## Why pay attention to antimicrobial resistance (AMR)?

Antimicrobial agents like antibiotics are essential to treat some human and animal diseases. Microbes, such as bacteria, can develop resistance to antimicrobials meaning that a drug such as an antibiotic is no longer effective in treating the infection. The development of resistance is caused by the incorrect use of these drugs, for example, using antibiotics (which help to treat bacteria) for viral infections like flu, or as a growth promoter in agriculture.

Because of this the world is running out of effective antibiotics to treat infectious diseases, and unless appropriate action is taken, decades of progress in health and medicine risk being undone. Resistance to antimicrobials not only costs a lot of money but also generates a lot of suffering.

In May 2015, the World Health Assembly (WHA) endorsed a global action plan on AMR and urged all Member States to develop national action plans. WHA72 (May 2019) called for an accelerated implementation.

## Why focus on gender?

In all countries, health indicators reveal differences between men and women in health outcomes, exposure to risks, adoption of healthy behaviours, access to and use of health services, responses from health providers, and the use of formal and informal care. Biology is important in shaping these differences but does not explain all of them.

Gender is a social construct that interacts with, but is different from, biological sex. It refers to the socially constructed norms, roles, behaviours and attributes that a given society considers appropriate for women and men. Gender intersects with other determinants of health, such as education, income and place of residence. Gender mainstreaming is required to better take into account the role that gender plays in health and to help ensure gender equality. This means making sure that both men’s and women’s concerns and experiences are accounted for in the design and implementation of policies and projects. Gender equality refers to having the same opportunities for groups of women and men to access and benefit from social, economic and political resources, such as health services, laws and policies, and education.

## How can a gender focus accelerate the fight against AMR?

While men and women share many of the risks posed by AMR, there are biological and occupational factors that increase women’s risk of infection. Childbirth, abortion and sanitary health care all expose women to a large range of infections, making AMR a particularly important consideration in maternal health. Moreover, female-dominated professions, such as teaching and health care, are also associated with more frequent exposure to infection and disease. Both issues can benefit from each other – for example, from gender analysis of surveillance data and gender-responsive infection prevention and control (IPC) and training. In addition, AMR strategies that also focus on gender are more people-centred and effective.

## What are WHO/Europe’s priorities regarding AMR and gender-responsive health policy?

### Surveillance

The Central Asian and European Surveillance of Antimicrobial Resistance (CAESAR) is a network which includes all countries of the WHO European Region that are not part of the EU/EEA. The network collects data about the resistance situation. A manual supports countries in building up surveillance.

The first annual CAESAR report was published in 2015. All subsequent reports have shown progress on AMR activities in the participating countries.

The Antimicrobial Medicines Consumption (AMC) Network established in 2011 collects data on AMC from the above-mentioned countries. These data could make it possible to identify sex- and gender-related patterns in the prescription of antimicrobials.

Sex-disaggregated data on resistance and AMC in the Member States are crucial for monitoring the situation and helping to track the effectiveness of policies in addressing the AMR threat.

While these surveillance platforms currently do not collect their data in a gender-based segregated manner, such collection will be considered for the future.

### Tailoring Antimicrobial Resistance Programmes (TAP)

WHO has developed TAP – a guidance document on how to identify the main barriers and motivators for adopting appropriate behaviour for the containment of AMR among target groups. Health-seeking behaviour varies according to biological and gender-based differences and inequalities, and antibiotics prescribing practices are also gender-linked and defined. Within the TAP process, such findings are used to design and implement interventions to reach selected and specific target groups, such as women. TAP is coordinated by WHO/Europe in close collaboration with countries and national AMR experts.

### Infection Prevention and Control (IPC)

75% of the health burden of AMR is due to health-care-associated infections. Appropriate IPC measures are therefore essential to prevent predominantly female health-care workers from being exposed to an above average risk of AMR.

In 2016, WHO published an evidence-based Guideline on Core Components of IPC Programmes at the National and Acute Health-Care Facility Level to prevent health-care-associated infections and manage AMR at health-care facilities and at the national level.
Before making a decision to treat yourself for UTI, seek a doctor’s guidance first!” she adds. The population about the role of gender in health is essential. Also important is overcoming gender barriers and seeking proper health care. They can help ensure that women feel informed and safe about their options. Dr Tchokhonelidze says that increasing awareness among healthcare providers also has an influence on health-seeking behaviour because it is important to note that health-care providers also have an influence on health-seeking behaviour because they play a role in health-seeking behaviour. According to Dr Irma Tchokhonelidze, a health-care provider in Tbilisi, Georgia, “Women tend to avoid going to the doctor [for UTI] until things get really bad, whereas men will typically do the opposite. This can be explained by their different societal and family roles.” Indeed, self-treatment of UTI helps account for the observed prevalence of AMR among women. “Gender certainly has an impact on treatment and on the development of resistance prevailing in women,” says Dr Tchokhonelidze.

UTI reinfection is also common, requiring greater use of antibiotics and creating more occasions for AMR to develop. As Dr Tchokhonelidze says, “Women simply do not visit their physician during reinfection; they keep taking the same pills from previous prescriptions or just follow the advice of friends and neighbours.” Given how common reinfections can be, Dr Tchokhonelidze says that many of her patients are getting devastated by multiple reinfections throughout the year. The development of AMR makes treatment all the more difficult.

It is important to note that health-care providers also have an influence on health-seeking behaviour because they can help ensure that women feel informed and safe about their options. Dr Tchokhonelidze says that increasing awareness among the population about the role of gender in health is essential. Also important is overcoming gender barriers and seeking proper health care. “Before making a decision to treat yourself for UTI, seek a doctor’s guidance first!” she adds.

The fight against AMR requires everyone’s commitment. Support us by giving this important issue the high priority it deserves, by taking the appropriate decisions and implementing effective gender responsive measures!