to provide as much flexibility as possible. It is not meant to be followed as a fixed process, but rather as a flexible set of guidelines to be adapted to each context with tools to be selected according to needs.

The toolkit presents a starting point that is evolving with experiences and learning of Responsive Dialogues worldwide informing further iterations of the toolkit. Country teams are encouraged to exchange learning and experiences about the process, approaches and tools, as well as findings and other outcomes.

The Toolkit IS:

- A framework for designing and carrying out Responsive Dialogues
- A set of recommendations and suggestions with examples, tools, activities and methodologies that can be helpful in carrying out the Responsive Dialogues
- Work in progress which is continuously being improved based on learning from carrying out Responsive Dialogues in different contexts

The Toolkit IS NOT:

- A set process or set of rules or standards that must be followed rigorously
- A report of existing or completed Responsive Dialogues

The list of tools provided in this toolkit is not exhaustive and many more can be used and applied!

Important things to get started

There are a number of important preliminary or preparatory steps to complete prior to embarking on the Responsive Dialogues.

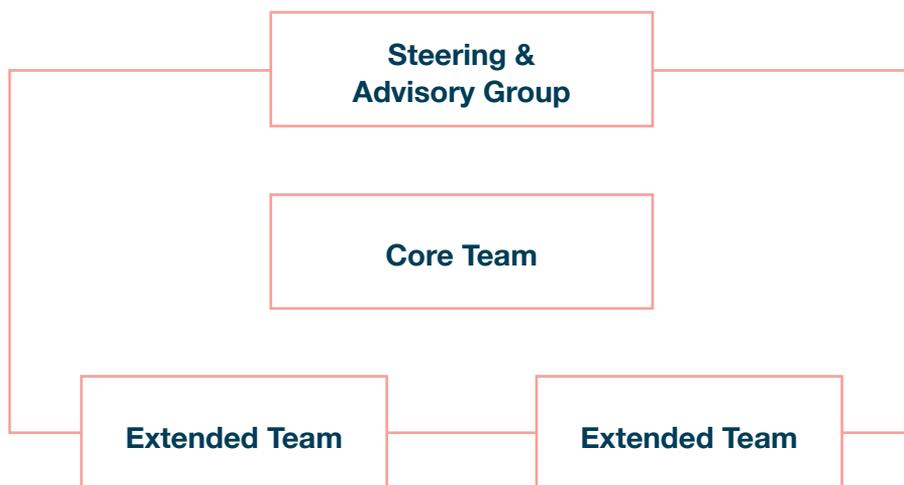
This includes:

- Gaining high level commitment to the process and to applying the outcomes to policy making processes
- Potentially securing a sponsor or champion for the process
- Defining and setting up a governance structure that will ensure that the Responsive Dialogues are implemented
- Securing the necessary funding to carry out the RDs
- Identifying and enlisting support from key stakeholders who already are involved in AMR activities in a country
- Communicating the RD process to the key stakeholders to ensure they understand about Responsive Dialogues, the benefits of using them in the AMR policy processes and what the RD's will involve



Student group.
Bangkok, Thailand, 2019.

The team structure to make the programmes happen



Steering & Advisory Group:

Members of this group hold the project vision in a particular country, are responsible for making strategic decisions, gaining commitment from high-level stakeholders, ensuring programme implementation, continuity and sustainability and driving the application of the RD outputs to policy processes.

Members include: Key stakeholder lead(s) or representatives from government, civil society and the private sector, Key AMR experts, Public Engagement / Social Science professionals; project manager(s)

Core Team:

This team drives the and manages all aspects of implementing the Responsive Dialogues in a country, from managing budgets, schedules, recruitment of supporting roles and logistics to setting out the content of the dialogues.

Members include: Social scientists, public engagement specialists, AMR experts, key

partners or stakeholders such as researchers, policy makers, NGOs or representatives from the private sector. The Core Team will draw on and occasionally invite other stakeholders or parts of the extended team to participate in programme design and implementation.

The Core Team is typically responsible for the day to day running of the project, and will be the primary users of this toolkit. Their responsibilities include:

- Programme design suitable for the local context
- Forging and cultivating relationships with communities and other stakeholders
- Sharing their expertise and networks with the programme
- Running the Conversation Events, mapping and analysing results
- Monitoring the process and outcomes and reporting on progress



Facilitators

Responsive Dialogues depend on expert facilitators who are experienced in and committed to participatory and multi-stakeholder approaches, and have an excellent approach and rapport with local communities, the public as well as high-level experts and policy makers. Facilitators may be part of the Core Team, supporting the design of the Responsive Dialogue conversations, or they may be external contractors working closely with the Core Team to deliver workshops, design the Responsive Dialogues and run the Conversation Events.

Extended Team

This refers to the range of stakeholders, professionals, experts and implementing agencies who support different stages or parts of the programme. Members of this group may change over time as the programme progresses through different stages, requiring different expertise and inputs from a range of stakeholders.

Members may include partner organisations, researchers, policy makers, NGOs, consultants, trainers, facilitators, creative and support services such as photographers, designers or translators. Across the Core and Extended Teams there should be suitable representation to facilitate a One-Health approach.

Duration

The overall time-frame for carrying out Responsive Dialogues is between nine and 18 months, which includes all three phases of the process – Groundwork, Conversation Events and Post-Conservation Impact.

Background

The approach was developed by EPAM Continuum through extensive secondary and field research, field work and in-country trials in Italy, Thailand and Malawi. The process involved a range of stakeholders including researchers, policy makers and public engagement experts as well as local communities who provide the case studies and examples cited in this Toolkit.

The Toolkit is being piloted in Malawi and Thailand and will be revised based on lessons and feedback from these projects as well as ongoing learning on community engagement and deliberation processes in different contexts.



Blantyre, Malawi

Groundwork



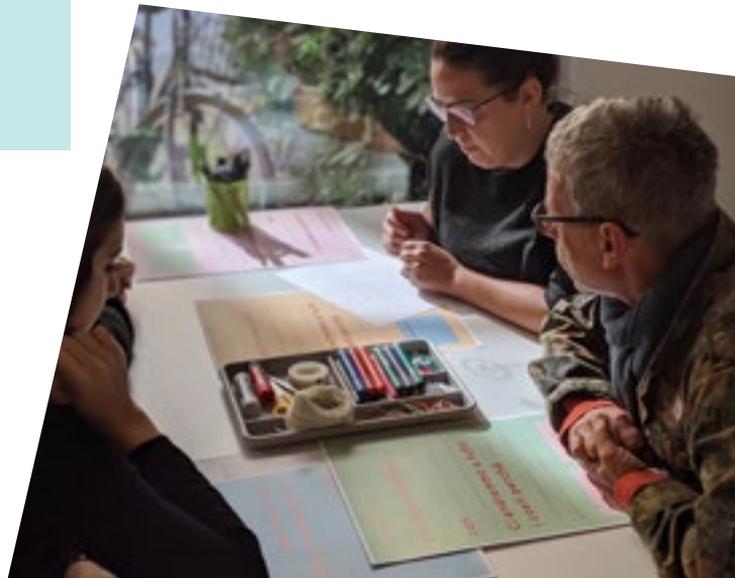
The Groundwork phase sets out the activities that will aid in the preparations for running Responsive Dialogues. The activities in this phase are intended to help plan the Responsive Dialogues and may be used to prepare funding applications, enlist support for the dialogues and to design the actual events.

The activities in the Groundwork phase of the toolkit are grouped together in sections which are not consecutive steps: activities happen in parallel with each other, with research and information from one activity informing another activity, building the project in an iterative way.



Groundwork activities

1. Understand the AMR Ecosystem in the country
2. Stakeholder engagement
3. Design the Conversation Events and develop content
4. Select and recruit participants
5. Set the Stage for the Events



Conversation event design in Milan, Italy.

1. Understand the AMR Ecosystem



The AMR ecosystem covers all the institutions, actors, policies, regulations, initiatives and issues surrounding AMR in a country. This includes research and analysis of the scientific and medical aspects of AMR, as well as social, gender, political, economic and environmental factors affecting beliefs and behaviours that influences how AMR develops, impacts on and relates to communities.

Purpose

A thorough understanding of the AMR Ecosystem will lay the foundations for understanding the perceptions, experiences and behaviours towards AMR, building stakeholder relationships and trust and for identifying the participants for the Responsive Dialogues and the issues to be deliberated during the conversations. It also provides an important baseline against which to observe and monitor changes across time. As the Responsive Dialogues process progresses, reaching a shared understanding among stakeholders will be important.

What happens

Research, understand and map out the AMR Ecosystem through consulting with key

actors or informants and carrying out background research. Review existing information on initiatives, policies, practices and issues and begin to identify key issues to focus the Responsive Dialogues on.

Activities

- Background research into existing work relating to AMR within the national context by:
 - Contacting key actors or informants
 - Reviewing existing publications, reports and work on AMR
- Map out issues, initiatives and institutions
- Identify problems, issues and gaps

Who is involved?

Policymakers and government officials: A range of different policy and decision makers who can provide insight to governmental strategies and plans. These will come from different ministries including Health, Agricultural and Environmental and represent different tiers of decision making. Include AMR leads as well as officials who are not currently involved in AMR national and regional / local levels as appropriate.

Experts and Researchers: Academics, inter-governmental organisations and networks, medics and experts who can provide insights and evidence about AMR and social attitudes, behaviours and practices surrounding AMR.

Civil Society - Community based and Non-governmental organisations and networks working on AMR and related topics such Water, Sanitation and Health,

Agriculture and Livestock, or community development. These organisations can provide important insights on peoples' understanding of AMR and potential pathways to connect with and engage communities.

Private Sector organisations and networks including pharmaceutical, food production and distribution.

Success means

- ✓ National AMR landscape is mapped
- ✓ Key actors and stakeholders in the AMR landscape are mapped
- ✓ AMR issues and policy implementation gaps are identified

Monitoring tip

Mapping the AMR Ecosystem and updating this map periodically can provide a useful picture of how the AMR landscape changes over time, and how people's understanding of AMR evolves over the life-time of the Responsive Dialogues process.

Background Research

During the background research, existing information about actors, stakeholders, policies and evidence about AMR is collected. The information needs to reflect the local or national AMR context, and cover information from across the One Health spectrum. Different sources will provide a diversity of information and may include all or some of the following:

	Types of information / inputs	Sources and key contacts
Government	Strategies and plans (e.g. National Action Plans) Policies Regulations	Ministries of Health, Agriculture, Environment AMR focal points Drug / Pharmaceutical boards
Research/ Academia	Research papers on AMR Thematic papers e.g. on livestock development, health and safety	University departments: microbiology, medicine, zoology, sanitation, social sciences. Research Institutes, Think Tanks Behavioural Sciences experts
International Organisations	Research papers, assessments, proposals, programme reports and evaluations	International NGO's in health, food security, agriculture, rural development, livelihoods, WASH AMR focused networks
Private Sector	Reports, publications, promotional materials, position papers	Producers (pharmaceuticals, food), traders and retailers, private health providers Industry bodies, e.g. Chamber of Commerce
Media	Articles, TV and Radio programmes, journals	TV / Film / Radio producers Social Media sources
Civil Society	Papers, case studies, examples, stories (spoken / filmed / written), experiences	Community Based Organisations (CBOs), Local NGO's / branches (eg. Red Cross), Citizen groups, Patient associations, consumer groups

Consult key actors

Identifying and consulting contacts who are already working on AMR helps to build a more complete picture of the AMR ecosystem and how the public can and does engage with AMR. This activity also feeds into identifying a diverse group of committed stakeholders who will be willing to play a key role in prioritising AMR issues for deliberation, helping to design the Responsive Dialogues and providing evidence and inputs into the Conversation Events (See stakeholder engagement in Activity 2).

It is important to get a good overview of the broader landscape affecting issues surrounding AMR, beyond the health or scientific considerations. Consulting contacts who are directly and indirectly affected by or linked to AMR is extremely valuable.

For instance, in addition to AMR and health experts, consulting with stakeholders who are connected with community groups or other sectors, such as farming and the environment is equally important.

Consult your key contacts in AMR as early as possible, starting with current partners, allies and sympathetic actors. Using initial contacts to identify issues and other actors, you can gain access to a wider group of actors through introductions and networks that people provide. As some of the problems and issues become more apparent during the Ecosystem mapping, other players will be identified and the contacts list and stakeholder map will grow (or 'snowball').

Adhering to ethics, respecting confidentiality and anonymity during conversations is important at this stage to build trust and confidence of actors!

Interview different people within each organisation to uncover nuances and different points of view.

1. Understand the AMR Ecosystem

Review existing information on AMR

Background research is an ongoing process, and as more actors are involved, more information will become available. You can begin by obtaining insights on:

- Existing work on AMR and related topics
- Actors, players and networks and their relationships to AMR and to the public
- Problems, issues and ‘Pain points’ and ‘vicious circles’
- Information flows
- Gender and power analyses of the factors affecting AMR
- Stories, experiences and perceptions about AMR



Thailand, 2019.

Some key points to remember about researching the AMR Ecosystem are:

- Include information about issues, problems, pain-points as well as successes!
- Research all sectors relating to AMR – not just health
- In addition to published papers, articles and presentations, collect a range of different initiatives, case studies, stories and experiences of AMR
- Capture the reasons, rationale and motivations behind AMR related initiatives, practices, policies and behaviours.
- Include examples of initiatives which have not led to desired outcomes, or where there were unintended consequences
- Involve stakeholders and keep building on the research with the information that stakeholders provide
- Remember to triangulate or check personal accounts or observations
- Begin to prioritise the issues and the stakeholders and map around these ‘focal’ points or priorities
- Describe who the possible participants for the dialogues may be, in terms of which geographies, demographics and other characteristics will be important in order to include a diverse group of people in the dialogues.
- Remember to look for ‘gaps’ and ‘issues’ emerging from the research



Mother group member.
Milan, Italy, 2019.

AMR Stories

Understanding public perceptions and experiences of AMR is central to developing solutions and policies that will be effective. The way in which an issue is understood and acted upon depends on how it is framed – and research has shown that it is important to frame issues in a way that relates to people’s understandings, perceptions and experiences in order to appropriately contextualise the issues, and motivate action and behaviour. Therefore it

is important that the research into AMR and the mapping of the AMR ecosystem includes the stories, experiences, relationships and connections that the public have to AMR and related issues. Where such research does not exist, additional research can be commissioned or be built into the Responsive Dialogue process itself, for instance through inviting participants to share their stories before or after the ‘events.’

Map actors, initiatives, links and issues

As information is collected, it can be helpful to organise – or map – this in a way that can begin to reveal patterns, relationships and links between actors, issues, problems and initiatives in AMR.



There are many different ways in which to map out the AMR ecosystem, for example:

- Issue maps, laying out the issues, problems and causes using tools like venn diagrams or special maps showing geographic distribution of a problem.
- Causal maps such as problem trees or causal-loop diagrams which explain the relationship between parts of a system and feedback loops.
- Actor or stakeholder maps that show the different organisations, institutions or individuals involved in a particular issue and their relationships to each other, and the issue.
- Time-lines depicting the evolution of a particular issue over time.

Mapping involves drawing the issues and actors, as well as the relationships between

them. One approach starts by drawing or listing members of the public or communities, and linking those actors or organisations that affect their behaviours and beliefs. Other methods start by listing out issues, prioritising these, and then mapping out the factors or causes driving these issues. Take note of how information flows between actors on AMR – it may be useful to map these information flows as part of the analysis of the understanding of AMR.

When carrying out a mapping exercise, involve different actors, listening to their interpretations and thoughts on the connections, relationships, information flows and explanations of decision making processes. Different actors can provide useful insights on indirect influences on AMR, such as advertising or cultural preferences.

Identify problems, issues and gaps

As the Ecosystem is mapped, issues or problems may become evident and can be captured for further exploration during the Responsive Dialogues.

It may be helpful to list these issues as problems as well as noting all the possible cause. For instance, identifying where there are particular behaviours that drive AMR in a community may prompt exploring structural causes creating a 'need' for the public to search for informal sources of medication or relating to the relationship between doctors and patients.

The Ecosystem mapping process can also reveal important gaps in the AMR landscape – such as missing laws or infrastructure that can help address the issues of AMR. It is worth noting these gaps and using them during the design stage of the Responsive Dialogues.



Community research on AMR.
Malawi, E. MacPherson.

2. Stakeholder Engagement



This stage involves identifying key stakeholders from different sectors and across a range of functions in order to narrow down the wide set of issues identified during the background research, and provide a focus for the Responsive Dialogues. Stakeholders engaged at this stage may also go on to provide critical input throughout the Responsive Dialogues, for instance formulating or delivering evidence or messages, or as participants in the events.

Purpose

Engaging stakeholders helps shape the focus and goals of the Responsive Dialogues in a country and builds trust and buy-in to the overall process.

What happens

A sub-set of key actors and contacts identified during the background research and mapping stage are briefed and invited to participate in a workshop or meeting where the issues, problems and gaps are narrowed down providing a focus for the Responsive Dialogues. Stakeholder goals and needs are shared, and AMR priorities are agreed amongst the stakeholders.

Partnerships and collaborations are established with key, interested stakeholders providing support to the Responsive Dialogue process. If there are key stakeholders who need to be brought on board to the AMR agenda these should also be identified.

Activities (summary of titles)

- Select and engage key stakeholders
- Organise and run a stakeholder workshop
- Finalise project goals and focus

Who is involved

Policymakers and government officials from different ministries (Health, Agriculture, Environment) and divisions share the priorities and goals of their respective departments and provide insights into relevant policy developments as well as issues.

Experts and Researchers share insights on evidence needed to drive existing or new local AMR research.

Civil Society - Community based and Non-governmental organisations and networks share insights on existing programmes and initiatives as well as previous experiences. They also provide important input about public engagement processes and priorities.

Private Sector organisations who can provide important insights into private sector and public or client perspectives on AMR.

Success means

- ✓ Goals and priorities to frame the Responsive Dialogues are agreed
- ✓ Partnerships / collaboration with key stakeholders are established

Terminology

- Actors are people or organisations who are directly or indirectly involved in the AMR Ecosystem. Actors are sometimes referred to as ‘stakeholders of AMR’.
- Key contacts represent those people who are consulted during the background research of the Responsive Dialogue process. They can provide valuable information but will not necessarily become more involved in the design or delivery of the Responsive Dialogues.
- Stakeholders refer to the people who have an interest and are more directly involved in the Responsive Dialogues and AMR policy processes in a country. The stakeholders will usually be a sub-set of the contacts consulted during the background research.

Monitoring tip

The goals established by stakeholders will provide a framework for monitoring progress of the Responsive Dialogues. Establish what the current situation (or baseline) is, and set up a monitoring system that tracks progress towards the agreed goals.

Select and engage Key Stakeholders

Key stakeholders are actors or contacts who could support the Responsive Dialogues in different ways. Review the actors and contacts that were mapped and consulted during the background research, and select potential stakeholders to invite to a stakeholder workshop. At this stage, it may help to group stakeholder according to their potential role in the Responsive Dialogues as outlined below:

1. Active stakeholders who will be involved in the Responsive Dialogues. These are actors who are key in designing the programme, the events, and who can mobilise others to participate. This can include key policy makers, respected members of civil society and the private sector, experts, as well as the AMR team. Some of these stakeholders will help shape how the dialogues run, and the messages that need to be brought to the public.

2. Supporting stakeholders who can support the process with introductions to other stakeholders, providing key information and offering insights on an occasional basis. This includes actors who are involved in AMR, as well as many who play roles in society such as educators or the media, and professionals who can help run the Responsive Dialogues, for instance expert facilitators.

3. Other or indirect stakeholders in AMR who need to be influenced in order to enable the project to go ahead, to buy into the process, or as recipients of evidence generated by the Responsive Dialogues, but who may not necessarily be on board from the beginning.

4. Participants in the dialogues themselves. This will include members of some of the stakeholder groups mentioned above, as well as members of the public. (Participant selection is covered in more detail in Stage 4).



Stakeholder meeting.
Lilongwe, Malawi, 2019.

When selecting stakeholders to engage, keep in mind the following points in order to ensure that conversations are not dominated by any one single perspective or group:

- Include stakeholders from a range of sectors and disciplines, involving not only policymakers, researchers and experts with health, medical or scientific backgrounds, but also public engagement experts, social scientists, facilitators and NGO's / CBO's.
- Consider stakeholders that have both direct as well as indirect influence over or interest in AMR.
- Recognise the specific interests of different people, and what motivates them.
- Consider the power relationships between actors, players and

organisations and how this affects their point of view, influencing ability and role in the stakeholder workshop.

- Ensure diversity of participants and involve people from different backgrounds, ethnic or religious groups, gender roles and geographies.

It is a good idea to enlist the support of key stakeholders as early as possible – gaining commitment for follow up actions early on in the process. Introduce the idea of joining a stakeholder group as early as possible – potentially at the consultation stage and follow up on and cultivate relationships building a network or platform for collaboration and coordination. Once a set of stakeholders has been identified, invited and accepted, assess who might be missing and try and fill these gaps with the support from the stakeholder network.

Organise and run a Stakeholder Workshop

The stakeholder workshop poses a significant commitment to stakeholders. Each stakeholder workshop typically takes up a day (6 hours of session time plus breaks) and involves between 20 and 40 stakeholders.

Plan a workshop well in advance, ensuring that stakeholders have enough notice to make time in their schedules and also, to allow time for some dialogue and influencing to increase the workshop and Responsive Dialogues' priority on their agenda.

When inviting key stakeholders, it will be helpful to provide them with an overview of the Responsive Dialogue process, its purpose, and present a preliminary set of areas that will be discussed. This helps stakeholders understand the relevance of the workshop and the Responsive Dialogue to their own work and interest. Official invitations that are personalised and tailored to each participant help emphasise the relevance of the workshop to each stakeholder, and increase the chances of their attending. Policymakers, researchers, experts and others need to understand the benefit of the Responsive Dialogues, the involvement required and the opportunities that the dialogues present.

In addition to formal letters of invitation, it may be helpful to follow up with personal calls or emails ensuring that the stakeholders understand the purpose and importance of the workshops.

Pre-meetings with a smaller group of stakeholders who may have similar interests can help to answer questions and raise interest in the Responsive Dialogues. During these preliminary meetings, the goals of individual organisations and stakeholders can be discussed, priorities and evidence shared, and the purpose of the workshops and of Responsive Dialogues reinforced.

It is essential that stakeholders understand and agree that the purpose of Responsive Dialogues is to deliberate ideas and solutions to AMR issues. Public awareness is one important step towards this end-goal, but is not the ultimate goal.

It's important to be mindful of calendars and pre-existing tensions between groups and individuals.



During the preparatory stage before the workshop, share key background information about the Responsive Dialogues process, a detailed agenda as well as any preliminary questions for stakeholders to prepare in advance.

Sample 'Question Cards'

Questions can be sent to stakeholders before the workshop either as printed cards or in an E-mail:

My role & responsibilities are

My priorities around AMR are

My expectations and hopes for this project are

Sample Workshop structure and timings

Event run at conference centre with selected stakeholder group

20-40 participants
Duration 6 hours

Workshop Activities	Duration
Start workshop: introduce aims	30 min
Align on shared goals	1 hour
Get input on how to best narrow down focus	1 hour
Get input on programme ownership and impact paths	1 hour
Get input on structure and evidence needed to reach goals	2 hours
Set next steps	30 min

Start workshop: introduce aims

30 min

The stage needs to be set right at the start to ensure a productive session.

Outline and priority of elements to:

- Introduce project challenge: why AMR focus and why engage public
- Introduce approach needed to face this challenge: why it is essential
- Introduce the organisation(s) behind the project
- Break the ice with self-presentation of facilitators and stakeholders
- Introduce roles and rules of the day, focusing on openness, collaboration and building on each others' ideas
- Q&A on project premise

Align on shared goals

1 hour

Sharing individual goals

Participants can be divided in different 'tables' of equal size (max. 10 people), ensuring diversity in terms of role.

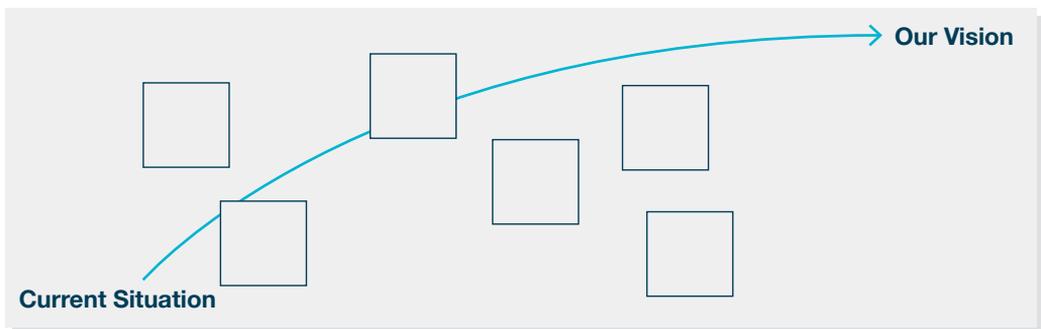
Participants can share what they prepared (individual goals) with others at their table (or fill in cards there).

Then, all participants give the cards to the core team.

Discover and outline points of contact

Afterwards, the cards can be 'laid on the table' and the core team begins to cluster them into poles of priorities. This part of the activity requires a great deal of moderation and facilitation, as it is essential that shared goals are reached while at the same time making sure everyone feels heard. All of the goals can be placed on a timeline, understanding together what is the vision and what are the steps to get there. Afterwards, goals can be divided between quantitative KPIs and qualitative objectives, to map evaluation plans.

Shared Goals Board



Get input on how to best narrow down focus

1 hour

It is essential to involve stakeholders in the process of identifying where, within the larger AMR space, it makes sense to act. The focus can, and should, be much more than rational use of antibiotics, possibly extending to topics such as food, water and hygiene, or even small-scale subsistence farming. To do this, the core team must collaborate with stakeholders by looking at what the research data says is most urgent, the priorities that could resonate with the public, the openness of policymakers themselves to open up specific topics to public input, and even trends in the private sector.

- **Existing research and data:** Discussing global (e.g. WHO Global AMR Surveillance System country profiles, ReAct data and evidence) and context-specific research programmes.

- **Public perception and priorities:** Discussing media and social media trends, related to AMR (e.g. ‘superbugs’) as well as related to its causes and consequences (e.g. hygiene).
- **Government plans and strategies:** Discussing National Action Plans on Antimicrobial Resistance to align with goals, as well as individual initiatives. Also international action plans and policies (e.g. EU-level laws on antibiotics used in farming).
- **Private sector business trends:** Discussing how the private sector is evolving and whether this has causes and consequences that relate to AMR (e.g. the private clinic and drug store boom in Malawi as a potential cause of antibiotic misuse).



Activity with stakeholders.
Lilongwe, Malawi, 2019.



Stakeholder workshop
Lilongwe, Malawi, 2019.

Get input on programme ownership and impact paths

1 hour

This step is essential for the definition of the whole programme. The core team needs to get input from stakeholders (focusing in particular on policymakers) on the following topics:

Who will be (co-)owning the programme

The core team should build and expand on previously gathered information around openness of the government to bottom-up input, both in general terms (i.e. governance model) and on the topic of AMR in particular. Collaboration models can be context-dependent, but ownership should always remain shared: while high policymaker involvement is positive, it is important that the core team remains the driving force, to make sure that the innovative approaches outlined in this Toolkit are implemented.

What is the path to impact

In many cases, it will be essential to introduce a choice to be made: whether to build on existing goals and initiatives or focus on priority areas that are yet to be explored. This way, context-dependent impact paths can be understood: from getting evidence on how to implement existing policy, to coming up with new co-designed regulations, every country and programme can have different approaches.

One thing that must remain a fixed point throughout this discussion is the approach of always starting from localised asks and solutions. This approach should be framed as a more effective way to engage participants (by leveraging the proximity of change-making) and to gather the valuable evidence needed to create policies that truly work for the public.

Get input on structure and evidence needed to reach goals

2 hours

It is time to ask for input from stakeholders on how to best set up conversation sessions for the shared goals and focus that have just been collectively set, as well as their wishes for the project in terms of evidence and successes.

Input on programme structure:

- Focus region and specific locations for programme
- Overall and single events duration
- Frequency and calendar of events
- Group size
- Citizen groups to target
- Researchers and policymakers to involve

Input on evidence:

- What information to obtain from participants
- What topics are in need of discussion among the public and between the public and stakeholders
- What knowledge and messages to transfer and who is the best profile to do so.

Set next steps

30 min

As a last activity, it is important to make a clear outline of what the next step will be, as well as providing ways for participants to get in touch with the core team and with each other.

A few of the stakeholders involved will be more relevant for future decisions, planning and networking.

It is important that dependencies are already outlined at this stage, especially in case of greater stakeholder involvement.

Finalise project goals and focus

After the stakeholder workshop, final decisions about the focus areas for the in-country Responsive Dialogues need to be made, including setting the topics, impact paths, actions and geographical areas for running the events. These decisions need to be agreed with the core team, as well as the steering or advisory group, and finally communicated back to the key stakeholders.

3. Design the Conversation Events and develop content



The Responsive Dialogues consist of a series of events where participants from different communities deliberate and work together to arrive at ideas and solutions to AMR. The Conversation Events that make up the Responsive Dialogues require careful design and planning, ensuring that there is a good mix of activities, presentations and time for discussion and deliberation that will engage participants, motivate them to contribute and deliver the goals of the Responsive Dialogues. This section outlines the main activities involved in developing these events, keeping in mind the importance of building flexibility into the event design.

Purpose

The design of the events will ensure that they achieve the goals of the Responsive Dialogues, that there is a degree of consistency in the way that the Conversation Events are run with different communities or in different areas, and that there is continuity between the events.

Activities (summary of titles)

- Define the structure of the events
- Design the experience and activities
- Develop monitoring and feedback mechanisms

What happens

The structure, content and design of the Conversation Events is developed, planned out and agreed and a detailed agenda or plan mapped out for all of the events. Materials and inputs for the events are defined and prepared. Guidance notes, training and briefings for facilitators, co-facilitators and event organisers are drawn up. Some of the event content is tested, activities tried and the group of facilitators who will run the event are briefed and trained. Mechanisms for capturing the event proceedings, feedback and review and build this into the design of the events are also agreed.

Who is involved

The core team and facilitators work together to design the Conversation Events, using the outcomes of the stakeholder workshops. Different stakeholders including policy makers, researchers and experts provide advice and input into the design and content.

At this stage it is crucial to work with the facilitators who will be running the events, and enlist support of designers, technicians, public engagement specialists who can help design innovative and engaging content and materials.

It is important that the events are designed so that they are inclusive, open, respectful, encouraging and motivating for participants while at the same time moving through topics in a timely manner and achieving the goals set out for the Responsive Dialogues.

Success means

- ✓ Event plans are drawn up
- ✓ Content for the Conversation Events is developed
- ✓ Monitoring framework is developed



Monitoring tip

Design feedback and review mechanisms for each of the events that can help to continuously improve the way in which events are run. Use this feedback mechanism to also feed into the Responsive Dialogues monitoring framework.

Define the Structure of the Conversation Events

The core team and Steering / Advisory Group agree on the number of Conversation Events, their composition, location and size, duration of each event, time between events, and how the events will be monitored.

Understand quantity, size and locations of groups involved

Based first of all on what makes sense in the context, and secondly on availability of funds, the core team drafts a plan of how many groups of a definite size should be involved, as well as the locations that are most promising.

While each programme must be designed specifically to suit what makes sense in the context, here are general recommendations:

- Number of groups involved: At least 3
- Size of groups: 15-20 participants
- Locations: One region or district, and diverse locations within it. Selection of geographical perimeter needs to follow the decisions made with stakeholders

Define timings and frequencies

It is also important to define an overall duration of the Events programme, setting goals, checkpoints and deadlines. Single event duration must be set, as well as intervals between them.

Again, exact plans depend on contexts, but the recommendations are:

- Overall Events programme duration: Aiming at 6-9 months maximum
- Single Event duration: 4 hours
- Intervals between Events: 1 week to 1 month



Participants during a workshop.
Picture by Marco J Haenssger.
Thailand, 2018

Design the experience and activities

The core team and facilitators, with input from experts and advisers, define the overall experience, including how to frame the AMR issue as well as the activities.

Involve experts in framing the content

Framing the issue

Correctly framing the topic is essential to make sure the public truly relates to the topics of discussion, based on the target groups' interests, awareness of the topic, and health literacy, as mapped during the selection stage.

Empathy is key in this moment, as the core team needs to translate priorities from stakeholders, as well as data and research from experts, into participant-centred themes that can resonate.

A key decision is how explicit to be in addressing AMR, and how in-depth it makes sense to go in terms of scientific explanations. The priority for the success of the programme is that people have an understanding of the issue in relation to its consequences and the changes that are required, but this does not mean that they need to understand AMR as a whole.

Finding content and data

The core team can rely on their research and on their network of experts to scout existing content and data that can help in framing the issue correctly. Data should always be both global and localised, and should always be paired with real-life stories to bring it to life.

Possible sources of content and real-life stories

- Antimicrobials Working Group – AMR Stories
- Antimicrobial Resistance Fighter Coalition Stories
- WHO – Antibiotic resistance: real-life stories
- MORU – AMR Dictionary

Possible sources of data

- WHO – Global Antimicrobial Resistance Surveillance System (GLASS)

Re-framing Resistance: Five Key recommendations to communicate AMR

The report 'Re-framing Resistance' by Wellcome outlines five evidence-based principles for communicating about AMR.

When used together, these principles are more likely to create communication that informs, motivates and persuades.

1. Frame drug-resistant infections as undermining modern medicine	<ul style="list-style-type: none">• Demonstrate how drug-resistant infections are a cross-cutting threat across all of medicine, which set back and undermine treatments that we have come to rely on.• Illustrate using multiple examples that are relevant to the audience
2. Explain the fundamentals succinctly	<ul style="list-style-type: none">• Help the public understand resistance (particularly that bacteria develop resistance, not humans).• Include explanation of the part that human activity is playing in accelerating the issue
3. Emphasise that this is a universal issue; it affects everyone, including you	<ul style="list-style-type: none">• Show that anyone could be affected, not only the most vulnerable groups.• Tell human stories; numbers and statistics generally resonate less strongly with the public
4. Focus on the here and now	<ul style="list-style-type: none">• Show the current impact of drug-resistant infections, rather than projections or apocalyptic scenarios
5. Encourage immediate action	<ul style="list-style-type: none">• Frame the issue as solvable – people want to know what can be done about the problem

Involve creatives in crafting an engaging experience

By creating an engaging experience and, when appropriate, even a fully-fledged narrative world, participants can be positively surprised and the right atmosphere for the conversation can be set.

Theme and Tone of Voice

Selecting the tone of voice is a central part of storytelling and can influence interaction dynamics within the conversation. When choosing the mood, context and cultural differences, customs must be considered. A theme can be chosen (e.g. invisible bacteria in our daily lives) and translated into a

concept to easily communicate our theme to the public during the event (e.g. a Bacterial Bar). Depending on the chosen public and their interests, the theme can be more or less disruptive.

Activities

First and last impressions count. From the very start, up until the end, there must be a coherent flow that guides participants through all the activities. Activities should be co-designed with plug-in creatives, asking for input on methods not commonly used in public dialogue (e.g. roleplaying) that could greatly facilitate interaction between participants and guarantee successful results.

Groundwork



Events

Impact

Drinks menu and labels in the Bacterial Bar. Milan, Italy, 2019.

Branding, Tools and Props

Developing a common look for the materials that will be used during the Conversation Events provides coherence and helps to frame the content. Design a common colour palette, typeface and coherent naming of all of the components. Think about how to bring AMR to life through narratives and different presentation formats that engage all five senses.

Space Design

Thinking about the location, type of venue and design or layout of the space used for the Conversation Events is part of designing the events. Aim to create an engaging and safe environment that is familiar and comfortable for all participants of the Conversation Events.

Talking circles: an evergreen spatial configuration

Arranging chairs in a circle, provided that the group is not larger than 20, makes people feel more comfortable and open to share. It fosters natural discussion, prevents possible 'hidden' participants, puts everyone on the same level, avoiding the feeling of a lecture, hierarchy and the necessity to stand up while talking. It also allows observation of body language and non-verbal communication.

Tip

Test the event design ideas and materials by running a practice or training workshop with the the event facilitators.

Develop monitoring and feedback mechanisms

Monitoring how the events are going is an essential part of the Responsive Dialogue process as it serves to ensure that the Conversation Events are successful, helps assess the effectiveness of any messaging, materials and presentation of AMR and is useful for tracking how people's perceptions and understanding of AMR is affected through the process.

Design ways to receive and track and track feedback from participants making sure that there is enough flexibility in the design of the Conversation Events to incorporate lessons from the feedback throughout the Responsive Dialogues.

4. Select and recruit participants



This section describes ways to select, recruit and invite participants who will take part in the conversations that make up the Responsive Dialogues. Each conversation event in the Responsive Dialogue involves between 15 and 20 participants who are part of a particular community, geographic area or group of participants. Additionally, some of the key stakeholders – policy makers and researchers or experts – are invited to the events in order to provide evidence or to observe and learn from the Conversation Events.

Purpose

Participant selection and recruitment aims to ensure that a diverse group of people from the public or communities take part in the Responsive Dialogue conversations. These participants need to be selected through a fair, unbiased process that ensures that the outcomes of the dialogues represents the views and opinions of a wide cross-section of society.

Key stakeholders who are invited to participate in the dialogues are also identified at this stage, and their roles agreed in order to ensure that all participants in the Conversation Events can contribute in an equal, unbiased way.

What happens

This activity consists of making a selection of a diverse group of participants, inviting or recruiting them to take part and making sure that they can participate through providing the support that they need.

Activities

- Identify target groups to take part in the events
- Define participant selection criteria and approach
- Select participants and describe their roles and needs
- Invite and brief participants



Who is involved

Core Team: Defining the participant selection criteria, methodology and carrying out the selection process

Public engagement experts: Help define the criteria needed to select participants and advise on the selection methodology.

Community leaders, religious leaders, local NGOs or CBOs: Ensure access to and support contacting and recruiting participants

Key stakeholders (policy makers, researchers, experts): Providing advice on and support to the selection process. Agreeing to contribute to and join the Conversation Events as needed.

Success means

- ✓ Participants from different backgrounds are identified, invited and agree to take part
- ✓ Mechanisms are in place ensuring diverse group of participants can take part
- ✓ Participants' awareness and understanding of AMR is mapped
- ✓ Key stakeholders are invited and briefed

Monitoring and evaluation tips

Record the selection criteria, methodology as well as the invitation process for participants carefully, including noting the rationale for any decisions made about the participant recruitment process.

Mapping participant's understanding and awareness of AMR before the Conversation Events happens provides a baseline that can be used to monitor changes in people's awareness of, understanding of, interest in and engagement with AMR over the course of the Conversation Events.

Identify target groups

The first step to participant selection involves identifying which people should take part in the Conversation Events. Who to include will depend on the Steering Group, core team and experts' advice. It is important to provide a clear rationale for the decisions made about which people to involve in the conversations, as well as the methods for selecting participants. The type of people to involve will be determined in part by the focal areas and topics identified through the Stakeholder Workshops, and the priorities and goals of the Responsive Dialogues.

Target groups may be similar in composition, for instance based on a unifying set of characteristics such as a particular geography or experience, or they may reflect a diverse set of interests. Some factors to consider in defining the composition of target groups may include:

- **Geography:** Regional focus, for instance, a group of people who resides in a specific locality or context, or who are within a particular administrative boundary.
- **Understanding:** Having or lacking a certain level of understanding, for instance about antibiotic use or animal health.
- **Experience:** Having lived experiences of AMR or of particular issues or systems impacted by AMR, such as maternal health, livestock rearing or being refugees.

- **Interest:** For instance, interest in a particular pass-time or activity such as acting or music, or a particular cause, such as nature conservation.
- **Identity** which may be publicly visible or known, or they may be hidden. Identities can include religious or ethnic background, gender, sexual preferences, or any number of other cultural or social characteristics.
- **Capacity** for instance to use online platforms or literacy levels.
- **Occupation** such as professionals or students.

It is also an option to define several different types of groups for the Responsive Dialogues, for instance holding a series of geographically based conversations plus a national or inter-regional set of events.

Types of Groups

Established versus new group: Groups may already exist as groups, while others come together for the specific purpose of holding the conversations. Groups that already exist, for instance local community groups or special interest groups, may be easier to find and reach than those that have to be established. Their diversity needs to be carefully reviewed to ensure that the views and conversations are not limited to a narrow set of interests.

Common interest group: Uniform groups consist of members who have something in common, such as beliefs or behaviours. These types of groups may be easy to reach and work with as participants will share some common interest. However, diversity may be compromised in these groups.

Communities: The definition for community is broad. Essentially, a community includes a group of people with some common attribute, characteristic, identity or interest. Communities based on geography are commonly used as the first level of selecting a 'group' to include in Responsive Dialogues, with the participant group drawn from a diverse selection of people living in a particular area.

Some groups will be formed specifically for the purpose of Responsive Dialogues. In other cases, the Conversation Events may take place with pre-existing groups, such as local women's groups or special interest networks. The nature of the group will influence how the Conversation Events are structured and facilitated, and will also affect how ideas and solutions emerging from the conversations are checked, tested and eventually can be implemented within communities and by the public.



Local stakeholders.
Chikwawa, Malawi, 2019.

4. Select and recruit participants



When identifying the target groups for the Responsive Dialogues, consider their role and the potential of that group to reach out to others in their community, in the places they live and work and nationally. This may be communicating what participants learn in the Conversation Events, gathering opinions and inputs from others in their particular community or influencing others. Such ‘Antenna’ can be valuable in deepening the insights gained in the Responsive Dialogues and powerful public engagement mechanisms.

Community Group.
Chikwawa, Malawi, 2019.

Antenna

The concept of ‘Antenna’ refers to organisations or individuals who facilitate or enable two-way information to flow between groups or individuals with society.

Some of the ways in which Antennas can help achieve the goals of Responsive Dialogues are:

- ✓ Antennas can give a voice to stories, needs, behaviours in a community. They are aware of what is going on within their communities and are vocal and outspoken in explaining and relating this information to external audiences.
- ✓ Antennas can receive, interpret and explain information. They may have the background to be able to understand and discuss more complex information with experts, or be open and receptive to hearing different sources of information.
- ✓ Antennas can broadcast what they hear across the communities where they operate, and potentially to wider audiences. They can also interpret and translate information that they receive in contextually suitable ways.
- ✓ Antennas can use their energy, drive and creativity to activate localised change. They have the potential to become ‘ambassadors’ of local change.

While Antennas can sometimes play valuable roles, they need to be selected carefully and employed cautiously in order to ensure that they do not become ‘gatekeepers’ of information flows.

Key things to consider include:

- Ensuring that any spokesperson or Antenna does not enforce their own views or agendas on others or on the Responsive Dialogues.
- Taking care that Antennas do not exert control or power over the participant groups, and that they are not able to further their own interests through their position as spokespersons.
- Being mindful about what information is passed through Antenna, and how it is being communicated to communities.
- Ensuring that the Antennas are respected but do not hold power over the people and communities that they communicate with.

Define participant selection criteria and approach

Once the target groups have been identified, the criteria and mechanism for selecting participants can be defined. Participants for the groups should present a diverse cross-section of society, based on the national or local demographics, socio-economic status as well as special interests, knowledge and ability to act as antenna. How the criteria are set, and approaches for selecting participants depends on the local context and the project teams can decide how participants are selected. Documenting both the methodology and the rationale behind choosing this approach is important.

When defining the participant selection criteria and approach key considerations to remember are:

- **Power dynamics** affects who can dominate or exert power over deciding who can participate, and what this power means. For instance, is it used to either extract a favour from a potential participant, or to enforce a particular agenda of point of view. Power will also influence the degree to which group

members are able to influence others within their networks or circles of influence, both within and outside of the Responsive Dialogue groups. This includes understanding the gender dynamics of communities, and the role that gender plays in decision making and influencing wider attitudes, beliefs, behaviours and practices.

- **Diversity of group** ensuring that participants:
 - Reflect the local or national demographics in terms of age, sex, ethnicity and marital status
 - Include people from different socio-economic groups and / or professions or occupations
 - Include people with special interests or needs relating to AMR
 - Include people who are affected by AMR in different ways – farmers, patients, pharmacists, people working with natural resources or the environment etc.



Generational gaps in test sessions.
Milan, Italy, 2019.

4. Select and recruit participants



Mother care group.
Chikwawa, Malawi, 2019.

- **Needs of participants** and ensuring that these do not limit them from attending, and that arrangements are made to help ensure everyone who is selected can take part in the conversations. For example, certain people may not be available at particular times of the year. Farmers, for example, cannot take time out during the peak harvest season and mothers breast-feeding babies cannot leave these unattended!
- **Level of awareness, confidence** and ability for participants to engage in conversations. Every participant's voice counts and needs to be heard in the Conversation Events and in order to fully take part in the events, participants will need to be able to understand, relate to

and engage in conversations. Also, the confidence and ability of individuals to bring different perspectives to the conversations is important. Equally, if certain people cannot physically join a group - perhaps because they lack the technology or the time - consider alternatives to including them in the Responsive Dialogues, perhaps by forming a different 'group.'

The approach to selecting participants depends on the local context as well as the design of the Responsive dialogues. Methodologies range from purposeful to random selection – or a combination of approaches. The important point is to define, document and communicate what the methodology is, and why it was chosen.

Select and invite participants

Using the selection criteria and approach, select the participants and invite them to the Conversation Events.

Invite participants

Depending on the selection approach chosen, the invitation may be personal for instance through a community leader or representative. At this point, additional questions can be asked to screen potential participants and ensure that they fit the criteria defined previously. Where the invitations are more general, for example online or through email, screening questions can be included in the response requests.

Invitations should:

- Invite the selected individuals, ensuring that they fully understand the purpose and goals of the Responsive Dialogues and the commitment required.
- Communicate the terms and conditions, as well as any support or benefits that will be provided for participants.
- Identify any special needs that the individuals may have in order to participate and develop the support mechanism to ensure that they can and will attend all of the Conversation Events that they are invited to.
- Be clear that participation is optional, voluntary and outline the benefits or motivating factors that may be helpful for someone to understand how their participation will be valued.

Screening participants

In order for the final group composition to meet the selection criteria, participants may need to be screened before being selected and confirmed for the Responsive Dialogues. Screening can be conducted in person, over telephone / internet, online or through written questionnaires.

A screener can be used which lists a series of qualifying questions that help to determine if a respondent fits specific participation criteria. The level of detail of the screener will depend on the context, as well as the selection methodology chosen.

4. Select and recruit participants

Track responses

Track responses as they come in, noting any support or special requirements that they may have in order to participate in the Conversation Events. Even when people agree to take part, plan to have at least two extra 'back-ups' in case the original person drops out at some point.

A group's awareness level on a particular topic needs to be mapped in order to present AMR-related topics in an engaging

and understandable way. The group's level of health literacy, general understanding on AMR, as well as interest in a particular thematic connection to AMR, such as food and bacteria, is also important to ensure that the conversations are truly engaging. This mapping of AMR awareness, interest and engagement of participants before the Conversation Events start is also a valuable for monitoring changes to people's views over the course of the conversations.

Mapping motivations of Italian participants

In every community group there are diverse individual motivations to participate in the conversations. Foreseeing them helps to

understand how to trigger participant participation and anticipate desired content or any potential complaints for the sessions.

I participate because...

'... I want to know how to protect myself from AMR.'

'... I've been affected by AMR and I want to share my story.'

'... I want to contribute and make a change.'

'... I want to expand my knowledge on AMR.'

'... I'm sceptical and I want to know more.'

I'm looking for...

'... actionable tips and info on AMR.'

'... community and empathy.'

'... purpose and action.'

'... expert knowledge and data.'

'... concrete evidence and discussion.'

Identify and invite researchers, policy makers and other stakeholders

Researchers and policy makers take part in the Conversation Events not only as experts who can present and clarify AMR and AMR issues, but also as participants in conversations. Through the conversations, these key stakeholders learn from other participants, and build their own understanding of how the public experiences, views and interprets AMR and AMR messaging.

Once the priority areas have been defined, and the design of the Conversation Events begins to take shape, identify the type of people who would be best suited to join the events. Some stakeholders may be invited to join all of the Conversation Events, or only specific events. Consult the evolving network of stakeholders to identify other people to invite to join the Conversation Events.

For example, if one of the focus areas defined during the Stakeholder Workshops is 'antibiotic use', microbiology experts, pharmaceutical regulators as well as local pharmacists may be invited to join one, two or all the Conversation Events.

Policy makers, researchers and other key stakeholders will require formal invitations. They may also need to be briefed about the Responsive Dialogues, the goals of the conversations, and the role that the stakeholder is expected to play during the conversations. It is important that experts understand that they will be interacting with members of the public who have very different levels of understanding of AMR, science, medicine and of technical fields. All participants should agree to be impartial, non-judgemental, humble and open to listening to other participants.



Stakeholders.
Chikwawa, Malawi, 2019.

5. Set the Stage for the Conversation Events



In this section, leading the activities for organising the Conversation Events are outlined. The activities will take place throughout the entire ‘Groundwork’ phase, and need to be aligned with the structure and content designed for the Conversation Events.

Purpose

Organising the Conversation Events ensures that the events run smoothly, deliver the intended goals, and provide a rewarding experience to all participants.

What happens

All practicalities and logistics are arranged, key local stakeholders are informed of the Responsive Dialogues and their support is secured, permits obtained and permission granted as needed, and all participants’ access to the Conversation Events is ensured.

Activities

- Schedule and plan the Conversation Events
- Communicate the Responsive Dialogues to local / other stakeholders
- Organise the venue(s) or space
- Prepare all materials, practicalities and logistics
- Check on the preparations that have been made

Who is involved

Project coordinators / logistics teams and any supporting team members work with suppliers and vendors such as venues, caterers, printers, photographers, video / film-makers

Success means

- ✓ Logistics for running Conversation Events are organised
- ✓ Materials and props for the events are ready and in place
- ✓ Participants travel and accommodation arrangements are complete



Chairs in a circle.
Milan, Italy, 2019.

Monitoring tip

The conversation event plan and budget are useful monitoring tools for the Conversation Events.

Schedule and plan the Conversation Events

The Responsive Dialogues involve a series of events for each group or locality where the events take place.

The minimum number of events is usually four – though more may be held in some cases. Each event needs to be set up and planned keeping in mind both the plans for the overall Responsive Dialogues, as well as local conditions and events that determine when people are available. Consider seasonal calendars, schedules of major events and festivities and other local factors when setting up the events. When scheduling events, consider setting aside back-up dates to take unforeseen circumstances into account.



Milan, Italy, 2019.

Communicate the Responsive Dialogues to local / other stakeholders

The Responsive Dialogues need to be communicated and agreed on not only by the key stakeholders who are part of the Responsive Dialogues, but also by those individuals who are leaders in the communities where participants come from or are members of.

Local leaders or representatives of communities may be formally appointed officials, such as district officials, village chiefs or religious leaders. Formal leaders need to understand and agree to the Responsive Dialogues,

They may also help with the selection and recruitment of participants, and ensuring that participants are able to attend the events. For example, in communities where women need their husband's permission to attend events, leaders can help to communicate the value of allowing wives to take part. Where events are run with larger communities, such as regional or national level groups, leaders and representatives can be important to help ensure a diverse set of participants is

selected from the community. Community leaders can also be helpful in organising logistics and mobilising local resources. Care needs to be taken to ensure that leaders contribute to the events positively, and that they do not become Gatekeepers who control who can participate or influence the outcome of the events.

Other stakeholders who can be helpful at the local level are community workers such as Community Health Workers or Volunteers, local NGO's who know an area or particular community well, local agricultural workers or veterinarians who have regular contact with farmers. These community stakeholders may also be influential in terms of how they can help motivate and reach different potential participants.

Organise the venue or space

Choosing the right 'space' for Responsive Dialogues is essential to ensure that participants can access the venue, feel comfortable and at ease and that the Conversation Events can run smoothly. Important things to consider are listed below, with local contexts and the structure of events driving what is appropriate and a priority.

Spaces should be accessible and located in areas that are convenient to reach and provide the necessary infrastructure, such as bicycle parking, child-care or transport connectivity.

Venues should have the necessary physical space to hold events where people can move about and break into smaller groups.

The venue should make participants feel comfortable, and not be in a place which hold a particular significance for some participants, such as a hospital where some

people may have had traumatic experiences. Ensure that the space chosen is physically comfortable and familiar for participants. This includes ensuring things like good air circulation / temperature control as well as finding settings that will make people feel comfortable with their surroundings.

Consider varied spaces – for instance using outdoor spaces for some of the events as well as sheltered / indoor facilities!

Pay attention to the details of the venue – the space and furnishings available to run different types of sessions, layout for an audience to listen and for participants to discuss what they hear, and somewhere for people to step away for a break!

Organising virtual spaces requires similar attention to detail, including selecting accessible digital platforms and ensuring that facilitators, presenters and others involved in running the dialogues are set up in comfortable settings with good technical support.



Open air spaces as potential locations for dialogue. Chikwawa, Malawi, 2019.

Prepare all materials, practicalities and logistics

Preparing all materials in advance means ensuring that they are completely finished, ready to be used and in the right place when the events start!

There will be different requirements for different events, and some things to include in a materials check-list would include:

- Stationery materials (pens, post-its, flip charts, notepads etc.)
- Printed materials (posters, hand-outs, publications etc.)
- Instructions (for participants before joining and for the events themselves)
- Presentation / technical supplies including projectors, lighting, microphones etc.

- Catering and refreshments
- Any logistical arrangements such as furnishings, support props etc.

Logistical considerations should also include ensuring participants can attend the events, for instance by providing assistance for special needs in terms of mobility or sight / hearing, for parents with children, or for people who live far away. Where necessary, this includes making arrangements for accommodation and transportation.

Check on the preparations that have been made: Checking on all arrangements before the event day ensures that things run smoothly when participants arrive!

Conversation Events



Responsive Dialogues involve a series of three or more distinct Conversation Events where AMR topics are introduced and discussed, and where participants generate ideas about local solutions to address AMR.

This section provides details on the content and suggestions on how to run each of the Conversation Events. Each event is carefully prepared and facilitated by experienced facilitators familiar with participatory approaches.

Conversation Events activities

6. Introduce and explore topics
7. Ideate local solutions and asks
8. Co-create and prototype promising solutions



Conversation event.
Milan, Italy, 2019.

6. Introduce and explore topics



The Core team stimulates a two-way dialogue to uncover public perspectives, stories and behaviours. Experts help to introduce knowledge, and local drivers and impact of AMR is discussed.

Success means

- ✓ Participants' knowledge about and interest in addressing AMR is sparked
- ✓ Key AMR problem area(s) to work on are defined collectively

Monitoring tips

- Survey participant's awareness, knowledge and understanding of AMR before and after each event.
- Invite an independent observer to watch and take notes about the events.
- Capture event proceedings using photography, video and note-taking.
- Invite feedback from participants about each event.



Understanding of AMR messages printed on cards.
Milan, Italy, 2019.

Event structure, duration and frequency

The structure and duration of the introductory event(s) will depend on the messages, topics and focus areas being discussed. Allow enough time for open discussion. Facilitators need to ensure that each participant contributes to the discussions, and be able to move these

discussions to a conclusion within the allotted time.

- ✓ One-off event with the selected participant group
- ✓ 15-20 people
- ✓ Duration 4 hours

Stages of the event	Duration
Open the event	30 min
Listen to participants' experiences and behaviours with the public only (for unfiltered discussion)	1 hour
Bring knowledge on the issue with the public and experts on AMR (e.g. researchers in microbiology, medicine, hygiene and sanitation)	1 hour
Map reactions and discuss local drivers and impact with the public and experts on AMR	1 hour
Close the event	30 min

Stage: Open the event

30 min

The Core team kicks off the event, welcomes participants, introduces aims, agenda, roles and rules as well as breaks the ice.

Welcome participants and explain agenda

Welcome participants to the event, explaining what will be done during the time spent together.

Outline the agenda of the day, and explain each step, including the actors involved as well as their roles:

- Core team members act as neutral facilitators throughout the entire event
- AMR experts act as knowledge translators when the topic is explained, helping to answer questions and to get the public to understand the issues

Introduce aims and roles

The overall purpose of the Conversation Events is openly shared:

Mentioning aims:

- Bring public voices to influence and drive change in their communities
- A chance for the public to create a tangible impact on problems that are near to them.

Showing involvement and interest of policymakers:

- Mentioning specific policymakers engaged in the programme

Be clear about what will happen with the outputs from the events - the notes, any recordings and materials developed during the events. Also explain how findings or outcomes will be used and who is responsible for taking these forward.

Set a balance between a tone that is respectful, but also warm, fun and entertaining.

Set the rules and tone

Set social rules that

- Foster collaboration and openness
- Avoid dominant participants inhibiting others from sharing their opinions freely

Use ice-breaking techniques that

- Set the tone of the event
- Create an intimate environment

Ensure an open forum for discussion by letting participants know that

- Everyone's comments are valid and valuable
- All opinions or ideas are equally important
- Anything that is said will be treated in confidence and that the ideas and opinions aired in the event should not be attributed to any particular person or persons

The facilitators may also share their approaches to running the event, for instance which mechanisms will be used to stop a discussion and move on to a new topic.

Allow participants to define their own rules by asking them how they would like to see the events being run.

Possible rules:

- ✓ Be open-minded and inclusive about other opinions.
- ✓ Be proactive sharing your opinion with others.
- ✓ Always feel free to ask questions if something is not clear.



Icebreaker activity with sweets / candies.
Bangkok, Thailand, 2019.

Stage: Listen to participants' experiences and behaviours

1 hour

Natural and unfiltered discussion on topics, related to the selected AMR focus area, is stimulated, to uncover local drivers, stories, experiences and behaviours.

Trigger interest with a conversation starter

The aim is for facilitators to initiate a natural discussion that makes people comfortable to share their real opinions, fears, and behaviours, also when wrong or irrational.

Use different techniques, such as presenting surprising information or using participatory methods or games, to trigger discussion and provoke reactions.

The conversation starter must:

- Keep all doors open to discussion, to avoid preventing interesting insights related to the focus area from coming up
- Introduce topics, actions, behaviours that resonate with participants: things that everyone perceives and understands such as 'common sense' statements that ring true but hide incorrect practices.

Facilitators need to introduce conversation starters to the audience guiding the discussion without influencing them (e.g. 'Do you agree with the statement? Has it ever happened to you?').

Listen and observe

Listening first is a fundamental rule as it makes it possible to capture real insights and then deep dive on the most interesting and shared pain points. Observing is essential as reactions, body language and facial expressions can reveal feelings and unspoken details.

Researchers and experts will be silent observers, as to not influence openness of participants in exposing their behaviours.



Bacterial bar labeling food and drinks with names of drug-resistant bacteria. Milan, Italy, 2019.



Talking object.
Blantyre, Malawi, 2019.

Ensure everyone is participating

Equal participation in the conversation is essential to explore all perspectives.

Use conversation tools, such as a talking object (e.g. foam ball) to help:

- Manage interactions and moments of difficulty
- Ensure smooth conversation flow, without overlaps
- Give the chance to speak to introverted individuals
- Overcome the anxiety of being in the spotlight

Focus on uncovering behaviours and local AMR drivers

Explore and uncover local drivers of AMR, behaviours and pain points that come out in the discussion, further elaborating the most interesting insights. It is really valuable to understand the reason behind certain attitudes, emotions and actions.

Explore participants' point of view and perspectives

Exploring the public's point of view of things already discussed with other actors can:

- Test assumptions and insights gathered when talking to experts and external actors
- Bring more in-depth understanding of the situation
- Help build bridges between actors in the ecosystem
- Discover underlying tensions in relationships

Stage: Bring knowledge on the issue

1 hour

Experts are brought into the conversation to introduce AMR. A dialogue between experts and participants will take place to ensure a thorough understanding of the issue and that all questions are answered.

Introduce AMR

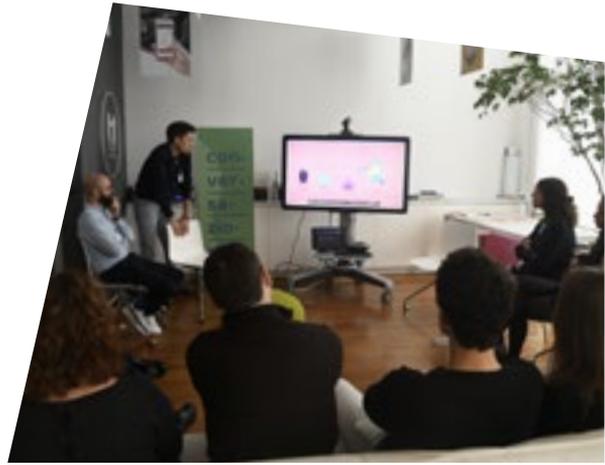
Experts, such as specialist doctors and researchers in microbiology, will convey the scientific knowledge, giving credibility to facts and figures and starting a dialogue with participants. Three main elements should be conveyed:

What it is

To explain such complex issues, simplicity is key. Content must be easy to understand, accurate and relatable. Depending on the context it is not always necessary to explain all aspects of AMR at this stage, or to go too deep into scientific explanations: it is often better to focus on the real-life implications that matter the most to participants.

Several techniques can simplify the technicalities of the process and introduce the overall topic in a more interactive and easy way:

- Storytelling tools such as a short video (e.g. animation)
- Real-time quiz answered anonymously to overcome shyness and share opinions without feeling judged



Storytelling video.
Milan, Italy, 2019.

Look for pre-existing material to support the work.



What impact it has on individuals and societies

After having conveyed the scientific foundations of AMR, it is possibly of even greater importance for the success of the programme that people understand why it is so crucial to talk and do something about it. One of the characteristics that makes AMR so complex to discuss is its perception as distant, overly scientific and disconnected from real people's lives. The consequences are rarely felt as a personal problem, but rather something that will eventually happen someday to some people.

Two main elements can build up a personal connection to the threat, driving empathy and urgency, and communicate how it affects everyone:

- Real-life stories that show the personal experiences of people
- Local data that highlights the impact on the overall economy, wellbeing and living standards.



Tested AMR story.
Source: Antimicrobial Resistance Fighters.
Bangkok, Thailand, 2019.

Why it is extremely urgent

Showing compelling data as well as global and local scenarios increases urgency. Data must be:

- Relatable: for example, there is no point in showing an increase in AMR-related deaths in China if talking in an African village
- Connected to real-life practices: for example, making people imagine situations in which any routine hospital procedure carries huge risks of drug-resistant infections

“I was a healthy newly-wed... today, I live with a chronic cough and the reality that the infection might return. I’m lucky I survived.”

Stage: Map reactions and discuss local drivers and impact

1 hour

Mapping reactions makes it possible to better understand what resonates in the context. Facilitators go back to previously uncovered local drivers of AMR, practices and behaviours to start a participant-expert dialogue.

Start a dialogue between experts and the public

Initiating a two-way dialogue between AMR experts and participants is central to gaining a thorough understanding of the issue and fully exploring existing or arising doubts and fears. Facilitators stimulate the conversation, ensuring all questions regarding the issue are answered.

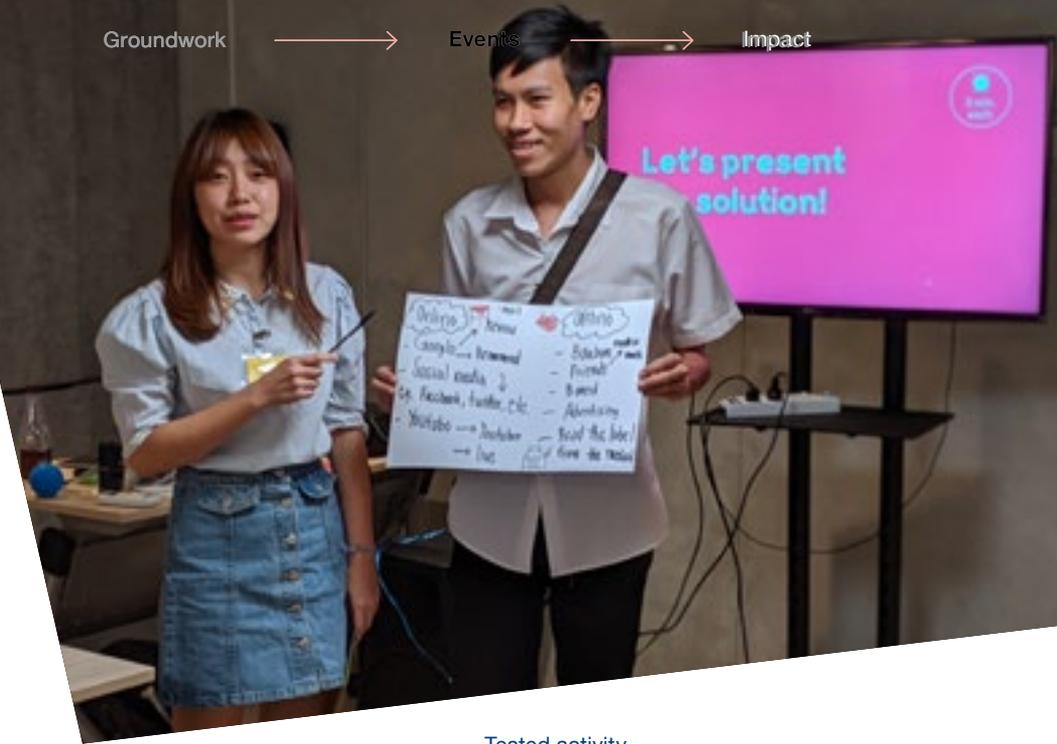
While each team will need to come up with context- and focus-specific questions, here are a few key context-independent overall questions to start from when facilitating expert- participant dialogue.

Potential prompt questions:

- [To participants] How does this make you feel?
- [To participants] How have your opinions changed compared to earlier today, before the experts talked more about [AMR-related topic]?
- [To participants] Do you have any questions for the experts to answer?
- [To experts] Do you have any questions that participating members of the public might answer?
- [To all] How do you think this impacts us, and our community?
- [To all] What do you think members of the public can, and should, do?
- [To all] What roles should experts play?
- [To all] What role should policymakers play?



Chikwawa, Malawi, 2019.



Tested activity.
Bangkok, Thailand, 2019.

Deep dive on local AMR drivers and discuss possible impact

The Core Team focuses on previous work and deep dive on local AMR drivers and impact.

The aim is to comprehend what drives actions related to AMR and map their causes, while also discussing what could have an impact on each driver.

Keeping track of these insights provides an overall picture of the current situation, and help set up the next steps to drive desired change.

Stage: Close the event

30 min

Wrap up the event, outlining the next steps and upcoming events that participants should participate in. Tasks and additional material are given to participants to foster further understanding.

Ensure the right message is conveyed

Limiting and avoiding misunderstanding and misinterpretations around AMR is essential. After explaining the issue, double-check the right understanding of the topic using engaging activities.

Understanding test activity example:

Asking participants to explain the topic with their own words, as they would explain it to someone they know. This activity also makes it possible to gather insights on the language used to communicate with people from the same social circle.

Examples of answers to the tested activity in Thailand:

‘I would tell...

→ ...my wife that we shouldn't stop taking antibiotics as soon as we feel better.'

→ ...my neighbors that we should be more careful when buying food at the market.'

Antibiotic resistance represents one of the major threats to global health

การเพิ่มของเชื้อดื้อยาต้านจุลชีพ
เป็นภัยคุกคามต่อสุขภาพโลก

- 2019: **80000 infections** were attributed to AMR (per year in Thailand) of which **38000 meant deaths**
- 2050 (vs. 2019): **5M deaths** expected in Asia

(Source: WHO)

AMR messages.
Bangkok, Thailand

It will have direct economic impact on the nation and on households

การดื้อยาต้านจุลชีพมีผลกระทบทางเศรษฐกิจโดยตรง

- 2019: A total of **3.25M days in hospital** are dedicated to patients fighting AMR every year in Thailand

(Source: BMJ(journal))

Thank participants for participating and set up next steps

End each event by thanking participants and outlining the next steps clearly. You may wish to reinforce the aims of the Responsive Dialogues, as well as the important role that all participants play in this process. It is important to keep everyone's interest and motivation to continue participating in the subsequent events high!

Provide additional information or tasks to be done before the next events

Additional content, such as leaflets, supplementary reading material or practical tips that can be applied immediately, can make people feel empowered and able to talk about the topic after the event, stimulating further discussions within their social circles.

Also set any tasks or activities for participants to carry out before the next event.



Ideas for giveaways to stimulate further discussions on AMR.
Milan, Italy, 2019.

7. Ideate local solutions and asks



Recap the first event and aim of the conversation and start the ideation process for local solutions and collective asks.

Success means

- ✓ Participants understand how the AMR problem relates to their context
- ✓ Ideas for possible solutions are generated
- ✓ Solutions ideas are refined, narrowed down and prioritised

Monitoring tips

- Invite an independent observer to watch and take notes about the events.
- Capture event proceedings using photography, video and note-taking.
- Invite feedback from participants about each event.



During the ideation event(s), participants reflect on the evidence that has been presented before and generate ideas about how to address AMR in their communities. At this stage, the focus is on generating as many ideas as possible, without going into too much detail about the practicalities of implementing these ideas. Ideas that are new or different are particularly welcome.

Event structure, duration and frequency

Up to 3, depending on participants' availability and results from the first event

15-20 participants
Duration 4 hours

Stages of the event	Duration
Recap, answer new questions	30 min
Frame and kickstart ideation with the public and experts on AMR (for feedback) (e.g. researchers in microbiology, medicine, hygiene and sanitation)	2 hours
Share identified asks and solutions with the public and experts on AMR (for feedback) (e.g. researchers in microbiology, medicine, hygiene and sanitation)	1 hour
Close the event, set next steps	30 min

Stage: Recap, answer new questions

30 min

Reinforce the aims of the event and start the process of identifying collective asks.

Welcome back participants and explain agenda

Start each event by welcoming back all participants, explaining the agenda for the day and reviewing the previous events, including summarising any decisions or outcomes from those events.

Introduce aims of the day

Start by sharing the purpose, aims and intentions of each event. Remind participants of key actors and stakeholders who have been involved, such as policymakers, researchers and other experts.

Show participants that they can drive change

Set the tone for the event, and engage participants into reacting and putting their effort into driving change. The only way to gain trust is by showing them that they can make a difference. It is possible to do this by:

- presenting cases where people made a change, showing what was achieved in different contexts
- showing examples of what was achieved through other Conversation Events (if any)

Gaining the trust of participants is essential because ideation activities will only be successful if people provide realistic input on what needs to be done.



Event opening.
Chikwawa, Malawi, 2019.

Stage: Frame and kickstart ideation

2 hours

Facilitate the ideation process. Engage and guide participants through different activities, with a clear objective of coming up a clear picture of what changes are needed in the context and related asks and local solutions.

Cluster topics into macro-areas

Starting from problems uncovered during the first Conversation Event, create macro-areas related to the chosen focus within AMR, such as freshwater supply, sewage maintenance and hygiene practice awareness.

Create teams of participants considering diversity

Divide participants into teams of equal size (minimum 3, maximum 10 people per team), each with their table or space where to work – when creating the groups, maintaining as much diversity as possible is essential, both in terms of knowledge and individual personality.

Assign macro-challenges to each team

Assign each group a specific macro-area, taking into consideration personal preferences and motivation. Alternatively, use fun activities, such as an auction, to let each group choose their own topic of interest. This ensures higher engagement and ownership of the issue.



Milan, Italy, 2019.

Adapt exercises and activities to the context and characteristics of the participants.

Moderate ideation activities

To ensure an effective ideation process and that participants feel capable of making a contribution, throughout the ideation activities, constant support and moderation is essential.

The ideation process follows these steps:

1. Problem setting

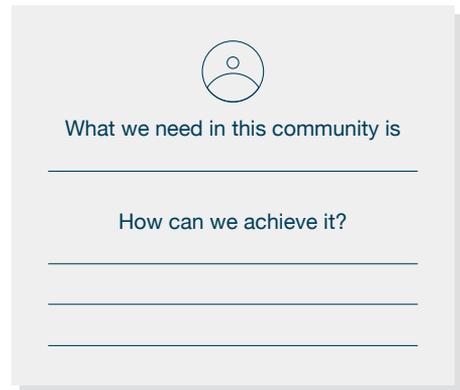
The first step of ideation is framing the problems that the groups want to work on, within the assigned macro-area.

2. Idea Generation

Each member of the group should think individually about what is needed in the community and what can make it happen. This is the moment to diverge and explore as many solutions as possible; it doesn't matter if they are feasible or not at present. Do not limit the participants' imagination. This is fundamental to come up with solutions that have not yet been explored.

Sample 'Individual Cards'

Tools like individual cards can be distributed, where participants can write their ideas, to guide them through the activity.





What we need in this community is

How can we achieve it?



3. Cluster, discuss and select

All individual cards need to be shared within the groups, and the core team can help the participants to cluster them according to their feasibility. Once the clusters are completed, the group members must discuss and select the most promising ideas.

This part of the ideation process requires careful moderation and facilitation, as it is essential to reach a final shared selection.

4. Build on selected ideas

At this point, the groups need to build on chosen ideas, collaborating and brainstorming around each one. The aim is to reach collective asks and solutions that can be then presented and explained to the other groups.

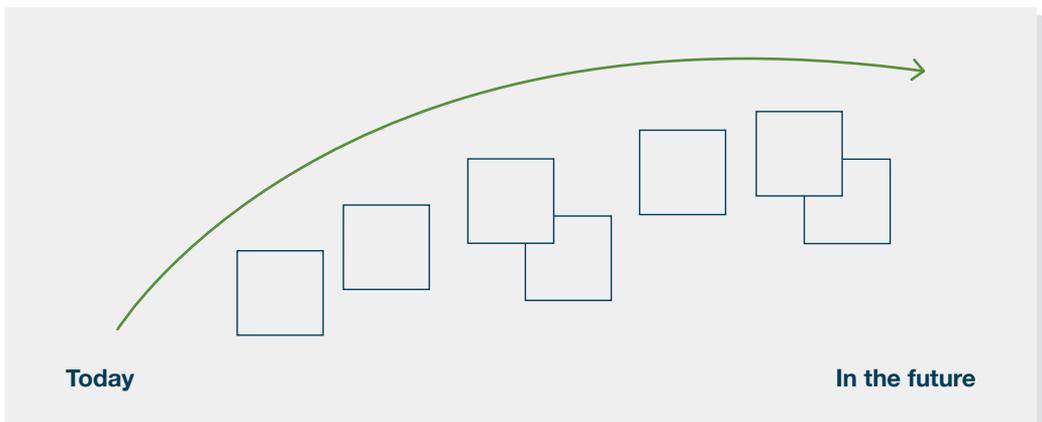
5. Prepare to share

The groups should prepare their argument, ready to share with all the other groups.



Individual activities.
Bangkok, Thailand, 2019.

Cluster Board



Stage: Share identified asks and solutions

1 hour

Participants share the results of ideation activities and align on shared priorities and collective asks, with support and constant feedback from the AMR experts.

Share results and discuss different opinions

After the ideation activities, each group can present their asks and ideas related to their specific macro-area.

The other groups should build on the presented ideas, adding in and asking questions. The aim is to discuss each presentation, to build on ideas and provide creative input for each one.

Set shared priorities focusing on asks and local solutions

At this point, it is essential to set collective priorities focusing on asks and possible local solutions from among those presented.

The result should be asks of localised change of practice, systems and tools (e.g. all doctors having tools to diagnose whether an illness is bacterial or viral).

Ideation activities should focus on coming up with very local solutions; however, solutions should be potentially applicable to the whole region, or possibly the whole country.

Take care to underline what is more visionary and what is more feasible; the short-term priorities must be realistic, but long-term goals should also be properly documented.

Goals set with stakeholders during the Groundwork for the conversation must be kept in mind.



Group presentations.
Chikwawa, Malawi, 2019.

Stage: Close the event, set the next steps

30 min

End the event, thanking participants and, if further ideation events are planned, remind people to participate. It is essential to keep all participants updated on intentions, aims and the next steps.

Thank everyone for participation and outline next steps

All events must end with a warm thank you to all participants for their effort and contribution to the Responsive Dialogues.

In the case in which multiple ideation events are needed (the core team needs to understand how many events are required to reach desired results) outline the next steps clearly, and remind participants of the dates and location of the next event. Where only some of the group continue with subsequent events, make sure that all the original participants are kept informed of any future developments.

Identify ideas and solutions for co-creation

The Core Team will need to close the series of ideation events with a clear list of those ideas and solutions that will be taken into the co-creation phase.

There must be a minimum of 3 to 8 ideas to be brought to co-creation. Keep note not only of the ideas, but also of who came up with each one!



Closing of the event.
Bangkok, Thailand, 2019.

8. Co-create and prototype promising solutions



Bring together a sub-set of participants from previous events to bring to life the most promising of the identified solutions, with support from experts and local policymakers.

Success means

- ✓ Priority ideas are refined into co-created solutions
- ✓ At least one solution is selected for piloting in the local community / area
- ✓ Policy implications and asks are identified

Monitoring tips

- Invite an independent observer to watch and take notes about the events.
- Capture event proceedings using photography, video and note-taking.
- Carry out a survey or focus group discussion to see how participant's views of AMR have changed through the Conversation Events.
- Use evaluation forms or mechanisms to gather feedback from participants about the Responsive Dialogues and all the events.



The final event(s) with participants involves translating some of the ideas that have already been identified into practical solutions.

Leaving sufficient time between the 'co-ideation' and the 'co-creation' events allows participants to discuss and 'test' the ideas within their communities. It can also be useful to share the preliminary findings with policy makers and stakeholders and to get their input into the final event(s).

Using a set of structured templates and facilitated activities, participants work out the practicalities and feasibility for these ideas and share them. At the end of the event, participants are invited to select solutions to try out within their communities or local areas.



Solution presentation.
Milan, Italy, 2019.

Event structure, duration and frequency

Event run as many times as needed to co-create and prototype

Duration about 4 hours each
8-10 participants (a selection from previous events)

Stages of the event	Duration
Recap	30 min
Work on solutions with the public, experts, local policymakers and any actor who has a stake in the solutions (e.g. village chiefs, local council members, public health managers, health workers or volunteers, pharmacists, etc.)	2 hours
Share results of the day with the public, experts, local policymakers and any actor who has a stake in the solutions	1 hour
Close the event, set the next steps	30 min

Note: Each co-creation event will be an iteration of the previous one, so scope and activities will change throughout. Early ones will focus on designing, later moving to prototyping solutions.

Before the event

Update and align policymakers

When possible, it makes sense to have a mid-way alignment with previously engaged stakeholders and policymakers to begin bringing preliminary findings on public behaviours, voices, priorities and asks.

It is also helpful to share ideal solutions outlined by the public, to convey what participants hope will change in the longer-term future. Together with policymakers, the core team can understand what is feasible and what makes sense to start co-creating in the Third Event(s).

Depending on availability, this alignment can be done as a physical /digital collective workshop or as individual calls and meetings.

Select a sub-set of participants to take part in the co-creation event

The success of co-creation activities strongly depends on the efforts and motivation of participants. The Core team needs to understand which profiles and

individuals can bring the most value to the co-creation process. The priority is to engage people based on their proactivity and willingness to create (e.g. mothers are extremely driven by their kids' wellbeing, therefore if there is a solution connected with children, it is valuable to assign motivated mothers to the team). But we must not forget diversity as a key element for this event as well.

Engage needed co-creators

Once the required profiles are clear, select between eight and ten people from the target group to take part in the next, co-creation events, and engage them explaining the next steps. It is important to ensure that these people are highly committed and willing to continue with the co-creation process before confirming their participation in the final events.

It is also important to be sensitive to and to manage other participants' feelings and emotions, making sure that their contributions are valued, and that they do not end up feeling excluded.

Be sensitive and manage other participants' feelings, making sure that their contributions are valued.

Stage: Recap

30 min

A sub-group of participants from the Conversation Events engages in separate co-creation events on the development of the most promising ideas. At the start, chosen ideas must be reviewed, and previous events recapped.

Introduce aims, agenda and activities

At the start of each co-creation event, a short introduction must be done, welcoming participants, explaining the agenda of the day, outlining activities that will be carried out, and lastly briefly reviewing previous events and results.

At the start of the first co-creation events, the overall purpose and goal of this phase must be explained, sharing that the aim is to develop from 1 to 3 solutions that can then be piloted in the context. Furthermore, new actors involved, such as local policymakers, researchers and other actors, have to be introduced.

Recap chosen solutions and divide participants in project teams

Chosen solutions and ideas from the ideation events must be reviewed all together. At this point, people need to be divided into project teams, and assigned one solution, keeping in mind who came up with the original ideas. When composing groups, it is essential to ensure diversity in terms of knowledge about the topic, individual skills and personality and avoid having too many strong or more vocal personalities in each group.

Stage: Work on solutions

2 hours

The main block of each co-creation event will be group work and activities run together with experts and local policymakers and relevant actors. Each team will “own” a solution, taking it to the end throughout all phases.

Kickstart and facilitate co-creation

The core team needs to moderate and facilitate each group, guiding them through the activities. Creators must be helped with whatever knowledge and information they

need. New actors related to the subjects of co-creation will be involved and possibly designers can also be involved for support. Co-creation will be an iterative process that moves back a forth between the following two phases.

Co-creation phases

Design:

Each project team should focus on exploring the solution in-depth, experimenting with different possibilities of making it real, considering all the following elements:

- Requirements
- Features of the solution
- Actors involved, both direct and indirect
- Users of the solution
- Experience it delivers

Possible tools that can be used:

- Journey map
- Archetypes and personas

Prototype:

Creators must be aided in making their solutions as real as possible, through prototypes. Prototypes are early models of the solution, created to evaluate specific elements. The aim is to test core moments and features to understand how to achieve the best solution and, if necessary, go back to the design phase. Prototypes must be:

- Tangible
- Low-fidelity
- Low or zero cost

Possible tools that can be used:

- Roleplay
- Paper prototypes

Co-creation is an iterative process that involves designing, prototyping and then refining solutions.



Prototype activities.
Milan, Italy, 2019.

Both phases (design and prototype) do not need to be completed during every single event of co-creation. Each solution will require a different process. Therefore the implementation needs to follow each team and understand the number of co-creation sessions necessary to reach the desired level of development of the solution. For example, one option could be having four events: the first entirely dedicated to the design, the second to prototype, then back to design and back to prototype.

Stage: Share results of the day

1 hour

After core activities are completed, each team will share their work and developments with the rest of the participants, receiving feedback and opinions.

Share developments and work done

Once each team has finished the day's co-creation activities, they should prepare to share their work, development and also doubts.

Give constructive and useful feedback

Participants, experts, external actors, policymakers and the core team should discuss their opinions on the ideas and give constructive feedback to each team, supporting them through tricky decisions.

Define next steps for each team

Help each group define and set the next steps specifically for their solution. Each solution can require different processes and goals, so, after each session each team must align on the next steps.



Solution presentation.
Bangkok, Thailand, 2019.

Stage: Close the event, set the next steps

30 min

End the event, thanking participants and in case of subsequent events, remind people to participate. It is essential to keep all participants updated on intentions, aims and next steps.

Thank everyone for participation and outline next steps

End by thanking participants for their effort and participation, and ensure that they have the next steps clear in their minds. Mention:

- Subsequent events (only if needed), including the date, time and location
- Results achieved through the events
- How participants can keep in touch with the core team

Select solutions that can be piloted and set up a plan

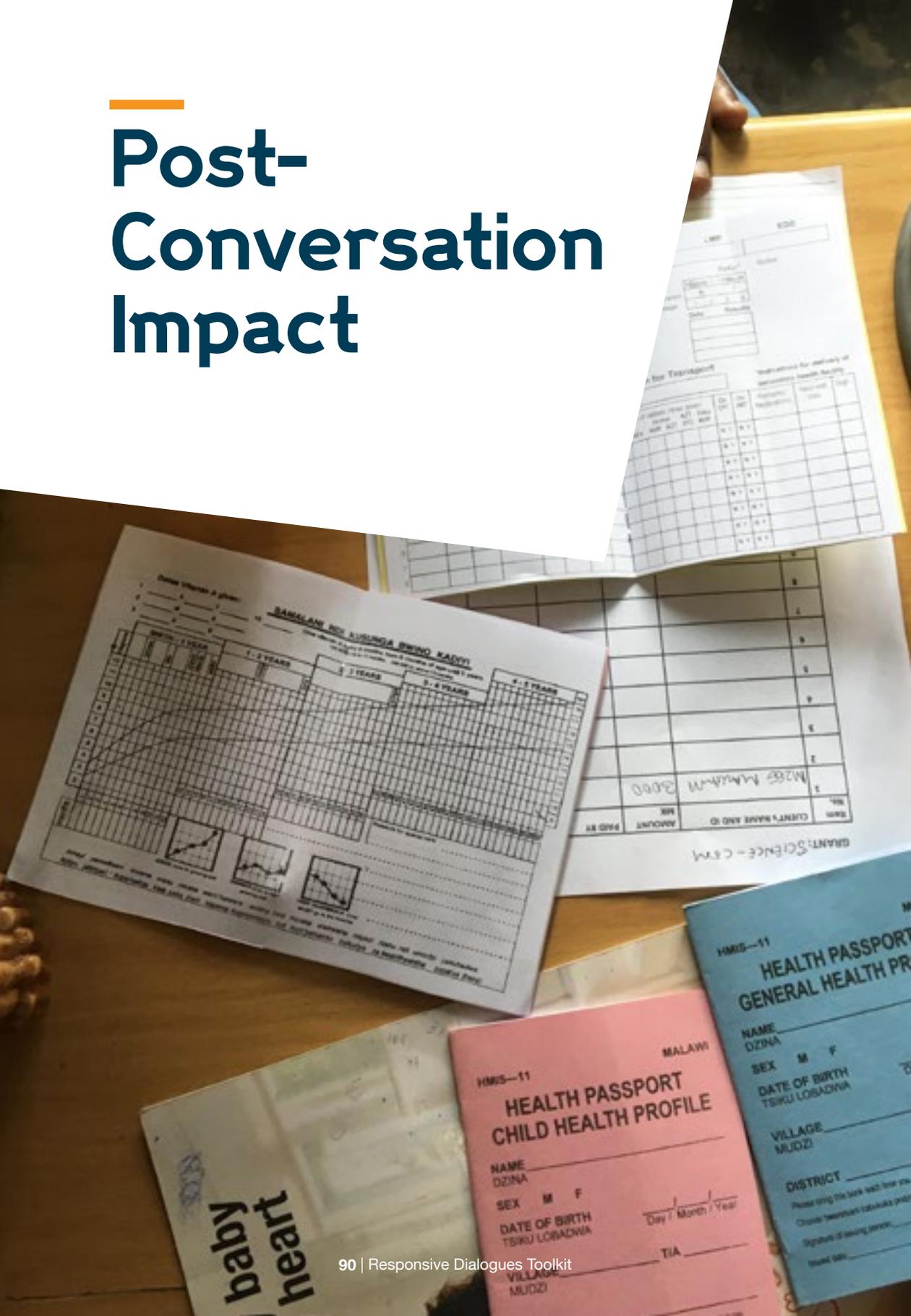
In the case of the very last event, the core team needs to close up the whole co-creation set of events collectively selecting 1 to 3 solutions that will be piloted.

Teams who own the chosen solutions will have to align with experts, policymakers, and the core team to build a plan to move ahead into the piloting phase.



Event closing.
Chikwawa, Malawi, 2019.

Post- Conversation Impact



The Post-conversation Impact phase of the Responsive Dialogues refers to the different activities involved in translating ideas and recommended solutions into actionable policies, policy asks and local projects and activities.

In this phase, evidence and findings from the Responsive Dialogue process are reviewed, analysed and compiled into formats that can be presented to policy makers, funders, community leaders and other stakeholders who can support and promote implementation of AMR solutions at local, regional and national levels.

Impact activities

9. Implement and pilot co-created solutions
10. Download learnings and evaluate evidence
11. Kickstart impact
12. Measure outcome, seek feedback and ensure sustainability



Post conversation feedback.
Bangkok, Thailand, 2019.

9. Implement and pilot co-created solutions



One or more of the co-created solutions are piloted together with local partners, policy makers, researchers and other relevant stakeholders.

Activities

- Plan, start and carry out the pilot
- Monitor the implementation of the pilot

Who is involved

Policymakers at the local and / or regional level (e.g. village chiefs, municipality representatives): Provide permission and enable local partnerships.

Researchers (e.g. microbiologists, doctors

specialising in this issue): Monitor results of the pilot(s).

Private Sector (e.g. Pharmacy associations, Pharmacists, shop owners): Collaborate in piloting solutions.

Any actor who has a stake in the solution (e.g. public health managers, health workers or volunteers): Collaborate in piloting solutions.

Success means

- ✓ Additional evidence is gathered from piloted solutions.

Monitoring tip

- Build monitoring into the implementation plan
- Develop an evaluation framework that will be used for the pilot project(s)

Plan, start and carry out the pilot

Facilitate the implementation of pilot solutions, seeking collaboration between co-creating participants, policy makers, researchers and other stakeholders.

Define a plan and goals for the pilot

Before implementing a solution, its feasibility must be evaluated, in terms of financial investments, needs, the complexity of implementation and the time frame required to get it working. Piloting solutions that are cost- and time-effective should be considered. Each solution piloted should have a clear set of goals that it is trying to achieve, visible to all the actors that will be part of the implementation.

Define partnerships and roles within pilot

In order to realise the solutions, local stakeholders will need to be brought onboard. These may be the same actors that participated in the Third Event(s), as well as new actors.

Essential roles and responsibilities needed are:

- Local policymakers to green-light pilot and support deployment
- Researchers to support monitoring of results
- Actors that play a part in the solution to experiment with new practices and tools that are part of it (e.g. doctors asking different questions, pharmacists trying a self-diagnosis tool).

9. Implement and pilot co-created solutions



Stakeholders.
Bangkok, Thailand, 2019.

Help bring pilot to life and to make it known

The Core team must bring all their expertise and knowledge to ensure the solution is crafted and implemented as well as possible. But it must always be clear that these are ultimately solutions designed, built and owned by local people themselves, and as such a balance must be found between what the Core team recognises as making sense based on their own awareness and the wishes of the members of the public themselves.

The Core team can also stimulate and help with communicating the solution in the local context. It is important that the relevant users are drawn into the new solution so that enough evidence is gathered to assess whether or not it is working.

Monitor the implementation of the pilot

Monitor the implementation of the piloted solution to make it work as well as possible and add to the evidence on AMR solutions.

Observe how the solution is used

Constantly gathering and monitoring results is crucial for the purposes of the pilot. Observations can be done first-hand by members of the Core team, as well as by partner researchers, who can also help with observation methodology. Surveys and interviews with members of the public and actors using or running the solution can also be run at regular checkpoints to get insights on what difference it's making.

Facilitate changes along the way, if needed

More often than not, solutions need to be corrected or improved along the way. Keep track of these evolutions, making sure the original goals and ethos remain intact. Facilitate any changes by leveraging support from those people who were originally part of the co-creation events.

Keep track of evidence

Evidence in this case means confirmation or rejection of assumptions about what difference the solution would make. Results of the pilot become proof of requirements, desires and potential impact. Data collected can be both quantitative and qualitative.



Health Passports.
Blantyre, Malawi, 2019.

10. Download learnings and evaluate evidence



Review monitoring data, findings and evidence gathered during the Conversation Events and pilots, and evaluate the outcomes of the Responsive Dialogues.

Activities

- Gather and evaluate evidence collected
- If needed: refocus efforts

Who is involved

The **Steering or Advisory Group** works with the Core Team and key stakeholders.

Success means

- ✓ Recommendations, policy asks, potential solutions are formulated
- ✓ Learning from the Responsive Dialogues is synthesised and mapped

Evaluating the Responsive Dialogues that have been run in a country is an important part of ensuring the Responsive Dialogues meet their objectives and have followed the core principles underpinning the dialogues.

This activity gathers the evidence, feedback and outputs from the entire Responsive Dialogue process and evaluates the entire process.

Gather and evaluate evidence collected

Review material collected and make sense of data.

Compare all learnings

This is the moment to pull all the material together and debrief. During this activity, all the content from Conversation Events and the adopted solutions must be mapped, going from broad insights down to details. Comparing is particularly important if, as is likely to happen, different locations and groups are involved.

Assess and measure evidence

Monitoring and gathering evidence are key activities throughout the Responsive Dialogues. The original goals, KPIs and objectives can be retrieved and compared with the results.

It is important to evaluate if enough evidence was collected, in terms of insights as well as public views on policies related to the focus area within the AMR space, going back to see the shared goals set with stakeholders and policymakers.

Map and make sense of information

Visualisations and mapping tools can be used to make sense of all the knowledge gathered.

Some tools to keep in mind:

- Treatment seeking journey mapping (pragmatic and emotional journeys)
- Localised ecosystem maps
- Motivation mapping (e.g. reasons for choices)



Women's care group.
Ndirande, Malawi, 2019.

11. Kickstart impact



Debrief engaged stakeholders to understand the potential to influence regional and national AMR strategies.

Activities

- Share evidence with stakeholders
- Organise stakeholder meeting to understand possibility of impact and reach the right decision makers at the right time

Who is involved

Previously Engaged Policymakers (e.g. champions within the Ministry of Health and Drug Administration Boards, AMR focal point, policy advisors): Provide feedback on evidence and input on how to translate it into impact.

Previously Engaged Researchers (e.g. microbiologists, doctors specialising in this issue, social scientists): Provide feedback on evidence and evaluate impact on research.

Previously Engaged NGOs, networks and organisations (e.g. WHO, ReAct, Water Aid): Provide feedback on evidence and input on how to translate it into impact.

Previously Engaged Civil Society Organisation (e.g. Health & Patient associations): Provide feedback on evidence and input on how to translate it into impact.

Success means

- ✓ Stakeholders find evidence compelling and illuminating
- ✓ A shared plan to use evidence to influence AMR strategies is drafted.
- ✓ Cases are presented to the right decision makers and the process of influencing AMR strategies is set in motion

Share evidence with stakeholders

The Core team and Steering / Advisory Group understand how to debrief and raise interest in previously engaged policymakers, researchers and other stakeholders.

Understand what might be relevant to each stakeholder

Having mapped the priorities of each stakeholder at the beginning and throughout their involvement, the Core team at this point should have a good idea of who might be interested in learning about the evidence uncovered. When sharing evidence, it is important to select what is interesting for each specific policymaker, researcher and stakeholder, talk their language and address their focus points. Every government body has a mission and a budget to reach that mission. Providing specific recommendations makes it easier for policymakers to understand where the relevance for their office might lie. This is a step that could require extra support from the Steering / Guidance team.

Create a modular debrief structure

Debriefs can consist of three parts: introduction to the programme, which might remain standard for all those who receive the debrief, plus the evidence uncovered and why it might be relevant to each stakeholder, both of which should be tailored to each profile.

Evidence can be tailored to receivers. The Core team has to understand what works in each case, but the general advice is to create parallels and connections between different types of data:

- Quantitative data (e.g. a decreasing percentage in antibiotics sales over a period of time thanks to pilot solution)
- Qualitative data (e.g. survey results, quotes and stories)
- Visual support (photos of Events, pilot solutions and actors involved in programme)

These will help support insights collected, creating empathy, and making it easier to understand the patterns brought out by the research. The part that it is essential to tailor is the last one: a concise, to-the-point breakdown of how the evidence uncovered might be relevant for the ongoing efforts of policymakers, researchers and various other stakeholders.



A mother and her child.
Chikwawa, Malawi, 2019.

Standard and tailored content

Standard content

Focus area and methods of research



Tailored content

Evidence uncovered

“ _____
_____ ”
%

Why it's relevant for your work

✓ _____
✓ _____
✓ _____

Share it in the right way

Debriefs must be shared in the right format and at the right time. If needed, the ever-growing in-country network can be leveraged to reach the right people.

It might make sense to use the debrief-sharing moment as an invitation to the stakeholder meeting to discuss it collectively, depending partly on the impact strategy defined with the Steering / Guidance team (see next action).

Possible touchpoints:

- Email
- Shared digital folder (with possibility for notes)
- Print
- Presented in person in 1:1 meetings (if applicable)

Organise stakeholder meeting to understand possibility of impact and reach the right decision makers at the right time

The Core team creates a moment to ask for input, evaluate shared material and understand what the short- term and long-term impact might be.

Before Meeting

Define strategy for impact and invite relevant stakeholders

The first step is to align on the planned impact strategy. Based on the evidence collected and the results from the pilot, some assumptions will need to be made about how to start a process of influencing AMR policies and strategies at regional and national levels. The purpose of the meeting will be evaluating these assumptions, and understanding together what is feasible.

Only when this is clear can the Core team start inviting the existing network of stakeholders, as well as anyone else who might be relevant. Depending on the impact strategy defined with the Steering / Advisory team, the group of invited stakeholders might be large and diverse or very focused (e.g. only stakeholders working on water, hygiene and sanitation if this is the area that was prioritised).

Meeting structure and duration

Event run at conference centre with 5-20 selected stakeholder group participants

5-20 participants
Duration: 3 hours max.

Meeting Activities	Duration
Introduction	30 min
Recap findings	1 hour
Prioritise action	1.5 hours
Set next steps	30 min

Introduction

30 min

At the beginning of the workshop, the stage needs to be set for a proactive session, especially if stakeholders new to the group are present.

Outline and priority of elements to introduce:

- Recap why this AMR focus area was chosen, approach and steps
- Introduce any participants that might be new to the group
- Introduce roles and rules of the day
- Q&A on introduction

Recap findings

1 hour

Learnings previously shared in individual debriefs should be recapped, focusing on points of contact between data relevant to different stakeholders.

Outline and priority of elements to introduce:

- Evidence from First Event (introduce and explore topics), focusing particularly on results of researcher- participant dialogue
- Evidence from Second Event(s) (ideate local solutions) focusing especially on the asks and ideas most frequently mentioned by participants
- Evidence from Third Event(s) (co-create and prototype promising solutions) focusing on the iteration process and group dynamics
- Evidence from pilot solution, focusing on how solution came to life, and (depending on stage of pilot) preliminary or conclusive findings

Prioritise action

1.5 hours

It is important that evidence is explored collectively by the stakeholders invited. While the Core and Steering / Advisory teams can make a preliminary assumption over where they see potential for impact, only partner policymakers and stakeholders that are actively involved in decision making and lobbying around AMR can provide insight and support in this regard.

During this activity, the Core team should facilitate a process of scenario building, in which the teams can start from evidence collected (focusing particularly on piloted solutions) and understand what the potential development paths might be for each, based on what was originally identified.

Among the optional paths to explore:

- Scale out: piloting local solutions in similar locations to gather even more evidence in order to influence policies
- Scale up: trial piloted solutions in more locations to reach a whole district or region or even the entire national territory in order to influence policies



Meeting.
Italy, 2019.

Set the next steps 30 min

This meeting should be seen as a step in an ongoing partnership. Influencing AMR strategies at regional or national level is complex and will require further discussion with the same group or individual actors. The foundations of a durable bond must be set by the end of this meeting, with a clear plan for contact and updates from both ends. As part of the next steps, it might be necessary to bring the same evidence and case studies to different decision makers (e.g. higher-level policymakers or separate Ministries).

After Meeting (if needed) If it makes sense, bring a case to separate decision makers

If one of the next steps identified is to take a case to separate, higher-level decision makers, the Core team needs to work closely with stakeholders that can act as go-betweens to understand who to present a case to and how to reach them, what information to prioritise as well as what is the right time to present the case.

12. Measure outcome, seek feedback and ensure sustainability



Obtain feedback from all different parties involved in the programme, understands what its future is and how to communicate its impact to the world.

Activities

- Follow up with all people who took part
- Review, define future ownership and next steps
- Tell the story to a wider audience

Who is involved

All Previously Engaged Parties **policymakers, researchers, stakeholders, participants, etc.:** Provide feedback on overall programme and how to improve.

NGOs, AMR International Networks and Organisations: Provide insight on future ownership and continuity.

Media Experts (e.g. journalists, social media experts): Provide support in translating and spreading messages.

Content Creation Partners (e.g. video-makers, storytellers, designers, illustrators): Provide support in crafting tailored messages and content.

Success means

- ✓ AMR Solutions developed are expanded or replicated
- ✓ Value of Responsive Dialogues is recognised and extended to new contexts

Follow up with all people who took part

Measure satisfaction and opinions of different parties that took part in the Responsive Dialogues.

Ask for feedback from everyone involved in the programme

Asking for feedback is essential to learn what worked and what could have been better, from the perspective of all the different parties involved. The Core team needs to build surveys and organise calls or meet up with participants and other actors, to hear their point of view on the overall programme. It is the moment to gather insight, which might be extremely valuable for future programmes and efforts.

Update on achievements and progress

It is vital to update everyone who participated about the achievements and what happened thanks to their efforts. Showing continuity by sharing accomplishments, development stages and progress on the given efforts can drive engagement and trigger further participation and collaboration.

Using feedback tools like surveys can provide feedback efficiently and create a mix of quantitative and qualitative data.

Review, define future ownership and next steps

Identify the future of the programme and ownership of future efforts.

Identify the best space for further action

Identify additional actions required to reach final goals. It is important to understand three different things:

- If there is space for continuing the programme or for further efforts on the same AMR-related focus area
- Where there is space for more action
- What type of action is required to ensure sustainability

Sustainability can mean scaling the programme by expanding into different contexts or just carrying on increasing the number of conversation sessions. (e.g. it can happen that a point is reached where results in the chosen focus area self-evolve and there is no need to develop them further, or otherwise, there could be the need to go through the whole programme again to achieve the desired results).

Define ownership of future efforts

To properly define future efforts, it is necessary to have clear and defined owners. This ownership may rest in champions - or people with a strong interest and involvement with a topic who are willing to put all their energy and drive into starting an effort. Or it may rest with owners who sponsor and openly support the effort.

Once ownership is defined, it is essential to handoff all the information needed to carry on. To ensure alignment and complete understanding of what was done, it is advised to set the next steps together with future owners.

Set the next steps

Framing the next steps and planning future effort requires going back to the Groundwork done to define the programme of the Conversation Events, and reviewing all the steps. Gathering all learnings and feedback from the experience will help better frame the necessary next steps and adjust the target, objectives and goals.



Stakeholder meeting.
Lilongwe, Malawi, 2019.

Tell the story to a wider audience

Share the story of achievements and efforts to potential funders and wider public to trigger participation and gather even more voices.

Understand how to tell story of the programme

The Core team works with support from creative team, producers, publishers etc. to design materials that can be used to tell the story about the programme to potential funders and the wider public.

When telling a story, there is a need to connect with the audience; therefore, it is essential to adapt the story based on who the target is.

The shared story must:

- Demonstrate the value of the conversation programme
- Provide proof of all the effort made
- Trigger engagement and participation

Share the story with potential funders

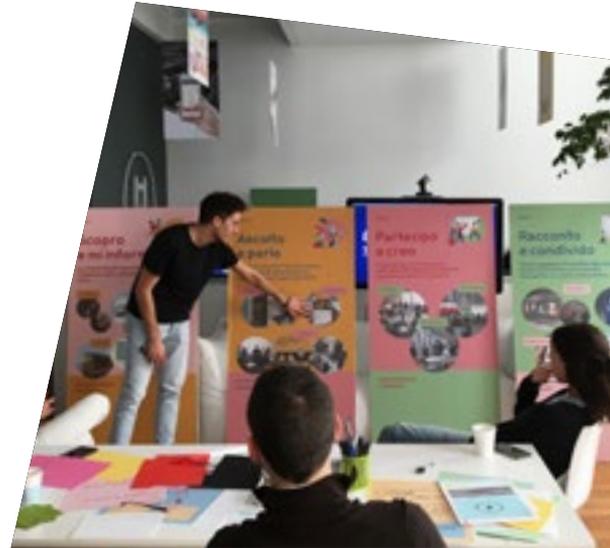
When sharing the story with potential funders it is fundamental to show the potential of the project through its achievements.

It is key to highlight:

- The opportunities the programme can open up
- What still needs to be done
- What could be done with their support

Share the story with the wider public

When sharing the story with a wider public it is crucial to show the achievements in terms of actual impact achieved by people. It is key to convey that by participating everyone can make a difference and always give space for further possible conversation programmes. The story must include real-life examples of change, be that at an extremely localised and individual level or at a broader level.



Storytelling.
Milan, Italy, 2019.

Illustrative Examples



Illustrative Examples

What to expect from this section?

These examples show how the toolkit could be used in three very different contexts. Starting from the suggestions and insights collected through research, they aspire to tell the story of the many possibilities and potential applications of the toolkit: they are glimpses into the future.

Illustrative Examples

- Italy
- Malawi
- Thailand



Target group selected in Italy, 2019.

Italy Example



Neighbourhoods as local hubs of diversity to explore diverging points of view and mend broken relationships around health provision. Italy represents a case of a highly developed country lacking a compelling sense of urgency about AMR.

Existing efforts and framing of AMR

Regional differences in action and approach

There are major regional differences, in terms of resistance and response (research programmes, policies and surveillance).

This is not only due to existing socio-economic and cultural differences but also to the fact that each region administers health independently. Tuscany for example is a trailblazer, especially when it comes to awareness and tools for GPs.

Citizen associations

Citizen and patient advocacy associations, such as CittadinanzAttiva, are extremely influential in the government on AMR and beyond – even though actual public involvement in the topic is rare.

‘Antibiotic-free’ food focus

Food is a strong driver of public interest. Italians are extremely aware of the links between food and health, and focus on the topic of limiting antibiotics in food is high – even though the actual understanding of why this is necessary is not widespread.

Potential actors to involve in goal-setting

- Researchers
- Social scientists and public engagement experts (e.g. DESIS Lab at Polytechnic of Milan)
- Microbiology researchers and AMR Champions (e.g. AMR focus group at University of Milan, GISA Antimicrobial Stewardship Italia)
- Policymakers
- Municipality of Milan
- Milan Metropolitan Agency for Health Protection (ATS)
- Lombardy Region Health Board
- Civil Society
- Citizen and Patient Associations (e.g. CittadinanzAttiva)
- Local associations

Potential short-term goals

- Understand how to improve the relationship between patients and GPs.
- Raise urgency on a neighbourhood level thanks to the programme and the evidence uncovered.
- Create local hubs of interest on the topic, where priorities are aligned and objective.

Potential long-term goals

- Find solutions to create positive cycles of mutual control and influence between participants and GPs to limit misuse of antibiotics.
- Help create a movement of 'Antibiotic Aware neighborhoods' around Italy, across big cities as well as smaller centres.

Potential focus

Taking care of broken relationships and co-ideation of local solutions and improvements: reaching a deeper understanding of the social exchanges that are the main causes of AMR and its increase in Italy

This objective can be two-fold: first, to provide a more thorough understanding of divergent public points of view and align on common goal priorities; and secondly, to examine and work on key exchanges - at times when people seek treatment - that are key drivers of AMR (e.g. patient-GP or customer-pharmacist).

Selected target

Neighbourhoods as hubs: reaching a diverse local sample of society through groups and associations

In a diverse context like Milan, it is important to identify areas that are particularly rich in existing poles of participation. With this mindset, it's possible reach and select participants that represent diverse demographics, interests, motivations, points of view and backgrounds.

Composition of the group

It's important to assemble a mix of participants from diverse groups and associations, following a screener to ensure diversity.

Relevance to the topic

Understanding different points of view is a must, so do not forget to consider diverse groups (e.g. parent groups, immigrants, elderly and young adults.)

Influence potential

The potential with this selected target is to get a ripple effect that starts at the grassroots and then extends to the neighborhood and beyond.

How they can be reached and recruited

To successfully recruit participants, a network must be built over time, cultivating personal relationships with the leaders of local groups and associations. At the same time, it's essential to secure support from local institutions (e.g. municipality) to ensure credibility.

Potential stakeholders to involve in Events

All events

Researchers
Microbiology experts and PhD students in Medicine-related research at the University of Milan (Università degli Studi di Milano Statale).

Second and Third Event(s)

Policymakers
Municipality division representatives (Milano 2, Milano 8, Milano 4)
GPs
Selected GPs from Adriano, Sarpi, Corvetto neighbourhoods

Creating a space for thought-provoking conversations that can make participants feel free to share opinions and open up on AMR-related behaviours

What to learn and discuss with selected target

- Extent of health literacy among diverse participants
- Diversity of values, interests and priorities, including approach to science and participation
- Misconceptions and AMR drivers (including medicine use and risk perception)
- Treatment seeking behaviour, including pragmatic and emotional barriers in GP-patient relationship
- Role of trust networks, peer pressure
- Relationship between diverse participants, including generational differences (e.g. “I won’t be there” vs. “It’s my future”)

What knowledge to introduce and how to frame it

- Basic causes and consequences of AMR (explained in a simple, tangible, engaging way)
- Stories that show how close the problem is, focusing on interests of participant and groups (e.g. focusing on children for parents)
- Address convenience and its cost in the long term. Explore justifications commonly used against the pragmatic, personal consequences (on health and finances)
- Frame and discuss GP-patient relationship bringing in voices from GPs)

Potential conversation experience theme

The best time to talk and discuss? Over brunch, of course

Social events (food and drinks are a must!) to create the a comfortable atmosphere to share opinions freely. The branding of the events can be fun, colourful and tailored to each specific neighbourhood – referencing hyper-local icons and character.

AMR related pain points

A matter of urgency, civic consciousness and relationships

The most striking finding when it comes to AMR in Italy is how low a priority it seems to be, especially considering the incidence of resistance compared to the rest of Europe. Health workers, in particular, are not fully aware of the scale of the problem. GPs and patients are stuck in a vicious circle: the GPs receive no training on AMR and have little access to quick diagnosis tools; they often have to resort to antibiotics as a 'blanket solution' with patients, which in turn come to expect them whenever they go in for a visit. Many pharmacists, due to high levels of mutual trust with their patients, can sometimes break policies and sell antibiotics without a prescription.

Possible target participants

Polarisation, unheard voices and generational gaps

In the Italian context (and particularly in high density areas such as Milan), there's a great diversity of points of view for health topics. It's essential to explore and try to resolve this opinion polarisation that runs along socio-economic and generational lines.

Participation in Italy

A heritage of participant participation, together with new approaches

Throughout urban centres of different sizes, two-way conversation programmes are increasing, but health is still not among the most discussed topics.



Italy, 2019.

The Conversation Events in Italy

Conversations focused on uncovering and exploring opposing views in order to reach a consensus on what needs to be done.

Potential event topics

First Event

Introduce and explore topics

**‘Meet me at brunch:
bridging health gaps in
our neighbourhood’**

Second Event(s)

Ideate local solutions and asks

**‘Let’s think about how
to improve doctor-
patient relationships’**

Third Event(s)

Co-create and prototype promising solutions

**‘Design sprints! Let’s
bring ideas to life and
kickstart here and now’**



Italy, 2019.

Potential event locations

Neighbourhood community halls

Potential Conversation Events

Events to be repeated with at least 3 neighbourhoods

First Event

- 3 first events in 3 different neighbourhoods in Milan are organised
- Each of these first events lasts around 4h and engages a minimum of 15 participants
- There should be at least 1 AMR researcher/expert per event

Second Event(s)

- At least 2 ideation events with each group is organised.
- Events last around 4h and engage a minimum of 15 participants and 1 AMR researcher/expert

Third Event(s)

- At least 2 co-creation events with each group are organised

Potential recruitment details

Diverse mix of participants living or working in the neighbourhoods

- Equal gender mix and age range (e.g. Age range 14-75, from Gen Zs to Adults and Elderly)
- A mix of participants from the same neighbourhood representing diverse roles (e.g. Parents, pensioners, employees and independent workers)
- The mix of participants should also include people that are not originally from that neighbourhood, Milan or Italy (e.g. immigrants, people from other parts of Italy)
- There should also be a mixture in terms of health behaviour and knowledge

Imagined Impact Scenarios in Italy

Envisioning ‘news from the future’ to imagine what the impact of conversations could be.

Localised urgency and pilots lead to a gradual revolution in doctorpatient relationships, with more proactive and respectful participants and more knowledgeable and careful GPs.

Pilot local solutions

‘Pilot of health solutions created by Adriano Neighbourhood participants declared a success.’

‘A group of participants from the Adriano Neighbourhood worked hard over the last 6 months to improve relationships between patients and GPs as part of a programme of dialogue on AMR. Among the pilot elements: a bacterial/viral test for every GP in the area, training for GPs and a participant information kit in 4 languages.’

Policy change at provincial level

‘From Adriano to the whole city: Milan Health Agency secures funds to scale up local pilot.’

‘The Milan Health Agency has announced plans to kickstart a programme of change across the territory. Impressed by the impact of the pilot actions of the Adriano Neighbourhood, the decision to take these solutions to the whole city was unanimous.’

Wider exposure and urgency on AMR

‘New itinerant pop-up exhibition tells the story of participant-led response to drug resistance.’

‘From suburban Milan to the heart of Bologna, and beyond. A pop-up exhibit will open next week in Piazza Maggiore. Its aim: to share the results of the actions of participants of a Milan neighbourhood and let them tell their own story of local solutions to the growing problem of Antimicrobial Resistance.’

Solutions evolve and mutate throughout the country

‘Ministry of Health announces AMR response toolkit for local health agencies.’

‘The actions of the Adriano neighbourhood raised attention on the urgency of AMR in Italy. After a year of hard work, the newly-appointed Minister of Health presented the Government plans for a toolkit that each local health agency can use to translate solutions based on local contexts, AMR drivers and specific needs.’



Malawi Example



Engaging women’s groups in a journey of empowerment, recognition and peer-to-peer engagement on Water, Sanitation and Hygiene (WASH) related AMR drivers. Malawi is a nation with infrastructural challenges, taking important first steps on the issue of AMR.

Existing efforts and framing of AMR

Government level

Government efforts are led by an AMR focus group at the Malawian Ministry of Health. The role of the Pharmacy Medicines and Poisons Board (PMPB) is fundamental, handling drug control and implementation for the drug registration system.

Independent organisation efforts

There are a lot of separate efforts from a variety of actors (e.g. Drivers of Resistance in Uganda and Malawi, Water Aid, Malawi Liverpool Wellcome Trust) but these are not yet mapped holistically. In order to measure the impact of all these actions, there should be more collaboration between NGOs, Ministry and independent actors, through Technical Working Groups (TWGs).

Booming private sector

The private sector (private clinics, drug stores) is booming in urban areas, and often operates by bending rules, making regulation even more important. Nonetheless, public health remains central in the spread of resistance.

Potential actors to involve in goal-setting

- Researchers
 - Social scientists and public engagement experts (e.g. MLW)
 - Microbiology researchers and AMR Champions
 - WASH researchers
- International Networks
 - NGOs (Water Aid), AMR Consortia (DRUM)
 - ReAct Africa
- Policymakers
 - Public Health Institute of Malawi (PHIM), AMR working group at Ministry of Health, Pharmacy Medicines and Poisons Board
- Civil Society
 - Citizen Associations (e.g. Mchinji, Malawi Equity Health Network – MEHN)

Potential short-term goals

- Understand local AMR driver priorities around which to ideate and implement solutions.
- Give recognition to the dedication of women's groups to create stories that can inspire further work.
- Empower the targeted group of women on the topic and engage them in improving hygiene in their villages.

Potential long-term goals

- Find local yet scalable solutions to improve hygiene habits to lower AMR incidence in Malawi.
- Stimulate widespread involvement of women's groups in working on AMR drivers, providing recognition and structure. Potential focus

Potential topics

Exploiting the connection between AMR and WASH: co-ideation of solutions with women's groups for hygiene practices to decrease AMR incidence in the country

This specific focus needs a highly local approach to understanding the drivers that influence AMR levels in relation to hygiene habits and structural elements such as clean water provision. These can be powerful ways to drive discussion with local community members, as they represent pressing everyday issues in lower-income settlements and can strike a chord that extends beyond merely focusing on health.

Selected target

Committed women's groups: leveraging the dedication and trusted role of women's groups in influencing and informing the community – while taking care not to overburden them

In Malawi, in the villages and in urban areas, relying on the collective efforts of the community to make localised changes is an already established practice. Women's groups are especially important in passing on knowledge to others and are already proactive and committed in co-creating local solutions.

Composition of the group

The actions should be planned for existing community groups of women that are not already involved in many other projects, to avoid overburdening them.

Relevance to the topic

Women are aware of the hygiene and health issues of their own communities and they are often knowledgeable about local struggles and barriers.

Influence potential

Traditionally, women's groups are the trusted members of their community when it comes to health problems and are sources of information.

How they can be reached and recruited

It is very important to recognise the role of Health Surveillance Assistants, Village Health Committees and Chiefs, not only to reach but also to identify the right women's groups. In addition, social scientists and anthropologists can provide insights to understand which groups are already engaged with other projects.

Potential stakeholders to involve in Events

All events

Researchers
Microbiology experts and local context researchers, e.g. Malawi Liverpool Wellcome Trust, AFIDEP

Second and Third Event(s)

Policymakers
Village Health Committee
Village Chiefs

Creating familiar, warm and natural moments of dialogue and open exchange of ideas with women's groups around the topic of hygiene, reaching them exactly where they normally are

What to learn and discuss with selected target

- Extent of health literacy among all inhabitants
- Behaviours and habits in relation to hygiene on a personal, family and village level
- Barriers to people seeking correct treatment
- Extent of influence of women's groups and their negotiating power within the family
- Nature and source of stories and word-of-mouth information
- Learning and change-making practices in communities (e.g. creation of tools and materials)

What knowledge to introduce and how to frame it

- Causes and consequences of AMR with specific focus on WASH (explained in a simple, tangible, engaging way)
- Highlight pragmatic and economic consequences of insufficient daily care
- Focus on stories involving hygiene habits: address the importance on both a personal level and for all inhabitants
- Target and empower their role in providing guidance for the community and as a source of information

Potential conversation experience theme

A natural atmosphere to create a moment of open dialogue

With women's groups, the priority is ensuring an atmosphere of informality but also of respect. It is best to keep things simple, and use the spaces where groups already meet. This ensures people are in their comfort zone and participate actively.

AMR related pain points

Low health literacy, structural challenges, need for information

Malawi faces severe problems in health provision, making access very hard for members of the public. Not everybody can afford to reach public hospitals so that many end up asking for help to neighbours, pharmacies and drug stores nearby. Private health clinics are growing, as they provide faster service and often easier prescription of antibiotics. Misguidance, lack of information, and wrong or insufficient medications are core issues. Water, hygiene and sanitation are core issues as well, representing key AMR drivers in lower-income settlements.

Possible target participants

Highly separated demographic groups

In Malawi demographic groups often exist and operate separately. Gender is an especially big divider. Women are often organised in community groups, many of which already deal with health issues. They have a role of guidance in the community, especially in contexts with lower income levels. Other possible targets, which are however much less engaged, are young adults and adult men.

Participation in Malawi

Active society: groups of proximity and interest

Community-based participation is quite common. The active participant groups include Village Health Committees, made up of volunteers, and Women/Mother Care Groups. Both take care of awareness and solutions for their communities.



Goals defined.

The Conversation Events in Malawi

Safe spaces of engagement, empowerment and recognition for women to work on improving their community's wellbeing.

Potential event topics

First Event

Introduce and explore topics

'Let's talk about thoughts, worries, opinions about hygiene in this community'

Second Event(s)

Ideate local solutions and asks

'Let's come up with solutions for our village through roleplay'

Third Event(s)

Co-create and prototype promising solutions

'Let's bring ideas to life and make a change here and now'



Malawi, 2019.

Potential event locations

Primary schools, churches, open air

Potential Conversation Events

Events to be repeated in 2 districts with 2 groups in each one

First Event

- In total 4 first events in 2 different settlements in Malawi are organised
- Each of these events lasts around 4h with min. 15 people
- There should be at least 1 researcher with expertise in AMR, WASH and 1 social scientist/anthropologist

Second Event(s)

- At least 2 ideation sessions with all groups are organised
- Ideation events last around 4h and engage the same groups plus 1 researcher with expertise in AMR, WASH

Third Event(s)

- At least 3 co-creation sessions with each group are organised
- For these sessions, there should be at least 1 policymaker (e.g. village chief)

Potential recruitment details

Ensuring diversity of participants

- A possible age mix (e.g. age range 14 - 34 from young to elder women) in meeting with women's groups
- Women's groups with different interests and activities (e.g. Mother groups, Friends of Nature)
- Managing diversity when it comes to involvement in public participation (groups never involved in participation vs groups previously involved)
- Selecting women's groups that are currently not involved in many other activities in order to avoid overburdening them

Impact Scenarios in Malawi

Envisioning ‘news from the future’ to imagine what the impact of conversations could be.

Localised knowledge and empowerment, as well as pilot solutions, gain attention of government decision makers.

Community influence

‘Co-created wisdom in Chikwawa, Malawi: a song about WASH.’

‘In a rural settlement in the Chikwawa district, a women’s group took the initiative to influence inhabitants to improve their hygiene habits. The solution was a zero-cost intangible asset: a song that focuses on better hygiene practices in the daily activities of women such as washing clothing, hygiene of their children and preparing food.’

Pilot local solutions

‘A women-led solution to reduce AMR incidence in Chikwawa, Malawi.’

‘In recent months, a women’s health ambassador group worked on the drivers of Antimicrobial Resistance. After their hard work, in the past week they have kicked off a pilot project, installing new low-cost hygiene facilities at two primary schools in Chikwawa. It’s a scalable solution for promoting and overseeing hygiene for children.’

Influence on national strategies

‘Malawian government commits to scale up women’s groups’ ideas.’

‘The Ministry of Health started to build on the hygiene initiatives of the women of Chikwawa. A responsible from PHIM told the press: ‘We were impressed by the work that is done by these women’s groups. It showed us the impact of the dedication of our people, and stimulated us to move even faster in the implementation of our national action plan.’



Malawi, 2019.



Thailand Example



Intercepting young adults at key moments of growth and learning, creating a future generation focused on responsible self-care. Thailand is a rapidly changing country, with an impressive array of ongoing efforts on AMR but open to new approaches.

Existing efforts and framing of AMR

Antibiotic Smart Use

The Thai government has been working on Antibiotic Smart Use (ASU), which focuses on a simple, clear, general message on the rational use of antibiotics, for almost a decade. The Drug Administration Board is currently designing and implementing a new antibiotic prescription system (Phase 2: oral antibiotics).

AMR Dictionary

An initiative led by Mahidol Oxford Tropical Medicine Research Unit (MORU), the AMR Dictionary has been created to provide a shared language for AMR, with a Thai-specific version.

AMIS - Antimicrobials in Society

There is also a research programme run by the Ministry of Health and Mahidol University, focused on mapping of antibiotic use, and the networks that antibiotics travel around.

ThaiHealth Promotion Foundation

ThaiHealth, an autonomous government agency, has recently funded World Antibiotic Awareness Week 2019 to reach a larger audience through media and initiatives..

Potential actors to involve in goal-setting

- ➔ Researchers
Social scientists and public engagement experts (e.g. MORU, AMIS)
Microbiology researchers (e.g. MORU)
- ➔ International Networks
ReAct Asia Pacific
- ➔ Policymakers
Champions from Drug Administration Board (e.g. Antibiotic Smart Use programme owners)

Potential short-term goals

- Provide the government insights to implement prescription system phase 2.
- Reframe self-care in a more conscious way, focusing on prevention.
- Enhance curiosity, make the topic known and stimulate further conversation sessions.

Potential long-term goals

- Co-create a well-functioning 'prescription of the future' that works for all.
- Help shape a new generation that is conscious about self-care and increasingly active in the co-ideation of local solutions.

Suggested focus

Building on existing efforts (such as 'Antibiotic Smart Use') to go beyond the 'simple message'. Engaging members of the public in designing future ways to use antibiotics and create a better self-care culture

Such focus might need a rather radical and participatory approach not only in understanding the usage but also impacting the sales of antibiotics. It also would help lay a foundation for the Government to gather evidence for the task of creating a prescription system that works for participants, and not against them: right now people in Thailand have to rely heavily on prescription-free antibiotics because of barriers to healthcare access, so any new prescription system has to be designed in a way that does not foster a black market or penalises the most needy in society.

Selected target

Engaging upper secondary school and university students: the adults of the future

Following the suggestions of the stakeholders, a possibility is to work with 15-25 year olds, as they are at a crucial stage in their lives where they start making decisions on their own. Reaching them through academic institutions, it is possible to leverage social mechanisms such as peer-to-peer influence to make young adults realise the impact AMR will have on their own lives in the future, and how they can act to influence this.

Composition of the group

Although they represent a uniform age group, their background and points of view can differ greatly.

Relevance to the topic

This is the time to create new behaviour awareness, and especially eradicate old behaviours rooted in family traditions and beliefs.

Influence potential

These young adults have the potential to influence their peers, parents and siblings as well as possibly their extended families in the future.

How they can be reached and recruited

It's possible to reach them by contacting the actors responsible for education at provincial level. Such an approach is often more effective than going through central government. The core team can reach schools, universities, teachers and professors to set the goals and design conversations.

Potential stakeholders to involve in Events

All events

Researchers

Social scientists (e.g. MORU, Chaiwat Thirapanutu, AMIS)

Microbiology researchers (e.g. MORU)

Second and Third Event(s)

Policymakers

District-level policymakers

School and university heads

Professors

Envisioning engaging conversations that can help the targeted group of young adults open themselves up and discuss compelling questions about how their own future lives will be impacted by AMR

What to learn and discuss with selected target

- Extent of health literacy in younger generations
- AMR drivers and misconceptions (including use of medicines, risk perception, lack of info)
- Treatment seeking behaviours, including pragmatic and emotional barriers in young adults (and how it changes as they grow up)
- Role of trust networks, peer-to-peer influence, their relationships with their families and close circles
- Beliefs about the need for participant participation in the future, and the role of universities and schools in this

What knowledge to introduce and how to frame it

- Information about basic causes and consequences of AMR (explained in a simple, tangible, engaging way)
- Stories that show how close and urgent the problem is
- Their unique role in shaping the future of their own health: empower them as being agents of change by appealing to their pride
- Their possible role in influencing and supporting the work of policymakers

Potential conversation experience theme

A narrative time-shift to explore care and self-care in the near future

Young adults need to be taken on a journey to the future, envisioning together how their contexts and lives might be impacted by AMR, and what future they want to see instead.

Branding and storytelling is key to keep Gen Z students engaged.

AMR related pain points

Low health literacy and barriers to proper care: a critical combination

Despite government efforts, awareness of how antibiotics work is not widespread, and even terminology is still hazy (e.g. ‘antibiotics’ and ‘anti-inflammatory medicines’ are often used as alternatives for the same health issues). Plus, accessing healthcare is either expensive (private) or offers a lower quality of service (public), so pharmacies are often the first choice when it comes to seeking treatment, especially in urban areas.

In fact, broad-spectrum antibiotics (e.g. amoxicillin) are sold freely at any pharmacy, without any prescription needed.

Possible target participants

From fragile groups to new generations: a problem for everyone

Stakeholders met during the research highlighted two potential targets: immigrants from neighbouring countries, as they are less frequently vaccinated in comparison to Thais and have more barriers to treatment seeking; younger generations, as they’re easier to engage in a process of radical behavioural change.

Participation in Thailand

A culture that doesn’t naturally gravitate towards participation

In Thai culture, participation and speaking out are not common. Thais nowadays express their opinion mostly online (e.g. on Pantip.com).



Possible target participants. Thailand, 2019.

The Conversation Events in Thailand

Interactive conversations that make science and health fun, practical and personal, engaging young adults to raise their voice.

Potential event topics

First Event

Introduce and explore topics

‘Tomorrow talk: a conversation about the future of health’

Second Event(s)

Ideate local solutions and asks

‘How will you access medicines in the future? Your chance to have a say’

Third Event(s)

Co-create and prototype promising solutions

‘Make a pledge to change the future of prescriptions, starting from today’



Target group selected.
Thailand, 2019.

Potential event locations

Universities, secondary schools

Potential Conversation Events

Events to be repeated with groups from at least 5 institutions

First Event

- 2 groups are engaged, one of which is with secondary school students (16-18 y) and other is with university students (18-21y)
- Each of these first events lasts around 4h and engages a minimum of 15 participants
- For the first conversation there should be at least 1h dedicated to AMR with researcher support

Second Event(s)

- At least 2 ideation sessions with each group are organised. Ideation events last around 4h and engage a minimum of 15 participants
- For each event there should be at least 1 researcher

Third Event(s)

- Up to 3 event(s) around 4 hours with policymakers to finalise the co-created solutions

Planned recruitment details

Ensuring diversity in young adult groups

- Equal gender mix
- A mix of students from public and private schools (50/50 is ideal)
- A mix of people with family backgrounds from different areas of Thailand (50 urban/50 rural is ideal case)
- A mix of students with young parents (<45y) and with elderly parents (>65y)
- A mix of students that have siblings and only child (50/50 is ideal)
- A division including some “out of town” students (living far from their hometown/city and not together with their parents)

Impact Scenarios in Thailand

Envisioning ‘news from the future’ to imagine what the impact of conversations could be.

Localised pilots lead to the government making more informed decisions about how the prescription system should work.

Pilot local solutions

‘Localised self-care app trialed in a Thai secondary school: a co-created phenomenon.’

‘A secondary school just outside Bangkok co-designed and implemented a new app for treatment seeking and cure tracking. The app is used by the school nurse to prescribe medicines to students and to check if they’re following the treatment precisely.’

Peer-to-peer influence

‘Grassroots Thai prescription app gets big among universities in the capital.’

‘Medical students from various universities in Bangkok, after noticing the efforts of secondary school students, started to push the university deans to bring the app to their campuses in order to both monitor and guide the usage of antibiotics by students.’

Policy change in action

‘Thai Government co-designs the antibiotic prescription system of the future.’

‘A fully functioning prescription system was designed with the help of university students from all over Thailand, working with the Drug Administration at the Ministry of Health. They told the press: ‘It was a success in our university, now it will be the future for all. Be systemic, be honest, be healthy!’



References

AMIS - Antimicrobials in Society

Available at: <https://www.antimicrobialsinsociety.org>

AMR Dictionary

Available at: <https://www.amrdictionary.net/dictionary.aspx?pageID=103&lang=en-GB>

Antimicrobials Working Group

Available at: <https://www.antimicrobialsworkinggroup.org>

Antibiotic Resistance Real life stories

Available at: <https://www.who.int/campaigns/world-antibiotic-awareness-week/personal-stories/en/>

Antimicrobial Resistance Fighters

Available at: <https://antimicrobialresistancefighters.org/read-stories>

Cammack, D. & Kanyongolo E. O'neil T. (2009). 'Town Chiefs' in Malawi. London. [online]

Available at: <http://www.institutions-africa.org/filestream/20090618-appp-working-paper-no3-june-2009-town-chiefs-in-malawi-diana-cammack-edge-kanyongolo-tam-o-neil>

Dindi, P. & Gwaza, P. (n.d.). Religious Leaders Take On Managing Malawi's Population Growth. [online] Health Policy Plus

Available at: <http://www.healthpolicyplus.com/religiousLeadersFP.cfm>

Government of the Republic of Malawi, Ministry of Health. (2017). Training Manual for Village Health Committees. [online]

Available at: https://www.strath.ac.uk/media/other/malawi/chikwawa/VHC_TRAINING_MANUAL_Sep_202017.pdf

Katrim Integrated Health. (2016). Glossary of Terms, Antimicrobial Resistance. [online]

Available at: <https://nccid.ca/publications/glossary-terms-antimicrobial-resistance/>

Haenssgen, M. (2019). Antibiotic Resistance: public awareness campaigns might not work. [online] The Conversation.

Available at: <https://theconversation.com/antibiotic-resistance-public-awareness-campaigns-might-not-work-111926>

Health Policy Plus, (2017). HP+ supporting Malawi's FP2020 goals. [online]

Available at: <http://www.healthpolicyplus.com/malawiFP2020.cfm>

Milano Participation Platform

Available at: <https://www.milanopartecipa.com>

Pantip

Available at: <https://pantip.com>

Rassi, C. (2019). Tackling antibiotic resistance - why it matters and how community dialogue can help. [online] Malaria Consortium.

Available at: <https://www.malariaconsortium.org/blog/tackling-antibiotic-resistance-why-it-matters-and-how-community-dialogue-can-help/>

ReAct, Dag Hammarskjöld. (2019). When the Drugs Don't Work - Antibiotic Resistance as a Global Development Problem. Uppsala.

Available at: <https://www.reactgroup.org/wp-content/uploads/2019/02/When-the-Drugs-Don't-Work-Antibiotic-Resistance-as-a-Global-Development-Problem-Feb-2019.pdf>

ReAct, (2016). World Antibiotic Awareness Week: Thailand marks the week with colourful public events. [online]

Available at: <https://www.reactgroup.org/news-and-views/news-and-opinions/year-2016/world-antibiotic-awareness-week-thailand-marks-the-week-with-colorful-public-events/>

Sivaraman S. (2014) Antibiotic Smart Use, Thailand Involving community to curb antibiotic resistance [Online]. ReAct.

Available at: <http://www.reactgroup.org/wp-content/uploads/2016/10/Antibiotic-Smart-Use-project-case-study.pdf>

Sorbonne Université, (2018). 10 Misconceptions About Antibiotics. [online]

Available at: <https://www.sorbonne-universite.fr/index.php/en/newsroom/actualites/10-misconceptions-about-antibiotics>

Stanford d.school, (2010). Role Playing. [online]

Available at: https://dschool-old.stanford.edu/groups/k12/wiki/fbba9/Role_Playing.html

Sumpradit, N. Wongkongkathep, S. Poonpolsup, S. Janejai, N. Paveenkittiporn, W. Boonyarit, P. Jaroenpoj, S. Kiatying-Angsulee, N. Kalpravidh, W. Sommanustweechai, A.

Tangcharoensathien, V. (2017). New chapter in tackling antimicrobial resistance in Thailand. [online] BMJ.

Available at: <https://www.bmj.com/content/358/bmj.j2423>

Thai Health Promotion Foundation

Available at: <https://en.thaihealth.or.th>

The Health Foundation, (2016). The power of storytelling. [online]

Available at: <https://www.health.org.uk/newsletter-feature/power-of-storytelling>

Vargas, C. T. (n.d.) Combating antimicrobial resistance (AMR). [online] Antimicrobial Resistance Fighters.

Available at: <https://antimicrobialresistancefighters.org/stories/story-tatiana-chiprez-vargas>

Wellcome Trust. (2016). Evidence for action on antimicrobial resistance. London.

Available at: <https://wellcome.ac.uk/sites/default/files/evidence-for-action-on-antimicrobial-resistance-wellcome-sep16.pdf>

Wellcome Trust. (2019). Re-framing Resistance. London.

Available at: <https://wellcome.ac.uk/sites/default/files/reframing-resistance-report.pdf>

World Health Organization. (2015). Antibiotic resistance: Multi-country public awareness survey. Geneva.

Available at: <https://apps.who.int/iris/handle/10665/194460>

World Health Organization. (2015). Global Action Plan on Antimicrobial Resistance. Geneva.

Available at: https://apps.who.int/iris/bitstream/handle/10665/193736/9789241509763_eng.pdf?sequence=1

World Health Organization, (2017-2018). Global antimicrobial resistance surveillance system (GLASS) report: early implementation. Geneva. [online]

Available at: <https://apps.who.int/iris/bitstream/handle/10665/279656/9789241515061-eng.pdf?ua=1>

World Health Organization, (2017). One Health. [online]

Available at: <https://www.who.int/features/qa/one-health/en/>

Glossary

Language about Responsive Dialogue

Term	Definition
Actors	People or organisations who have direct or indirect involvement in the AMR Ecosystem (also: Stakeholders).
Antennas	Organisations or individuals who facilitate or enable two-way information to flow between groups or individuals with society.
CBO	Community Based Organisation which can include formal and informal local groups working at the local community level.
Co-creation	Refinement of ideas into concrete, tangible solutions that can be tried and applied in local contexts by all participants and stakeholders taking part in Responsive Dialogue events.
Co-ideation	Joint generation of ideas to address AMR by people participating in the conservation events.
Conversation event	One of multiple sessions of each conversation programme.
Deliberation	Carefully thinking about, discussing and making decisions about evidence and issues.
Ecosystem	A system or a network of connections formed by the interaction of people.
Empowerment	Ability of people and communities to represent their own interests, to take action and determine their own destinies.
Evidence	Information that makes an assumption plain or clear: in this context, an indication or sign of a needed change and possible direction in terms of strategies.
Key contacts	Key stakeholders or people consulted during the background research of the DRI Responsive Dialogue process. They can provide valuable information but will not necessarily become more involved in the design or delivery of the Responsive Dialogues.
Local solutions	Contextually relevant and practical approaches, projects, programmes and ways to address AMR within local communities.

Term	Definition
NGO	Non-Governmental Organisation including International NGO's.
Pain point	A problem within existing ecosystems and situations.
Participation	Ability of all individuals from all parts of society to take part in, contribute to and be part of discussions, dialogues and decision making.
Participatory approaches or methods	An approach that includes a range of local voices in planning, implementation, and evaluation of policies, strategies, programmes, projects and other solutions to issues affecting people and local communities. Participatory approaches are particularly concerned with including voices of marginalised, vulnerable and otherwise less heard people.
Policy asks	A collectively identified area of possible change in terms of practice or norms.
Policymakers	People who are responsible for policies, whether these are unwritten practices or official norms and regulations.
Public	Encompasses individuals, communities and society in a particular context or setting.
Public Engagement	Actively involving members of the public in creating awareness, decision making and actions that affect their lives.
Screener	A list or a series of qualifying questions that help to determine if a respondent fits specific participation criteria.
Stakeholders	People who have an interest and are more directly involved in the Responsive Dialogues and policy processes in a country. The stakeholders will usually be a sub-set of the contacts consulted during the background research.

Language about AMR

Term	Definition
AMR	Antimicrobial resistance.
Antibiotic resistance	The genetically-acquired capacity for bacteria to withstand antibiotic treatment.
Antimicrobial resistance:	The ability of a microbe to resist the effects of medication that once could successfully treat the microbe.
Antimicrobial stewardship	Coordinated interventions designed to promote, improve, monitor, and evaluate the judicious use of antimicrobials so as to preserve their future effectiveness and to promote and protect human and animal health. Antimicrobial stewardship encompasses the 5Rs of AMU: responsibility, reduction, refinement, replacement, and review.
Disease prevention	Activities designed to protect patients (or other members of the public or animals) from actual or potential health threats and their harmful consequences.
Drivers of antimicrobial resistance (AMR)	Increased and continued transmission of antimicrobial resistance mechanisms to other microbes by standards of infection control, sanitation, access to clean water, access to assured quality antimicrobials and diagnostics, travel, and migration. Although emergence of antimicrobial resistance in microorganisms is a natural phenomenon, antimicrobial resistance selection can be expedited by antimicrobial exposure in healthcare, agriculture, and the environment.
'One Health' approach	A method of determining policies that bridge human, animal, and environmental health, and accounts for factors relevant to each of these sectors.

To find out more shared AMR language (see endnotes):

- AMR Dictionary by Mahidol-Oxford Tropical Medicine Research Unit (MORU)
- Glossary of Terms: Antimicrobial Resistance developed for NCCID by Katrime Integrated Health

Wellcome

Wellcome is an independent foundation that exists to improve health by helping great ideas to thrive.

We support researchers, we take on big health challenges, we campaign for better science, and we help everyone get involved with science and health research.

wellcome.ac.uk

Wellcome Trust, 215 Euston Road, London NW1 2BE, United Kingdom
T +44 (0)20 7611 8888, E contact@wellcome.ac.uk, wellcome.ac.uk

The Wellcome Trust is a charity registered in England and Wales, no. 210183.
Its sole trustee is The Wellcome Trust Limited, a company registered in England and Wales, no. 2711000 (whose registered office is at 215 Euston Road, London NW1 2BE, UK).