



Reframing Resistance: The Framing Toolkit

How to communicate about
antimicrobial resistance effectively

How can framing help to overcome drug-resistant infections?

How we communicate makes a difference. Well-chosen words with the right focus can help people to understand, engage with and support action on an issue, from second-hand smoke to equal marriage – but poor communication can confuse and demotivate.

We know that we need more action on drug-resistant infections – and quickly. To achieve this, we need public communications that can cut through to the public and inspire them to drive the pace of change around the world.

This toolkit is a guide for experts and practitioners working on drug-resistant infections, outlining how we can all maximise the impact of our communications with the public, to generate greater understanding of the issue and increased support for action.

We encourage you to use this toolkit in your public communications, and to share it.

Our recommendations are based on extensive research across seven countries, incorporating a review of existing research, media and social media conversation analysis, in-depth interviews with experts in the field, as well as quantitative and qualitative public testing. See the full report and research: www.wellcome.ac.uk/reframing-resistance

Five framing recommendations

Based on our research, there are five key principles for communicators to keep in mind when talking to the public about drug-resistant infections. Together, by using these principles to inform our public communications, we can have more impact – and we can help increase public understanding and encourage more action.

1. Frame drug-resistant infections as undermining modern medicine

- Demonstrate how drug-resistant infections are a cross-cutting threat across all of medicine (beyond specific disease areas), which set back and undermine treatments that we have come to rely on.
- Illustrate using multiple examples that are relevant to the audience.

2. Explain the fundamentals succinctly

- Help the public understand resistance (particularly that bacteria develop resistance, not individuals).
- Include explanation of the part that human activity is playing in accelerating the issue.

3. Emphasise that this is a universal issue; it can affect anyone, including you

- Emphasise that this is a universal issue, and that anyone could be affected.
- Communicate in relatable terms that provide a human face of drug-resistant infections.

4. Focus on the here and now

- Show the current impact of drug-resistant infections, rather than projections or apocalyptic frames.

5. Encourage immediate action

- Frame the issue as solvable – crucially accompanying this with a clear and specific call to action.

What makes an effective narrative?

Headline narrative

Below is a headline narrative for drug-resistant infections built of the frames that have proved to be most compelling, credible, relevant and urgent.

Emphasise that this is a universal issue: Make drug-resistant infections personally relevant, focusing on their potential to affect anyone.

Frame as undermining modern medicine: Focus on the breadth of the impact (beyond specific disease and treatment areas) and the ability of drug-resistant infections to undermine the foundations of medicine that we have come to rely on and take for granted.

Common infections and injuries that were once easily treatable are becoming more dangerous and killing once again.

This is because of drug-resistant infections, which are undermining modern medicine.

Focus on the here and now: Emphasise that drug-resistant infections are a problem now and are getting worse.

Explain the fundamentals succinctly: Use the term 'drug-resistant infections' – the most easily understandable term that is also scientifically accurate and is an all-encompassing description of the issue.

To consolidate understanding and support for action most effectively, this headline narrative needs to be supported by a longer explanation of drug-resistant infections.

What makes an effective narrative?

Longform supporting narrative

This longform explanation of drug-resistant infections is designed to support the headline frame, by emphasising the issue's credibility, relevance and urgency.

Infections become drug-resistant when the bacteria that cause them adapt and change over time, developing the ability to resist the drugs designed to kill them.

The result is that many drugs – like antibiotics – are becoming less effective at treating illnesses. Our overuse of antibiotics in both humans and animals is speeding up this process.

Without working antibiotics, routine surgery like hip replacements, common illnesses like diarrhoea, and minor injuries from accidents, even including cuts, can become life-threatening.

People are already dying from drug-resistant infections, and as more drugs stop working, more lives will be put in danger. Drug-resistant infections can affect anyone; we are all at risk of infections from drug-resistant bacteria.

We can solve this problem. By taking action now to develop new drugs, and to make sure the drugs we already have stay effective, we can protect ourselves, our families and our communities.

Explain the fundamentals succinctly:

The tone should be informative rather than educational, giving people the information they need to come to the conclusion themselves that drug-resistant infections are a problem.

Straightforwardly explain resistance.

The knowledge that bacteria become resistant (rather than individuals) avoids the perception that drug-resistant infections can be avoided through personal behaviour, reinforcing personal relevance.

Communicate human and animal overuse in driving drug-resistant infections. Balancing explanation of scientific process with our role in accelerating drug-resistant infections increases the perceived tractability of the problem. Overuse is the most immediately understood concept and referring to 'both humans and animals' demonstrates the breadth and scale of the problem.

Frame as undermining modern medicine: Include multiple tailored examples to convey both the breadth and foundational nature of drug-resistant infections, as well as driving personal relevance.

Focus on the here and now: Emphasise that this is a current issue.

Emphasise that this is a universal issue: Communicate that anyone could be affected.

Encourage immediate action: Frame the issue as solvable, with a specific call to action.

Common pitfalls (1/2)

The words we use matter. They can either help or hinder the public's understanding and support for action on antimicrobial resistance.

Here are some of the most common framing traps to avoid:

When you say...	The public thinks...
<p>“The drugs don’t work”</p>	<p>This does not give me enough information to judge whether this is a priority issue. I have lots of questions – which drugs and why not?</p>
<p>“Antibiotics that save lives are no longer working”</p>	<p>This captures my attention, but it feels too alarmist for it to be credible. I want to be given the information on what is happening.</p>
<p>“AMR is the ability of a microorganism (like bacteria, viruses, and some parasites) to stop an antimicrobial (such as antibiotics, antivirals & antimalarials) from working against it”</p>	<p>I don’t understand the jargon or acronyms used (AMR, antimicrobials, microorganisms). It leaves me feeling confused and not wanting to engage with the issue. I need a straightforward clearer explanation of what is happening.</p>
<p>“The market isn’t delivering the right incentives, so companies aren’t developing new antibiotics”</p>	<p>I don’t understand what this means, nor why it matters to me.</p>
<p>“The world is facing an antibiotic apocalypse”</p>	<p>This captures my attention and makes me want to read more – but it feels exaggerated and I’m not sure I believe it.</p>

Common pitfalls (2/2)

When you say...

The public thinks...

“We will return to the dark ages of medicine”

This captures my attention, particularly the idea of going back to a time when medicines did not work. But what is meant by ‘dark ages’? I am a bit sceptical if this is true.

“It is estimated that, by 2050, 10 million people will die every year due to drug-resistant infections”

That is a big number. But 2050 is a long way in the future, and I’m not sure who these people will be. I don’t imagine this would affect someone like me.

“Drug-resistant infections threaten the most vulnerable people in society – the very young, the elderly and those with weakened immune systems”

I’m sure that those groups of people are most at risk from a problem like drug-resistant infections. But I’m not part of one of those groups myself so I don’t think this will affect me.

“Like climate change, drug-resistant infections are one of this generation’s greatest problems”

I don’t see the connection between drug-resistant infections and climate change, so this doesn’t really affect my opinion.

“By 2050, drug-resistant infections could cause global economic damage on the same scale as the 2008 financial crisis”

I don’t understand how drug-resistant infections will cause economic damage. And I don’t see how this will affect me personally – I read about the 2008 crisis in the news, but I am not sure how it affected me.

What works and what to watch out for (1/2)

What works

Build messaging around the idea of drug-resistant infections undermining modern medicine

This most effectively conveys the scale of the impact of drug-resistant infections, the need to take action, and links the issue to other already highly prioritised disease agendas

Use multiple relevant examples of treatments and diseases that could be affected

Referring to multiple audience-specific tailored examples helps demonstrate the issue's relevance to individuals and breadth of impact

Use simple explanations of drug-resistant infections which emphasise bacteria becoming resistant (not individuals) and the role of human activity (our collective overuse of antibiotics) in accelerating it

A basic understanding of resistance is necessary to help people understand the impact of drug-resistant infections and that it cannot be avoided personally through their own behaviour

Including the role of human activity is important to increase the perceived tractability of the issue and support for action

The overuse of antibiotics is easily understood and increases support for action, but we need to highlight that this is collective overuse and that drug-resistant infections cannot be avoided individually through judicious use of antibiotics

Watch out for

x Don't lead with apocalyptic messaging – 'the dark ages of medicine' or 'antibiotic apocalypse' might attract attention, but reduce credibility

x Don't only include one disease area or procedure that could be affected by drug-resistant infections (even if only focusing on one) – decreases personal relevance and the breadth of impact of the issue

x Don't just tell people there's a problem – people want to come to their own conclusion

x Don't use detailed scientific explanations and jargon – risks disengagement

x Don't focus only on the environmental or animal drivers of the problem – public health is what motivates

x Don't talk about inappropriate use or the way we use antibiotics – unclear and causes confusion

What works and what to watch out for (2/2)

What works

Emphasise that this issue affects everyone – including the individual recipient of the message themselves, and their friends and family – using human stories

People need to feel a sense of personal jeopardy in order to prioritise drug-resistant infections

Showing the human impact makes the effects of drug-resistant infections more relatable and increases support for action

Talk about the current impact of drug-resistant infections

The public need to understand the effects of drug-resistant infections now (and understand that these will get worse) to increase support for action

Frame the issue as being one we can solve, with a specific call to action

Stating that we can solve the issue encourages engagement (rather than people dismissing it as an intractable problem)

This is only truly effective when accompanied by a call to action – the public want to know what action is needed, and who needs to take it

Watch out for

x Don't focus on the impact on specific groups e.g. the vulnerable, the elderly – few consider themselves part of such groups, reducing the issue's personal relevance

x Don't use numbers and statistics in headline frames – they are less effective at driving understanding and support for action than the human face of drug-resistant infections

x Don't use long time horizons or focus on projections – they don't have the urgency needed to drive support for action

x Don't say that the issue is solvable without a call to action – risks causing complacency

Content creators checklist

1. Does your content lead with drug-resistant infections undermining modern medicine?

- Leads with setbacks to modern medicine overall
- Evidenced with multiple examples of procedures, diseases and illnesses affected by drug-resistant infections
- Examples are tailored to the target audience

2. Do you include a supporting explanation of what drug-resistant infections are?

- Explains how resistance happens
- Bacteria becoming resistant (rather than individuals)
- Our role in accelerating drug-resistant infections through collective overuse of antibiotics in humans and animals
- Uses jargon-free, straightforward language

3. Have you communicated the human face of drug-resistant infections?

- Emphasises that drug-resistant infections affect us all
- Uses case studies, human stories

4. Do you emphasise the impact of drug-resistant infections here and now?

- Describes the impact of drug-resistant infections now

5. Do you encourage action now?

- Includes a clear call to action

How to improve a headline

“Superbugs set to kill 10 million by 2050 when antibiotics stop working”

To improve understanding and support for action, our research shows that headlines and title for communications materials (eg blogs, articles, press releases) need to meet four criteria: compelling, credible, relevant, urgent.

Although this headline is intended to emphasise the scale and severity of drug-resistant infections, it is weakened because:

- ‘Superbugs’ – not a term that is widely understood beyond the US and UK, and even where it is understood it is not considered credible
- ‘Kill 10 million’ – the public tend not to find large numbers relatable, so it lacks personal relevance
- ‘By 2050’ – projections are not urgent enough to increase support for action

“Cutting-edge cancer treatments failing as drug-resistant infections rise”

To increase the efficacy of this headline at driving understanding and support for action, we need to focus on communicating:

- How drug-resistant infections set back modern medicine – the most compelling framing of the issue
- That this is happening now and getting worse – highlighting the urgency for action
- Drug-resistant infections – more immediately understood and credible than superbugs

Example tweets



We take [audience relevant example(s) that are high on the health agenda, e.g. cancer, diabetes] treatment for granted. But these cornerstones of modern medicine are at risk, due to drug-resistant infections. We need [insert action] to #StopSuperbugs.

- Framed as undermining modern medicine: providing multiple examples to demonstrate the breadth of impact
- A universal issue: examples people can relate to and that are high priorities
- Here and now: talking about current impact rather than projected



For decades, antibiotics have protected us from infection following [insert audience relevant example of routine procedure]. Now drug resistant infections are putting us all at risk. We must [insert action] to #StopSuperbugs and protect modern medicine.

- Framed as undermining modern medicine: referencing setbacks
- A universal issue: providing examples of common infections that affect a wide range of people
- Here and now: focusing on tackling the current impact of drug-resistant infections, that will get worse
- Encourage immediate action: include a specific call to action

Example tweets



“[quote from an otherwise healthy person who developed a drug-resistant infection from an audience-relevant routine procedure].” Anyone can be affected by a drug-resistant infection. We need [insert action] to #StopSuperbugs.

- Framed as undermining modern medicine: a routine procedure that is taken for granted becoming life-threatening
- A universal issue: demonstrating that it affects everyone, by providing a relatable human face
- Here and now: an example of its current impact



Common infections like [audience relevant example] are once again becoming deadly. The reason? Bacteria are developing ways to dodge the drugs designed to kill them. We need [insert action] to #StopSuperbugs from undermining modern medicine.

- Framed as undermining modern medicine: with once treatable illnesses killing once again
- Explaining the fundamentals succinctly: focusing on resistance occurring in bacteria, not individuals, to drive personal relevance
- Here and now: talking about the current impact

Together we can keep improving the public conversation

We encourage you to adopt these recommendations, and also to share them with your colleagues and allies in the field.

There is always more to learn about how to frame an issue. So, as the public conversation on drug-resistant infections develops and as we learn more about what works, the way we communicate will evolve, and we will continue to add to this toolkit.

Your own perspective is vital here. We are keen to hear about your experiences of using this toolkit and its impact, as well as any ideas on what tools or advice would be useful for you.

Let us know: DrugResistantInfections@wellcome.ac.uk

See the full report and research that informs this toolkit:
www.wellcome.ac.uk/reframing-resistance



Thank you

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