Antimicrobial resistance (AMR) is a top global health challenge, threatening to become the leading cause of death globally by 2050. Policies to tackle AMR recognise that human behaviour and medicine use are important, but the global health policy tools are insufficient. Not only are education and awareness campaigns insufficient to change behaviours fundamentally, but they might also delay more effective action to address structural factors of medicine use, like poverty, stress, hardship, and health system deficiencies. Considering the urgency of AMR action, this is a dangerous and costly omission. Our research calls for reimaging global health policy as development policy, recognising that AMR is only one among several symptom of deeper-rooted social problems. Antibiotics and Activity Spaces is a survey of 5,885 villagers in Chiang Rai (Thailand) and Salavan (Lao PDR) to better understand (1) how people access healthcare and what actually counts as “problematic” antibiotic use, (2) whether antibiotic-related information from educational activities spreads or simply evaporates in village community networks, and (3) whether there are simple “early warning” indicators (e.g. specific symptoms) to detect whether people are likely to have “problematic” antibiotic use. The surveys were implemented by 10-member survey teams in each country between November 2017 and April 2018.

The survey data sets include a provincial-level representative rural survey of adults in Chiang Rai and Salavan, and a two-round census survey with a three-month interval in five villages across the two sites (3 in Chiang Rai, 2 in Salavan).

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