

Managing Antimicrobial Resistance Through Behavior Change, March 2021

Making sense of antibiotic resistance: Communicate for change

Eva Garmendia, Linus Sandegren, Maria Pránting, Alexandra Hoegberg

Background

Although the looming crisis of antibiotic resistance is well understood scientifically, the response thus far has not been proportionated to the scale of the problem. This is partly due to a failure in communication stemming from challenges that are inherent to this issue. First, antibiotic resistance is perceived as a slowly growing threat. Bacteria are developing resistance to existing antibiotics and people are dying as a result of resistant infections. However, the rate of this development is slower than that of a fast-moving pandemic, such as COVID-19, and its extent is not well-documented. Second, managing antibiotic resistance requires lasting behavioural change, on the part of both individuals and communities – something that is intrinsically difficult. The need for systemic changes paired with a lack of simple solutions and actionable messages makes it difficult to prioritise this matter, and might make each individual feel that they cannot contribute. Third, the difficulty of communicating for behavioural change is further compounded by the complexity of the problem, the need for solutions at multiple levels, and the differing motivations and possibilities for action of each stakeholder group.

Today, communication, messaging and media coverage on antibiotic resistance commonly relies on the use of scare tactics and war metaphors. This attracts attention, but is known to be inefficient from a behavioural change perspective, as it easily wears out the recipient, causing the public to feel powerless and unable to have any significant impact. Moreover, it is problematic from the perspective of creating an often misplaced fear of microbes.

Some of the components of the problem preventing effective communication include the use of very technical medical language; the number of different terms used interchangeably such as “antibiotic resistance” and “antimicrobial resistance”; mixing messages about the various ways in which antibiotic resistance impacts health and society; the variable and limited media coverage; and the lack of a mainstream conversation on the topic. Based on these current

shortcomings, work on effective messages and tactics for specific target groups is urgently needed.

Approach

The aim of this workshop was to encourage interactions between different disciplines and professional groups, and to discuss effective communication tactics and messaging concerning antibiotic resistance. The workshop brought together more than 30 experts in sociology, behavioural change, communications, microbiology, global health, sustainability and antibiotic resistance, to explore how communication can support changes in habits and attitudes. Drawing on principles of behavioural change communication, we looked into creating new narratives and tailoring messages. This was done through a panel discussion with three inspirational speakers: Sian Williams, Policy and Advocacy Adviser at the Wellcome Trust; Catherine Will, Reader in the Sociology of Science and Technology at the University of Sussex; and Philip Mathew, Public Health Consultant for ReAct Asia Pacific. Furthermore, the theme of the workshop was discussed in five breakout groups.

The groups were given two tasks:

1. to individually rank a series of statements and frames on antibiotic resistance in regard to their usefulness in communication, and then discuss their results; and
2. to explore ways to communicate the fact that antibiotics are lifesaving, but their use is also part of the problem and is associated with risks for the individual users, as well as for society at large. The groups were presented with a short piece of background information, and worked collaboratively to define a target group, possible messages, and channels or methods to reach the target group.

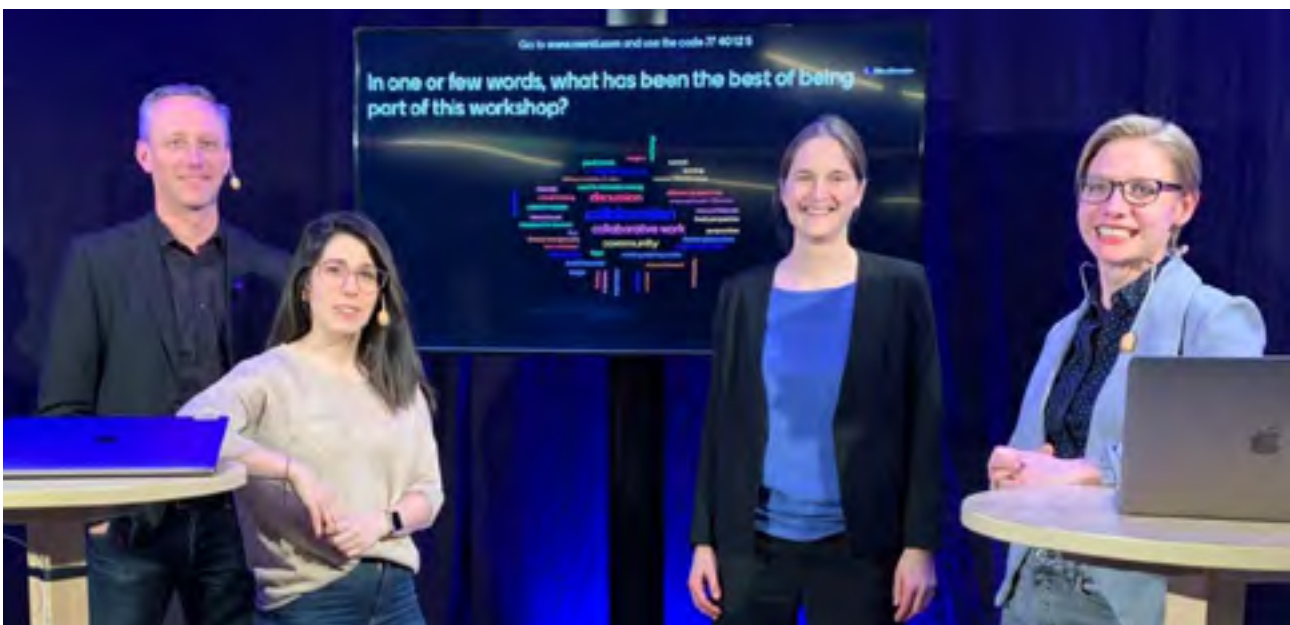
Highlights from the discussions

The panel discussion highlighted a number of points to consider for promoting behavioural change when communicating antibiotic resistance:

- Good communication can be influential and can promote change, but is only one part of the solution. Structures that allow people to take the necessary actions must also be in place.
- A broad understanding of the complexity of antibiotic resistance among the public is not necessary, but emphasis must be placed on explaining why changing certain behaviours is important.
- It is important to narrow down the message, but take care not to exclude relevant groups or individuals. It is helpful to tailor communication to groups united by, for example, geographical area, lifestyle or experience with the healthcare system.
- When communicating with the general public, it is important to focus on actionable steps they can engage with. Advocating messages on antibiotic resistance in their communities or talking to decisionmakers are examples of actions they can easily engage with.
- When working with specific communities, it is important to involve the key actors in the process. For example, communicating with small-scale farmers in low- and middle-income settings, actively involving them in the process towards more biosecurity-oriented farming and training them in infection prevention and control practices can empower them to take action. Incentives to support such changes in practice are also needed.
- When communicating with policymakers, we need to provide them with information that is persuasive and share arguments that they can use in their work and that align with the issues they care about politically. Data and evidence-based information are crucial here.
- Communication practices and efforts should aim for specific results, aligning the objectives with the audience and the specific messaging.

Based on the background information provided, the different breakout groups decided to focus on the following target groups: community health workers, healthcare professionals, parents, mothers, and food consumers. The in-depth group work brought forward a number of ideas and themes that could be considered for communicating antibiotic resistance and promoting change when possible:

- Community health workers offer a channel for reaching people in lower-resource settings with relevant messages at the right time – when they seek care or advice – leveraging their care for the communities they serve.
- Collaboration with other trusted community and patient groups could have the same result as working with community health workers. Mothers’ groups, for example, can have a strong influence on families and communities. Likewise, staff at schools and kindergartens make up a trusted group.
- Consumers still have misconceptions about antibiotic use in food production. Rather than focusing on busting myths, presenting alternative motivations to achieve the goal of reduced use could be more effective. Aim to make sustainably produced food aspirational, and involve supermarkets as key influencers.
- Providing tools can promote action from the audience. Graphic flowcharts, data charts, communication platforms or games that aid in making the connection between knowledge and action could serve as tools that facilitate communication to and within the targeted groups.
- The messaging will depend on the context and available channels. For example, promoting a healthy microbiota could be relevant in certain groups (for instance among mothers), while it may be too complex to introduce in general messaging.





- Statements and communication that describe the current situation using relatable numbers are easier to understand than those using more abstract ones. The same applies for statements that feel close to home and are personalised, as opposed to more general ones.
- Consider how terms and ideas that have been popularised during the COVID-19 pandemic may help people understand and act on the issue. Examples include the importance of hand hygiene and infection prevention.

Final reflections

The challenges of communicating effectively regarding antibiotic resistance – and the failure to do so – have been discussed in several fora over the past decades, but progress has been slow. Although many reasons underlying ineffective communication on antibiotic resistance have been known for a long time, there is still a lack of understanding and research into what messages and channels are most effective to reach different target groups in different contexts, and how to link communication efforts to behavioural change insights. It is important to empathise with the audiences and analyse what motivates them.

In 2019, the ad hoc Inter-Agency Coordination Group (IACG) on Antimicrobial Resistance provided concrete recommendations in a number of areas, also highlighting the need to support behavioural change through effective awareness raising, communication and appropriate incentives. In 2018, the IACG developed discussion papers in six thematic areas – including public

awareness, behavioural change, and communication – where some possible pathways and good practice examples were laid out.

As new global governance structures are established in response to the IACG recommendations, there is an opportunity to address these aspects more systematically. Such work should take past experiences from other fields into account, and build upon ongoing research and behavioural insights. Likewise, as work to implement national action plans progresses, involving behavioural change and communication experts could facilitate more efficient implementation of said plans.

Acknowledgements

This brief is one in a series of eight policy briefs produced as an outcome of the digital 2021 Uppsala Health Summit “Managing Antimicrobial Resistance Through Behavior Change.” Uppsala Health Summit is an international arena for dialogue, exploring possibilities and implementation challenges associated with advancement in medicine and public health. You can find the entire series of briefs and more information about Uppsala Health Summit at www.uppsalahealthsummit.se.

Authors: Eva Garmendia*, Uppsala Antibiotic Center, Uppsala University. Linus Sandegren, Uppsala Antibiotic Center, Uppsala University. Maria Pränting, ReAct, Uppsala University. Alexandra Hoegberg, Uppsala Monitoring Centre.

*Corresponding author: eva.garmendia@uac.uu.se



Sponsors



Robert Bosch Stiftung



PAR FOUNDATION

