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Antimicrobial Resistance: Increasing Knowledge, Developing Skills, and Exploring Strategies

Training for Journalists, Spokespersons, and Advocates

October 8-13, 2007
Addis Ababa, Ethiopia
Trip Report

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MANAGEMENT SCIENCES *for* HEALTH



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About Links Media



A full-service communications company, Links Media provides organizations with an array of technologies and methods to influence behavior, communicate risk, and mobilize resources to generate positive change. Links Media's services include market research, strategic communications, multimedia production, partnership building and advocacy, and knowledge dissemination. Links Media is currently leading communication and advocacy efforts in support of multisector and multifactor antimicrobial resistance (AMR) containment strategies in Africa and South America through the United States Agency for International Development's (USAID) South American Infectious Diseases Initiative (SAIDI).

About APUA



The mission of the Alliance for the Prudent Use of Antibiotics (APUA) is to improve infectious disease treatment and control worldwide by promoting appropriate antibiotic access and use and by reducing antibiotic resistance. Founded in 1981 as a nonprofit organization, APUA is the only organization solely dedicated to strengthening society's defenses against infectious diseases. Through research, education and field support, APUA aims to improve antimicrobial use and curb antimicrobial resistance.

Headquartered in Boston, APUA encompasses a network of affiliated chapters in 56 countries throughout the world. This global network supports country-based activities to control and monitor antimicrobial resistance that are tailored to local needs and customs. APUA facilitates the exchange of objective, up-to-date scientific and clinical information among scientists, health care providers, consumers and policy makers worldwide. The APUA chapters provide a multi-disciplinary approach to containing antimicrobial resistance by involving experts in infectious disease medicine, microbiology, pathology, clinical pharmacology and antibiotic resistance surveillance. APUA provides technical assistance on AMR to selected countries in Africa under a subcontract with MSH/RPM Plus.

About MSH/RPM Plus



MANAGEMENT SCIENCES for HEALTH
Management Sciences for Health/
Rational Pharmaceutical Management Plus

MSH works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. MSH programs offer technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning; and in promoting the appropriate use of health commodities in the public and private sectors.

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TABLE OF CONTENTS

- ABBREVIATIONS AND ACRONYMS.....6**
- EXECUTIVE SUMMARY.....7**
- BACKGROUND.....8**
- PURPOSE OF THE TRIP.....9**
- SCOPE OF WORK.....10**
- TRIP ACTIVITIES.....11**
 - A. PREPARATION FOR WORKSHOPS AND LOGISTICS MEETING
 - B. TRAIN-THE-TRAINER WORKSHOP
 - C. EVIDENCE-BASED AMR REPORTING FOR JOURNALISTS WORKSHOP
 - D. EFFECTIVE AMR COMMUNICATION FOR SPOKERSPERSONS WORKSHOP
 - E. ADVOCATES TRAINING ON AMR WITH THE NATIONAL COMMITTEE MEMBERS
 - F. NETWORKING EVENT
 - G. POST-WORKSHOP DEBRIEFING SESSIONS
- OBSERVATIONS AND RECOMMENDATIONS.....16**
 - A. WORKSHOP EVALUATIONS SUBMITTED BY THE PARTICIPANTS
 - 1. Journalists: Evidence-Based AMR Reporting Workshop
 - 2. Spokespersons: Effective AMR Communication Workshop
 - 3. Advocates: National Committee Members Workshop
 - 4. Train-the-Trainer Workshop
 - B. ORGANIZERS' COMMENTARY ON ALL TRAINING
 - C. IMPROVEMENT OF THE TRAINING CURRICULA
- NEXT STEPS.....25**
- ANNEX 1. REQUEST FOR COUNTRY CLEARANCE.....26**
- ANNEX 2. JOURNALIST TRAINING CURRICULUM.....31**
- ANNEX 3. SPOKESPERSON TRAINING CURRICULUM.....109**
- ANNEX 4. ADVOCATE TRAINING CURRICULUM.....171**
- ANNEX 5. TRAINING AGENDAS.....259**
- ANNEX 6. PRESENTATION MATERIALS FROM ALL TRAININGS.....268**
- ANNEX 7. PHOTOGRAPHS FROM ALL TRAININGS.....272**
- ANNEX 8. EVALUATION TEMPLATES FOR ALL TRAININGS.....277**
- ANNEX 9. SUBMITTED WORK PLAN.....290**
- ANNEX 10. ADDITIONAL TRIP AND MEETING MATERIALS.....296**

ABBREVIATIONS AND ACRONYMS

AAU	Addis Ababa University
AMR	Antimicrobial Resistance
APUA	Alliance for the Prudent Use of Antibiotics
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention (USA)
CRDA	Christian Relief and Development Association
DACA	Drug Administration and Control Authority (Ethiopia)
DOTS	Directly Observed Therapy
DTC	Drug and Therapeutic Committees
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
KAP	Knowledge, Attitudes, Practices
MoH	Federal Ministry of Health (Ethiopia)
MSH	Management Sciences for Health
MDR	Multidrug Resistance
MDR-TB	Multidrug Resistant Tuberculosis
RPM Plus	Rational Pharmaceutical Management Plus
SAIDI	South American Infectious Disease Initiative
STGs	Standard Treatment Guidelines
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOT	Train-the-Trainer
USAID	United States Agency for International Development
USG	United States Government
VOA	Voice of America
WHO	World Health Organization
XDR-TB	Extremely Drug Resistant Tuberculosis

EXECUTIVE SUMMARY

The health gains achieved by focusing on priority health issues—such as tuberculosis (TB), malaria, acute respiratory infections (ARIs), diarrheal diseases, sexually transmitted infections (STIs), and HIV/AIDS are increasingly threatened by the growing global problem of antimicrobial resistance (AMR). As part of a multi-faceted response, the United States Agency for International Development (USAID) Bureau for Global Health is supporting the application by local stakeholders of an approach to initiate country-level advocacy, coalition-building, and implementation of locally feasible packages of strategies to prevent and contain AMR.

This Annual Performance Report documents the major actions and activities undertaken by Links Media; as well as achievements, challenges, proposed solutions and recommendations, and the overall progress towards attaining desired results. A financial report is also included. In order to complete our required deliverables, we have developed a framework for an AMR advocacy and communication strategy that includes using training to effectively communicate issues related to antimicrobial resistance and containment targeted to Ethiopian journalists, health professionals, government authorities, academics, and other supporters of AMR containment.

An AMR stakeholders' meeting was held on March 2, 2006 in Addis Ababa, Ethiopia. Following the meeting, a multi-disciplinary AMR Task Force was formed, which finalized its terms of reference in June 2006. The AMR Task Force is situated within the Ethiopian Drug Administration and Control Authority (DACA), whose representatives occupy the Chair and Secretariat positions on the Task Force. In August 2006, the Task Force conducted a Drug and Therapeutic Committees (DTC) training course in collaboration with DACA and MSH/RPM Plus. The AMR Task Force held an Ethiopian stakeholders' Call-to-Action workshop from November 16-18, 2006. Technical staff from MSH/RPM Plus, Links Media, and the Alliance for the Prudent Use of Antibiotics (APUA) were in attendance. An important achievement from this workshop was the release of a Call-to-Action declaration titled the "Adama Declaration."¹ The full details of this trip are included in this Trip Report.

Technical staff from MSH/RPM Plus, APUA, and Links Media were in Ethiopia from October 8-13, 2007 to further the implementation of AMR advocacy and containment strategies in the country. A two-day Train-the-Trainer (TOT) workshop was held, along with a three-day training workshop involving journalists, spokespersons, and advocacy representatives from Ethiopia. The training workshop was designed to provide the journalists, spokespersons, and advocates with the opportunity to acquire information about AMR, the skills to address AMR in their current professions, and an opportunity to network with their colleagues and strategize the best ways to combat the issue. The full details of this trip are also included in this Report.

¹Goredema, W, Hazemba O, N. Nelson, Sánchez M., and Sosa, A. 2006. *A Call-to-Action National Workshop on Antimicrobial Resistance Containment*; Adama, Ethiopia, November 16-18, 2006; Trip Report. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

BACKGROUND

The health gains that were achieved by focusing on priority health issues—such as tuberculosis (TB), malaria, acute respiratory infections (ARIs), diarrheal diseases, sexually transmitted infections (STIs) and HIV/AIDS—are increasingly threatened by the growing global problem of antimicrobial resistance (AMR). AMR is a natural, biological phenomenon eventually occurring with all antimicrobials, such as antibiotics, antivirals, and antifungals. Deaths from ARIs, diarrheal diseases, malaria, measles, AIDS, and TB account for more than 85 percent of the mortality from infection worldwide.¹ Unfortunately, the critical first-line treatments for many of these diseases have become ineffective, resulting in more expensive treatment regimens, prolonged illness, and the potential for increased morbidity and mortality. Through the inappropriate prescription and overuse of antimicrobials and/or the use of close up antimicrobials of substandard quality and/or counterfeit, resistance emerges more rapidly. The devastating effects of this rapid emergence of resistance threaten not only individuals and communities, but entire health care systems. Antimicrobial resistance undermines the massive efforts governments and donors are making to provide affordable medical treatment to their populations for diseases such as malaria, TB, and HIV/AIDS.

An AMR stakeholders' meeting was held on March 2, 2006 in Addis Ababa, Ethiopia. Following the meeting, a multidisciplinary AMR Task Force was formed, which finalized its terms of reference in June 2006. The AMR Task Force is situated within the Ethiopian Drug Administration and Control Authority (DACA), whose representatives occupy the Chair and Secretariat positions on the Task Force. In August 2006, the Task Force conducted a Drug and Therapeutic Committees (DTC) training course in collaboration with DACA and Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus). Additionally, the AMR Task Force held an Ethiopian stakeholders' Call-to-Action workshop from November 16-18, 2006. Technical staff from MSH/RPM Plus, Links Media, and the Alliance for the Prudent Use of Antibiotics (APUA) were in attendance. An important achievement from this workshop was the release of a Call-to-Action declaration entitled the "Adama Declaration."²

As part of a multi-faceted response, the U.S. Agency for International Development (USAID) Bureau for Global Health is supporting the application by local stakeholders of an approach to initiate country-level advocacy, coalition-building, and implementation of locally feasible packages of strategies to prevent and contain AMR.

¹World Health Organization. *WHO report on infectious diseases: Removing obstacles to health development*. Geneva. 1999. WHO/CDS/99.1.

²Goredema W., Hazemba O., Nelson N., Sánchez M., and . Sosa A., 2006. *A Call-to-Action National Workshop on Antimicrobial Resistance Containment*; Adama, Ethiopia, November 16-18, 2006: Trip Report. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

PURPOSE OF THE TRIP

The purpose of this visit was to provide technical assistance to further the implementation of AMR advocacy and containment strategies in Ethiopia. We sought to attend a one-day preparation and logistics meeting, conduct a two-day Train-the-Trainer (TOT) workshop with two communication consultants, and conduct a three-day training workshop with journalists, spokespersons, and advocacy representatives from Ethiopia. Links Media President Marisabel Sánchez, along with Kelly Wheeler, and Juno Lawrence; were to provide training on communication and advocacy, and capacity building as it relates to AMR in Ethiopia. The training workshop, with the full expert technical support of APUA's Anibal Sosa, M.D., was designed to provide the journalists, spokespersons, and advocates with the opportunity to acquire information about AMR, the skills to address AMR in their current professions, and an opportunity to network with their colleagues and strategize the best ways to combat the issue. The development of materials—such as Ethiopia-specific communications curricula developed by the trainers, short AMR-related news pieces (articles and spots) written by the journalists, and a draft advocacy document for AMR country-level containment strategies submitted by the advocates—was also among the aims of the trip.



SCOPE OF WORK

The primary objective of the work is to provide technical assistance in advocacy and communication focusing on how to effectively communicate issues related to AMR and containment—targeted to Ethiopian journalists, health professionals, government authorities, academics, and supporters of AMR containment strategies.

More detailed information is described below:

TRAINING SERIES			
MODULE	TOT Workshop; “Training Journalists on How to Communicate the Risks of AMR”	Journalists Training; “Effectively Communicating the Risks of AMR” Spokespersons Training; “Effectively Communicating the Risks of AMR”	Advocacy Workshop; “Mobilizing Resources in Support of AMR Containment Strategies” Networking Event; “Advocacy in Action to Contain AMR in Ethiopia”
OBJECTIVE	Participants learn how to facilitate a curriculum for training journalists on effectively communicating news about the risk of AMR to their audiences.	Participants learn how to accurately and effectively research, cover, and communicate news about the risks of AMR to their audiences.	Participants learn advocacy techniques for mobilizing resources to support AMR containment strategies. Participants practice communication and advocacy skills related to AMR country-level containment strategies.
INDICATOR	Participants deliver the TOT curricula during a scheduled training for journalists. Group identifies three follow-up trainings—e.g., within the University curricula for communication. Group identifies five monitoring and evaluation indicators of TOT.	Each participant identifies five determinant factors of AMR, five major sources of scientific information, and five in-country spokespersons. Group identifies five follow-up news stories. Group identifies five monitoring and evaluation indicators of Journalist Training. News story placement is sought from international and national news media organizations.	Each participant identifies two objectives, two indicators, and three advocacy activities. Group identifies five follow-up advocacy activities. Group identifies five monitoring and evaluation indicators of advocacy training. Participants network with news media organizations, donors, and other key stakeholders. News coverage is sought from international and national news media organizations.
EXPECTED PRODUCT	TOT communication curricula adapted to the country by region and language.	A minimum of two short news pieces (articles and spots) per participant or one in-depth piece per small group.	Written draft advocacy document for AMR country-level containment strategies.

TRIP ACTIVITIES

A. PREPARATION FOR WORKSHOPS AND LOGISTICS MEETING

On Sunday, October 7, 2007, there was a meeting at the MSH/RPM Plus offices in Addis Ababa to discuss logistical issues and prepare for the upcoming training sessions. In attendance were Mr. Abraham Gebregiorgis of the DACA; Dr. Negussu Mekonnen, Dr. Laike Tewoldemedhin, and Ms. Berhan Teklehaimanot—all from MSH—as well as Dr. Anibal Sosa from APUA, and Links Media staff Ms. Kelly Wheeler and Ms. Juno Lawrence. Participants discussed the following issues regarding the coordination of logistics:

- All of the materials—e.g., banners, bags, training certificates, as well as binders that contained the hardcopy curriculum pertaining to each training, were prepared for the workshops and readied for delivery to the training sites. The bag each participant received from the training also contained a CD with all of the training materials in electronic form, as well as a copy of the Voice of America (VOA) CD on health reporting for journalists.
- Daily registration forms were drafted, and it was agreed that the *per diem* would be distributed to the participants on the last day of training.
- Arrangements with videographer(s) to tape the trainings were made.
- If Eid, the end of the Muslim holy month of Ramadan, fell on the Friday during the training, all of Friday's activities were to be moved to Saturday.
- Representatives from MSH/RPM Plus and DACA were to deliver presentations at the beginning of each training, so that participants would receive background information on the topics discussed as they related to the Ethiopian context.
- The consultants to be trained in the TOT workshop should have the freedom to speak in English or Amharic during the facilitation of the journalists' workshop.

B. TRAIN-THE-TRAINER WORKSHOP

On Monday, October 8, 2007, and Tuesday, October 9, 2007, the TOT workshop was held at the Hilton Hotel in Addis Ababa. In attendance were Dr. Anibal Sosa (APUA); Ms. Marisabel Sánchez, Kelly Wheeler and Juno Lawrence (Links Media); Berhan Teklehaimanot (MSH/RPM Plus); and the consultants who were trained to facilitate the training of the journalists—Professor Abiyi Ford and Ms. Emrakeb Assefa. Both Dr. Ford and Ms. Assefa work in the School of Journalism and Communications at Addis Ababa University (AAU)—Dr. Ford as a member of the faculty, and Ms. Assefa as a lecturer. As part of their sustainability and institutionalization plan, DACA also had two participants in the TOT workshop—Ribka Mekonnen and Abraham Gebregiorgis.

During the TOT workshop, facilitators Sosa, Sánchez, Wheeler, and Lawrence thoroughly reviewed each module of the journalists training, engaged in discussion with the participants, and guided them through the adaptation of the curriculum so as to make it more context-specific and culturally competent.

Dr. Sosa delivered a presentation that provided a historical background of the need for antimicrobials and their discovery, defined AMR, discussed its effects, and provided examples relevant to Africa and Ethiopia. He also identified key messages to spread, and facilitated a discussion regarding appropriate medical terminology. In addition, through the use of charts, graphs, and other visual representations of data, Dr. Sosa succeeded in demonstrating the impact of AMR in Africa. While presenting recent studies conducted on the topic, Dr. Sosa also led a discussion of the possible cultural barriers that could inhibit the containment of AMR. Other topics discussed were nosocomial (hospital-acquired) infections and the role of the environment in the dynamic of resistance.

While trying to better define the Ethiopian social and behavioral context as it relates to the spread of AMR, the participants described what they believe to be important issues for consideration:

- The use of antibiotics for ill-advised self-medication
- Failure to follow through on prescribed standard treatment guidelines
- The improper prescription of antibiotics for viral (and not bacterial) infections
- The influx of contraband drugs, illegal manufacturing, and trafficking of counterfeit and/or substandard antibiotics by unlicensed vendors
- The government's ability to monitor and survey such unlawful activities
- Common misconceptions about how one acquires an infection
- Combined and inconsistent use of modern medicine and traditional medicines
- The presence and/or absence of the curative power of holy water—widely relied upon by the faithful and desperately ill as a curative measure
- The role of holy water sites and hot spring public baths as centers of contamination
- The involvement of the Ethiopian Diaspora in compromising medical protocol by frequently and randomly distributing leftover and expired antibiotic drugs to family members and friends
- The degree to which tuberculosis—more easily infective in cramped quarters such as public buses and taxis—can further compromise the health of HIV/AIDS positive individuals.

Also, for further background information and contextualization on AMR, the participants also viewed the “Rise of the Superbugs” portion of the *Rx for Survival* documentary.

C. EVIDENCE-BASED AMR REPORTING FOR JOURNALISTS WORKSHOP

On Wednesday, October 10, Thursday, October 11, and Saturday, October 13, 2007, the journalists' training took place at the Christian Relief and Development Association (CRDA). As CRDA is located in the outskirts of Addis Ababa, buses were provided to transport the participants to the facility from a central location within the capital city. Lunch, as well as morning and afternoon coffee breaks, was provided daily. Below is a description of workshop events:

- Opening Speech by Mr. Abraham Gebregiorgis, Head of the Planning and Drug Information Department (DACA)
- Introductory comments on the progress of MSH/RPM Plus' AMR-related work in Ethiopia by Dr. Negussu Mekonnen (Chief of Party for MSH/RPM Plus)
- General comments regarding progress to date of AMR in Ethiopia by Mr. Laike Tewoldemedhin (MSH/RPM Plus)
- Presentations:
 - Drug Policy and Implementation Status by Abraham Gebregiorgis (DACA)
 - Pharmacology and Drug Use in Brief by Abraham Gebregiorgis (DACA)
 - National Health Policy and Implementation by Dr. Kesetebirhan Admasu (Federal Ministry of Health)
 - Journalist Training Curriculum by Professor Abiyi Ford and Emrakeb Assefa

To address potential communication barriers and make the training as efficacious as possible, it was agreed that the trainers would engage the participants in Amarenglish (a colloquial combination of Amharic and English). After noticing hesitancy in the use of English, the facilitators made this decision so as to allow the participants the opportunity to engage in the discussion in the language in which they felt most comfortable. It was also discussed that the ultimate dissemination of the AMR-related products from the training to the Ethiopian public (e.g. short news pieces) should also be written in the language of greatest familiarity to each individual journalist.

It was evident that the achievement of effective coverage of AMR in Ethiopia by the news media requires the cooperation of the scientific community. The production of evidence-based studies is absolutely necessary as they will provide the journalists with the context-specific literature on which to base their reports. While there are many scientific and medical complexities surrounding AMR with which the journalists may not be familiar, as a result of the training, the participants developed the following list of potential groups and sites more likely to be exposed to resistant antimicrobials or diseases to which antimicrobials are less effective:

- Hospitals, clinics, and health centers
- Athletic teams
- Military personnel (particularly those living in barracks)
- Hotels
- Public restrooms and latrines
- Public spaces (such as schools, restaurants, etc.)
- Public transportation vehicles (airplanes, buses, and taxis, etc.)
- Cultural habits that contribute to the spread of microbes (viruses, bacteria, etc.)
- Poor personal hygiene
- Pre-existing health conditions that could increase vulnerability
- Chronic diseases and other debilitating conditions that weaken the immune system (e.g., HIV/AIDS, TB, cancer, diabetes, etc.)

While there is little Ethiopia-specific AMR research currently available, attendees noted that the media can initiate their own research (e.g., opinion polls) and publish articles that stress the need for greater research in a particular area. The point was made that while research on an issue oftentimes precedes the development of news stories, it does not always have to occur in a uni-directional manner. Journalists should feel empowered to initiate conversation about topics that are less commonly researched and reported.

In order to complete some assignments in the curriculum, including the writing of AMR-related stories, laptop computers were provided to the participants who often worked in groups of three or four. Also, to help the participants generate ideas of potential stories to cover, an editorial assignment sheet was circulated. Lastly, while the medical terminology associated with AMR was defined in-depth during Dr. Sosa's presentation, as they completed their stories, the journalists asked for greater explanation regarding the difference between bacteria and viruses, as well as the flu versus the common cold. Throughout this process, Dr. Sosa responded to all medical and scientific AMR inquiries.

D. EFFECTIVE AMR COMMUNICATION FOR SPOKERSPERSONS WORKSHOP

On Thursday, October 11 and Saturday, October 13, 2007, the spokespersons' workshop took place at the CRDA. Similar to the journalists' training, the spokespersons' workshop began with background information on the status and progress of AMR in Ethiopia—presented by Mr. Laike Tewoldemedhin (MSH/RPM Plus). The facilitators, Marisabel Sánchez and Kelly Wheeler (Links Media), also delivered a presentation that accompanied their instruction. The spokespersons' workshop was also largely discussion-based, but also employed a lot of group work as a primary means of engaging the participants. A clear example of this type of group-based work was the mock press conference held on Saturday, October 13, 2007. The participants also had the opportunity to interact with the journalists during a joint exercise where both groups were asked to put into practice the skills that they had required from the training.

E. ADVOCATES TRAINING ON AMR WITH THE NATIONAL COMMITTEE MEMBERS

On Saturday, October 13, 2007 the advocates' training was delivered to the National Committee Members at the Hilton Hotel in Addis Ababa. Facilitated by Marisabel Sánchez (Links Media), the advocates participated in discussion surrounding the role of an advocate generally, the techniques that can be applied in the Ethiopian context, and the resources at their disposal. As this was the only group of participants throughout the training series who had previously met, the conversation largely focused on ways on which to implement their previously decided “next steps.”

F. NETWORKING EVENT

A networking event was held on the evening of Saturday, November 13, 2007 at the Hilton Hotel in Addis Ababa. The purpose of the event was to allow a social atmosphere in which colleagues from each of the trainings—journalists, spokespersons, and advocates—could meet, converse, and familiarize themselves with the AMR-related work that each group is addressing. The evening included remarks given by Abraham Gebregiorgis (DACA), Marisabel Sánchez (Links Media), a representative from USAID | Ethiopia, and Ms. Berhan Teklehaimanot (MSH/RPM Plus). All workshop participants were presented with a certificate in recognition of their successful completion of the required training activities and in appreciation of their participation in the workshop.

G. POST-WORKSHOP DEBRIEFING SESSIONS

After each training, daily briefing sessions were held at the CRDA. In attendance were Anibal Sosa (APUA); Marisabel Sánchez, Kelly Wheeler, and Juno Lawrence (Links Media); Berhan Teklehaimanot (MSH/RPM Plus); Ribka Mekonnen (DACA); and Abiyi Ford and Emrakeb Assefa (AAU).

Regarding the journalists' training, it was generally agreed that the facilitators did an excellent job engaging the participants and following the program specifically. The facilitators were also able to notice that some of the participants were uncomfortable speaking English and quickly remedied the situation by summarizing key discussion points in Amharic. The issue was also raised that the participants needed more technical clarification regarding the policy and legal framework of pharmaceutical distribution in Ethiopia and the key AMR-related actions that need to be taken. The comment “a little knowledge is dangerous,” was made in reference to the fact that the journalists needed more concrete research and evidence-based information about AMR in Ethiopia.

The suggestion was also made that at the beginning of each day, it may be useful recap the previous day's activities. Also, to give the participants the chance to ask follow-up questions that may have not been fully answered, an idea was proposed to provide them with round, colorful pieces of paper and have them write and post their questions on a

display board in the training room. Then, each morning, immediately after the recap was complete, the facilitators could review the questions and provide answers to the participants.

The facilitators made a conscientious effort to incorporate the recommended changes and suggestions as the trainings progressed. For example, the trainings shifted to include more participation and discussion and less information delivered in the lecture format. As it was initially challenging to coordinate the timing of the joint sessions—particularly between the spokespersons and the journalists—facilitators made efforts to adhere much more closely to the times listed on the agenda.

OBSERVATIONS AND RECOMMENDATIONS

A. WORKSHOP EVALUATIONS SUBMITTED BY THE PARTICIPANTS

Each participant was asked to complete a three-page evaluation of the technical components of the workshop, the design of the workshop, and their comments describing their personal experiences of the workshop. The results of each of the workshop evaluations are summarized below:

I. Journalists: Evidence-Based AMR Reporting Workshop

The majority of the participants in this workshop identified themselves professionally as working in the area of journalism or public relations. One participant reported working in public health or health care, and another in communications.

Workshop Technical Components

As a result of the workshop, the majority of the participants indicated that they “strongly agreed” that they were better able to describe AMR, including its risks, contributing factors, as well as strategies for prevention. Most of the participants also “strongly agreed” or “agreed” that they could describe the components of an AMR containment strategy, understand the impact that the media can have on AMR reporting, and understand and apply the strategies for making AMR more newsworthy. It is important to note that although many journalists indicated that they understood the strategies for making AMR more newsworthy, slightly fewer journalists reported that they were confident in applying those strategies. Regarding an increased knowledge of the World Health Organization’s (WHO’s) recommendations for proper antimicrobial use, the answers from the journalists ranged from “strongly agree” to “disagree.” Also, most of the participants “strongly agreed” or “agreed” that, as a direct result of the training, they were better able to communicate a specific message about AMR, gather research on an AMR related story, understand AMR-related research, and write an AMR-related story for publication.

Workshop Design Components

The participants unanimously agreed that the objectives of the workshop were clear, and the majority of them “strongly agreed” or “agreed” that the agenda of the workshop was well organized, and the contents of the workshop were relevant to his or her job. While the majority of the journalists reported that they “strongly agreed” that they learned useful information and skills for their jobs, there was disagreement as to whether or not the pace of the workshop was appropriate—this ranged from “strongly agree” to “disagree.” Lastly, participants mostly “strongly agreed” or “agreed” that during the training active participation was encouraged, the materials used were appropriate, the course lived up to their expectations, and they successfully accomplished the objectives of the workshop.

Discussion, Commentary, and Personal Experience

The journalists rated their overall opinion of the workshop as “very good” or “good.” Specifically, they commented that they enjoyed learning about AMR and the drug-related concepts associated with it. One journalist commented that, “[Before], I had no information about AMR. After the workshop, I could understand and started thinking about the risks of AMR.” The journalists also reported appreciating the freedom that they had to share their ideas with the group. One journalist remarked, “The workshop was participatory which enabled us to express our ideas.” The journalists also reported that they were pleased with the interaction between the panelists, facilitators, and other journalists. The participants stated that they were grateful to have received professional presentations of

research by experts who were able to effectively explain the issues. They also shared that the materials for the workshop were well organized, effectively created awareness about the issues, and indicated that the materials will be useful to refer to in the future.

The journalists also gave specific recommendations about the ways in which the workshop could be strengthened. Many of the journalists commented on the same logistical issue—the location. While they noted that the building where the training occurred was quiet and clean, the location was far from the center of the city, and thus, inconvenient for some of the participants. By far, the greatest challenge that the journalists discuss is the issue of time. They reported that, as AMR is such a critical issue, the training should have been longer. One journalist commented that, “The time given to us to practically apply our knowledge is very short.” Another journalist suggested allocating more time specifically, “for discussion and writing features and news.” While the journalists appreciated the idea of collaborating with the spokespersons, who were participating in a separate training, the journalists thought that the joint session was somewhat disorganized, ineffectively brief, and the journalist-spokesperson pairings were not appropriately matched. One journalist described his frustration, saying, “[My] interview was conducted with an inappropriate person with little knowledge of AMR issues.” Lastly, several journalists noted the tardiness of both the presenters and the journalists at the beginning of the workshop and subsequently after breaks and lunch.

In the end, the participants were very pleased with the training. They found the material personally interesting and professionally relevant, and almost all of them expressed a desire to attend further follow-up trainings that discuss AMR, as well as other pertinent health issues. Several journalists commented that this training should also be made available to other journalists and media professionals. As many of the journalists are currently doing general reporting, some of them indicated that the training will be useful in helping them advance in their jobs, and hopefully, to specialize in health issues. All participants desired to stress the importance of continuing this training. As a clear representation of their passion and dedication to addressing the issue, one journalist determinedly stated, “We should work together until the AMR problem is fully addressed.”

2. Spokespersons: Effective AMR Communication Workshop

The majority of the participants in this workshop identified themselves professionally as working in the area of public health or health care. However, several participants also reported working in education, as well as science and research. One participant reported working in journalism or public relations.

Workshop Technical Components

All of the participants either “strongly agreed” or “agreed” that as a result of the workshop, they were better able to define the role of a spokesperson, describe public speaking activities, forums, and venues, and describe the tools that can be used to improve public speaking skills. Although there was some variation in the types of answers that were received, most of the participants reported that they “strongly agreed” or “agreed” that at the completion of the training they could better describe media channels or write an op-ed piece. In addition, the majority of the spokespersons either “strongly agreed” or “agreed” that they could better communicate AMR-related technical information to diverse audiences, and better describe the key elements to effectively communicating research and scientific information in plain language. Similarly, the spokespersons reported confidence in more effectively communicating AMR-related messages to the media, and tailoring AMR-related messages for diverse audiences.

Workshop Design Components

Amongst the spokespersons, there was overwhelming agreement that the objectives of the workshop were clear and that the agenda was well organized. All of the participants also “strongly agreed” or “agreed” that the pace of the workshop and the materials used were appropriate, the facilitator was well prepared, and that the logistics of the workshop were well organized. Although there was agreement that the content of the workshop was relevant to the participants’ jobs and that the information and skills acquired will be useful as well, most participants “agreed,” rather than “strongly agreed,” with this statement. There was also high agreement that active participation was encouraged. Lastly, the majority of the participants reported accomplishing the objectives of the workshop and that the course lived up to their expectations.

Discussion, Commentary, and Personal Experience

The spokespersons rated their overall opinion of the workshop as “very good” or “good.” Specifically, the spokespersons reported that the workshop was interesting and educational, well organized, and that the facilitators and the presenters were well prepared. The participants also commented that the facilitators and the presentation materials that they used to deliver the training were effective in clearly defining the relationship between the media and the pharmaceutical and health issues. One participant remarked, “I liked the idea of the workshop. This training deals with a hidden, but very important part of our daily lives.” The spokespersons named portions of the workshop that they found particularly useful, such as the mock press conference, the take-home assignment that was distributed, the interviews with the journalists, as well as the group discussion. The activities were generally found to be educational, participatory, and practical. Of the skills that were strengthened through the workshop, some participants specifically named public speaking and use of the bridging technique in their interactions with the media.

The spokespersons also gave specific recommendations about the ways in which the workshop could be improved. Almost all of the participants were in overwhelming agreement that the workshop was too short. One individual commented that, “[It was] too little time. We need more time so that the participants can sufficiently receive more information.” There was clear consensus that the spokespersons felt that the one and one-half day duration of the training was inadequate. Also, the participants strongly believed that there was little technical information on AMR presented. In the beginning of the training, they expected to receive basic information about the definition of AMR, its current impact nationally and globally, as well as knowledge of the current interventions and strategies to contain its spread. Minor issues that were mentioned included tardiness of both the presenters and the spokespersons at the beginning of the workshop and subsequently after lunch, as well as periods of prolonged sitting.

In conclusion, the workshop was very well received by the spokespersons. In fact, there were many recommendations that the spokespersons continuously receive this type of training. One participant, in particular, described his personal interest in the workshop. “For me, it coincides with the profession that is close to my heart, journalism, and my accidental profession, laboratory technology.” One suggestion from the participants is that the next time the workshop is held, increasing the number of attendees might generate even more discussion and lead to the exchange of more information. Finally, one spokesperson suggested that in future workshops it may be beneficial to discuss strategies for advocating AMR in the health facility setting; discuss surveillance, prevention and control, and research strategies; and how to advocate for the introduction of AMR into the curricula of medical schools.

3. Advocates: National Committee Members Workshop

Many of the participants in this workshop identified themselves professionally as working in the areas of public health and health care, or science and research. Also important to note is the fact that many of these advocates reported having considerable years of experience in their areas of interest—many indicating at least five years or more.

Workshop Technical Components

Due to time restraints and other competing factors, few evaluations for the advocates' workshop were received. However, of those that were available, the advocates were generally pleased with the content of the workshop and the delivery of the material. Many of the advocates either “strongly agreed” or “agreed” that as a result of the workshop, they were better able to define advocacy and describe the basic elements of effective advocacy, describe the role of an advocate, and identify key considerations and approaches to effective advocacy. The participants also noted an increased competence in their ability to directly apply advocacy techniques to the efforts of their organizations, better identify advocacy issues, and better use research data to support their own purposes. In addition, the advocates reported having a better understanding of the benefits of advocacy work and effective coalition-building, as well as how to select attainable advocacy objectives. Finally, the participants were in strong agreement that as a result of the workshop, they could better identify their target audience, formulate AMR messages, describe media channels for advocacy communication, and effectively communicate AMR messages to the media.

Workshop Design Components

The advocates either “strongly agreed” or “agreed” that objectives of the workshop were clear, the agenda was well organized, the facilitator was well prepared, and the materials used were appropriate. There was also agreement that the pace of the workshop was appropriate, and that active participation was continuously encouraged. The participants reported that the content of the workshop was relevant to their jobs, and that they learned valuable information and skills that can be applied in their workplace. There was a shared sentiment that the course lived up to the expectations of the participants, and that the participants accomplished the objectives of the workshop.

Discussion, Commentary, and Personal Experience

In the end, the workshop was well received by the advocates. Specifically, the participants appreciated the way in which the presentation was delivered, as well as the time that they had to share their own personal experiences of advocating for AMR-related issues, and the opportunity to discuss their challenges and success with their colleagues.

4. Train-the-Trainer Workshop

Equally important to evaluate was the TOT workshop that occurred as an antecedent to the journalist, spokesperson, and advocate workshops. As the two individuals selected to facilitate the journalists' training were experts in the field of journalism and held positions in the School of Journalism and Communications at AAU, the training was largely geared towards increasing their knowledge of AMR and developing strategies to introduce health journalism research and reporting techniques to the less experienced journalists. The TOT workshop also aimed to guide the facilitators in their adaptation of the teaching curriculum so as to make it more specific to the Ethiopian context.

Workshop Technical Components

At the completion of the workshop, the trainers were better able to describe AMR, its risks, contributing factors, and at least three ways to prevent its onset. They either “strongly agreed” or “agreed” that they were confident in their ability to describe the components of an AMR containment strategy, understand the impact that the media can have on AMR reporting, and communicate a specific message about AMR. In addition, the trainers reported full competence in gathering and understanding AMR-related research, as well as recognizing the strategies to make AMR more newsworthy. In one particular instance, however, the trainers noted that they were not better able to describe the WHO's recommendations for proper antimicrobial use. Nevertheless, as a result of the workshop, the trainers still reported being prepared to write an AMR-related story for publication.

Workshop Design Components

The trainers either “strongly agreed” or “agreed” that the objectives of the workshop were clear, the agenda of the workshop was well organized, and the materials used were appropriate. There was also strong agreement that the facilitators were well prepared, and active participation was routinely encouraged. Regarding some logistical issues, however, the responses from the trainers were less positive. For example, the trainers reported that the pace of the workshop was too fast and did not satisfactorily meet their needs as they would have liked more time to absorb the new information and adapt the materials for the journalists. Still, at the end of the course, the trainers reported that they felt they had fully accomplished the objectives of the workshop and were prepared to give the training to the journalists.

Discussion, Commentary, and Personal Experience

Overall, the participants reported that the workshop was “very good” and “good.” As one individual noted, “Antimicrobial resistance is looming large on the horizon as a very large tip of an even larger iceberg that threatens the very survival of the human species, as we know it. In broad terms this is the understanding I gleaned from the recently held TOT.” The participants appreciated all of the new AMR-related information that they received, and they left the TOT workshop with great anticipation and were looking forward to training the journalists.

B. ORGANIZERS' COMMENTARY ON ALL TRAINING

Observations

Each training was carried out efficaciously. Given that many of the workshop participants were not previously conversant with AMR, the technical support and facilitation provided by the Links Media, APUA, and AAU was eye-opening and quite informative. All of the trainings were successfully conducted in that the overall objectives of the workshops were met with efficacy. As an organizing document, the curricula were exceptionally helpful in providing a clear description of the AMR phenomenon, and the urgency to mount a counter offensive against it. Applying the curricula according to its schedule, however, was somewhat problematic due to realities on the ground in Addis Ababa. However, adjustments in time and program sequence were made with minimal impact on the goals and objectives. The debriefing and brainstorming sessions were especially rewarding and laid the foundation for much more productive collaboration in the future.

Specifically regarding the training of the journalists, there appeared to be some initial confusion about the purpose and function of journalists in the regular reporting of events and in investigative reporting. However, the differences were clarified along with the methods of approach for each type of reporting. Regular reporting and coverage of events requires flexibility and careful preparation, in advance whenever possible, and usually falls within the time frame of the event. Investigative reporting, on the other hand, requires considerable research and analysis of the facts surrounding the event. The time frame for the latter is open-ended until the ultimate uncovering of the truth. It was emphasized that reporting on AMR requires both approaches, as it is a continuously evolving threat to society. It was also stressed that effective reporting on AMR is best accomplished when there is an atmosphere of positive collaboration between the medical, research, and scientific authorities and the media.

As previously mentioned, attempts at monitoring the efficacy of the intense training program pointed to the desirability of allocating time for the journalists to synthesize the presentations of the previous day. The trainees were asked to bring up issues for which they sought further clarification. In this innovative approach, they were also asked to write their questions and hand them in so that they could be answered later on. The trainees were further encouraged to refer to and make use of the wealth of information in the back of the manual. Still, concerns were raised about the technical difficulties in following some of the lectures, primarily because many of the journalists did not have a science background to help them internalize some of the concepts introduced during the training. While Dr. Sosa's ongoing technical assistance and in-depth explanations allowed for clearer understanding of AMR issues, participants may have still benefited from an extended amount of time to fully grasp these concepts.

The joint exercise that involved the journalists interviewing the spokespersons generated some debate about the preparedness of the spokespersons for the interviews. During this exercise, the journalists made the following comments during plenary discussion:

- The shortage of time was a factor contributing to a sense of incompleteness of the exercise
- The selected spokesperson(s) did not appear to be qualified to answer the questions directed toward them
- Working under a deadline to both interview and prepare a story for publication was difficult when distracting tasks were allowed to intervene

- The interview was a bit frustrating because my interviewee was not where I expected him to be, and I could not follow up with him
- The key person(s) I wanted to interview did not have the time to stay for the interview
- I discovered that the spokesperson with which I interacted did not have the necessary knowledge, facts, and figures about our topic of discussion
- I would have appreciated more time given to us to prepare our questions, and more time given to the spokespersons in order to prepare more accurate answers
- The organization of the exercise did not provide for sufficient time to obtain the expected results

Furthermore, there were concerns that the participant criterion that was developed and disseminated to the organizations responsible for recruiting and selecting the participants was not used during the actual selection process. Therefore, there were a few participants, particularly in the spokespersons group, who did not believe that the training was essential to their current position.

Although the training was intense and demanding, all participants were enthusiastic to receive information on AMR, and they each completed the required training activities fully and to the best of their abilities. Certainly, there is a need to further consider the length of time that is realistically needed to fully complete the modules and all of the assignments therein.

Recommendations

- Presentations by representatives from the DACA were highly informative, and provided the official background against which the threat of AMR could be processed in the Ethiopian context. It was felt, however, that more information beyond the listing and description of operational Ethiopian health institutions would be desirable in the future. The needed information would provide clarification on the legal mandate, technical capacity, and logistic capabilities of organizations like DACA in the Ethiopian setting.
- The scope and breadth of AMR as a global phenomenon was presented clearly by the facilitators. The trainers, in turn, were effective in breaking down the broad and complex nature of AMR into the conceptual vocabulary of the journalist. Concerns were raised that the limited information acquired by the journalists at the compressed training sessions might translate into an undesirable drawback for the training program in the long run. To mitigate this in the future, it was felt that in articulating AMR, the experts should intervene more often and give greater focus to factual data from Ethiopia. For deeper penetration and lasting effect, such information could be an admixture of anecdotal and researched data.
- For greater efficacy of the training program, it would be helpful to provide the journalists with more time for interaction among themselves and to engage in relaxed dialogue with facilitators and experts. The sheer volume of information to be delivered within a three-day intensive training program presented a logistic problem that forced the telescoping of topics in an otherwise balanced training module. Similarly, more time to conduct the workshops would also translate to more time for the participants to apply new knowledge and practice skills through the use of module activities, quizzes, and other assignments. The following revised time schedule for the trainings has been suggested:
 - TOT: 5 days. Days 1 and 2 on “How to Facilitate a Meeting.” Days 3 and 4 on AMR; Day 5 presentation of the training guide. Then, the facilitators have one full week to revise the materials, make it context-appropriate, ask additional questions, and then after the week has passed, training of the journalists begins.
 - Journalists: 4-5 full days minimum.
 - Spokespersons: 3-4 full days minimum.
 - Advocates: 2-3 full days minimum.

- Keep journalists informed with up-to-date information on AMR and antibiotic use through their participation in the APUA listserv for health journalists. Also, all workshop participants should be given the opportunity to attend an APUA presentation that details the work of the organization and provides membership information on the Ethiopia chapter.
- The participants, particularly the journalists, should be provided with specific and contextual recommendations to prevent infection and contain AMR that can be readily communicated to their audiences—e.g., hand washing; using lemons as a disinfectant; sharing hand towels in a family, etc.
- For the spokespersons, while many definitions and examples were given as to “what a spokesperson is” to better illustrate this point, it may be helpful to use audio visual equipment to show examples of spokespersons (good and bad) working both in the Ethiopian context and abroad.
- During the joint activity involving the spokespersons and the journalists, it may be helpful to pair the participants according to their categories of knowledge—e.g., drug quality, rational use, surveillance, etc.
- Further emphasis is needed in order for the spokespersons to better comprehend the differences between a spokesperson and a public relations officer.
- AMR-focused advocacy and communications training sessions should be sustained through locally relevant organizations and institutions that are capable of conducting the training. Consideration should be given to a possible affiliation with the Center for Training and Research within the School of Journalism and Communication at AAU. It may be feasible to consider the idea of a short-term training program that results in a certificate for the participants at the completion of the program.
- Design materials for a technology refresher course so that all workshop participants have, at least, the same basic familiarity with using a computer and the internet to access search engines, databases, etc.
- Ensure that all workshop participants (not just the TOT) have the opportunity to see the “Rise of the Superbugs” portion of the *Rx for Survival* documentary, as it is an excellent visual tool.
- For all participants, develop a country-specific list that includes the centers, institutes, and other resources where they can receive further information on AMR. For example, the Ethiopian Health and Nutrition Research Institute (EHNRI) would be included in such a listing.
- All collaborating organizations within host countries should send their information (relevant studies, articles, literature, legal documents, etc.) to be incorporated into the training at least two months before. Information regarding the profile of the participants should also be sent, so that the facilitators can be familiar with and prepare for the diverse needs of the participants—e.g., tailoring assignments for print versus broadcast journalists.
- In addition to the acronyms lists currently included in the curricula, it may prove useful to also include a glossary of simple medical definitions that related to AMR. APUA has an extensive listing on their Web site from which we may draw.
- Create answer keys that contain sample responses to all necessary assignments.
- A semi-annual (or quarterly) networking session with the journalists, spokespersons, and advocates that can take various forms—e.g., an organizational fair, breakfast meeting, semi-conference, tours of other

organizations, etc. These recurring networking sessions will allow for a more sustainable and institutionalized approach to AMR containment efforts.

C. IMPROVEMENT OF THE TRAINING CURRICULA

- A concern was raised that had to do with how to approach and report on an issue of great public health consequence without causing panic or alienating the Ethiopian public. An example was given about a condition associated with holy water sites in Addis Ababa. Unverifiable information has it that a disease suspected of being cholera was discovered at a particular holy water site. This potentially devastating situation has not been verified or substantiated, but the possibility of some such hazard appears to be real. The question was how should a journalist approach this issue without alarming the readership? Perhaps an area in the curriculum could be dedicated to addressing these culturally-specific challenges.
- The Spokespersons curriculum needs some restructuring to include additional skill-based modules. In addition, it would be helpful if the facilitators could be given the authority to reorganize the order in which they present the modules should they choose to do so during the course of the training. One suggestion would be to restructure the modules contained in each guide and arrange them by topic so that, as it is needed, the facilitator is allowed to deviate from the sequence of the guide (e.g. not in numerical order) so as to best meet the needs of a particular group of participants.

NEXT STEPS

AMR was shown to be a distinct danger to the Ethiopian society. Beyond its scientific complexity as an obvious health problem, AMR's reliance on socio-cultural habits to thrive and spread, points to the need for a holistic, as well as clinical, approach to defend against it. Much like the need for behavioral modification in combating HIV/AIDS, socio-cultural interventions are also needed to contain AMR. In this light, information acquisition, dissemination, ingestion, and digestion leading to the desired behavior modification looms as the major challenge to journalists in Ethiopia. The information gap between medical professionals, policy makers, journalists and the public are wide enough to frustrate most remedial initiatives to counter AMR. This is especially true in developing nations like Ethiopia where nothing short of an all-out attack will produce the desired results. To engage in this battle on the information front, media practitioners and health authorities will need to establish much closer collaborative ties than is currently the case.

Consensus during the training indicated that workshops such as this cannot, by themselves, accomplish the desired results. It will be necessary to institutionalize the information campaign in order to mount a sustained campaign against AMR. In this light, exploring long-range collaboration with Ethiopian institutions of higher learning, such as AAU, would be feasible and appropriate. The recommendation, therefore, is to explore ways to collaborate to deliver a sustained training program in health journalism and communications tailored to the fight against AMR in Ethiopia.

Other next steps include:

- Distributing the participant contact lists amongst all training participants
- Encouraging and supporting the journalists in submitting their stories for publication in local, regional, and international news venues
- Modifying the validated training guides