

Addressing gender inequalities in national action plans on antimicrobial resistance

Guidance to complement the people-centred approach

Executive summary



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National action plans on antimicrobial resistance (AMR) often overlook the critical intersection of gender, despite evidence that exposure and susceptibility to infection, health-seeking behaviours, as well as antimicrobial prescribing and use patterns are all influenced by gender.

This publication provides a summary of the evidence on AMR and gender and proposes 20 recommendations for policy-makers to consider when developing, revising, implementing or monitoring their national action plans on AMR. Each recommendation should be tailored to individual country contexts and needs. Complementing the World Health Organization's (WHO's) people-centred core package of AMR interventions, the recommendations aim to support countries in addressing AMR through a more comprehensive, people-centred and gender-responsive approach.

Key findings from the AMR and gender evidence are outlined below.

- Lack of clean water and safe sanitation in the community and in health facilities puts women and girls at an increased risk of exposure to (drug-resistant) infections due to their menstrual hygiene needs and more frequent contact with the health system.
- Women face a heightened risk of contracting (drug-resistant) infections given their responsibility for household water provision and that they represent over 70% of the global health workforce.
- Male-dominated professions, including animal husbandry, industrial farming and slaughterhouses, expose men to antibiotics and (drug-resistant) infections.
- Negative experiences with the health system and stigma can deter both men who have sex with men and women from seeking specialized care to diagnose and treat sexually transmitted and urinary tract infections.
- Perceptions of masculinity, men's role as primary income earners and occupational time constraints can contribute to men delaying seeking diagnosis and treatment for infections, in particular for multidrug-resistant tuberculosis.
- Limited financial and decision-making autonomy as well as numerous household responsibilities can impede women from seeking timely health care, especially when additional travel, out-of-pocket expenditure and childcare costs are involved. These factors can contribute to women purchasing antibiotics from informal markets.
- Overall, women are 27% more likely to receive antibiotics throughout their lifetime than men.
- Female doctors tend to adopt a more conservative wait-and-see approach to prescribing antibiotics compared to their male counterparts.
- Antimicrobial stewardship recommendations made by male pharmacists are more likely to be accepted than those made by their female colleagues.
- Disaggregated data are lacking on AMR surveillance and antimicrobial use to identify gender disparities in the burden of (drug-resistant) infections and in access to quality-assured treatment that can inform tailored AMR interventions.

Summary of AMR and gender recommendations

Overarching

1. **Short term.** Capture and disaggregate data on AMR and surveillance of antimicrobial use and other relevant data by, at minimum, sex and age and, where feasible, other social stratifiers.
2. **Short term.** Review existing national plans or strategies in the health sector or other relevant areas and incorporate policies or actions that strive for gender equality into the national action plan on AMR.
3. **Medium term.** Promote research to strengthen the evidence base on the intersections between gender and AMR.

Effective governance, awareness and education

4. **Short term.** Promote equal participation of women, men and other vulnerable groups and/or groups facing discrimination in the multisectoral AMR coordination mechanism and technical working groups.
5. **Short term.** Include representation from gender experts in the multisectoral AMR coordination mechanism.
6. **Short term.** Use context-specific messages, language and images in AMR awareness and education materials that actively address harmful gender norms and promote gender equality.
7. **Short term.** Use different and tailored approaches to raise awareness on AMR among vulnerable groups and/or groups facing discrimination.
8. **Medium term.** Strengthen the knowledge of health workers at all levels of health care on gender inequalities in the prevention, diagnosis and treatment of (drug-resistant) infections.

Strategic information through surveillance and research

9. **Short term.** Report on patients' sex, age and, where feasible, other social stratifiers as part of routine surveillance systems on AMR and antimicrobial use.
10. **Medium term.** Analyse, report and act upon the key gender-related inequalities identified from sex-disaggregated surveillance data on AMR and antimicrobial use.
11. **Long term.** Invest in new diagnostics for infections that disproportionately affect women such as (drug-resistant) urinary tract infections.

Prevention



12. **Medium term.** Improve WASH and waste management infrastructure in health facilities and community settings to ensure infrastructure is available, accessible and safe for all genders, and does not perpetuate stigma and discrimination.
 13. **Medium term.** Identify and address gender inequalities in the risk of exposure to (drug-resistant) infections among health care workers and in community settings.
- On vaccination, evidence supports the set of recommendations in the WHO Immunization Agenda 2030: Why Gender Matters (2021) report of gender mainstreaming across the entire immunization programme cycle.

Access to essential health services



14. **Medium term.** Deliver culturally sensitive and gender-responsive health services for the prevention, diagnosis and treatment of (drug-resistant) infections.
15. **Medium term.** Ensure health insurance and/or health benefit packages cover access to health services, diagnostics and antimicrobials for the treatment of (drug-resistant) infections without leaving behind vulnerable populations.
16. **Short term.** Identify and address gender inequalities in access to quality-assured medicines including antimicrobials, focusing on specific groups of women or men who might be at a higher risk of purchasing substandard or falsified antimicrobials.
17. **Medium term.** Update and implement standards on the forecasting and procurement of medicines including antimicrobials by undertaking an assessment of the local epidemiology of infections based on sex to ensure all relevant antimicrobials are included.

Timely, accurate diagnosis



18. **Long term.** Conduct retrospective reviews of diagnostic services for different (drug-resistant) infections to identify and address any gender inequalities.

Appropriate, quality-assured treatment



19. **Medium term.** Apply a gender analysis in regular retrospective prescription audits to identify unconscious gender biases or inequalities in prescribing practices.
20. **Medium term.** Conduct a gender assessment of the unintended effect of policies or regulations that aim to reduce over-the-counter sale of antimicrobials on access to essential antimicrobials.