



Antimicrobial resistance toolkit for youth engagement



Food and Agriculture
Organization of the
United Nations



World Health
Organization



World Organisation
for Animal Health

Antimicrobial resistance toolkit for youth engagement



Food and Agriculture
Organization of the
United Nations



UN
environment
programme



World Health
Organization



World Organisation
for Animal Health

Antimicrobial resistance toolkit for youth engagement

ISBN (WHO) 978-92-4-009626-4 (print version)

ISBN (WHO) 978-92-4-009625-7 (electronic version)

ISBN (FAO) 978-92-5-139043-6

© World Health Organization, Food and Agriculture Organization of the United Nations, United Nations Environment Programme and World Organisation for Animal Health, 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP) or World Organisation for Animal Health (WOAH) endorse any specific organization, products or services. The use of WHO, FAO, UNEP or WOAHA logos is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP) or World Organisation for Animal Health (WOAH). WHO, FAO, UNEP and WOAHA are not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization <http://www.wipo.int/amc/en/mediation/rules>.

Suggested citation. Antimicrobial resistance toolkit for youth engagement. Geneva: World Health Organization, Food and Agriculture Organization of the United Nations, United Nations Environment Programme and World Organisation for Animal Health; 2024. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo/).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <https://www.who.int/publications/book-orders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General Disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO, FAO, UNEP or WOAHA concerning the legal or development status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products, whether or not these have been patented, does not imply that they are endorsed or recommended by WHO, FAO, UNEP or WOAHA in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO, FAO, UNEP and WOAHA to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO, FAO, UNEP and WOAHA be liable for damages arising from its use.

Contents

Acknowledgements	vi
Glossary	vii
1. Introduction	1
2. Intervention scoping guide	4
3. Campaign planning and resource mobilization	9
4. Campaign management	17
5. Messaging	19
5.1 Story-telling	23
5.2 Social media	27
5.3 Interactive workshop	35
5.4 Community engagement	40
5.5 Policy and advocacy	45
6. Impact report	53
7. Resource pack	57
8. Case studies and good practices	59
References	64
Annex 1. Campaign scoping guide worksheet	71
Annex 2. Writing a concept note	73
Annex 3. Sample terms of reference	74
Annex 4. Checklist for a sustainable fund-raising plan	76
Annex 5. Campaign management guide	77
Annex 6. Minutes of meetings	78
Annex 7. Sample social media plan	79
Annex 8. Social media guide: content calendar template	81
Annex 9. Impact report: monitoring and evaluation template	81

Acknowledgements

This document was developed by the Quadripartite organizations: the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH), coordinated by the Quadripartite joint secretariat.

The lead writers were Nduta Kamere, Eileen Y.L. Goh, Lucy Fagan, Anita Graham, Fatumata Bah and Trevon Fletcher (Commonwealth Youth Health Network), in collaboration with the core Quadripartite team, which comprised Fallon Bwatu Mbuyi and Yerkem Sembayeva (FAO); Wenjing Yan (UNEP); and Mimi (Meheret) Melles-Brewer, Diriba Mosissa, Philip Mathew (Global Coordination and Partnership Department, AMR Division, WHO); Lucia Escati (Communications Department, WOAH). Thomas Joseph (WHO) directed the preparation.

The Quadripartite Joint Secretariat thanks the following external experts who provided input to the pilot study, led by the Commonwealth Youth Health Network: Gauri Nimbalkar (Association for Youth Well-Being); Salman Khan (International Federation of Medical Students' Association); Audrey Young (International Pharmaceutical Students' Association); Katja Čič (International Youth Health Organization); Rhea Rajkumar (Medical Students' Association of India); Timileyin Omolayo Awolola and Israel Oni (Pharm Radio); Julian Nyamupachitu and Daniel Waruingi (ReAct [Action on Antibiotic Resistance] Africa); Vipat Kuruchittham (Southeast Asia One Health University Network); Gathai Mundia and Jimmy Nkaiwuatei (Students Against Superbugs Africa); Aziza Athuman, Lenius Calist, Tienyi Mnyoro Daniel, Francis Francis, Ramadhani Hamisi, Pius Isaack, Yeguza Kalembe, Mussa Kasela, Jamali Juma Kimbo, Ester Lwekiza, Jacqueline Manyara, Mohamed Ally Mzee, Nasoro Nuru, Yohana Nyanz, Benedicti Patrice, Shukuru Mathias Remegio and Steven Simoni (University of Dodoma Health Club [UDOM Health Club]); Jessica Mitchell (University of Leeds); Feras Elias, Sara Kanaan, Ruby Haji Naif, Hamza Orfali and Rawan Ali Taher (VoiceUp Policy Hub); Caline Mattar, Pabo Estrella Porter (World Medical Association – Junior Doctors Network); and Augusto Baron Cruz (Young World Federation of Public Health Associations).

WHO acknowledges the contributions of the Commonwealth Youth Health Network's One Health Working Group, whose members include: Samira Abdurashid, Tumaini John Makole, Daniel Joshua Msesa, Keziah Njoki and Gibson Phiri.

The Quadripartite thanks the following experts:

WHO staff: Melanie Archer and Sarah Sheppard (Department of Communications), Breeda Hickey (Department of Surveillance, Prevention and Control), Hilaire Therese Armstrong, Ketevan Kandelaki and Sideeka Narayan (WHO Regional Office for Europe) and Jiani Sun (WHO Regional Office for the Western Pacific).

UNEP staff: Nancy Groves, Aitziber Echeverria, Elisa Vasquez and Jessica Antonisse.

WOAH staff: Javier Yugueros-Marcos.

FAO staff: Claudia Ciarlantini and Junxia Song.

Funding for development of the youth engagement toolkit for AMR was kindly provided by the Fleming Fund and the Kingdom of Saudi Arabia.

Declarations of interests: No interests were declared that would have disqualified the experts from participating in preparation of the publication.

Glossary

Antimicrobial use (AMU)	Ingestion of antimicrobials by individual patients (human or animal) (1).
Appropriate antibiotic use	Right drug, right dose, right duration, right route of administration after the right diagnosis after a health consultation. No self-medication (2).
Antimicrobial resistance (AMR)	Bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective and infections become difficult or impossible to treat, increasing the risk of disease spread, severe illness, disability and death (3).
Antibiotics (or antibacterials)	Medications that prevent or treat infections caused by bacteria, such as cellulitis, urinary-tract infections, tuberculosis and sexually transmitted diseases such as gonorrhoea in humans and mastitis, otitis and canine tracheobronchitis in animals (4).
Antimicrobial	Agent used to prevent, control and treat infectious diseases in humans, animals and plants. They include antibiotics, fungicides, antiviral agents and parasiticides. Disinfectants, antiseptics, other pharmaceuticals and natural products may also have antimicrobial properties (4).
Antifungal	Medication to prevent or treat infections caused by fungi, such as thrush, ringworm and athlete's foot in humans and otitis, histoplasmosis and coccidiomycosis in animals (4).
Antiparasitic	Medication to prevent or treat infections caused by parasites, such as malaria, threadworm and head lice in humans and East Coast fever, leishmaniasis and tick infestations in animals (4).
Antiviral	Medication to prevent or treat infections caused by viruses, such as influenza, chickenpox, shingles and HIV in humans and feline infectious peritonitis in cats (4).
Gantt chart	Tool that allows project managers to create a project schedule by mapping tasks over a visual timeline, which shows the order in which they will be completed, when, their duration and other details, such as their percentage completion (5).
Human library (workshop)	An activity adapted from the Human Library Organization in which a pool of people with real-life experiences and stories share them with the participants un a workshop in small groups simultaneously (6).

Key performance indicator	Quantifiable measurement used to gauge overall long-term performance. For example, a key performance indicator of an advocacy campaign could be the number of educational events conducted, engagement metrics on social media platforms or the quantity of educational materials distributed (7).
Logframe	Also known as a logical framework. A table that lists programme activities, short- and medium-term outcomes and the long-term goal. Shows the logic of how the activities will lead to outputs, which in turn lead to outcomes and ultimately the goal (8).
One Health	An integrated, unifying approach for sustainable balance and optimization of the health of people, animals and ecosystems. Recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent (9).
Outcome	The second-level, medium-term results from a project and the consequences of the project; usually related to the project goal(s) (10).
Output	Output The first level of results: the tangible and intangible products that result from project activities (10).
Success	Defined from the principles or standards for what is required to accomplish the aim in measurable terms to satisfy clients, stakeholders and end users. The standards are variable and dependent and determine how a project's success is evaluated (11).
User experience	Documentation of how a user (or participant) interacts with and experiences a programme, workshop or product. Includes a person's perceptions of utility, ease of use and efficiency (12).

Section 1

Introduction

The aim of this practical toolkit is to equip youth-led networks and youth-serving organizations with resources to engage young people in AMR communication, education and campaigns for awareness-raising, advocacy and behaviour change.

The toolkit consists of **11 tools, with exercises, worksheets and templates.**

For effective use of this toolkit, we encourage readers first to complete the scoping guide ([section 2](#)) and then access specific tools through the navigation guide below. The approach can be tailored by exploring different sections in relation to the distinct structures, resources, priorities and contexts of each organization's engagement with young people.

Antimicrobials include antibiotics, antivirals, antifungals and antiparasitics used to prevent and treat infections in humans, animals and plants. Widespread misuse and overuse of antimicrobials in humans, animals, plants and other sectors is the main driver of drug-resistant infections. It is a pressing concern that requires the world's attention (3).

AMR is a natural process that occurs over time through genetic changes in pathogens. The process has, however, been accelerated by overuse and misuse of antimicrobials.

AMR occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective and infections become difficult or impossible to treat, increasing the risk of disease spread, severe illness, disability and death (3). Drug-resistant infections impact not only the health of animals and plants but also reduce productivity and can threaten food security (1).



Profile view of a young boy at Daman district of Kandahar, Kandahar province, Afghanistan, 2024 © FAO / Hashim Azizi



Engaging young people in AMR issues

AMR is a pressing global concern that requires attention and creative solutions. Young people today will face the consequences of inaction and increased risks of AMR.

The Quadripartite, which consists of the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), WHO and the World Organisation for Animal Health (WOAH), considers that young people can play an important role in bringing together wider society and various stakeholder groups. Young people, as agents of change, can raise awareness about AMR and advocate for local and global solutions. For example, the [Quadripartite Working Group on Youth Engagement for AMR](#) is a platform for systematically informing and guiding Quadripartite work to raise awareness and include young people in global AMR action (13).

The One Health approach recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent (9). Collaboration among sectors that address human, animal, plant and environmental health is therefore crucial (14). For instance, most antibiotics used in agriculture and animal husbandry are the same as those used in human health, and antimicrobial-resistant germs and parasites that are resistant to the drugs designed to control them can spread quickly through health-care facilities, food and the environment (soil and water) (1). The spread of AMR can be reduced by addressing health in all these elements in a multi-sectoral manner.

The “AMR Resource Pack” ([section 7](#)) provides more information on AMR and antimicrobials.



Approach to development

The toolkit is based on insights gathered during virtual one-to-one consultations with 10 youth-led and youth-serving organizations. The consultations included open-ended questions on the most effective tools for youth engagement in AMR education, communication and campaigns. The organizations were in various countries with different mandates, thereby ensuring consultation with a wide spectrum of groups. The consultation resulted in 26 tools, with some overlap, which were then prioritized according to pre-defined criteria by the Quadripartite Awareness Working Group, comprising experts from the four agencies: FAO, UNEP, WHO and WOAH. Eleven tools were identified as priorities and then discussed further with a drafting team of young professionals. The actual content and sequencing of the tools presented in the toolkit were further refined.

In the pilot phase, 20 organizations were invited to test the draft toolkit with their target constituencies, and each selected two or three tools for in-depth review. The organizations reported using both online and offline methods to test the toolkit and collect feedback. Feedback from the tests was compiled, and the suggestions were systematically addressed for further review by the Quadripartite.

Moreover, evidence is mounting on the key role the environment plays in the development, transmission and spread of AMR, including transmission between humans and animals to humans (and vice versa). Therefore, the environment is a critical means by which AMR is transmitted and spread across the One Health continuum.



Navigating this document

- Learn more about AMR and why young people should be engaged. Start with the [Introduction](#).
- Finding where to start and define your goals. Use the [Intervention scoping guide](#).
- For those starting an AMR project campaign for young people: [Campaign planning and resource mobilization](#).
- To manage your AMR project or campaign for young people effectively, see [Campaign management](#).
- To spread information about AMR, see [Messaging](#).
- To choose an intervention method for engaging young people in AMR, see [Campaign planning and resource mobilization](#).
- To measure success and learn from failure, see [report](#).
- For further resources and case studies, see [Resource pack](#).



Organizing your thoughts

Before starting an AMR project, it is important to understand the global and the local context, challenges and opportunities. This checklist can be used.

- Why do you think AMR is a problem in your community?
- Are you aware of any current or past AMR-related campaigns?
- If yes, who led or is leading the campaigns?
- What changes would you like see in measures to prevent AMR?
- Why do you think you can make a difference in the AMR response?
- What challenges or obstacles do you foresee in addressing AMR in your community?



Current data

A number of resources on ongoing AMR projects and activities are available that describe the AMR burden, gaps, challenges and effective solutions. They present existing initiatives, gaps and areas for improvement in the collective effort to address AMR in crucial demographics. You can use resources such as:

- [Tracking AMR Country Self-Assessment Survey \(TrACSS\)](#) (15)
- [Global Antimicrobial Resistance and Use Surveillance System](#) (GLASS) (16)
- [International FAO Antimicrobial Resistance Monitoring \(InFARM\) System](#) (17)
- [FAO Assessment Tool for Laboratories and Antimicrobial Resistance Surveillance Systems \(FAO ATLASS\)](#) (18)
- WOA – ANIMUSE: [global database on use of antimicrobials in animals](#) (19)

Section 2

Intervention scoping guide

This guide offers a step-by-step method to empower young people to research and identify challenges and then find effective methods to meet those challenges.

See [Annex 1](#) for exercises.

Step 1. Identify the challenges.

Identify AMR challenges in your community to ensure that your actions are relevant. To conduct the exercise in Annex 1, start by listing a minimum of three challenges (20), such as:

1. Families are not aware of the importance of appropriate antimicrobial use and the consequences of AMR.
2. No policies are available to regulate pollution from pharmaceutical manufacturing sites, which may include antimicrobials in environmental waste that could exacerbate AMR in the community.
3. Misuse of antimicrobials in humans, agriculture and livestock farming practices contributes to the overall burden of AMR.

Step 2. Set your goals.

Set goals for potential solutions, and assess their feasibility to meet the challenge that you are best positioned to address.

It is easier to build your goals from identified challenges and possible solutions. (See [section 8](#).)

For each identified challenge, the possible solutions and goals. Below is an example for the first of the three challenges identified above.

CHALLENGE

Families are not aware of the importance of appropriate antimicrobial use and the consequences of AMR

List three ways in which the challenge could be approached






- 1 Increase communication by health-care professionals of the risk of inappropriate use of antimicrobials to patients.
- 2 Increase public understanding of AMR through national awareness campaigns.
- 3 Increase information about the emergence of AMR and its potential impact and risks.

List the goals

- 1 Advocate for labelling of prescription antibiotics with a warning about AMR.
- 2 Develop a campaign to encourage health-care professionals to follow good stewardship practices and increase awareness about AMR in the community.
- 3 Design content for social and print media on the emergence of AMR in all local languages.

Step 3. Understand the interests of your stakeholders.

After identifying the goals, analyse and understand the motivations of various groups of stakeholders. This is necessary to map the messages to be conveyed to each group and to define their anticipated responses. Some categories of stakeholders are listed below.

Stakeholder	Messages	Expected response
 <p>Youth (18–25 years)</p>	<ul style="list-style-type: none"> Impact of AMR on their generation, family and society The role they can play in preventing AMR AMR as an issue of equity and justice that affects the most vulnerable sectors of society 	<ul style="list-style-type: none"> Create and disseminate youth-friendly digital content to raise awareness about noncompliance with prescriptions for antimicrobials. Raise awareness of the dangers of antibiotic use without medical advice in social media campaigns, and recruit more youth advocates. Advocate for action from policy-makers to better regulate and improve AMR issues by disseminating policy briefs.
 <p>Policy-makers</p>	<ul style="list-style-type: none"> Explain the benefits of introducing and enforcing evidence-based regulations to the health-care industry to reduce the discharges and risks of AMR and self-medication with antimicrobials. AMR is associated with the quality of health care and the strength of health systems. The roles policy-makers can play in pollution prevention control, in reducing misuse and overuse of antimicrobials, including phasing out over-the-counter sales and safe disposal. 	<ul style="list-style-type: none"> Enforce legal obligations for pharmaceutical companies to communicate the risk of AMR to consumers, such as on packaging, when ordering antimicrobials. Initiate an AMR public education campaign. Introduce policies to reduce the misuse and overuse and safe disposal of antimicrobials. Allocate resources for work to prevent AMR in health-care facilities, on farms and in communities
 <p>Health-care professionals</p>	<ul style="list-style-type: none"> Inform them that there is a higher incidence of AMR in the communities they serve. Stress the importance of antimicrobial stewardship and promote responsible antimicrobial prescribing and dispensing. Explain the influence of their advice on patient behaviour. 	<ul style="list-style-type: none"> Co-create evidence-based guidelines based on consultations with local health-care professionals. Use diagnostics to identify infections and antimicrobial susceptibilities whenever possible. Increase information for patients on AMR risk and the importance of complying with prescriptions.
 <p>Patients</p>	<ul style="list-style-type: none"> Stress the relevance of complying with a doctor's prescription of antimicrobial medication. Address any concern about responsible use of antibiotics and other antimicrobials with health-care professionals. Stress the importance of not sharing antimicrobials or antimicrobial prescriptions with others. 	<ul style="list-style-type: none"> Take antibiotics and other antimicrobials only when prescribed by a qualified health professional. Always follow health workers' advice when using antibiotics. Avoid self-medication. Never share or use leftover antibiotics. Return unused antimicrobials to pharmacies or healthcare facilities for their safe disposal.
 <p>Animal health workers, farmers and veterinarians</p>	<ul style="list-style-type: none"> Use of antimicrobials on farms contributes to difficulty in treating infections in people. Stress the importance of hygiene and biosecurity for both the welfare of animals and to prevent infections. Inappropriate disposal of farm waste can contribute to AMR. 	<ul style="list-style-type: none"> Understand the nature of the medicines they use on their farms. Improving hygiene measures on farms. Stop using antimicrobials to promote the growth of farm animals. Adopt locally feasible, appropriate practices for disposal of farm waste.

Step 4. Evaluate your resources

Define the types of resources required to achieve your goals. Resources may be related to work, material or cost. Work resources are people or equipment and can be referred to generically (e.g. project manager) or as the actual resource (e.g. name of a person). Material resources are

consumable items, and cost resources are costs such as airfare and lodging.

List the resources required and those you currently have. This will demonstrate the scale of the campaign that is feasible with the resources you have. Two examples are given below.

Resource availability		Sources (ideas to raise the necessary resources)	
Item	Required	Available	
No. of team members	2	1 (myself)	Seek volunteers among friends and family members.
Funds required to start project	US\$ 1000	US\$ 500	Organize a small fund-raising event, or apply for a grant.

Step 5. Map the type of campaign

Consider the type of campaign that is most suitable for your plan, and amend it to reflect the available resources. An example of a mapping

exercise to show the differences between three types of campaigns is shown below. Complete mapping with your choices of campaign types.

	Type of campaign		
	Social media	Community engagement	Policy and advocacy
Goals from step 2 that can be achieved	Increase awareness about infections, antibiotics and AMR	1. Reduce self-medication 2. Train local AMR champions	1. Change laws and regulations. 2. Set a legal obligation for pharmaceutical companies to reduce AMR.
Conditions to be met for access to the campaign	Good community access to the Internet	For youth strategy: reliable community structures or grassroots movements	Youth proficient in official administrative language, law, policy and politics
Resources required	Free, but requires Internet access and skill in using social media	Teaching materials, trained trainers	Long-term (many years) availability of resources

Step 6. Frame your outputs and targets

Examples of expected outputs of a project.

Output	AMR educational campaign in Little Town A in 2025
Short-term (next 3–6 months)	Create and release three engaging infographics on social media. Conduct one workshop in a school to train 30 youth trainers and advocates. Achieve a 20% increase in the number of social media followers by month 4.
Mid-term (next 6–12 months)	Create and release another six accessible digital content into a library. Translate at least two contents into two other national or local languages. Conduct five talks in local schools to reach at least 100 young people.
Long-term (next 12–24 months)	Continue to conduct two monthly social media campaigns and workshops with diverse content, including sharing community stories. Work with the local education board to include AMR topics in curricula. Increase support from companies, clinics and small businesses to display at least 50 new posters per month.
Targets: What does success look like to you?	Team of active volunteers with increasing numbers of active advocates in the community with good knowledge of AMR (100%) Clinics and health institutions display posters on the risk of AMR (30%). Our research shows a reduction in noncompliance with prescriptions (20%). Authorities and companies approached for collaboration (more than two partnerships). Talks given in all secondary schools (100%).



Two girls - students of Zhamilya's embroidering lessons, Barskoon, Kyrgyzstan, 2021© FAO/Mirbek Kadraliev

Step 7. Develop your theory of change

Theory of change is a method for designing a plan for long-term impact, how a project or campaign intervention can ensure the intended change through inputs, activities, outcomes and impacts, and the place of the project in your long-term strategy. Theory of change is the foundation for developing a monitoring and evaluation strategy, methods for collecting data and materials for communication with stakeholders.

A good theory of change (21) should:

- allow you to reflect on your work and what you're trying to achieve;
- bring together what you know and new questions to be explored;

- show how your actions will contribute to the change you want to see;
- help you to design new projects and initiatives; and
- provide a framework for monitoring, evaluation and learning.

When creating your theory of change, ensure that each step complements each other and indicates the results and knowledge required to advance the project. Test this by asking, “If” and “Then”. For example, “if” a workshop on AMR messaging (activities) is hosted, “then” young people will have increased ability to communicate effectively and educate others on AMR (output). Be gender inclusive in actions and language.

Theory of change team exercise

- 1 Assemble your team to gain a range of perspectives.
- 2 Brainstorm on inputs, activities, outputs, outcomes and impacts.
- 3 Write each down, and map them on a surface, such as with post-its.
- 4 Discuss and debate the logical flow, and move the post-its around until everyone agrees on the sequence.
- 5 Transfer the information on the post-its to a theory of change diagram.
- 6 Ask someone who was not involved in the exercise whether the diagram make sense to them.



Inaugural Meeting of the WHO Youth Council, 27 January 2023. WHO hosted the inaugural meeting of the WHO Youth Council from 27 - 30 January 2023 at WHO headquarters in Geneva, Switzerland. The WHO Youth Council is a dynamic network aimed at amplifying the voices and experiences of young people and leveraging their expertise, energy, and ideas to promote public health. They will be working with youth and youth organizations worldwide to create a youth movement for health. Switzerland, 2023 © WHO / Christopher Black

Section 3

Campaign planning and resource mobilization

This guide proposes steps for determining the purpose of a campaign and for assessing and finding the resources necessary to start a campaign. See [annexes 2 and 3](#) for exercises.

Planning a campaign

After the scoping exercise in [section 2](#), plan your AMR campaign. Document your ideas in detail to ensure that the individuals and teams understand how to achieve the campaign goals. Define the “Why”, “What” and “How” of each aspect of the plan. Five steps have been defined (22):

Step 1: Define the problem and write a problem statement.

Step 2: Present the solution on a concept note, and define goals, deliverables and criteria for success.

Step 3: Outline the project milestones and budget.

Step 4: Mobilize resources.

Step 5: Execute, manage and evaluate your project.

Step 1. Write a problem statement.

In a proposal, you communicate the challenge to be solved in a clear, succinct statement.

First, consider the current situation, what it should be ideally and how it will be in the foreseeable future. Then, formulate a problem statement that encapsulates these three dimensions.

Secondly, test whether your problem statement effectively identifies the root issue and root cause by asking “Why?”. Continue to ask “Why?” until all questions have been answered. The statement is then your final problem statement.

Ideal state

Community X ensures responsible, effective use of antibiotics by allowing access to these medications through prescription for timely treatment of bacterial infections.

Real, current state

Public misunderstanding of antimicrobials has increased the resistance of microorganisms to antimicrobials, leading to AMR and thus infections that are difficult to treat in community X.

Consequences and future state

Misuse of antimicrobials is responsible for 1.27 million deaths a year. By 2050, the number could be 10 million deaths annually (23)

Problem:

Public knowledge on antimicrobial use in community X is insufficient, weak and based on inaccurate sources.

Why is public knowledge on antimicrobial use in community X insufficient? Because there is limited awareness and education about responsible use of antimicrobials.

Why? Because educational campaigns and resources on antimicrobial use are not adequate or available.

Why? Because there have been no community-focused resources for public use.

Results:**Problem statement:**

Problem statement: Public awareness about antimicrobial use in community X is insufficient, as no effort has been made to provide community-focused resources for public use.



Step 2. Write your concept note.

Use the template in [Annex 2](#) to write your concept note. Examples and guiding questions are provided below.

Section	Pointers and questions	Examples
Executive summary	The executive summary should be as short as possible (ideally half to one page). It should clearly explain the purpose and goal of the project and why your team is best placed to address the problem.	
Background	<p>International goals and movements</p> <p>The current situation</p> <p>Why the problem is urgent</p>	There has been a worldwide increase in AMR. According to recent estimates, AMR infections caused 1.27 million deaths in 2019. By 2050, this number could reach 10 million deaths annually (23). AMR builds over time; it is time-sensitive and urgent.
Objectives (SMART objectives) (24)	<p>What do you aim to achieve?</p> <ul style="list-style-type: none"> • Specific • Measurable • Achievable • Relevant • Time-bound <p>Make sure your goals are realistic.</p>	<p>Non-SMART objective: Distribute educational pamphlets in schools.</p> <p>SMART objectives: Increase public awareness of AMR by 30% by 2025 over the level in 2023 through targeted community engagement and public posters.</p>
Outputs	<p>What will you deliver? Is it specific and quantifiable?</p> <p>How are the activities quantified and linked to project goals?</p>	<p>Conduct 24 meetings for community awareness, with 100 residents at each.</p> <p>Achieve attendance of at least 1200 individuals, 30% of whom are below the age of 29 years.</p>
Outcomes	<p>Are there public improvements because of the outputs?</p> <p>Did you achieve your project goals?</p>	<p>Better understanding of antimicrobial use leads to a prolonged decrease in the number of cases of antimicrobial misuse and overuse in the community.</p> <p>Participants under 29 years are actively engaged and understand the concept of antimicrobial awareness.</p> <p>Students and educators in targeted schools demonstrate more responsible use of antimicrobials due to the distributed educational pamphlets.</p>

	Pointers and questions	Examples
Target audience (see section 2)	Identify primary beneficiaries, including demographics, and how they benefit from the activities.	<p>Secondary and tertiary school students (all 10 community schools)</p> <p>Youth community leaders of local chapters of national bodies</p> <p>General public (women, parents, community leaders)</p>
Activities	Explain how you will deliver your outputs to achieve objectives.	<p>Target primary and secondary school students (all 10 community schools):</p> <ul style="list-style-type: none"> • Facilitate interactive AMR workshops. • Distribute educational pamphlets to students. • Organize a poster competition on AMR awareness. <p>Target youth community leaders of local chapters of national bodies</p> <ul style="list-style-type: none"> • Conduct leadership training sessions. • Facilitate round-table discussions on AMR-related issues. • Initiate community AMR projects, such as awareness campaigns, workshops and initiatives. <p>Target the public (women, parents, community leaders)</p> <ul style="list-style-type: none"> • Use various communication channels, such as community events, radio broadcasts and social media, to disseminate information about AMR. • Organize workshops to educate parents on proper use of antimicrobials in their families and the role of parents in shaping responsible health-care behaviour. <p>See section 6 on monitoring and evaluating progress.</p>

Note: If the funder has provided a template for a concept note, follow those instructions and adhere to their guidelines.

Step 3. Project duration and budgeting

Before seeking resources, the concept note should be reviewed to ensure that it states clear timelines, milestones and a budget, even if it is not for a campaign statement that encapsulates these three dimensions.

This will help to convince funders that you have a clear plan and understand what you require, how efficiently you will use the resources you receive and what you will achieve with those resources.

<p>Project duration</p>	<p>Specify the project duration, with the start and end dates, and project phrases.</p>	<p>Example: This is a 2-year project, from June 2024 to June 2026. Our objective is to provide education on AMR in all 10 schools in the community in quarterly phases.</p>
<p>Milestones (template)</p>	<p>Milestones may be deadlines, check-points or key events.</p>	<ol style="list-style-type: none"> 1 Complete the first school training programme for senior-year students by 3 months. 2 Achieve 100% enrolment of AMR trainers in all schools by 1 year. 3 Completed pamphlet distribution to all schools by ____ (e.g. 31 March 2025).

Budget template: Accurate estimation of a project budget is essential for effective resource management, grant applications and fund-raising. Budget categories include:

- staffing and human resources required: team members, volunteer allowances and vendors;
- communication, marketing and promotional requirements: branding, content and promotion;
- operational logistics and material requirements: event venues, equipment, transport;

- evaluation and monitoring: impact reports, tools for collecting data and for analysis; and
- contingency plans: a 5–10% buffer for unexpected expenses or alterations.

Best practices in drafting a budget:

- Plan in tranches when, how much and essential items for grant applications.
- Determine the exact cost of each item by obtaining quotes and estimates from suppliers.
- Use tools and budget templates to present and track the budget efficiently.

Budget (template)

Budgets show:
the total budget required;
the total budget requested; and
the estimated cost breakdown (allocations), with quotations.

Step 4. Resource mobilization

First, map the resources you require in detail, and, secondly, secure those resources. Resources, both monetary and non-monetary, are vital for a project. Internal resources include assets and capability in the organization, while external

resources are assets, services or expertise from outside. The matrix below indicates the resources to be considered in mapping the resources you require and those you have.

	Monetary	Non-monetary
Internal	<ul style="list-style-type: none"> Existing budget Revenue generated by the organization Financial reserves 	<ul style="list-style-type: none"> Skilled personnel Intellectual property Existing infrastructure and equipment Time and expertise of internal teams Materials and digital assets such as videos
External	<ul style="list-style-type: none"> Loans and external funding Grants and subsidies Investments 	<ul style="list-style-type: none"> Partnerships and collaborations, networking opportunities Industry knowledge and expertise Access to external facilities and tools In-kind contributions, e.g. media coverage, event venues Support from advocates and volunteers

Detail your budget into a monthly cash flow ([budget with cash flow template](#))

Best practices for creating a detailed budget:

- Evaluate each item and how much is needed per output and milestone.

- Determine the exact time at which payment for each item must be made to prevent disrupting the project timeline.
- Break down the project cost into monthly requirements.



Standing in front of her peers, Lucy Manuel, vice chairperson, speaks on behalf of her fellow members during a visit by Mchinji District Agriculture Staff to Kaputu Junior Farmer Field and Life School for teen mothers and adolescent girls at Ngwelengwe Village. Mchinji District, Malawi, 2022 © FAO / Amos Gumulira

Fund-raising options and strategies

Map possible strategies and activities to achieve fund-raising goals.

Build partnerships.

- Identify organizations with similar interests.
- Attend community or online meetings to connect with such organizations.
- Join coalitions to promote resource- and knowledge-sharing.

- Collaborate in events and projects with organizations with similar interests.

Integrate strategic communication and branding into partnership-building to enhance visibility and recognition. (See [sections 5 Messaging](#), [5.1 Story-telling](#) and [5.2 Social media](#).)

Examples are given below.

Strategy	Activities
Grant applications	Identify a team to conduct research and apply for grants. List relevant organizations and companies, and subscribe to their social media channels and newsletters. Write a compelling grant proposal (section 3). Network at AMR-theme events, conferences and workshops for additional opportunities for grants. Identify foundations that address health, youth and community development. Write and publish regular financial and impact reports consistently.
Partnerships	Draft a short, compelling introductory text. Identify, prioritize and approach private, non-profit and public health agencies, international institutions and corporate organizations with aligned or shared priorities and causes. Negotiate long-term partnerships, and consider both financial and non-financial support. For example, use country coordinating mechanisms to submit applications jointly with local partners.
Fund-raising events	Organize events such as charity walks, medical camps or awareness campaigns, if financially feasible. Use both in-person and virtual platforms. Consider Internet connectivity and user-friendly platforms for online events. Include creative elements for engagement. Identify crowd-funding platforms and their cost and value.
Generate income	Find and consider possible income-generating models, such as social enterprise. Consider the value your team could offer. Explore activities such as workshops, training programmes and sales of merchandise or products that add value and impact to your campaigns and also generate revenue.

Tips for fund-raising:

- Tell stories about the impact of AMR. Include personal stories, testimonials, case studies, success stories, data, milestones and outcomes, such as the AMR Survivors Task Force and stories of AMR campaigns (see section 7, Resource pack).
- Uphold international standards in governance and reporting, with transparency and integrity.
- Build an authentic image and voice through consistent branding.
- Organize a few events, and disseminate the reports to build credibility before contacting potential funders.
- Tailor fund-raising appeals to the interests and values of potential donors, while maintaining integrity.
- Explain how the funds will support AMR initiatives.
- Regularly update donors and stakeholders. Recognize donors in promotional material and exclusive updates. Invite participation in special events, virtually or in person. Provide timely updates in newsletters, emails and social media.
- Compile good-quality reports of activities, and report use of funds on time.
- Be accountable and reputable to maintain a sustainable relationship with funders. Do not over-commit or under-deliver results.



Anowar poses for a portrait with the green mussels collected from the sea in Khoruskul. Khoruskul, Bangladesh, 2022 © FAO/GMB Akash

SECTION 4

Campaign management

After completing step 3, in which detailed plans were made and resources mobilized to initiate the campaign, the campaign must be managed effectively to ensure its success.

Step 1. Setting a project timeline

Project timelines give project managers and the team an opportunity to:

- break down each project milestone into phases and smaller tasks;
- set a timeline for each task, and link tasks;
- summarize all tasks, deadlines and assigned responsibilities for a comprehensive perspective; and
- manage timing, deadlines and possible delays.

The most popular tool for visualizing and tracking deadlines, progress and deliverables in a project for several teams at the same time

is a Gantt chart ([Annex 5](#)), which provides a multi-level overview of the entire project and provides data in granular detail on who should be working on which task.

The log frame ([Annex 5](#)) is the tool commonly used for development projects. It has less focus on project deadlines and tasks but provides an overview of project indicators, activities and outputs. A log frame is used to define key performance indicators, which are important for monitoring a project.

Step 2. Building and managing your team

Effective management, inspiration and motivation are crucial to maximize your team's potential. Tips on recruiting a suitable team for the task to be performed are provided above. To manage and motivate your team, the following should be observed.

- **Manage expectations:** Provide accurate, clear descriptions of the tasks and expectations outlined in the terms of reference ([Annex 3](#)). A spreadsheet of roles and responsibilities will further improve communication and workflow coordination. Deliverables and expectations should be consistent and not changed frequently.
- **Balance motivations:** Acknowledge and support the intrinsic motivation of people who are passionate about helping reduce the need for antimicrobials and minimize the emergence of AMR, and offer as many incentives as possible.
- **Encourage healthy communication:** Ensure direct, open communication to facilitate multi-directional communication, such as group discussions rather than in silos and “upward” communication, such as feedback.
- **Keep records:** Minutes ([Annex 6](#)) taken during meetings should consist of brief summaries, key take-aways and next steps.
- **Use tools such as an organizational chart, a Gantt chart or the “responsible, accountable, consulted, informed” matrix (RACI) to create transparent, real-time data on tasks, responsibilities and accomplishments.**

Step 3. Measure and monitor progress

- Establish a practice of accountability through mutual accountability, regular checks (25) and frameworks for progress tracking, and assign responsibility to personnel to meet deadlines.
- Monitor and address issues regularly and promptly, provide constructive criticism, and acknowledge accomplishments, regardless of size. Create safe spaces for team members to share issues constructively, and create additional support systems (see [section 7](#), Resource pack for further resources).
- Monitor your key performance indicators throughout the project.
- Maintain an up-to-date list of remaining tasks, and remind everyone of the smaller tasks to be completed.
- Create and store multimedia evidence. Take photos, videos, screenshots and audio recordings of as many activities as possible during the project to manage stakeholder expectations and fulfil donor requirements.
- Conduct regular performance reviews, and ensure follow-through.

Step 4. Ensure long-term sustainability.

Use the following tools and concepts to plan and ensure the sustainability of your team or organization.

Post-campaign review (see [section 6](#), Impact report)

- Conduct a post-campaign team review as soon as possible.
- Identify actions that were well done, the risks that were mitigated and any concerns and areas for improvement.
- Produce a campaign report as soon as possible.
- Ensure that the minutes and other material are accessible for use by future teams, and conduct robust, secure data capture, management and sharing to ensure effective handling of sensitive information.
- Ensure that incomplete tasks and closed exchanges, such as with stakeholders, are appropriately documented and archived for future reference.
- Tools such as a Gantt chart can be used to monitor several campaigns and project cycles simultaneously for an overview.
- Build and maintain partnerships.

Team succession planning

- Identify potential leaders, and provide mentorship.
- Identify any gaps in the skills of the team that will be required for project continuity, and fill them.
- Provide opportunities for team members to fill different roles or tasks.
- Design a leadership structure that facilitates the development, growth and mobility of the team.
- Develop and communicate protocols for leadership transitions.

SECTION 5

Messaging

Unlike climate change, which has become a familiar, relatable issue and term, AMR often has no tangible presence in the public consciousness. Climate change issues appeal to youth; AMR should also become a widely recognized term. This can be done by making AMR more relatable to everyone, by providing real examples and tangible applications that resonate with people.

Step 1. The right message

Use accurate data.

Facts and figures must be taken from credible, reliable sources. They should be incorporated into your messaging. Data on AMR available from the Quadripartite, such as the WHO GLASS programme (16), the FAO In FARM database (17), UNEP report Bracing for Superbugs: Strengthening environmental action in the One Health response to antimicrobial resistance, and the WOAHA ANIMUSE database of AMR in

different countries (19); see [section 1](#) for further resources. Explore interactive dashboards on these websites. Data may also be collected from academic institutions, research networks, pharmaceutical companies and private laboratories. As AMR extends beyond health, consider data from the animal health, agriculture, plant and crop production and environment sectors.

Example of a community AMR awareness campaign

An AMR awareness campaign is conducted on responsible use of antibiotics in livestock in your local community. Assess the findings before and after the campaign. A qualitative analysis will establish the baseline level to measure the impact on community awareness and behaviour.

Objective: To assess the effectiveness and impact of the AMR awareness campaign on the local community's understanding and attitudes to responsible use of antibiotics in livestock.

Clear messaging

Define the goal of each message, such as to provide information, raise awareness, change attitudes and behaviour, call to action or influence policy. The goals set in [section 2](#) will guide you in determining the most suitable approach.

Goal	Message
Call to action	#AntimicrobialResistance in humans, animals, plants and the environment in [X community] can be reduced. Sign up now to join the movement!
Provide information and raise awareness	Do you know that antibiotics are not effective for treating viral infections in humans or animals? Before you use such medication, consult your vet or physician.
Change attitudes and behaviour	Antibiotics will NOT help you feel better when you have cold or flu symptoms. Antibiotics fight bacteria, not viruses. Instead, stay hydrated, rest, and use over-the-counter flu medications!
Influence policy and advocacy	Does your country have a multi-sectoral national action plan on

Relevant, up-to-date information

Keep up to date with current information and breakthroughs on AMR from sources such as AMR fact sheets, case studies, guidelines, publications in peer-reviewed journals and the

AMR resource pack. Accurate information strengthens your credibility and that of your communication platforms and increases the impact of your messaging.

Simplify the language.

Effective communication requires language that everyone can understand. Break down complicated ideas on AMR into everyday language so that everyone can engage in conversations. Avoid technical jargon and abbreviations to ensure clarity and inclusivity, regardless of the medical background of the target audience. Instead of using technical such as “antimicrobial stewardship”, use “appropriate use of antimicrobials”. This can make messages more relatable and actionable.

Straightforward language is also important in conveying the effect of AMR on food systems, livelihoods and economies. AMR not only has a direct negative impact on animals, but animal diseases can also affect food production, food security and farmers’ livelihoods (7). The role of the environment in AMR is also important to be understood and well communicated as preventative and management environmental interventions are part of the solution to tackle AMR.

Step 2. Understand your audience

Communities comprise diverse populations with diverse needs and preferences. A persona is strategic mask of identity in public, the public image of one’s personality, the social role that one adopts or simply a fictional character. Personas can be used as detailed representations of the characteristics of your target audience, such as age, education, communication

preferences (e.g. social media rather than traditional channels) and sensitivity about issues or topics, such as lived experience or trauma. Creation of specific personas will allow you to map your community comprehensively, so that you can make people feel included.

To develop personas for individuals in your community, use the following example.

Persona development question	Response
Who is this? (Give a name)	Persona X
What is their age?	18–24 years
What is their education level?	University student
To which social and health amenities do they and do they not have access? (electricity, water, clinic, pharmacy)	Lives in an off-campus school community with access to health care but poor access to clean water
What are their beliefs or opinions about AMR?	AMR cannot be controlled; it depends on luck.
How do they access health information?	Usually from a social circle including parents, friends and occasional hospital visits
Which social or traditional media platforms do they use or prefer?	Frequently engages with social media and prefers platforms with video content
Sensitive areas and topics to be considered	Loss of a loved one due to AMR

Step 3. Identify communication barriers

Note the details of personas, and improve the clarity, inclusivity and cultural sensitivity of your AMR message.

Communication barriers that may pose obstacles to effective message delivery can be removed by certain activities.

Barrier	Examples of ways to mitigate barriers
Language	<ul style="list-style-type: none"> Develop multilingual communication campaigns. Provide translated materials and information about AMR in simple, easily understood language. Consider materials for individuals with disabilities, including neurodiversity.
Psychological	<ul style="list-style-type: none"> Develop communication strategies to address fears, stigmatization and denial of AMR.
Cultural or religious considerations	<ul style="list-style-type: none"> Train health-care professionals and communicators in cultural sensitivity. Design educational materials to include cultural and religious perspectives on AMR.
Information overload	<ul style="list-style-type: none"> Design interactive information sessions (see section 5.3). Develop clear, concise materials in plain language, with visuals.
Filtering	<ul style="list-style-type: none"> Encourage people to share their experience and knowledge about AMR. Collaborate with educators to include AMR in school curricula.
Multidiscipline literacy	<ul style="list-style-type: none"> Provide concise, simple messages. Include visuals and interactive content to describe issues, and propose concrete actions.



To commemorate the International Day of Forests a section of the UNEP team visited the Karura Forest in Nairobi Kenya for an informative hike around the forest with the Kenya Forest Service, Nairobi, Kenya, 2024 @UNEP

Step 4. Choose the right delivery method.

Selecting the appropriate method for delivering your message is as important as the message. To meet the goals identified in [section 2](#) and reach your community and personas, the right platform must be chosen.

Online engagement platforms:

- Encourage partners to share strategies for overcoming obstacles and inspiring behavioural change. For example, webinars, interactive workshops and online consultations ([section 5.3](#)) are cost-effective and leverage partners' channels, reach and networks.
- Design impactful campaigns on platforms such as Instagram, TikTok and Snapchat to reach a younger audience.
- Partnerships with influencers or youth ambassadors can convey messages in a relatable, authentic manner ([section 5.2](#)).

Instant messaging:

- Use platforms such as text messaging, iMessage, WhatsApp and Telegram to disseminate AMR updates.
- Broadcast lists ensure efficient communication, reach a wider audience directly and encourage real-time engagement.

Offline engagement platforms:

- Participate in community outreach and meetings, share knowledge by word of mouth or open dialogue in community spaces and at community events.
- Deploy trained community members to grassroots level as AMR champions and advocates to educate families and informal groups.
- Face-to-face campaigns such as workshops ([section 5.3](#)), events, games and community activities aligned with community preferences can promote active involvement.

Offline promotional platforms:

- Display your content on platforms and spaces with extensive visibility, such as buses, other public transport, bus stops and further options like the backs of tuk-tuks (27).
- Traditional media such as radio have a wide reach because of their low technology and high accessibility.

The following questions will allow you to reach your persona through the most suitable channels.

What is the goal?	Raise awareness about the real threat of AMR to the effectiveness of veterinary medicines
Who is the target audience?	Small- and medium-scale farmers aged 18–30 years
How urgent is the message?	Immediate attention and action are necessary.
How long will the communication campaign last?	6 months
What channels can most effectively reach your audience?	Social media platforms (YouTube, Instagram, TikTok)
What type of content will attract the target audience?	Videos, infographics and short educational clips; stories and testimonials about AMR in environmental health

Step 5. Testing and improvement

Regularly test and collect audience feedback to ensure that the content is tailored to the audience. Engage your community, and ask for their feedback on the campaign in surveys and conversations, including simple feedback on what they have understood. Collaborate with everyone in the community in developing effective plans to address AMR.

Try new ways of connecting with your audience. For instance, if your initial approach of using videos and infographics on social media platforms like YouTube, Instagram, and TikTok did not reach persona X, you could change to real-life stories and testimonials from AMR survivors ([see section 5.1](#)).



Antimicrobials may be used in open and closed aquaculture systems, Lake Naivasha, Kenya Stephanie Foote, 2022 @UNEP

5.1 Story-telling

Story-telling is extremely effective for captivating an audience, even on complex and lesser-known issues such as AMR (28). It does so by humanizing problems and creating connections between the issue and what matters to your audience (28). See [section 7. Resource pack](#) for examples of AMR stories.

Crafting and telling a good story





In the table below, the essential characteristics of a story tailored to AMR campaigns are outlined. These characteristics provide a structured guide to control and frame the

narrative, delivering AMR information while not losing the essence of your story. Recreate the table with the available information.

Story characteristic	Description
Structure	<p>Every story follows a sequence, from the introduction of characters and the setting to character development, introduction of the main issues, character actions and conflict resolution through collaboration or opposition. Endings vary. Sad, thoughtful or hopeful conclusions serve as calls to action for readers.</p> <p>Set a story in a location that is familiar to the audience and culturally appropriate. Real-life scenarios are relatable and help enhance the receptivity of the story.</p>
Setting	<p>Health-care settings are not the only option when talking about AMR. the setting could be:</p> <ul style="list-style-type: none"> • a school or university, • a family home • farms (including aquaculture) • crop production fields • landfills • wastewater treatment plants • a difficult-to-reach rural community or • a refugee camp.
Tone	<p>The voices and choice of words can help to set the story's mood. Tones to consider include: curious, hopeful, panicky or relieved.</p>
Theme	<p>The theme or message will guide the essence of the story and help to connect the beginning, middle and end. Examples of themes are:</p> <ul style="list-style-type: none"> • individual responsibility in preventing AMR at both individual and community levels; • how AMR affects people; • an unseen threat: AMR in plants and animals; • how pollution contributes to the AMR problem; • how AMR can threaten gains in sexual and reproductive health and rights; • a patient's story of overcoming an AMR infection; or • progress in development of a new antimicrobial: for a better future.
Characters	<p>Characters may be fictional or based on real people. The latter are often more powerful for a narrative. Characters are living metaphors enriched by analogy and add depth and relatability to a narrative, creating a memorable, resonant story to fostering a deep connection with readers. An example is the WHO video on COVID-19 vaccine equity with anti-shark pills.</p>

Story-telling media

Each medium offers a unique way to connect with your audience. In interactive media such as games, the audience is immersed and actively engaged in the story. Various ways to tell a story are:

			
Oral	Written	Audio-visual	Visual
<ul style="list-style-type: none"> • spoken word • poetry • comedy skits • plays 	<ul style="list-style-type: none"> • articles • books • blogs 	<ul style="list-style-type: none"> • film • opera • songs or music • podcasts • documentary films 	<ul style="list-style-type: none"> • interpretative art • painting • photography • dance • sculpture

Writing a compelling AMR story or narrative

After establishing the essential elements of a story and the best ways to convey it, follow the steps for building a robust narrative for your AMR campaign.

Step 1. Envision the story.

Every story must have a concrete intention, which should be decided before development. When envisioning a story, you could answer the following questions.

- What story should be told?
- Why do you want to tell this story? Who are the protagonist(s) or narrator(s)?
- Who is the primary audience? (see [section 4. Messaging](#))
- What information will the story provide?
- At the end of the story, what will your audience have learnt or decided to do?
- What format should the story take?
- Is there a better way to tell the story?
- Will the story have an impact?
- How does this story address sociocultural aspects or perspectives?

Step 2. Collect information.

Collect accurate, credible information for your AMR narrative. See the [AMR messaging guide](#).

Step 3. Refine the storyline.

While the character remains the core of your story, develop a contextualized narrative. Collect additional details to strengthen the plot and paint a vivid picture. Your story must end with a clear call to action or conclusion.

Step 4. Organize the content.

Once your storyline is developed, revise it in the best format: as a written article, a podcast, an art-based story or a digital narrative storyboard. Consider using a storyboard to depict events in your AMR campaign in several frames, with visuals and short captions.

Focus on a specific event allows you to tell a purposeful story in a unique way that can be shared on websites, social media and in written publications. Remember to test alternative sequences and formats.

Step 5. Share and engage.

Consider the best platforms for sharing your AMR story for the target audience. Popular media and possible platforms for AMR stories are listed in the Resource pack (see also [section 5.2](#)).

Medium	Platforms
Written content	Blog (Medium, WordPress), scientific journals, social media (LinkedIn, Twitter)
Audio-visual content	YouTube, Vimeo, podcast platforms
Interactive content	Webinars, online courses
Visual content	Infographics, Instagram, Pinterest, TikTok
Social media campaign	X (Twitter), Facebook, Instagram
Community engagement	Forums (specialized health forums), web-based discussion platforms
Traditional media	Press releases, health magazines, newspapers
Educational material	Brochures, PDF downloads (on websites), educational websites, toolkits, primers

Remember that a good story follows specific principles to ensure that it is not just heard but resonates deeply. It should:

- be easy to understand, universal and accessible for all ages, abilities, socioeconomic groups and languages;
- include and promote gender equity;
- be relatable, with a believable storyline or plot;
- elicit emotion, whether positive or negative;
- build a sense of belonging to the central idea;
- capture attention;
- encourage creativity and exploration; and
- impart meaningful lessons, and inspire the audience to take action.

Example of an AMR narrative

Stories of people affected by AMR, including AMR survivors, caregivers, pet owners and farmers, are one way of reaching a global audience on both formal media and social media channels. Survivors of AMR infections and their caregivers have unique perspectives on AMR issues and solutions.

WHO formed a Task Force of AMR survivors (29) to provide a platform for the voices of people with experience of complications from drug-resistant infections. The «[AMR is invisible. I am not](#)» campaign (30) was launched, with stories of members of the Taskforce to make the narrative more human.

Here is the story of Tori Kinamon, “A healthy student-athlete, I was defeated by a simple infection.”

Tori was a healthy university student and athlete when her left hamstring was infected with methicillin-resistant *Staphylococcus aureus* (“MRSA”), which was initially undetected. The infection required eight operations over two weeks and 30 days in hospital. After six months of intensive physiotherapy, Tori learned to walk again. Her experience inspired her to pursue a career in medicine. She now cares for patients with similar infections, conducts research on infectious diseases and advocates for increased awareness and action against AMR.

5.2 Social media

For sending AMR messages or telling compelling stories ([section 5.1](#)), use of social media is essential. The following will help you to select and use powerful tools on social media platforms for effective communication to drive positive change.

Tips for an engaging social media campaign.

- Target the selected audience through suitable social media platforms and tools.
- Strong engagement (31) is a positive indicator of your content’s popularity, relevance and connection with the audience.
- Carefully select the right channels. Set goals and key performance indicators, track metrics, analyse data and optimize your campaign (32). and use powerful tools on social media platforms for effective communication to drive positive change.
- The content should encourage meaningful interaction, ensuring that your campaign is effective in changing behaviour (33).
- Address misinformation, share information and evaluate impact by measuring real-world outcomes (32).
- Understand and use measurements of the extent of engagement you achieve. Frequent monitoring and analysis of data will rapidly provide information for any adaption. See [section 5, Messaging](#).



A youngster looks on at the compound of Michael Lokuru in the area of Nakoringomo, South Sudan, 2023 © FAO/Eduardo Soteras

Three steps in building a successful social media campaign are:

- 1 Understand what your audience wants and engages with.
- 2 Design content that is the most suitable for your audience and your platform.
- 3 Identify the most suitable platforms by knowing your audience and whether the features of the platform serve your goals.

Step 1. Understand your audience.

Youth, for example, is a challenging demographic, as people age and move out of this bracket every day. Therefore, social media campaigns should be quick to adapt to changes, guided by feedback and data.

When you are designing an interactive social media campaign for youth audience, you should consider certain common characteristics of this age group.

- **Short attention span:** Social media platforms and the young population prefer content that requires less time for interaction. Popular videos on Instagram are usually less than 30 s long.
- **Emotion-based content:** Content with a high surprise factor or that trigger an emotional response attract more comments and thus engagement. It is recommended, however, that tools be used to manage and even limit public engagement, such as turning off the “comment” function, when speculation is expected.
- **Fewer young users on platforms:** Globally, young people are increasingly selective in their choice of platforms. For instance, in some countries, “Gen Z” no longer have Facebook accounts.
- **Specific use of each platform:** Younger users of social media platforms tend to use each platform differently. For example, Gen Z tend to use Snapchat as a depository or library of personal content rather than use a platform to interact with new content.
- **Information needs:** Young people use different conduits, amplifiers and consumers of information (34).



Group photo with members of the Youth Council and WHO staff, including WHO Director-General Dr Tedros Adhanom Ghebreyesus; Dr Gaudenz Silberschmidt, WHO Director Health and Multilateral Partnerships; Dr Catharina Boehme, WHO Chef de Cabinet; Dr Bruce Aylward, Senior Advisor to the Director-General and Assistant Director-General ad interim, External Relations and Governance; Dr Anshu Banerjee, Assistant Director-General ad interim, Universal Health Coverage/Life Course. Switzerland 2023 © WHO / Christopher Black

Step 2. Map differences among social media.

Apart from obvious differences, each platform has functions that optimize different content and has a different user profile, which can be used to create engagement (35).

Type of platform	Platforms	Uses	Use for your campaign
Image-based social media	Instagram, Pinterest, Snapchat	Features events and infographics with specific groups	Excellent for social commerce, such as creating and promoting merchandise for fund-raising Distributes information in visually attractive ways, such as infographics, myths and facts Visual brand development
Short-form video social media	Instagram (reels), TikTok, YouTube	Disseminating brief 5–30-s videos	Popular videos last less than 30 s on average. Consider alternative videos such as memes. Combine messages with emerging viral trends to share information. Brief story-telling tactics can be used to attract interest to larger publications. Use tools such as closed captions to increase accessibility. Ensure that the content does not include language that is offensive to minority groups; always use disclaimers.
Text-based social media	Instagram, X	Features thoughts and ideas for consumers, and invites feedback	Develop content on controversial issues, and use to generate leads for longer posts. Focus on informing people about current trends and promotions. Initiate conversations.

It is also useful to define the number and demographics of users of the platforms you are considering for use in your campaign. This will help to determine the resources to be spent on

each platform and the maximum audience to be reached. Instant messaging platforms are often considered to be the best platforms for news about social causes.

Platform	User demographics, age, percentage of all users	Number of active users	Average time spent by each user on the platform
Sample media	18–25 years: 60% 25–35 years: 35% ≥ 35 years: 5%	2 million in country A, B or C	1.5 h/day

Step 3. Design the content according to the functions of the platform.

The content should be relevant to the audience, the platform and the campaign objectives, while aligned with your team's or organization's brand

and values (35). Consider the following strategies for effective connection with your audience.

- 1. Provide value:** Give practical tips, knowledge and opportunities that benefit your audience; e.g. explainers and practical public health advice
- 2. Be relatable:** Share real-life stories, champions, advocates and behind-the-scenes content for ideas to solve challenges and allow your audience to feel that they are a part of your campaign.
- 3. Be relevant:** Use content, words, colours, language and pictures that are attractive and tailored to your target audience. Be gender sensitive.
- 4. Share:** Provide news and information about little-known services and opportunities.
- 5. Be collaborative:** Mention and credit your stakeholders and partners, and share your hashtag. Consider using accounts with influencers.
- 6. Encourage participation:** Create opportunities for your audience to take action, participate and communicate directly with you, fostering community interactions and activities such as competitions.



Portrait of a young boy in Lal Pur district, Jalalabad, Afghanistan, 2022 © FAO/Hashim Azizi

Platform	Content appearance
Facebook	<p>Posts with a call to action: Post content that provokes comments and re-posts; e.g. competitions, trends</p> <p>Visual posts: high-quality photos from unconventional angles videos that attract attention within the first 15 s; total length, 30 s</p> <p>Facebook Live: to promote and increase access to current events</p> <p>Facebook stories and reels</p> <p>User-generated content: Social media challenges that allow users to share their work through hashtags and tagging your page</p>
Video, e.g. TikTok, Instagram	<p>Viral memes Combine current trends with people explaining AMR, with closed captions. Include music and dance trends, while preserving messages. Use current sound clips and hashtags to promote and engage different groups.</p> <p>Collaborative videos Explore collaboration of different creators on content to show support, e.g. influencers from different industries talking about AMR. Include social media challenges in which audiences can participate by creating their content.</p>
Message, e.g. WhatsApp, Telegram	<p>Short videos: 30-s videos explaining or showcasing AMR work</p> <p>Short message posts: Keep messaging simple to prevent chain messages.</p> <p>Colourful graphics: Use high-quality designs to encourage audiences to follow for more or speak to their peers.</p> <p>Posts with hyperlink: Include videos or blogs that explain an AMR issue.</p>
Text-based. e.g. Twitter (x), LinkedIn	<p>Short videos with hyperlinks to other content; upload videos or blogs that explain an AMR issue.</p> <p>Conversations and key messages from other campaigns</p> <p>News updates</p> <p>To host small discussions, use Twitter (X) Spaces for impromptu discussions and to feature local advocates.</p>

Area of engagement	Tip
Tools	<p>Select tools that are best suited to your campaign. Understand your target audience and communication goals. Platforms can be used for engagement, publishing, analytics, social listening, influencer marketing, artificial intelligence content creation, advertising and timing of posts.</p> <p>Try out different social media management tools to find one suitable for your campaign.</p> <p>Consider the price of the tool and your budget. Use the maximum trial period of each platform to test the functions and decide which meets your budget.</p> <p>Inspect the functionality and user experience of each tool. A good social media management tool should be easy to use alone or as a team and adaptable to several devices.</p>
Content	<p>Determine the social media trends that your audiences might find engaging. Diversify content for each platform and its target audience. Avoid posting the same content on all platforms.</p> <p>Ensure that your content supports equity, diversity and inclusion. Do not use content that reinforces biases or portrays one group as better or worse than others.</p> <p>Increase accessibility by using tools such as alt text and captioning.</p> <p>Maintain a social media calendar for scheduling content, and plan a communication strategy.</p>
Timing	<p>Be aware of relevant trends and news, including up-to-date news and viral content, and check that upcoming posts are still relevant and safe.</p> <p>Identify the key timing for each platform and region from data such as traffic to sites and platforms for maximum engagement of your target audience.</p> <p>Be aware of the time required to reach your target audience on different platforms. Schedule content accordingly.</p> <p>Maintain oversight and review posted content to ensure that it remains fresh; avoid duplication, and rotate and repurpose content strategically.</p>

Strategizing your goals and content

Your content should include various outputs, such as blogs, infographics, videos and stories. Plan your messaging, and plan content creation for a specific period (e.g. World AMR Awareness Week, WAAW).

Collaboration

Partnerships with organizations, influencers and stakeholders provide access to broader audiences, amplifying the reach and impact of a campaign. Some platforms have collaborative tools for decision-making.

Plan for more time.

Social media campaigns, like any marketing and communication campaign, require time for planning, designing content and engaging and preparing partners. For campaigns with indirect

support, such as promotion by a partner, include the time necessary to produce a social media kit for external parties and for them to post and generate content.

You are working on a WAAW campaign, and you and your team have developed content, including posts such as graphics about AMR and short videos to explain the harm and impact. You will also be streaming a conference live on YouTube.

Your target audience is young people who are studying to be health professionals (public health, nursing, pharmacy, veterinary medicine, medicine). Your current platforms are Facebook, with 1000 likes, and YouTube, with 120 subscribers. You have an underused X page, and your Instagram content is re-posted from your Facebook page. You have decided to use Facebook and YouTube Shorts to promote the conference. What is your strategy?

Answers:

1. Use engagement and insights that match the age group you are targeting in your region. Do other platforms attract more people in that age group? X and Instagram are more in tune with younger audiences and have a greater reach.
2. Increasing the number of followers on these other social media platforms will require a content strategy that results in engagement. Short videos can be found on YouTube Shorts and Instagram Reels to attract more people to the page and increase the number of followers. Such metrics should be used to design strategies to improving the baselines.



A child and his goat share a friendly kiss in Middle East, year unknown ©WOAH/T.Damavandi

Social media plan (see also [Annex 7](#))

Target audience	Goals and objectives
Use this knowledge to identify the audience for your content	Identify SMART objectives for your campaign, and make sure that you know how to measure them. The data will be helpful.
Competitive analysis	Content creation
Identify partners and explore their campaigns and other resources.	Match the content to the objectives and audience.

Content dissemination plan

With a content calendar, make a plan for dissemination, including the platform, a sample of content, the date of posting, partners and influencers to be tagged on the post, other links and information required on each post.

Example:

- Event:** WAAW Community Activity Challenge 2025
- Platform:** Instagram @ABC
- Type of content:** Square poster, with details of the challenge and stories of participation
- Text for post:** “Win a visit from celebrities ABC and DEF to your community! Share an idea to fight AMR in your community by taking part in the WAAW Community Challenge 2025 by 20 December 2024. Link in bio”.
- Partners:** (add all accounts to be tagged and mentioned)
- Date to post:** 1 June 2024, 12:00, and a story every week

Evaluate content.

Monitoring and evaluation are essential in developing campaigns and streamlining content. Audit the social platforms used regularly to determine whether you are meeting your targets (e.g. followers, impressions, shares, re-tweets)

5.3 Interactive workshop

Step 1. Writing a concept note

See [section 3](#) on the steps in drafting a concept note. This guide describes planning and delivering an interactive AMR workshop. The concept note for a workshop should explain the project in terms relevant to the workshop, such as targeted participants, learning objectives and design.

Target participants	The group for whom the workshop is designed and the approximate the number of participants. Examples are students of in a specific age group, community members, health-care workers environment-related workers and practitioners or farmers. For more information on completing a scoping exercise, see section 2 .
Workshop objectives	Design SMART objectives (see section 2): As a workshop is limited in time, identify specific objectives, e.g. good hand hygiene. Next, list how and what the participants will gain from the workshop.
Indicator of success	Determine the indicator of the success of the workshop. Ensure that the indicators are SMART and are aligned with the objectives. For example, participants will have increased their knowledge about preventing AMR and can share the information with their families. Their understanding will be measured from a questionnaire before and after the workshop.

Step 2. Determine the format of delivery.

Depending on your objective, where your participants are based and the resources, the workshop can be delivered in different formats. Virtual, in-person, blended and hybrid workshops are defined below.



Lorenzo Agatiello, a young grower of the Nizza Monferrato hunchback cardoon, an essential ingredient in one of the symbols of Piedmontese gastronomy, bagna cauda, a boiling-hot sauce of garlic, extra-virgin olive oil and anchovies served with vegetables. The cultivation of this cardoon variety follows a centuries-old tradition in the territory, sown in May in the sandy soil along the Belbo River. Nizza Monferrato (Piedmont), Italy, 2021 © FAO/Victor Sokolowicz

	Virtual	In-person	Blended	Hybrid
Definition	A purely online workshop	A purely in-person workshop	A workshop in which different stages have different formats	A workshop with both virtual and in-person formats
Engagement	Requires skill in engaging and connecting with participants	The simplest format. A large library of tools is available for different types of learners.	Facilitators must be aware of which tools are best used during each stage of the workshop	Most difficult. Participants who are online and in the room must be engaged at the same time.
Accessibility of content	Can have both live and pre-recorded content	All participants in the room at the same time	Live and pre-recorded content	Mostly live content for people in the room
Cost and effectiveness	Cheapest option. Improve by spacing out sessions.	Costly. Knowledge limited to resources	Allows flexibility through access to review content.	Different experiences for the two groups may lead to different outcomes.
Length of workshop	Could be several short sessions over a longer time.	Usually shorter because of budget or venue constraints	Could be spread across a longer time, with both virtual and in-person sessions.	Short, because of the complexity of addressing two groups simultaneously
Inclusion and accessibility	The Internet may be inaccessible in rural communities. Consider special needs, such as sign language or interpretation.	Ensure access for all groups. Ensure safety and reporting mechanisms for breaches of equity or safeguarding of concerns. (See the Resource pack for further resources.)	Separate considerations for virtual and in-person formats	Consideration of both virtual and in-person participants at the same time
Post-workshop follow-up	Possible if contact data were collected	Limited in-person opportunity; virtual or digital follow-up	May be included	Virtual or digital follow-up

Leave no one behind: Ensuring accessibility for all

Ensure that your content is inclusive for all groups, so that no one misses a chance to work on AMR. A sample checklist on organizing an event is available from UN Women (37).

“User experience” should be considered when designing a workshop to understand the expectations of your participants from their first encounter, such as the sign-up page.

Step 3. Understand and match the resources available

Before planning a workshop, you should determine the resources you have, including the budget, workforce and time. Resources and any constraints will influence the design of your workshop.

Requirement	Virtual	In-person
Venue	A teleconferencing platform with an easy user interface	A location that is accessible and can accommodate all participants comfortably
Human resources	Trainers and facilitators Staff to assist participants in technological issues An optimal ratio of trainers or facilitators to participants according to the target group and the platform	Trainers and facilitators People to assist in registration and other logistics or issues of access An optimal ratio of trainers or facilitators to participants according to the target group and activities
Technological assistance	Internet support for all participants and trainers	Audiovisual support, such as microphones, projectors and other equipment
Materials	Devices and tools for engagement, such as collaborative whiteboards and quizzes	Writing and other materials for activities

Step 4. Design the workshop activities

Activities must be appropriate for the goals of the workshop and the needs of the audience. Include activities in various formats to meet the learning styles of different people, such as small working groups; case studies; “energizers” and “icebreakers”, such as a quiz on antimicrobial facts, personal experience, debates, simulations (or role-playing); physical demonstrations; presentations; or skits (particularly for younger audiences).

The following are recommended to make workshop activities more interactive.

- Use visual aids such as charts, and invite participants to help in creating information presentations.
- Include techniques such as polls, online quizzes or collaborative whiteboards. Free platforms are available online.
- Use animated videos to explain new content.

Organize these activities into session outlines to increase comprehension by participants and trainers. Activities that challenge participants to think about larger concepts should be used first and more specific content later.

Step 5. Design an agenda.

In planning and designing a workshop, it may be helpful to structure sessions into modules, like building blocks. Identify themes linked to the objectives, and then break them down into topics.

Theme	Possible topics
Responsible use of antimicrobials in the community	<ul style="list-style-type: none"> Responsible use of antimicrobials Promoting responsible antimicrobial practices in food and agriculture Importance of hand hygiene Appreciating the value of a diverse microbiome and understanding that only certain microbes cause disease
One Health approach	<ul style="list-style-type: none"> Understanding the concept of the One Health approach and its relevance Engaging communities through stories Interconnected roles of patients, health-care workers and environment workers Collaboration for multisectoral response to AMR Community engagement in the One Health approach
AMR and me (a general education course)	<ul style="list-style-type: none"> What is AMR Who does AMR affect? How can I help?



Inger Andersen, Executive director of UNEP talks with youth delegation at Climate COP28, Dubai, 2023 @UNEP Duncan Moore

It is recommended that each session be limited to 30–45 min, except for hands-on exercises. A possible agenda is:

Time	Day 1	Day 2
7:00–7:30	Introduction: A game of Bingo to get to know your team and team responsibilities	Briefing for the day and notes by a local nongovernmental organization
7:30–8:00	AMR 101: Expert panel session	Small group discussion on taking action to address AMR
8:00	Break	
8:30–9:00	Human library: Stakeholders in AMR: Meeting caregivers and survivors	Case study: Exploring microbiomes and understanding that only certain microbes cause disease
9:00–9:30	Ideation exercise: Community engagement in the One Health approach	Project planning and presentation on community-based solutions
9:30–10:00	Debriefing and preparation for day 2	Project planning and presentation on community-based solutions

Step 6. Plan follow-up.

Plan pre- and post-workshop activities and communication for improving future projects and to ensure that you have met your goals.

The activities should be based on the indicators of success (Step 1) and the mode of communication preferred by the participants.

	Type of evaluation	Activity
Quantitative	Mini-survey	Forms to obtain feedback about presenters
	Pre and post quizzes	Short tests to assess knowledge, attitudes and behaviour before and after sessions
Qualitative	Oral	Discussions with participants about the knowledge gained
	Focus groups, reflections and interviews	Dialogue to obtain perceptions of the issues and whether the workshop made an impact
	Suggestion box	General feedback on the structure of the sessions or the workshop
	Activities	Proposals, such as for events, advocacy and social media campaigns, and execution of those activities
	Peer education	Participants teach another group independently

5.4 Community engagement

This guide offers practical insights and strategies for involving young people in the community and incorporating their perspectives and energy to find impactful solutions.

It is important to identify community influencers and use their strengths for effective for virtual or in-person engagement.

Step 1. Who makes up your community?

You must understand your community and the roles of different members. This facilitates understanding of community stakeholders, their interests and their potential support for your AMR campaign. Each stakeholder, whether involved in community education, promoting responsible use of medications or finding creative

solutions, plays a role in your community's fight against AMR. The challenges posed by AMR can be addressed collectively by recognizing and using the diverse perspectives and contributions of each group. Consider aligning yourself appropriately to address unique AMR needs and challenges locally and globally with:

- **youth leaders:** you and youth-led, youth-serving, youth-focused organizations;
- **community members:** patients, families, survivors, patient advocates, pet owners, farmers, agricultural workers and the general public;
- **health-care professionals:** doctors, nurses, veterinarians, pharmacists and other health-care professionals on the front line;
- **knowledge holders and communicators:** researchers, educators, teachers, journalists and influencers;
- **policy-makers:** ministry officials, politicians, parliamentarians and regulators;
- **local self-governing institutions:** municipalities, city councils, cantons, village councils, counties; and
- **multidisciplinary champions:** human health, animal health, environmental health and climate action champions, and pharmaceutical companies.

In the Intervention scoping guide ([section 2](#)), you identified key stakeholders and community needs. Now, assess the level of interest and capability of community stakeholders.

Step 2. What makes your community unique?

Know your community and their needs (see [section 2](#)). Mapping involves comprehensive research and documentation of the characteristics of your target community,

including cultural norms, practices and common values, which can be categorized as enablers or barriers in your AMR community engagement campaign.

Characteristic	Enablers	Barriers
Social and cultural norms	<p>The community embraces health-conscious practices and values hygiene.</p> <p>Community practices extend health-conscious approaches to animal care, including responsible, prudent use of antimicrobials in veterinary medicine.</p> <p>Valuing hygiene extends to responsible waste management, reducing environmental contamination and the spread of resistant microbes.</p>	<p>Cultural resistance to adopting new medical practices</p> <p>Cultural resistance affects veterinary care, potentially leading to overuse of antimicrobials and AMR in animals.</p> <p>Cultural resistance to eco-friendly waste management practices contributes to environmental pollution and dissemination of AMR.</p>
Practices	<p>Promotion of responsible use of antimicrobials</p> <p>Safe disposal of medical, veterinary and agricultural waste</p> <p>Recognition that shared responsibility includes animal well-being</p>	<p>Overuse and misuse of antimicrobials due to lack of awareness or of education on AMR</p> <p>Inadequate waste disposal</p>
Common values	<p>Community well-being and the importance of health care for humans, animals and the environment</p>	<p>Limited awareness of the consequences of AMR in human, animal and environmental domains</p>

Step 3. AMR in your community

Mapping the details and characteristics of your community will show its unique nature. Collect and present your data, identifying current

resources and advocates as outlined in [section 2](#). Refer to [section 4](#), step 1, for effective presentation of data on AMR.

Step 4. Serving the needs of your community

Set a common purpose

Establishment of a common purpose leads to a shared vision and collective action in your community. The common purpose answers the question “Why” and is the collective goal. Ensure open communication and collaborative decision-

making between the community and stakeholders in a two-way, consultative approach. Only after the need and the common purpose are clear can you move to “How”, through the three stages of heart, mind and hands.

Stage	Purpose
Heart	Touch the heart of the community by fostering care and empathy for the AMR issue. This is achieved through story-telling, effective communication with images and intentional evoking of emotions to raise awareness.
Mind	The community acquires knowledge about AMR and its origins and disseminates the knowledge.
Hands	In this critical stage of action, the community is activated – getting involved, and evolves into advocates, trainers and active participants in AMR campaigns.



Seventy-seventh World Health Assembly, Geneva, Switzerland, 27 May - 1 June 2024. A strategic roundtable «Climate change and health: a global vision for joint action» during the 77th World Health Assembly on 1 June 2024 in Geneva, Switzerland, 2024 © WHO / Antoine Tardy

Guiding principles for engaging your community.

While designing your AMR campaign, be guided by community engagement to ensure effective implementation.

Guiding principle	Question
Inclusivity	Are all voices in the community represented? Have you included indigenous communities and communities that face barriers?
Transparency	Have you communicated the purpose, goals and outcomes of engagement?
Respect	Are you treating all community members with dignity, acknowledging their unique, diverse contributions?
Partnership and collaboration	Are you working collectively, sharing decision-making and building strong relationships with the community?
Accessibility	Is the information available to all, with respect to language, ability, preferences and language, including colloquial terms?
Empowerment	Are you providing tools and skills for active community participation, fostering a sense of ownership?
Flexibility and adaptability	Are you flexible and adaptable to evolving community needs?
Sustainability	Are the benefits sustainable, and will they build community capacity?
Effective communication	Are your communication channels easily accessible? Are you providing continuous feedback to refine engagement strategies over time?

Working with your partners and identifying champions

Involve influential figures in the community, such as leaders, from the beginning. Identify AMR champions (38) and dedicated individuals, including health-care professionals, farmers and community leaders, and actively promote responsible, prudent use of antimicrobials. Champions become the face of your campaign.

They organize events and foster positive behavioural change in the community. Engage with local health-care providers, organizers and educators to identify those who have a lasting impact in reducing the spread of AMR.

Step 5. Identify the best methods of engagement.

Engagement of the whole community, including at grassroots level, is critical. Their involvement enhances their ownership of your campaign,

multiplying its impact. These methods can be used individually or together; for example, awareness and capacity are often built together.

Method	Focus	Activities
Awareness-raising	Increase awareness of AMR.	Engage the grassroots in sharing information through workshops, campaigns and educational materials. Cultivate understanding of responsible use of antimicrobials.
Capacity-building	Train and empower individuals and communities.	Train health-care professionals, educators and the public. Build capacity for informed decision-making, and train community members as trainers.
Policy and advocacy	Advocate for policy changes.	Collaborate with policy-makers, health-care institutions and community leaders. Use data and community narratives to change policy. Embed AMR prevention into broader community and health-care policies

Step 6. Be proud: promoting and sharing community stories to inspire collective action

Wide sharing of community achievements, challenges and work through narratives, testimonials and projects empowers community

members to shape a collective narrative showing resilience and innovation. See [section 5.1, Story-telling](#).



Portrait of Dr Mayowa, a resident doctor at the microbiology laboratory in the Department of Medical Microbiology and Parasitology at the Obafemi Awolowo University Teaching Hospitals on 13 December 2021, Nigeria, 2021 © WHO / Etinosa Yvonne

5.5 Policy and advocacy

Young people should be empowered to influence and contribute to policy development at all levels by understanding policy-making processes and differences between local, regional and global policies. Advocacy should be tailored to external stakeholders such as governments or to organizations.

Step 1. Understand the context.

Global policy and advocacy strategies depend on political systems and priorities. The AMR landscape is shaped by factors such as political priorities, resources, transparency and democratic participation. For an effective policy

and advocacy campaign, you must understand political, social and economic conditions.

To conceptualize your context, state a problem and the stakeholders concerned, as in [sections 2](#) and [3](#).

Problem statement	How can we prevent waste antimicrobials from the health-care system of community X from entering unauthorized channels?			
Stakeholders	Government	Pharmacies	Pharmaceutical companies	Patients, farmers, pet owners, health-care workers, users of antimicrobial medications

Step 2. Clarify your policy and advocacy goals.

PESTLE (Political, Economic, Sociological, Technological, Legal and Environmental) is one of many mapping tools for gauging influences. It identifies opportunities, threats and new issues

for shaping a coherent vision for advocacy (39).

After a PESTLE analysis, review the goals you set in [sections 2](#) and [3](#), and update them if necessary.

Creating a PESTLE.

List factors that could affect the causes or consequences of identified AMR challenges, and place them in PESTLE categories. Determine their significance and opportunities and threats (40). An example is shown below.

Factor	Question for PESTLE analysis	Opportunities and threats
Political	What are the factors and trends in legislature and regulation, movements and pressure	<p>Opportunities: Initiatives, regulatory support for research, international collaboration on antimicrobial stewardship</p> <p>Threats: Inadequate political will, insufficient funding for AMR, upcoming elections</p>
Economic	Factors and trends in the source and distribution of government income, poverty?	<p>Opportunities: Investment, economic incentives, health tech start-ups</p> <p>Threats: High costs and limited financial incentives for development, economic burden of treating AMR infections</p>
Social	Factors and trends in health statistics, employment rates, media freedom, religion?	<p>Opportunities: Increased public awareness, antimicrobial stewardship</p> <p>Threats: Misuse of antimicrobials, lack of awareness about AMR, cultural practices that promote unnecessary use</p>
Technological	Factors and trends in connectivity, infrastructure, emerging technologies?	<p>Opportunities: Advances in technology for rapid diagnostics</p> <p>Threats: Rapid spread of resistant strains, challenges in developing new antimicrobials with novel mechanisms of action</p>
Legal	Factors and constraints relevant to advocacy, including restrictions on activism and speech?	<p>Opportunities: Legal frameworks to increase private sector obligations, regulations to restrict certain over-the-counter sale of antibiotics.</p> <p>Threats: Lack of legal regulations to restrict certain over-the-counter antibiotics, challenges in enforcing regulations, inadequate penalties for misuse</p>
Environmental	Trends in AMR-related food-animal production and agriculture, pollution and waste?	<p>Opportunities: Nature-based solutions in agriculture, environmental regulations to prevent and control antimicrobial pollution</p> <p>Threats: Environmental contamination with antimicrobial residues, lack of stringent environmental regulations, climate change</p>

Step 3. Identify your stakeholders.

Ensure that your target audience is identified and categorized into one of three main groups. The groups are not exhaustive, and you are encouraged to include any additional relevant groups.

Target stakeholders	Source	Activity
Youth-led organizations <ul style="list-style-type: none"> • Schools • Universities • Student associations and organizations • Local and regional youth councils 	Social media	Identify accounts of young social media influencers involved in health advocacy.
	One Health events	Attend conferences or workshops at which youth are featured.
International organizations <ul style="list-style-type: none"> • FAO • UNEP • WHO • WOAHA 	Directories	Search databases or global health directories.
	Joint platforms	Search for platforms that encourage interaction of youth with international organizations, memoranda of understanding, joint programmes.
	One Health initiatives	Search for alliances or joint ventures with international organizations
Government agencies <ul style="list-style-type: none"> • Ministries of education • Ministries of health • Public health agencies • Ministries of the environment • Ministries of agriculture • Ministries of industry • Ministries of finance • Veterinary services • Ministries for primary industries 	Websites	Find announcements of plans for joint ventures, partnerships and new tenders.
	Youth programmes	Search for youth programmes led or supported by government agencies.
	One Health forums and discussions	Take part in gatherings, forums and consultations on health issues with official representatives, where they may address youth involvement.

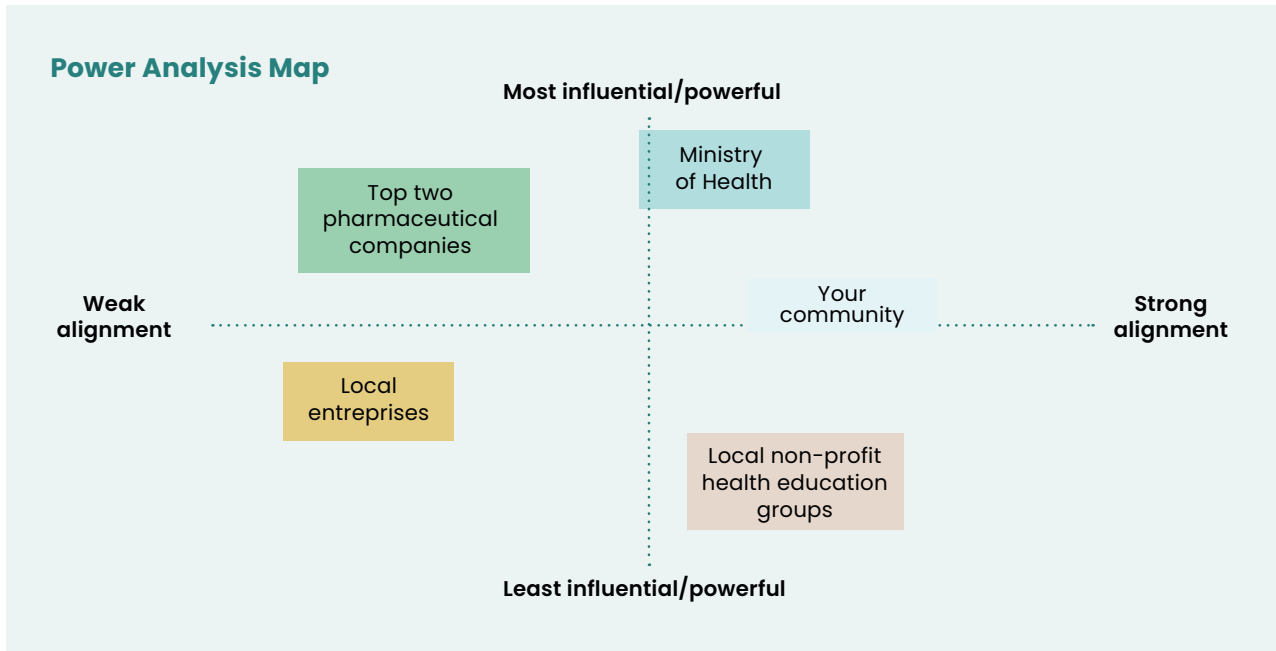


The confidence of a milk producer in Mexico, 2019 ©WOAH/N.Balderrama

Step 4. Identify and engage targeted stakeholders.

Referring to your policy and advocacy goals, draw a power map to categorize stakeholders according to their power and their alignment with your

AMR objectives. Five stakeholders are mapped below. Prioritize stakeholders that are in the top right-hand corner.



Key considerations in engaging policy-makers:

Before engaging with stakeholders, conduct an assessment to identify the resources, networks and expertise that are available and how they can be leveraged or enhanced (for example, by

capacity-building) to support your advocacy campaign. To prepare for effective engagement with policy-makers (41):

- **Prioritize your key issues:** Select up to three main priorities.
- **Data:** Find rigorous evidence and data analysis to support your priorities.
- **Compelling story-telling:** Use impactful stories or anecdotes about each priority. Share a narrative to link your priorities with those of the policy-maker, and include your request.
- **Show that you understand their priorities:** Before meeting a policy-maker, identify their priorities and those of their government. Identify discussions about related AMR policies and legislation.
- **Tailor your request:** It should be aligned with your cause but guided by the priorities of the policy-maker. Ensure that it is specific, sharp and feasible immediately.
- **Prepare materials:** Assemble materials to give to policy-makers, such as a one-page outline of information about your organization and its work.
- **Offer your resources:** Express your willingness to provide additional information, collaboration or consultation on future policies or laws.

Step 5. National, regional and global levels

Policy and advocacy differ considerably at national, regional and international levels (42). To increase your influence, break down your concerns into stages to maximize impact.

Envision a tiered plan, with customized local work, regional coordination and international cooperation to address wide AMR goals.

National:

Create solutions to AMR that are relevant to each country, state or county to ensure a special, context-specific strategy that includes the unique advantages and difficulties of the country and the needs of its residents and citizens. Understand the policies and strategies of the government and the health ministry that are linked to AMR, such as a national health strategy.

Regional:

The goals of multi-country, multilateral collaboration are to solve shared AMR concerns by coordinating activities and sharing resources. Regional priorities might not be the same as your national goals. Negotiation, joint funding and strategic bilateral coordination should be part of your activities.

Global:

The Quadripartite is an example of this category. International projects are sources for exchange of information, materials and technology. For example, organizations can join the AMR Multi-stakeholder Partnership Platform (43). FAO reduces the use of antimicrobials on farms to ensure sustainable agrifood system transformation (RENOFARM), with youth engagement as one contribution.

Considerations for AMR policy and advocacy at all stages include:

- **research and understanding:** Conduct a comprehensive study to comprehend the current state of AMR (at national, regional and global levels), and collect data on your priorities. Ensure that your advocacy is firmly grounded in facts and evidence so that it is compelling.
- **stakeholder analysis:** Examine the perspectives of stakeholders such as decision-makers, government officials, policy-makers, health-care administrators, patients, local farmers, veterinarians and leaders of national regulatory agencies on AMR and the One Health approach for global level. Understanding their positions helps to tailor advocacy strategies effectively.
- **examination of the legal framework:** Consult documents such as the constitution and legislation relevant to AMR, or consult legal scholars about the political system. This step will align advocacy with the current legal framework.
- **development of a policy proposal:** Outline the issue or problem, specify the policy or legislation to be addressed, consider potential compromises, provide the rationale for decisions, and outline proposed amendments.

Step 6. Draft a policy brief

(for an example of a policy brief, see (44), and for an AMR pocket guide, see (45)).

Policy briefs are essential for communicating with government policy-makers and others who formulate or influence policy. Other documents with which you might familiarize yourself include

policy and white papers, petitions, letters and manuals. The checklist below can help you to draft a stronger brief.

Checklist for drafting a policy brief:

- **Conciseness and clarity:** Is your communication on AMR written in plain language and is it to the point? Avoid unnecessary jargon, and use simple terminology.
- **Executive summary:** Provide a brief overview of key ideas and recommendations at the beginning of the brief, as a quick synopsis of what readers can expect.
- **Structure:** Follow a logical order. Begin with a concise introduction, followed by background information, a statement of the AMR issue, analysis with supporting data, proposed solutions and a summary of key points.
- **Audience-centred:** Tailor the language and content to the needs of your target audience. Who will read this brief policy?
- **Evidence:** Support your arguments with reliable data, such as statistics, community findings and quotations from experts. Credit all sources to increase the credibility of your brief.
- **Visual aids:** Include visual aids such as charts and graphics to convey a memorable message. Well-positioned visuals can often communicate messages more efficiently than lengthy text passages.
- **Tone:** Maintain an impartial, professional tone. Avoid sentimental language, and present facts in a way that encourages thoughtful analysis.
- **Length:** Keep the policy brief, succinct and precise, two to five pages, and consider the time constraints of policy-makers. Ensure that your brief is both short and comprehensive, covering essential topics.
- **Policy recommendations:** Clearly articulate your policy recommendations with respect to AMR. Explain the proposed actions, and provide reasons for their effectiveness.
- **Review and revise:** Before finalizing a brief, thoroughly review it for clarity, coherence and accuracy. Revise it as necessary to ensure a polished, professional document.

Early, timely, regular engagement with policy-makers on AMR policy and advocacy is essential. Review your strategy regularly, and ensure that

your briefs and content are appropriate for the intended audience.

Step 7. Important events, dates and opportunities

Check that your campaign and events calendar indicate when actions are required, e.g. advocating and lobbying government or global bodies during periods of decision-making, such as consultations, deliberations, voting and development of legislation or resolutions.

Strategies should include opportunities to be used to raise awareness and when to maintain momentum or lobby for a decision or vote.

Important events and commemoration days that should be included in the plan for your policy and advocacy campaign include:

- WAAW, 18–24 November;
- World Health Day, 7 April;
- global high-level ministerial conferences on AMR;
- the United Nations General Assembly High-level Meeting on AMR;
- meetings of heads of government;
- World Wildlife Day, 3 March; World Water Day, 22 March; International Day of Plant Health, 21 March, 12 May 12; World Immunization Week, 24–30 April; World Hand Hygiene Day, 5 May; World Patient Safety Day, 17 September; International One Health Day, 3 November; World Toilet Day, 19 November; World AIDS Day, 1 December; and World Food Safety Day, 7 June; and
- local and regional political and other elections.

Practices and habits for an effective campaign:

A long-term strategy should be developed for policy and advocacy campaigns, as they usually take months, years or even decades to prepare (46).

A checklist of best practices and habits to be formed for an effective long-term strategy is provided below.

- Plan early. Prepare drafts in advance with sufficient time allocated for the team to finalize them.
- Identify the right targets and the best opportunities for meeting targets, and advocate efficiently.
- Motivate yourself, stay informed, and continue to learn. A campaign is a marathon.
- Engage local communities through various channels. Keep relevant.
- Ensure feedback on your plans and support and buy-in from community members and leaders.
- Be agile and always ready for alternative plans.
- Acknowledge accomplishments.
- Give priority to sustainable financing sources.
- Think in the long-term: choose options that will not limit future decisions

Build credibility to become a legitimate voice.

Consistent demonstration of transparency, authenticity and engagement contribute to establishing and maintaining a credible voice. A poor reputation will damage your campaign. A policy or advocacy intervention should be initiated only when there is a strong, long-term commitment.

Youth as leaders and in positions of power:

Sometimes, it is more effective to create new opportunities for advocacy rather than waiting for a change. Groups of young people should be guided in taking roles and responsibilities, including elected and appointed political positions.



UNEP Goodwill Ambassador Rocky Raggae Performance with youth group at UNEA 5.2, Nairobi, 2022 @UNEP/ Cyril Villemain

Section 6

Impact report

Measuring impact celebrates your successes and creates a larger movement for change. It also promotes a culture of openness and accountability. Undertaking robust monitoring, evaluation and reporting on your impact allows you to learn, drive further improvements and build your credibility and reputation.

Step 1. Establish a monitoring, evaluation and learning framework.

- Monitoring is the routine collection of information to review progress against project plans. It allows results, processes and experiences of implementation to be documented and used to inform learning and decision-making.
- Evaluation is assessment of the performance of a project via the data measured at different points of a project (baseline, midpoint or end) and comparing them with other sources of information to form an understanding of the overall impact.
- Learning is application of the information gained during the monitoring and evaluation cycle to ensure continuous progress and improvements in the quality and success of any project.

Start planning your monitoring, evaluation and learning (MEL) framework (Annex 9) early by extending the information in your concept note. When planning your project, consider what you want to measure and the methods for collecting, distributing and analysing information. Tracking your progress and impact throughout – not just at the end of the project – will help you to ensure you are optimizing your resources and enable data-driven decision-making.

Ask yourself:

Why you want to measure your results.

Does this indicator or goal show the impact of your work? If so, is it relevant for stakeholders,

and does it demonstrate the importance of your work?

Also, consider how you can make the process as inclusive and automatic as possible, e.g. involving diverse stakeholders. If possible, use technology in the co-design of your MEL framework to ensure that you are measuring things that matter.

Remember to leave some flexibility when designing your MEL framework to enable you to adapt your indicators as the project develops. To support your MEL plans, an MEL checklist (Annex 9) has been provided. See section 3 to understand the differences between objectives, outputs, outcomes and impact.

Step 2. Characteristics of a good impact report: Tell your story

An impact report should communicate the outcomes and significance of a project or initiative. You should think about how to communicate the impact to someone who is not

familiar with your project. Why is it important, what difference has it made, how will you sustain the impact? For story-telling tips, see [section 5.1](#).

First, define your audience and the purpose(s) of your report. This will enable you to shape its content, style and structure effectively. You may have more than one audience in mind, but

consider which is the primary audience and how best to communicate with them. Audiences that you may target are:

- communities and the wider public, to describe the impact and to demonstrate accountability to partners and beneficiaries of your project;
- funders and donors, to demonstrate how you have used their resources to create impact and to engage potential future funders; and
- policy-makers, to communicate the evidence and impact of your work and draw out findings to influence wider policy change

Your report should have a clear structure and an engaging narrative, backed up by evidence. Consider addressing:

What is the problem or issue the team is addressing?

Explain the problem and why it's important. Use evidence and story-telling to explain the context, specific barriers or challenges and the needs of the beneficiaries.

What are you doing to address this issue?

Explain your activities and what has been done. You may describe one activity (e.g. a series of AMR youth training workshops) or many activities and how they complement each other.

What are the results of those activities?

Describe the difference your work has made. A good impact report will explain the link between activities undertaken and the outcomes achieved. Refer to the indicators, and collect meaningful data.

How can you recognize achievements?

Provide various types of evidence for your outcomes, such as feedback, survey results and social media engagement statistics. Inclusion of case studies and real-life stories or quotes can interest the reader and demonstrate impact. Consider the right level of evidence for your project, and select your sources carefully. Choosing a few relevant pieces of data or information will have a greater impact than a lot of weaker or unrelated evidence.

Are you learning, improving and moving forwards?

Good impact reporting is also an opportunity to share key lessons, the challenges you have confronted and overcome, what you plan to do differently and your next steps in this work. The report should show how you are striving to become more effective, efficient and sustainable and how people reading the report could support you in the future.

Design your impact report. Style matters!



The Innovation Hackathon Challenge to Raise Awareness of AMR in Cambodia was held in August 2023 and was the first in the Western Pacific Region. Its aim was to provide 20 university students with the knowledge and tools to develop innovative behavioural change communication campaigns. This new initiative was designed to cultivate AMR champions in youth and young adults, who dominate social media and are experts at using new technologies to make their voices heard. Cambodia, 2023 © WHO

Create an eye-catching cover page. Choose clear, legible fonts.	Design for comprehension. Less is more.
Choose or design charts or images that tell a story.	Check for grammatical errors, typographical errors and inconsistencies. Proofread the report thoroughly before publishing it.
Enhance visual appeal by including colour and different fonts and layout.	Use concise visuals, infographics, images and data visualization to break up the text.
Present data in visually engaging infographics and charts.	Keep the legends to charts and graphs simple and to the point. Make sure to include any caveats with respect to the data.
Remove any text that does not support the story or detracts from the narrative	Use “call outs” wisely. They are not there just to fill space but should be used intentionally to highlight relevant information or provide additional context.
Use plain language. Consider accessibility and alternative or digital formats, such as one-page summaries, videos and easy-to-read versions.	Maintain a clean, focused design by refraining from use of distracting fonts or elements. Emphasis should not be necessary if the wording is clear.

Step 3. Strategic planning tools

Each tool serves a distinct purpose in providing insight into internal and external environments.

Tool	Features
<u>Balanced Scorecard</u> (47)	This tool can be used to assign and follow up teams to determine whether they achieve an objective. The results can be entered onto an Excel® sheet.
<u>Scenario Planning</u> (48)	This tool allows you explore different possible futures and how they might affect your project, factoring in potential changes in trends, events or policies.
<u>SWOT Analysis</u> (49)	This tool is used to assess and analyse strengths, weaknesses, opportunities and threats (SWOT). It can be used in both projects and organizations.
<u>PESTLE</u> (40)	This tool provides an analytical framework to illustrate the possible impact of the external environment on a project or initiative. It covers political, economic, social, technological, legal and environmental factors.

Step 4. Scale it up and make it last.

Maximize your impact report to sustained growth and have a lasting influence. Disseminate your report to engage stakeholders, drive improvement and foster relationships with

funders. Below is a list of recommendations for making the most of your impact report once it's published.

Think in the long term.

Review your theory of change (see step 7 in [section 2](#)), and plan your strategy for growth as a team; ensure sustainability, independence and value creation.

Engage your stakeholders.

Share your impact report with current and potential funders. Highlight how their support has contributed directly and indirectly to your project's reach and impact. You can also reach out to new potential partners, collaborators and sponsors whose work is aligned with your goals.

Drive continuous improvement.

Commit to and work on challenges and areas to improve your work, as identified in the impact report, to allow your team to innovate, adjust and solve problems.

Use impact data for advocacy.

Reliable data build effective strategies, highlight emerging trends and indicate the impact of campaigns. Use your report and evidence from your project to advocate for change in, for example, policy, accountability or measurement.

Community accountability

Share your impact report with community leaders and the communities you serve. Encourage feedback, and build consensus on the next steps in your project. Find ways to continue to amplify their voices and priorities.

Strengthen your evidence.

Foster collaboration with local research institutions and universities to further strengthen the evidence base for your project, including filling gaps.



Rivers, lakes and sediment can be transient sources of AMR, 2022 @UNEP © Matthew Montrone

Section 7

Resource pack

See [section 1](#) for AMR terms. Use this resource pack for information and for case studies in different sectors.

Topic	General	Human health	Animal health	Food, agriculture, the planet, environmental health
Definition	<p>Quadripartite definition of AMR (3)</p> <p>WHO. One Health approach (9)</p> <p>Quadripartite Working Group on Youth Engagement for AMR (13)</p>	<p>WHO. AMR in human health (50)</p>	<p>WOAH. AMR in animal health (14)</p>	<p>FAO. AMR definitions (9)</p> <p>UNEP. AMR and environmental health (51)</p> <p>FAO. Role of the environment in the development and spread of AMR (52)</p>
Data	<p>WHO. AMR fact sheets (1)</p>	<p>US Centers for Disease Control. AMR national infection and death estimates (53)</p>	<p>WOAH. AMR infographic (19)</p>	<p>FAO. AMR fact sheets (54)</p>
Educational videos	<p>FAO. One Health: preserving antimicrobials for the health of people, animals and the environment (55)</p> <p>(WHO) Why should you care about antimicrobial resistance (56)</p> <p>(WHO) What are antimicrobials? (57)</p> <p>(WOAH) What is One Health? From concept to action (58)</p>	<p>WHO. What is AMR? (59)</p> <p>WHO. How to prevent AMR (60)</p> <p>United Kingdom Health Security Agency. What is AMR? (61)</p>	<p>WOAH. What's One Health? (58)</p> <p>WOAH. Fight antimicrobial resistance: use antimicrobials responsibly (62)</p> <p>WOAH. AMR in animal health (63)</p> <p>WOAH. Why is AMR a serious threat? (64)</p> <p>WOAH. What can we do to fight AMR? (65)</p> <p>FAO. One Health: preserving antimicrobials for the health of people, animals and the environment (55)</p>	<p>FAO. Risks of AMR, including the drivers of AMR spread between animal–human–food and the environment (66)</p> <p>UNEP. AMR, a critical threat to animal and plant health, food security and economic development (67)</p> <p>FAO. AMR is here and now: United to strengthen food systems and secure livelihoods (68)</p>

Topic	General	Human health	Animal health	Food, agriculture, the planet, environmental health
Awareness and communication	<p>WHO AMR Week (69)</p> <p>AMR advocacy briefs (70)</p> <p>Wellcome Trust. How to communicate about AMR effectively (71)</p>	<p>«AMR is invisible. I am not» campaign (30)</p> <p>WHO. AMR survivor feature story (72)</p>	<p>WOAH. How to talk about AMR in animal health (73)</p> <p>WOAH. Spread the word using this social media toolkit (74)</p>	<p>FAO. WAAW (75)</p>
Articles and infographics	<p>World Bank, Drug-resistant infections (76)</p> <p>WHO. List of critically important antimicrobials for human medicine (77)</p> <p>UNEP. Strengthening environmental action in the One Health response to AMR (78)</p>	<p>WHO. Quarterly newsletter: WHO Antimicrobial Resistance Division (79)</p> <p>The Lancet. Global burden of AMR (80)</p>	<p>WOAH. Strategy on AMR and the prudent use of antimicrobials (81)</p> <p>FAO. AMR publications (82)</p> <p>FAO. Papers in scientific journals (83)</p>	<p>UNEP. Summary for policymakers – environmental dimensions of AMR (85)</p> <p>FAO. Antimicrobials: Handle with care (86)</p>
Exercises and tools	<p>WHO. The TAP toolbox: exercises, tools and templates to support your tailoring AMR programmes plan (87)</p> <p>FAO. Understand AMR in food and agriculture (88)</p> <p>Plan International. International education advocacy toolkit (89)</p> <p>UNICEF. Youth advocacy toolkit (90)</p>			
Youth-focused publications	<p>Davies et al. An AMR learning framework for children and young people (91)</p> <p>ReAct. Engaging with children on AMR (92)</p> <p>WHO. Taskforce for AMR survivors (30)</p> <p>International Federation of Medical Students Associations. Advocacy on AMR regulations (93)</p> <p>FAO. Regional youth associations meet to raise awareness of antimicrobial resistance (94)</p> <p>Development of and user feedback on a board and online game to educate on AMR and stewardship (95)</p>			
Surveillance of antimicrobial consumption and use and antimicrobial stewardship	<p>WHO. AMS in tackling AMR (96)</p> <p>WHO. AMR TrACSS (15)</p> <p>FAO. InFARM (17) and FAO, RENOFARM</p> <p>THET partnerships. AMS explainer animation videos – pilot (97)</p> <p>WOAH. ANIMUSE (19)</p>			
Additional resources	<p>WOAH. What impact could advocacy and story-telling have on AMR? (98)</p> <p>WHO. Story-telling handbook (29)</p> <p>FAO. Resources (82)</p> <p>WOAH. Resources (74)</p> <p>WOAH, WHO and UNEP. How to prevent AMR (99)</p> <p>Development and user feedback on antimicrobial stewardship explainer videos: a collaborative approach between the UK and eight African countries (100)</p>			
Safeguarding	<p>Save the Children. Safeguarding children: What Is a child safeguarding policy? (101)</p> <p>UNICEF. Policy on conduct promoting the protection and safeguarding of children (102)</p> <p>UNICEF. Engaged and heard: Guidelines on adolescent participation and civic engagement (103)</p>			

Section 8

Case studies and good practices

e-Bug: an educational resource for AMR prevention with a One Health approach (104)

Period: 2018–2019

Location: Public Health England and partners organized workshops in seven regions of England, Scotland and Northern Ireland, in cities including Belfast, Birmingham, Glasgow and Manchester.

Objective: e-Bug is a teaching resource within the United Kingdom 5-year national action plan on AMR for use by educators and local authorities to ensure that young people understand infection prevention and control (IPC) and AMR. The aim of the study was to evaluate the effectiveness and acceptability of e-Bug face-to-face train-the-trainer interventions for school and community educators.

Method: The intervention comprised workshops for educators with various backgrounds, including primary, secondary and college education, health care and community work. Interactive activities and discussions were used to enhance participants' understanding and confidence in teaching IPC and AMR. Feedback from educators was used to evaluate the effectiveness of the workshops and to identify areas for improvement.

Results: Evaluations were provided by 262 educators from various regions and teaching backgrounds. Although they had a high level of knowledge before the intervention, significant improvements were observed after the intervention. The intervention benefitted primary and community educators in particular, who showed the greatest increase in confidence. Participants also provided positive feedback on the workshop content and structure, reporting its value in enhancing their teaching capability.

Conclusion: The e-Bug train-the-trainer intervention effectively improved educators' confidence and competence in delivering IPC and AMR education, regardless of their professional background or qualifications. The project's success highlights the importance of collaboration between the health and education sectors in promoting good hygiene practices and controlling AMR.

Future impact: The content will be revised to address the needs of educators with various levels of scientific expertise and to encourage wider implementation of the workshops in schools and communities.

Development and pilot evaluation of an education programme on infection prevention and antibiotics with English and Scottish youth groups, informed by the COM-B (105)

Location: England and Scotland

Objective: Develop an educational programme for community youth groups to enhance awareness of infection prevention and antibiotic use among children.

Method: A collaborative working group of youth leaders, educators and health-care professionals used the Capability, Opportunity, Motivation, Behavior model (COM-B) to modify behaviour. The Antibiotic Guardian Youth Badge programme comprised three stages to improve children’s capability, opportunity and motivation to adopt proper infection prevention and antibiotic use behaviour.

Results: An interim evaluation showed positive outcomes, with children expressing an intention to prioritize hand-washing, but showed variable understanding of antibiotic use. Leaders reported challenges in teaching use of antibiotics.

Conclusion: The intervention, which was flexible and evidence-based, was effective in engaging youth in education on infection prevention and antibiotic use. Work will be extended to provide online training and evaluation of the programme’s impact.

Future impact: The programme has been extended with additional activities and online training, which ensures broader accessibility. The aim of focusing on capability, opportunity and motivation is to instil lasting behavioural change to improved hand hygiene and reduce infection rates.

Superheroes against superbugs – engaging with children on antibiotic resistance (92)

Period: 2018

Location: India

Objective: Raise awareness about antibiotic resistance among young children and foster community dialogue and action. Give children knowledge and tools to become “superheroes” against AMR.

Method: Two 3-day workshops with interactive activities on microbes, infections, antibiotics and AMR were held for 30 children aged 13–14 years in Government and private schools in Hyderabad. Grassroots comics, posters, slogans, skits and animated films were used to convey aspects of AMR. The children were encouraged to use various creative media to initiate and sustain dialogue.

Results: The programme effectively conveyed information on AMR, initiating sustained discussion among participants, who also included technologists, artists, parents and schoolteachers. Participating schools initiated good hygiene practices and included sessions on AMR in their programmes.

Challenges: The scientific complexity of AMR was conveyed through videos, role play and hands-on activities. Children’s experiences were solicited through experiential learning assignments and creative activities to make the problem relatable. Story development in comics was monitored to ensure accuracy without compromising the children’s ownership. Culturally sensitive content and engagement strategies were used to address the perceptions of different socio-economic and cultural groups.

Exploring the potential for children to act on antimicrobial resistance in Nepal: Valuable insights from secondary analysis of qualitative data (106)

Location: Urban and peri-urban regions in Chandragiri municipality and Lockanthali, Nepal

Objective: Explore the roles of children in AMR behaviour and their potential for acting on AMR in Nepal.

Method: Secondary analysis of transcripts from the [Community Arts Against Antibiotic Resistance Across Nepal project \(107\)](#), a participatory video to investigate community perceptions of young people's involvement in AMR.

Results: Adult participants perceived children as vulnerable when ill, increasing their adherence to medical guidance. Children have both positive (e.g. adherence to prescriptions) and negative (e.g. non-prescription purchasing) AMR behaviour. Participants concluded that AMR education in schools could drive positive behavioural changes in children.

Conclusion: Children are viewed as having influential AMR behaviour, acting as both recipients of treatment and potential change-makers. The project highlights the complex interplay of vulnerability, passivity and autonomy in children's roles in AMR.

Innovative solutions: Cambodia's youth tackle AMR (108)

Period: August 2023–November 2023

Location: Cambodia

Objective: Raise awareness and control AMR through an innovative “hackathon” for university students, fostering youth-led initiatives.

Methods: The hackathon engaged 20 university students in developing innovative behavioural change communication campaigns. Teams identified target audiences and problems, tested solutions through surveys and created winning projects, such as “Together against AMR”, focusing on the connection between AMR and future generations.

Results: The winning project, “Together against AMR”, addressed public awareness with a bold slogan, and engaged participants in discussions about AMR. The initiative garnered support from the judges, and the winning ideas were to be implemented in collaboration with a media company and disseminated through various channels, including social media.

Challenges: Misuse and overuse of antibiotics, non-prescription use and limited control of antibiotic sales pose significant challenges. The initial perception of AMR as an intractable problem was addressed in the hackathon, but broader societal changes and work are necessary to control this multifaceted issue.

Conclusion: The hackathon empowered young participants to become AMR champions and fostered a sense of responsibility for addressing the global health threat. The event laid the groundwork for future initiatives, with plans for similar hackathons across the Western Pacific Region in 2024. The project indicates the importance of youth-led approaches and collaborative, multisectoral efforts in the fight against AMR.

Youth symposium ignites creativity in preventing antimicrobial resistance (109)

Period: 2–3 March 2023

Location: Uganda

Objective: Facilitate cross-disciplinary discussions and find innovative solutions for preventing AMR by students in 10 tertiary institutions in Uganda, aligned with the 2022 WAAW theme, “Preventing AMR Together”.

Methods: The students were drawn from the AMR Leadership Programme initiated by ReAct Africa in partnership with Students Against Superbugs Africa. The Programme for tertiary students in Africa was pilot-tested in 2021 to recognize the role of young people in the fight against AMR. A “My Turn” symposium, organized by ReAct Africa and Students Against Superbugs Africa, addressed challenges in AMR control in Uganda, including an inadequate regulatory framework, poor reporting on antimicrobial sales, inadequate disposal of veterinary medicines and limited public awareness. Innovative solutions were reported in categories such as innovation and research, community engagement and art.

Results: Kabale University was declared the overall winner for their skit illustrating the consequences of antimicrobial misuse and AMR. The winning team will receive support to revise their skit and present it at future AMR forums.

Challenges: Addressing challenges such as poor reporting and disposal of veterinary medicines requires substantial resources. Ensuring the sustainability of innovative solutions beyond the symposium may pose a challenge, requiring work and engagement. Despite Government-led approaches and the national One Health platform, achieving a comprehensive, multisectoral One Health approach to AMR remains difficult.

Conclusion: The “My Turn” symposium engaged tertiary students in addressing AMR challenges in Uganda. Creative entries showed the students’ commitment to addressing AMR, the need for sustained work, multisectoral collaboration and increased public awareness to mitigate AMR.



Young man raises his hand during training session by FAO China experts for Cabo Verde farmers and livestock producer, as part of FAO China South-South Cooperation (SSC) Programme supporting Agrifood systems in Cabo Verde, Cabo Verde, 2024 © FAO / Giuseppe Carotenuto

Using a pharmacist-led educational tool to teach elementary and middle-school students in Lebanon about microbes, antibiotic use and antimicrobial resistance: A pilot study (110)

Period: April 2020–December 2021

Location: Private schools in Lebanon

Objective: The aim was to educate elementary and middle-school students in Lebanon about microbes, hand and respiratory hygiene, antibiotic use and AMR with age-appropriate educational tools, led by pharmacists.

Method: Only a pilot study was conducted because of limitations imposed by the COVID-19 pandemic. Educational tools were developed in PowerPoint format, tailored for junior (7–11 years) and senior (12–15 years) students. Pre- and post-tests were administered via Google Forms, with the assistance of parents and teachers for juniors.

Results: The pharmacist-led intervention increased general knowledge ($P = 0.01$) and understanding of microbes (junior versus senior, $P = 0.003$ versus $P = 0.004$). In middle school students, significant changes were seen in the spread of infection ($P < 0.001$) and understanding of AMR ($P = 0.001$), while no changes were seen among elementary students.

Conclusion: The impact of the educational tools administered by pharmacists indicates the importance of these professionals as experts in antibiotics, who can influence early learning about antibiotics and AMR at middle-school stage.

ReAct Latin America. Educational Knapsack (111–113) pilot study (110)

Period: 2012–2015

Location: Various communities worldwide, including pilot-testing in four schools in [Kenya](#) (111)

Objective: The aim of the project, initially named the “Alforja Educativa” initiative, is to foster community health education by engaging children, parents and local communities. It promotes health and care, facilitates experiential learning of science, develops ecological awareness and nurtures a connection to nature. The child-to-child approach is used to empower children to participate in addressing community challenges.

Method: The “[educational knapsack](#)” (112) consists of six monthly training modules comprising recreational, theoretical and practical activities for both formal and informal education. The modules facilitate discussion, action and reflection on health and environmental topics, including AMR. The initiative emphasizes integration of AMR education with other health and environmental issues to enhance understanding and foster community engagement.

Results: Education on AMR prevention helps children to understand the significance of AMR to overall health, well-being and environmental sustainability. Community engagement is effective in AMR prevention and education programmes, showing that collaboration among schools, communities and families results in lasting change.

Conclusion: This initiative shows the effectiveness of community education in promoting health and ecological awareness on issues such as AMR. By integrating education on AMR into broader health and environmental concerns, the initiative encourages active participation by children, parents and communities in fostering a collaborative approach towards sustainable solutions and long-term behavioural change (113).

References

1. Antimicrobial resistance. Geneva: World Health Organization; 2023 (<https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>).
2. Antimicrobial resistance. What is it? Rome: Food and Agriculture Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/background/what-is-it/en/>).
3. Antimicrobial resistance. Geneva: World Health Organization; 2019 (<https://www.who.int/health-topics/antimicrobial-resistance>).
4. Antimicrobial resistance terms. Rome: Food and Agricultural Organization of the United Nations; undated (<https://www.fao.org/3/cb9414en/cb9414en.pdf>).
5. Geraldi J, Lechter T. Gantt charts revisited. *Int J Manag Projects Business*. 2012;5(4):578–94. <https://doi.org/10.1108/17538371211268889>.
6. Youth4Capacity #3: Human Library Workshop: Amplifying community-led climate action in driving change. New York: United Nations Framework Convention on Climate Change; 2023 (<https://unfccc.int/event/youth4capacity-3-human-library-workshop-amplifying-community-led-climate-action-in-driving-change>).
7. Brenner M, Weir A, McCann M, Doyle C, Hughes M, Moen A et al. Development of the key performance indicators for digital health interventions: a scoping review. *Digit Health*. 2023;9:205520762311521. <https://doi.org/10.1177/20552076231152160>.
8. Monitoring Policy Impacts (MPI). The application of the logframe method (EASYPol Series 058). Rome: Food and Agriculture Organization of the United Nations; 2005 (<https://www.fao.org/policy-support/tools-and-publications/resources-details/en/c/1208614/>).
9. One health. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/one-health/overview/one-health-overview/en>).
10. Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies. Geneva: World Health Organization; 2010 (<https://iris.who.int/bitstream/handle/10665/258734/9789241564052-eng.pdf>).
11. Pinilla LS, Artelt S, Burimova A, De Lacalle LNL, Toledo-Gandarias N. Project success criteria evaluation for a project-based organization and its stakeholders – A Q-methodology approach. *Appl Sci*. 2022;12(21):11090. <https://doi.org/10.3390/app122111090>.
12. Yargın GT, Hasdoğan G. User workshops: a method for eliciting user needs. In: *Design & Emotion: proceedings from the 5th design and emotion international conference*. Gothenburg: Chalmers University; 2006. <https://doi.org/10.5281/zenodo.258410>.
13. Quadripartite launches the Working Group on Youth Engagement for Antimicrobial Resistance. Geneva: World Health Organization; 2023 (<https://www.who.int/news/item/05-10-2023-quadripartite-launches-the-working-group-on-youth-engagement-for-antimicrobial-resistance>).
14. Antimicrobial resistance. Paris: World Organisation for Animal Health; 2024 (<https://www.woah.org/en/what-we-do/global-initiatives/antimicrobial-resistance/>).
15. Global database for tracking antimicrobial resistance (AMR). Country self-assessment survey (TRACSS). Geneva: Quadripartite; 2024 (<https://amrcountryprogress.org/#/map-view>).
16. Global Antimicrobial Resistance and Use Surveillance System (GLASS). Geneva: World Health Organization; 2024 (<https://www.who.int/initiatives/glass>).
17. The International FAO Antimicrobial Resistance Monitoring (INFARM) system. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/resources/database/infarm/en>).

18. FAO Assessment Tool for Laboratories and AMR Surveillance Systems (FAO-ATLASS). Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/resources/tools/fao-atlass/en/>).
19. ANIMUSE: monitoring antimicrobial use in animals. Paris: World Organisation for Animal Health; 2024 (<https://amu.woah.org/amu-system-portal/home>).
20. Othieno J, Njagi O, Azegele A. Opportunities and challenges in antimicrobial resistance behavior change communication. *One Health*. 2020;11:100171. <http://doi.org/10.1016/j.onehlt.2020.100171>.
21. Theory of change UNDAF companion guidance. New York: United Nations Sustainable Development Group; 2017 (<https://unsdg.un.org/resources/theory-change-undaf-companion-guidance>).
22. Rivera M. 7 steps to writing the perfect project proposal. *The Ascent*, 24 April 2024 (<https://www.fool.com/the-ascent/small-business/project-management/articles/project-proposal/>).
23. Antimicrobial resistance: a global threat. Nairobi: United Nations Environment Programme; 2024 (<https://www.unep.org/explore-topics/chemicals-waste/what-we-do/emerging-issues/antimicrobial-resistance-global-threat>).
24. Zwikael O, Chih YY, editors. Project benefit management: Formulation and appraisal of target benefits. Paper presented at Project Management Institute Research and Education Conference, Phoenix, AZ. Newtown Square (PA): Project Management Institute; 2014 (<https://www.pmi.org/learning/library/project-benefit-management-8957>).
25. Sucato DJ. Strategies and tools to enhance team performance. *J Pediatr Orthopedics*. 2020;40(1):S25–9. <https://doi.org/10.1097/bpo.0000000000001526>.
26. WHO strategic communications framework for effective communications. Geneva: World Health Organization; 2017 (<https://www.who.int/docs/default-source/documents/communicating-for-health/communication-framework.pdf>).
27. The use of public transport in engaging community on AMR (The use of “babaji”). East Dodoma: Roll Back Antimicrobial Resistance Initiative; 2024 (<https://rbainitiative.or.tz/reading?article=projects&identity=34>).
28. Communication for health. Story-telling handbook. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789290619918>).
29. Task Force of AMR Survivors. Geneva: World Health Organization; 2023 (<https://www.who.int/groups/task-force-of-amr-survivors>).
30. Antimicrobial resistance is invisible. I am not. Geneva: World Health Organization; 2024 (<https://www.who.int/campaigns/world-amr-awareness-week/2024/amr-is-invisible-i-am-not>).
31. Trunfio M, Rossi S. Conceptualising and measuring social media engagement: a systematic literature review. *Ital J Marketing*. 2021;2021(3):267–92. <https://doi.org/10.1007/s43039-021-00035-8>.
32. De Vere Hunt I, Linos E. Social media for public health: framework for social media-based public health campaigns. *J Med Internet Res*. 2022;24(12):e42179. <https://doi.org/10.2196/42179>.
33. Shahbaznezhad H, Dolan R, Rashidirad M. The role of social media content format and platform in users’ engagement behavior. *J Interact Marketing*. 2021;53:47–65. <https://doi.org/10.1016/j.intmar.2020.05.001>.
34. Silver A, Behlendorf B. Understanding your audience: the influence of social media user-type on informational behaviors and hazard adjustments during Hurricane Dorian. *Meteorolog Appl*. 2023;30(5). <https://doi.org/10.1002/met.2148>.
35. Shawky S, Kubacki K, Dietrich T, Weaven S. Using social media to create engagement: a social marketing review. *J Soc Market*. 2019;9(2):204–24. <https://doi.org/10.1108/jsocm-05-2018-0046>.
36. Reimer T. Environmental factors to maximize social media engagement: a comprehensive framework. *J Retail Consumer Serv*. 2023;75:103458. <https://doi.org/10.1016/j.jretconser.2023.103458>.

37. Essential accessibility checklist for organizing event. Katmandu: UN Nepal; 2024 (<https://un.org.np/resource/essential-accessibility-checklist-organizing-event>).
38. Hochberg J, Hersh ED. Public perceptions of local influence. *Res Politics*. 2023;10(1):205316802311524. <https://doi.org/10.1177/20531680231152421>.
39. Walsh K, Bhagavatheeswaran L, Roma E. E-learning in healthcare professional education: an analysis of political, economic, social, technological, legal and environmental (PESTLE) factors. *MedEdPublish*. 2019;8:97. <https://doi.org/10.15694/mep.2019.000097.1>.
40. Siddiqui AA. The use of Pestel analysis tool of quality management in the health care business and its advantages. *Am J Biomed Sci Res*. 2021;14(6). <https://doi.org/10.34297/AJBSR.2021.14.002046>.
41. Tricco AC, Zarin W, Rios P, Nincic V, Khan PA, Ghassemi M et al. Engaging policy-makers, health system managers, and policy analysts in the knowledge synthesis process: a scoping review. *Implement Sci*. 2018;13(1):31. <https://doi.org/10.1186/s13012-018-0717-x>.
42. Antimicrobial resistance advocacy toolkit. Amsterdam: Standing Committee on Public Health, International Federation of Medical Students' Associations; 2018 (https://issuu.com/ifmsa-scoph/docs/amr_advocacy_toolkit).
43. Food and Agriculture Organization, United Nations Environment Programme, World Health Organization, World Organisation for Animal Health. Antimicrobial resistance multi-stakeholder partnership platform: frequently asked questions. Rome: Food and Agricultural Organization of the United Nations; 2022 (<https://www.fao.org/3/cc3001en/cc3001en.pdf>).
44. WHO policy brief: Building trust through risk communication and community engagement. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy-Brief-RCCE-2022.1>).
45. A pocket guide for ministers across sectors: How to respond to antimicrobial resistance. Geneva: Global Leaders Group on Antimicrobial Resistance; 2022 (<https://www.amrleaders.org/resources/m/item/pocket-guide>).
46. Building an effective nonpartisan electoral strategy. Washington DC: National Association for the Education of Young Children; 2014 (https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/ACS_Nonpartisan_Electoral_Strategy%20color%20Sept%2030%202014.pdf).
47. Pierce EM. A balanced scorecard for maximizing data performance. *Front Big Data*. 2022;5:821103. <https://doi.org/10.3389/fdata.2022.821103>.
48. Cordova-Pozo K, Rouwette EAJA. Types of scenario planning and their effectiveness: A review of reviews. *Futures*. 2023;149:103153. <https://doi.org/10.1016/j.futures.2023.103153>
49. Teoli D, Sanvictores T, An J. SWOT analysis. Treasure Island (FL): StatPearls Publishing; 2023 (<https://www.ncbi.nlm.nih.gov/books/NBK537302/>).
50. Antimicrobial resistance. Copenhagen: WHO Regional Office for Europe; 2022 (<https://www.who.int/europe/health-topics/antimicrobial-resistance>).
51. What is antimicrobial resistance and why is it a growing threat? Nairobi: United Nations Environment Programme; 2023 (<https://www.unep.org/news-and-stories/story/what-antimicrobial-resistance-and-why-it-growing-threat>).
52. Antimicrobial resistance. Environment. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/key-sectors/environment/en/>).
53. Antimicrobial resistance. National infection and death estimates. Atlanta (GA): Centers for Disease Control and Prevention; 2022 (<https://www.cdc.gov/drugresistance/national-estimates.html>).
54. Antimicrobial resistance. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/en/>).

55. One Health: preserving antimicrobials for the health of people, animals and the environment. Rome: Food and Agricultural Organization of the United Nations; 2022 (<https://www.youtube.com/watch?v=MZQ4MOOkQxQ>).
56. Why should you care about antimicrobial resistance (AMR)? Geneva: World Health Organization; 2021 (https://www.youtube.com/watch?v=Kq_OygMEBoM).
57. What are antimicrobials? Manila: WHO Regional Office for the Western Pacific; 2020 (<https://www.youtube.com/watch?v=9QK6rZZf8V8>).
58. What is One Health? From concept to action. Paris: World Organisation for Animal Health; 2021 (<https://www.youtube.com/watch?v=Ndfi9QbdXVY>).
59. WHO: What is antimicrobial resistance (AMR)? Geneva: World Health Organization; 2016 (https://www.youtube.com/watch?v=LHOIPmSjn_8).
60. How can YOU prevent antimicrobial resistance? Geneva: World Health Organization; 2021 (<https://www.youtube.com/watch?v=KHPOj974qBs>).
61. What is antimicrobial resistance (AMR)? London: United Kingdom Health Security Agency; 2022 (<https://www.facebook.com/watch/?v=494690399389340>).
62. Fight antimicrobial resistance: use antimicrobials responsibly. Paris: World Organisation for Animal Health; 2022 (<https://www.youtube.com/watch?v=iBHhGOGVUM8>).
63. What is antimicrobial resistance (AMR)? Paris: World Organisation for Animal Health; 2023 (<https://www.youtube.com/watch?v=NSUPXKH0XIs>).
64. Why is antimicrobial resistance (AMR) a serious threat? Paris: World Organisation for Animal Health; 2023 (<https://www.youtube.com/watch?v=fQk3Fp8SI-Y>).
65. What can we do to fight antimicrobial resistance (AMR)? Paris: World Organisation for Animal Health; 2023 (<https://www.youtube.com/watch?v=QZzwSu1aOf0>).
66. Antimicrobial resistance video – Asia and the Pacific Region (FAO, OIE, WHO, UNEP). Rome: Food and Agricultural Organization of the United Nations; 2019 (<https://www.youtube.com/watch?v=2Dz92bEcWho>).
67. AMR: An urgent threat to life as we know it. Nairobi: United Nations Environment Programme; 2023 (<https://www.youtube.com/watch?v=4srU4183p6Y>).
68. Antimicrobial resistance is here and now: United to strengthen food systems and secure livelihoods. Rome: Food and Agricultural Organization of the United Nations; 2020 (<https://www.youtube.com/watch?v=GziXxiGjjgl>).
69. World AMR Awareness Week. Geneva: World Health Organization; 2024 (<https://www.who.int/campaigns/world-antimicrobial-awareness-week>).
70. Series of AMR advocacy briefs. Copenhagen: WHO Regional Office for Europe; 2024 (<https://www.who.int/europe/teams/control-of-antimicrobial-resistance/amr-advocacy-briefs>).
71. Reframing resistance. London: Wellcome Trust; 2019 (<https://wellcome.org/reports/reframing-antimicrobial-resistance-antibiotic-resistance>).
72. WAAW 2019 feature stories. Geneva: World Health Organization; 2019 (<https://www.who.int/campaigns/world-antimicrobial-awareness-week/2019/feature-stories>).
73. How to talk about antimicrobial resistance. Paris: World Organisation for Animal Health; 2023 (<https://www.woah.org/en/document/how-to-talk-about-antimicrobial-resistance/>).
74. Concerned about antimicrobial resistance? Spread the word using this social media toolkit. Paris: World Organisation for Animal Health; 2023 (<https://www.woah.org/en/document/concerned-about-antimicrobial-resistance-spread-the-word-using-this-social-media-toolkit/>).

75. Get involved 2023. Rome: Food and Agricultural Organization of the United Nations; 2023 (<https://www.fao.org/antimicrobial-resistance/world-antimicrobial-awareness-week/en/>).
76. Drug-resistant infections: a threat to our economic future. Washington DC: World Bank Group; 2017 (<https://www.worldbank.org/en/topic/health/publication/drug-resistant-infections-a-threat-to-our-economic-future>).
77. WHO list of critically important antimicrobials for human medicine (WHO CIA List). Geneva: World Health Organization; 2019 (<https://iris.who.int/bitstream/handle/10665/325036/WHO-NMH-FOS-FZD-19.1-eng.pdf?ua=1>).
78. Bracing for Superbugs: strengthening environmental action in the One Health response to antimicrobial resistance. Nairobi: United Nations Environment Programme; 2023 (<https://www.unep.org/resources/superbugs/environmental-action>).
79. Quarterly newsletter: WHO Antimicrobial Resistance Division. Geneva: World Health Organization; 2021 (<https://www.who.int/news-room/events/detail/2021/01/30/default-calendar/quarterly-newsletter-who-antimicrobial-resistance-division>).
80. Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet*. 2022;399(10325):629–55. [https://doi.org/10.1016/s0140-6736\(21\)02724-0](https://doi.org/10.1016/s0140-6736(21)02724-0).
81. Strategy on antimicrobial resistance and the prudent use of antimicrobials. Paris: World Organisation for Animal Health; 2022 (<https://www.woah.org/app/uploads/2021/03/en-amr-strategy-2022-final-single-pages.pdf>).
82. Antimicrobial resistance. Publications archive. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/resources/publications-archive/en/>).
83. Antimicrobial resistance. Papers in scientific journals. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/resources/papers-in-scientific-journals/en/>).
84. Resources. Antimicrobial resistance. Nairobi: United Nations Environment Programme; 2024 (https://www.unep.org/resources/filter/keywords=antimicrobial%20resistance/sort_by=publication_date/sort_order=desc/page=0).
85. Summary for policymakers – Environmental dimensions of antimicrobial resistance. Nairobi: United Nations Environment Programme; 2022 (<https://www.unep.org/resources/report/summary-policymakers-environmental-dimensions-antimicrobial-resistance>).
86. Antimicrobials: Handle with care. Rome: Food and Agricultural Organization of the United Nations; 2023 (<https://www.fao.org/publications/home/news-archive/detail/antimicrobials-handle-with-care/en>).
87. The TAP toolbox: exercises, tools and templates to support your tailoring antimicrobial resistance programmes plan. Copenhagen: WHO Regional Office for Europe; 2021 (<https://iris.who.int/handle/10665/341632>).
88. Antimicrobial resistance. E-learning. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/resources/e-learning/en/>).
89. Advocacy toolkit: The education we want. Woking: Plan International; 2024 (<https://plan-international.org/publications/advocacy-toolkit/>).
90. Youth advocacy toolkit. Start your own campaign. London: UNICEF UK; 2022 (<https://www.unicef.org.uk/working-with-young-people/youth-advocacy-toolkit/>).
91. Davies AC, Cheah PY, Karkey A, Kinyanjui S, Vu Duy T, Asarath S et al. An antimicrobial resistance learning framework for children and young people. Meyrin: Zenodo; 2021. <https://doi.org/10.5281/zenodo.5704104>.
92. Superheroes against Superbugs – Inspirational examples – ReAct. ReAct; 2020 (<https://www.reactgroup.org/toolbox/raise-awareness/examples-from-the-field/superheroes-against-superbugs/>).

93. Toolkit on advocacy for AMR regulations. Amsterdam: International Federation of Medical Students Associations; 2016 (https://ifmsa.org/wp-content/uploads/2017/09/3.-201611_Advocacy-Toolkit-on-AMR.pdf).
94. Antimicrobial resistance. Regional youth associations meet to raise awareness of antimicrobial resistance. Rome: Food and Agricultural Organization of the United Nations; 2024 (<https://www.fao.org/antimicrobial-resistance/news-and-events/news/news-details/en/c/1675579/>).
95. Ashiru-Oredope D, Nabiryo M, Yeoman A, Bell M, Cavanagh S, D'Arcy N et al. Development of and user feedback on a board and online game to educate on antimicrobial resistance and stewardship. *Antibiotics (Basel)*. 2022;11(5):611. <https://doi.org/10.3390/antibiotics11050611>.
96. Promoting antimicrobial stewardship to tackle antimicrobial resistance. Geneva: World Health Organization; 2024 (<https://www.who.int/europe/activities/promoting-antimicrobial-stewardship-to-tackle-antimicrobial-resistance>).
97. AMS explainer animation videos – pilot. London: THETpartnerships; 2023 (<https://www.youtube.com/playlist?list=PL9qDtywmdsRBhwyc0XFUz5204Z1vQCrWd>).
98. What impact could advocacy and storytelling have on AMR? London: The AMR Narrative; 2023 (<https://amrnarrative.org/2022/06/27/advocacy-and-amr/>).
99. Stop the spread of antimicrobial resistance (AMR)! Paris: World Organisation for Animal Health; 2023 (<https://www.youtube.com/watch?v=jJxqct8kPZw>).
100. Fraser J, Garraghan F, Ashiru-Oredope D. Development and user feedback on antimicrobial stewardship explainer videos: a collaborative approach between the UK and eight African countries. *Med Sci Forum*. 2023;15(1). <https://doi.org/10.3390/msf2022015015>.
101. Safeguarding children: What is a child safeguarding policy? Fairfield (CT): Save the Children; 2024 (<https://www.savethechildren.org/us/what-we-do/safeguarding-children>).
102. Policy on conduct promoting the protection and safeguarding of children (CF/EXD/2016-006). New York: United Nations Children's Fund; 2016 (<https://www.unicef.org/supply/media/886/file/Policy%20on%20Conduct%20Promoting%20the%20Protection%20and%20Safeguarding%20of%20Children.pdf>).
103. ENGAGED AND HEARD! Guidelines on adolescent participation and civic engagement. New York: United Nations Children's Fund; 2020 (<https://www.unicef.org/documents/engaged-and-heard-guidelines-adolescent-participation-and-civic-engagement>).
104. Hayes C, Eley C, Brown C, Syeda R, Verlander NQ, Hann M et al. Improving educator's knowledge and confidence to teach infection prevention and antimicrobial resistance. *Health Educ J*. 2020;80(2):131–44. <https://doi.org/10.1177/0017896920949597>.
105. Hayes C, Eley CV, Ashiru-Oredope D, Hann M, McNulty C. Development and pilot evaluation of an educational programme on infection prevention and antibiotics with English and Scottish youth groups, informed by COM-B. *J Infect Prev*. 2021;22(5):212–9. <https://doi.org/10.1177/17571774211012463>.
106. Mitchell J, Cooke P, Arjyal A, Baral S, Jones N, Garbovan L et al. Exploring the potential for children to act on antimicrobial resistance in Nepal: valuable insights from secondary analysis of qualitative data. *PLoS One*. 2023;18(6):e0285882. <https://doi.org/10.1371/journal.pone.0285882>.
107. Cooke P. Community arts against antibiotic resistance in Nepal (CARAN). Leeds: University of Leeds; 2019 (<https://ahc.leeds.ac.uk/languages/dir-record/research-projects/730/community-arts-against-antibiotic-resistance-in-nepal-caran>).
108. Cambodia harnesses youth innovation to combat antimicrobial resistance. Geneva: World Health Organization; 2023 (<https://www.who.int/westernpacific/news-room/feature-stories/item/cambodia-harnesses-youth-innovation-to-combat-antimicrobial-resistance>).
109. Wairagala P, Njenga GL. Youth symposium ignites creativity in preventing antimicrobial resistance. Nairobi: International Livestock Research Institute; 2023 (<https://www.ilri.org/news/youth-symposium-ignites-creativity-preventing-antimicrobial-resistance>).

110. Iskandar K, Makhoul E, Haddad C, Hammoudi D, Khatib SEL, Jomha IA et al. Using a pharmacist-led educational tool to teach elementary and middle-school students in Lebanon about microbes, antibiotic use and antimicrobial resistance: a pilot study. *Pharm Educ.* 2023;23(1):47–60. <https://doi.org/10.46542/pe.2023.231.4760>.
111. Alforja-Kenya, Youth engagement. ReAct Africa; 2022 (<https://www.reactgroup.org/africa/youth-engagement/alforja-kenya/>).
112. Educational knapsack. Student health and the microbial world. ReAct Latin America; 2015 (<https://www.reactgroup.org/wp-content/uploads/2021/05/Alforja-Educational-Knapsack-ReAct-Latin-America-webbl.pdf>).
113. La Alforja educativa: salud escolar y mundo microbiano? [The educational knapsack: school health and the microbial world?]. In: Minga por la Alforja Educativa – Herramientas para la promoción de salud [Minga for the educational alforja. Tools for health promotion]. Cuenca: Alforja Educativa; undated (<https://alforjaeducativa.reactlat.org/>).

Annex 1. Campaign scoping guide worksheet

List three challenges that you would like to solve. Repeat this exercise for as many challenges as needed.

Challenges:

1:

2:

3:

List up to three solutions to address each challenge that can be solved:

1:

2:

3:

Specify the goals to be achieved for each challenge, and outline the corresponding solutions you have identified. If you have not yet decided on the main challenge, repeat the process for the other challenges under consideration.

1:

2:

3:

Understand your stakeholders.

Identified stakeholders	Messages	Expected action
	1:	1:
	2:	2:
	1:	1:
	2:	2:
	1:	1:
	2:	2:
	1:	1:
	2:	2:

Evaluate your resources.

Resource availability		Sources
Item	I need	I have

How can I close the resource gap?

Campaign scoping guide worksheet (page 2)

Map the interventions.

	Campaign 1	Campaign 2	Campaign
Goals			
Conditions to make the campaign accessible			
Resources required			

Frame your outputs

Note: Recall that some of the fields may be extracted from the earlier steps on this worksheet. Identify columns in the resource availability table that correspond to your table of outputs.

<p>Name of project You may fill this in later when your outputs are clearer</p>	
Challenge	
<p>Objectives: Specify your goals</p>	
Activities to achieve objectives	
Stakeholders	
Potential partners:	
<p>Resources required Details of the resources necessary for each objective (e.g. budget, personnel, tools) to be extracted from the resource availability table</p>	
<p>Resources available Indicate the current status of resource availability. You may extract it from or link to the resource availability table.</p>	
Short-term outputs (next 3–6 months):	
Mid-term outputs (next 6–12 months)	
Long-term outputs (next 12–24 months)	
<p>Achievements: What does success look like to you? Where are you currently at? Update this column regularly to monitor and document current achievements of each objective.</p>	

Annex 2. Writing a concept note

Project title:**Organization name:****Executive summary (maximum, one page):**

Provide a concise overview of the project, including a summary of the problem, proposed solution, key objectives and expected outcomes.

Problem statement:

Clearly articulate the issue or challenge to be addressed. Include relevant data and statistics to show the urgency of addressing AMR.

Background:

Present the context and background information, explaining why AMR is a critical concern. Describe your organization's credibility and value in addressing AMR. Highlight relevant issues, challenges or opportunities to be addressed.

Objectives:

Clearly state the primary and specific objectives and what the project intends to achieve.

Expected outcomes:

List the anticipated results and changes to be achieved. Ensure that the outcomes are aligned with the project objectives.

Target stakeholders:

Identify the primary beneficiaries of the project. Include demographic information, and explain how they will benefit from the proposed activities.

Activities and methods:

Detail the activities to be undertaken to achieve the objectives. Explain the proposed method step by step.

Project duration:

Specify the timeline, with the start and end dates of different phases, if applicable.

Step 3: Outline the milestones and budget**Milestones** (small and large deadlines and checkpoints).

List the tasks and outputs that you expect to achieve at the end of every month.

List the large outputs and their deadlines, and ensure that they match.

Check whether you have the resources to achieve all your identified milestones. If not, change your dates and timelines.

Estimated budget and breakdown: see Annex 4. Sample budget

Present an estimated budget, including major expense categories, to provide a rough overview of the financial requirements.

Annex with evidence and samples:

Include any similar or related work that you have done, particularly projects on public health issues, promoting responsible antibiotic use or contributing to understanding and mitigation of AMR.

Annex 3. Sample terms of reference

Organization logo

<Date>

Terms of reference. Project Name: e.g. AMR Youth Engagement Campaign 2024

<Organisation>'s **One Health Working Group**

Name of person:

Role title: Digital content lead

Duration: 5 months

Project location: Remote, accessible connection

Period: 28 August 2024–31 January 2025

Remuneration: Honorarium, US \$ 100 per month, pending deliverables

Background

About the organization and project

The Commonwealth Youth Health Network seeks to bring the voices of young people from across the Commonwealth, including those from small island states and indigenous communities, to the forefront on issues affecting their health and well-being. Commonwealth Youth Health Network members are students, researchers, health-care professionals, journalists, development workers and others, all of whom are passionate about achieving health for all.

Social media: Facebook, Twitter, Instagram

Webpage: <https://www.yourcommonwealth.org/cyhn>

Objectives of the organization or project

The objectives of the network are to;

- represent, raise the profile and amplify the voices of young people in global health within the Commonwealth;
- promote greater recognition of the role of young people's participation in health and social development;
- promote, build and facilitate intra-Commonwealth exchanges, strong partnerships and global advocacy to promote high-quality health care and responses across the Commonwealth;
- strengthen the role of youth-led organizations in promoting young people's participation in health advocacy and action; and
- participate in the development and review of health-related policies in Commonwealth countries and provide valuable recommendations.

Sample terms of reference (page 2)

Scope of work and key responsibilities

1. Design the digital content strategy of the campaign for 2024.
2. Design 5-monthly new digital content.
3. Oversee translation, and maintain the quality of all digital content produced.
4. Ensure that digital content is accurately used by the marketing team.
5. Ensure the accessibility of all content.
6. Ensure creative use of digital content to attract people.

Deliverables and timelines

The term will run for 5 months initially, with the possibility of renewal for a second term. This contract may be terminated with a minimum of 1 month's notice. Time commitment is approximately 6 h/week, with additional capacity required at certain times.

List of key deliverables from the digital content Lead

Deliverable	Due date
Signature of terms of reference	22 October
Regular attendance at weekly meetings is mandatory. If you're unable to attend, please contact the project manager beforehand.	
Submit weekly assigned duties and tasks before the deadlines.	
Respond actively to all WhatsApp messages within 24 h.	
Delivery of the digital content strategy	29 October
Delivery of the strategy timeline	
Delivery of first digital content draft for approval	

Reporting line: Project group lead, ABC DFC abcdef@gmail.com

Annex 4. Checklist for a sustainable fund-raising plan

A fund-raising strategy is sustainable only if it applies to the longer-term needs of the project and the organization, because the goal of reducing AMR globally will require behavioural changes, which take a long time to manifest. To achieve a healthier supply of the resources required for a long-term project, follow the checklist below.

Question	Yes/No	Action required
• Have you written concept notes, identified resources, and drafted strategies?		
• Are your annual fund-raising objectives SMART, and have you identified the main opportunities?		
• Are synergies stated in proposals, and can you deliver the results with current resources?		
• What is the deadline for submission?		
• Is the team engaged, with diverse perspectives, and are responsibilities allocated?		
• Are materials updated and messaging aligned and of high quality?		
• Have you proactively conducted and published reports?		
• Do you know donors, speak their language and network effectively?		
• Have you reviewed and improved your campaigns and avoided over-commitment?		
• Are roles assigned, goals discussed and strengths matched with work?		
• Do you communicate regularly, send relevant material and demonstrate accountability?		
• Have you scheduled activities with reasonable timelines?		
• Do you collect feedback, and how do you incorporate lesson for continuous improvement?		
• Are lessons from previous campaigns used in the current strategy?		

Annex 5. Campaign management guide

Gantt chart template in Excel: [link to the Gantt chart template](#)

Log frame template:

	Project summary e.g. Reduce the number of deaths due to infection in XXX [place] by 10% within 1 year.	Indicators Measure of the contribution of the project to local, district or national goals	Means of verification Sources of data, methods of data collection	Risks, assumptions External stakeholders may affect the goal (e.g. deaths due to infection can be quantified)
Objectives	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Outcomes	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Outputs	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Activities (tasks to be carried out to achieve the output)	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Annex 6. Minutes of meetings

Logo		
Title:		
<hr/>		
Date and time		
<hr/>		
Purpose of meeting		
<hr/>		
Attendees		<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
<hr/>		
Absent with apologies		<ol style="list-style-type: none"> 1. 2. 3.
<hr/>		
Agenda		<ol style="list-style-type: none"> 1. 2. 3. 4.
<hr/>		
Key discussion points		<ol style="list-style-type: none"> 1. [Topic] Notes 2. [Topic] Notes
<hr/>		
Next steps:		
<hr/>		
Action		Assigned to (organization and/or individual)
		Deadline

Annex 7. Sample social media plan

Target audience	Goals and objectives
<p>Youth (18–25 years), health-care workers and students</p>	<ol style="list-style-type: none"> 1. To raise awareness about the WAAW among people aged 18–25 years and health-care workers 2. To increase the number of followers on Instagram and X pages by 25% and to increase subscribers on YouTube by 30% 3. To produce at least five short videos and five infographics on the importance of AMR in everyday life
<p>Competitive analysis</p>	<p>Content creation</p>
<p>Campaign: #AMR U In?</p> <p>XXX is conducting a campaign on involvement of individuals in AMR, with a call to action for persons to act differently.</p> <p>They are using influencers to communicate the consequences of AMR and are asking you to be part of the movement.</p>	<p>Graphic: Content will be monochromatic and have elements such as medication and pill containers.</p> <ul style="list-style-type: none"> • So, Let’s Talk about AMR Graphics to explain AMR in common language, with: <ul style="list-style-type: none"> - Definition - Causes • Why should we talk about AMR? Graphics on the impact of AMR in different industries <ul style="list-style-type: none"> - Humans and medicine - Diseases - Agriculture • #AntimicrobialResistance and #WAAW Graphics showing the work of youth groups in AMR and a call to action by youth <p>Short videos: #AntimicrobialResistance and #WAAW</p> <ul style="list-style-type: none"> • Short videos highlighting the work of young people in AMR and ending with a call to action, “That’s AMR and Me; How is AMR and You?” <p>AMR in 90 s</p> <ul style="list-style-type: none"> • People explaining core principles of AMR in language that people can understand. <p>Text-based and feedback content:</p> <ul style="list-style-type: none"> • Graphics to invite people to share their work in AMR or their knowledge • “This or that” campaigns for audiences to select options • Q&A content with answers by experts • Text on inviting users to give feedback on areas of AMR that need more attention

Sample social media plan (page 2)

Content creation plan

Instagram

- So, Let's talk about AMR: Graphics in one post per day for 3 days
- Why should you talk about AMR: Graphics in one post per day for 2 days
- AMR and me: Graphics in one post and shared stories for 2 days
- AMR and me: Short videos shared once a day for 5 days
- This and that: Graphics posted with stories inviting others to complete them for 1 day
- AMR in 90 s: Short videos shared once a day for the first 2 days

X

- How do you talk about AMR: A challenge asking people to share their roles in AMR for 1 day
- AMR in 10 tweets: A post explaining AMR and its consequences for 1 day
- Promotion for Instagram Reels: Re-post of AMR in 90 s

Facebook

- So, let's talk about AMR: Graphics in one post per day for 3 days
- Why should you talk about AMR. Graphics in one post per day for 2 days
- AMR and me: Graphics in one post and shared stories for 2 days

YouTube Shorts

- AMR and me: Short videos shared once a day for 5 days
- AMR in 90 s: Short videos shared once a day for the first 2 days
- Live streaming of the conference

Evaluate content

Assess:

- Impressions and insights on Facebook and Instagram
- Re-tweets and quotes Tweets on X
- Followers on Instagram and X
- Subscribers to YouTube

Annex 8. Social media guide: content calendar template

Excel [link to the content calendar template](#)

Annex 9. Impact report: monitoring and evaluation template

Establish a monitoring, evaluation and learning framework

Step 1: Monitoring, evaluation and learning checklist

- Create and review your project's theory of change with your team. Make sure to check any assumptions being made.
- Create your indicators, and map reliable data sources for validating whether the indicators are met.
- Define your baseline, and agree on how frequently indicators will be measured.
- Include data collection, monitoring and evaluation in your project plan and timeline, making sure that everyone knows who is responsible for which activities, the information to be obtained and how it will be stored.
- Implement your project, including all monitoring and evaluation activities.
- Integrate the findings of monitoring and evaluation into an impact report, and circulate it to relevant stakeholders.

Step 2: Monitoring, evaluation and learning framework

Remember, all goals should be SMART: Specific, Measurable, Achievable, Relevant and Time-bound.

	Description	Indicators	Goals	Data source
Inputs				
Activities				
Outputs				
Outcomes				
Impact				
1:				
2:				
3:				



For more information, please visit our websites:

FAO: www.fao.org

UNEP: www.unep.org

WHO: www.who.int

WOAH: www.woah.org

