

Embedding Gender and Equity in Antimicrobial resistance (AMR) Policy and Surveillance: Insights from Kenya

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GEAR up is a consortium of partners: BRAC, James P Grant School of Public Health (Bangladesh), University of Health and Allied Sciences (Ghana), LVCT Health (Kenya), HERD international (Nepal), Centre for Sexual Health and HIV/AIDS Research (Zimbabwe), Pamoja Communications Ltd (UK). It is led by the Liverpool School of Tropical Medicine (UK).

Background

Antimicrobial resistance (AMR) happens when medicines stop working, making infections harder and sometimes impossible to treat.

WHO recommends that national AMR responses include the social and structural factors that shape exposure, access and treatment outcomes, yet many strategies still focus mainly on biomedical elements with limited attention to gender and equity.

Objective

This policy analysis examined whether gender, equity (G&E) and social context are integrated into Kenya's AMR National Action Plan, strategic documents and facility-level data tools. We used Uganda as a comparative case to identify lessons for more inclusive governance, implementation and surveillance systems.

Methodology

Approach: Qualitative policy analysis using an intersectional gender and equity framework

Data sources: National AMR policies, strategic and technical documents, and insights from multisectoral stakeholder roundtables

Assessment: Applied a 12-domain gender and equity framework based on global AMR and equity guidance, to examine how gender and equity are reflected in policy commitments, governance participation, implementation strategies, surveillance systems, research priorities, communication, legal protections, resource allocation and long-term sustainability



Policy implications

- Kenya's AMR policy and strategic documents are technically strong from a biomedical perspective
- However, gender and equity integration is limited across policy framing, strategies and monitoring provisions
- Surveillance and facility-level data tools capture only basic demographic information.
- Tools lack intersectional gender and equity fields masking gender norms that shape health-seeking behaviour
- This limits the ability to identify differences in AMR risks, access to treatment, and outcomes across different vulnerable groups.
- Gender, community and equity stakeholders are minimally represented in AMR governance structures
- Limited inclusion of gender and community perspectives reduces the relevance of AMR interventions
- This weakens accountability and local ownership of AMR responses.



Conclusion

Embedding gender and equity in AMR policy and surveillance will strengthen Kenya's ability to design responsive, accountable, and equitable health systems—ensuring that no one is left behind in the fight against antimicrobial resistance.



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