

The fight against Antimicrobial Resistance requires a focus on gender

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. AMR 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 – among socioeconomic groups and across the life-course – 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 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 infections. Urinary tract Infections, for example, are more common in women, and without effective treatments can result in serious health complications. Childbirth, abortion, and sanitary health care all expose women to a large range of infection, 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 Antimicrobial Medicines Consumption (AMC) Network 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.

Strategies that focus on the health and well-being of women and men in the WHO European Region were developed and published in 2016 (women) and 2018 (men).

Tailoring Antimicrobial Resistance Programmes (TAP)

TAP is a guidance document on how to identify the main barriers and motivators for adopting appropriate behaviour for the containment of AMR among target groups. Within the TAP process, these findings are used to design and implement an intervention 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.

Achievements so far

AMR surveillance / CAESAR

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

The AMC network published its first report in 2017, containing background and detailed antimicrobial consumption data. The second AMC report is scheduled to be published by the end of 2019, covering the period 2011 to 2017.

20 countries/areas are part of the CAESAR network (2019).

12 countries/areas provide data about the consumption of antimicrobials to the AMC network (2019).

In 2018, all Member States agreed to strengthen the disaggregation of data, and gender analysis and research, in the Regional Committee Resolutions on women's and men's health.

Tailoring Antimicrobial Resistance Programmes (TAP):

2 pilot projects have been performed in the United Kingdom (addressing the prescription behaviour of general practitioners) and Sweden (addressing migrants).

3 projects are ongoing in Hungary, North Macedonia and Kazakhstan (related to the over-the-counter sale of antibiotics).

Infection Prevention and Control (IPC):

In line with the guidelines on core components of IPC, WHO/Europe has been actively supporting Member States in assessing and progressing their status regarding IPC programmes, and in taking the necessary steps to fully implement the core components of IPC at national and facility levels.

To highlight this important issue, 5 May was declared international "Save Lives: Clean Your Hands" day. The 2017 campaign focused specifically on antibiotic resistance through the slogan "Fight antibiotic resistance – it's in your hands".

"They weren't sure I was going to make it."



Kelly Strudwick (UK) was diagnosed with a urinary tract infection (UTI) by her GP and received an antibiotic, but this did not help. Ten days later she was much worse. She was referred to a hospital for more antibiotics but not given a complete course. When her condition worsened, she returned to the hospital, and was moved to the high dependency unit (HDU) and then the intensive therapy unit (ITU), as her symptoms became more severe. At one point, her parents were called in to see her in the middle of the night as hospital staff feared she might not recover. When she saw her relatives at her bed, she knew that something was very serious.

Fortunately, she recovered after this serious infection. However, the antibiotics she received caused severe side effects and recovery took a long time.

Kelly could never have imagined getting so badly sick because of a simple UTI. Today she says that it would have been better to clarify, right at the beginning of the infection, which antibiotic was the right one for treating her specific infection. Instead, she was given various antibiotics which were useless.

"If the antibiotics given to me at the beginning had helped, I wouldn't have been in such a severe condition. This inappropriate treatment also leads to bacteria becoming resistant to antibiotics."

(Courtesy of European Centre for Disease Prevention and Control ECDC)

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.

Resources and contact

www.euro.who.int ► Health topics ► Antimicrobial resistance
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