

ReAct in S.E.Asia **Networking Champions for Change**

Persistent lobbying with a few individuals over time leading to the emergence of highly motivated champions for the cause and finally a rapid diffusion of ideas and activities across an entire region.

If that sounds 'bacterial' then that is the only way of describing ReAct's strategy of growth in South-East Asia and as far as one can see the results have naturally been 'infectious'!

Starting in 2006 with just a few contacts in a couple of countries the network today has spread widely involving a wide variety of individuals and institutions tackling the problem of antibiotic resistance (ABR). With partners and associates in Singapore, Malaysia, Vietnam, Timor Leste, Thailand and the Philippines ReAct SEA has developed a significant network linking champions trying, in very different contexts, to transform everything from national level policies to community outreach programs on ABR across the region.

"The process was simple – one person referring to another and all wanting to be part of a larger, cross border network that would help strengthen their work in their home countries towards addressing the ABR problem" says Mary Murray, ReAct's Global Networking Coordinator. Mary together with Michael Chai, ReAct S.E.Asia Coordinator, leveraged their knowledge of the region and friendships with key health activists to set in motion the activities that led to ReAct SEA's fast growth.

For example, in one such ReAct organised meeting, held in Bangkok in 2010, participants shared country situation analyses and case studies of positive initiatives. Among them were the Antibiotic Smart Use project in Thailand that seeks to target three common diseases which do not treatment with antibiotics and the story of developing an Antibiotic Stewardship Program in Singapore collaboratively between 3 hospitals and now a 6 hospital initiative.

ReAct facilitated study tours as a follow up, to both Thailand and Singapore, by interested practitioners in the region. This in turn led to the adaptation and adoption of the Thai ASU project in Indonesia (called SUA there) by Yayasan Orangtua Peduli (YOP), a group working on rational use of medicines and to the initiation of a Antibiotic Stewardship project at the University Malaya Medical Center in Penang. In 2012, YOP along with other groups from Thailand and Malaysia agreed to participate in ReAct's global CSO project to build the capacity of CSOs working with women and children, and the environment, to address the issue of ABR.

Overall, ReAct SEA's approach in the region has been to emphasise the importance of connecting stakeholders at different societal levels and across national borders, while recognising the importance of policies and medical interventions.

Apart from the active networking another reason for ReAct's success in the region has been its ability to offer a global and more holistic perspective to the issue of ABR, helping break the somewhat insular thinking prevailing till its intervention. ReAct has offered this bigger picture and the levels of the issue: innovation, the need for an ecological approach, emphasis on prevention and public awareness and the paradigm shift taking place in knowledge of microbial behaviour.

An example of 'regional' thinking was the discussion of the difficulties in engaging policy makers and institutional management in the problem of ABR. ReAct SEA took as one of its objectives to create 'smart' evidence to address this problem. The South East Asia Antibiotic Resistance Costs in Hospitals (SEARCH) resulted, a research collaboration between hospitals in 7 countries to cost the actual treatment of resistant infection in the region. The group paid particular attention to the methodology and the selection of hospitals across the region with capacity to carry out the study to ensure high quality data.

Interest in working with ReAct has now extended to other parts of Asia also. For example, at the National Medicine Policy conference in Sydney, in 2012, participants at a workshop on Antimicrobial Resistance from Australia, India, China, Korea, Sri Lanka, Mongolia and some of the small island nations of the Pacific, showed keen interest in becoming part of the ReAct network in this region. The possibilities are there to expanding the network from a SEA one to an Asia Pacific ReAct network in the next 3-5 years.

During the course of ReAct activities over the past 3 years there has also been participation and interest from national health promotion boards/foundations in Thailand, Malaysia, Indonesia and Singapore. These are important stakeholders and also potential local funders. A possible future strategy for ReAct is to work towards joint programmes with these national health related agencies.

A big part of ReAct SEA's success in bringing partners together, has been due to the annual regional meetings held between 2008 and 2011 and the study tours. The annual meetings were all co-funded by ReAct and local Thai funders associated with the ASU and DMDC projects; and one meeting funded by WHO WPRO. ReAct SEA plans to continue the co-funded annual meetings in the other SEA countries, over the next 3-5 years.

ReAct is also currently working towards a Phase 2 of the CSO project in SEA, to be co-funded by national health agencies in the region and conventional regional funders such as AusAid.

ReAct-SEA's long term strategy includes the following activities: (1) communicating the ABCs of ABR to a range of constituencies; (2) developing networks with interested parties; and (3) moving forward towards developing national policy

platforms, with social mobilisation, on ABR in selected SEA countries, and a regional policy platform on ABR.