

Mainstreaming equity in AMR policy in Uganda and Bangladesh



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GEAR up (Gender and Equity in Antimicrobial Resistance) is a consortium of partners funded by the Fleming Fund and led by Liverpool School of Tropical Medicine (UK) in partnership with LVCT Health (Kenya), CeSHHAR (Zimbabwe), UHAS (Ghana), HERD International (Nepal), and JPGSPH (Bangladesh). Our approach is to catalyse action on equity and antimicrobial resistance (AMR) across key areas, including policy, analysis of surveillance data, research, and supporting communities of action. We see these as foundational steps to improve our knowledge and increase awareness of the equity dimensions of AMR, and to guide and inspire action.

The release of WHO's guidance, *'Addressing gender inequalities in national action plans on antimicrobial resistance'*,¹ provided an opportunity for GEAR up to translate global recommendations into country-level work. This case study describes how GEAR up partners worked with Fleming Fund Country grantees in Uganda and Bangladesh to mainstream gender and equity considerations in AMR policy. It builds on the following recommendations from WHO:

Recommendation 2

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

Recommendation 4

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

Recommendation 5

Include representation from gender experts in the multisectoral AMR coordination mechanism

UGANDA

➔ What is the problem/need?

Uganda has made considerable progress towards strengthening AMR surveillance in line with global frameworks, but the integration of gender and equity dimensions remained limited. AMR coordination structures lacked representation from gender experts or social development stakeholders, leaving gender and equity considerations largely invisible in policy dialogue and implementation planning. The first National Action Plan (NAP) did not acknowledge how risks, access barriers, and stewardship roles can differ across gender, social, or geographic locations, limiting the country's ability to identify particularly impacted groups and tailor interventions accordingly. Surveillance tools and reporting systems largely prioritised and captured clinical and laboratory variables but were not designed to routinely analyse or report patterns by sex and other equity stratifiers, limiting the ability to detect disparities and target interventions.

➔ What steps were taken?

GEAR up partnered with the Ugandan Ministry of Health, the AMR Secretariat, and the National Technical Working Group to integrate gender and equity into the Uganda NAP. Our approach aimed to strengthen national AMR responses by embedding gender- and equity-responsive approaches across all levels of policy, surveillance and governance. This work was timed to align with the revision of the NAP 2024 to 2029, creating an opportunity to embed equity provisions before finalisation.

Gender mainstreaming followed a structured, participatory process:

- A comprehensive gender and equity review of key national AMR documents, including the NAP, surveillance tools, and monitoring and evaluation frameworks, using a specifically designed assessment tool.
- Stakeholder consultations with technical working groups and policy roundtables, involving the Ministry of Health including the Pharmacy Division, National Health Laboratory and Diagnostic Services, Division of Health Information, and the IT and eHealth Centre, Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), National Drug Authority (NDA), National Animal Disease Diagnostics and Epidemiology Centre (NADDEC), and technical/implementing partners such as Baylor College of Medicine Children's Foundation Uganda (Fleming Fund Country Grantee), Infectious Diseases Institute and Health Promotion and, Social Development (HEPS Uganda).
- Multisectoral capacity-strengthening workshops bringing together actors across the One Health spectrum. These workshops were designed to validate the policy document review findings and support the revision of the Uganda NAP to integrate gender-sensitive provisions. Discussions also highlighted implementation constraints and practical opportunities to embed gender and equity within AMR strategies, surveillance tools, and monitoring frameworks and data systems.

➔ What was the result?

The process culminated the following outputs and outcomes:

- Uganda's revised AMR National Action Plan (NAP) 2024-2029 incorporated gender and equity considerations, strengthening the visibility of equity within national AMR priorities.
- Gender and equity considerations were reflected across governance, surveillance, and monitoring components, supporting a more people-centred AMR response.
- Monitoring and evaluation frameworks better track inclusivity.
- A strengthened shared understanding of how gender roles and structural inequities shape AMR risks, access, and stewardship responsibilities.
- Discussions about institutional mechanisms to sustain mainstreaming efforts beyond the NAP revision.
- To sustain and operationalise these gains, stakeholders identified the following actions:



Ugandan Minister of Health, Dr Jane Aceng, signs the new National Action Plan (NAP) 2024-2029, which incorporates gender and equity considerations.

- Institutionalise equity indicators within AMR monitoring and reporting systems and ensure routine review of inclusivity across One Health sectors.
- Strengthen inclusive participation by increasing representation of gender expertise and social development actors in AMR coordination mechanisms and technical working groups.
- Build implementer capacity to collect, analyse, and use gender- and equity-responsive data for decision-making and targeting.
- Establish and resource Gender and Equity focal points within AMR governance structures to support accountability and follow-through.
- Mobilise sustained financing for equity-sensitive monitoring, implementation support, and applied research on gender and AMR.



Group photo of AMR TWG, AMR secretariat, and LVCT Health (GEAR up) during a Gender and equity sensitisation and document review session.

BANGLADESH

→ What is the problem/need?

Scoping reviews of peer-reviewed articles and policy documents in Bangladesh on AMR prevention, control, and mitigation revealed the majority of the policy documents on AMR in Bangladesh were gender-blind. They ignore gender norms, roles, and relations, often reinforcing gender-based discrimination, and ignoring differences in opportunities and resource allocation for men and women. They also did not mention vulnerable groups or provide strategies to address equity issues.

→ What steps were taken?

GEAR up built on its partnerships with the Fleming Fund country grantee DAI and other national AMR stakeholders in the public and private sectors to advocate for a greater gender and equity focus in AMR policy development and governance processes. We were asked to review the latest version of the National AMR Surveillance Strategy (2025-2030) and support the integration of recommendations into the policy article.

→ What was the result?

With GEAR up support, The National Antimicrobial Resistance Surveillance Strategy of Bangladesh 2025-2030 (Draft) was reviewed to call for the following:

- The incorporation of gender and equity indicators in AMR surveillance systems and monitoring and evaluation frameworks across human, animal and environmental health sectors. This includes, for example, patient-level antimicrobial use and antibiotic use in livestock and fisheries
- The analysis of existing AMR surveillance data by gender and other social stratifiers and the reporting of surveillance data disaggregated by these stratifiers
- Capacity strengthening and training of surveillance staff and committee members on topics of gender and intersectionality
- The representation of women and inclusion of gender experts in the National Steering Committee (NSC), the National Technical Committee (NTC), the Core Working Group (CWG), and the Sectoral Working Group (SWG)

REFERENCES

1. World Health Organization. (2024). Addressing gender inequalities in national action plans on antimicrobial resistance: Guidance to complement the people-centred approach. Who.int. ris.who.int/server/api/core/bitstreams/61638972-e5c5-4866-9550-2e5160f9cd54/content

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