



# Regional Workshop on Advancing WOAH AMR Standards in Veterinary Practice

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# Behaviour Changes for a More Responsible Use of Antimicrobials through Risk Communication

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# What is Communication for Behaviour Change on AMU?

- Strategic application of communication **to influence** the psychological, social, and environmental factors that lead to inappropriate antimicrobial use

## Key shift

- ✗ Not just providing information
- ✓ Driving sustained action to preserve drug effectiveness

# What are the Target Behaviours?

## Risky behaviours that drive AMR in animal health:

- **Empirical prescribing** -Veterinarians prescribing without lab-confirmed diagnosis
- **Prophylactic use** -Using antibiotics to prevent disease in stressful environments
- **Self-medication** -Farmers buying and administering antimicrobials without prescription
- **Economic incentives**- Veterinarians prescribing as a source of livelihood

# The Problem: Knowledge Alone Does Not Change Behaviour

- Most veterinarians know that AMR is a threat
- Yet:
  - overprescribing
  - incorrect dosing
  - short withdrawal periods
  - economic incentives for selling antimicrobial and
  - use of critically important antimicrobials as first-line treatments

Is still practiced in animal health

# Why ?

Because behaviour is driven by:

- Habits and convenience
- Perceived client pressure
- Lack of diagnostic access
- Weak regulatory enforcement
- Low risk perception (“it won’t happen here”)



# One Size Does Not Fit All....

Audience	Focus of Message
Farmers	Risk of treatment failure, antibiotics don't work for viral infections, animal waste disposal
Veterinarians	Stewardship skills, explain why antibiotics aren't needed
Veterinarians	Guiding style, diagnostic-driven prescribing
Pet owners	Value of animal welfare, responsible care

# Terminology Matters....

Problem: "Antimicrobial Resistance" (AMR) is confusing

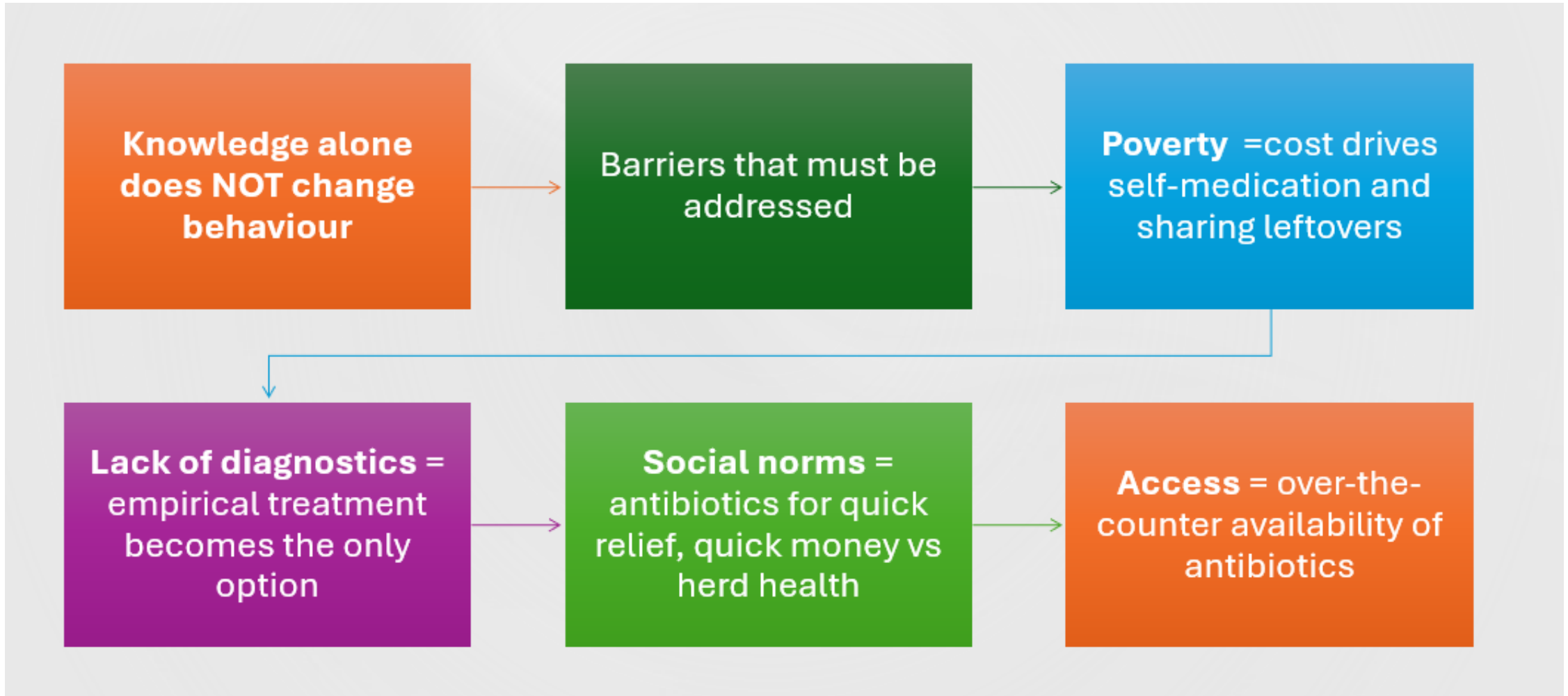
Solution: Use more accessible terms

- Treatment failure
- Drug resistant infections



*Better understanding → better behaviour change*

# Beyond Awareness: Addressing Barriers....



# AMR: Risk Communication

- Risk communication is the real-time exchange of information, advice, and perspectives between experts, professionals, and stakeholders on the **likelihood and impact of AMR** and the **effectiveness of alternative actions** or response options

# What does it mean for veterinary practice?

- Explaining to farmers why a **diagnostic test** is needed before prescribing
- Discussing **withdrawal periods** and food safety risks
- Justifying why a **first-line antimicrobial** is preferable to a last resort/reserve drug
- Addressing **fear of treatment failure** without antimicrobials
- Prioritizing **professional advise** for animal disease prevention rather than profiteering from sales of antimicrobials

# Why Risk Communication is a WOAAH Standard

- WOAAH's AMR Strategy ( Improve awareness and understanding)
- WOAAH's Prudent use of antimicrobials guidelines
- Chapter 6.10 of the Terrestrial Animal Health Code: *Responsible and prudent use of antimicrobial agents*



# Key Audiences for Risk Communication in Animal Health

## Audience

## Typical Behaviour

## Communication Goal

**Veterinarians**

Overprescribing, empirical use

Shift to diagnosis-based prescribing

**Farmers**

Demand antimicrobials, stop treatment early

Understand withdrawal periods and disease prevention

**Agrovet/input sellers**

Sell antimicrobials without prescription

Comply with regulations, advise responsibly

**Veterinary students**

Learn outdated prescribing habits

Build AMS competencies

# Practical Risk Communication Tools for VEEs and VSBs

## For Veterinary Education Establishments (VEEs)

- Integrate case-based risk communication exercises into clinical rotations
- Use farmer scenarios where students must explain why an antimicrobial is not needed
- Teach the “ask, explain, agree” model for client conversations



# Practical Risk Communication Tools for VEEs and VSBs

## For Veterinary Statutory Bodies (VSBs)



Include risk communication skills in CPD requirements for renewal of annual subscription



Develop simple infographics and decision trees for common clinical situations/hygiene protocols posted on the farm wall help build new habits



Recognise and reward AMS champions among practitioners

# Example: Risk Communication in a Mastitis Case

- Scenario: Farmer demands intramammary antibiotics for a mild, acute mastitis case
- Traditional response: Need for immediate prescription
- Risk communication response (veterinarian to farmer)

# Risk communication response (veterinarian to farmer)

## Step

**Acknowledge concern**

## What to say

“I understand you want to treat this quickly to avoid milk loss”

**Explain risk**

“ Using antibiotics without knowing the bacteria may fail – and we risk making future cases harder to cure”

**Offer alternative**

“Let’s take a milk sample first. Results in 48 hours. Meanwhile, I’ll show you supportive care and anti-inflammatories”

**Agree on plan**

“If the culture shows bacteria, we will use the *narrowest* effective drug. If not, no antibiotics needed”

# Common challenges to risk communication on AMR?

# Barriers to Effective Risk Communication in Africa

- Low diagnostic laboratory access → “treat first, ask later”
- Economic pressure on farmers → fear of animal loss outweighs AMR risk
- Weak regulatory enforcement → no consequence for overprescribing
- Cultural norms: injectables seen as “stronger” than oral or topical treatments
- Language and literacy gaps between veterinarians and farmers

# Measurable changes (for VEEs, VSBs, and Veterinary Services)

<u>Level</u>	<u>Indicator</u>
<b>Individual vet</b>	Reduction in empirical prescribing; increased use of treatment records
<b>Practice/clinic</b>	Decrease in antimicrobial sales volume per animal case
<b>Regulatory</b>	Increased compliance with prescription-only requirements
<b>Educational</b>	Students demonstrate risk communication in objective structured clinical exams
<b>Behavioural</b>	Farmers report understanding withdrawal periods; fewer requests for “strong” drugs

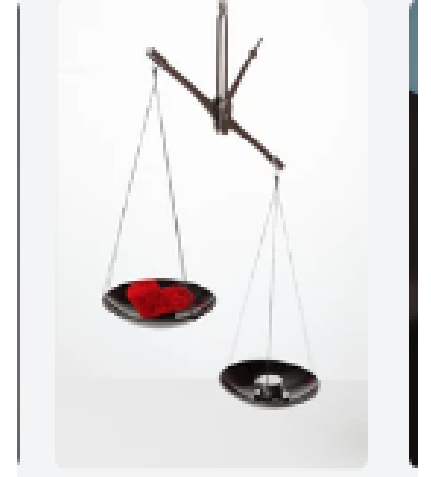
# Evidence-Based Framework – The COM-B Model

- Used to identify why a behaviour is occurring before designing an intervention

Component	Question
Capability	Does the person know how to use antibiotics correctly? ( <b>knowledge and skills</b> )
Opportunity	Is there access to diagnostics or alternative treatments? ( <b>physical and social environment that enables change</b> )
Motivation	Is there fear of loss (livelihood, animal welfare)? ( <b>do they want to change</b> )

# Psychosocial Drivers in Animal Health

*Behaviour is rooted in routine and ingrained practices*



Key drivers in animal health

- **Hierarchy of care**

- Pets (emotional) vs. livestock (economic) → different rigours of diagnosis

- **Fear and uncertainty**

- Farmers use antibiotics as a "risk avoidance strategy"

- **Client pressure**

- Vets bow to pressure for "fast, cheap solutions"

# Targeted Intervention Strategies

## Strategy

## How it works

### **Motivational Interviewing**

Train vets to guide farmers towards preventive health management

### **Peer-to-peer learning**

"Model farmers" who reduced drug use while maintaining productivity

### **On-farm visual tools**

Prompts and checklists (e.g. hygiene protocols) to build sustainable habits

# Cultural and Structural Context

## Messaging must be tailored to local realities:

- **Poverty:** sharing leftovers, buying from unauthorised sources
- **Lack of diagnostics:** empirical treatment as only viable option
- **Informal markets:** antibiotics sold without prescription
- **Weak regulatory enforcement:** over-the-counter access remains common

# What WOAHA and Partners Provide – Tools and Guidance

- WOAHA eLearning modules on AMR and AMS (including communication skills)
- WOAHA Competency Package on Prudent use of antimicrobials and other veterinary products (CP8)
- WOAHA Prudent use guidelines (species-specific)
- Quadripartite AMR communication toolkit (FAO, WHO, WOAHA, UNEP)

# Conclusion

- 1. Information alone is not enough** = address barriers and drivers
- 2. Tailor messages** to each audience (farmers, vets, clinicians, policymakers)
- 3. Use accessible language** = "treatment failure" not "AMR"
- 4. Apply behavioural science** – COM-B model helps design effective interventions
- 5. Work with local context** – poverty, diagnostics access, and social norms matter

# Thank you!

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