

Integrating Gender and Equity in Antimicrobial Use and Resistance Programming: A Collaborative Approach Across East Africa (Kenya and Uganda)

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Document Version: Version 1.0 August 2024 Project Brief

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Abbreviations

AMR	Antimicrobial Resistance
CG	Country Grantee
FF	Fleming Fund
LMIC	Low- and Middle-Income Country
NAP	National Action Plan
WHO	World Health Organisation
G&E	Gender and Equity
TWG	Technical Working Group
ToC	Theory of Change
AMU	Antimicrobial Use

Glossary of Terms

- **Antimicrobial Resistance (AMR):** The ability of microorganisms (such as bacteria, viruses, fungi, and parasites) to resist the effects of medications that once could successfully treat the infection they cause, rendering standard treatments ineffective and allowing infections to persist.
- **Antimicrobial Use (AMU):** The consumption of antimicrobial agents in human, animal, or agricultural settings. It encompasses both appropriate and inappropriate use, with significant implications for the development of AMR.
- **Gender and Equity (G&E) Integration:** The systematic consideration of gender-specific and equity-related factors in all aspects of programming, ensuring that interventions are inclusive, address disparities, and promote equal access to resources and opportunities for all population groups.
- **Surveillance:** The ongoing systematic collection, analysis, and interpretation of health-related data essential to planning, implementing, and evaluating public health practice. In AMR programming, surveillance focuses on monitoring antimicrobial use and resistance patterns.
- **One Health Approach:** This collaborative, multi-sectoral, and transdisciplinary approach recognizes the interconnection between human, animal, and environmental health. Combating AMR by addressing its various sources and transmission pathways is crucial.
- **Global Antimicrobial Surveillance System (GLASS):** An initiative by the World Health Organization (WHO) that provides a standardized approach to the collection, analysis, and sharing of AMR data globally. It aims to enhance the global understanding of AMR and inform strategies to combat it.
- **Antimicrobial Stewardship:** A coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.
- **Equity Champion:** Individuals within an organization or project who are recognized for their commitment to promoting equity, particularly in ensuring that G&E considerations are integrated into AMR programming and policies.
- **Country Grantee (CG):** Organizations or institutions in specific countries that receive funding and support to implement projects, such as the integration of gender and equity into AMR programming. In this context, CGs refer to the University of Nairobi in Kenya and Baylor in Uganda.
- **National Action Plan (NAP):** A strategic document developed by a country to outline its approach to combating AMR, including goals, objectives, and actions across various sectors, such as health, agriculture, and the environment.
- **Disaggregated Data:** Data that is broken down by specific characteristics such as gender, age, geographic location, or socioeconomic status, allowing for a more detailed analysis of how different groups are affected by AMR and related interventions.

Why Addressing Antimicrobial Resistance (AMR) is Important in Global Health Programming

Antimicrobial resistance (AMR) is becoming one of the greatest threats to global health. AMR occurs when bacteria, viruses, fungi, and parasites evolve to resist the effects of medications, making infections harder to treat and increasing the risk of disease spread, severe illness, and death. There are certain risk factors for AMR occurrence - unregulated antibiotic use in human and livestock systems is a leading driver of AMR. Low- and middle-income countries (LMICs) bear the heaviest burden of AMR, primarily due to higher rates of infectious diseases, inadequate water, sanitation, and hygiene infrastructure, and unregulated access to antibiotics.¹

The importance of programming for AMR lies in its wide-reaching implications:

- **Public health impact:** AMR threatens the effectiveness of life-saving antibiotics and other antimicrobial drugs. This results in prolonged illness, higher medical costs, and increased mortality. Common infections and minor injuries, once easily treatable, can become deadly.
- **Economic burden:** The economic impact of AMR is profound. It increases healthcare costs due to longer hospital stays, the need for more intensive care, and the use of more expensive drugs. By 2050, it is estimated that AMR could cause a global economic loss of up to \$100 trillion if left unchecked.
- **Global health security:** AMR is a global issue that knows no borders. Resistant pathogens can spread rapidly across countries and continents, making it a significant threat to global health security. Effective AMR programming is essential to prevent and control the spread of resistant infections.
- **Impact on vulnerable populations:** AMR disproportionately affects vulnerable populations, including those in LMICs, where access to healthcare is limited, and the burden of infectious diseases is high. Women, children, the elderly, and marginalized groups are particularly at risk.
- **Food security and agriculture:** In addition to human health, AMR affects animal health and food production. The use of antibiotics in agriculture can lead to the development of resistant strains in animals, which can then be transmitted to humans through the food chain, compromising food safety and security.

AMR is accelerating at alarming rates due to behaviours across human, animal, and environmental health sectors, as well as governance and policy shortfalls in addressing this scourge.

The rise of AMR undermines decades of progress in the treatment of infectious diseases, rendering common medical procedures and treatments increasingly ineffective, and is linked to higher rates of morbidity and mortality for common diseases.² Given the multifaceted impact of AMR, it is critical to program for AMR comprehensively, integrating approaches across human, animal, and environmental health sectors (One Health approach). This ensures a coordinated response that addresses the root causes of AMR and mitigates its effects on global health

¹ Laxminarayan, R., Matsoso, P., Pant, S., Brower, C., Røttingen, J. A., Klugman, K., & Davies, S. (2016). Access to effective antimicrobials: a worldwide challenge. *The Lancet*, 387(10014), 168-175.

² Collignon, P. J., & McEwen, S. A. (2019). One health—its importance in helping to better control antimicrobial resistance. *Tropical medicine and infectious disease*, 4(1), 22.

Overview of the Fleming Fund



The
**Fleming
Fund**

The Fleming Fund is a UK aid program established to address the growing global threat of AMR.³ The fund aims to support LMICs in developing and implementing strategies to combat AMR by improving their ability to generate, share, and use data on antimicrobial use, resistance, and surveillance.

The overarching objectives of the Fleming Fund include:

1. Strengthening surveillance systems:
 - a. Equip countries with the necessary infrastructure, resources, and training to establish and strengthen AMR surveillance systems.
 - b. Enhance the capacity of laboratories to conduct microbiological testing and data analysis to monitor AMR trends.
2. Building workforce capacity:
 - a. Develop and enhance the skills of healthcare professionals, laboratory technicians, and policymakers in AMR-related fields.
 - b. Support professional fellowships and training programs to build a robust AMR workforce in LMICs.
3. Improving data use and public awareness:
 - a. Facilitate the collection and sharing of AMR data to inform national and international health policies.
 - b. Promote public awareness and education on the risks of AMR and the importance of responsible antimicrobial use.
4. Developing AMR governance and global solidarity:
 - a. Support the development and implementation of National Action Plans (NAPs) on AMR in alignment with global frameworks such as the WHO Global Action Plan on AMR.
 - b. Foster collaboration and partnerships among governments, international organizations, and other stakeholders to coordinate efforts in combating AMR.
5. Promoting One Health approaches:
 - a. Encourage a multi-sectoral approach to AMR that includes human health, animal health, food production, and environmental health.
 - b. Support the integration of AMR surveillance across these sectors to ensure a comprehensive response to the AMR threat.

Phase I of the Fleming Fund laid the foundation for AMR surveillance and response in LMICs. Launched in response to the 2016 UK AMR Review, WHO's AMR Global Action Plan, and the Interagency Coordination Group (IACG) on AMR, Phase I focused on several key areas:

- ✓ Provided support to LMICs to develop and implement national AMR surveillance systems. This included the enhancement of laboratory infrastructure, the provision of essential equipment, and the training of laboratory staff in microbiological testing and data management.
- ✓ Supported the creation of national coordinating centers and situational analyses to identify surveillance sites and assess existing capacities.
- ✓ Facilitated the development of National Action Plans on AMR in various countries, ensuring that these plans were aligned with international standards and frameworks.
- ✓ Worked closely with governments to ensure that the NAPs addressed country-specific challenges and prioritized actions to combat AMR.

³ Kasudi, M. R., Muloi, D. M., Maurice, M. K., Azegele, A., Ndanyi, R., Gunturu, R., ... & Fèvre, E. M. (2024). Scaling Antimicrobial Resistance Surveillance Nationally: The Case of the Fleming Fund in Kenya. *One Health Cases*, (2024), ohcs20240009.

- ✓ Focused on building the capacity of healthcare professionals, veterinarians, and policymakers to address AMR. This included professional fellowships, workshops, and training programs aimed at enhancing knowledge and skills in AMR detection, prevention, and management.
- ✓ Supported the development of AMR governance structures to oversee the implementation of NAPs and coordinate multi-sectoral efforts.
- ✓ Facilitated the collection, analysis, and sharing of AMR data at national and regional levels. This data was crucial for informing health policies, guiding treatment protocols, and identifying emerging AMR threats.
- ✓ Supported countries in reporting AMR data to international platforms such as the World Health Organization's Global Antimicrobial Surveillance System
- ✓ Included efforts to raise awareness about the responsible use of antimicrobials in both human and animal health. This involved the development of guidelines for antimicrobial use and the promotion of stewardship practices among healthcare providers and farmers.

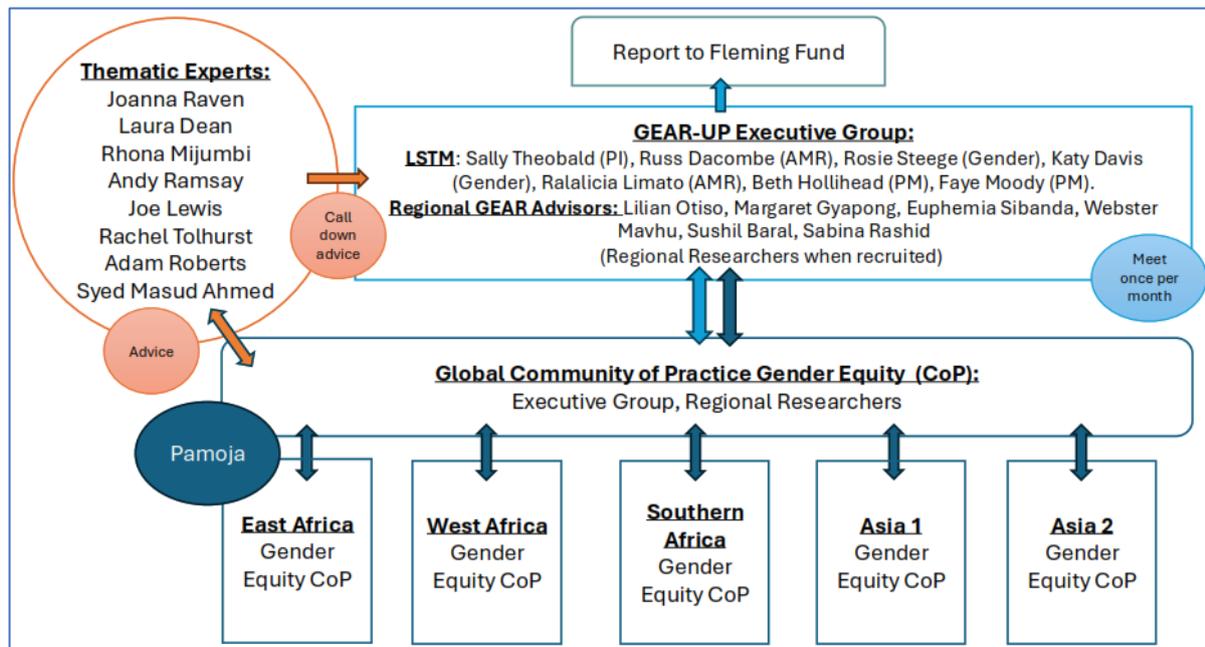
The Fleming Fund is implemented in 22 countries through active country grants, supporting comprehensive efforts to combat AMR. By the end of Phase I, the Fleming Fund had successfully supported the establishment of AMR surveillance systems in several LMICs, developed numerous NAPs, and strengthened the capacity of healthcare and veterinary professionals to tackle AMR.

Addressing Gender and Equity Gaps in AMR: Insights and Strategic Integration

Phase I revealed significant gaps in addressing the social determinants of health, including gender and equity considerations, which influence the spread and impact of AMR. It became clear that without a gender and equity lens, the full impact of AMR on all population groups could not be understood or addressed. Phase II, therefore, incorporates these considerations, ensuring that AMR strategies are comprehensive and inclusive.

It is critical that gender and equity considerations are systematically assessed. This stems from the realization that different sexes and genders experience varied risks of acquiring infections, including drug-resistant infections, and of becoming ill. Different genders also exhibit distinct health-seeking behaviours that influence their likelihood of accessing, appropriately using, and administering antimicrobials. Consequently, they are uniquely affected by AMR.

As such, it is crucial to incorporate perspectives on sex and gender in AMR programming and antimicrobial use to present a comprehensive picture of AMR's drivers and impacts. An intersectional approach to understanding gender and AMR can reveal how gender and other components intersect to shape the experiences of individuals and groups affected by AMR. However, there is insufficient data on the burden of AMR disaggregated by gender and other socio-economic characteristics, and where available, it is often fragmented. Gender can influence every aspect of an individual's health experiences; access to knowledge, healthcare facilities, financial resources, and paid employment are all heavily gendered and influence behaviours related to the procurement of antimicrobial and antibiotic agents.



Overview of the GEAR UP Project

Recognizing these gaps, Phase II of the Fleming Fund introduced a project to integrate gender and equity into AMR programming. The **Gender Equity within Antimicrobial Resistance (GEAR UP)** is a project under the Phase II of the Fleming Fund’s portfolio on AMR. It aims to integrate gender and equity considerations into AMR programming, focusing on the human health component of AMR.



Objective The primary objective of GEAR UP is to support the mainstreaming of gender and equity into AMR programming, ensuring that all aspects of AMR research, surveillance, and interventions consider the different impacts of AMR across various population groups. This includes identifying vulnerable groups, developing tools and guidelines for integrating gender in AMR, and providing technical assistance to country grantees.

Figure 1: GEAR-UP project's organisational structure

Priority Countries GEAR UP focuses on 10 priority countries across Africa and Asia where it supports country grantees to integrate gender and equity into their AMR strategies, illustrated in Figure 2 below.

LSTM Executive Group	East Africa (LVCT Health)	Kenya (ILRI)
		Uganda (Baylor Uganda)
	West Africa (UHAS)	Ghana (Aurum Inst.)
		Sierra Leone (WHO)
	Southern Africa (CeSHHAR)	Zimbabwe (FAO)
		Zambia (CIDRZ)
	South Asia (JPGSPH)	Bangladesh (DAI)
		Sri Lanka
	South Asia (HERD int)	Nepal (FHI360)
		Indonesia (DAI)

Figure 2: GEAR UP 10 Priority FF Country Grantees with Lead Institutions

Scope of Work for the GEAR UP Project

The GEAR UP project focuses on integrating G&E considerations into AMR programming across multiple countries in Africa and Asia, with a specific emphasis on the human health component of AMR. The GEAR UP project will be delivered through a combination of technical assistance, capacity building, and collaborative efforts with CGs and other stakeholders. The project's scope includes the following key activities as listed below in Figure 3 below:

Mainstreaming G&E in AMR programming	<ul style="list-style-type: none"> • Incorporate G&E dimensions into AMR strategies, action plans, and policies at the national and regional levels. • Ensure that AMR interventions consider the different impacts of AMR on various population groups, including marginalized and vulnerable communities.
Capacity building and technical assistance	<ul style="list-style-type: none"> • Strengthen the capacity of CGs to collect, analyze, and utilize gender-disaggregated and equity-sensitive data within AMR programs. • Provide training and resources to grantees to enhance their ability to integrate gender and equity into AMR surveillance, research, and policy development.
Development of tools and guidelines	<ul style="list-style-type: none"> • Create and disseminate tools and guidelines that support the integration of G&E in AMR programming. • Building on global evidence and addressing priority gaps identified in the AMR landscape.
Research and data analysis	<ul style="list-style-type: none"> • Conduct studies to address priority questions around AMR, G&E, and using the findings to inform program interventions and policies. • Support the collection and use of disaggregated data to better understand the impact of AMR across different demographic groups.
Advocacy and stakeholder engagement	<ul style="list-style-type: none"> • Advocate for the integration of G&E considerations in AMR policies and action plans at the national and regional levels. • Engage with stakeholders, including government bodies, NGOs, and international organizations, to promote the importance of G&E in combating AMR.
Learning and knowledge sharing	<ul style="list-style-type: none"> • Facilitate the sharing of best practices and lessons learned among country grantees and other stakeholders. • Establish communities of practice to foster collaboration and the exchange of knowledge on G&E in AMR.

Figure 3: Scope of Work and Key Activities for the GEAR UP Project

The project will engage with key stakeholders, including government agencies, NGOs, and international organizations, to advocate for the inclusion of gender and equity in AMR policies. Regular stakeholder meetings and forums will be organized to review progress, share insights, and drive collective action. GEAR UP will also implement a robust monitoring and evaluation framework to track progress and measure the impact of the project's activities. Continuous feedback loops will be established to ensure that the project remains responsive to the needs of CGs and adapts to emerging challenges. Through these activities, the GEAR UP project aims to build a comprehensive approach to combating AMR that is inclusive, equitable, and sensitive to the diverse needs of different population groups.

GEAR UP Implementation Phases

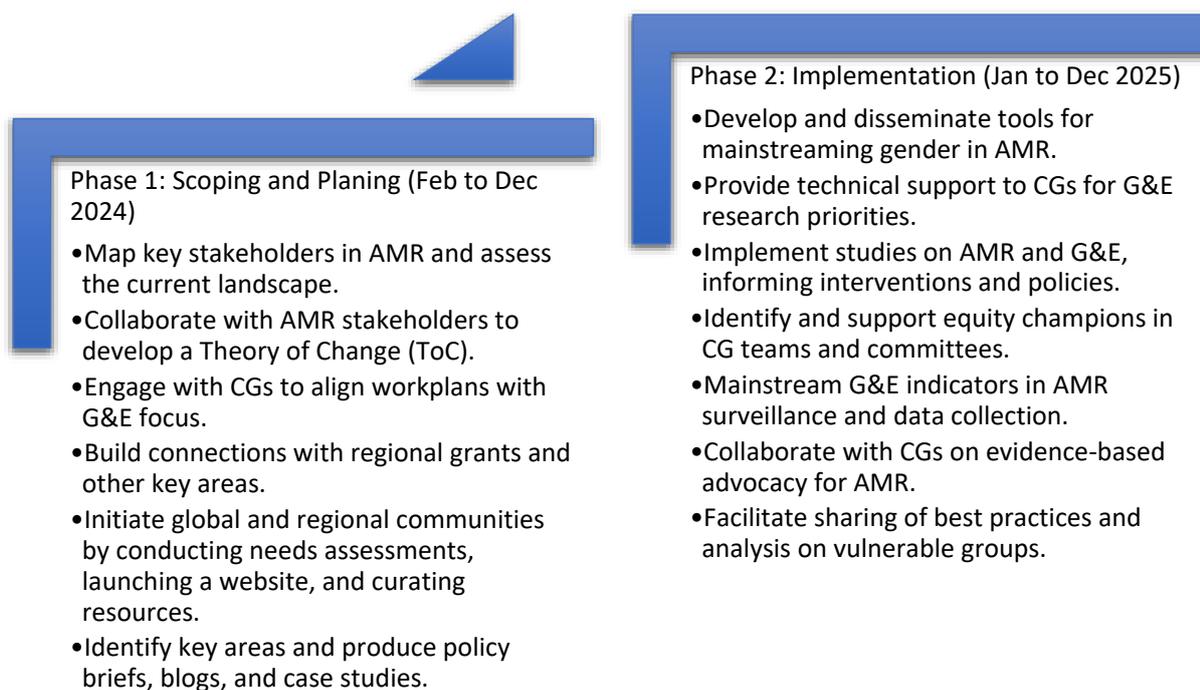


Figure 4: Phased Approach for Integrating Gender and Equity in AMR Programming in GEAR UP Project

GEAR-UP East Africa

Within the GEAR UP consortium, LVCT Health is the East Africa regional lead, working closely with CGs in Kenya and Uganda. Below is a summary of the CGs profiles under the FF.

Kenya

In Kenya, the FF's efforts are focused on combating AMR through strategic partnerships and comprehensive initiatives to strengthen surveillance and stewardship of antimicrobial use. The key grantee in Kenya is the International Livestock Research Institute (ILRI), which works closely with the National Antimicrobial Resistance Stewardship Interagency Committee (NASIC). NASIC is co-chaired by the Permanent Secretaries of the Ministry of Health (MoH) and the Ministry of Agriculture (MoA), underscoring a strong commitment to a One Health approach that integrates human, animal, and environmental health. The human health AMR surveillance component is implemented by the University of Nairobi.⁴



Key Areas of focus for Kenya are:

- ✓ **Laboratory strengthening:** By building personnel skills, ensuring adequate supply and equipment, and improving data submission processes to the national public health laboratory. Additionally, efforts are made to bridge the clinical interface to ensure that laboratory findings are effectively translated into clinical practice.



⁴ Kasudi,Michelle R. and Muloi,Dishon M. and Maurice,Murungi K. and Azegele,Allan and Ndanyi,Romona and Gunturu,Revathi and Ombajo,Loice and Tanui,Emmanuel and Onsare,Robert S. and Omuse,Geoffrey and Kariuki,Samuel and Fèvre,Eric M., onehealthcases.2024.0009, One Health Cases, doi:10.1079/onehealthcases.2024.0009, CABI, Scaling Antimicrobial Resistance Surveillance Nationally: The Case of the Fleming Fund in Kenya, (2024)

- ✓ **Guideline development:** The development of comprehensive guidelines for antibiotic use is a priority, ensuring that health professionals have access to up-to-date and standardized protocols that promote the rational use of antimicrobials.
- ✓ **Burden of disease:** The program focuses on understanding the burden of AMR-related diseases within the country, which is critical for informing policy decisions and targeting interventions effectively.
- ✓ **Surveillance:** Surveillance systems for antimicrobial use and consumption are being strengthened, with a particular focus on governance and integration across the various sectors involved in AMR.

The program is expected to lead to improved data quality and availability, which will inform national and global policy decisions. This will, in turn, contribute to the rational use of antimicrobials, reducing the spread of AMR, and ultimately improving public health outcomes in Kenya. The FF's work in Kenya aligns with its broader goal of supporting LMICs in generating, sharing, and utilising AMR data to drive action against antimicrobial resistance.

Uganda

In Uganda, the Phase II FF Country Grant, led by Baylor Foundation Uganda, builds on the successes of Phase I by collaborating with technical and resource partners such as COVAB (Animal Health), Coalition for Health Promotion and Social Development (HEPS-Uganda, Policy and Advocacy), I-Train and Evaluate Center, and Biomedics Product Limited. HEPS-Uganda focuses on mainstreaming gender in AMR programming, advocating for comprehensive integration of gender into all AMR policies, and ensuring gender considerations are reflected in AMR National Health Plans and Action plans across all administrative tiers.



Key Areas of focus for Uganda are:

- ✓ **Strengthening AMR surveillance:** Enhancing the capacity for AMR surveillance across human, animal, and environmental health sectors; Managing 22 sentinel surveillance sites across Uganda to monitor AMR trends and collect high-quality data.
- ✓ **Microbiology and diagnostic capacity:** Improving microbiology and AMR diagnostic capacity through infrastructure enhancements and training of healthcare providers and laboratory personnel
- ✓ **Governance and integration of AMR surveillance:** Strengthening governance structures to ensure that AMR surveillance is integrated across sectors through the National One Health Platform and other governance bodies.
- ✓ **Data use and policy development:** Ensuring that AMR, antimicrobial use (AMU), and antimicrobial consumption (AMC) data are effectively analyzed and used to inform policy and practice at the national and global levels; Promoting the sustainable use of Fleming Fund investments through data-driven decision-making.
- ✓ **Rational use of antimicrobials:** Supporting efforts to promote the rational use of antimicrobials based on surveillance data and best practices, thereby reducing inappropriate use and mitigating the spread of AMR.
- ✓ ***Integration of gender and equity considerations: Advocating for the inclusion of gender-specific data on AMR in health policies; Ensuring that gender and equity dimensions are integrated into AMR programming and policy development.***



The program supports the Ugandan government's efforts to combat AMR through a One Health approach, working closely with key ministries (Health, Agriculture, Water, and Environment) and the National One Health Platform to contribute to Uganda's second National Action Plan

for AMR (2024-2029). The program aims to produce and analyze quality AMR/U/C data, share findings with decision-makers, and foster sustainable investment to counter AMR, ultimately improving patient care, public health, and policy to address AMR threats. The FF operates at the national level across ministries and One Health AMR stakeholders and in 13 regions, covering 22 sentinel surveillance sites in human, animal, and environmental health.

LVCT Health's Support to Country Grantees

As the East Africa regional lead for the GEAR UP project, LVCT Health will offer tailored, comprehensive support to country grantees (CGs), including the University of Nairobi in Kenya and Baylor Foundation Uganda. This support will be customized to meet each country's specific needs. It will focus on the key activities necessary to integrate gender and equity (G&E) into AMR programming, as outlined in the following sections.

By implementing these granular activities, LVCT Health aims to provide robust support to CGs, ensuring that G&E considerations are integrated into AMR programming and lead to measurable improvements in health outcomes and policy changes.

	Inputs	Processes/Activities	Outputs	Outcome	Time frame
PHASE 1: SCOPING AND PLANNING					
Scoping Review of Published Literature	Published literature – research papers, reports, policy documents,	✓ Conduct a scoping review to identify gaps in G&E integration in AMR programming and research for each country.	✓ Comprehensive report identifying gaps in G&E integration within AMR programming	✓ Improved understanding of G&E gaps in AMR programming and research, leading to informed strategy development and enhanced alignment of policies and frameworks with G&E principles.	Jun – Sep 2024
Review of Policy Documents and Frameworks	Policy documents, national action plans, research protocols, surveillance plans, surveillance tools, AMR frameworks, work plans	✓ Review these documents to identify where G&E integration is lacking or could be improved.	✓ Detailed analysis highlighting G&E integration gaps within these foundational documents	✓ Increased stakeholder engagement, collaboration, and consensus on G&E integration strategies, resulting in formal recognition and inclusion of G&E considerations in national AMR programming and policy discussions.	Aug – Oct 2024
Primary Research and Stakeholder Engagement	Primary research data collection via interviews and consultative workshops.	✓ Collaborate with CGs to design and implement study that address critical research questions related to G&E in AMR, such as the impact of gender on AMU/R patterns. ✓ Collect primary research data	✓ Data-driven insights and stakeholder feedback on G&E gaps within AMR programming		Sep – Nov 2024

	Inputs	Processes/Activities	Outputs	Outcome	Time frame
		through Key Informant Interviews (KIIs) and conduct consultative workshops with key stakeholders to gather insights into G&E integration and identify gaps		✓ Ongoing collaboration with the CG UoN Lead ensures sustained focus on G&E integration, providing CGs with targeted, relevant information to incorporate G&E into their AMR strategies.	
Stakeholder Mapping and Workshops	Stakeholder mapping tools, engagement strategies	<ul style="list-style-type: none"> ✓ Map existing initiatives and partnerships related to AMR and G&E to identify overlaps, gaps, and opportunities for collaboration. ✓ Conduct workshops to identify gaps, gather stakeholder input, and facilitate G&E integration discussions. 	<ul style="list-style-type: none"> ✓ Reports and summaries from consultative workshops identifying specific G&E gaps and recommendations for their integration 	<ul style="list-style-type: none"> ✓ Broader awareness of the importance of G&E integration in AMR programming among stakeholders and the general public, strengthening advocacy efforts supported by clear, evidence-based materials that influence policymakers and implementers. 	Sep – Nov 2024
Advocacy and Technical Working Groups (TWGs) Engagement	Meeting schedules, TWG agenda items for sessions	<ul style="list-style-type: none"> ✓ Attend the TWG convened by the FF Human Health Lead at UoN to advocate for G&E integration into AMR programming and share the gap analysis findings. 	<ul style="list-style-type: none"> ✓ Meeting minutes documented advocacy outcomes and decisions from TWG sessions. 		Sep – Dec 2024
Regular Briefing Meetings	Regular briefing schedules, meeting agendas	<ul style="list-style-type: none"> ✓ Facilitate workshops with CGs to develop a shared Theory of Change, ensuring that G&E outcomes are clearly defined and aligned with their AMR objectives. 	<ul style="list-style-type: none"> ✓ Integrated G&E considerations into the ToC, with specific milestones and indicators for tracking progress. ✓ Regular reports and action points from briefing meetings ensure 		Sep – Dec 2024

	Inputs	Processes/Activities	Outputs	Outcome	Time frame
		✓ Hold regular briefing meetings with the CG Lead to discuss progress, share findings, and ensure alignment with G&E objectives.	continuous alignment and progress as per GEAR UP objectives		
Knowledge Sharing and Research Uptake	Scoping Review Findings, Writing and Content Development Resources. Stakeholder Feedback Communication and Dissemination Platforms	<ul style="list-style-type: none"> ✓ Synthesise the findings from the scoping reviews into clear, concise policy briefs, blogs, and case studies. ✓ Engage with stakeholders to validate findings and ensure that the content reflects their needs and priorities. ✓ Publish and disseminate the materials through appropriate channels to reach CGs and other relevant audiences. 	<ul style="list-style-type: none"> ✓ Policy briefs, blogs, and case studies based on the findings of the scoping reviews to inform CGs' strategies. 		Oct – Dec 2024

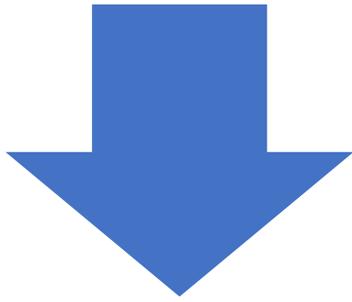
Assumptions:

- It is assumed that key stakeholders, including country grantees and national AMR committees, will be available and willing to actively participate in the scoping reviews, consultative workshops, and other data collection activities.
- The assumption is that relevant data, documents, and research will be accessible and comprehensive enough to conduct thorough reviews and identify gaps in G&E integration.
- Adequate resources (financial, human, and technical) will be available to support the scoping review, stakeholder mapping, and the development of the Theory of Change.
- Country grantees and other partners will collaborate effectively, providing the necessary information, support, and alignment with G&E objectives.
- The policy environment in each country will be conducive to incorporating G&E considerations into AMR programming, with no significant barriers to change.
- All planned activities in Phase 1 will be completed within the stipulated timelines, ensuring a smooth transition to Phase 2.

PHASE 2: IMPLEMENTATION

Tool and Guideline Development	Global evidence on G&E in AMR, expertise	✓ Develop tools and guidelines for mainstreaming	✓ Comprehensive tools and guidelines that	✓ Increased integration of gender and	Jan – Mar 2025
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	Inputs	Processes/Activities	Outputs	Outcome	Time frame
	in tool development, stakeholder feedback	G&E in AMR, building on global evidence synthesis and identified gaps.	address G&E considerations in AMR programming, ready for distribution and use by CGs.	equity (G&E) considerations into AMR programming, resulting in more targeted and effective interventions.	
Support for CGs	Technical expertise, research priorities from CGs, ongoing communication channels	✓ Provide ongoing technical support to CGs on their research priorities related to G&E in AMR.	✓ Research and programming strategies that integrate G&E considerations are developed and implemented by CGs.	✓ Enhanced effectiveness of AMR strategies through the use of disaggregated data, ensuring the needs of different demographic groups are addressed.	Jan – Dec 2025
Mainstreaming G&E Indicators	G&E indicators, data collection tools, training for data collectors	✓ Integrate G&E indicators into AMR surveillance and routine data collection processes.	✓ AMR surveillance data that captures G&E dimensions, enhancing the analysis of AMR trends and interventions.	✓ Strengthened leadership and advocacy for G&E integration in AMR, driven by empowered equity champions within the program.	Mar – Dec 2025
Equity Champion Identification	Criteria for champion selection, training resources, engagement strategies	✓ Identify and support equity champions within CG teams and AMR National Coordinating Committees.	✓ Equity champions identified, trained, and actively engaged in leading G&E integration efforts.	✓ Widespread adoption of G&E best practices in AMR programming, contributing to improved outcomes for marginalized and vulnerable groups	Feb – Jul 2025
Advocacy Collaboration	Evidence from studies, policy briefs, communication channels with stakeholders	✓ Collaborate with CGs and the regional 'data use grant' to generate and disseminate evidence for policymakers and implementors.	✓ Evidence-based advocacy materials and reports shared with policymakers and stakeholders.		Jan – Dec 2025
Knowledge Sharing and Research Uptake	Best practice documentation, dissemination platforms, engagement strategies	✓ Share best practices and lessons learned in identifying vulnerable groups, promote joint analysis, and disseminate effective G&E strategies.	✓ Document and disseminate best practices, case studies, and lessons learned.		Jan – Dec 2025



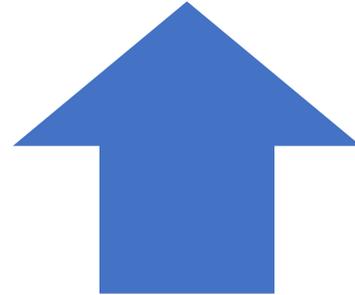
Identified Risks:

- Changes in government or political unrest could disrupt project activities.
- Some stakeholders may resist changes or be unwilling to integrate G&E considerations into AMR programming.
- Lack of gender-disaggregated data or limited access to relevant information could impact the effectiveness of the project.



Mitigation Strategies:

- Engage with multiple levels of government and maintain flexible project plans to adapt to political changes.
- Conduct continuous awareness and advocacy efforts to build stakeholder buy-in and address resistance to change.
- Strengthen partnerships with data providers and invest in capacity building to improve data collection and analysis capabilities.



The GEAR UP project represents a significant step forward in addressing the complex challenges of AMR by integrating gender and equity considerations into programming across East Africa. By focusing on capacity building, stakeholder engagement, and evidence-based policy development, the project aims to create sustainable, inclusive, and effective AMR interventions that benefit all population groups, especially the most vulnerable.

Call to Action

We invite all stakeholders, partners, and the broader community to actively support and engage with the GEAR UP project. Your involvement is crucial in ensuring that the project's objectives are met, and its impact is sustained. Together, we can make a meaningful difference in the fight against AMR and promote health equity across the region.