Applying Behavioural and Cultural Insight to tackle Antimicrobial Resistance

World Health Organization
REGIONAL OFFICE FOR Europe

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Tailoring Antimicrobial Resistance Programmes (TAP)

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Designing evidence-based interventions to mitigate AMR

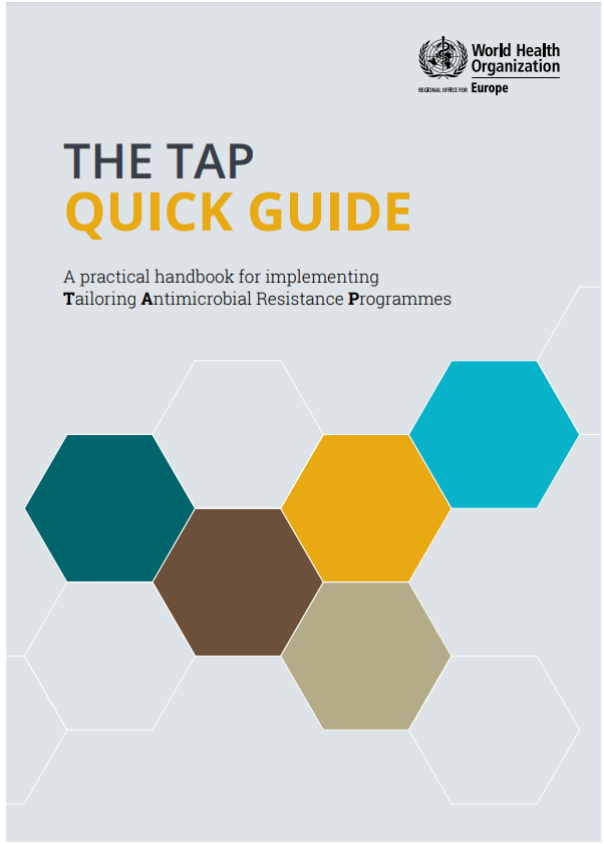
Tailoring Antimicrobial Resistance Programmes (TAP)

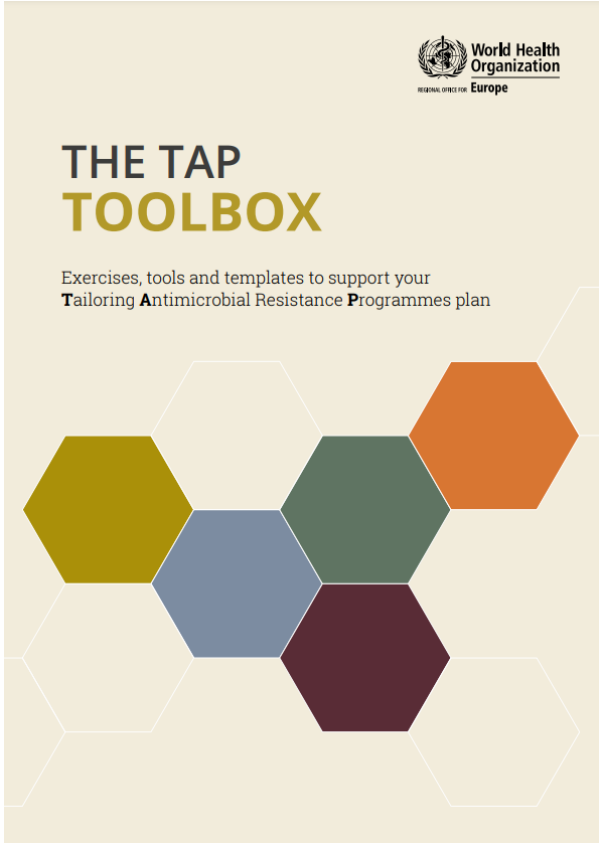
TAP Quick Guide:

Step-by-step, practical approach to design and implement a targeted behaviour change intervention to address drivers of AMR

TAP Toolbox:

Series of exercises and tools to work through 5 stages outlined in the TAP Quick Guide.






1
1. Engage: Are you ready?
This stage is about planning. What capacity is there to carry out the process? Do you have the right resources to start? Think about people, and time and money needed and available, before you decide to go ahead and plan your process.
2
2. Analyse: What do we know already?
Do you understand your context? What is the question or behaviour you wish or need to address? This situation analysis phase guides you through reviewing relevant data and speaking to stakeholders before collating findings into a set of questions and associated behaviours to be addressed.
3
3. Prioritize: What is the priority behaviour to address?
Use the TAP methodology to dig deeper into what you do not know. Once new and existing information is collated, prioritize a behaviour and the drivers of and barriers to a target.
4
4. Design: Build your strategy and interventions.
Define the behaviour you wish to address, the related barriers and drivers, and the possible interventions that might be applied. This is where the BCW framework and COM-B tool help you to understand AMR-related behaviours and consider options available to address them. You may wish to incorporate this step into your research plan.
5
5. Do it: Implement and evaluate.
Test out the intervention and monitor its impact. Consider adjusting as needed. If it works, scale it up!

The **T**ailoring **A**ntimicrobial Resistance **P**rogrammes (TAP) Process

The TAP Guide follows a step-by-step, practical approach to design and implement a targeted behaviour change intervention to address drivers of antimicrobial resistance (AMR).

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1 Engage

Are you ready?
This stage is about planning. What capacity is there to carry out the process? Do you have the right resources to start? Think about people, time and money.

Key tools

Think independently about the most important challenge(s) in your context, at both the national and subnational levels

- **TOOL 1.1:** Template for considering the most important challenge(s) at national/subnational levels
- **TOOL 1.2:** Template for a strengths, weaknesses, opportunities and threats (a SWOT analysis) of AMR-related challenges at the national or subnational levels

Suggested stakeholder profiles to consult and engage in your TAP working group

- **TOOL 1.3:** Suggested stakeholder profiles to consult
- **TOOL 1.4:** Suggested governance structure and approach to engaging key stakeholders
- **TOOL 1.5:** Matrix to support you in thinking about which stakeholders to engage and consult

Project Management considerations for the TAP process

- **TOOL 1.6:** Potential cost items related to a TAP process
- **TOOL 1.7:** Example of a TAP process monitoring framework
- **TOOL 1.8:** Sample terms of reference for a TAP working group

Outputs → A decision on whether to go ahead, with a TAP assessment report that includes available resources, context, budget and process indicators.

2 Analyze

What do we know already?
Do you understand your context? What is the question or behaviour you wish to/ need to address? This situation analysis phase guides you through reviewing relevant data and speaking to stakeholders before collating this into a set of questions and associated behaviours to be addressed.

Key tools

- **TOOL 2.1:** Data and information sources
- **TOOL 2.2:** Questions to guide the data review
- **TOOL 2.3-2.4:** Stakeholder mapping/engagement tools

Outputs → A detailed situation analysis based on a review of existing data and knowledge.

3 Prioritize

What is the priority behaviour and the drivers and barriers we need to address?
Use the TAP methodology to dig deeper into what you don't know. Once new and existing information is collated, prioritize a behaviour and the drivers and barriers we need to target.

Key tools

Defining the problem in behavioural terms

- **TOOL 3.1:** Identify the behaviour

Mapping of behaviours

- **TOOL 3.2:** Conceptual map of influences on a behaviour

Prioritize target behaviours and identify target groups

- **TOOL 3.3:** Assess and prioritize potential target behaviours – Template

Use COM-B to understand the drivers and barriers of a behaviour and identify research priorities and objectives

Designing a research plan

- **TOOL 3.4:** Contents of a research protocol
- **TOOL 3.5:** Ethical approval
- **TOOL 3.6:** Strengths and weaknesses of qualitative and quantitative methods
- **TOOL 3.7:** Data analysis

Outputs → Confirming a target behaviour, population group and drivers and barriers to achieving the behaviour.

4 Design

Build your strategy and interventions.
Define the behaviour you wish to address, its barriers and drivers, and the possible interventions that might be applied. This is where the Behaviour Change Wheel framework and COM-B tool comes in to understand the drivers and consider the different options available to you to address them.

Key tools

Select barriers/ drivers to target in your behaviour change intervention

- **TOOL 4.1:** Summary of findings organized by COM-B factors
- **TOOL 4.2:** Selecting barriers/ drivers

Select intervention functions for selected barriers or drivers

- **TOOL 4.3:** List of intervention functions, with definitions and examples
- **TOOL 4.4:** Matrix linking COM-B factors with intervention functions
- **TOOL 4.5:** Overview of barriers/drivers with COM-B factors and intervention functions

Consider possible activities within your interventions

- **TOOL 4.6:** Details of activities

Prioritize and select activities

- **TOOL 4.7:** Prioritizing activities

Consider how policy can support activities

- **TOOL 4.8:** Definitions of policy actions
- **TOOL 4.9:** Overview of activities and policy actions

Document the intervention development process

- **TOOL 4.10:** Summary of intervention development exercises

Outputs → Intervention agreed, designed, funded and planned.

5 Do It

Implement and evaluate.
Test out the intervention and monitor its impact. Consider adjusting as needed. If it works, scale it up!

Key tools

Consider process and impact targets/ indicators

Step 1: Select process indicators and targets (for activities and policy actions)

Step 2: Select intermediate impact indicators

Step 3: Select long-term impact and equity indicators

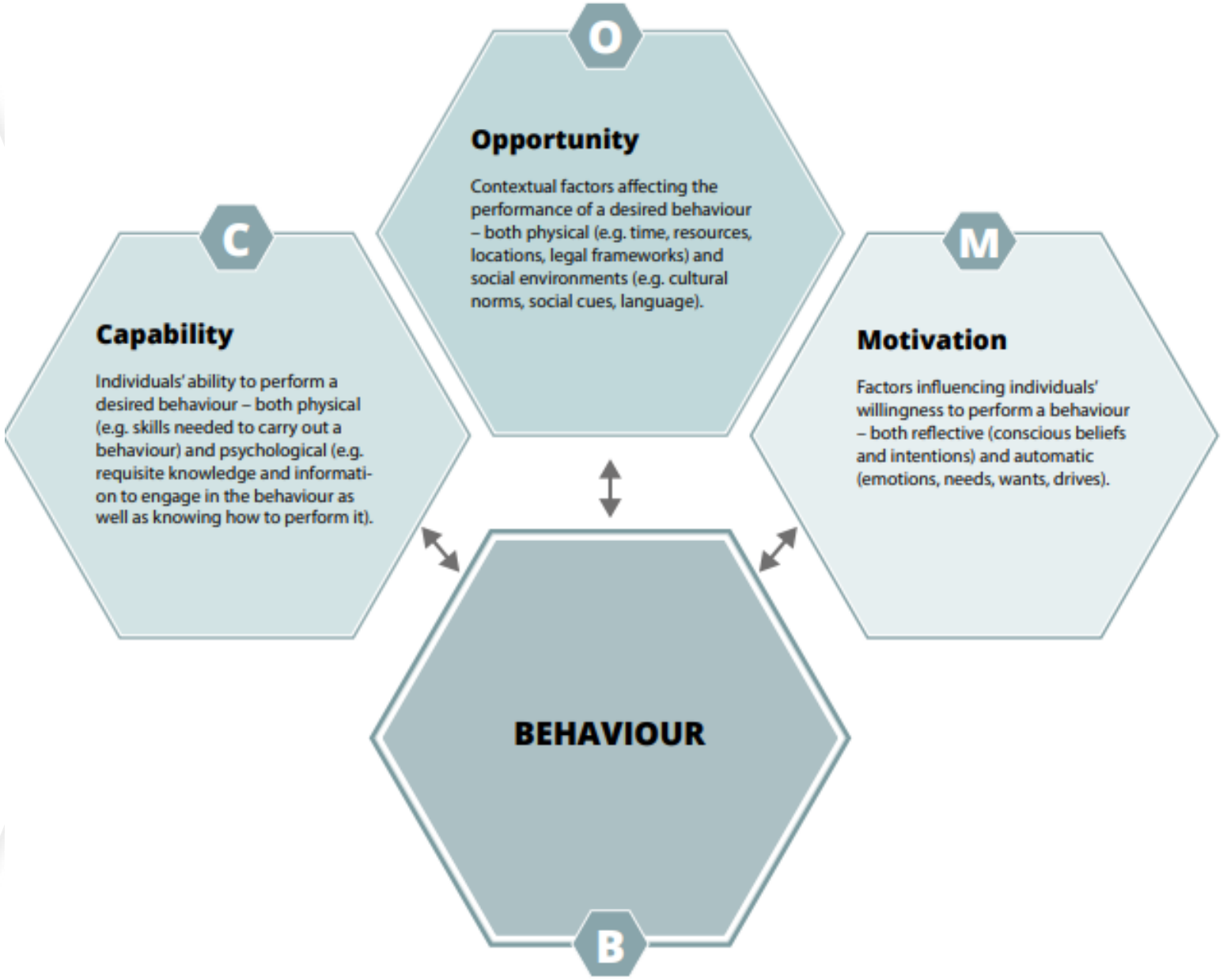
- **TOOL 5.1:** Example of recording process indicators and targets
- **TOOL 5.2:** Example of recording intermediate impact indicator and target
- **TOOL 5.3:** Example of recording long-term impact and equity indicator and target

Outputs → Intervention implemented and evaluated.

Co-Funded by the European Union

Behaviour Change Wheel (BCW) model for understanding health behaviours.

Capability, Opportunity, and Motivation for Behaviour change (COM-B) framework.



TAP Pilot projects

- **Hungary** –Qualitative analysis of Hungarian general practice paediatricians' antibiotic prescribing capability, opportunity, motivation and behavior
- **Kazakhstan** – study looks at Identifying Barriers and Drivers to Pharmacists Behaviour in Selling Over the Counter Antibiotics in Nur-Sultan, Kazakhstan
- **Georgia** - focuses on Identifying Barriers and Drivers to Introducing a Pilot Antimicrobial Stewardship Programme in Georgia
- **Greece** – early discussion phase , draft concept note shared for discussion and consultation.
- Conducted research:
  - **United Kingdom** - addressing the prescription behavior of general practitioners; and
  - **Sweden** - addressing migrants needs in relation to AMR and antibiotic prescribing

Sweden - addressing migrants needs in relation to AMR and antibiotic prescribing

- Formative phase (situational analysis, determining a main target, additional research, segmentation and prioritising of risk populations, mapping behaviour)
- Implementation phase (set purpose and objectives, design and implementation, monitoring and evaluation)

The aims of the intervention were:

- To improve knowledge about antibiotics and antibiotic resistance.
- To change attitudes towards the use of antibiotics, focussing on self-diagnosis and buying antibiotics without a prescription (over the internet or from country of origin).
- To overcome misunderstandings that Swedish doctors are discriminating against patients when not prescribing antibiotics but instead recommending rest, fluids and self-care.

The three key messages in the intervention were:

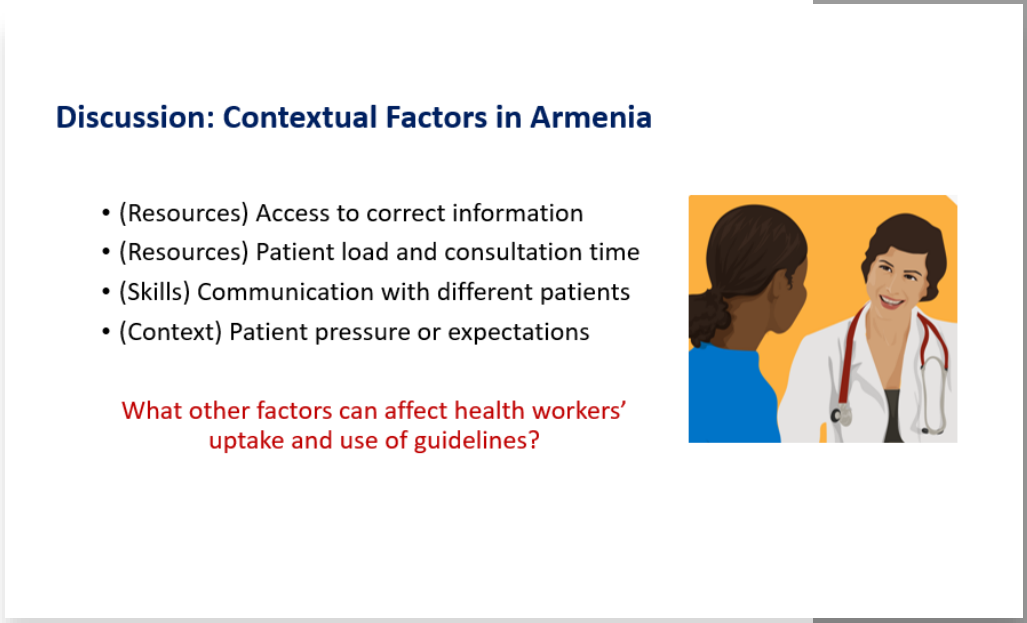
- Antibiotics are important medicines, but they are losing their power to cure disease. This might affect you or your family in the future.
- How to use antibiotics correctly; not share with family or friends, not save to a later time. Doctors and nurses are experts whose advice you can trust to get the right help with your illness.
- How to look after oneself; self-care and avoiding spreading disease to others.

Other applications of Behavioural insights

BI application

- **BI considerations when developing the Clinical guidelines in Armenia**

- **Qualitative evaluation of PoP project in Armenia**



Behavioural insights survey - reported antibiotic use for prevention and treatment of COVID-19

[Unpublished data, BCI Unit, WHO/Europe]

Methods

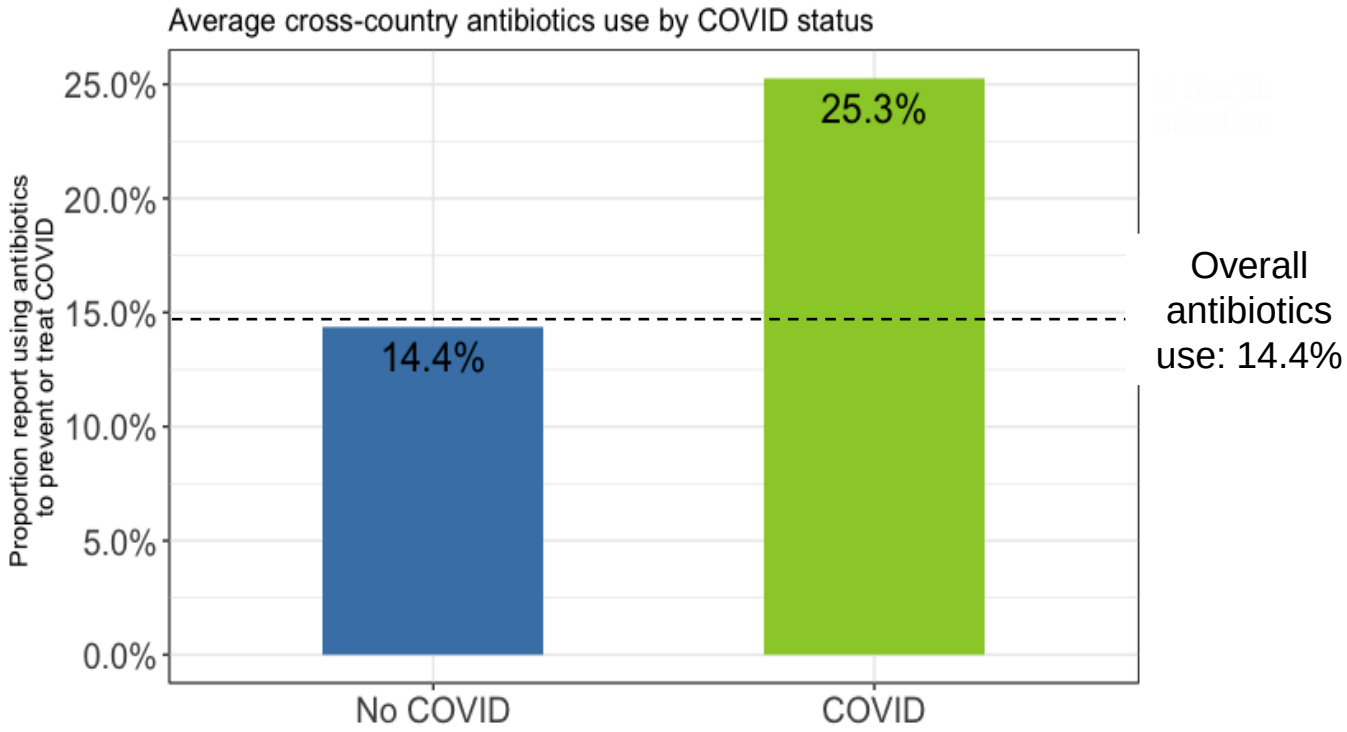
- Quantitative cross-sectional study
- Repeated data collection, 1,000 people per round
- Representative sample: age (18+), sex and geographical distribution
- Standard protocol and questionnaire adapted in each country

Question related to antibiotic use:

- **During the last 7 days**, which of the following measures have you taken to prevent infection from COVID-19?" (…)

"Used antibiotics to prevent or treat COVID-19"

The proportion of antibiotics use by COVID status



Conclusion:

Antibiotics were mainly **used to prevent COVID-19**

WORLD ANTIMICROBIAL AWARENESS WEEK

18-24 NOVEMBER

Thank you for your attention !