Two decades of EMPOWERING communities

Celebrating ReAct´s 20 years of impactful engagement

ReAct 20 years

Antibiotic Smart Communities

"The project has significantly raised awareness about the impact of antibiotic resistance.

As the state government begins to prioritize the One Health approach, we are proud to say that our panchayat has already taken a proactive step by implementing this initiative.

Continuous engagement over the years has deepened our understanding of the need to address antibiotic resistance. Moving forward, we are committed to advancing the One Health approach and placing a strong emphasis on prevention in all our future efforts."

Mrs Ushakumari, Local self government representative
Mallapuzhasserry, India

"The doctor explained everything in simple words and we will definitely follow her instructions."

Farm labourer, Mallapuzhasserry, India

Alforja Educativa

"It was an interesting experience that everyone, from the youngest to the oldest, was able to share. We learned and received new information in a fun way: modeling bacteria with modeling clay, listening to captivating stories, and exploring new ways of learning that children love. We hope to have more moments like this."

Teacher Ecuador

"In the garden, we learn to grow healthy food. Eating garden food without chemicals makes us healthier and stronger, making us less likely to get sick, so we don't have to take so many medications or antibiotics."

Girl from Argentina

Youth Engagement Initiatives

"As a tertiary student, I choose to rise as a Youth Steward because the fight against AMR can't wait."

Hope Mulunga
BSc. Nursing, 4th Year, Eden University, Zambia
Main Campus AMR Club

"Without community ownership and contribution, AMR advocacy and awareness efforts are destined to fall short."

Gwen Masumba,
BSc. Environmental Health, Eden University, Zambia
Main Campus AMR Club

From People to Leaders: Act on AMR NOW!

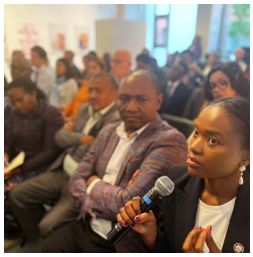
"This global campaign is the voice of us. It reflects our concerns and our devastating cry for help. Save microbes, save antibiotics, save us!"

Windhi Kresnawati
Concerned and Caring Parents, Indonesia

"A special thanks to ReAct, which since early on has been working side by side with communities on the Call for Action and the global campaign towards the UNGA high-level meeting on AMR, ensuring that all voices from around the world were taken into account. I'm happy to be part of this initiative, and I look forward to continuing the discussions."

Mario Medegan
Mouvement Universel pour la Survie de l'Humanite
Benin





Cover photos from top left: Antibiotic Smart Communities in India, Alforja Educativa in Ecuador, youth initiatives in Zambia and From People to Leaders: Act on AMR NOW! side-event at the UN High-Level Meeting on AMR in New York, 2024.

Photos in this report by:
ReAct Africa
ReAct Asia Pacific
ReAct Europe
ReAct Latin America
unless otherwise noted

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Letter from the ReAct network

For 20 years, ReAct has bridged grassroots action and global policy to address antibiotic resistance – always centering health equity, community voices, and the unmet needs of low- and middle-income countries. Founded in 2005 as a unique global civil society network with a strong presence in the Global South, we have championed a simple truth: global action is urgent, but it must reflect people's needs. Sustainable solutions require more than technical "fixes". They demand broad social mobilization, local adaptation and ownership, and the capacity – through collective action – to drive the political will and accountability needed for lasting change. Today, our global network is operating from four regional nodes: ReAct Africa, ReAct Asia Pacific, ReAct Europe and ReAct Latin America.

From pioneering community-centered frameworks to amplifying voices often excluded from global health debates, ReAct has demonstrated that lasting change emerges when we trust people as experts of their own realities. We have seen how children transform into passionate educators when given playful tools to understand microbes, how faith-based communities become champions of antibiotic stewardship through song and dialogue, and how university students evolve into policy advocates when their research addresses local health crises. Whether working with healthcare workers adapting protocols to limited resources, farmers reimagining livestock practices, or indigenous communities bridging traditional knowledge with modern medicine, our approach has always started by listening and engaging. These countless interactions across communities, classrooms, and clinics have taught us that the most effective solutions are those that lift local wisdom while creating bridges to policy spaces – ensuring the people bearing the heaviest burden of antibiotic resistance are the same ones contributing to shaping the response.

Yet as the 2024 United Nations High-Level Meeting on Antimicrobial Resistance concluded, we remain deeply concerned by the gap between rhetoric and action. While global frameworks now acknowledge community engagement as critical, implementation lags behind.

This report reflects on lessons learned over 20 years of work, celebrates milestones but also urges governments and global health actors to take bold steps forward. In order to translate declarations into tangible progress, there is a need to invest more in grassroots and community-led action, include communities into strategies and governance structures and prioritize equity in innovation.

Together, we can build a world where effective antibiotics remain accessible to all in need.

With determination,
The ReAct Network.

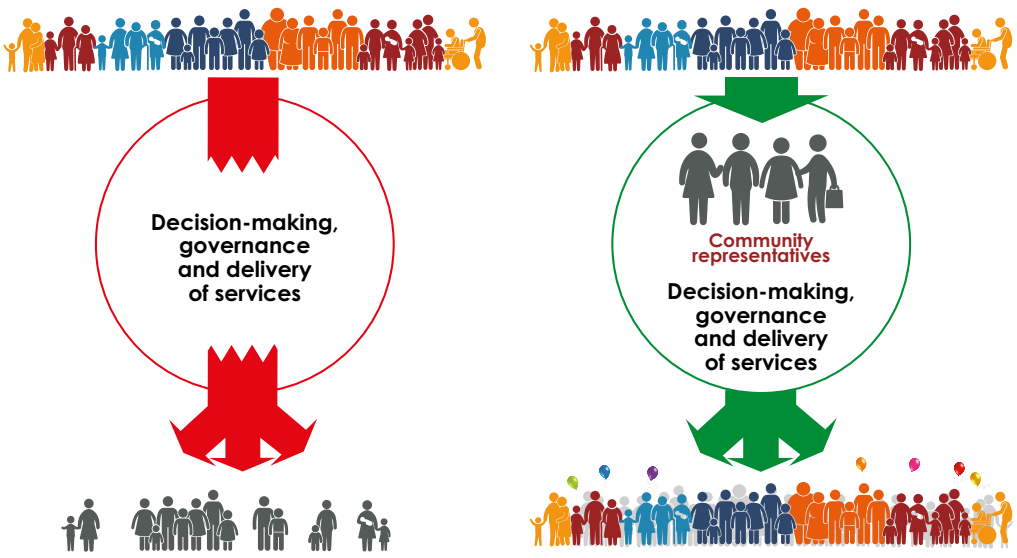
Why communities matter for action on antibiotic resistance

Change always starts with people. Communities are key legitimate actors in holding stakeholders accountable, advocating for behavior change, and identifying solutions that meet their specific needs. However, community representatives with the potential to anchor initiatives addressing antibiotic resistance and create bottom-up action are often not mobilized or included.

By engaging communities in the decision-making process and incorporating their perspectives into antibiotic resistance strategies, policymakers can develop more targeted and effective interventions that address the specific needs and challenges faced by these populations. Also, communities bring vital insights into cultural norms, and daily health behaviors, and can support delivery of services. Civil society organizations can support local communities with their expertise on access, stewardship, infection prevention and control, surveillance, and One Health approaches – filling gaps where government-led efforts often struggle. This power of communities has been central to ReAct's approach, ensuring sustainable and equitable solutions that top-down interventions alone cannot achieve.

In the last decade, the crucial role that communities and civil society play in shaping the antibiotic resistance response has become increasingly recognized. Following the 2016 United Nations General Assembly High-Level Meeting (UNGA HLM) on Antimicrobial Resistance (AMR), the Interagency Coordination Group report on AMR – commissioned by UN Member States – pushed for systematic and meaningful engagement of civil society and underscored the need for political, financial, and technical support so civil society organizations can collaborate effectively with governments while retaining their independence.

Yet, despite these commitments, very little has been implemented in practice. The 2024 UNGA on HLM declaration reinvigorated this notion by recognizing the importance of engaging communities and the need for a whole-of-society approach. The translation of these commitments into actions is yet to be seen – both at the national level, where local stakeholders must be supported in shaping and implementing national policies and plans, and at the global level, where a whole-of-society approach needs to be operationalized further.



When communities are left out of processes that concerns them (left), policies and interventions may fail in implementation and in reaching relevant parts of the population. Including community representatives in policy processes and delivery of services (right) will help ensure planned measures meet community needs, have further reach and increase chances for sustainable change.

20 years of grassroots mobilization

ReAct operates as a multi-continental network through four regional nodes, embedding community engagement into our work on antibiotic resistance. Rather than applying a uniform strategy, the approach has been shaped by the expertise of each regional office as well as adapted to the cultural and socio-political realities of the region, ensuring local innovations inform global policy and vice versa. Key elements of ReAct's approach include:

Convening role: Bringing together diverse stakeholders – grassroots leaders, policymakers, and experts – to spark collaborative action. This inclusive dialogue often serves as the foundation for catalytic change.

Catalytic role: Connecting grassroots leaders – youth advocates, farmers, civil society - with global and national policymakers, amplifying community-driven advocacy so local needs shape antibiotic resistance interventions.
By empowering communities to articulate their needs and influence policy, ReAct ensures solutions are rooted in lived realities.

Local adaptation: Tailoring strategies to regional contexts, ensuring interventions are culturally relevant and leverage community strengths.

Strategic partnerships: Collaborating with political leaders, UN agencies, and CSOs to achieve a whole-of-society response.

Knowledge exchange: building on communities successes and experiences to inform advocacy towards global processes and high-level events like the UNGA HLM.

By combining local action with global advocacy, ReAct elevates community voices and concerns into antibiotic resistance discussions to ensure that people and community-centered approaches are at the core when developing actions and interventions.

Photos from ReAct's varied work together with communities in Indonesia, India, Zambia, Sweden and Ecuador.

Youth participating in the "ASPIC Youth Leadership Program on AMR" in India, engaging with the community.

Preschool teachers in Sweden whose preschool was recently certified as an Antibiotic Smart Preschool.

Participants at the Civil Society ReAct Asia Pacific Conference.

Scene from the musical "Dancing with Bacteria", performed in Ecuador.

Youth participants at the ReAct Africa and South Centre Regional AMR Conference in Zambia.

Meeting in Ecuador brought together pioneers from the Empowered Communities to Tackle AMR initiative.

Spotlight: Four impactful projects in community engagement

Over the last two decades, ReAct has fostered a variety of community-engagement initiatives to address antibiotic resistance across continents, each contributing to our collective knowledge. Here we highlight four examples that presents adaptable and scalable strategies and demonstrate how measurable results emerge when communities play a key role:

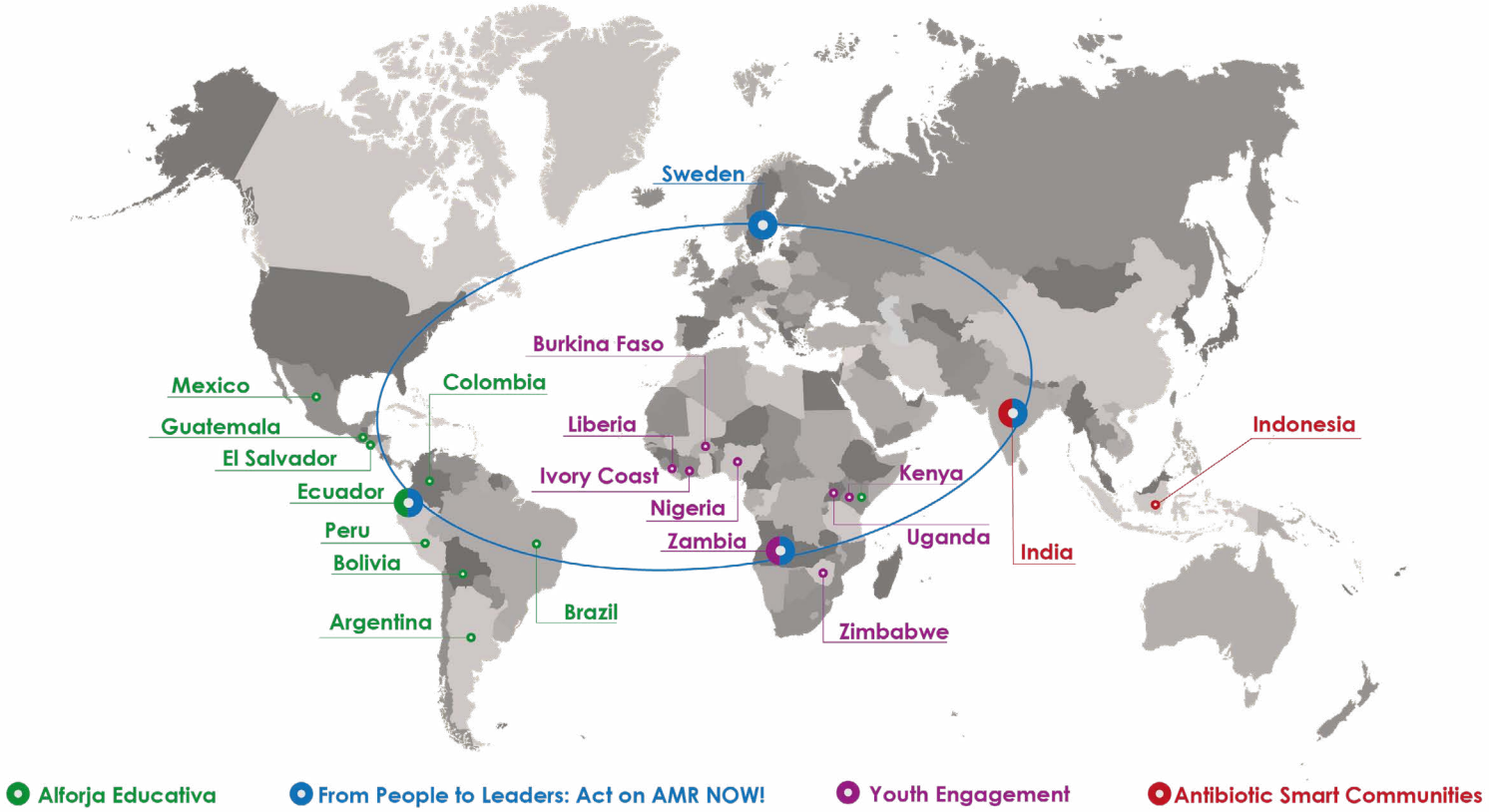
Antibiotic Smart Communities: Piloting local governance, people-focused interventions in settings like Kerala, India, reveals how community-centric indicators and accountability mechanisms can make antibiotic resistance action tangible.

Alforja Educativa: By integrating hands-on, playful, and artistic methods for teaching about microbes and antibiotic resistance, this initiative highlights that complex health challenges can be approached through creative, context-sensitive education – a universal strategy to foster lifelong behavioral change.

Youth Engagement Initiatives in Africa: By mobilizing thousands of young people across Africa through peer-to-peer learning and creative tools, this project demonstrates how investing in youth leadership cultivates a generation capable of driving policy and behavioral change – proving that grassroots energy can scale into global impact.

From People to Leaders: Act on AMR NOW! By providing a platform for community voices and civil society groups, this initiative amplifies grassroots advocates in global forums – such as the UNGA High-Level Meeting – underscoring how community perspectives can and are needed to reshape high-level agendas.

Taken together, these projects illustrate ReAct's commitment to forging innovative, inclusive, and impactful pathways to address antibiotic resistance at every level – from neighborhood health centers to international policy stages.



Color-coded world map showing countries where the highlighted projects have taken place.

Antibiotic Smart Communities

Vishak Kumar.

Antibiotic Smart Communities. Students raising awareness in the community on healthcare, water, hygiene and sanitation practices before the annual mosoon rains.

Photo: Vishak Kumar

Is it possible to build an antibiotic smart community? If so, what steps can be taken to systematically achieve this? The Antibiotic Smart Communities project was initiated by ReAct Asia Pacific in 2018 to address the need for bottom-up approaches in implementing National Action Plans on AMR in LMICs. Unlike many traditional top-down strategies, this project seeks to directly involve communities in the implementation process, recognizing that robust community engagement and ownership is crucial for the effective implementation of antibiotic resistance strategies.

The project has developed an indicator framework to help assess community preparedness to address antibiotic resistance, and support improvement through community-driven interventions. When applying the framework, community stakeholders are made aware of the current situation and possible areas to address to mitigate antibiotic resistance, based on their own community's needs. The framework highlights both antibiotic resistance-specific and -sensitive components across the One Health spectrum such as stewardship in healthcare, vaccination coverage among children, household and school sanitation access, water and waste management, veterinary services and agricultural practices, as well as education. The project provides a template for community engagement on antibiotic resistance that may be replicated in other LMICs, if adapted to local contexts.

Impact and achievements

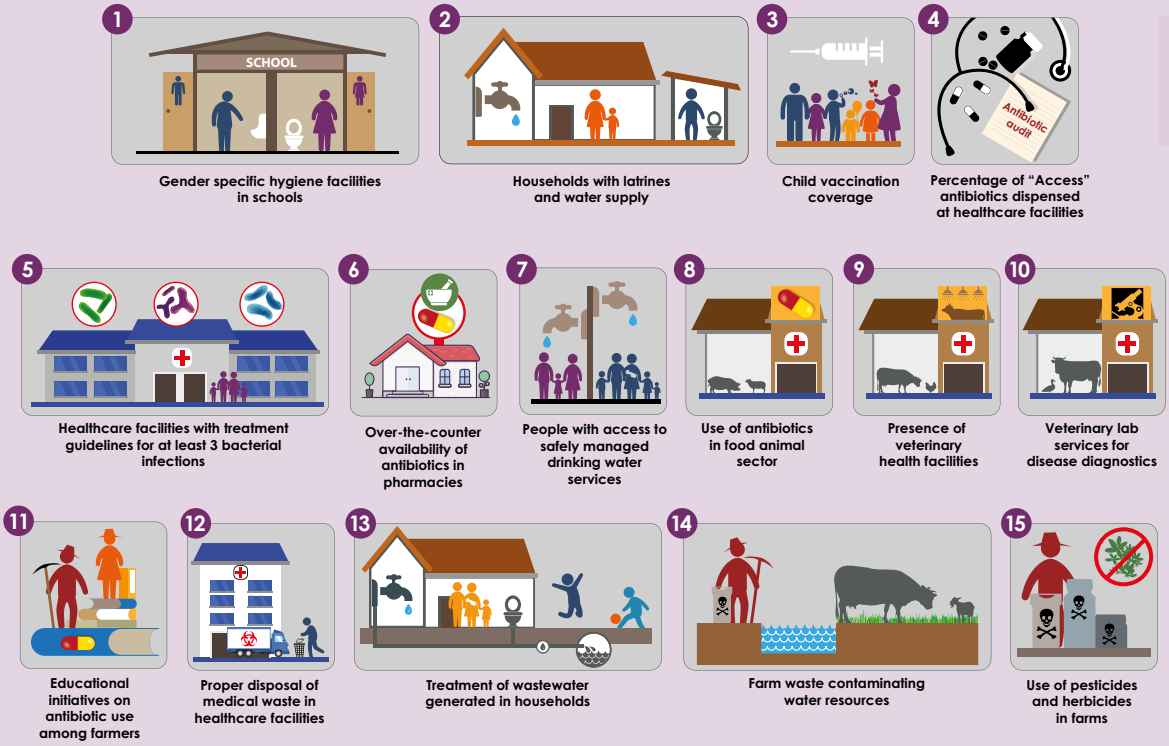
Through the Antibiotic Smart Communities project ReAct has helped foster local ownership and sustainability of antibiotic resistance interventions, co-creating culturally acceptable and socially relevant solutions. Key achievements this far include:

The Antibiotic Smart Community indicator framework and handbook: This tool is designed to help objectively measure the "antibiotic smartness" of communities and improve community preparedness on antibiotic resistance. It contains a 15-indicator framework and step-by-step guidance on its use[1].

Successful pilots: The framework has been applied successfully in 6 diverse communities in India and 2 communities in Indonesia, demonstrating the potential of the framework to be adapted to diverse socio-cultural contexts.

Improvements in community response: In one community, an action agenda was co-created and implemented with community stakeholders, leading to improved scores within the indicator framework. The process to develop and test the framework has been published[2].

Community empowerment and ownership: A large number of community stakeholders, including local self-government institutions, women's self-help groups, healthcare workers, local businesses, CSOs and religious organizations have been engaged in the process to apply the indicator framework, co-create solutions, and drive action locally. Several CSOs have begun integrating elements of the framework into their public health and development programs. There was also overall agreement among the local leaders on having an antibiotic resistance-sensitive approach. This shift reflects growing recognition of antibiotic resistance as a cross-cutting issue that intersects with broader health and social development agendas.



Overview of the 15 indicators included in the Antibiotic Smart Communities framework.

Methodology

Initiation of project: The Antibiotic Smart Communities project began in the state of Kerala, India, in the 11,000-inhabitant community of Mallapuzhasserry panchayat (a local self-government institution). Consultations were held with local leaders and stakeholders, and a baseline situation analysis was carried out[3]. All activities were anchored with the local government institution, influential socio-religious groups and a local community development organization to ensure buy-in.

Consultative process to develop indicator framework: In the next phase, draft indicators were prepared based on the insights from community engagement in Kerala and consultations with public health, animal health, and environmental experts. Final indicators were prioritized with the help of 20 global experts from various academic institutions and global organizations like WHO and Unicef.

Piloting the framework: The indicator framework was then piloted in Mallapuzhasserry in Kerala and also evaluated at four sites across three Indian states with varying socioeconomic and health profiles, and later in an urban slum in Delhi and in two communities in Indonesia. Field data collectors were hired and trained to carry out data collection.

Action agenda through co-creation: In Mallapuzhasserry, a 12-activity action agenda was co-created with local stakeholders and implemented over six months. Activities included training school children on soap-making, demonstrating compost pit construction, and introducing farmers to sustainable farming practices. A follow-up assessment was then done using the indicator framework. In the other communities ReAct supported local organizations in integrating antibiotic resistance-sensitive perspectives in activities they carry out.

Photos. Top: Young women in Mallapuzhasserry, India, learning to make soap to help prevent infections. Middle: In Nyitdah Village, Bali, ReAct field researchers interview a mother as part of a prestudy, accompanied by the Village Head and Midwife. Bottom: In Mallapuzhasserry, community members also learn how to build a soak pit for better sanitation.

Learnings and reflections

Building trust between the team and the local community is one of the most important parts of the approach, and can be achieved through transparent and participatory processes.

Resource-intensive engagement: Engaging the communities was fairly resource-intensive. By identifying synergies and establishing collaborations with ongoing community programs we could gain access to the communities and build on existing structures. Also, university connections provided technical support, and university students and interns helped in community awareness activities. Non-monetary incentives, such as social or healthcare benefits, were used to encourage community participation and helped build trust.

Communication challenges: There was generally low awareness of antibiotic resistance and no appropriate words to describe it in the local language. These challenges were addressed by translating antibiotic resistance-related terms into local language, and tailoring messaging and outreach channels for different stakeholder groups. A key aspect was to de-jargonize the topic and show how it is an issue of everyday relevance.

Data collection challenges: Obtaining data directly from private healthcare facilities and pharmacies on prescriptions was a challenge, as many denied permission. Instead, data was obtained by other methods, such as directly from patients outside of hospital premises with the support of a mobile application.

Contextualization: In the urban slum pilot, the indicator framework had to be adapted with the local partners to reflect the unique healthcare challenges faced by marginalized populations. This emphasizes the importance of contextualizing interventions to ensure ownership in different settings.

Exit strategy and sustainability: The largest challenge was to develop an appropriate exit strategy that would support continued prioritization of antibiotic resistance after the active project phase finished. In Kerala we did this in a phased manner where we wrapped-up activities, then raised awareness in the community and engaged local stakeholders like CSOs. Sensitizing local leadership was also key to the strategy.

While responses from both the public and private sectors have been positive, embedding key components of the framework into existing systems will require continued advocacy, technical support and time. To sustain and accelerate the initiative in the near future, collaborative partnerships with implementing partners, academic institutions and governments at different levels, as well as funding support for community-led initiatives will be of essence.

Future prospects

The Antibiotic Smart Communities initiative presents significant opportunities for scaling and replication. Implementation of the framework can foster sustainable, community-driven solutions, that are anchored with policy at local, national and international levels. To realize these prospects, ReAct seeks to:

- **Continue to build partnerships** with local governments, implementing partners and public and private sector stakeholders to expand the Antibiotic Smart Communities initiative to new locations and ensure sustainability.
- **Further adapt and refine the indicator framework** and methodology, including to explore inclusion of digital and workplace-based strategies such as embedding antibiotic resistance awareness into workplace wellness programs.
- **Develop collaborations and research proposals** to further investigate adaptation, implementation and costing.

Alforja Educativa: Student Health & the Microbial World

An Alforja, or saddlebag, is like a backpack, but it is carried on both sides of the body, hanging from the shoulder forward and back, seeking and balance in weight, and it is a cultural identifier within the Andean culture.

The Alforja Educativa continues to travel throughout Latin America, empowering educators and children to contain antibiotic resistance through workshops filled with games and art, interactive trainings and enriching dialogues.

The Alforja Educativa initiative started in 2012 as a collaboration between ReAct Latin America and the Child to Child Center in Cuenca, Ecuador, seeking to address the misconceptions and lack of education about bacteria and their relationship to human health. An analysis of local school curricula and learning materials, along with interviews and conversations with teachers, revealed that bacteria were rarely mentioned, and only in the context of disease. The topic of antibiotic resistance was absent from the curriculum. Furthermore, a notable lack of health promotion in schools was observed.

The Alforja Educativa seeks to address these gaps and contribute to a paradigm shift in health education towards a holistic perspective, highlighting the vital relationships in nature and the importance of caring for our planet, while having a special focus on bacteria and antibiotic resistance. It also strives to empower children to play an active role in their own learning process and in their community. The Alforja Educativa is composed of illustrated activity guides for educators and various educational materials. It uses active learning methods such as debates, experiments, research, and artistic activities like poetry, storytelling and puppetry to help children discover, learn and communicate about health, microbes, medicine use and antibiotic resistance. The main target groups are educators and schoolchildren in grades 4-6 (ages 9-11), but the content can be adapted to different ages.

Impact and achievements

The Alforja Educativa has been successfully implemented in several countries and adapted to different cultural contexts, demonstrating its scalability and potential for broad impact. Specifically, key achievements of the project include:

The Alforja Educativa program: A comprehensive, artistic and freely available educational tool designed to support teaching and learning about bacteria and antibiotic resistance and to promote health and environmental awareness among schoolchildren.

Reach: The Alforja Educativa educational materials have been used in training sessions with 700 teachers and 3000 university students, who in turn have trained more than 7000 children in more than 200 primary schools.

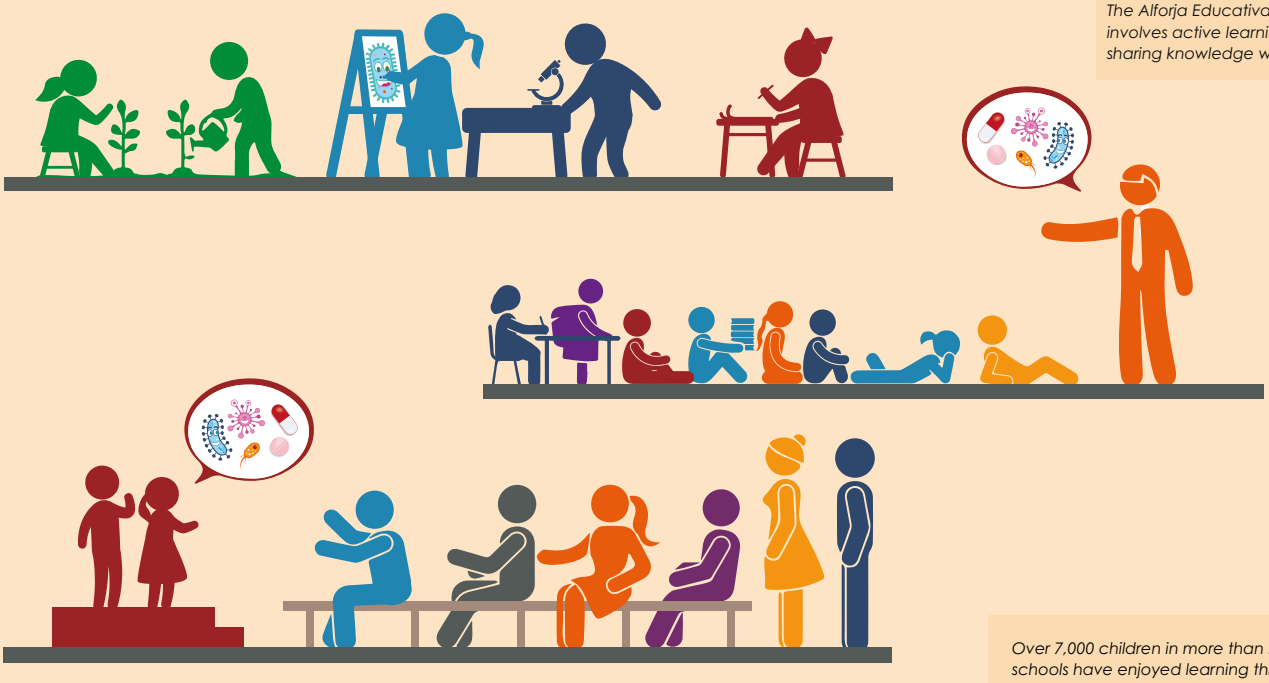
Geographic expansion: Originally created and implemented in schools in urban and rural areas of Cuenca, Ecuador, then expanded to other parts of Ecuador and to Argentina, Bolivia, Brazil, Colombia, El Salvador, Guatemala, Peru, Mexico and Kenya.

Cultural adaptation: Materials have been translated into several languages, including English, Portuguese and Quechua, and been adapted to new cultural contexts in, for example, Brazil and Kenya.

Knowledge improvement: A pretest-posttest study with 980 schoolchildren from 20 schools in Ecuador, demonstrated that children's knowledge about bacteria and antibiotic resistance increased significantly after participating in the Alforja program[4].

Official recognition: The Alforja activities have been officially recognized by authorities, for example, through certification from local governments (such as the Cuenca Cantonal Health Council) and through collaboration agreements with ministries and universities. It also has the support of two teachers' unions.

Network: The development and implementation of the Alforja has brought together a broad interdisciplinary network of educators, health promoters, artists, academics and 65 civil society organizations. This provides spaces for knowledge exchange, updating and analyzing materials, outreach, and policy dialogue, which has supported the implementation and spread of the Alforja.



The Alforja Educativa methodology involves active learning, co-creation and sharing knowledge with family and peers.

Over 7,000 children in more than 200 primary schools have enjoyed learning through the Alforja method. Here are just a few of them: working together in groups, exploring bacteria under microscopes, and learning about infection prevention through play.

Methodology

The original Alforja Educativa was developed by an interdisciplinary team composed of teachers, health professionals, scientists, communicators and artists, with active participation from schoolchildren to ensure a co-creation process. Since its launch, various educational materials have been produced by the children and educators, and their views and experiences have been taken into account in the development of appropriate methodologies. The Alforja Educativa aims to empower children by involving them in their learning process. It uses the Child-to-Child approach[5], which encourages children's active participation through recreational, artistic and hands-on activities, and the sharing of their learnings with families and communities. The Alforja also integrates the indigenous Andean philosophy of Sumak Kawsay, which recognizes the interconnectedness of all beings and promotes a harmonious relationship with nature. It further acknowledges the interdependence of human, animal, and environmental health, and that our well-being is a reflection of what we eat, drink and breathe.

Teachers, university students, health promoters and other professionals receive training through in-person or online courses and workshops on how to implement the Alforja Educativa, in a training-of-trainers approach. They then go on to teach the Alforja program with the children. In 2017, a large pretest-posttest intervention study was carried out to validate that the Alforja is achieving its educational objectives[5].

Learnings and reflections

A key aspect of this project has been to continually share learnings and working methods in publications and online, so that best practices can be used as educational material for others as we expand the Alforja Educativa into new contexts. Here follows a few further reflections from the experience working with the Alforja:

- **Participatory process:** Involving participants and key stakeholders throughout the process has been core to the success and expansion of the program. Participatory learning activities that combine art, play and science can make complex topics like antibiotic resistance more accessible and engaging.
- **Training and support:** Being a cross-curricular theme, an effective implementation of the Alforja Educativa depends on educator training and support. The training-of-trainers approach requires significant effort and outcomes may vary with teaching skills. To address this, university partnerships (including university-based educational and community outreach programs), offering an online hub with support materials and conducting online trainings have been important strategies.
- **Cultural adaptation:** Some activities, indigenous elements and designs were not fully relatable across all contexts. Although efforts were made to adapt materials with local educators and children to improve accessibility, further systematic adaptation studies in new settings would be valuable to support expansion and scaling.
- **Expansion and sustainability:** Sustaining and scaling the program entails logistical, and operational challenges. Maintaining stakeholder engagement, ensuring quality of educational materials and cultural adaptation is crucial, and requires continuous support. To this end, the project team actively collaborates with key stakeholders and authorities, including ministries of education, for trainings and to explore the integration of Alforja into education systems. Meanwhile, the Alforja movement continues to grow organically, driven by the enthusiasm and dedication of its promoters.

Future prospects

Moving forward, ReAct seeks to:

- **Continue to build alliances** and maintain dialogue with academic institutions and governments at different levels to expand the adoption of the Alforja Educativa and its formal inclusion within school systems in Latin America.
- **Develop collaborations and research proposals** to further investigate adaptation, implementation, and costs in different geographic contexts, contributing to evidence-based improvements.
- **Continue to develop and coordinate the Alforja Educativa network** in Latin America and beyond: Provide trainings, develop and disseminate materials, and organize exchanges between educators, children, professionals, and communities.

Youth Engagement Initiatives

Photo: ReAct Africa

Students engaged in the My Turn project in Zambia. Youth learn more about antibiotic resistance and are part of the solution by raising awareness among their peers.

Since its inception in 2014, ReAct Africa has recognized the potential of young people: future healthcare professionals, policymakers, and antibiotic stewards – to drive change in antibiotic resistance mitigation[6].

The program's overarching goal is to equip young people in Africa with the necessary tools to contain antibiotic resistance. Specifically, it aims to raise awareness and build capacity among students – especially at tertiary education level – so they can become champions of antibiotic stewardship. Additionally, the initiative fosters leadership in antibiotic resistance advocacy through structured programs and encourages interdisciplinary collaboration using the One Health approach.

By focusing on youth, the initiative benefits both the individuals involved and their community. Students gain valuable knowledge and leadership experience, while communities benefit from improved health practices, increased awareness programs, and increased advocacy for responsible antibiotic use. Through sustained engagement, ReAct Africa ensures that youth are not just passive recipients of knowledge, but active leaders in shaping antibiotic resistance policies and solutions for a healthier future.

Impact and achievements

ReAct Africa's Youth Engagement Initiative has made significant strides in equipping young people with the tools and platforms needed to contain antibiotic resistance across the African continent[7]. Its unique approach combines peer-to-peer and experiential learnings, digital engagement, and leadership development – moving beyond traditional education. Key achievements include:

One Health student clubs: Establishing platforms for interdisciplinary learning and AMR advocacy in universities.

AMR Leader's Program (AMRLEP): A flagship initiative that has equipped 200 tertiary students with leadership and technical skills to become antibiotic resistance champions.

African Youth AMR Alliance Task Force: Amplifies thousands of youth voices across the continent through collaborative and multidisciplinary engagement.

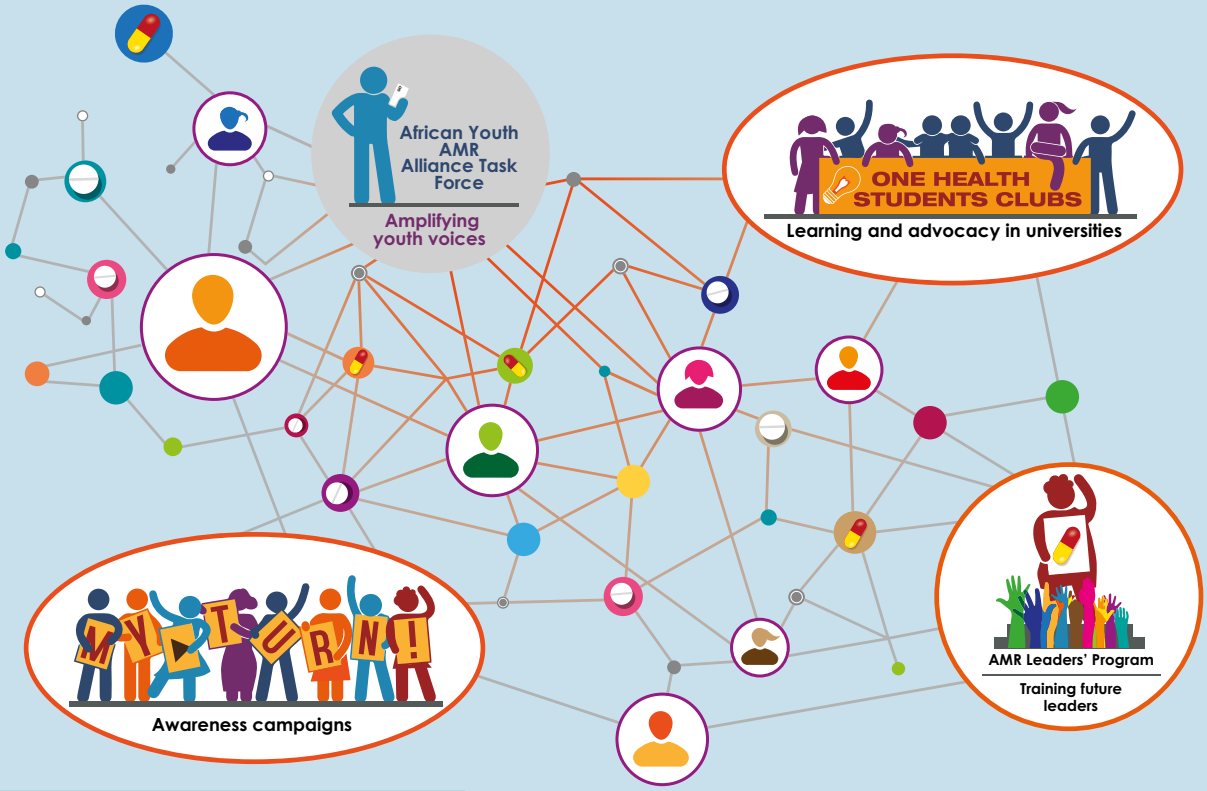
Awareness campaigns: For example, the "My Turn" symposiums in Uganda and Kenya, which have mobilized youth-led advocacy and education efforts.

Innovative educational tools: For example, the AMR Word Warriors game developed in Zambia, designed to make AMR education engaging, interactive, and accessible.

Increased engagement in AMR policy and research: Youth are actively contributing to national AMR Action Plans, research initiatives, and international conferences.

By fostering mentorship and cross-sector collaboration, the initiative cultivates informed young leaders who are driving change both in communities and within policy spaces. Former participants are now actively involved in shaping National Action Plans on AMR, conducting research, and contributing to policy and advocacy – strengthening youth roles in public health. This approach has also created platforms for knowledge exchange, notably through the coordination of national debate competitions among tertiary-level students[8].

Ultimately, the initiative aligns with the African Youth Earthquake concept, which estimates that by 2050, one in every three young people globally will be of African origin – underscoring the transformative potential of Africa's youth as key agents of global change.



Across Africa, youth-driven initiatives are sharing knowledge and engaging diverse stakeholders to discuss antibiotic resistance.

Methodology

ReAct Africa's Youth Engagement initiative combines interdisciplinary strategies to sustainably address antibiotic resistance:

Training-of-Trainers: Promotes participatory learning, enabling students to become peer educators and lead awareness efforts within their respective schools and communities. The initiative integrates in-person workshops, virtual courses, and social media campaigns for accessible and adaptable education.

Collaboration and inclusion: Partners with universities, schools, youth-led organizations, and international bodies such as Africa CDC, FAO, and UNEP. Gender equality, WASH (water, sanitation, and hygiene), One Health, and outreach to underrepresented groups are core priorities of the work.

Impact measurement and adaptability: User surveys, focus groups, and digital tracking to monitor progress and adapt approaches. Pivoted to digital platforms during COVID-19 to sustain engagement.

Sustainability: Builds peer networks, strengthens partnerships and supports the integration of antibiotic resistance into school curricula, to promote long-term sustainability and youth advocacy.

Photos: A variety of activities to engage and collaborate with youth: games at the university (top), participants in the AMR Leaders' Program (middle), and a meeting of the Africa Youth AMR Alliance Task Force (bottom).

Learnings and reflections

Limited financial resources constrain support for youth-led initiatives and results in limited incentives for engagement. This issue is further exacerbated due to the fact that, while impactful, this model of engagement requires dedicated resources. Long-term funding models and diversifying funding sources are essential to sustain youth-led efforts, maintain motivation, and ensure the viability of participatory approaches in low-resource settings.

Continuous mentorship and leadership training are vital to sustain engagement. Integrating antibiotic resistance education into national curricula is a key step to ensure long-term impact.

Interdisciplinary collaboration supports a One Health-aligned advocacy movement.

Behavioral change resistance in communities reached through our student champions' outreach efforts demonstrated that awareness alone was not enough to shift entrenched antibiotic use habits. In many cases, these efforts targeted both youth and the wider community. Sustained engagement and trust-building emerged as critical for meaningful behavioral change.

Lack of youth representation in policy spaces. Young voices are often excluded from national AMR strategy processes and decisions. A sustained and tailored advocacy strategy can be conducive towards the inclusion of youth representatives in technical working groups and national AMR committees.

Future prospects

Building on the successes of the youth engagement work, ReAct envisions a bold path forward to deepen impact, scale initiatives, and solidify youth leadership in antibiotic resistance advocacy through:

Expansion and mentorship: ReAct aims to extend its youth engagement programs to more countries across the African continent, while simultaneously strengthening mentorship networks to support new antibiotic resistance champions.

Digital collaboration: The creation of an online antibiotic resistance coordination hub will provide a dynamic platform for youth to collaborate, share knowledge, and drive coordinated action across borders.

Scaling through partnerships: Scaling efforts will depend on strategic partnerships with global health organizations for funding and technical support.

Sustainability and impact: Long-term sustainability will focus on securing funding for youth-led research and innovation, and fostering strong collaborations with governments and universities to build a self-sustaining, youth-driven movement. Continued advocacy for the integration of antibiotic resistance education into national curricula will also be a key priority.

Ultimately, the long-term vision of ReAct Africa is to empower youth – a key driver of change across the ReAct network—to lead in antibiotic resistance advocacy and policy shaping, ensuring a healthier future for Africa and advancing global efforts.

From People to Leaders: Act on AMR NOW!

Photo: Therese Holm, ReAct

At the From *People to Leaders: Act on AMR NOW! UNGA High-Level Meeting* side event in New York, community representatives shared their experiences.

In the lead-up to the 2024 UNGA HLM on AMR, it became evident that grassroots organizations, vulnerable communities, and civil society are often excluded from high-level decision-making processes. This contrasts findings from Rodi *et al*. (2022)[9], which highlight that successful UN high-level meetings on health require broad consensus, engagement of civil society, and SMART targets to translate advocacy into actionable outcomes.

Building on these findings, the From People to Leaders: Act on AMR NOW! campaign was launched as a global initiative to amplify the voices of communities and civil society in addressing AMR[10]. This campaign expands on the ReAct Latin America-Pan American Health Organization (PAHO)-South Center regional initiative "Empowered communities to tackle AMR"[11].

The primary goal of the campaign was to mobilize global support to urge policymakers to recognize and integrate community-led responses in containing AMR. Specifically, the campaign sought to amplify communities' voices through a Call for Global Action. This manifesto gathered widespread international support and strengthened public awareness and engagement at multiple levels.

The campaign reinforced that community-driven solutions, through their ability to identify context-specific challenges, mobilize local networks, and sustain behavioral change are not just complementary but necessary in addressing AMR effectively.

Impact and achievements

Since its April 2024 launch ahead of the UNGA, the From People to Leaders initiative has influenced global dialogue on community engagement in AMR. Key achievements include:

- Developed a Call for Action through an inclusive consultation process and supported by diverse organizations, institutions, and communities.
- Garnered 800+ endorsements from 85 countries, including 200+ civil society groups (50% from LMICs), mobilizing around values of inclusivity, diversity, and equity.
- Raised awareness among policymakers, multilateral institutions, and grassroots communities.
- Hosted a side event and exhibition at UNGA 2024 in New York, engaging representatives from communities, civil society and governments.
- A toolkit including webinars, podcasts, and educational resources has been launched to sustain advocacy efforts beyond the UNGA event.

Unlike institutional-focused past efforts, the initiative demonstrated the untapped potential of community inclusion in policy development. This impact is perceived in the UNGA Political Declaration, where the recognition of a whole-of-society approach marked a positive step forward, aligning with the campaign's vision for equitable, inclusive AMR responses.

Photos: At the From "People to Leaders: Act on AMR NOW!" UNGA High-Level Meeting side event in New York, voices from communities and civil societies from around the world joined forces through engaging presentations (left), an AMR art exhibition (middle), and the hand over of the Global Call for Action to the Permanent Mission of Malta to the United Nations (right).

Methodology

The campaign's process hinged on:

Participatory model: The Call for Action—developed in collaboration with PAHO—was brought together through an inclusive consultation process with communities and civil society representatives from different regions and diverse fields related to AMR, including voices from the TB and HIV communities.

Inclusive platform: The organization of a side event and exhibition provided a platform both to elevate community and civil society voices as well as to hand over of the Call for Action to the permanent mission of Malta to the United Nation, delivering the message from people to leaders.

Regional launch of the global campaign at the People's Health Assembly in Argentina.

Learnings and reflections

Limited high-level access: Despite strong civil society and community mobilization, the UNGA's government-to-government structure limited direct engagement with political leaders. Future efforts must engage ministers and heads of state earlier.

Media engagement gap: The sparse mainstream media coverage reflected the persistent challenge of AMR as a "technical/medical" issue. Using human-centered storytelling (for example cancer treatment failures due to AMR) can help showcase tangible impacts and enhance relatability.

Structural shortfalls: While our side event successfully amplified community voices, the UNGA processes remained fundamentally state-centric. Advocating for formal civil society inclusion in AMR governance bodies can be conducive to more inclusive, accountable, and community-informed global decision-making.

Future prospects

To sustain momentum, the From People to Leaders initiative aims to:

Document and scale: Create a repository of community-led AMR initiatives and solutions to both guide policy and inspire other community groups.

Strengthen accountability: Develop indicators for effective monitoring and evaluation of community-led initiatives, as well as drive policy and funding decisions.

Secure long-term funding: Build an evidence-based case for investing in grassroots AMR action, ensuring their resilience and continued impact.

Expand representation: Act for ensuring civil society participation at upcoming high-level meetings, such as the 2025 Non-communicable Diseases UNGA HLM and 2026 AMR Ministerial Conference.

Ultimately, the long-term vision of the From People to Leaders initiative is a future where community leadership in AMR responses is not an exception, but the norm – ensuring more equitable, inclusive, and sustainable policies worldwide.

Challenges, lessons learned, and the road ahead

Over the past two decades, ReAct has seen strong interest in its community-driven initiatives from diverse stakeholders, including policymakers, health workers, and grassroots advocates. Despite this momentum, sustaining and scaling up these initiatives remains a challenge —due to limited long-term funding, slow policy uptake, fragmented cross-sector collaboration, and insufficient public visibility of antibiotic resistance as a priority issue.

Participants in recent ReAct-led workshops and webinars have stressed the need for the development of a stronger investment case to more concretely show the value of communities and community-based interventions through clear indicators for measuring success.

Key insights from ReAct's initiatives underscore that success hinges on adaptive, culturally grounded methods, community ownership, and strategic alliances. More specifically:

- **Participatory design drives ownership**. When community members are involved from the outset in designing interventions, adoption rates and long-term sustainability improve.
- **Cultural adaptation is essential**. Effective programs tailor their approaches to local contexts, respecting traditions, languages, and community structures while avoiding one-size-fits-all solutions.
- **Multi-level partnerships create leverage**. Lasting change requires aligning grassroots efforts with institutional support, bridging local innovators with policymakers and funders.
- **Creative communication breaks barriers**. Innovative approaches using art, storytelling, and digital tools can make complex issues accessible and engaging across diverse audiences.
- **Measurable outcomes build credibility**. Developing clear indicators of success helps demonstrate impact to both communities and investors, creating a virtuous cycle of support.

Building on experiences from the UNGA High-Level Meetings on AMR, strong partnerships with UN agencies and grassroots movements, strategic political engagement, and a community-driven approach that integrate art, media, and digital outreach for greater impact are key to success. Critically, ensuring co-creation of solutions among policymakers, communities, patients, and civil society remains essential - reinforcing that bottom-up momentum thrives when top-down frameworks enable local ownership.

Looking ahead, ReAct's will continue to further integrate community engagement into health programs - including connecting antibiotic resistance efforts to existing community engagement initiatives in health and development sectors - fostering both top-down and bottom-up approaches - and pushing for robust accountability mechanisms at national and global levels. By bridging these challenges and lessons learned, ReAct aims to catalyze more innovative, inclusive all-of-society approaches for tackling antibiotic resistance in the years to come.

Recommendations for strengthening community-led action on antibiotic resistance

To translate global commitments into tangible progress, ReAct proposes the following concrete actions for governments, funders, and international agencies:

Institutionalize community engagement in AMR governance

- Establish channels for community representation (for example health workers, farmers, patient advocates) in national committees
- Allocate a well-defined national ear-marked budget to grassroots capacity-building programs
- Develop standardized metrics to track community participation in decision-making

Scale proven education models

- Integrate antibiotic resistance education using participatory learning methods into school curricula
- Fund "train-the-trainer" programs for healthcare workers and community leaders to disseminate stewardship practices
- Support digital platforms for knowledge-sharing between local initiatives

Strengthen accountability mechanisms

- Implement community-led monitoring systems to track antibiotic use and resistance patterns
- Require governments to publicly report on progress toward national AMR targets
- Condition international funding on demonstrated involvement of communities in antibiotic resistance programs.

Build sustainable financing structures

- Create dedicated grant mechanisms for grassroots organizations working on antibiotic resistance
- Pilot social impact bonds to fund community-based stewardship initiatives
- Establish multi-donor trust funds to support long-term capacity development

These actions build on lessons from effective community engagement worldwide and align with the priorities outlined in the UN Political Declaration on AMR. By implementing them systematically, stakeholders can ensure that local voices drive global solutions to antibiotic resistance.

LAICRIMPO, Argentina

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Photos from ReAct's work with communities and civil society organisations across our four regional nodes:

An AMR awareness walk in Zambia.

The Antibiotic Resistance Coalition (ARC) and 30 civil society partners convene in Geneva for a three-day conference addressing the challenges of antibiotic resistance.

Church women in Matero, Lusaka (Zambia) educate their community on the prudent use of medicines and antibiotics, as well as infection prevention.

Preserving native seeds supports biodiversity, healthy living, and resilience against antibiotic resistance. "Semillas Viajeras" toured Latin America to exchange seeds.

Community representatives, civil society groups, and other stakeholders gather in Uppsala, Sweden, to promote community engagement in tackling AMR.

Youth engage at the ReAct Asia Pacific Conference in Indonesia.

A thank you to our partners & communities

None of ReAct's achievements over the last twenty years would have been possible without the dedication of our partners – healthcare professionals, educators, children, youth advocates, farmers, policymakers, and countless community members who stepped up to champion responsible antibiotic use.

We extend our deepest gratitude to all those who have collaborated, shared experiences, and fueled on-the-ground initiatives. This collective commitment – spanning continents, languages, and cultures – continues to be the driving force behind ReAct's vision to shape a world free from untreatable infections.

We also extend our sincere appreciation to our longstanding funder, the Swedish International Development Cooperation Agency (Sida), for their unwavering support in advancing local, national and global action to address antibtiotic resistance.

A world free from
untreatable infections