

Tackling Antimicrobial Resistance (AMR):

The role of Faith-Based Organisations in ensuring an equitable, whole-of-society response to AMR in Africa

POLICY BRIEF





Co-creation of IEC in local languages with the AMR Champions during AMR Awareness and Education Program with the AMR Champions during AMR Awareness and Education Program' with 'Co-creation of IEC in local languages with the AMR Champions during AMR Awareness and Education Program.
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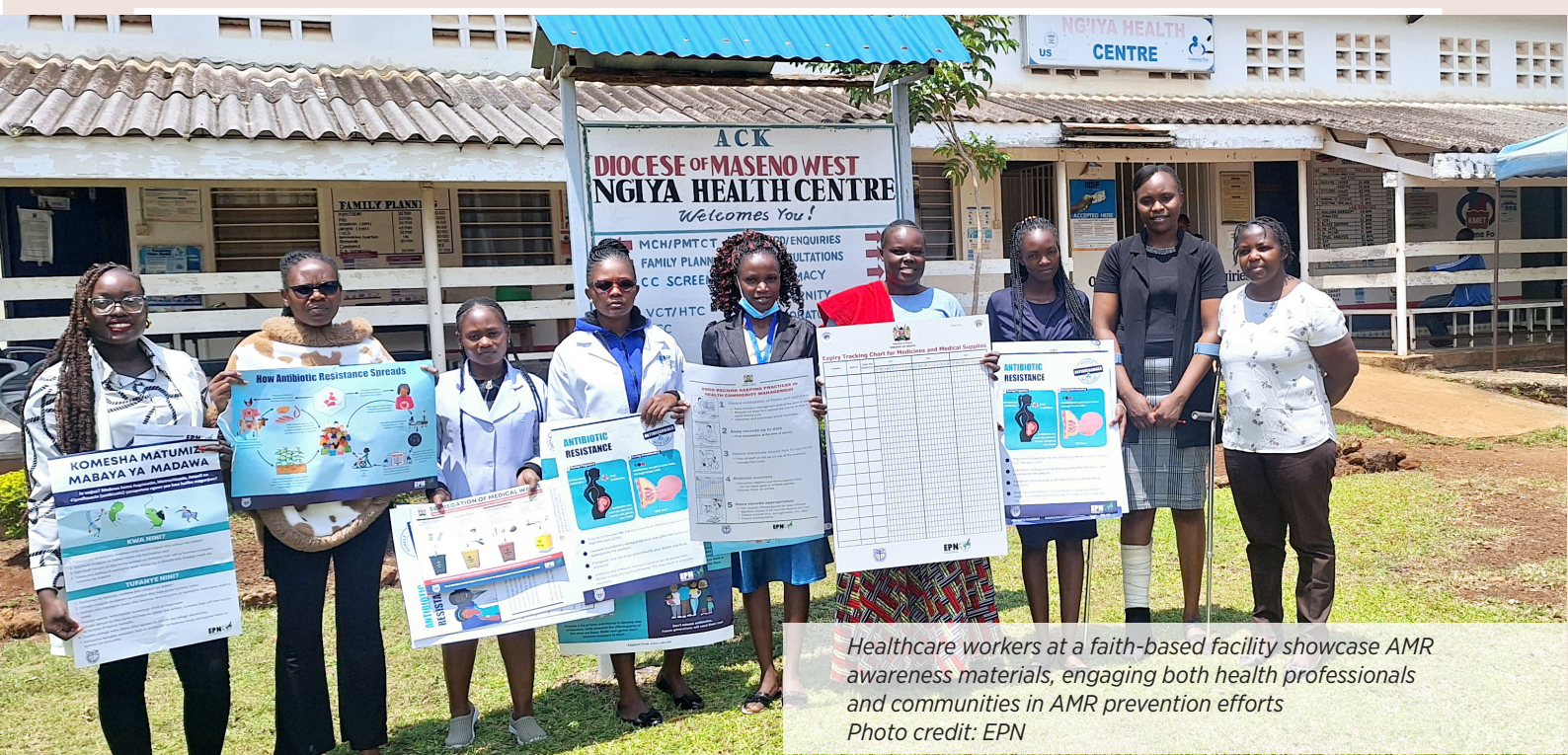
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List of Abbreviations

ABR	Antibiotic Resistance
Africa CDC	Africa Centres for Disease Control and Prevention
ACHAP	The Africa Christian Health Associations Platform
AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
CRS	Catholic Relief Services
CCIH	Christian Connection for International Health
CHAG	Christian Health Association of Ghana
CHAK	Christian Health Association of Kenya
CHAM	Christian Health Association of Malawi
CHAN	Christian Health Association of Nigeria
CMC	Christian Medical Commission
DTCs	Drug and Therapeutic Committees
EPN	Ecumenical Pharmaceutical Network
EOTC-DICAC	Ethiopian Orthodox Tewahedo Church Development and Inter-church Aid commission
FBO	Faith-Based Organisation
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HLM	High-level Meeting
IEC	Information Education and Communication
IPC	Infection Prevention and Control
JMS	Joint Medical Store
KPIs	Key Performance Indicators
LMICs	Low- and Middle-Income Countries
MEDS	Mission for Essential Drugs and Supplies
MNCH	Maternal, Newborn and Child health
MOUs	Memorandums of Understanding
NAPs	National Action Plans
NGOs	Non-Governmental Organisations
PMTCT	Prevention of Maternal-to-Child Transmission
SIDA	The Swedish International Development Cooperation Agency
TB	Tuberculosis
UCZ	United Church of Zambia
WAHO	West African Health Organisation
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
WCF	Women's Christian Fellowship
WCC	World Council of Churches
UNGA	United Nations General Assembly



Healthcare workers at a faith-based facility showcase AMR awareness materials, engaging both health professionals and communities in AMR prevention efforts
Photo credit: EPN

Executive Summary

The Faith-based Organisations (FBOs) play a key role in providing healthcare services to the poor and marginalised, especially, in low-and middle-income countries (LMICs). Recognising this, the United Nations General Assembly High Level Meeting (UNGA HLM) on Antimicrobial Resistance (AMR) 2024, emphasised engaging FBOs in designing, implementing and reviewing AMR National Action Plans (NAPs). This is particularly relevant in the African context, where nearly half of health services are provided by FBOs, often ensuring the last mile connectivity. Despite this, FBOs and their resources remained largely unexplored, and have been least incorporated while developing policies and programmes to tackle AMR in Africa. Given this background, this policy brief puts forward ways to incorporate FBOs into AMR mitigation strategies, by looking into the barriers and opportunities in achieving so. It is embedded on a whole-of-society approach, highlighting the importance of multisectoral engagement in tackling AMR.

Background

Antimicrobial resistance (AMR) is one of the top global health and development issue that may risk the progress made by mankind in controlling and curing infections. It occurs when antimicrobials become no longer effective towards bacteria, fungi, viruses and parasites, rendering infections difficult to treat, leading to severe illnesses, disability and death¹. AMR is directly responsible for over one million deaths and is associated with almost five million deaths annually². It is estimated that AMR will be responsible for a cumulative 39 million deaths between 2025 and 2050, in the absence of interventions³. Similarly, it is interconnected with animal and environmental domains through various factors such as inappropriate use of antimicrobials among animals, agricultural antibiotic residues, environmental pollutants, migration of people and animals with resistant infections etc. illustrating its One health nature⁴. AMR is expected to have a detrimental effect on agricultural productivity and livestock production, which can affect food security and quality globally. According to the World Bank, by 2050, annual global gross domestic product (GDP) would likely fall by 1.1 percent due to AMR, even in the most optimistic scenario⁵. The low- and middle-income countries (LMICs), especially those in the African continent, will bear a disproportionately high burden of AMR as per most estimates.

AMR is driven by inappropriate use of antimicrobials in different sectors and systemic weaknesses including challenges in access to healthcare. Therefore, addressing AMR requires a multisectoral and whole-of-society approach, including the meaningful involvement of communities and civil society actors. The United Nations General Assembly high-level meeting (UN HLM) on AMR explicitly recognises this and calls on all stakeholders to promote engagement of Faith-based Organisations (FBOs) in design, implementation and review of national action plans (NAPs) on AMR⁶.

The FBOs play a vital role in shaping values, behaviours, and health-seeking practices across the globe. In many LMICs, FBOs operate substantial health service delivery networks and command the trust of local populations. For example, in many parts of Africa, 40 to 60% of health care services are provided by FBOs⁷. Additionally FBOs contribute in the area of education from provision of primary education to tertiary institutions that train health care workers such as doctors, pharmacy technicians and nurses. Often, they bridge the gap in education and health care services left by governments and private sectors, despite their resource limitations, high staff turnover due to their remote locations etc. In many contexts, these FBO-led health care delivery institutions are the only available source of health care for vast numbers of people living in low resource settings and hard to reach areas. Even intergovernmental bodies such as World Health Organisation (WHO) recognises their vital role and works with faith communities especially in health emergency preparedness and response⁸. Though they play a very crucial role in providing services in communicable diseases such as HIV/AIDS, malaria etc in Africa, their potential in contributing specifically towards AMR mitigation remains largely untapped.

Purpose of the Policy Brief

This policy brief aims to provide evidence-based recommendations on how to systematically engage FBOs in AMR response strategies. Besides, it intends to showcase successful case studies of FBOs in providing health care and community advocacy in Africa. Highlighting some of the barriers in FBO engagement, this policy brief focuses on potential actions required to strengthen faith-based engagement to combat the emergence and spread of AMR. The potential target audience for this policy brief are as follows.

- Government and government agencies
- National AMR coordinating committees
- Regional bodies such as Africa Centres for Disease Control and Prevention (CDC), West African Health Organisation (WAHO) etc
- Funding/donor aid agencies, Developmental banks
- Faith-based networks
- Civil society organisations
- International organisations

Key barriers in engaging FBOs in AMR mitigation

Despite the role played by FBOs in health care delivery in Africa, their involvement in AMR mitigation has been marred by various factors. The following is the brief summary of some of the challenges faced.

1. **Insufficient awareness:** The awareness about AMR, its drivers and impact, is low among the public. This is due to the complex nature of the problem, its technical framing and consistent use of jargon in communication efforts⁹. This can result in AMR being deprioritized, especially in sub-national and community settings.
2. **Limited data:** A key challenge affecting awareness is that data on AMR is not routinely

collected, and many health systems lack adequate detection and surveillance mechanisms. As a result, it remains difficult to quantify the burden of AMR and communicate its impact effectively to policymakers and advocates

3. **Presence of competing priorities:** Africa faces complex web of competing health issues such as HIV/AIDS, malaria, Tuberculosis, maternal and child health related problems etc¹⁰. Since there are opportunity costs, FBOs often focus on the most visible issues, neglecting less conspicuous areas such as AMR where the web of causation is often complex and difficult to prove.
4. **Inadequate resources:** There are no specific funding mechanisms available for co-opting FBOs into the AMR response. The funders and resource partners supporting AMR-focused projects in the region may also be not fully aware of the value proposition associated with FBO engagement in AMR prevention and mitigation. In most countries government contributes to the salaries of the health care workers in the FBO facilities. However, they have to depend on donor funding and user fees for their operations.
5. **'Single-disease' approach:** Many times, the funding landscape that had supported the FBO activities, adopted a 'single-disease' approach that heavily focused on specific diseases such as Tuberculosis (TB), HIV/AIDS and malaria¹¹. Besides being an unsustainable model, this narrow focus also led to lack of investment in overall health care systems including infrastructure, staffing, training and supply chain. With international support to churches and church health services in decline, addressing funding challenges requires a holistic approach rather than reliance on single-disease strategy, thereby enabling the development of more sustainable health programmes.
6. **Poor co-ordination in AMR NAP planning and implementation:** The existing AMR specific interventions are often fragmented and lack co-ordinated efforts to deliver standardised process across domains¹². Despite their presence in the overall health care delivery in the continent, they are not formally incorporated into the NAPs or policy dialogues. The AMR response has been implemented for years in FBOs. However, reliance on short-term support without clear exit strategies or local ownership undermines long-term viability. There is need to strengthen governance structures and develop sustainability approaches for long-term impact.
7. **Diverse religious belief and practices:** The religious doctrine followed by various FBOs may vary, often affecting the way they perceive health and disease. Some may be resistant to change, especially if it involves altering deeply held religious beliefs and cultural practises such as hesitation towards vaccination, which is one of the key intervention in AMR control¹³.
8. **Lack of established communication channels:** The religious leadership, whose decision is significant in the strategic direction taken by FBOs, may not be fully aware of the health care priorities or how to deal with them effectively¹⁴. There is a gap related to religious leaders' literacy on targeted health topics like AMR. This, along with lack of established communication channels between health and faith communities can affect collaborative efforts.

FBOs in community advocacy and health care provision in Africa - Case studies

There are many examples where FBOs act as strategic partners in advancing public health goals. Following are a few case studies that highlight its role in community engagement, supply chain management, maternal and child health and antimicrobial stewardship.

Case study 1

Faith in action: Mobilising communities against AMR through grassroots women leaders

ReAct Africa, recognising the strong influence of FBOs in providing health in Africa, started working with United Church of Zambia (UCZ) to create awareness about AMR in the society. The pilot initiative took place at Matero County, Lusaka, Zambia, as a model for community driven initiative in action against AMR, delivered through grassroots women leaders. This collaboration exemplified how FBOs, often underutilised in public health efforts, can be instrumental in championing behavioural change on health topics such as AMR.

The initiative was launched as *Antibiotic Resistance (ABR) Literacy Program* in collaboration with Matero UCZ Women's Christian Fellowship (WCF) members. It equipped the selected WCF members with essential knowledge in Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH), one of the main drivers of AMR, and on rational use of antibiotics. The platform was also used to address other key issues such as limited health care access, role of cultural beliefs in comprehending health and health seeking behaviour, and language barrier in health care messaging. With this foundation, they became trusted educators, change agents, and mobilisers within their communities, and were called as AMR Champions. These champions took their message to the congregation in a creative and culturally resonant way using songs and performances such as skits and drama. The church extended its support to these champions by providing space and time during the main Sunday service, for their performances, so that message could reach hundreds attending the congregation. This initiative is a compelling example of how faith-based platforms can serve as powerful conduits for public health education. Churches are not only spiritual homes but also hubs of influence and community connection. When empowered with the right knowledge and tools, congregations can become critical allies in the fight against AMR. Besides, when communities are empowered from within by respecting their beliefs, involving their leaders and equipping their members, in effect, movements are getting created and not a random program.

Case study 2

Access to medicines: FBOs championing medicine supply chain

Across Africa, due to various systemic weaknesses antimicrobial supply chain faces many challenges which indirectly contributes towards misuse of antimicrobials and treatment ineffectiveness leading to AMR and its effects. Some of these issues include inadequate regulatory oversight, fragmented procurement system and poor quality assurance. In this context, the work of *Joint Medical Store (JMS)*¹⁵, Uganda stands out. JMS is a not-for-profit organisation, established in 1979, by the medical arms of the Catholic and Protestant Churches - *Uganda Catholic Medical Bureau* and *Uganda Protestant Medical Bureau*. It is engaged in procurement, warehousing, wholesale and distribution of HIV, malaria, reproductive health and TB commodities. These products are procured from vetted WHO-prequalified manufacturers and undergo a rigorous quality assurance mechanism that has been put in place to ensure integrity and service excellence. They provide services to nearly 3000 health care facilities, including many rural facilities run by the medical bureau. JMS works closely with diverse stakeholders which include government and international organisations, other FBOs such as Ecumenical Pharmaceutical Network (EPN) and Christian Connection for International Health (CCIH) to mention a few. The work of JMS is an example that it is possible to align faith-based values with technical excellence and public health goals. As African countries look towards expanding AMR NAPs with specific focus on sustainability and access, integrating the experience and infrastructure of FBOs such as JMS can bridge policy and practise - especially at the last mile.

Case study 3

Support of FBOs in providing maternal and child health in Africa

It was shown that FBOs play a key role in delivering maternal and child health services across Africa. Through their hospitals and clinics, they provide antenatal care, skilled birth assistance, postnatal care, immunisation and paediatric care. Their faith platforms and community projects are used to promote reproductive health education, safe childcare practises, child nutrition and positive health seeking behaviours. Besides, many are involved in training community health workers, skilled birth attendants and midwives, thereby enhancing the human resource pool for maternal and child care. Some of the organisations involved in delivering maternal and child health services in varying capacities are as follows:

1. The Ecumenical Pharmaceutical Network (EPN)¹⁶: EPN is implementing its largest Maternal, Newborn and Child Health (MNCH) programme across 250 faith-based health facilities in Kenya and Nigeria, in partnership with CHAK, MEDS, CHAN, and CHAN Medipharm. The initiative focused on scaling innovations to reduce maternal and neonatal mortality linked to postpartum haemorrhage and neonatal respiratory complications by improving access to quality-assured MNCH commodities, strengthening health worker capacity, and establishing Drug Revolving Funds for sustainability. In this process EPN has collaborated with diverse partners which include digital health companies (Axmed), non-governmental organisation in medical technology (HATCH Technologies) and consortium of universities (NEST360). The programme is also focusing on advancing pooled procurement, quality assurance, and supply chain integrity within the faith-based health sector.
2. Catholic Relief Services (CRS), Nigeria¹⁷: CRS implements a range of programmes focusing on maternal and child health by working closely with catholic partners, other FBOs, private organisations, governments and international organisation. Its activities covers the whole of Nigeria, reaching rural poor through its grass root networks.
3. Ethiopian Orthodox Tewahedo Church Development and Inter-church Aid Commission (EOTC - DICAC)¹⁸: The department works through its various platforms such as parishes, Sunday schools etc to empower communities by providing potential opportunities to create income. It played an important role in managing health care challenges such as HIV/AIDS through raising awareness and reducing gender-based violence. In order to raise awareness among clergymen, it had brought out the orthodox clergy pocket book on Prevention of Maternal-to-Child Transmission (PMTCT), gender-based violence and stigma.
4. Islamic Relief Africa¹⁹: This is a leading international humanitarian and development organisation, rooted in the Islamic values of compassion, justice and care, that was founded in 1984 in the United Kingdom. It has significant presence in Africa running programs in 10 African countries, that prioritise the needs of women and children, especially among the vulnerable groups such as conflict affected displaced population and pastoralist communities. They provide maternal and child health services through health centres and training health care workers, run nutrition programs for malnourished children and pregnant women, and support for orphaned children, especially those affected by HIV/AIDS. Their work also focuses on addressing gender-based violence, education and resilience building in the face of unpredictable climatic events and conflicts.
5. The Africa Christian Health Associations Platform (ACHAP): ACHAP is a network of 43 Christian Health Associations across 32 countries, strengthens faith-based health facilities to deliver sustainable services to underserved communities, including those in conflict settings. Central to ACHAP's model is placing faith leaders at the heart of



*Faith-based DSOs are key centers for medicine quality control, helping prevent substandard drugs and combat antimicrobial resistance (AMR)
Photo credit: EPN*

community health structures, where they act as trusted voices, mobilizers, and support systems address harmful social norms and promote positive behavioral change. This approach has been successfully applied across multiple programs. In Kenya and Uganda, ACHAP engaged faith leaders to mobilize families and youth, reaching over 45,000 people with RMNCH information and referrals. Through the Gavi-supported Raise4Sahel initiative, faith leaders helped identify and vaccinate more than 170,000 zero-dose and under-immunized children, and in the Sahel region, they negotiated safe access during conflict to enable vaccination. During the COVID-19 response²⁰, ACHAP

partnered with faith platforms in 10 countries, reaching 3 million people with vaccine promotion, while the Healthy Heart Africa program leveraged faith leaders to drive hypertension screening for nearly 4 million people.

These examples underscore the unique role of faith leaders as not only influencers but also frontline champions expanding access, trust, and uptake of life-saving health services. Though there are many more examples, the above mentioned five organisations give a sense of the scope and reach of FBOs and the crucial role they play in faith-informed, community based services to the local population.

Case study 4

Antimicrobial Stewardship (AMS) support by FBOs

The Ecumenical Pharmaceutical Network (EPN)²¹ is one of the oldest initiatives aimed at strengthening pharmaceutical services within various African health programs. Started in 1981 as a technical wing of the Christian Medical Commission (CMC) of the World Council of Churches (WCC), it was officially registered as a NGO in 2000 at Nairobi, Kenya. It has more than 149 member organisations including hospitals, training institutions pharmaceutical supply agencies and provides services in more than 38 countries mainly in the sub-Saharan region. Taking note in the growing threat of AMR, one of the strategic EPN program focuses on Infectious diseases, IPC activities including AMR and pandemic response. One such project²² on AMR intends to optimize antimicrobial use and improve prescribing, dispensing, and disposal practices in 25 faith-based health facilities across Kenya, Nigeria, and Malawi. In response to significant implementation gaps in national AMR action plans, the initiative tackles key barriers - such as lack of awareness, technical resources, and stewardship at the facility level - by partnering with Christian Health Associations at Kenya, Nigeria and Malawi (CHAK, CHAN and CHAM). Activities include comprehensive training for the health care staff in these facilities in AMS and IPC, support implementation of Drug and Therapeutic Committees (DTCs) and IPC committees, promoting community awareness and safe disposal of medicines through IEC materials, radio campaigns, sensitising prenatal and postnatal women on AMR and establishing waste collection points in the facilities. The project contributed towards enhancing accountability and surveillance of antibiotic use, and greater advocacy to integrate AMS and improved disposal systems into routine operations.

Strategies to mobilize FBOs for AMR action

The following strategies can be used to sensitize FBOs and mobilize them to be effective partners and catalysts in AMR action:



Increasing AMR awareness among the faith leadership

Systematic efforts can be taken at national and sub-national settings to increase the awareness of faith leaders and FBO managements about AMR, its drivers and impact. Clear, jargon-free communication materials and personal stories will be useful for this.



Framing the 'key asks' for FBOs clearly

The expectations from FBOs, ranging from community-level behavioural change interventions to strengthening FBO-managed health facilities to supporting policy advocacy, should be conveyed clearly. Specific Key Performance Indicators (KPIs) should also be developed for FBO engagement activities.



Build trust of FBOs through dialogue

Consistent dialogue, through roundtables, inter-faith workshops etc., can help in building trust and reconciling differences. This can be crucial for issues like vaccine uptake or political advocacy for access to health care.



Providing dedicated resource support for FBO engagement

Budgets for engaging FBOs should be part of the national-level resource support available for AMR. The funders and resource partners can also be sensitized about the need to engage FBOs in AMR action.



Inclusion in governance structures at the national and sub-national levels

FBOs should be represented on national AMR coordination committees and sub-national governance structures related to implementation of AMR action plans.



Establishing coordination platforms for FBO engagement

Dedicated coordination platforms, in the form of working groups or national level taskforces, can provide sustainability and a shared sense of purpose related to AMR action. This can also help to formalize the engagement with FBOs.



Build capacity to identify and act on drivers of AMR

Specific capacity building initiatives may be needed to help FBOs with the tools to act on AMR. Capacity building can be based on a prioritization exercise and needs assessment. For example, capacity building can be for antimicrobial stewardship in health care facilities managed by FBOs.



Integrating AMR into existing programs and projects by FBOs

FBOs often work with diverse priorities, and their agenda may be dependent on donor support. Therefore, it may be easier to incorporate AMR into existing programs and projects, than start new ones. For example, AMR can be made a priority for FBO IPC and AMS programs.



Launching pilot projects with FBOs to demonstrate feasibility and value

Begin with pilot programs in key FBOs or FBO networks to test AMR strategies, then scale successful models. This may be useful in contextualizing interventions and ensuring buy-in from all stakeholders.

Opportunities for FBOs for engaging in AMR prevention and mitigation

The following table summarises the opportunities for FBOs in AMR prevention and mitigation, in LMIC contexts.

Domains	Opportunities and possible support
Policy and Governance	<ul style="list-style-type: none"> ■ Highlighting equity issues: There are several equity issues associated with AMR interventions, especially around access to quality-assured health care for infections. FBOs are well placed to advocate for policy interventions to overcome such challenges. ■ Promoting intersectoral collaboration: FBOs work on diverse issues like education, poverty alleviation, social justice, livelihoods etc., and can advocate for greater intersectoral collaboration in implementation of AMR action plans. ■ Formal partnership with concerned ministries: Some FBOs may have existing capacity and trained personnel to work on AMR. In such cases, the FBOs can provide leadership and technical assistance to the concerned ministries in implementing the programs and interventions related to AMR. ■ Leverage on existing Memorandums of Understanding (MOUs): There are FBOs that have MOUs with respective governments for health care provisions and staff salary benefits which can be targeted to incorporate AMR program into their practice. ■ Improving accountability in implementing action plans: FBOs, when included in the national AMR coordination committees and other governance structures, can contribute to increased accountability from other actors in implementing the plans and programs.
Access and Antimicrobial Stewardship	<ul style="list-style-type: none"> ◆ Pooled procurement of antimicrobials: Large faith-based organizations (FBOs) and FBO networks managing healthcare facilities at national or regional levels can strengthen antimicrobial access and quality through pooled procurement systems, which help prevent stock-outs and ensure product integrity. Encouraging the use of locally manufactured medicines can further reduce the risk of substandard or falsified products and promote sound procurement practices. For example, EPN's East African Pooled Procurement Initiative, involving four countries, could expand participation among FBOs, while its medicines quality monitoring system builds confidence in locally produced antimicrobial products. ◆ Implement tailored stewardship programs in health facilities: FBOs managing health care facilities can act to contextualize and implement AMS programs. 'One pill fits all' may not work due to different baseline facilities and cultural norms. FBOs can periodically evaluate the programs based on pre-decided criteria. ◆ Staff training: Provide financial and technical support and incentivise periodic training sessions for health care staff on AMS and diagnostic stewardship in the facilities managed by FBOs. ◆ Lab strengthening and providing surveillance data: FBOs can take decisions on strengthening the laboratory facilities, especially those related to managing infections, in the facilities run by them. The data from these laboratory systems can also be provided to sub-national, national and international surveillance systems. ◆ Identify AMS champions: Identify and train leaders from facilities managed by FBOs as AMR champions so that they can advocate for AMS within their health facilities and public health programmes.

Community Engagement and behavioural change

- **Reaching out to other important stakeholders:** The networks of FBOs can be utilized to reach out to important community-level stakeholder groups like youth, with specific messages on behavioural change.
- **Capacity building of local faith leaders:** FBOs can train local religious leaders so that they are equipped to send out the messages during the interaction with their community members.
- **Develop customised communication assets:** FBOs can be supported to bring out pocket manuals and other communication assets, which can help local religious leaders in improving specific behaviours related to antimicrobial use and addressing the misconceptions related to AMR mitigation strategies.
- **Utilization of existing faith structures for information dissemination:** Existing congregational departments (couple's forums, men's fellowship platforms, women and youth platforms, and children's departments) should be sensitised and utilised for dissemination of AMR messages.
- **Grass-root women champions:** Female education and training have always proved to have improved health care outcomes. Identifying grassroots women champions and equipping them in advocacy techniques through training of trainers, will be effective in propagating the message in a local relevant and culturally sensitive way, and FBOs can be a useful link to reach out to women's groups.
- **Providing grassroots IPC and WASH support:** Leveraging on the vast community network and trust enjoyed by FBOs, local IPC and WASH supports such as waste/expired medicine collection points, Tippy taps etc, can be established/advocated for.

Advocacy

- ◆ **Be a champion for AMR:** FBOs can advocate for AMR on multiple platforms available to them. They can also help amplify the voices of civil society for global solidarity and LMIC support on issues related to equity and access.
- ◆ **Incorporation into existing congregational health policies:** This will give basis for authenticity for engagement, encouraging the flow of more internal resources with passion.
- ◆ **Interfaith action:** Build coalitions through joint statements, knowledge sharing across faiths, for united AMR messaging. Share best practises across FBOs on health-related advocacy
- ◆ **Rights based framing:** Align AMR advocacy with FBO focus on poverty, inequality, justice and care and highlight the need for accountability.
- ◆ **AMR as a priority in local governance:** AMR action plans and interventions are now mostly top-down and limited to national settings. FBO networks can help to sensitize and co-opt local governance structures into the AMR response.

Conclusion

Though FBOs play a vital role in health care delivery in Africa, they are underutilised in the AMR response. There are many examples of how they are playing a key role in providing quality health care services especially to those in resource poor settings, by filling the gaps of government-managed systems. Their extensive health delivery networks, through institutional facilities and grass root projects, and their moral authority within the community can be leveraged to bring about behaviour change related to antimicrobial use in communities, equitable access to health care for infections and quality-assured health care services. This can be achieved by adopting a collaborative and inclusive approach and, using targeted interventions in the areas such as policy and governance, stewardship, community engagement and advocacy.

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Faith leaders take leading role in promoting access to quality medicines in faith-based health facilities
Photo credit: BUFMAR



Strengthening IPC in Matero: The Women's Christian Fellowship proudly installs a new tippy tap at their meeting site for United Church of Zambia zonal gatherings
Photo Credit:ReAct Africa



AMR Champions perform skit at Matero UCZ church on prudent use of antimicrobials during WAAW 2024
Photo Credit:ReAct Africa



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