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GEAR
UP 

The logo graphic consists of two stylized arrows. The left arrow is teal and points upwards. The right arrow is red and points upwards and to the right, with a teal arrowhead pointing downwards and to the left, creating a sense of upward movement and growth.

GEAR up - Catalysing action on Gender and Equity within AMR

Links and resources

Gender and equity within Antimicrobial Resistance



UNIVERSITY OF HEALTH
AND ALLIED SCIENCES, HO
— Health for Development —



BRAC SCHOOL OF
PUBLIC HEALTH
JAMES P GRANT



GEAR up is a consortium of partner organisations who worked with Fleming Fund country grantees to mainstream gender and equity into AMR surveillance plans and structures and catalyse action globally

Analysis of surveillance data



Guidance on analysis of existing surveillance data

GEAR up supported Country Grantees in Lao PDR, Ghana, Tanzania and Uganda with equity analysis of their surveillance data by sex and age, strengthening the capacity of these teams to continue this. This work led to the production of [guidance](#) for other countries to follow this process, and a [webinar](#) on the topic.

Guidance on the use of equity variables to support intersectional analyses

GEAR up published [guidance](#) on embedding equity variables in AMR surveillance data collection.

AMR surveillance in specific target populations

CeSHHAR Zimbabwe with WHO Zimbabwe, The Food and Agriculture Organization, and the Ministry of Health and Childcare are currently leading on surveillance to monitor trends of N. gonorrhoea among vulnerable groups in Zimbabwe who may be left out of routine surveillance. [Read the case study.](#)



2025 | GENDER, EQUITY, AND ANTIMICROBIAL RESISTANCE
Guidance on analysing bacteriology laboratory and antimicrobial use data



INTERSECTIONAL INDICATORS IN SURVEILLANCE OF ANTIMICROBIAL RESISTANCE AND USE
Author: GEAR up consortium

WHY IS IT IMPORTANT?
Collecting and disaggregating data by sex, age, and other variables can provide essential insights into the drivers of health inequities. These indicators can make the inequitable burden of antimicrobial resistance (AMR) within and between groups visible and can inform the design of interventions that address the root causes of AMR.

Aggregated datasets (where there is no disaggregation of data) mask significant differences between groups. The Global Antimicrobial Resistance and Use Surveillance System (GLASS) now encourages the reporting of AMR data disaggregated by sex and age, yet many countries are still not reporting disaggregated data. There will be around 39 million deaths due to drug-resistant infections between 2025 and 2050. If we don't disaggregate data at the global level, we will not know who is most affected (Naghavi et al., 2024).

Data disaggregated by variables such as age, sex, and location are an essential first step of more in-depth intersectional gender analysis, but they are only a starting point in understanding intersectional health inequities (Batheja et al., 2025). For guidance on how to conduct an equity analysis using surveillance data see [Gender, Equity, and Antimicrobial Resistance: Guidance on analysing bacteriology laboratory and antimicrobial use data](#).

Collecting variables that relate to multiple axes of inequity (including age, gender, disability status, ethnicity, and social class, for example) facilitates an **intersectional approach**, which investigates how different social inequities and power relations interact dynamically to create unique experiences (WHO, 2020).



BEFORE YOU BEGIN - A NOTE ON SEX AND GENDER
Sex and gender are two key concepts that you will come across in equity analysis. It is important to remember that sex and gender are not the same thing.

Sex refers to the biological aspects of the bodies of male, female, and intersex people. Common stratifiers for sex are male, female, and intersex.

Research on equity and AMR



GEAR up **global scoping review** on intersectional inequities and AMR published in [Nature Communications](#).

Commentary on equity in AMR surveillance data published in [CABI One Health](#).

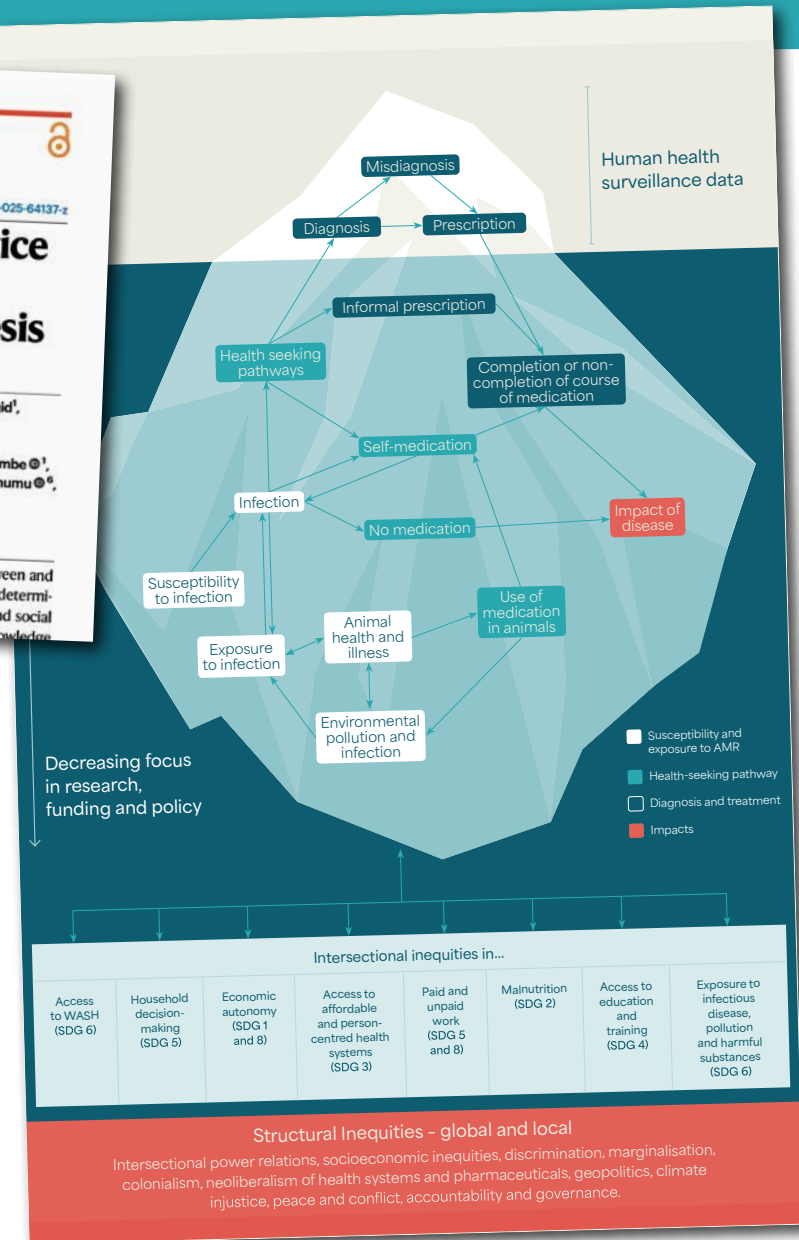
Commentary on gender and equity in the GAP in [the Lancet](#).

Ten **landscape analyses** with country-specific recommendations to continue gender and equity mainstreaming, drawing on approx. 170 stakeholder interviews and 120 policy documents.

GEAR up ran an expert **webinar** on the intersections between equity, AMR and animal health.

Photovoice booklet findings from Kenya on medicine use in informal settlements.

A documentary from [Nepal](#).



Mainstreaming gender and equity in NAPs



GEAR up, led by LVCT Health, supported equity mainstreaming through specific country National Action Plans. For example, see [Uganda's 2024-2029 NAP](#).

GEAR up ran a [webinar](#) on this process.

GEAR up, led by BRAC James P Grant School of Public Health, supported mainstreaming through Bangladesh's National AMR Surveillance Strategy.

See our [case study, Mainstreaming Equity through NAPs](#).

For detailed review of current tools and policies in selected countries and recommendations, see our [landscape analyses](#).

**Uganda's Health Minister
Dr Jane Ruth Aceng launches
equity mainstreamed NAP**





Further resources

GEAR up website: gearupaction.org

Creative communications: gearupaction.org/picturing-gender-equity-and-amr-in-collage

Case studies, tools, webinars and resources: gearupaction.org/tools-and-resources

[Course on gender, equity and AMR surveillance](#), developed with The Open University

[LinkedIn Community of practice](#) to support global knowledge sharing and inspire action - JOIN US!



Thank you!



The Department of Health and Social Care (DHSC)'s Fleming Fund is a UK aid programme supporting up to 25 countries across Africa and Asia to tackle antimicrobial resistance (AMR), a leading contributor to deaths from infectious diseases worldwide.

The Fleming Fund invests in strengthening AMR surveillance systems through a portfolio of country grants, regional grants and fellowships managed by Mott MacDonald, and global projects managed by DHSC.

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