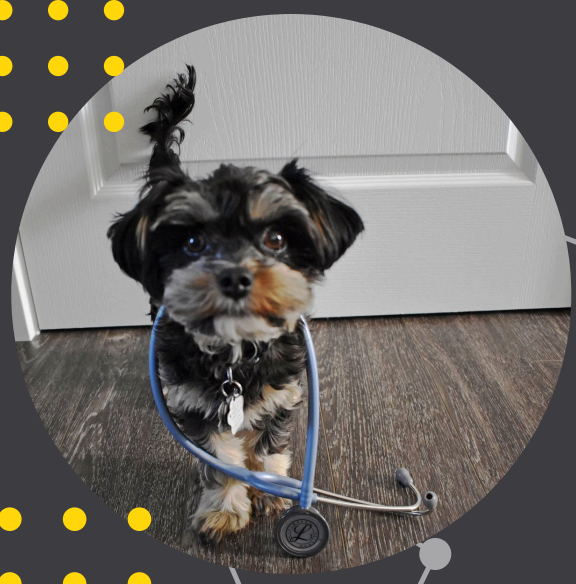














WHO Civil Society Task Force on AMR

Civil Society Success Stories on AMR

People, communities and change in the global response to antimicrobial resistance

Civil society is not simply participating in the response to antimicrobial resistance. It is making change happen.







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SECTION 1

Community Action

Antimicrobial resistance is ultimately shaped by everyday decisions: what a trader buys at the market, which medicines a pharmacy dispenses, what a family does when a child is unwell. The stories in this section show civil society meeting people where those decisions are made. Radio stations, market stalls, screening camps, schools and walking campaigns become classrooms. In each case, trusted local voices, whether peers, teachers, market leaders or a neighbour with a printed poster, make the message feel relevant rather than imposed. The results include measurable gains in knowledge and behaviour, and just as important, a growing sense of local ownership.

5	From Airwaves to Marketplaces
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In Ogbomoso, a weekly radio programme and a busy market became classrooms for responsible antibiotic use, in English and in Yoruba.

On Friday evenings in Ogbomoso, in southwestern Nigeria, listeners tune in to Parrot FM 101.1 Ogbomoso for half an hour of science made simple. Bioscience for Tomorrow, run by Helix Biogen Institute, is broadcast in both English and Yoruba and is also streamed live on Facebook.

A team of about five people takes live questions, hosts discussions and collects feedback. Listeners ask about antibiotics, share their own experiences and commit to safer practices. Communicating in two languages makes scientific information easier for more people to understand.

The conversation does not stay on the airwaves. At Wazo Market, around 20 team members work alongside market leaders and community representatives to speak with traders and shoppers about responsible antibiotic use, food hygiene, infection prevention and environmental sanitation. Market leaders strengthen participation and link the messages to everyday practice.

Together, the radio and market outreach created two complementary platforms for public dialogue, brought practical One Health messages into community life and drew local stakeholders into the conversation.

The audience is broad: patients, the public, health workers, veterinarians, young people and farmers, among others. Listeners were invited to share their experiences, and their feedback became part of the conversation. Because the market team worked beside market leaders and community representatives, messages reached people through voices they already knew.

The central lesson is simple: communities engage more when they can take part in conversations about their own health.

Broadcasting in two languages and livestreaming on Facebook widened public access to the conversation.

WHY IT MATTERS

Technical information rarely changes behaviour on its own. By using trusted local media, local languages and respected market leaders, Helix Biogen Institute turned AMR awareness into a two-way conversation. The model is practical, replicable and well suited to resource-limited settings where radio and markets are part of daily life. Radio and markets reach people where they already gather.

IMPACT SNAPSHOT

- Weekly English--Yoruba radio programme on Parrot FM, also livestreamed on Facebook
- About 5 team members supporting radio engagement
- Around **20** team members working with market leaders at Wazo Market
- Listeners asking questions and committing to safer antibiotic practices



COMMUNITY ACTION Helix Biogen Institute • Nigeria

From Airwaves to Marketplaces

> **“Communities are more engaged when they can take part in conversations about their own health.**



COMMUNITY ACTION Consummate Health and Sanitation • Liberia

> **From the farm to the legislature: awareness becomes action.**

Walking, Teaching and Speaking Up in Liberia

A youth-led organisation combined farmer training, a public walk and a message to the legislature to turn World AMR Awareness Week into coordinated action.

In November 2024, during World AMR Awareness Week, Consummate Health and Sanitation (CHS), a youth-led Liberian organisation, set out to show that awareness can become action at every level, from the farm to the legislature.

It began with farmers. CHS trained 25 poultry and livestock farmers in responsible antibiotic use and disease prevention, recognising that how antimicrobials are used in animal production is part of the wider One Health challenge.

Then the campaign took to the streets. CHS mobilised 100 people for an advocacy walk and presented a position statement to Liberia's legislature, bringing civil society's concerns directly to policymakers and calling for stronger government commitment to tackling AMR.

Radio broadcasts and social media activities extended the message further, reportedly reaching more than 70,000 people.

The campaign reached a deliberately broad group: members of the public, young people, farmers and policymakers. It joined different kinds of action. Training gave farmers practical knowledge. The walk gave citizens a visible way to show their concern. The position statement gave decision-makers a clear message from civil society.

CHS notes that engaging farmers is essential, and that civil society can connect community concerns with national decision-makers, while radio and social media extend messages beyond event participants.

CHS is clear about the next steps. Future campaigns should deepen partnerships across human, animal and environmental health and measure changes in knowledge, antimicrobial-use practices and policy implementation.

These activities, CHS says, expanded public engagement and brought civil society advocacy directly to policymakers.

WHY IT MATTERS

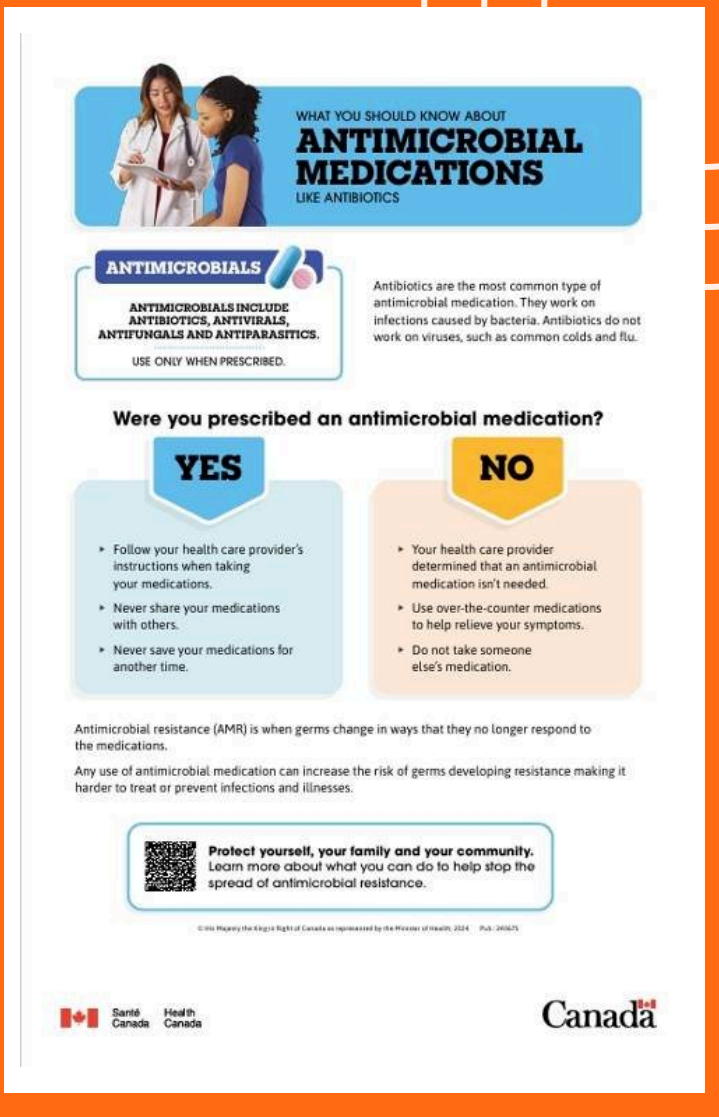
AMR needs action from many sectors at once. This campaign shows how a youth-led organisation can link grassroots education, public mobilisation and direct engagement with decision-makers in a single week. Its approach offers a practical model for civil society groups that want to bring underserved communities and political leaders into the same conversation.

IMPACT SNAPSHOT

- 25 poultry and livestock farmers trained
- **100** people mobilised for an advocacy walk
- Position statement presented to Liberia's legislature
- Radio and social media reportedly reached more than 70,000 people

COMMUNITY ACTION Patients for Patient Safety Canada and Health Canada • Canada

One Poster, One Pharmacy at a Time



"Valuable efforts can be lost on large websites. Face-to-face makes the difference.

Worried that a government information sheet would be lost on a large website, a patient advocate hand-delivered printed copies to pharmacies and clinics in Prince Albert, Saskatchewan.

Good information does not always find its audience. In 2024, Health Canada led the development of an information sheet on the appropriate use of antimicrobials, with patients taking part. It was published on the Health Canada website.

A member of Patients for Patient Safety Canada, living in Prince Albert, Saskatchewan, decided it should not stay there. They printed the sheet as posters and hand-delivered copies to all the pharmacies and medical clinics in their community.

Most of the pharmacies had not seen the poster. Once they were handed a physical copy, several community pharmacies and primary care clinics placed the poster where public could see it.

The experience points to a wider lesson about how information travels. A government website can host excellent material, but it cannot walk into a pharmacy. A neighbour can. The poster reached the people who speak to patients about their medicines every day: pharmacists and primary care providers.

The lesson is simple. Valuable work can disappear on large websites, whereas a face-to-face visit, with a gift endorsed by a recognised organisation, can make the difference.

WHY IT MATTERS

Reaching the right people takes more than publishing information online. This volunteer reached the pharmacists and primary care providers who talk to patients about antibiotics every day. It shows how one member of the public can extend the reach of a national resource, and why civil society's local presence is so valuable.

IMPACT SNAPSHOT

- Health Canada information sheet developed with patient participation
- Printed and hand-delivered to over 25 community pharmacies and primary care clinics in Prince Albert
- Local pharmacies and primary care clinics displayed the poster

COMMUNITY ACTION

Citizen News Service and Network of Maharashtra by People Living with HIV/AIDS (NMP+)

- India

My Health, My Responsibility





"Trusted peers can make AMR awareness part of everyday health care.

Peer-led screening camps brought healthy ageing and AMR awareness to hundreds of people living with HIV over the age of 40 in Maharashtra.

As people living with HIV grow older, their health needs grow with them. Before this initiative, those over 40 had limited access to integrated screening for non-communicable diseases, healthy ageing information and awareness of antimicrobial resistance.

Under the banner "My Health, My Responsibility", the Network of Maharashtra by People Living with HIV/AIDS (NMP+), working with Citizen News Service, built AMR awareness into community-led health screening. Trusted peers ran the camps, so participants learned from people who understand their lives.

Between June 2023 and January 2024, 28 screening camps reached 806 people living with HIV aged over 40. The camps identified 258 people who were self-medicating with antibiotics, 80 with hypertension, 82 with diabetes and 293 with osteoporosis. Cervical and breast health concerns and mental health needs also came to light.

Alongside screening, participants learned about healthy lifestyles, the rational use of antimicrobials and the risks of self-medication and inappropriate antibiotic use.

The camps gave participants a chance to look after several parts of their health in one place. The findings point to needs that sit alongside HIV care, and to the value of linking HIV services with prevention of other conditions, mental health support and responsible medicine use.

The initiative highlighted the need for integrated, stigma-free care, and the importance of trained community workers, referral links and follow-up care.

WHY IT MATTERS

People who are underserved by conventional health education still make daily decisions about medicines. By adding AMR awareness to services people already trust, NMP+ reached them where they were, in a stigma-free setting. The model shows how AMR messages can be embedded into existing community health platforms rather than delivered as a stand-alone campaign.

IMPACT SNAPSHOT

- 28 screening camps held between June 2023 and January 2024
- **806** people living with HIV aged over 40 reached
- 258 people identified as self-medicating with antibiotics
- Screening also identified hypertension, diabetes and osteoporosis

COMMUNITY ACTION Centre for Initiative and Development (CFID) • Nigeria

Community Stewardship Across Six Nigerian States



MORE THAN

116,000

people reached by radio and television

"**Lasting change begins beyond the health facility, in schools, shops and homes.**

Pharmacists, medicine vendors, teachers, students and broadcasters worked together to change how antibiotics are sold and used in communities across six states.

In many communities, antibiotics can be bought without a prescription, and awareness of resistance is low. From February 2022 to January 2024, the Centre for Initiative and Development (CFID) set out to change that through its Community Antimicrobial Stewardship (CAMS) initiative in Benue, Rivers, Taraba, Kano, Nasarawa and Enugu states.

CAMS worked on every side of the transaction. It trained community pharmacists and patent and proprietary medicine vendors, and empowered patients. It went into schools, where 63 teachers and 252 student peer educators led 18 peer-education sessions that reached 4,080 members of the peer cohort. In total, CAMS covered 12 local government areas, 48 communities and 63 schools.

Radio and television programmes carried the message to more than 116,000 people.

The results were measurable. Among 582 patients, 86.6% in the intervention group completed their antibiotic course, compared with 47.1% in the monitoring group. The initiative also reduced non-prescription antibiotic dispensing and produced three published manuscripts.

CFID's experience shows how many hands are needed. Pharmacists and medicine vendors changed what happens at the counter. Teachers and student ambassadors carried messages to classmates and parents. Mass media extended the reach. Integrating stewardship into routine school activities, strengthening partnerships with health authorities and sustaining awareness campaigns are, CFID says, critical for long-term impact.

The lesson from CFID is that lasting change comes from combining providers, patients, schools and the media, and from using monitoring data to keep improving.

The three published manuscripts will help inform other evidence-based interventions against AMR, and the initiative reached patients, health workers, pharmacists, policymakers and young people.

WHY IT MATTERS

Many antibiotics are used outside hospitals, where stewardship is hardest. CAMS shows that a community-led, multisectoral approach can improve how medicines are dispensed and taken, with evidence to prove it. It offers a promising model for scaling up stewardship in settings where much of everyday health care happens in pharmacies, shops and homes.

IMPACT SNAPSHOT

- 63 schools engaged; 252 student peer educators and 63 teachers trained
- 4,080 members of the peer cohort reached
- 86.6% antibiotic-course completion in the intervention group, versus 47.1%

COMMUNITY ACTION

Generational Stewards for Antimicrobials (GSA) • Zimbabwe

Fight the Germs in Zimbabwe's Markets



> "AMR is not simply a problem of public ignorance.

A youth-led team took handwashing demonstrations and honest conversations about antibiotics into two Zimbabwean markets, listening to the barriers that shape everyday health decisions.

In a busy market, health decisions are made quickly and often under pressure. When healthcare is hard to afford or reach, sharing a medicine or taking an antibiotic without advice can seem like the only option.

During World AMR Awareness Week in November 2025, Generational Stewards for Antimicrobials (GSA), a youth-led organisation supported by the South Centre, brought its Fight the Germs campaign to Machipisa Market and Mbare Mupedzanhamo Market in Zimbabwe.

Rather than lecture, the team met traders and community members where they work. They ran interactive handwashing demonstrations and held discussions on responsible antibiotic use. They shared stories, promoted hygiene and talked about waste management. National radio and television appearances carried the conversation beyond the markets, linking everyday experiences of infection, medicine access and sanitation to the wider AMR challenge.

The conversations revealed what people were up against. Before the campaign, AMR had received little public attention. Community members described self-medicating with antibiotics, sharing medicines and facing barriers to formal healthcare. Hand hygiene was difficult to practise when water was short and sanitation poor.

The campaign directly reached over 2,300 people, held more than 30 community demonstrations and distributed over 150 hand sanitisers. Community feedback showed growing interest in practical ways to prevent infection.

GSA's lesson is that AMR is not simply a problem of public ignorance. Dialogue and storytelling built more trust than lectures alone, and engaging market leaders and respecting local livelihoods helped overcome early resistance. The team advises securing permissions early and involving communities in shaping interventions.

WHY IT MATTERS

Telling people to use antibiotics responsibly is not enough when water is scarce and healthcare is out of reach. By listening before teaching, this youth-led campaign showed how AMR messages can be joined to practical action on hygiene, sanitation and access to care. It offers evidence for more realistic, people-centred approaches in resource-constrained settings.

IMPACT SNAPSHOT

- Over **2,300** people reached directly
- More than 30 community demonstrations held
- Over 150 hand sanitisers distributed
- Two markets, plus national radio and television





SECTION 2

Stewardship and Responsible Use

Stewardship is the everyday work of making sure antibiotics are used only when they are needed, in the right way. It happens in consulting rooms, pharmacies and hospital wards, and it depends on people feeling confident enough to question habits. The stories in this section show civil society supporting that confidence. Free decision-support tools put trusted guidance a few taps away. Training builds communication skills as well as clinical knowledge. Recognition schemes reward hospitals that improve, and mentoring helps teams in low-resource settings achieve more with what they have. Together they show that professional and patient organisations can change prescribing culture from the inside.

12 Teaching Europe's Health Workers to Prescribe with Care

13 Answers in Two Minutes: France's Antibioclic

14 Where Every Check-Up Is a Lesson

15 Trusted Guidance in the Clinician's Pocket

16 Recognising the Hospitals That Protect Antibiotics

17 Stewardship Where Resources Are Scarce

STEWARDSHIP AND APPROPRIATE USE

Health Care Without Harm Europe • 8 European countries

Teaching Europe's Health Workers to Prescribe with Care

An online course for doctors and health managers across eight European countries is helping reduce unnecessary antibiotic prescriptions and antimicrobial waste.



"Targeted education works, for the prescriber and the manager alike.

Prescribing an antibiotic is rarely only a medical decision. Doctors must also manage patients' expectations, and that takes communication skills as well as clinical knowledge.

Health Care Without Harm Europe set out to equip health professionals for these moments. Between 2023 and 2026, its AMR EDUCare online course, together with the sister project Water Educare, reached clinical and non-clinical staff in eight countries: Spain, Italy, Germany, Malta, Hungary, Portugal, Greece and Lithuania.

The course combines clinical knowledge with the communication skills needed to manage patient expectations. It also trains health managers in procurement and in reducing and managing antimicrobial waste, because AMR is shaped by systems as well as by prescribers. A One Health approach runs through all of it.

Flexibility proved essential. Self-paced, multimedia learning on the Lecturio platform kept engagement high despite busy schedules.

Different people took different lessons. For doctors, the course expanded knowledge of antibiotic prescribing and improved the communication skills needed to manage patient expectations. For health managers, it offered processes and techniques to reduce and better manage antimicrobial waste.

Patients, health workers and pharmacists stand to benefit.

The organisers say the key was engaging the whole health care system, not only doctors.

More than 7,000 professionals have taken the course. An estimated 42,000 unnecessary prescriptions have been avoided. Among doctors who took the course, 85% plan to adopt more prudent prescribing, and 97.8% of health managers aim to improve procurement practices.

Together with Water Educare, the programme has equipped staff with the knowledge, skills and competencies needed to tackle AMR.

WHY IT MATTERS

Changing prescribing habits takes more than facts. By teaching doctors how to talk with patients, and by involving the managers who control procurement and waste, this programme addresses the human and the systemic drivers of AMR together. Its flexible online format makes it highly scalable and suitable for adaptation in other regions of the world.

IMPACT SNAPSHOT

- More than **7,000** health professionals trained across 8 European countries
- An estimated 42,000 unnecessary prescriptions avoided
- 85% of participating doctors plan to adopt new prudent prescribing behaviours
- 97.8% of health managers aim to improve procurement practices

STEWARDSHIP AND APPROPRIATE USE · Les Amis d'Antibioclic · France

Answers in Two Minutes: France's Antibioclic



AROUND

150,000

users, including 60% of French general practitioners

"A guideline is only useful if it is there at the moment of decision.

A free decision-support tool designed by doctors puts up-to-date antibiotic guidance in the hands of most French general practitioners, and is linked to a measurable drop in antibiotic use.

In a short consultation, a general practitioner has to decide quickly whether a patient needs an antibiotic and, if so, which one and for how long. Antibioclic was built to help with exactly that moment.

Launched in 2011 by Les Amis d'Antibioclic, it is a free, computerised decision-support system for antimicrobial stewardship in primary care. It covers more than 40 infectious diseases at risk of antibiotic misuse and follows current guidelines, with continuous updates and a quality process to keep them current. It was co-designed by general practitioners, infectious disease physicians and public health physicians, with public funding and a collaborative network of learned societies and regional and national health authorities.

Today it has around 150,000 users, including 60% of French general practitioners, and handles about 6 million queries a year, each taking around two minutes. Impact studies in general practice show a 4% reduction in antimicrobial consumption, and further studies in paediatrics and at population level are under way.

Its structured database also supports research and surveillance, and the tool is used in other French-speaking countries, including in low- and middle-income countries.

Antibioclic has also become part of how France plans its response. It works in partnership with national health authorities, including the national health insurance and the national surveillance programme, and is used in policy-making and in designing information campaigns. Patients, health workers, pharmacists, policymakers and students all benefit.

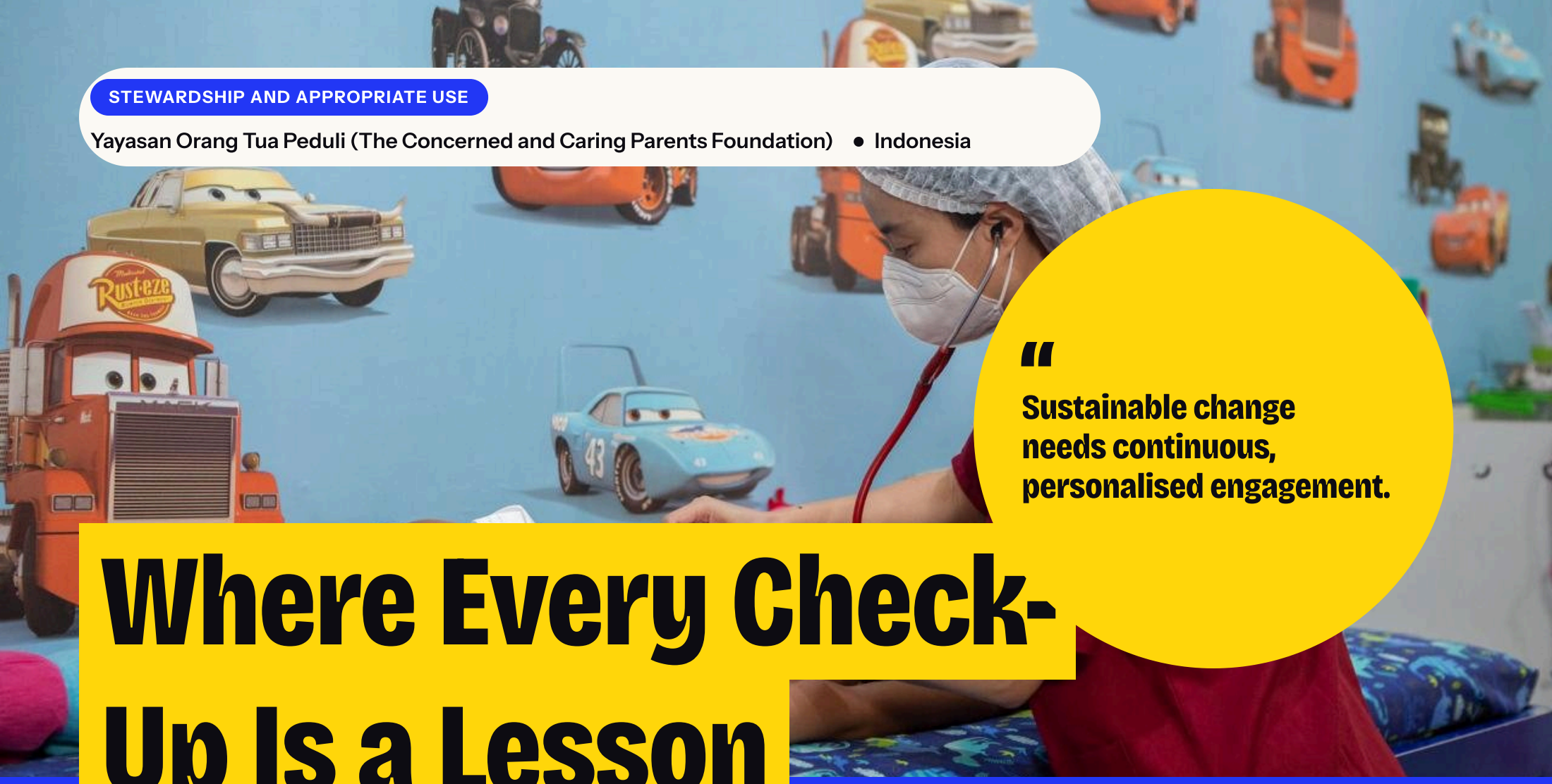
The team's advice is realistic: building the tool is feasible, scaling it takes dedication, and maintaining it is challenging.

WHY IT MATTERS

Antibioclic shows how a civil society initiative can become part of national health practice. Co-designed by clinicians, trusted by doctors and linked to health authorities, it supports better prescribing while generating data for research and surveillance. Its scalable model could serve other countries and other pathogens. It is a rare case of one tool serving care, policy and research at once.

IMPACT SNAPSHOT

- About 6 million queries per year, at around 2 minutes each
- 4% reduction in antimicrobial consumption in general practice impact studies
- Used by partners in other French-speaking countries



STEWARDSHIP AND APPROPRIATE USE

Yayasan Orang Tua Peduli (The Concerned and Caring Parents Foundation) • Indonesia

> "Sustainable change needs continuous, personalised engagement.

Where Every Check-Up Is a Lesson

In one Indonesian clinic, parents learn about antibiotics during ordinary visits, and antibiotics are prescribed in only 9% of sick-child visits.

For twenty years, the Concerned and Caring Parents Foundation, known as YOP, has studied how antibiotics are prescribed in private outpatient clinics in Indonesia. Its research documented high rates of antibiotics given for viral infections, driven by habits among both providers and patients. Education campaigns since 2005 helped, but lasting change at scale proved hard.

So YOP tried something different: building education into the consultation itself. At Markas Sehat Clinic, learning is part of every visit, for sick children and for routine well-baby check-ups. The model combines educational materials, longer consultations, physician-led discussions, structured learning assignments and follow-up through WhatsApp. One-time information becomes a continuing conversation.

The clinic serves roughly 1,500 to 2,000 patients a year, with 55% attending well visits and 45% seeking care for acute illness. Antibiotics are prescribed in only 9% of sick-child visits, and 90% of those prescriptions come from the WHO Access group. A recent survey found that its patients had better antibiotic knowledge, and managed childhood illnesses more appropriately, than the general population.

The clinic was established as a model of rational, patient-safety-oriented practice that could be adapted in developing countries, and it has since grown into a setting for personalised health education. For parents, the benefit is practical: they leave with knowledge they can use the next time a child is unwell.

YOP's lesson: in an age of information overload, mass education may not be enough. Sustainable change needs continuous, personal engagement.

Markas Sehat's patients, YOP suggests, show that building education into routine encounters can strengthen parents' knowledge and encourage appropriate care-seeking and antibiotic use.

WHY IT MATTERS

Awareness campaigns rarely reach people at the moment they decide. YOP places education inside routine care, where parents are listening and doctors can respond to their worries. The model offers an alternative to mass education and shows how civil society and health professionals can work side by side to empower families.

IMPACT SNAPSHOT

- Clinic serves about 1,500--2,000 patients a year
- Antibiotics prescribed in only 9% of sick-child visits
- **90%** of prescriptions from the WHO Access group
- Patients showed better antibiotic knowledge and behaviours than the general population



STEWARDSHIP AND APPROPRIATE USE

Commonwealth Pharmacists Association • 17 countries

Trusted Guidance in the Clinician's Pocket

> A moment of uncertainty can become a moment for stewardship.

A free, offline-ready app puts national antibiotic guidelines in the hands of health workers in 17 countries, and has now reached users in more than 200 countries and territories.

When a prescribing decision feels uncertain, a health worker may have little to rely on except memory, a shared printed copy or informal advice. The Commonwealth Pharmacists Association (CPA) set out to put trusted guidance in every clinician's pocket.

The result is the Prescribing Companion, a free website and mobile app that works offline. Developed with country teams through SPARC, a CPA-led programme funded by the Fleming Fund, it hosts nationally endorsed human health guidelines for 14 countries and animal health guidelines for five. Bringing the two together on one platform supports a One Health approach to stewardship.

Launched in November 2022, it was actively implemented in 17 countries until the programme closed in March 2026. By October 2026, it had more than 200,000 users in over 200 countries and territories, with over 2.2 million online content interactions. Offline use is not counted.

Users describe checking the choice and duration of antibiotics. Some report shorter courses, single-agent treatment, de-escalation, or withholding antibiotics when they were not needed. Pharmacists say it gives them confidence to question prescriptions and join stewardship discussions.

The platform also supports people who work in teams. Pharmacists describe using its authoritative guidance to raise questions and contribute to stewardship discussions, including in hierarchical teams. Its builders advise others to plan for sustainable hosting, guideline updates and evaluation of how the tool informs practice.

CPA is clear about limits. An app cannot solve stock-outs or time pressure, so it works best with local champions, mentoring and system support.

WHY IT MATTERS

Good guidance only helps when it reaches the point of care. The Prescribing Companion shows how a professional civil society organisation can work with national partners to turn guidelines into practical support for frontline prescribers, including in places with limited connectivity. It continues to grow beyond the original programme, offering a foundation for new partnerships.

IMPACT SNAPSHOT

- Nationally endorsed human health guidelines in 14 countries and animal health guidelines in 5
- More than **200,000** users across over 200 countries and territories
- Over 2.2 million online content interactions
- Actively implemented in 17 countries from November 2022 to March 2026

STEWARDSHIP AND APPROPRIATE USE

Indian Medical Association, AMR Committee • India

Recognising the Hospitals That Protect Antibiotics

A certification framework from the Indian Medical Association encourages hospitals to bring stewardship and infection control together, and nine hospitals have been recognised so far.



Guidelines alone are not enough. Recognition encourages hospitals to lead.

Hospitals are where antibiotics are used most intensively, and where resistant infections can spread fastest. In June 2024, the Indian Medical Association (IMA) launched its AMR Smart Hospital Initiative to help hospitals tackle both.

The programme offers a structured, hospital-based certification framework. It brings together antimicrobial stewardship and infection prevention and control, monitors resistance patterns and builds the capacity of healthcare professionals and the public. Hospitals that meet the assessment criteria receive IMA AMR Smart Hospital recognition, encouraging them to take responsibility for how antibiotics are used.

In the first recognised rollout, nine hospitals met the criteria. The initiative established a standardised framework for AMR containment, encouraged evidence-based prescribing and strengthened infection-control practices. A two-year evaluation is under way.

Plans are in place to extend the programme to more hospitals in 2026, alongside a new community initiative on the safe disposal of antimicrobials. Discussions are also under way about extending the model to other Commonwealth countries.

The programme relies on peer engagement and professional leadership. Hospitals are assessed, and recognition encourages them to adopt evidence-based practices voluntarily, with patients as the ultimate beneficiaries. The IMA sees clear potential for a model that can be adapted across health facilities in India and potentially elsewhere.

Future expansion, it says, should rest on measurable indicators, regular reassessment and documented outcome data.

The IMA's lessons are clear: guidelines alone are not enough, and trusted professional associations can encourage voluntary adoption and shift perceptions.

The programme also builds the capacity of healthcare professionals and the public at large.

WHY IT MATTERS

Professional associations hold a unique kind of authority: their peers trust them. By turning national AMR priorities into practical, recognisable steps for hospitals, the IMA shows how civil society can complement government action across public and private health care. With measurable indicators and regular reassessment, the model could scale across India and beyond.

IMPACT SNAPSHOT

- Programme launched in June 2024
- Nine hospitals met the criteria and were recognised in the first rollout
- Combines antimicrobial stewardship with infection prevention and control
- Expansion planned for 2026, including community safe disposal of antimicrobials

STEWARDSHIP AND APPROPRIATE USE

British Society for Antimicrobial Chemotherapy • 6 countries

Stewardship Where Resources Are Scarce



> **Meaningful stewardship is possible in resource-limited settings, when local priorities lead.**

A mentoring programme helped hospitals serving underserved populations on three continents strengthen antibiotic stewardship using their own resources, and three achieved international accreditation.

Stewardship programmes are often designed for well-resourced hospitals. Yet the hospitals serving deprived and underserved populations are often those with the greatest need and the least funding. The Antimicrobial Stewardship Disparities Programme (ASDP) set out to change that.

Led by the British Society for Antimicrobial Chemotherapy (BSAC) in collaboration with Pfizer, the programme ran from February 2023 to January 2026. It supported hospitals in Botswana, Kenya, Lebanon, Mexico, Pakistan and the USA through mentorship, education, networking, self-assessment and access to BSAC's Global AMS Accreditation Scheme.

Each hospital identified its own priorities and improved practice with existing resources, rather than depending on outside funding. Governance became clearer, with stronger stewardship committees and reporting. Surveillance improved through prescribing audits, consumption monitoring and antibiograms. Locally adapted treatment pathways and prescribing tools were built into routine practice. Three hospitals achieved accreditation.

The programme's strength was its respect for local realities. Rather than prescribing one solution, it helped each team choose its own priorities and gave them a consistent framework for measuring progress. Workforce shortages, limited diagnostic capacity and weak digital infrastructure remained major barriers. Hospitals adapted with tailored surveillance systems, training built into daily work and locally adapted guidance. Patients, health workers, pharmacists and policymakers stand to benefit.

Progress on education and laboratory standards was slower, held back by workforce shortages and limited infrastructure. But hospitals found practical solutions, and shared learning between institutions helped them move forward.

The programme emphasised practical, sustainable change, shared learning and local leadership rather than reliance on external funding.

WHY IT MATTERS

Equity matters in the response to AMR. This programme focused on institutions that traditional funding often overlooks, and showed that meaningful, lasting stewardship improvements are possible without large budgets when local leaders set the priorities. Mentorship, peer networks and accreditation gave them a framework and a community to support their work.

IMPACT SNAPSHOT

- Hospitals in 6 countries supported over three years
- Three hospitals achieved BSAC Global AMS Accreditation
- Improvements in governance, surveillance and clinical guidance
- Progress achieved using existing resources







3

SECTION 3

Strengthening Health Systems

Fighting AMR depends on people and systems that are often invisible: a laboratory that can culture a blood sample, a surveillance network that can spot a new resistance pattern, and a pharmacist who is trusted to speak up in a clinical team. The stories in this section show civil society strengthening these foundations, often in partnership with ministries of health. They describe laboratories rebuilt, regional networks built and leaders developed. They are also honest about what is hard: contamination, low use of services, and the need for managers who make space for new voices. In every case, the people who gain are patients, whose treatment rests on these foundations.

19 Rebuilding the Lab: Zanzibar's Microbiology Network

20 Detecting a Hidden Threat in Whooping Cough

21 Pharmacists Who Lead

22 Champions in Schools, Churches and Transport Hubs

STRENGTHENING HEALTH SYSTEMS

Health Improvement Project Zanzibar • Zanzibar, Tanzania

Rebuilding the Lab: Zanzibar's Microbiology Network

A new microbiology laboratory and a referral network linking ten facilities now give Zanzibar's clinicians culture results to guide antibiotic treatment.



> **A laboratory is only the start. Clinicians must also use it.**

Before 2023, doctors in Zanzibar could not routinely order bacterial cultures or antibiotic susceptibility tests for their patients in human health. Treatment decisions were largely empirical, and there was little local evidence on resistance.

Health Improvement Project Zanzibar (HIPZ) set out to change that. Working with the Zanzibar Ministry of Health and the Bernhard Nocht Institute for Tropical Medicine, it re-established microbiology services. It developed laboratory infrastructure, supplied essential materials, trained health workers and built a specimen referral network connecting ten healthcare facilities across Unguja and Pemba.

Between 2024 and 2026, the programme processed 2,734 blood samples and 1,470 urine samples, and trained 754 healthcare workers. Clinicians now receive blood culture results in around 48 hours and urine culture results in about 24 hours.

Patients, the public, health workers and policymakers all stand to gain. Clinicians gain evidence for treatment decisions, and the health system gains local surveillance data. HIPZ's main message is that government and civil society need each other: collaboration is essential to building surveillance that lasts.

The team also learned hard lessons. Specimen contamination continued despite training, so ongoing mentoring and supervision are needed. And the number of specimens sent for testing remained low compared with the number of patients treated for suspected infection. A laboratory is not enough on its own: clinicians must also use it.

The programme also strengthened specimen collection, transport, testing and reporting: the chain of steps that turns a sample into a treatment decision.

WHY IT MATTERS

Good antibiotic decisions need good evidence. By working alongside government and technical partners, HIPZ helped Zanzibar build the foundations of diagnostic stewardship and local AMR surveillance. The experience shows what civil society can contribute to public health services, and the importance of local ownership and sustained support. It also lays the foundation for sustainable, evidence-informed treatment.

IMPACT SNAPSHOT

- Microbiology laboratory re-established, with a referral network linking 10 health facilities
- **2,734** blood samples and 1,470 urine samples processed (2024--2026)
- 754 healthcare workers trained
- Results in about 48 hours (blood) and 24 hours (urine)



STRENGTHENING HEALTH SYSTEMS ASM • Brazil, Mexico and Peru

Detecting a Hidden Threat in Whooping Cough

A regional partnership strengthened laboratory and surveillance capacity across three Latin American countries, leading to the region's first detection of macrolide-resistant Bordetella pertussis.

> **You cannot respond to a threat you cannot see.**

Whooping cough is usually treated with a class of antibiotics called macrolides. Before this program, no country in Latin America was testing for Bordetella pertussis resistance to these antibiotics. If resistance was spreading no one could see it.

Since 2021, with funding from and in partnership with the U.S. Centers for Disease Control and Prevention (CDC), ASM has been working alongside the Pan American Health Organization, ministries of health and national reference laboratories in Brazil, Mexico and Peru to change that. The regional framework combined training, stakeholder engagement, knowledge generation and sustainability planning to expand laboratory networks and bring resistance testing into routine surveillance.

The programme strengthened 29 laboratories and trained more than 500 laboratory and public health professionals. Today all three countries run routine pertussis AMR surveillance within their national programmes.

The impact of the programme soon became clear. Mexico reported the first documented macrolide-resistant case in Latin America in 2024. Brazil followed the same year, and Peru in 2025.

Patients, families, health workers and policymakers all benefit when resistance can be seen early. The programme combined four elements: capacity building, stakeholder engagement, knowledge generation and sustainability strategies. Its partners say that integrated surveillance was essential to detect and interpret outbreaks and emerging resistance.

WHY IT MATTERS

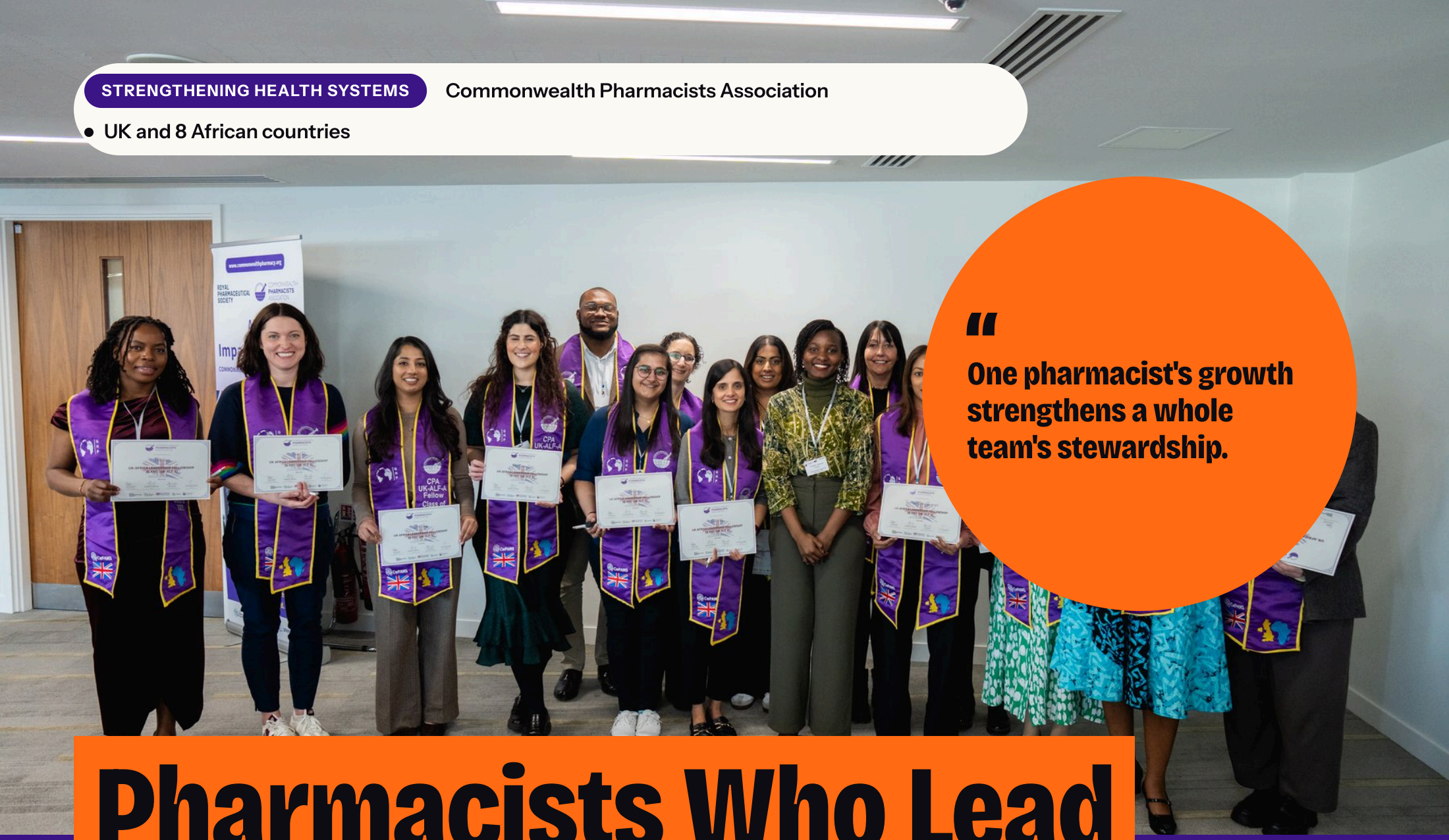
Resistance that is not detected cannot be tackled. By building testing capacity and linking it to national surveillance, this partnership turned an unseen risk into usable evidence for decision-makers. The approach, grounded in country ownership and regional collaboration, offers a model for monitoring other priority pathogens. Regional cooperation helped each country move faster.

IMPACT SNAPSHOT

- 29 laboratories strengthened and more than 500 professionals trained
- Routine whooping cough AMR surveillance now established in all three countries
- First macrolide-resistant cases detected in Latin America

STRENGTHENING HEALTH SYSTEMS | Commonwealth Pharmacists Association

- UK and 8 African countries



> "One pharmacist's growth strengthens a whole team's stewardship.

Pharmacists Who Lead

A fellowship pairing leadership learning with real workplace projects has equipped 112 pharmacists in the UK and eight African countries to lead on antimicrobial stewardship.

Pharmacists understand medicines better than almost anyone, yet they are often missing from decisions about how those medicines are used. Structured leadership opportunities for pharmacists, particularly in low- and middle-income countries, are scarce.

The Commonwealth Pharmacists Association (CPA) created its Global Health Leadership Fellowships to change this. Led and developed by CPA and implemented through CwPAMS, a programme funded by the Fleming Fund and delivered with Global Health Partnerships, the fellowships ran from September 2018 to March 2026, across five cohorts.

In all, 112 pharmacists took part: 49 from the UK and 63 from eight sub-Saharan African countries. Each paired practical leadership learning with peer exchange, cross-border mentoring and a real improvement project in their workplace.

Fellows applied their new skills to real prescribing and stewardship challenges, strengthened their voice in multidisciplinary teams and built networks to share ideas. The exchange worked best when every partner contributed expertise: local context shaped the work, and peers offered fresh perspectives. The benefits reach patients, health workers, pharmacists and policymakers alike.

The fellows' experience offers a lesson: training alone cannot shift practice. Pharmacists also need managers who make space for them to lead, and mentoring that continues as projects take root.

Colleagues recognised their stronger leadership and professional capability.

WHY IT MATTERS

Medicines expertise is of little help if it is not heard. The fellowships invest in pharmacists as leaders and link their growth to real improvements in service. Each fellow shares learning with colleagues and across borders, creating a multiplier effect that keeps pharmacists at the table as the AMR response continues.

IMPACT SNAPSHOT

- **112** pharmacists took part: 49 from the UK, 63 from eight sub-Saharan African countries
- Five fellowship cohorts between September 2018 and March 2026
- Highest-level leadership ratings rose 29 points (self-assessment) and 32 points (colleague feedback) in the latest cohort

STRENGTHENING HEALTH SYSTEMS

Commonwealth Pharmacists Association • 7 African countries

Champions in Schools, Churches and Transport Hubs







> **Start with the decisions people face: where to buy medicines, and whether an antibiotic is needed.**

Pharmacist-led campaigns carried messages about responsible antibiotic use and medicine quality into schools, churches and busy transport hubs across seven African countries.

Every encounter with a pharmacist is a chance to protect antibiotics. In 2025, the Commonwealth Pharmacists Association (CPA) launched its AMS Champions Programme to help pharmacists in seven countries make the most of it: Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda and Zambia.

The programme combined community pharmacy-led antimicrobial stewardship with action against substandard and falsified medicines. Through learning, peer support and locally designed projects, Champions took advice to schools, churches and busy transport hubs, trained colleagues and strengthened vigilance about medicine quality.

During World AMR Awareness Week, 25 Champions reached an estimated 6,500 people across the seven countries. More than 400 professionals were trained and 3,000 community members were engaged.

Results were local. In Nigeria, campaigns secured institutional buy-in, including commitments for sustained funding. In Kenya, more than 25 community pharmacies were linked to regulatory reporting pathways. In Tanzania, hospital pharmacists' knowledge scores rose from 55% to 80% after training. In Zambia, a hospital identified risks in procurement, storage and dispensing and developed action plans to improve medicine safety.

The innovation, CPA says, is the connection between responsible antimicrobial use and medicine quality, and between professional expertise and public participation.

WHY IT MATTERS

Pharmacists understand local realities: where people buy medicines, and what they do when a product looks suspicious. By linking responsible antibiotic use with medicine quality, CPA connects public campaigns to reporting routes and institutional action. The approach builds a connected, cross-country movement of professionals who shape and deliver responses to challenges they see themselves.

IMPACT SNAPSHOT

- 25 Champions reached an estimated 6,500 people across 7 countries
- More than **400** professionals trained; 3,000 community members engaged
- Over 25 Kenyan pharmacies linked to regulatory reporting pathways
- Tanzanian hospital pharmacists' knowledge scores rose from 55% to 80%







SECTION 4

Policy and Advocacy

Decisions made in parliaments, ministerial meetings and statistical committees shape how every country responds to AMR. The stories in this section show civil society claiming a place in those rooms. Sometimes that means a patient speaking to Members of Parliament. Sometimes it means a global survey carrying community priorities to a ministerial conference, or coordinated comments in a technical review of indicators. Patience runs through all of them: advocates who stayed at the table for a decade, and who found that winning a principle is not the same as funding or protecting it. These stories show the value of independent voices, and why they matter most when the stakes are being set.

24 A Patient Voice on Parliament Hill

25 From People to Leaders: Voices for Abuja

26 A Decade of Steady Advocacy in Nepal

27 Counting What Counts: AMR in the Global Goals

28 Paying for Antibiotics Without Rewarding Overuse



POLICY AND ADVOCACY

Patients for Patient Safety Canada • Canada

A Patient Voice on Parliament Hill

> "Policymakers need to see that this matters to the public.

An invitation to join a day of meetings with Members of Parliament led to two invitations to speak before parliamentary committees on AMR.

On 22 September 2025, Patients for Patient Safety Canada joined Infection Prevention and Control Canada on Parliament Hill for a Hill Day. The aim: meet Members of Parliament and talk about antimicrobial resistance.

Small groups pitched different topics, including innovation, diagnostics, One Health and the human side of the story. A representative of Patients for Patient Safety Canada served as the patient spokesperson. Each group met four or five Members of Parliament over the course of the day.

The day opened doors. The patient spokesperson was later invited to speak to Parliament on two occasions: the Science and Research Committee (SRSR) and the Standing Committee on Health (HESA), to represent the patient voice. The last two meetings also brought scientists and industry representatives together with policymakers.

For the patient spokesperson, the experience underlined that engagement at this level is demanding. Preparation and strategy are key, and political know-how helps. The team suggests focusing on science and research, and using examples such as the social determinants of health. The case was heard by policymakers, and the benefits extend to patients, the public, health workers and pharmacists. As the organisation notes, Canada is a democratic nation that values the voice of the public.

The experience taught practical lessons. This is high-level work, and preparation and strategy are key. Political know-how is needed, and the focus must be on science and research, for example by linking AMR to the social determinants of health.

The invitation came through a partnership with Infection Prevention and Control Canada.

WHY IT MATTERS

Policymakers need to see that AMR matters to the public, and that the public can speak about it effectively. A patient voice in parliamentary discussions grounds technical debates in real experience. Canada's example shows how preparation and partnership can turn a single day on Parliament Hill into a lasting seat at the policy table.

IMPACT SNAPSHOT

- Hill Day with Infection Prevention and Control Canada on 22 September 2025
- Each group met 4 or 5 Members of Parliament
- Two invitations to speak to parliamentary committees (SRSR and HESA)



POLICY AND ADVOCACY

ReAct -- Action on Antibiotic Resistance • Global

From People to Leaders: Voices for Abuja

> **Communities should be involved before priorities are finalised, not asked to endorse decisions afterwards.**

A global survey and two dialogues brought the priorities of communities, mostly in low- and middle-income countries, directly to political leaders ahead of the 2026 AMR Ministerial Conference.

Major decisions on AMR are often made far from the communities affected by it. Ahead of the 2026 Ministerial Conference on AMR in Abuja, ReAct set out to build a bridge between those communities and political leaders.

Building on its 2024 Act on AMR NOW! campaign, ReAct launched 'From People to Leaders: Road to Abuja' in March 2026. The first step was a global Community Priorities Survey, which gathered 109 responses from 33 countries, around 82% of them from low- and middle-income countries. Respondents named sustainable financing, stronger accountability, meaningful community participation and prevention among their key priorities for the Abuja agenda.

Those findings shaped two global dialogues, in June and September 2026, held with the Multi-Stakeholder Partnership Platform (MSPP). They brought civil society and community representatives into direct conversation with political and technical leaders. The resulting messages are now supporting continued engagement around the Abuja conference and its stakeholder consultation, including at the Fourth Plenary Assembly of the MSPP in Rome.

The initiative went beyond consultation. It turned community priorities into concrete advocacy messages and opportunities for dialogue with decision-makers, with particular attention to perspectives from low- and middle-income countries.

ReAct's lesson is that engagement works best when communities are involved before political priorities are finalised, not asked to approve decisions afterwards. It should be a continuing process of listening, feeding back and keeping the doors open.

Rather than speaking on behalf of communities, ReAct creates ways for their priorities to be documented, communicated and discussed directly with political and technical leaders. Broad outreach also showed the importance of actively creating space for low- and middle-income country perspectives.

WHY IT MATTERS

Meaningful participation means shaping priorities, not endorsing them later. This initiative goes beyond awareness-raising by creating a clear path from listening, to dialogue, to advocacy. It offers a practical and repeatable model for making community voices count in the run-up to major global health decisions. It treats engagement as a continuing process.

IMPACT SNAPSHOT

- **109** survey responses from 33 countries, about 82% from low- and middle-income countries
- Priorities identified: financing, accountability, community participation and prevention
- Two global dialogues in June and September 2026
- Messages supporting engagement around the Abuja Ministerial Conference

POLICY AND ADVOCACY

Nepal Public Health Foundation (Global Antibiotic Resistance Partnership -- Nepal) • Nepal



> **A small, low-resource project became a decade-long driver of national policy.**

A Decade of Steady Advocacy in Nepal

A small project grew into a ten-year partnership with government, producing Nepal's first AMR situation analysis and pioneering the case for vaccines as part of the response.

When the Global Antibiotic Resistance Partnership started work in Nepal, efforts on AMR were fragmented. The Nepal Public Health Foundation, which leads GARP Nepal, offered something the government lacked: a long-term civil society partner to bring data, policy gaps and stakeholders under one banner.

For more than ten years, GARP Nepal led public and stakeholder advocacy in close partnership with the government, in two phases: 2013--2018 and 2023--2026. It carried out surveys and engagement activities, published policy briefs and published Nepal's first AMR Situation Analysis in 2015. It guided government partners in developing national strategic documents and represented Nepal in international AMR forums.

It also broke new ground. GARP Nepal published the country's first policy brief presenting vaccines as a vital pillar of AMR mitigation. In 2026, it published an advocacy brief on how provincial health leaders across Nepal are absorbing this framework.

GARP Nepal's audiences were wide: the public, health workers, pharmacists, veterinarians, policymakers and students. It operated from the grassroots to the top levels of government, and expanded its advocacy to provincial leadership.

The lessons are frank. Lasting progress needs financial ownership and genuine government buy-in. Linking AMR to individual health issues requires convincing evidence. And a One Health approach needs structured coordination across government and non-government partners.

As a trusted partner, GARP Nepal has helped the government consolidate data, identify policy gaps and bring stakeholders together.

WHY IT MATTERS

Policy change rarely happens in a year. GARP Nepal shows what civil society can offer governments that are still building their AMR response: continuity, evidence and a convening voice. By staying for the long term, it helped turn fragmented efforts into a coordinated national agenda, and it is now carrying that work to provincial leaders.

IMPACT SNAPSHOT

- More than ten years of advocacy, in two phases: 2013--2018 and 2023--2026
- Nepal's first AMR Situation Analysis published in 2015
- First policy brief on vaccines as a pillar of AMR mitigation
- 2026 advocacy brief on provincial health leadership

POLICY AND ADVOCACY

Innovation+Design Enabling Access (IDEA) Initiative, Johns Hopkins Bloomberg School of Public Health • Global

Counting What Counts: AMR in the Global Goals



> **Access, but not excess.**

Coordinated civil society comments helped secure the first AMR indicator in the Sustainable Development Goals, and a framing that put access to antibiotics alongside excess.

When the Sustainable Development Goals launched in 2015, not one indicator tracked antimicrobial resistance. What gets measured gets attention, and AMR was not being measured.

ReAct had laid groundwork, including its 2019 report When the Drugs Don't Work, which framed AMR as a threat across many goals. During the 2020 Comprehensive Review, the IDEA Initiative and the Antibiotic Resistance Coalition backed WHO's proposed indicator on drug-resistant bloodstream infections and mobilised civil society comments.

It worked. The AMR indicator drew more comments than any of the 25 other candidate indicators, and the first AMR-specific SDG indicator was adopted. IDEA also argued, in an SDG Knowledge Hub op-ed, that tracking resistance alone missed lack of access, which kills more people. Its proposal was to adapt an essential medicines basket of an existing SDG indicator to track antibiotic access. In 2021, such an indicator was repurposed in that way.

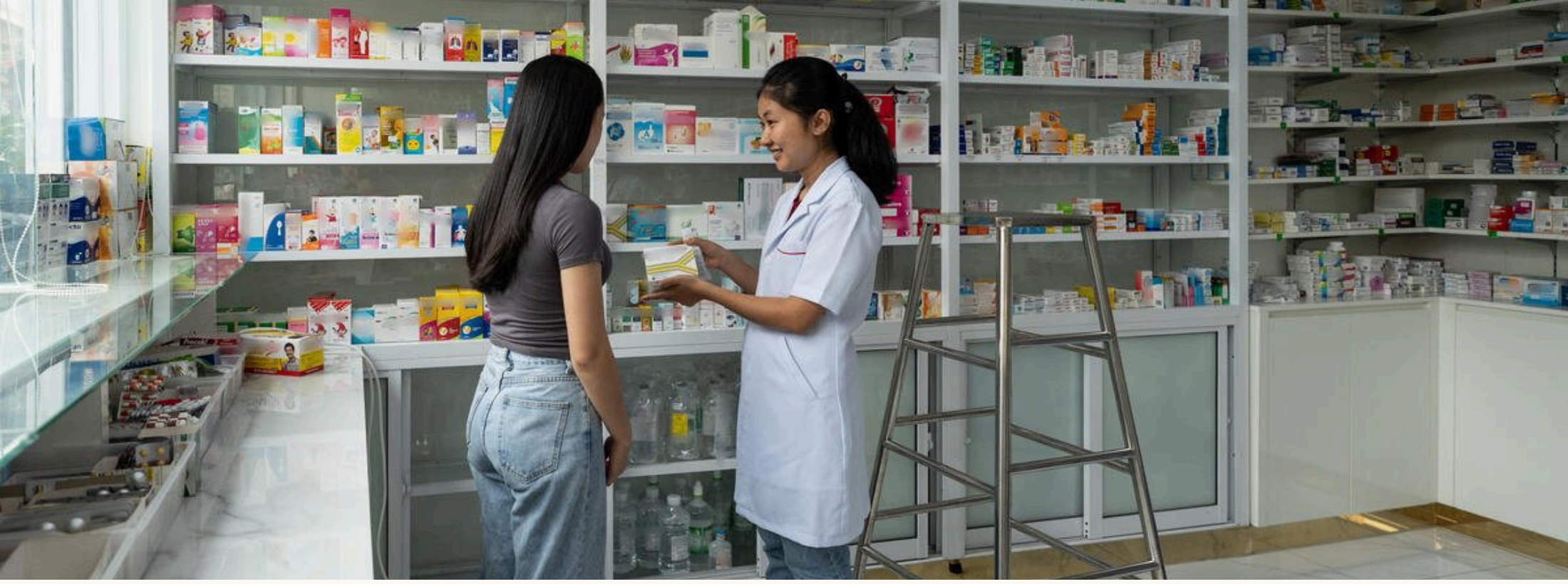
The lessons go beyond one campaign. Technical reviews of indicators deserve civil society attention, not only expert attention. Coordinated comments can make civil society's voice count. Proposals that adapt existing indicators are more practical than calls for new data systems.

WHY IT MATTERS

Indicators are where commitments become accountable. This story shows civil society shaping the way the world measures AMR, from formal consultations to public op-eds, and tying AMR to the equity concerns of low- and middle-income countries. It is also a reminder that gains in measurement are not permanent and need continued vigilance.

IMPACT SNAPSHOT

- First AMR-specific SDG indicator adopted after 2020 review
- AMR indicator drew more comments than any of 25 other candidates
- Essential-medicines basket repurposed in 2021 to track antibiotic access
- 2025 replacement of indicator 3.b.3 removed tracking of primary-care antibiotic stock and affordability



POLICY AND ADVOCACY

Innovation+Design Enabling Access (IDEA) Initiative, Johns Hopkins Bloomberg School of Public Health

> **Winning the principle has proven easier than funding it.**

Paying for Antibiotics Without Rewarding Overuse

A long-running effort moved the idea of separating antibiotic research funding from sales into the language of global AMR governance.

There is a flaw at the heart of antibiotic development. Companies are asked to earn back their research costs through sales, which rewards overuse and risks putting profits ahead of affordability.

Since 2009, the Innovation+Design Enabling Access (IDEA) Initiative has championed an alternative called delinkage, which separates the return on antibiotic research from price and sales volume. It published the "3Rs" framework in the BMJ, on sharing Resources, Risks and Rewards, and co-edited a Chatham House report on delinking revenues from antibiotic sales. It also raised the idea in policy forums, from South Centre briefings for Member States to the antibiotic working group of the U.S. President's Council of Advisors on Science and Technology.

Over the next decade, delinkage moved from an academic proposal to the language of global governance. The 2016 UN General Assembly Political Declaration on AMR acknowledged its importance. The IACG, whose Co-Convenors included IDEA Director Anthony So, reaffirmed it. GARDP, launched with WHO support, embraced the principle.

The idea gained ground partly through what IDEA calls constructive ambiguity. Industry saw a floor under revenues, while the global health community saw a ceiling on overuse, and both invoked the same principle. The harder task has been to link rewards to stewardship and access, so that delinkage addresses price as well as volume.

The team offers a candid lesson: endorsement has outpaced financing. Winning the principle has proven easier than funding it.

Breaking the Chain: A New Path Forward for Antibiotic Innovation, produced with Yale CRRIT and VizBang Studios, explains the problem to the public.

WHY IT MATTERS

Without a new way to pay for innovation, the antibiotic pipeline stays thin and access stays unequal. This story shows how a carefully framed idea can travel from academia to policy forums and to public audiences, and why civil society must keep pressing to link rewards to stewardship and access.

IMPACT SNAPSHOT

- Delinkage promoted since 2009
- "3Rs" framework published in the BMJ
- Acknowledged in the 2016 UN General Assembly Political Declaration on AMR
- Breaking the Chain received a CUGH--Pulitzer Honorable Mention







SECTION 5

One Health Solutions

People, animals and the environment share the same microbes, and the same medicines. The stories in this section take that idea out of the conference hall and into wastewater tanks, poultry sheds and shrimp farms. A mobile laboratory travels to the field to read the genetic signature of resistance in water and soil. Farmers and veterinary providers learn together, because their decisions are linked. Short films show producers in three continents that using fewer antibiotics and earning a living can go together. Each one shows civil society acting as a bridge between communities, scientists and policymakers. Their lessons are practical, and they travel well.

30 A Mobile Lab Takes Genomics to the Field

31 Farmers and Veterinary Providers Learn Together

32 Farmers Cut Antibiotics and Keep Their Livelihoods

For one month in Tanzania, a mobile laboratory analysed wastewater, drinking water, surface water and soil, while training scientists from four African countries.

Resistance genes do not stay in hospitals. They travel through wastewater, rivers and soil. Project ODIN set out to track them where they are, using laboratory tools that can work in the field.

Developed by NORCE, the project created field-deployable laboratory workflows and open-source metadata and analysis tools for resource-limited settings. In September 2025, a mobile laboratory was deployed in Tanzania for the entire month. It was paired with open-source bioinformatic pipelines and an internet-independent dashboard, so results could be interpreted on the spot.

In that month, 83 samples were sequenced with long-read metagenomic sequencing and 70 were analysed by qPCR. The team detected multiple bacterial, viral and antimicrobial resistance targets in wastewater, drinking water, surface water and soil, providing information relevant to preventing waterborne and zoonotic infections.

The deployment was also a classroom. Twenty-five scientists from Tanzania, Ethiopia, Burkina Faso and the Democratic Republic of the Congo received certificates of completion, strengthening local epidemiological capacity.

Practical hurdles taught practical lessons. The team sourced reagents and consumables locally in Tanzania or through regional African suppliers wherever possible, to reduce dependence on European sources. Heat ended several sequencing runs early, but the newest Nanopore device, the Mk1D, performed much better than the earlier version. A native French speaker on the team made communication with participants from French-speaking countries far easier. The mobile laboratory benefited the public, health workers, policymakers and students, and a post-deployment survey gathered participants' feedback.

The deployment was also a rare opportunity for knowledge transfer, actively engaging local researchers.

WHY IT MATTERS

Environmental surveillance shows what is happening in a community before illness does. By bringing the laboratory to the field and training local scientists to use it, this project strengthens outbreak preparedness and AMR awareness in sub-Saharan Africa, and demonstrates a practical, open-source model for other resource-limited settings. The work also helped raise AMR awareness among local researchers and policymakers.

IMPACT SNAPSHOT

- One-month mobile laboratory deployment in Tanzania (September 2025)
- **81** samples sequenced and 69 analysed by qPCR
- AMR targets detected in wastewater, drinking water, surface water and soil
- 25 scientists from four African countries certified



ONE HEALTH SOLUTIONS NORCE

- Tanzania (Project ODIN)

A Mobile Lab Takes Genomics to the Field

> **Resistance does not stay in hospitals, so surveillance should not either.**

ONE HEALTH SOLUTIONS

Henry Ford Health, Global Health Initiative

- Nepal

Farmers and Veterinary Providers Learn Together

Training built around the voices of Nepali farmers and veterinary service providers has reached more than 1,900 farmers and 250 providers, even through floods.



> **Communities remain at the centre of programmes that truly engage them.**

Decisions about antibiotics in animals depend on two people: the farmer who keeps the animals and the veterinary service provider who advises on their care. Yet neither is always included in education or policies that affect their livelihoods.

Henry Ford Health's Global Health Initiative started in Nepal by listening. A baseline assessment of knowledge, attitudes and practices found gaps among both groups in their understanding of AMR and responsible antimicrobial use, including withdrawal periods.

The team then developed separate but complementary training modules for farmers and veterinary service providers, covering AMR in agriculture, antimicrobial stewardship, practical strategies for Nepal and infection prevention and control. Education was delivered through a training-of-trainers approach: 16 veterinary service providers were trained, and each trained others in the study districts.

In total, more than 1,900 farmers and more than 250 veterinary service providers received the education. A randomised controlled trial is evaluating the approach, with data collected at baseline and three months after the intervention.

The approach rests on partnership. Complementary training for farmers and veterinary service providers builds trust and encourages consistent practice, helping to bridge the gap between knowledge and action. Civil society organisations serve as a bridge between communities, veterinary services and policymakers, and keep communities at the centre of programmes. The initiative also gave a voice to community members who have not traditionally been engaged.

Based on the baseline findings, the team put the voices of farmers and providers at the core of the intervention and developed a communication strategy to promote behaviour change among farmers.

Even when flooding struck the study districts, the educational activities continued.

WHY IT MATTERS

Building trust between farmers and veterinary providers helps close the gap between knowledge and action. By including voices that have not traditionally been engaged, civil society can bridge communities, veterinary services and policymakers, helping to turn One Health commitments into practical action at the community level. It also showed resilience in the face of flooding.

IMPACT SNAPSHOT

- 16 veterinary service providers trained as trainers
- More than **1,900** farmers and 250 veterinary service providers reached
- Randomised controlled trial under way since 2025
- Activities continued despite flooding

ONE HEALTH SOLUTIONS

Innovation+Design Enabling Access (IDEA) Initiative, Johns Hopkins Bloomberg School of Public Health

Farmers Cut Antibiotics and Keep Their Livelihoods





> **Reducing antimicrobial use and sustaining livelihoods can go together.**

Short films from three continents show food producers reducing antibiotic use while protecting their income, and one of them won a global health video award.

Asking farmers to use fewer antibiotics only works if their livelihoods are protected. The IDEA Initiative at Johns Hopkins, with ReAct Africa, ReAct Asia Pacific and ReAct Latin America, partnered with the UN Food and Agriculture Organization (FAO) to find out how markets can make that possible.

Their "Making Markets Work" analysis mapped demand-side and supply-side levers and identified three cases worth documenting on film for FAO.

In Zambia, farmer field schools train poultry farmers in practices that replace routine antibiotic use. In Indonesia, a three-zone biosecurity system helps farms earn national food-safety certification. Separately, an FAO study found that low-cost biosecurity and management improvements on seven small broiler farms raised returns by about US$ 75 per 1,000 birds per production cycle relative to comparison farms. In Ecuador, certified zero antibiotic use opens export markets for shrimp.

The films, published on FAO's YouTube channel, give FAO, governments and producers ready examples as FAO scales up its RENOFARM initiative. The Zambia film won a 2024 CUGH-Pulitzer Center global health video award.

Market signals are strongest when they are collective, with producers certifying together, buyers setting shared procurement criteria and transparent data on antimicrobial use. Hearing from producers themselves makes these models concrete for others. Civil society identified the models and produced the films, which were commissioned by FAO.

The lesson: there is no single route. Training, biosecurity and certification each worked because they fit local value chains. Change takes hold when stewardship aligns with producers' livelihoods.

Spanning Africa, Asia and Latin America, the films add accessible, producer-centred evidence.

WHY IT MATTERS

Reducing antimicrobial use in food production is central to tackling AMR. These films show that it can go hand in hand with sustained livelihoods, giving governments and producers practical examples as they work toward the Muscat Manifesto target of reducing antimicrobial use in agrifood systems by at least 30-50% by 2030.

IMPACT SNAPSHOT

- Films produced in Zambia, Indonesia and Ecuador for FAO
- Zambia film won a 2024 CUGH-Pulitzer Center global health video award
- Biosecurity improvements on Indonesian broiler farms raised returns by about US$ 75 per 1,000 birds per cycle in an FAO study







SECTION 6

Youth Leadership

Young people are not just the audience for AMR messages; they are already making them. The stories in this section range from a lecture hall in Cairo to a competition that drew entries from six continents, from a pan-African mentoring programme to a pair of twenty-year-olds who recruited their pet dogs for a video series. What they share is trust in young people as innovators and advocates, and a recognition that the habits formed early, in school, university and the first years of professional life, shape how antibiotics are used for decades to come. Humour, games, mentors and real projects all play a part, and so does a willingness to let young people lead.

34 Students Take the Stage Against AMR

35 Bringing AMR Lessons to Somali Classrooms

36 Two Young Creators, Two Dogs and One Health

37 Africa's Next Generation of AMR Policy Voices

38 Laughing Their Way to AMR Knowledge

39 Students as Innovators: Innovate4AMR



YOUTH LEADERSHIP

Egyptian Society for Infection Control (APIC/Egypt Chapter)

- Egypt

Students Take the Stage Against AMR

> **Stewardship is a shared responsibility, and it starts before the first day of practice.**

Undergraduates from seven healthcare faculties joined an interactive awareness day that combined expert talks, student projects, cross-disciplinary teamwork and a lively competition.

On Monday 15 December 2025, undergraduate students from seven healthcare-related faculties gathered for a day devoted to antimicrobial resistance. They came from medicine, dentistry, pharmacy, nursing, veterinary medicine, physical therapy and medical sciences/allied health.

The Egyptian Society for Infection Control (ESIC) took part in the university's World AMR Awareness Week celebration. The day opened with a keynote from ESIC president Prof. Maha Fathy on adopting a stewardship mindset early in professional life and on students' roles as community ambassadors. Dr. Yara Khalaf of the WHO country office presented AMR as a global threat, including the regional burden and urgent need for action.

Then it was the students' turn. Young people from different backgrounds presented their own projects, showing eagerness and innovation and reinforcing the One Health approach and shared responsibility. The day ended with an ESIC-led interactive cross-disciplinary competition, with giveaways provided by the society.

Attendance and participation were intense, and students stayed engaged right to the last moment. They asked for more events of this kind.

The event brought together ESIC representatives as infection-control professionals, the WHO Country Office in Egypt, university leadership and students, who shared perspectives, goals and ideas for tackling AMR. Interactive activities, the organisers learned, turn students from passive recipients into active participants, and awareness has more impact when it begins before students enter professional practice.

ESIC is honest about what was missed: written feedback was not collected, and it plans to improve this in future.

Students' satisfaction was evident in their active participation.

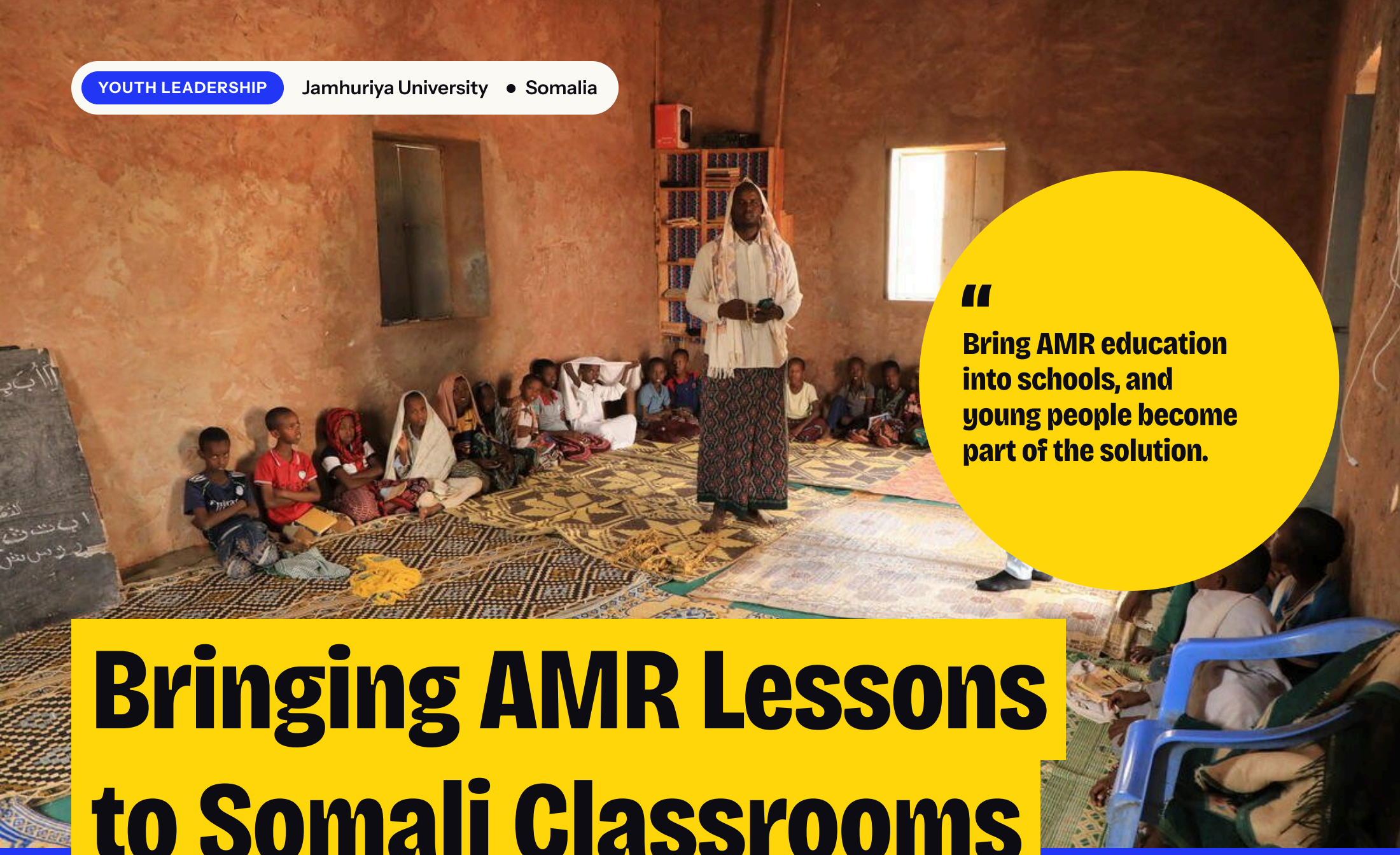
WHY IT MATTERS

Habits form early. By bringing students from different healthcare disciplines together before they enter practice, ESIC presented stewardship as a shared responsibility rather than one profession's job. The event shows how civil society can connect global AMR priorities, university leadership and young people's ideas to produce practical local action. Student projects offered fresh ideas worth channelling into community action.

IMPACT SNAPSHOT

- Students from 7 healthcare faculties took part
- Keynote from ESIC president and a WHO country office representative
- Student-led projects and an interactive cross-disciplinary competition
- Students requested more events of this kind

YOUTH LEADERSHIP Jamhuriya University • Somalia



> "Bring AMR education into schools, and young people become part of the solution.

Bringing AMR Lessons to Somali Classrooms

More than 380 secondary school students learned about responsible antibiotic use and infection prevention, and the results were published in a peer-reviewed journal.

Habits around antibiotics start early, and so can understanding. At Jamhuriya University in Somalia, the JUST E-Bug project took antimicrobial resistance education directly into secondary schools.

The initiative used E-Bug modules to train secondary school students on AMR, responsible antibiotic use, infection prevention and infection control. Its aim was to improve knowledge and promote behaviours that help prevent the spread of infections and reduce inappropriate antibiotic use.

The project trained more than 380 students. The team also took care to document and evaluate the project and shared the results in a peer-reviewed publication in IJID Regions, creating a formal scientific record of school-based AMR education.

The beneficiaries are young people themselves. The team believes the project shows how community-based organisations can turn AMR awareness into practical action and engage the next generation in a growing public health challenge. The decision to evaluate and publish gives other schools and organisations evidence of what school-based AMR education can achieve.

Its lessons are simple. School-based AMR education can engage young people effectively. Simple, age-appropriate messages, interactive training and good coordination with schools improve participation and learning. And proper documentation and evaluation help generate evidence that others can use.

WHY IT MATTERS

Schools reach young people at a formative age, and community-based organisations can bring them there. This project shows how a university in Somalia turned AMR awareness into practical education and contributed to the evidence base on school-based stewardship, helping engage the next generation in a growing public health challenge. Evaluation and publication give others something to build on.

IMPACT SNAPSHOT

- More than **380** secondary school students trained
- Topics: AMR, responsible antibiotic use, infection prevention and control
- Outcomes published in IJID Regions, a peer-reviewed journal

YOUTH LEADERSHIP

Patients for Patient Safety Canada with the National Coordinating Centre for Infectious Disease

- Canada

Two Young Creators, Two Dogs and One Health

Two twenty-year-olds wrote the scripts and starred their small pet dogs in playful videos and memes that bring AMR and One Health to young audiences.



> **AMR messaging is often boring. This was fun, lively, creative and clever.**

Much of the messaging on AMR is scientific, technical, written at a high reading level, and as the organizers put it, can be boring and less effectve in reaching younger audiences.. In 2020, Patients for Patient Safety Canada and the National Collaborating Centre for Infectious Diseases tried the opposite.

They invited two adults in their twenties to engage youth on AMR in the context of One Health through social media. The pair wrote the scripts and brought their small pet dogs into short YouTube videos, picture posts with memes and voice-overs. The result, in the organisers' words, was fun, lively, creative, heartfelt and clever.

Along the way, the young leaders learned about AMR and One Health as they developed the project, and brought strong technical skills, including analytics. One is now a nurse; the other continues academic pursuits in fine arts and contributes to Patients for Patient Safety Canada's HeART of HealthCARE Gallery, as well as sharing information during annual campaigns. The posts drew responses from across North America and as far away as Berlin.

The organisers reflect on what made it work. The young directors' technical skills were strong and included analytics, which the organisation does not often receive. In Canada, people love their pets, which gave the videos an audience with the right appeal, though the organisers recognise that not all countries share the same relationship with pets. A small honorarium was provided to the lead youth director.

Not everyone was comfortable with the approach. The organisers note some hesitation from the scientific community, and that funders need to be at ease with a playful approach to a serious scientific message. The project was also resource-intensive.

WHY IT MATTERS

If young people can be reached, they may influence future generations on appropriate antibiotic use. This project did it by letting young people lead and by choosing a tone, humour and pets, that audiences enjoy. It is a reminder that serious messages do not always need a serious voice, and that young creators learn by doing.

IMPACT SNAPSHOT

- Two twenty-year-olds wrote scripts and created videos and memes
- YouTube videos, picture posts and voice-overs on AMR and One Health
- One participant is now a nurse; the other is studying Fine Arts and contributes to the HeART of HealthCARE Gallery.



40

expert-led sessions; 20 interns matched with mentors

YOUTH LEADERSHIP

Ducit Blue Foundation and One Health Society

- 14 African countries

Africa's Next Generation of AMR Policy Voices

A virtual internship and mentorship programme prepared 25 young professionals from 14 African countries for AMR policy work, and they shared what they learned with more than 1,000 people.

> **"Young leaders turned learning into action, reaching more than double their target.**

Before this programme, young people across Africa had few places to learn about AMR, find mentors or take part in policy discussions. Ducit Blue Foundation, with One Health Society, set out to open that door.

From April to July 2026, the AMR Policy and Governance Programme for African Youth brought 25 young professionals from 14 countries together online. They received 40 expert-led sessions on antimicrobial resistance, One Health, policy, governance, advocacy and leadership, and worked in multidisciplinary teams to produce four capstone projects on AMR governance challenges. Twenty were matched with mentors, and 21 graduated.

The interns did not keep the learning to themselves. They shared what they had learned with 1,034 people, more than double the target of 500, and reached 41 organisations, against a target of 25. The capstone projects were compiled into a practical AMR Dossier for Africa, and the programme created a pan-African alumni network.

The programme was delivered virtually, which allowed interns from Botswana, Cameroon, Egypt, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda and Zambia to learn together. Before it began, African youth had limited access to AMR education, mentorship and policy-making platforms.

The organisers name what they would build on: clear accountability and monitoring systems, minimum expectations for mentors with scheduled checkpoints, and sustainability pathways such as alumni engagement, impact tracking, publications and further development of the capstone projects. The benefits extend to patients, the public, health workers, pharmacists, veterinarians, policymakers, students and farmers.

WHY IT MATTERS

Young Africans are often missing from the rooms where AMR policy is made. This programme turned that gap into measurable action, building skills, mentoring relationships and a lasting network. Its scalable model combines One Health training, mentoring and accountability, and prepares a new generation to lead sustained action across the continent.

IMPACT SNAPSHOT

- 25 interns from 14 African countries; 21 graduated
- Learning shared with 1,034 people and 41 organisations, against targets of 500 and 25
- Four youth-led capstone projects compiled into an AMR Dossier for Africa

YOUTH LEADERSHIP

Delhi Society for Promotion of Rational Use of Drugs • India

Laughing Their Way to AMR Knowledge



"

AMR education works best when it is interactive, culturally relevant and enjoyable.

A comedy quiz, a debate and traditional games engaged more than 600 university students, and showed where misconceptions about antibiotics run deepest.

Lectures on antimicrobial resistance can be hard to sit through. In January 2026, the Delhi Society for Promotion of Rational Use of Drugs tried a different approach: make it fun.

More than 600 university students from many disciplines took part in a live digital comedy quiz, a structured debate and AMR-themed traditional games. Humour, competition and culturally familiar activities, together with expert-reviewed content, made complex ideas on stewardship, infection prevention, One Health and responsible medicine use easier to follow and remember. The format was low-cost, and students helped to design it.

Immediate feedback revealed where knowledge was strong and where it was not. Participants scored 85--100% on infection prevention and microbiology, and 65--80% on One Health and antimicrobial-use principles. On regulatory topics, such as antibiotic access and prescription-only rules, scores fell to 40--60% or below. Students also reported better understanding and a stronger intention to avoid self-medication, seek professional advice and follow infection-prevention practices.

Co-design with students improved relevance and feasibility. The organisers argue that young people should be engaged early, because their knowledge and choices can influence peers, families and communities, as well as shaping future professional practice. Expert-reviewed content, immediate feedback and familiar games positioned students as informed advocates, not only learners.

The lessons: AMR education works best when it is interactive, culturally relevant and enjoyable. Others should use adaptable, low-cost formats and include before-and-after assessments and follow-up.

The initiative provided immediate feedback, identified important misconceptions, particularly around antibiotic access and regulation, and encouraged students to avoid self-medication.

WHY IT MATTERS

Students are tomorrow's clinicians, and today's influencers in their families and communities. By making AMR education enjoyable and culturally familiar, this low-cost initiative reached hundreds of young people and showed civil society organisations and universities exactly where to focus next, including on regulation and prescription-only access. The format is easy for others to replicate.

IMPACT SNAPSHOT

- More than **600** university students engaged across disciplines
- Live digital comedy quiz, structured debate and AMR-themed traditional games
- Scores of 85--100% on infection prevention and microbiology
- Regulation identified as a priority knowledge gap

YOUTH LEADERSHIP | Innovation+Design Enabling Access (IDEA) Initiative, Johns Hopkins Bloomberg School of Public Health • Global

Students as Innovators: Innovate4AMR



163

eligible submissions from six continents in 2019

> **"Ideas became projects through structured coaching, not the competition alone.**

A global design competition invited students to tackle AMR in resource-limited settings, and over three-quarters of its 2019 Geneva finalists came from low- and middle-income countries.

What if the best ideas to tackle AMR came from students? In 2018, the IDEA Initiative created Innovate4AMR, a global design competition inviting student teams to propose innovative solutions for resource-limited settings.

Entries grew from 145 in 2018 to 163 eligible submissions from six continents in 2019. Finalists attended capacity-building workshops in Geneva during WAAW, organised with WHO and supported by the South Centre. Over three-quarters of the 2019 finalists came from low- and middle-income countries.

During COVID-19, the competition moved online as Innovate4Health, an online design sprint that extended to emerging infections. It engaged 44 teams from 2020 to 2022; in 2022, more than 75 teams applied and fewer than one in four could be accepted.

Teams were not simply judged, they were coached. Training in problem trees, stakeholder analysis, behaviour change and advocacy turned ideas into projects.

Finalists proposed ideas ranging from dairy cooperatives in India to SMS follow-up in the Philippines and AMR outreach with Aboriginal communities in Australia.

Alumni have gone on to further recognition, including a FIND Voices for Diagnosis award and a Royal Society of Tropical Medicine and Hygiene grant.

Presenting to international expert panels, in Geneva and later online, gave finalists rigorous feedback.

WHY IT MATTERS

Students were treated as innovators, not just an audience. The programme helped prepare AMR champions, mostly from low- and middle-income countries, who learned to choose where to intervene along human and animal value chains. Structured coaching, rather than the competition alone, is what turned their ideas into action. Innovate4AMR was noted among the Best of UN Innovation 2019.

IMPACT SNAPSHOT

- More than three-quarters of 2019 Geneva finalists from low- and middle-income countries
- 44 teams in Innovate4Health, 2020--2022
- Named among the Best of UN Innovation 2019







SECTION 7

Awareness, Art and Patient Voices

Antimicrobial resistance can feel distant, a problem of laboratories and statistics. The stories in this section show civil society closing that distance. Paintings, photographs and personal essays carry a message in ways that facts alone rarely do, and a patient's own words turn an abstract threat into something people recognise and remember. Whether it is a gallery that grows year by year, a calendar of community photographs or a story that has stayed online for years, these initiatives share one belief: people act on what they feel as well as on what they know. They are also candid about the challenges. Stories are hard to capture, creative projects need steady resources, and the audience is not always easy to reach.

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AWARENESS, ART AND PATIENT VOICES

Patients for Patient Safety Canada • Canada

> "The art lingers, while the words are forgotten.

Where Art Speaks for Patient Safety

A growing virtual gallery of artwork and poetry gives antimicrobial resistance a human face, reaching people through emotion where scientific explanation often falls short.

For most people, antimicrobial resistance is hard to picture. It is technical, scientific and easy to forget. Patients for Patient Safety Canada, which treats AMR as a patient safety issue, decided to try a different language: art.

In 2022, to coincide with its 15th anniversary, the organisation launched the HeART of HealthCARE Virtual Gallery. It now holds seven galleries, each built around a theme relevant to patient safety, including one on infection, AMR and sepsis. Visual, performing and literary artists from around the world have contributed, although most are Canadian. Each piece is accompanied by the artist's statement, and the work ranges from poetry to paintings to familiar faces to images of microbiology.

The first galleries filled up quickly. With the artists' permission, the images now appear in newsletters, campaigns such as World AMR Awareness Week, and slide presentations, helping to engage audiences. People have told the team that the art lingers, while the words are forgotten.

The gallery is also an invitation. Artists' work is shown with their biographies, and the project welcomes artists from many backgrounds. Patients, the public, health workers, pharmacists, policymakers and young people are among the audiences it hopes to reach.

Keeping the gallery alive takes commitment. The team hired a professional curator, signed agreements with the artists and offered a small gift card as thanks. New art needs dedicated resources if the gallery is to keep growing. In the organisation's own words, it has been a labour of love, and a heart-led way of communicating lived experience.

WHY IT MATTERS

Art can cross languages, professions and levels of scientific knowledge. For a subject as complex as AMR, that is a rare advantage. The gallery shows how a small patient organisation can bring artists, health workers and the public together at relatively low cost, and give people an emotional connection that makes the science worth remembering.

IMPACT SNAPSHOT

- Launched in 2022 for the organisation's 15th anniversary
- Seven themed galleries, including one on infection, AMR and sepsis
- Artists from around the world, most of them Canadian
- Images reused in newsletters, campaigns and presentations

AWARENESS, ART AND PATIENT VOICES

National One Health Alliance • Jordan

Through the Lens: Jordan's AMR Photo Competition



45

applicants, 26 shortlisted photographs, 13 winners

> **AMR awareness is not only for doctors. Anyone with a camera can help.**

Jordanians without medical training turned cameras into advocacy tools, creating a 2025 calendar in which every photograph carries an antimicrobial resistance awareness message.

How do you make antimicrobial resistance feel relevant to people who are not doctors or scientists? In Jordan, the National One Health Alliance (NOHA), formerly One Health Alliance Jordan, answered with a camera.

Since 2021, NOHA had raised awareness through conventional education and outreach. In September 2024 it tried something new: a photo competition open to people from all backgrounds, including those with no medical training. Each entry had to express an AMR awareness message through a photograph.

Forty-five people applied. A total of 26 photographs were shortlisted, and 13 winners were chosen. Their images, each paired with its message, became a 2025 awareness calendar, a resource that can be used long after the competition ended.

The winners were recognised at a special ceremony in December 2024, with the results announced at the Arab Youth Forum for AMR Awareness. Run by a volunteer-led organisation with limited resources, the initiative relied on volunteers and community creativity.

Participants came from many backgrounds, and the competition offered something conventional outreach could not: a chance to contribute directly to AMR communication. NOHA's experience suggests that photography can help people turn complex health messages into relatable images. Combining a competition with public recognition and a calendar created a resource that outlasts the event.

NOHA is honest that changes in public knowledge and behaviour have not yet been measured. For future campaigns, it plans to gather audience feedback and run assessments before and after.

Future campaigns, NOHA says, should gather audience feedback so their reach and effectiveness can be properly evaluated.

WHY IT MATTERS

Participation changes who feels responsible for AMR. By inviting non-specialists to communicate the message in their own visual language, NOHA turned community creativity into a lasting educational resource. The model is low-cost, adaptable and easy to repeat, and it shows how volunteer-led groups can widen the circle of people speaking up for responsible antibiotic use.

IMPACT SNAPSHOT

- Each winning photograph carries an AMR awareness message
- Images turned into a 2025 awareness calendar
- Winners recognised at a ceremony and at the Arab Youth Forum for AMR Awareness



AWARENESS, ART AND PATIENT VOICES

Patients for Patient Safety Canada • Canada

"I Didn't Know": A Painting with a Message

> A blend of science and art, with a common language for everyone.

A watercolour and short narrative, developed with Sepsis Canada partners, aims to reach as many people as possible with a message about AMR and sepsis.

"I didn't know" is the title of a new work by Patients for Patient Safety Canada, created to help people learn about antimicrobial resistance and sepsis.

The watercolour painting is the latest addition to the organisation's "Bench Series". It is paired with a short narrative developed with the help of partners from Sepsis Canada, along with a side-bar that offers a deeper look at AMR and sepsis for readers who want to know more.

The work is designed for two campaigns this year, World Sepsis Day and World AMR Awareness Week. The team plans to post it on its website and social media and to print it on postcards for distribution, with the aim of reaching as many people as possible.

Its audience is wide: patients, the public and health workers. Because the work is a watercolour, it can stand alone as an image, and because a narrative sits beside it, it can start a conversation. The organisation describes the approach as a blend of knowledge and artistic imagination.

This is a story still in progress. Results have yet to be reported, but the idea is clear: blend science and art into a common language that anyone can understand.

WHY IT MATTERS

Sepsis and AMR are closely linked, yet few people know it. By pairing one image with a short narrative and a deeper dive, this initiative offers two ways in: a quick emotional response for the casual viewer and more detail for those who want it. Reaching people through both campaigns multiplies the message. The organisation sees real strength in an image that speaks to everyone.

IMPACT SNAPSHOT

- New watercolour added to the "Bench Series"
- Narrative developed with partners from Sepsis Canada
- 50 postcards handed out, accompanied by a short conversation about AMR.
- Designed for World Sepsis Day and World AMR Awareness Week

AWARENESS, ART AND PATIENT VOICES

Patients for Patient Safety Canada with Public Health Agency of Canada • Canada

Putting a Face to AMR: Mary's Story

At Public Heath Agency of Canada's request, a patient story gave a human face to antimicrobial resistance and has stayed publicly available on the national AMR webpage for several years.



AMR is abstract. A story puts a face to something hard to understand.

Antimicrobial resistance is abstract. Numbers and definitions rarely help a reader understand why it matters to an ordinary person. Around 2019, Health Canada recognised this and asked for a patient's story.

Patients for Patient Safety Canada prepared "Mary's Story" in response. It now sits on the national Public Health Agency of Canada's website, in the "true stories" section of its antimicrobial resistance pages.

The story has remained online for several years with public access. Its message is simple: when people read about a real person affected by a drug-resistant infection, an abstract threat becomes something they can understand.

The story reaches patients, the public, health workers and policymakers. Capturing stories like this takes patience: they are sought after, but not easy to gather. Its long life on an official website shows what can be achieved when a government agency and a patient organisation work together.

The team also points to a practical lesson. Stories like this are sought after but they require significant editorial support to help the patient build the arc of their story and establish key messages and valuable learnings.

WHY IT MATTERS

Governments hold plenty of scientific information on AMR, but readers connect with people. A patient story on an official website shows how civil society can give public institutions what they cannot easily produce themselves: lived experience, told honestly, that makes a technical issue matter to ordinary readers. The same approach can make other hard-to-grasp topics relevant.

IMPACT SNAPSHOT

- Prepared at the request of the Public Health Agency of Canada, around 2019
- Published on the Public Health Agency of Canada's website
- Publicly available for several years

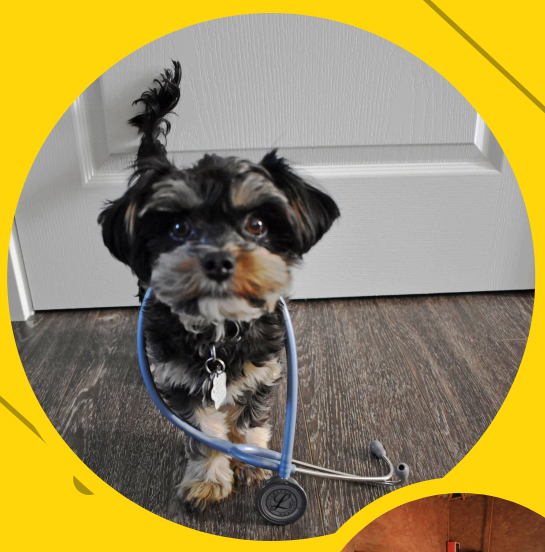
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Civil Society Success Stories on AMR

WHO Civil Society Task Force on AMR
Antimicrobial Resistance Department
World Health Organization
Avenue Appia 20, Geneva, Switzerland

Scan QR code to learn more about the task force