

Overview: Social sciences and AMR

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Overview

Background of recognition and support

Cross Council Initiative

ESRC Theme 4, Working Group and Priorities

The research going forward – research questions and form

Foreshadowing the Importance of Social Science in Tackling AMR

“The time may come when penicillin can be bought by anyone in the shops. Then there is the danger that the ignorant man may easily underdose himself and by exposing his microbes to non-lethal quantities of the drug make them resistant,”

Sir Alexander Fleming, Nobel Prize acceptance speech 11 December, 1945.

Recognition of the Threat of AMR: Some Examples

EU

Active for 15+ years.

2011 Action Plan against the rising threats from AMR (2011 – 2016)

WHO

2015 Global Action Plan on AMR

UK Government

UK 5 Year AMR Strategy 2013 – 2018

Review on AMR (O'Neil) 2014

Research Councils – NIHR, Wellcome Trust, . . .

UK Research: Examples of Support

UK Research Councils

Cross Council Initiative Call

Working Groups and Reports

Antimicrobial Resistance Funders' Forum

Newton Fund – (MRC/ESRC/BBSRC – National Natural Sciences
Foundation of China)

Joint Programming Initiative on Antimicrobial Resistance (JPIAMR)
(Belgium, France, Germany, Netherlands, Norway, Spain, Sweden and
the UK and Canada)

Longitude Prize

Cross Council Initiative Themes

- Theme 1: Understanding resistant bacteria in context of the host.
- Theme 2: Accelerating therapeutic and diagnostics development.
- Theme 3: Understanding the real world interactions.
- ***Theme 4: Behaviour within and beyond the healthcare setting.***

UK Social Science Research: Developing the Social Science Agenda

ESRC led Working Group on AMR, 2014 (Chaired by Professor Dame Sally Macintyre)

ESRC London Workshops on AMR, January 2015.

(The workshops covered AMR from an International Perspective and AMR within a UK context)



Setting the Social Science Agenda

Anti-Microbial Resistance: Setting the Social Science Agenda

Report of an ESRC Working Group: July 2014



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Anti-Microbial Resistance:

Behaviour within and beyond the healthcare setting

Report of an ESRC led workshop: January 2015



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Three primary research and policy objectives

- Preserving the efficacy of existing antimicrobials
- Reducing reliance on antimicrobials
- The development of new antimicrobials

Five overarching questions

- What is the behaviour, practices or economic, political, social and cultural structures to be changed?
- *What do we already know about that behaviour, practices and structure?*
- What are the main factors underlying the behaviour, practices and structure and how can they be modeled and understood?
- *What interventions are needed to change behaviour, practices and structures to reduce AMR?*
- How can the success of interventions be evaluated and measured?

Five priority topics

- Awareness and engagement
- *Public health as an alternative to the use of AMs: Preventing infection and transmission in humans and animals*
- Informal markets and access to AMs
- *Stewardship and appropriate use of AMs, in particular antibiotics*
- Reducing barriers and incentivising the development of new AMs

What Research Should Look Like

Integratedly Cross-Disciplinary

Cross-species – Animals and humans

National and International

Innovative

Applied

Impactful

A focus is behaviour and behaviour change

This applies to individuals, but equally, groups and communities, and national and international related issues.

It is important to understand the linkages between action and policy at a macro level and the behavioural outcomes of individuals and groups.

The need to examine psychological, societal, cultural and structural factors further emphasises the importance of multidisciplinary collaboration.

Social Science and AMR

“The mechanisms which lead to antimicrobial resistance are biological. However the conditions promoting, or militating against, these biological mechanisms are profoundly social.”

Professor Dame Sally Macintyre (ESRC Working Group Chair)