SCOPING BRIEF: GCRF CHALLENGE CLUSTER

ADDRESSING THE USE OF COMMUNITY ENGAGEMENT METHODS TO TACKLE ANTIMICROBIAL RESISTANCE IN LOW-MIDDLE INCOME COUNTRIES.

APRIL 2020

CE4AMR

GCRF
Global Challenges Research Fund

INTRODUCTION

This GCRF challenge cluster aims to synthesise knowledge on how community engagement approaches can be applied to the global challenge of antimicrobial resistance (AMR). AMR is where bacteria find ways to survive the drugs designed to kill them, meaning common infections could become life threatening. Although a natural process, AMR is accelerated by overuse, misuse and inappropriate disposal of antimicrobial drugs in human, animal and environmental settings. It is thus considered a One Health challenge and requires cross-sector collaboration to tackle. An appropriate method which could be applied to AMR is the use of community engagement (CE). This approach is bottom-up and considers the local context, behaviours, and attitudes that influence antimicrobial actions and thus AMR. CE has been successfully utilised to understand major human health challenges such as mental health and smoking cessation, and also to engage on environmental issues such as plastic pollution and global warming. However, at present it is underused in the AMR sphere and projects which do utilise CE are poorly connected. The GCRF challenge cluster will disrupt this current standing by bringing together six AMR-focused projects with various approaches to CE.

Representatives from the cluster's six projects were some of the participants in a workshop hosted by the University of Leeds and HERD International in Kathmandu in June 2019. This workshop aimed to better understand the scope of community engagement methods, including creative and participatory approaches, to tackle AMR in low and middle income country (LMIC) settings. Attendees were both researchers and practitioners, many of whom worked in the field of AMR including as vets, agricultural economists, parasitologists, anthropologists, filmmakers and graphic designers. Other attendees held specific expertise in community engagement such as using participatory theatre to tackle mental and sexual health challenges. This mixed audience made for diverse and sometimes challenging discussions around how to tackle AMR in LMICs through integrating community and broader Arts and Humanities methods.

The workshop focussed on these critical questions:
- What is a community?
- What factors govern how you work within a community?
- What are the key values underpinning successful CE interventions?
- Where are the key gaps in AMR research?
- How can CE be applied to the above areas?
- How can we raise the importance of CE for AMR on global policy agendas?
- How do we evaluate and show the impact of CE interventions for AMR?
- How can this network continue to communicate, collaborate and share resources?

This scoping brief highlights some of the main areas of learning from the event, and how these went on to develop the strategic aims, research questions and planned outputs within the GCRF Cluster on AMR and community engagement.

METHODOLOGY

Delegates in Nepal highlighted the lack of methodological support for designing, implementing and evaluating community-focused projects within AMR. For many researchers, and policy makers, incorporating community engagement methods can be challenging, uncomfortable and risky. A proposed solution was to ensure greater interdisciplinary support in the project team, allowing cross-cutting solutions to AMR challenges to be developed, and learnings to be shared. It was this discussion which prompted the Cluster application, and developed ideas for Output 1: A handbook on addressing AMR through community engagement including case studies, methodological support to build CE into AMR research, and behavioural actions to minimise AMR in a variety of settings (human healthcare, community life, livestock farming etc.).

There remain key questions over the type of information to be included within the handbook, such as how to unpack the drivers of AMR in different LMIC settings.   Early activities within the Cluster process (monthly meetings and a co-designed stakeholder survey on AMR) will develop a process to do so which can be tested on our constituent projects and then shared within the handbook. Indeed, ensuring findings are shared on open access platforms was a key point of discussion at the Nepal workshop and, in response, the CE4AMR website was created by the Leeds Co-investigators. A section within this website will be utilised (Output 2) to share cluster outputs including the handbook and other methodological learnings going forward.

LANGUAGE

Language and labelling were realised as major stumbling blocks in both CE and AMR. For example, projects working on WASH (water, sanitation and hygiene) may not realise they sit within the AMR space and as such may not highlight this within their project descriptions. This makes it challenging to identify all relevant projects, collaborate and share learnings. Equally CE can be a difficult term to define. Engagement to some may mean the handing out of a questionnaire, whilst for others it is the immersion of the research team within their focal community. The Clusters project brings together 14 co-investigators for regular meetings which will allow nuances in AMR and CE language to be consolidated from across the six globally disparate projects. This will be gathered in part via informal discussions but also from co-developed stakeholder questionnaires. Learnings will allow co-investigators to share a common language as they each move forward to plan in-country events, the aim of which is to better understand local drivers of AMR. Events will also seek to engage with local stakeholders who might not initially see themselves sitting within the AMR sphere, thus clear and consistent language on both AMR and CE is imperative to maintaining a coherent narrative across all cluster partners.

COMMUNITY

It became clear that defining Community can be a major challenge simply because AMR impacts everyone on a global scale. The take-home message from Nepal was to ensure the problem being investigated is specific and relevant to the focal community. This approach will help define core beneficiaries and the wider stakeholders (or gatekeepers) needed to reach these beneficiaries. A co-developed publication by Nepal attendees, discussing the values and principles of successful CE research for AMR, will provide methodological support for community-centred project development. However, the Cluster's second research question focuses on the many remaining issues around how to define an AMR community: What constitutes the 'community' that we are engaging with? Here we explore the situated nature of CE, often underplayed in the literature. How do social, cultural and political contexts impact CE interventions? What do we mean by 'community' in practice? How do definitions of 'community' engage, or ignore, complex issues around, for example, gender and intersectionality? What lessons can we learn from the group's experience in a wide range of settings? These questions will begin to be addressed in monthly meetings between the cluster teams, plus initial stakeholder surveys and in-country workshops. Finally, community-focused discussion will be held at the Leeds residential event toward the end of the funding period to consolidate learnings on this challenge.

SUSTAINABILITY

Many lightening talks in Nepal discussed that successful CE projects are specifically tailored to the needs of the local community, embedded within local life, and involved wider stakeholders. However, specificity became a double-edged sword when considering how to scale and evaluate. Delegates were particularly concerned with the focus on health outcomes of AMR research. In health sciences the gold standard of evaluation is the randomised control trial (RCT) which simply may not capture the steady, incremental behavioural changes facilitated by a community engagement project. A mixed methods approach requiring the collection of both qualitative and quantitative data were suggested as a suitable alternative allowing the measurement of behaviour change, and developments in confidence and knowledge. However, there remain questions around validity and transferability, particularly when considering the impact of creative outputs which may not be easily verbalised. The Clusters project will hold a UK-based residential allowing the team to collaborate on key issues identified through initial stakeholder surveys and in-country workshops. A specific session regarding evaluation of CE for AMR will be included within this workshop to consider evaluative questions co-developed by the cluster such as; who are evaluations for? What are they measuring and why? And, ultimately, how do we a know a CE project is (not) working? These learnings will directly feed into Objective 3 by considering the best way to evaluate research proposals utilising CE approaches in AMR.

SUMMARY

The Nepal event of 2019 provided delegates with an initial opportunity to discuss the use of community engagement methods with AMR research. This successful networking event stimulated rich conversations on the challenges and benefits of CE, but unsurprisingly created as many questions as it answered. It brought together six Global-South-based AMR projects who are keen to move these questions forward and establish best practice in the field of CE for AMR. By pooling their experiences this team, and their wider network of stakeholders, will develop an open-access handbook advocating the use of CE within AMR and providing methodological support (including case studies) to do so. The handbook will be utilised at stakeholder workshops within each Global South country to unpack the local drivers of AMR and contextual factors (gender, power, social norms etc.) which may influence these. Finally, the Cluster team will meet at the University of Leeds for a 3-day residential, where learnings will be consolidated to develop research proposals utilising CE methods to tackle specific AMR challenges across India, Bangladesh, Vietnam, Ghana and Nepal. The Cluster will be a collaborative working space, driven by the need to answer critical questions around how and why CE methods can be utilised to tackle AMR. All materials will be freely available on the CE4AMR website providing expert guidance and support to other teams wishing to incorporate community engagement methods into AMR research.