

Making antimicrobial resistance surveillance work politically

Lessons, strategies and tools from the Fleming Fund

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Acronyms

AMR	Antimicrobial Resistance
AMRCC	AMR Coordinating Committee
AWaRe	Access, Watch and Reserve (WHO classification framework)
CAPTURA	Capturing Data on Antimicrobial Resistance Patterns and Trends in Use in Regions of Asia (a Fleming Fund project)
DHSC	Department of Health and Social Care
ECTAD	Emergency Centre for Transboundary Animal Diseases (part of FAO)
EPRR	Emergency Preparedness, Resilience and Response
EVIPnet	Evidence-Informed Policy Network (WHO initiative)
FAO	Food and Agriculture Organization of the United Nations
GRAM	Global Research on Antimicrobial Resistance Project
LMICs	Low and Middle-Income Countries
MSA	Multiple Streams Analysis (a policy framework developed by John Kingdon)
NAP	National Action Plan
PEA	Political Economy Analysis
PMP	Progressive Management Pathway (risk management framework developed by FAO)
RADAAR	Regional Antimicrobial Resistance Data Analysis for Advocacy, Response and Policy (a Fleming Fund project)
WHO	World Health Organisation

About this briefing paper

This briefing paper suggests lessons for antimicrobial resistance (AMR) surveillance efforts, drawing on the findings of the Itad-led independent evaluation of the Fleming Fund and on wider expertise on evidence-based policy and politically informed programming. Its purpose is to promote discussion of what works politically, not to make value judgements. The briefing paper is intended as a resource for people working on AMR surveillance in the global South, including:

- government officials responsible for implementing AMR surveillance systems and development efforts on an ongoing basis, for example national AMR focal points
- advocates working outside government to pursue the goals of AMR surveillance improvement and/or action to address AMR, for example leaders of community-based professional associations
- designers or funders of programmes intended to develop AMR surveillance or to promote action against AMR informed by surveillance.

The paper may also be of interest to other groups, for example researchers or people working in other fields of public health/science interested in developing politically informed approaches. However, it is based on general reflections from implementation rather than on any dedicated participatory process to collect or analyse data on this subject. Although the insights in this publication may not be groundbreaking for those working in this area, they are important for technically focused practitioners and so have broader applicability to equivalent technical programmes.

AMR surveillance is mainly a technical challenge, requiring functional microbiology laboratories with protocols and systems to process data. But the experience of the Fleming Fund, the UK's flagship programme for strengthening AMR surveillance in low and middle-income countries (LMICs), shows that **developing AMR surveillance systems is also a political challenge**. Ultimately, decisions about action on AMR are informed by politics as well as science. Decisions about whether to allocate resources to AMR surveillance involve political calculations too.

This briefing paper draws on Fleming Fund experience to suggest lessons, strategies and tools for people working on AMR surveillance in the global South.

Summary: strategies to make AMR surveillance work politically

The Fleming Fund experience shows that surveillance systems become more effective when they are **oriented around action**, **mobilised through people and institutions**, and **adapted to political realities across levels**.

A. ORIENT surveillance around action, local priorities and commitment



Lesson 1. Support action – ensure data generation aligns with intended use.

AMR surveillance is most politically valuable when it is designed backwards from the decisions it needs to inform.



Lesson 2. Adapt surveillance systems to local priorities and commitments.

Surveillance is more likely to be used, funded and defended when it reflects local policy priorities, and when ownership is expressed through practical commitments

B. MOBILISE people, institutions and agendas



Lesson 3. Leverage communities of technical practitioners.

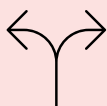
Technical implementers are also expert constituencies that can create credibility, broker influence and sustain momentum.



Lesson 4. Embed surveillance in existing systems and action-oriented coalitions.

AMR surveillance is more likely to endure when it is integrated into existing systems and supported by coalitions that are broad but focused.

C. ADAPT politically and work across levels



Lesson 5. Use political analysis to shape programme decisions.

Political analysis is useful when it actively informs choices about sequencing, stakeholder engagement and resource mobilisation.



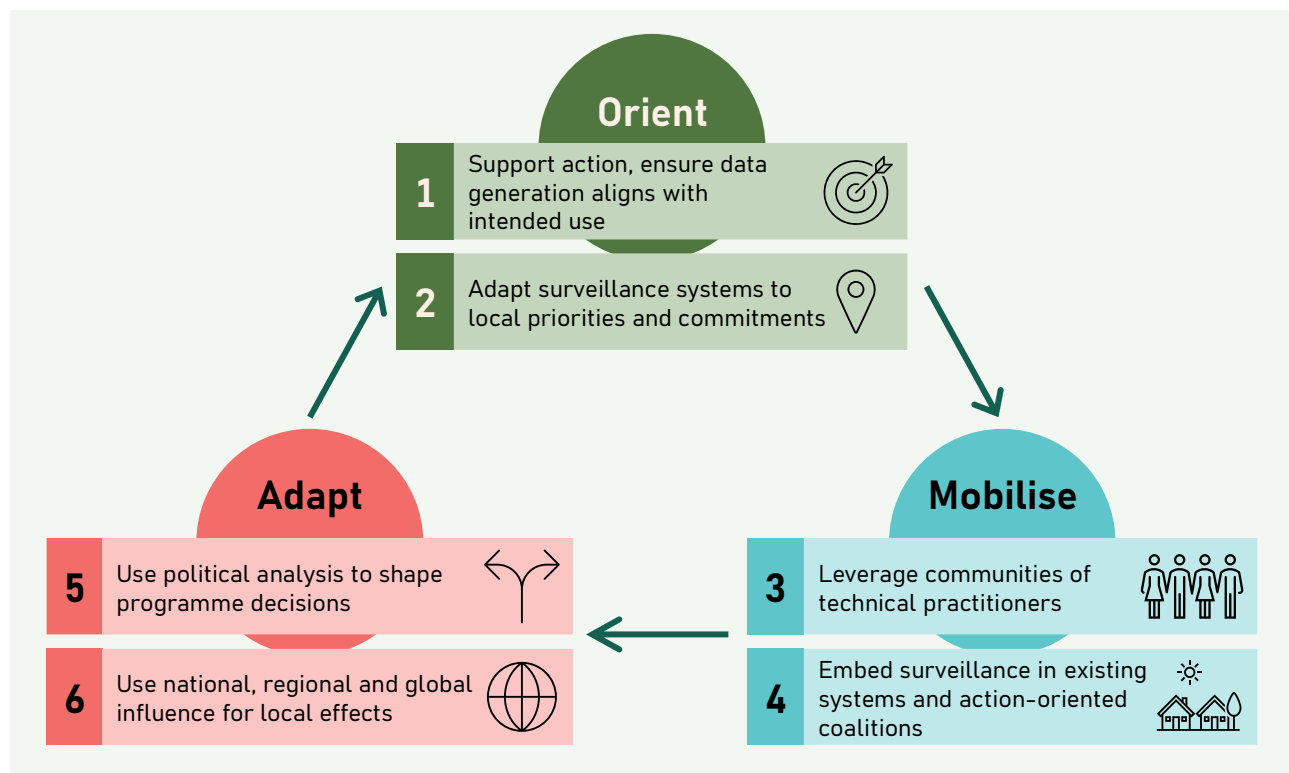
Lesson 6. Use national, regional and global influence for local effects.

Surveillance becomes more grounded and influential when local implementation experience is closely connected with national, regional and global dynamics.

These six lessons are not a recipe; they are a cycle of strategic reflection for programmes seeking to turn AMR evidence into practical change. The central message is that AMR surveillance works politically when it helps people act, builds constituencies for sustained use, and connects technical systems to public action.

For programme implementers, this means that political work needs to be planned and resourced. AMR surveillance programmes need time, expertise and management processes for stakeholder analysis, relationship building, evidence translation, coalition support and adaptive decision making. This requires political economy, policy engagement, communications and facilitation skills, and technical expertise.

Figure 1: Six lessons are suggested for consideration within a strategic reflection cycle





About the Fleming Fund

The Fleming Fund was a flagship investment by the UK which strengthened national AMR surveillance systems in LMICs across Africa and Asia. Responding to the [2015 Global Action Plan on AMR](#), the programme strengthened laboratory systems, trained the health workforce, and promoted a One Health approach in national AMR leadership and governance structures. Analysis of programme data reveals a transformative change story across more than 260 laboratories in human, animal health and environmental sectors.

The Fund was implemented over two phases: phase 1 ran from 2018 to 2023 and focused on improved data generation; phase 2 covered 2023 to 2026, with additional objectives including promoting uses of surveillance data on AMR. Experience across both phases has helped to inform this paper. Notable relevant programme interventions include:

- **The Fleming Fellowship Scheme.** The scheme supported more than 370 Fellows, including Policy Fellowships that were designed to strengthen national leadership in evidence-based policy development, advocacy and One Health collaboration. The documentary [The Silent Pandemic](#), produced by the Fleming Policy Fellows in Kenya, is a good example of their work.
- **The [Regional Antimicrobial Resistance Data Analysis for Advocacy, Response and Policy \(RADAAR\) project](#)** worked to catalyse sustained demand among decision makers for high-quality information and data sharing for use in global AMR planning, policy and advocacy.
- **Country grants** worked to develop institutions under country ownership, including through support to government committees and secretariats responsible for addressing AMR.

Why the political perspective matters

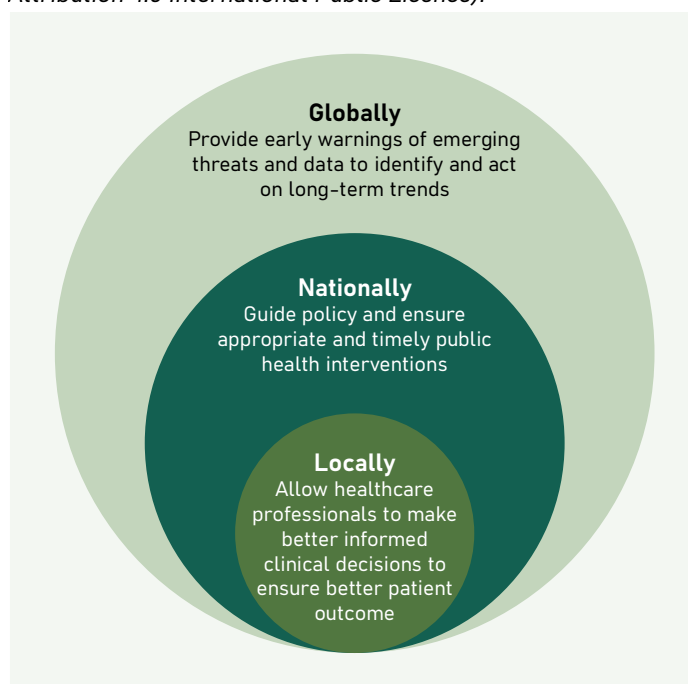
AMR is a complex social problem

AMR is sometimes referred to as a 'super wicked' problem. Already killing millions of people around the world each year, the growing resistance of infections to antimicrobial medicines – one of the cornerstones of modern medicine – is a critical threat to humanity. It is a transboundary 'One Health' phenomenon, cutting across the boundaries normally used to define and address issues, implicating agriculture, food and the environment as well as healthcare services across countries and regions. Many connected systems and behaviours are involved, from farming practices to prescription compliance. AMR is therefore a collective action challenge, requiring sustained coordination across sectors, institutions and levels of governance.

Decisions about what action to take need to be based on evidence...

One of the key objectives established by the first Global Action Plan on AMR in 2015 (WHO, 2015) and by the O'Neill report (O'Neill, 2016) was to strengthen the knowledge and evidence base through surveillance and research. Without surveillance and research, including the Fleming Fund as a globally significant investment over the past decade, the world would have continued 'flying blind'. In addition to clarifying the specific nature and scale of AMR as it emerges (for example in terms of identifying which 'bugs' are resistant to which 'drugs'), these efforts provide early warnings of outbreaks, help clinicians improve prescribing and prevention practices, and inform technological innovations. Most politically of all, evidence should inform public policy responses: establishing priorities, balancing competing interests, mobilising society, etc.

Figure 2: How surveillance can improve health outcomes (O'Neill, 2016, p.33, reproduced under the Creative Commons Attribution 4.0 International Public Licence).



...but surveillance faces an 'evidence to policy gap' at national level

The first major political problem for AMR surveillance is that national policy agendas have not responded smartly to growing knowledge about the AMR threat, leaving an 'evidence to policy

gap'. For example, one major objective is to establish better control over uses of antimicrobial medicines in agriculture, including in feed for growth promotion. Aside from bans in some cases, including Denmark's pig industry and a global push to restrict uses of the antibiotic medicine colistin, use in farming continues worldwide without adequate safeguards.

There are many possible explanations for why countries are not acting despite clear evidence of the need to act. Lack of policy action is caused in part by AMR's nature as a chronic issue: 'silent', slow, complicated. There are other public health issues that stake a greater claim on public attention, notably the Covid-19 pandemic in recent years but also perinatal mortality, HIV/AIDS and tuberculosis. Arguably, better access to medicines needs to be the starting point in the global South, before a focus on better use of medicines; and potential policy actions on AMR quickly implicate powerful economic interests, including the pharmaceutical industry as well as agribusiness.

AMR surveillance requires the investment of public resources

The other major political problem that AMR surveillance efforts face is that they involve work and require money, so there is a need to make the case for public investment. Perversely, the ask is smaller in richer countries, because surveillance data is a byproduct of good diagnostic services, and richer countries already have systems in place for producing relevant data and implementing necessary improvements in practice. Notably, richer countries have extensive networks of microbiology labs in hospitals working on testing patient samples for diagnosis, plus clinical engagement services making sure that results help inform treatment. These lab services have tended to be lacking in some parts of the global South, notably in Africa (ASLM, 2022). From a resource mobilisation perspective, AMR surveillance is therefore involved in the complicated politics of health system strengthening, the push for universal health coverage and the dynamics of domestic responses to recession in global health financing. There are many competing demands which make it justifiable for politicians to say that resources should be allocated elsewhere.



Political thinking: from obstacles to progress

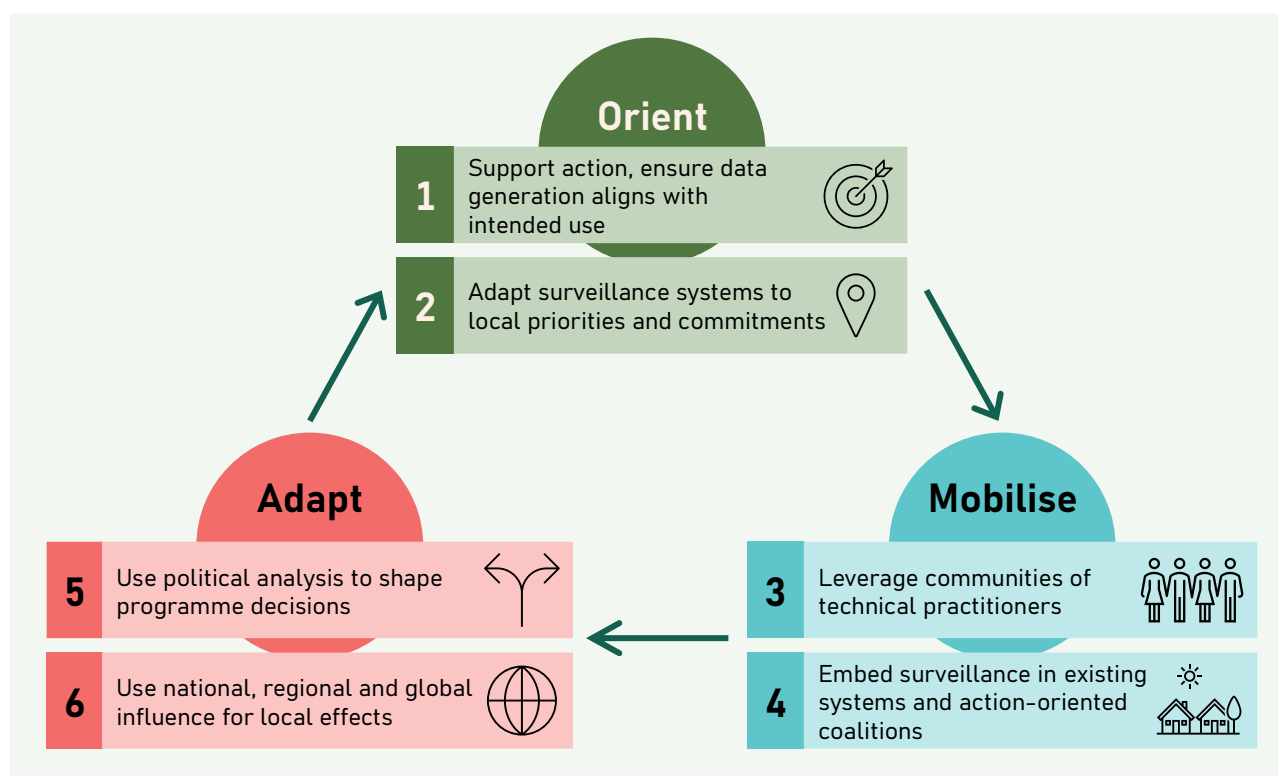
The political perspective matters because it offers opportunities to consider and improve approaches to these problems as specific issues within the overall complexity of AMR response. Although complex, technically intimidating and under-explored, the politics of AMR surveillance tend to lead to economic interests and budget allocations, making them familiar ground for students of political economy. To the extent that there has been focused attention on political aspects of AMR surveillance in the past, the tendency has been to emphasise obstacles, difficulties or formidable opposing interests. But the Fleming Fund's experience of navigating the issues in practice suggests a more nuanced outlook in the global South:

- AMR surveillance can align with and contribute to wider government objectives with broad-based public support, including improved access to medicines by national health systems and rural prosperity based on agricultural development.
- AMR surveillance helps broaden the case for investment in microbiology capacity globally, mobilising a partnership approach with diversified funding.

Lessons from implementation

The six lessons below are organised around three practical tasks for politically informed AMR surveillance programming: **Orient**, **Mobilise** and **Adapt**.

Figure 2: Six lessons are suggested for consideration within a strategic reflection cycle



A. ORIENT surveillance around action, local priorities and commitment

At this stage of the strategic reflection cycle, the questions to ask are: **what is surveillance for in this context, who needs to act, and what kind of evidence will help them do so?** It is especially relevant at design, prioritisation and review points, when programmes decide which data to collect, which systems to strengthen, and which policy or practice changes to target.



Lesson 1

Support action – ensure data generation aligns with intended use

The Fleming Fund helped close a major gap in AMR data generation across LMICs. That achievement created a new opportunity, inspiring phase 2 of the Fund's implementation: to move from producing surveillance data to using surveillance as a practical tool for action.

The global burden of AMR is now clearer, the case for action is stronger, and the main challenge is increasingly how surveillance can guide infection prevention and control, antimicrobial stewardship, treatment guidelines, procurement, regulation, investment and public communication.

Programmes should design surveillance backwards from priority actions. This involves identifying the users of surveillance evidence, the decisions they control, the timing of those decisions and the form of evidence they can use. Notably, microbiology data has immediate relevance in hospitals supporting diagnostic, empirical therapy and infection reduction actions by clinicians, before wider application for broader public health purposes (Holt, Carey, Chandler *et al.*, 2025).

Not all surveillance data will have an immediate action pathway, such as informing a response to an outbreak of multidrug-resistant disease. Some data is needed for trend analysis, early warning, global comparability or scientific understanding. But politically sustainable surveillance needs at least some visible connections to decisions that matter domestically. Fleming Fund experience suggests that these connections require additional explanation when they are indirect or not immediately apparent, for example when informing economic analysis, assessments of cost drivers or reductions, or organising improvements in addressing priority diseases.



It is important that interventions combine infection prevention, vaccination, minimisation of inappropriate antibiotic use in farming and humans, and research into new antibiotics to mitigate the number of AMR deaths that are forecasted for 2050."

Global Burden of Disease AMR Collaborators 2021 (an initiative of the Fleming Fund-supported Global Research on Antimicrobial Resistance Project (GRAM)).

One of the implications of aligning data generation with intended use is increased attention to data sharing, analysis and advocacy to deliver messages based on the data. The Fleming Fund invested in governance functions, technical capacity and initiatives enabling stakeholders to develop narratives around AMR surveillance data, for example using national data dashboards to visualise spatiotemporal trends in resistance development (Joh, Yeats, Shaw *et al.*, 2023). Similarly, the Capturing Data on Antimicrobial Resistance Patterns and Trends in Use in Regions of Asia (CAPTURA) project was a Fleming Fund initiative that supported reflection within the programme on the need for analytical steps to engage policymakers with data analysis (Holm, 2022).



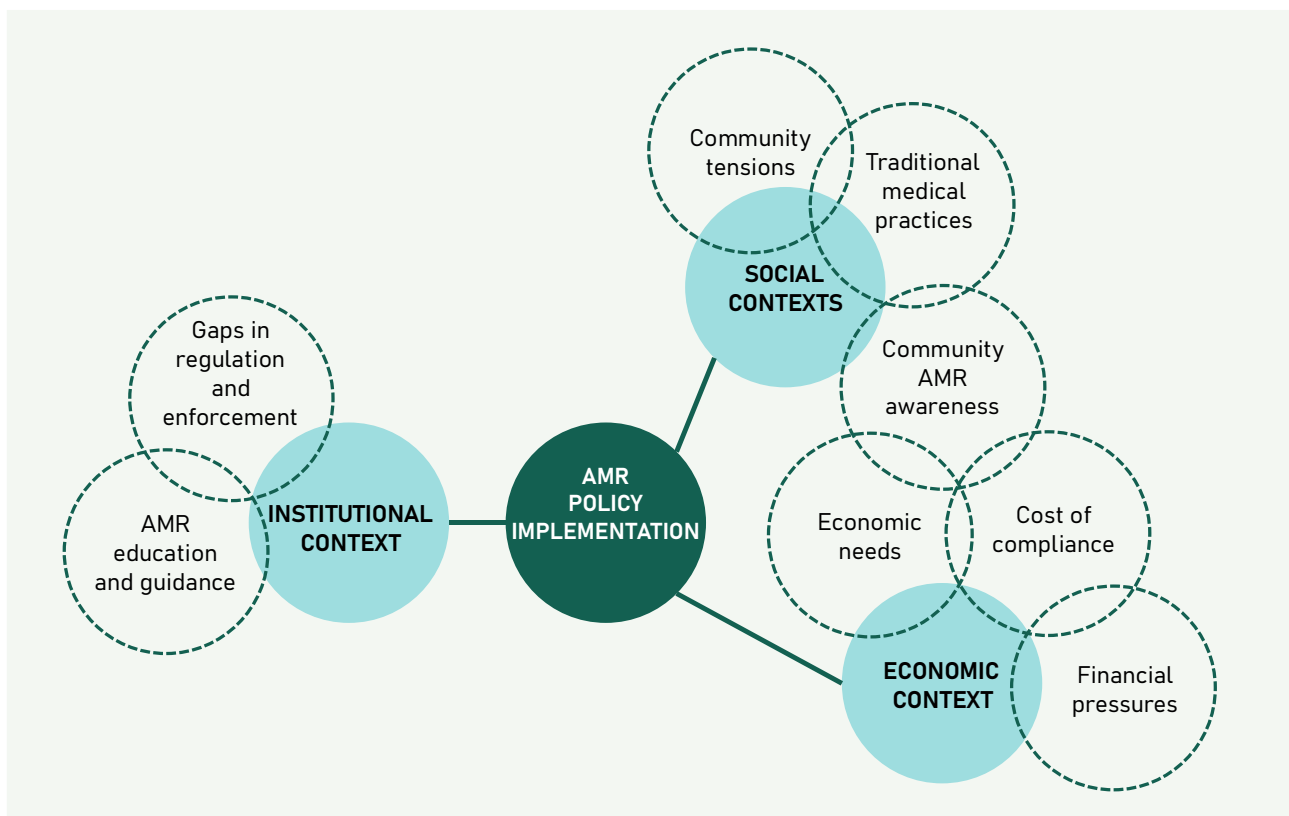
Lesson 2

Adapt surveillance systems to local priorities and commitments

AMR surveillance efforts now have a stronger global evidence base, technical standards and programme experience to draw on. The opportunity exists to use these assets in ways that fit local priorities and secure real commitments, as well as continuing to advance globally recommended models for translation into national systems.

This lesson combines two insights. First, the political and epidemiological shape of AMR varies by setting. Surveillance therefore needs to be adapted to local realities. Countries differ in disease burden, laboratory capacity, antimicrobial use patterns, animal production systems, regulatory arrangements, professional networks, health financing and public priorities. Different actors see AMR in very different terms or apply different 'policy frames' (Wernli, Jørgensen, Morel *et al.*, 2017). Policy implementation needs to bear in mind the impact of social, economic and institutional contexts on AMR (see Figure **Error! Reference source not found.**).

Figure 4: Contextual conditions for AMR policy implementation (Mickelsson and Oljans, 2025, reproduced under the terms of the Creative Commons CC BY license).



Second, AMR surveillance efforts need to establish ownership through commitment rather than alignment alone. Alignment with national action plans (NAPs) and government structures is necessary but not sufficient. Ownership becomes meaningful when institutions make practical commitments: staff time, budgets, mandates, review processes, procurement decisions, training systems or policy changes. A forthcoming Itad publication on designing sustainable surveillance systems (Maragno, 2026) has more information focused on resourcing of AMR surveillance.

Programmes should diagnose what matters locally before deciding what surveillance should prioritise. This includes asking which sectors are politically salient, which institutions have authority, which actors can sustain implementation, and which AMR-related problems already connect to domestic policy agendas. Programmes should support more concrete prioritisation within NAPs, mechanisms for joint monitoring and review, and earlier discussion of domestic resource mobilisation alongside external financing. This connects with Lesson 5 about programme uses of political analysis to guide their decisions.

Adaptation should not mean lowering ambition; it means sequencing ambition realistically. As observed by the ‘roadmap’ that guided Fleming Fund design (see Lesson 6), a country may need to begin with a limited number of pathogens, sentinel sites, sectors or decision processes, then expand as capacity and commitment grow. Local adaptation should remain compatible with core standards. Global comparability and quality assurance still matter. The political task is to balance standardisation with relevance.

Surveillance is more likely to be used, funded and defended if it is locally adapted. This helps avoid systems that satisfy external reporting expectations but remain peripheral to domestic priorities. Locally adapted surveillance also supports a more equal partnership model, in which LMIC actors shape the agenda rather than simply implementing globally defined surveillance templates.

Examples from Fleming Fund work

- Government action on AMR is usually framed by a country’s NAP. NAPs have tended to reflect global expectations more than national political commitments, with current best practice focusing on establishing clearer prioritisation. [The Fleming Fund invested in supporting clearer priorities under NAPs.](#)
- Evidence-based policy processes typically involve deliberation and discussion, not just data analysis. The World Health Organisation’s (WHO’s) Evidence-Informed Policy Network (EVIPNet) promotes the systematic use of health research evidence in policymaking. The Fleming Fund’s RADAAR project teamed with EVIPNet to [pioneer evidence-based policy acceleration](#) in eight countries in the global South.
- Practice-based improvements depend on empowering local practitioners to mobilise professionally grounded behaviour change responses based on their own priorities. The Fleming Fund worked extensively with the Commonwealth Pharmacists Association to [empower pharmacists in the global South](#) as leaders in antimicrobial stewardship initiatives, informed by research and surveillance. The Fund supported the Food and Agriculture Organization of the United Nations (FAO), through its Emergency Centre for Transboundary Animal Diseases (ECTAD), to develop and implement its [Farmer Field School](#) approach to engaging animal husbandry workers.

B. MOBILISE people, institutions and agendas

This stage of the cycle asks: **who can create credibility, who can convene, who can broker influence, and where can AMR surveillance be embedded so that it lasts?** It is especially relevant for implementation, partnership management, institutional strengthening and sustainability planning.



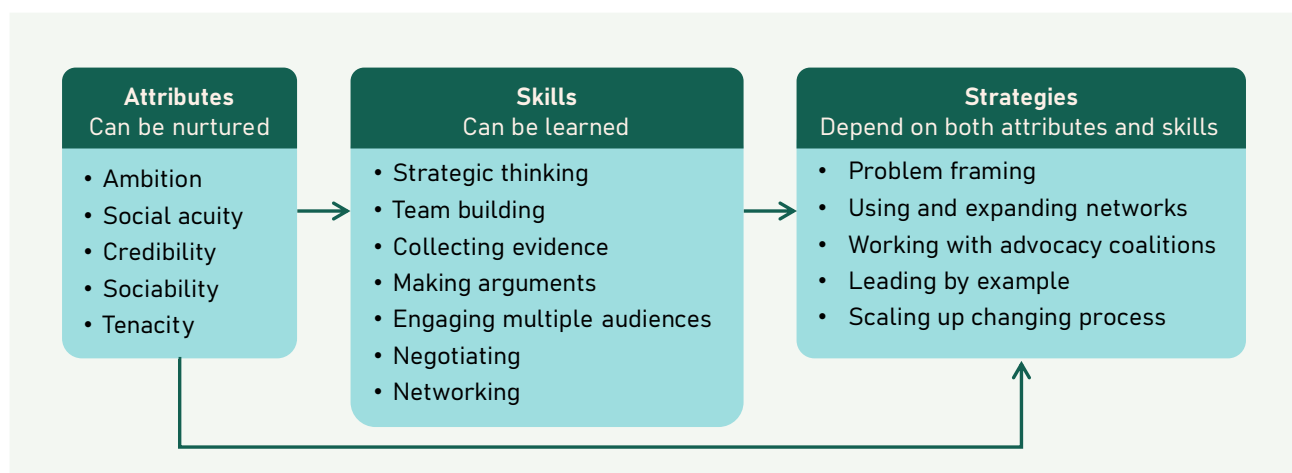
Lesson 3

Leverage communities of technical practitioners

One of the Fleming Fund's major strengths was its investment in technical communities. The programme helped strengthen the people and professional networks needed to generate AMR surveillance data, particularly microbiologists and laboratory staff but also pharmacists, clinicians, veterinarians, epidemiologists, data specialists and public health officials. These communities now represent an important political asset for AMR action.

Technical communities should not be seen only as implementers of surveillance; they are also constituencies for change. They understand the data, can explain its implications, hold professional credibility, and often remain engaged when political attention shifts elsewhere. In a field such as AMR, where the problem is technically complex and often poorly understood by non-specialists, expert communities play a crucial role in the difficult and time-consuming task of making issues intelligible and actionable. The Fleming Fund drew on thinking about 'policy entrepreneurs' to consider how expert communities could be supported to play this role (see Figure **Error! Reference source not found.** for some common considerations on this subject).

Figure 5: Useful approaches for encouraging policy engagement by expert communities (Mintrom, 2019, reproduced under the terms of the Creative Commons CC BY license).



Programmes should therefore invest in technical communities as networks of influence, not only as recipients of training. This can include fellowships, mentoring, peer learning, professional associations, communities of practice, leadership development, regional exchanges and formal roles in national committees or policy processes. Technical actors can convene, broker and influence when they are given platforms, recognition and opportunities to engage beyond their immediate professional settings.

However, technical credibility is not enough on its own. Technical communities need links to institutional authority, budgets and political opportunity. A microbiologist, pharmacist or veterinarian may have strong technical expertise but still needs support to communicate with policymakers, hospital managers, finance officials or the public. Programmes can help by creating spaces where technical communities engage directly with decision makers and by supporting policy briefs, dashboards, presentations, media products and deliberative forums.

Building from technical communities helps sustain momentum. It protects standards, builds trust in surveillance data, creates continuity beyond individual projects, and reduces reliance on short-term donor attention or isolated champions. It also gives AMR surveillance a stronger domestic base, rooted in professional communities that have an ongoing stake in the system.



Lesson 4

Embed surveillance in existing systems and action-oriented coalitions

AMR surveillance is more likely to inform action and endure when it is embedded in systems and coalitions that already carry authority, resources or political attention. Stand-alone AMR surveillance initiatives can be perceived as specialist, donor-driven, technically complex and expensive to maintain. Embedding surveillance in existing systems helps reduce this risk.

This means looking for institutional homes and policy agendas where AMR surveillance can add value (see **Error! Reference source not found.**). These may include laboratory networks, health information systems, disease surveillance platforms, infection prevention and control programmes, antimicrobial stewardship initiatives, standard treatment guideline processes, essential medicines lists, national quality improvement systems, veterinary services, food safety regulation, environmental monitoring, pandemic preparedness or health system strengthening.

Embedding should be strategic rather than indiscriminate. Too much integration can dilute AMR-specific accountability; too little can leave surveillance isolated. Programmes should assess which systems have the mandate, capacity and incentives to use surveillance evidence. The aim is not to attach AMR surveillance to every adjacent agenda but to identify the places where it can influence routine decisions and be sustained.

Box 1: Examples of where AMR surveillance could be integrated

Key national policy processes for AMR surveillance integration

Medicines procurement (Essential Medicines List)

Clinical guidance (treatment standards, infection prevention & control)

Pharmaceutical regulation

Livestock development planning

Health system & insurance planning

Food security planning

One Health platforms

Emergency preparedness, resilience and response (EPRR)

Coalitions matter for similar reasons. AMR is a One Health issue and cannot be addressed by a single ministry, sector or profession. But coalitions need to be purposeful. They should be broad enough to bring influence and resources but focused enough to make decisions and sustain accountability. Government and technical actors are central, but coalitions may also need

professional associations, civil society, patient and public involvement, academia, private laboratories, pharmaceutical market actors, agricultural producers and regional organisations.

Embedding surveillance in systems and coalitions reduces duplication, improves sustainability and creates pathways for findings to influence routine decisions. It also improves the prospects for domestic financing, because surveillance becomes part of broader health, agriculture, regulatory or development systems rather than a stand-alone cost centre. Sustainable AMR surveillance system financing is less about AMR-specific budget lines and more about health insurance systems that cover relevant diagnostic tests, ensuring funding for microbiology within national laboratory systems, establishing durable models for individual laboratory operations and maintenance, and making space for AMR in research funding systems.

Examples from Fleming Fund work

- The Fleming Fellowship Scheme supported technical leaders to contribute beyond data generation, including through policy leadership, advocacy and One Health collaboration (Mott MacDonald, 2025a). The Policy Fellowships managed by Mott MacDonald (the Fleming Fund's management agent) were especially relevant because they aimed to strengthen national leadership in evidence-based policy development and influence.
- Country Grants supported AMR Coordinating Committees (AMRCCs) and other One Health governance structures, creating institutional spaces where technical evidence could be discussed across sectors. Kenya, Malawi, Nepal and Timor-Leste were among the countries in which clear institutional momentum built up around AMR surveillance informing national action (Itad, 2024a).
- Data and Evidence Use grants in phase 2 of the programme studied the effectiveness, cost-efficiency and sustainability of different animal health AMR surveillance strategies (Worth, Fenwick, Whitaker et al., 2026). This included farm-based, abattoir, opportunistic and wastewater sampling, with recommendations including embedding AMR sampling within a range of existing programmes rather than through dedicated farm-based initiatives.

C. ADAPT politically and work across levels

This stage of the cycle asks: **how can programmes remain politically informed, flexible and influential over time?** It is especially relevant for funders, programme managers, evaluators, technical assistance providers and government partners making decisions about sequencing, influencing, risk management and sustainability. This question is also relevant to policy champions and policy entrepreneurs considering how to maintain programmatic momentum over the longer term.



Lesson 5

Use political analysis to shape programme decisions

The Fleming Fund's investments in political analysis (see **Error! Reference source not found.**) created an important opportunity to understand why technically sound surveillance systems may

struggle politically. The lesson is not simply to “do Political Economy Analysis” (PEA) but to make political analysis influential enough to inform programme decisions.

Box 2: Summary of political economy and PEA

Political economy and PEA in a nutshell

Political economy is concerned with how power and resources are distributed and contested, and how this affects the distribution of income and wealth in any country (Green, 2020)

PEA is the attempt to find out what is really ‘going on’ in a situation – what lies behind the surface of the immediate problem, for example whether competing interests exist. Usually this is formulated with (and clouded by) jargon around power, rules of the game, formal and informal systems, etc., all of which boils down to trying to understand the ‘lie of the land’. PEA is therefore part of the process of being ‘politically smart’ in our work, which is not the same as being partisan (committed to one set of political actors over another) (Whaites, 2017).

AMR surveillance is shaped by power, resources, mandates, professional hierarchies, incentives, budgets, informal relationships and competing priorities. Political analysis helps programmes understand these dynamics. It can show why data is not being shared, why committees do not meet, why budgets are not allocated, why One Health coordination remains weak, or why technically sensible recommendations fail to influence policy.

Political analysis should begin early, ideally at design stage, and continue through implementation. It should inform choices about sequencing, stakeholder engagement, messaging, institutional positioning, coalition building, resource mobilisation and risk mitigation. The most useful questions are practical: who has authority over surveillance budgets? Who controls laboratory staffing and supply chains? Which professional groups are influential? Which policy processes are open? Which actors might resist change? What incentives shape data sharing? Where are the opportunities to act? Who are the people that would need to be involved?

Table 1 compares some of the different approaches that the Fleming Fund mobilised to include political analysis in its work. One of the main analytical approaches that the evaluation team used was Kingdon’s **Multiple Streams Analysis (MSA)**, a widely applied theoretical framework addressing policy change as a question of agenda setting. In MSA, policy changes are understood to occur at moments of opportunity when three types of factors (or ‘streams’) converge: a ‘policy’ stream suggesting solutions to issues; a ‘problem’ stream defining what issues need to be addressed; and a ‘politics’ stream determining commitment to action. But this was not the only approach to political analysis used in the Fleming Fund’s work. Another key example was in the **‘Country Investment Strategy’** series produced by the management agent team for the DHSC as part of phase 2 design; these documents included extensive notes on the institutional context of each country, informing scoping of partnership activities accordingly. The Fleming Fund also applied conventional **Political Economy Analysis (PEA)** at country level as part of phase 2 inception.

Table 1: Comparison of political analysis initiatives guiding Fleming Fund work

Initiative	Multiple Streams Analysis (MSA)	Country Investment Strategy context appraisal	Political Economy Analysis (PEA)
Theoretical basis	Kingdon (Cairney and Jones, 2016)	N/A	UK programming guidance
Implementer	Independent evaluation	Management agent	Country grantees
Timing	Mid-phase 1 – mid-phase 2	Phase 2 design	Phase 2 inception
Recurrence	Periodic updates	One-off	One-off
Utilisation	Assess programme adaptation to national policy agendas	Contextualise investment decisions	Help identify country-specific data, use opportunities and improve sustainability
Strong point	Helped inform strategic shift towards data use in phase 2	Integral part of core investment decision process	Local ownership and context familiarity
Learning about programme improvement	Aim to include actionable insights that are as specific as possible	Maximise clarity on scope for intervention variation based on analysis	Empower actors to change approaches based on analysis

Political analysis needs to be actionable. Broad statements about “complex stakeholders” or “political instability” are less useful than specific judgements about what a programme should do differently. PEA also needs to be connected to decisions on how to adapt programme implementation – through regular reflection, decision points, flexible resources and leadership willing to change course. There is limited value in funders and implementers becoming more politically aware if they have no room to adapt. A range of factors – including programme design and architecture, and external shocks leading to reduced effective implementation time – meant that this was sometimes an issue in Fleming Fund work.

Political analysis is traditionally about looking at the factors that support or constrain reform behaviour by key actors. These factors include structural issues (including lack of resources and weak health systems), institutional factors (such as the tendency for governance in different sectors such as health and agriculture to be siloed), incentives, motivations, and – crucially – power of the actors involved to act. Ultimately, behaviour change frameworks such as COM-B (Michie, van Stralen and West, 2011) can help pin down whether actors have the capacity, opportunity and motivation to behave differently (including physical and social opportunities that empower them to act).¹

Policy influence theories can strengthen programme design. The Fleming Fund was designed partly around agenda setting, at a time when the world was still waking up to the threat of AMR.

¹ See for example Hawkins, R., Michael, P., Byrne-Davis, L., Bull, E., Skone-James, R., and Hart, J. (2023). The behaviours identified and the behaviour change techniques planned in health partnerships for antimicrobial stewardship. *Applied Psychology: Health and Well-Being* 15(3): 983–98. <https://doi.org/10.1111/aphw.12421>

As the field has matured, other approaches have become more relevant, for example coalition building, policy entrepreneurship (see Lesson 3), advocacy, policy “venue shopping” and timing around policy cycles. Different influence strategies suit different moments. A programme seeking to raise AMR on the national agenda may need one approach; a programme seeking to secure a specific guideline change, budget line or regulatory reform may need another. The idea that simply disseminating/advocating around policy cycles will work by itself is now seen as naïve. As Paul Cairney (2014) put it, “if you want to inject more science into policymaking you need to know the science of policymaking.”

Used well, political analysis helps programmes avoid technically sound but politically unrealistic plans. It improves targeting, timing and adaptation. It can help surveillance evidence reach the right people, in the right form, at the right moment, through the right institutional channel.



Lesson 6

Use national, regional and global influence for local effects

AMR surveillance operates across levels. Local laboratories, hospitals, farms and facilities generate data; national institutions set priorities and allocate resources; regional bodies support coordination and learning; global organisations shape standards, norms and accountability. Programmes need to connect these levels deliberately so that surveillance is both locally useful and politically visible. Fleming Fund implementation followed a roadmap for national standardisation based on centrally coordinated country laboratory networks feeding into global surveillance systems (Leslie, Donoghue, Wildfire and Onasanya, 2025).

A country-level focus is necessary but incomplete. The AMR agenda has been strongly shaped by global health institutions, with the Fleming Fund's efforts also helping to focus efforts locally (especially on laboratories working in hospitals) (Leslie, Donoghue, Wildfire and Onasanya, 2025). Regional organisations can also influence national agendas through peer learning, standards, political declarations, technical networks and pooled legitimacy.

Programmes should create channels that draw in all these levels in a systematic way. Local implementation experience should inform national policy. National priorities should shape local surveillance design. Regional platforms should support peer learning and political momentum. Global standards should provide legitimacy and comparability without crowding out domestic relevance.

This also means valuing subnational influence. Especially in devolved systems, counties, provinces, leading hospitals or national research institutes can become sources of wider policy change (including through ‘hub and spoke’ working). Programmes should look for these local centres of initiative and help connect them to national processes. Local examples can be politically powerful because they show that change is possible in practice, not just recommended in global guidance.

Upward reporting should not dominate. Facilities, laboratories and local actors need feedback and practical value from the data they produce. Global comparability matters, but surveillance will not be sustained if local data producers experience it only as an extraction exercise. The

loop needs to return to those generating the evidence through feedback, benchmarking, recognition, training, resources or influence over priorities.

Working across levels helps AMR surveillance become both grounded and influential. This matters because surveillance is difficult to sustain when local data production, national decision making and global reporting are weakly connected. Programmes need these levels to reinforce one another so that data collected locally informs decisions nationally and contributes to regional or global learning without becoming extractive. It also supports a more balanced model of global health, where LMIC experience and leadership shape wider AMR surveillance agendas rather than simply responding to them.

Examples from Fleming Fund work

- Country grantees were required to conduct PEA exercises as part of phase 2 inception deliverables; by the end of 2024, 19 had been produced. The management agent published a synthesis summarising observations and suggesting lessons for sustainability (Mott MacDonald, 2025b). Lessons included the value of bearing in mind a policy/practice distinction for data use and presenting laboratory investments in terms of health system and security benefits as well as AMR.
- The DHSC commissioned Itad to deliver an independent evaluation of the Fleming Fund, which worked alongside implementers throughout the programme cycle to support learning. Between 2021 and 2022, the evaluation team worked across a range of processes to encourage and support a strategic shift towards data use for phase 2 (Itad, 2024b), including formal assessment of data use issues by country and local impact vignettes (or “stories of change”).
- In addition to main programme funding through grants administered by the management agent, the Fleming Fund supported a wide range of global interventions helping to set standards for national action, including for example the [WHO Access, Watch, Reserve \(AWaRe\) classification to support AMS](#) and the [FAO Progressive Management Pathway for Antimicrobial Resistance \(FAO-PMP-AMR\)](#).

Resources and tools

The **Fleming Fund Knowledge Hub**, hosted by The Global Health Network at <https://flemingfundknowledgehub.tghn.org/>, is a repository of the Fleming Fund's publications, including those produced by the Fund's evaluation partner, Itad.

For programme designers

Center for Evaluation Innovation (2013). Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts. <https://evaluationinnovation.org/publication/pathways-for-change-10-theories-to-inform-advocacy-and-policy-change-efforts/>

FCDO (2024). Understanding change as politics not political will. <https://www.gov.uk/government/publications/understanding-change-as-politics-not-political-will/understanding-change-as-politics-not-political-will>

GSDRC Thinking and Working Politically. <https://gsdrc.org/professional-dev/thinking-and-working-politically/>

IDS Shaping Policies and Programmes with Evidence online course. <https://www.ids.ac.uk/specialist-short-courses/shaping-policy-with-evidence/>

IfG (2016). Improving government effectiveness across the world: Can lessons from the UK's reform experience help? <https://www.instituteforgovernment.org.uk/sites/default/files/publications/4897%20IFG%20-%20Improving%20Governm-final-version-for-web.pdf>

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For implementers

FCDO (2023). Understanding political economy analysis and thinking and working politically. <https://www.gov.uk/government/publications/understanding-political-economy-analysis-and-thinking-and-working-politically>

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Thinking and Working Politically Community of Practice: <https://twpcommunity.org/>

Whaites, A. (2017). The Beginner's Guide to Political Economy Analysis (PEA)

https://assets.publishing.service.gov.uk/media/5c1a33e0ed915d0b753d157f/The_Beginner_s_Guide_to_PEA.pdf

For evaluators

Cairney, P. (2021). Paul Cairney: Politics & Public Policy.

<https://paulcairney.wordpress.com/1000-words/>

Center for Evaluation Innovation (2013). Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts. <https://evaluationinnovation.org/publication/pathways-for-change-10-theories-to-inform-advocacy-and-policy-change-efforts/>

Steinberg, M., Jacobson, A., and Powadiuk, K. (2015). A Guide to Policy-Influence Evaluation: Selected Resources and Case Studies.

<https://www.nccmt.ca/uploads/media/media/0001/01/c3374b8be4b35e1340385f1b593d3bb9f50f6a38.pdf>

UNEG (2023). Evaluating Policy influence Stocktaking Report.

https://www.unevaluation.org/uneg_publications/evaluating-policy-influence-stocktaking-report

For AMR specialists

Open University Tackling AMR courses:

<https://www.open.edu/openlearncreate/course/index.php?categoryid=1985>

RADAAR materials, including advocacy guide: <https://www.ivi.int/what-we-do/research-areas/amr/radaar/activities/>

WHO (2023). Guidance to facilitate monitoring and evaluation for antimicrobial resistance national action plans.

https://www.who.int/publications/i/item/9789240069763?utm_source=chatgpt.com

World Bank (2024). Stopping the Grand Pandemic: A Framework for Action. Addressing Antimicrobial Resistance through World Bank Operations.

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