From Disparity to Action: Gender-Responsive Policy Approaches to Antimicrobial Resistance (AMR)

A rapid scoping review and structured analysis of WHO AMR recommendations

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Introduction

- AMR shaped by biomedical *and* social factors
- Gender → exposure, antimicrobial use, healthcare access, treatment, and stewardship
- WHO 2024: report w/20 recommendations on improving gender-responsiveness in national AMR policy

By 2030, annually...

1 TRIL. USD
global costs

24 MIL. PPL.
forced into extreme poverty

RQ: How can evidence on gender as a sociocultural determinant of AMR be translated into actionable gender-responsive policy?

Methodology

Databases: CINAHL, PubMed, Scopus | **Timeframe:** 2019-2026
Software: Covidence and Dedoose

Rapid scoping review → **Thematic synthesis** → **Structured policy analysis** → **Proposed policy framework**

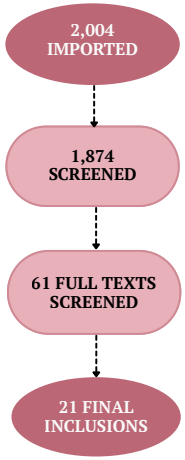
- **Qualitative codes:** gendered mechanisms + AMR dimensions
- **Structured analysis matrix assessment criteria:**
  (1) Gender responsiveness
  (2) Practical guidance
  (3) Alignment with literature

Results (*qualitative synthesis*)

F1: Roles and structures distribute exposure
- Caregiving and household labour
- Healthcare and sex work
- WASH and occupational conditions

F2: Resources and agency constrain choices
- Cost and transportation
- Education and health literacy
- Time and decision-making power

F3: Norms, stigma, and power shape care and stewardship
- Delayed care-seeking
- Stigma and discrimination
- Unequal authority in healthcare



Results (*structured analysis*)

Strengths: material and structural reform
- Improved WASH, diagnostics, health infrastructure, access, and resources

Weaknesses: sociocultural empowerment
- Underlying gender norms, stigma, agency and power

Neutral: data and representation
- Identification of inequity does not guarantee the change of underlying power structures

Overall assessment of WHO guidance:
Strong recognition, but inconsistent levels of specificity and practical implementation

Key Takeaways

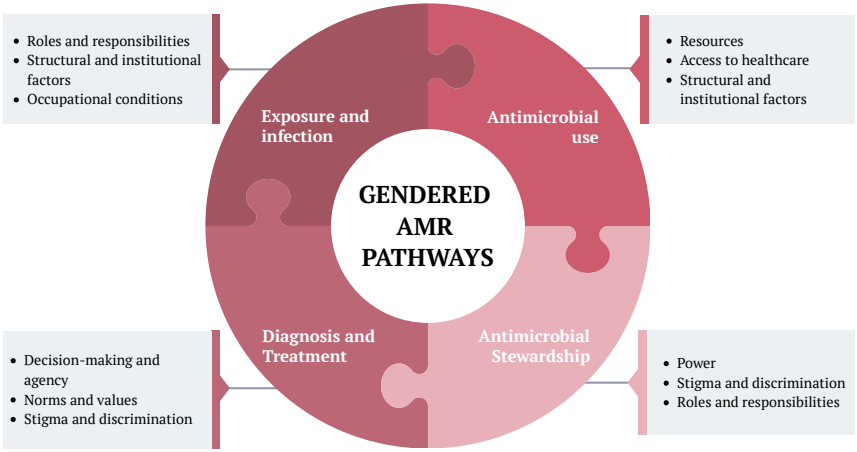
Gender-responsive AMR policy must move beyond identifying disparities to understanding and addressing the mechanisms that produce them.

Five key recommendations:
1. **Address mechanisms, not only disparities.**
2. **Integrate intersectional and life-course approaches.**
3. **Combine surveillance with qualitative and informal evidence.**
4. **Develop interventions targeting norms, stigma, agency, and power.**
5. **Evaluate both AMR and gender-equity outcomes**

Proposed policy framework

Identify → Trace → Locate → Contextualize → Respond → Evaluate & Adapt

Visualization of interconnected gender mechanisms and AMR pathways



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Report, references, and full framework | **rebeccajj.liu@mail.utoronto.ca** | **LinkedIn Profile**