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Antimicrobial Resistance Multi-Partner Trust Fund

Annual report 2024

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Antimicrobial Resistance Multi-Partner Trust Fund

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Antimicrobial Resistance Multi-Partner Trust Fund: annual report 2024

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Cover image: Group of happy children in rural Cambodia (© WHO/Quinn Mattingly)

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Acronyms and Abbreviations

AMR	antimicrobial resistance
AMR MPTF	AMR Multi-Partner Trust Fund
AMU	antimicrobial use
ANIMUSE	Animal Antimicrobial Use
ATLASS	FAO Assessment Tool for Laboratories and Antimicrobial resistance Surveillance Systems
BMZ	Federal Ministry for Economic Cooperation and Development (Germany)
ESBL	Extended-spectrum beta-lactamase
FAO	Food and Agriculture Organization of the United Nations
GISSA	Global Integrated System for Surveillance on AMR and Antimicrobial Use
GIZ	German Agency for International Cooperation
InFARM	International FAO Antimicrobial Resistance Monitoring
IPC	infection prevention and control
ISO	International Standards Organization
M&E	monitoring and evaluation
MPTF	Antimicrobial Resistance Multi-Partner Trust Fund
NAP	National Action Plan on AMR
OHLAT	One Health Legislative Assessment Tool for AMR
TrACSS	Tracking AMR Country Self-assessment Survey
SDG	Sustainable Development Goal
Sida	Swedish International Development Cooperation Agency
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNGA	United Nations General Assembly
WAAW	World AMR Awareness Week
WHO	World Health Organization
WOAH	World Organisation for Animal Health

Executive summary

Antimicrobial resistance (AMR) is a pervasive global threat that requires urgent action to safeguard our ability to treat human, animal, and plant infectious diseases, ensure food safety and food security, foster economic development and equity, and protect the environment.

The AMR Multi-Partner Trust Fund (MPTF) was established in 2019 to combat the threat of AMR through collaboration among multilateral organizations working in human, animal, plant and environmental health. Through a One Health approach that recognizes the interconnectedness of these sectors, the MPTF supports targeted interventions to strengthen national systems, enhance AMR surveillance, and drive sustainable solutions to addressing AMR.

In 2024, the MPTF provided critical support to ten countries: Bangladesh, Ethiopia, Ghana, Madagascar, Mongolia, Peru, Senegal, Tajikistan, Tunisia, and Zimbabwe, while advancing two components of a joint Global Programme: the Global Integrated System for Surveillance on Antimicrobial Resistance and Use (GISSA); and the One Health Legislative Assessment Tool (OHLAT). This resulted in the successful conclusion of the Global Programme, providing durable frameworks for strengthening policies, data systems, monitoring and evaluation (M&E) and reporting on AMR and antimicrobial use (AMU) in human, plant and animal health, and the environment.

The country projects were coordinated by national partners working for organizations in the Quadripartite: the Food and Agriculture Organization of the United Nations (FAO); the United Nations Environment Programme (UNEP); the World Health Organization (WHO); and the World Organisation for Animal Health (WOAH). These activities were integrated into the work of national ministries of health, agriculture, environment and other key sectors – supporting countries in carrying out AMR National Action Plans (NAPs). Global Programme components strengthened implementation of the Global Action Plan on Antimicrobial Resistance and supported country projects – providing frameworks, tools and guidance for country project implementation, which in turn enhanced Global Programme results.

These projects, funded by the United Kingdom of Great Britain and Northern Ireland (Fleming Fund), the Netherlands, Sweden (through Sida), Germany and the European Union, led to significant strengthening of countries' NAP implementation, and produced global and national frameworks for policy, data, monitoring and the integration of environmental considerations in the fight against AMR. These initiatives brought together governmental institutions, private partners and multilateral organizations to forge innovative pathways through a One Health approach. They also enabled human, animal, plant and environmental health experts to share knowledge and best practices across sectors and countries, and participate in high-level policy processes, advocating for a One Health approach to tackling AMR.

Recognition of the national- and global-level outcomes produced by the AMR MPTF by high-level policy processes marked a major milestone for the Fund in 2024. These included the United Nations General Assembly (UNGA) High-level Meeting on Antimicrobial Resistance in September, and the Fourth Global High-Level Ministerial Conference on AMR in November. Both, the UNGA Political Declaration and the Jeddah Commitments of the Fourth Global-High Level Ministerial Conference, highlighted the importance of the AMR MPTF and called upon donors and partners to collaborate on scaling up its support to countries. This included a call for donors to mobilize US$100 million in support of at least 60 percent of countries having funded AMR NAPs.

During 2024, MPTF optimization included a mid-term evaluation of MPTF implementation yielding draft recommendations, and strengthened coordination of the Quadripartite Joint Secretariat, including for resource mobilization. A new call for MPTF submissions for country projects and Global Programme components was also issued in 2024, with final project selection taking place in 2025.

1 Introduction

Antimicrobial resistance (AMR) is a grave and pervasive global threat that endangers human health, as well as that of animals, plants and agrifood systems. It is also closely linked to the environment, which plays a key role in the emergence, transmission and spread of AMR. The impact of AMR on lives and livelihoods takes many forms, and a joint One Health approach to addressing it – involving interventions in plant animal, human and environmental health – is required.

The Antimicrobial Resistance Multi-Partner Trust Fund (AMR MPTF) was founded in 2019 to combat the threat of AMR by bringing together diverse actors across these diverse domains through sustainable funding streams, and Sustainable Development Goal (SDG)-focused responses that support robust, achievable and impact-focused National Action Plans (NAPs) on AMR.

2024 marked a turning point in the global political landscape and commitments to address AMR with the 79th Session of the United Nations General Assembly (UNGA) adopting a Political Declaration reflecting bold multisectoral actions and targets to accelerate progress in the AMR response. The political declaration also reaffirmed the critical importance of a One Health approach to addressing AMR and the unique role of the Quadripartite – the Food and Agriculture Organization of the United Nations; (FAO) the United Nations Environment Programme (UNEP); the World Health Organization (WHO); and the World Organisation for Animal Health (WOAH) –as well as the need to broaden the AMR MPTF and mobilize US$100 million to catalyze AMR-NAP funding in 60 percent of Member States by 2030.

Specific requests made by the UNGA to the Quadripartite organizations included the: (i) establishment of an Independent Panel of Evidence for Action against AMR in 2025; (ii) update the Global Action Plan on AMR by 2026; (iii) mapping of potential funding sources; and (iv) provision of technical support, including norms and standards. These calls underscore the recognition of the AMR MPTF as critical for promoting the work of the Quadripartite organizations via a One Health approach and as a sustainable financing mechanism to support global AMR efforts. Rapid action is required to implement the commitments set out in the Political Declaration in anticipation of the United Nations Secretary-General's call for the Quadripartite to report back on progress achieved.

The year also marked a significant year for implementation of AMR MPTF country projects and the culmination of the first round of the Global Programme. Collaborative action on AMR MPTF-supported activities in 2024 promoted multi-sector coordination across sectors, bringing together national- and global-level members of the Quadripartite along with experts from ministries of health, agriculture, environment and other government agencies, and private-sector stakeholders such as veterinary specialists and medicine suppliers for a focused One Health response to AMR. As a result, capacities and systems for monitoring, optimizing use and reducing the emergence of AMR were embedded in national institutions, and partnerships with private-sector stakeholders were significantly strengthened. In addition to strengthening implementation of the Global Action Plan on AMR, the Global Programme components on Monitoring and Evaluation (M&E), the Global Integrated System for Surveillance on Antimicrobial Resistance and Use (GISSA), Environment and Legal Tools supported implementation of country projects by providing policy guidance, assessment tools, data systems and strengthened capacity for action on AMR in the environment.

The Legal Tools and GISSA components were concluded in 2024. Together, the Global Programme components provided frameworks for empowering public and private stakeholders to take action through a One Health approach.

Dr. Tomal plays a pivotal role in raising awareness among farmers and medicine sellers about avoiding the use of banned antibiotic Colistin (© Dr. Kamrun Naher, Senior Technical Advisor – FAO ECTAD)

SUCCESS STORY | AMR MPTF supporting veterinarians to drive meaningful change in Bangladesh

In 2023, Bangladesh encountered a critical crisis as colistin – a vital antibiotic – was being used excessively in poultry and livestock. Despite longstanding warnings from international authorities, farmers continued to misuse colistin, viewing it as an easy and quick solution. A partial ban implemented in 2018 failed to address the underlying issue, allowing this dangerous practice to persist and even worsen over time.

Recognizing the urgency of this issue, in March 2022, the Government took decisive action by enforcing a complete ban on colistin. However, implementing this ban presented formidable challenges, especially on farms where the routine use of antibiotics was deeply ingrained in everyday practices.

Dr. Mohammad Arshadul Islam Tomal, a poultry veterinarian, committed to becoming an agent of change after attending AMR MPTF-supported training, which deepened his understanding of the widespread misuse of antibiotics. Going beyond endorsement of the Government mandate, Dr. Tomal began working with farmers and students to demonstrate that effective biosecurity measures could successfully reduce the overuse of antibiotics. The positive responses he received led him to become an active member of the "Say No to Colistin in Bangladesh" movement.

Dr. Tomal and his team visited a different farm each month. His mentorship of private-sector veterinarians increased demand for continuing professional development. Thanks to their support through the MPTF, the veterinarians he visited began driving meaningful change on their own and setting the stage for sustained improvements in veterinary practices across the country. Dr Tomal now serves as a master trainer within the MPTF project in Bangladesh, spreading his knowledge to other veterinary specialists across the country.

This report presents a summary of activities and outputs of both MPTF-supported country projects and Global Programme components by Results Matrix output area (the MPTF Results Matrix is shown in Figure 1). Activities and outputs of MPTF-supported country projects and two Global Programme components in 2024 are presented by MPTF Results Matrix Output.

One-page snapshots of each country project active in 2024 are included in Annex 1. Country projects by Result Matrix Output and Outcomes are included in Annex 2. The theory of change for the Strategic Framework for collaboration on AMR and the AMR MPTF Results Matrix is included in Annex 3.

For more information about the Fund, MPTF-supported projects and the evolution of the MPTF, visit mptf.undp.org/fund/amr00 and https://www.qjsamr.org/multi-partner-trust-fund/about.

2 Achievements in 2024

2.1 Overview of Fund implementation

In 2024, the Fund made significant strides in accelerating national and global responses to AMR by supporting prioritized AMR interventions in ten countries: Bangladesh, Ethiopia, Ghana, Madagascar, Mongolia, Peru, Senegal, Tajikistan, Tunisia, and Zimbabwe. Specifically, the Fund supported policy frameworks, strengthening health systems, enhancing surveillance, data generation and analysis, systems for optimized use of antimicrobials, capacity development for enhanced antimicrobial stewardship, infection prevention and control, multi-stakeholder engagement, capacity building for AMR education and public awareness, and global-level advocacy on governance.

The Global Programme components on GISSA and Legal Tools concluded in 2024, after the M&E and Environment components were completed in 2023. A new MPTF call for submissions for country and Global projects was launched in late 2024, utilizing a new approach focused on country scoping and joint implementation with governments. This approach aimed to promote national ownership and long-term sustainability of outcomes.

A mid-term evaluation of MPTF implementation was also conducted in 2024, yielding draft recommendations for selection of new projects and strengthened coordination of the Quadripartite Joint Secretariat in 2025. See page 30 (section 3.2) for more information about the mid-term evaluation.

Country project activities and outputs (detailed below) highlighted the MPTF's impact on increasing awareness of AMR, creating an evidence base for informed action and building capacity for responsible use antimicrobials – and bringing together diverse stakeholders to implement the One Health response.

The MPTF Global Programme has paved the way for regional and country implementation of international standards relevant for AMR across the Quadripartite organizations and their respective sectors. For example, the MPTF Legal Tool component brought stakeholders from government authorities in pilot countries Cambodia, Morocco and Zimbabwe, together with the private-sector, civil-society stakeholders and Quadripartite organizations – some of them for the first time. As a result, each pilot country produced a report identifying areas of improvement in national legal frameworks related to AMR, which were presented to the national stakeholders.

Through greater collaboration on policies and legal frameworks that can limit AMR, these stakeholders' have become more aware of legislation and regulations to mitigate AMR through a One Health approach. In the process, they learned that counterparts in diverse sectors are dealing with similar issues, and that by working together, national and global experts in human, animal, plant and environmental health can tackle AMR in a comprehensive manner that benefits all.

Progress on the implementation of country projects across the seven outcomes of MPTF Results matrix is summarized in Table 1 and further detailed below by each Results Matrix Output (the Results Matrix is shown in Figure 1). One-page profiles of each country project can be found in Annex 1, and the logframe/ matrix outlining the 2024 country-level outputs and outcomes is included in Annex 2.

Figure 1.
Results matrix for the AMR MPTF

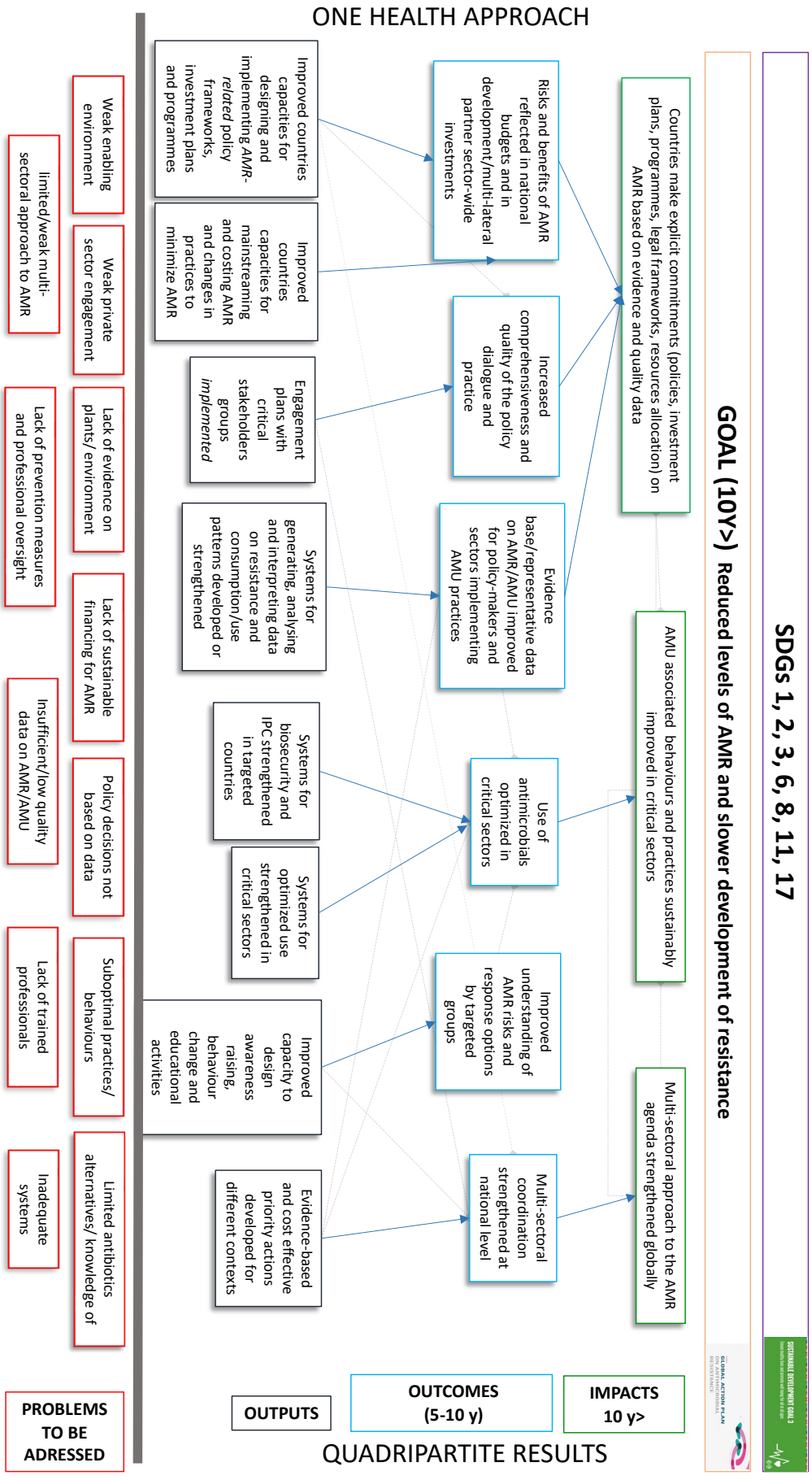


Table 1:
Country project contributions to AMR MPTF Outcomes

Multisectoral coordination strengthened at national-level and momentum on global AMR agenda sustained

- Established a Coordination mechanism for the country's One Health platform - **Madagascar**
- Support provided to national multi-Sectoral Coordination Committee on AMR - **Mongolia, Peru, Senegal**
- Supporting the drafting of an AMR communication strategy, and NAP M&E plan - **Mongolia**
- Updating the country's Multi-sector AMR Plan, strengthening the mandate of the Permanent Multisectoral Commission on AMR - **Peru**
- Intersectoral working group presented a new NAP on AMR using a One Health approach - **Tajikistan**
- Participated and contributed to high-level global events on AMR such as the G20, UNGA 2024 and UN Multistakeholder hearings to promote national AMR efforts and MPTF support - **Bangladesh, Cambodia, Ethiopia, Ghana, Indonesia, Peru and Zimbabwe**

Improved understanding of risks and response options by target groups

- Training agri-food system stakeholders on the country's new approval procedures for phytosanitary products - **Senegal**
- Quality monitoring of medicines including commonly used antibiotics - **Senegal**
- Capacity building for members of the national Multi-Sectoral Coordination Committee and key stakeholders - **Senegal**
- AMR testing training for veterinary laboratory staff affiliated - **Tajikistan**
- Training of nursing students, healthcare workers, paramedical teachers and internship tutors on sterilization methods and disinfection management - **Tunisia**
- Training on sustainable agricultural practices to prevent AMR through integrated pest management - **Tunisia**
- Training for poultry farmers on responsible antibiotic practices and monitoring of antibiotic sales for prescription compliance - **Bangladesh**
- Multi-sector consultation to strengthen collaboration on AMR awareness. Nationwide WAAW campaign with high-level policymaker engagement and public awareness on prudent AMU - **Bangladesh**
- Curriculum improvement plans on AMR and AMU proposed to universities - **Peru**
- One Health AMR Awareness Day highlighting public-private partnerships for implementation of the One Health AMR Prevention and Containment Strategic Plan - **Ethiopia**
- Training on the rational use of antimicrobials and best practices for control of AMR - **Madagascar**
- "Educate, Advocate, Act Now" campaign including an "awareness caravan" to inform about responsible actions to combat AMR - **Madagascar**
- Awareness campaign on World Food Safety Day at a public market, and a food safety awareness raising session for government agencies - **Tajikistan**
- Engagement of university students as AMR ambassadors - **Bangladesh, Madagascar**

Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices

- Pilot initiative to evaluate antimicrobial prescribing practices in healthcare and in-service training for veterinarians and human health practitioners - **Bangladesh**
- Pilot plan for AMU surveillance in the poultry sector; drafted protocols for data collection and analysis - **Peru**
- Learning series on the generation, analysis, interpretation and use of antimicrobial consumption and use data - **Ghana**
- Collection and review of antimicrobials sales data for animal use; developed methodology and tools for future data collection - **Ghana**
- Point prevalence survey conducted to assess the quantity and quality of antibiotic prescriptions - **Madagascar**
- National AMR surveillance system introduced; Roundtable under the leadership of the Ministry of Health – **Mongolia**
- Standards and protocols developed for integrated AMR surveillance across the human, animal and environment sectors - **Senegal**
- Tested 240 animal samples for ESBL-producing E. coli as part of active surveillance - **Tajikistan**
- Surveillance of 11 laboratories conducted, AMR data analyzed, validated, and shared via GLASS platform, designated a reference laboratory - **Tunisia**
- Surveillance of healthcare-associated infections in hospitals, and developed an IPC strategy and policy - **Zimbabwe**
- Laboratory surveillance systems and tools strengthened – **Ethiopia, Tunisia, Zimbabwe**

Risks and benefits of AMR reflected in national budgets and development partner investments

- One Health AMR prevention and containment governance framework – **Ethiopia**
- Mapping and new coordination mechanism for national One Health platform – **Madagascar**
- Drafted a law for AMR containment under the One Health approach – **Peru**
- Development and presentation of new One Health AMR NAP – **Tajikistan**
- In-service training on AMR and antimicrobial prescribing practices – **Bangladesh**
- Building regulatory authorities' capacities to prevent substandard or falsified medicines' entry into the market - **Ethiopia**
- Learning series for staff of national AMR laboratory system – **Ghana**
- Training for agri-food system stakeholders on the country's new approval procedures for phytosanitary products – **Senegal**

Increased comprehensiveness and quality of the policy dialogue and practice

- Engagement with stakeholders during participation in high-level global events on AMR such as the G20, UNGA 2024 and UN Multistakeholder hearings to promote national AMR efforts and MPTF support - **Bangladesh, Cambodia, Ethiopia, Ghana, Indonesia, Peru and Zimbabwe**
- Established Coordination mechanism for national One Health Platform with key stakeholders - **Madagascar**
- Engagement with national Multi-Sectoral Coordination Committee, key influencers and AMR Ambassadors – **Bangladesh, Madagascar, Mongolia**

Use of antimicrobials optimized in critical sectors

- Antimicrobial prescription guide updated to include antibiotic-resistant bacteria - **Madagascar**
- Inspection missions on antimicrobial use and management in livestock and aquaculture farms - **Senegal**
- Training on the prudent use of antimicrobial drugs in veterinary medicine and animal husbandry - **Tajikistan**
- Surveillance using Raman Spectroscopy for falsified medicines; developed IPC strategy and policy for hospitals - **Zimbabwe**
- IPC sensitization day engaging nursing students and supported the establishment of IPC Unit at Higher Institute of Nursing Sciences - **Tunisia**

2.2

Results by Results Matrix Output, and Outcomes

Improved country capacities for designing and implementing AMR-related policy frameworks, investments plans and programmes

The first step in the fight against AMR is building awareness across sectors within governments, along with the policy frameworks, investment plans and programmes for surveillance, monitoring and timely multisectoral action to address AMR.

It is also critical to promote preventative actions across sectors to reduce the need for antimicrobials, transmission of antimicrobial residues, and discharge into the environment while promoting their sustainable and appropriate use. Implementing these AMR MPTF-supported initiatives in 2024 directly with national governments and other stakeholders built national capacities for designing and implementing future AMR-related policies and plans as needed according to each country's NAP.

With an increased understanding of AMR, the risks it entails and the need for coordination through a One Health approach, governments are not only formulating their own new policies and plans, but are also providing training to those in the animal, human, plant and environmental health sectors on how to abide by new policies and regulations. They are also mapping the diverse range of One Health stakeholders in order to identify the best ways to take collaborative action.

Country Projects

In **Ethiopia**, the AMR MPTF project supported the development of One Health AMR prevention and containment governance framework, a monitoring and evaluation framework and key performance indicators for the AMR NAP. Along with the AMR prevention and containment communication and stakeholder engagement strategy, these frameworks and are being employed as essentials tools in the fourth update of Ethiopia's AMR NAP.

In **Madagascar**, a coordination mechanism for the country's One Health platform was established in September 2024, strengthening national coordination of multi-sector One Health activities towards increased prevention, preparedness, and responses to health threats, including AMR. This mechanism improved coordination across the human, animal and plant health and the environment sectors, promoting the exchange of information and strengthening implementation of the One Health platform.

In **Mongolia**, the AMR MPTF team was engaged with the country's Multi-Sectoral Coordination Committee (MSCC) on AMR, supporting the drafting of an AMR communication strategy for Mongolia, and a Monitoring and Evaluation (M&E) plan for the National Action Plan on AMR (NAP). Following the development of the M&E plan, the project supported training of the MSCC Secretariat. The upcoming assessment of NAP implementation in 2025 will play a significant role in developing and implementing an updated NAP for Mongolia.

In **Peru**, the AMR MPTF contributed to updating the country's Multi-sector AMR Plan, strengthening the mandate of the Permanent Multisectoral Commission on AMR – including representatives of the government institutions on animal health, human health, agricultural production, environment and national defense. The new Multisectoral Plan 2024-2028 was adopted by the Commission in 2024 and the Commission is working toward its approval in 2025. In addition, the AMR MPTF supported the development of a draft law for AMR containment under the One Health approach, which was adopted by the Commission for approval in 2025.

In **Senegal**, training was provided for agri-business specialists, food distributors and importers on the country's new approval procedures for phytosanitary products by the West African Committee for the Approval of Pesticides. This activity provided a concrete demonstration of the approval process for pesticides used in agriculture (including antimicrobials), which are critical to preserve their effectiveness and control infestations linked to fungal, bacterial or viral diseases, arthropods and invasive species.

In **Tajikistan**, an intersectoral working group including members of the Quadripartite met in April 2024 to present the country's new NAP for minimizing AMR using a One Health approach.

Senegal: Participants in training for approval of pesticide products in agriculture
(© FAO ECTAD Senegal)

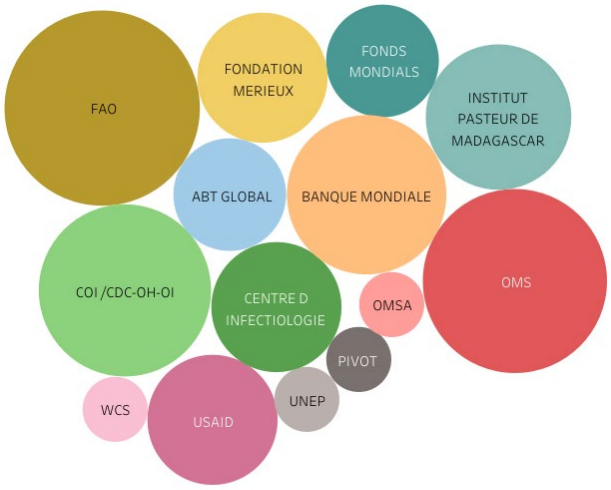
Madagascar: Dynamic map of One Health stakeholders involved in AMR prevention and containment

Map showing One Health stakeholders involved in AMR preventing and containment in the country

© 2024 Mapbox © OpenStreetMap

PTF Number of activities

Stakeholders and activities on One Health in the country



Activities details

PTF (PTF)	Activité	
ABT GLOBAL	ENVIRONNEMENT	3500000
	SANTE ANIMALE	3500000
	SANTE HUMAINE	3500000
BANQUE MONDIALE	AGRICULTURE	19000000
	ENVIRONNEMENT	2900000
	PECHE	
	RAM	2223269
	SANTE ANIMALE	18000000
	SANTE HUMAINE	2010000

Student awareness session about the danger and risks of AMR. Youth Headquarter of the Ministry of Youth and Sports, Antananarivo. November 16. 2024. With support from AMR MPTF (© WHO Madagascar)

SUCCESS STORY | Mapping Madagascar's One Health stakeholders

The One Health platform was established in November 2023, following Decree N°2023 1356, which outlines the creation, organization, operation, and composition of the National "One Health" Platform in Madagascar. This platform is made up of six thematic groups, including AMR.

With technical and financial support from the AMR MPTF, a coordination system was established for the One Health AMR platform. At the September 2024 event marking the establishment of this mechanism, the Minister of Public Health and the Secretary General of ministries governing One Health sectors were all present, demonstrating the Government's commitment to a One Health approach.

A dynamic map of stakeholders involved in One Health and AMR activities in the country was developed to provide an interactive visualization of the actors involved in AMR and One health. The objective was to identify possible synergies between stakeholders, and to foster strong collaboration among them.

Global Progamme

The AMR MPTF-supported One Health Legislative Assessment Tool on AMR (OHLAT) enables countries to assess legislation important for addressing AMR across multiple sectors through a One Health approach and identify opportunities for strengthening their governance and legal frameworks. Its seven chapters correspond to different One Health sectors, including a cross-sectoral chapter on governance.

Through the development of OHLAT, the MPTF Legal Tool component brought together stakeholders from different ministries and other government authorities for the first time to highlight the importance of sound policy frameworks in addressing AMR through a One Health approach, strengthening multi-sector coordination on addressing AMR.

Implementation Committee in Peru
(© FAO Peru Office)

SUCCESS STORY | PERU
Building a One Health regulatory framework

Peru was a pilot country for the development of OHLAT. This analysis identified gaps in policy areas related to governance, human health, food safety, veterinary legislation, pesticides, plant health, and environment, and made recommendations to strengthen AMR containment through legislation. Previously, AMR had not been addressed in regulations governing these sectors.

As a result of the application of this legal tool, and at the request of the Permanent Multisectoral Commission on AMR, the MPTF supported the development of a Draft Law for AMR Containment under the One Health approach. Implementation of this new policy will continue beyond the duration of the MPTF-supported project with technical support from Quadripartite members, continuing to promote AMR containment in the country under the auspices of the Permanent Multisectoral Commission on AMR.

The formulation of the proposed law increased the visibility and awareness of AMR in the country thanks to the participation of different actors from the public and private sectors who collaborated to support its development. The draft law was adopted by the Commission in 2024, with approval expected in 2025.

Improved capacities for mainstreaming and costing AMR as well as changes in practices to minimize AMR

By understanding the economic burden of AMR, policymakers can make informed decisions about allocating resources to address the issue. The AMR MPTF-supported initiatives strengthened countries' capacities for collecting high-quality data on AMU, informing actions to calculate the costs of AMR for health systems, and change practices that perpetuate unsustainable AMU.

As a result of their improved capacities, Governments were able to leverage this data into professional oversight and training for human health professionals, veterinarians, farmers, livestock breeders, environmental specialists and university students on the rational use of antimicrobials and best practices to control AMR.

Country Projects

In **Bangladesh**, a pilot initiative was launched in two districts to evaluate antimicrobial prescribing practices in healthcare facilities. It included staff education and the formation of an AMR committee to minimize the inappropriate use of antimicrobials. In addition, the Bangladesh AMR Response Alliance expanded its in-service training programme for veterinarians and human health practitioners, including a three-day training on AMR and AMU for 60 participants in Dhaka, Savar, and Khulna.

In **Ethiopia**, the AMR MPTF project provided support in: (i) sampling human and veterinary medicines from the market; (ii) verifying if the samples were officially registered in the country; and (iii) visually screening and physically inspecting them to determine whether they are substandard or falsified. The samples were subjected to both rapid quality screening tests and more elaborate quality control pharmacopeial tests. These activities not only ensured the quality of medicines in the country while also building regulatory authorities' capacities to prevent substandard or falsified medicines' entry into the market, and to detect and take regulatory action on those that have.

In **Ghana**, a learning series on the generation, analysis, interpretation and use of antimicrobial consumption and use data was held with participants from the human, animal and environment sectors. It equipped participants who currently work within the national AMR laboratory system with knowledge and skills to improve data quality. Data collected through this initiative were submitted to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) and the International FAO Antimicrobial Resistance Monitoring (InFARM) data platform.

In **Madagascar**, 103 human health professionals, farmers, livestock breeders, and environmental specialists were trained in March on the rational use of antimicrobials and best practices for control of AMR in priority sectors. A point prevalence survey was conducted in September and October 2024 to assess the quantity and quality of antibiotic prescriptions among hospitalized adults, children, and newborns. By providing an overview of antibiotic consumption in healthcare facilities. This survey is helping decision-makers and healthcare practitioners in the country to optimize antibiotic use.

In **Peru**, a report was made available on the application of the FAO Assessment Tool for Laboratories and Antimicrobial resistance Surveillance System (ATLASS), enabling the country's first assessment of its AMR surveillance and diagnostic laboratory capacities. Curriculum improvement plans on AMR and AMU were provided to universities, to incorporate or update content related to the One Health approach, focused on preparing young people pursuing careers in human medicine and other biomedical sciences, veterinary medicine and agronomy. In addition, a workshop on molecular and genomic diagnosis of resistant microorganisms was held at the genomic diagnosis laboratory of the National Fishery Health Agency – an event that strengthened the diagnostic capabilities of laboratory technicians in the animal health, human health and food sectors. Quality monitoring of medicines used in **Senegal** was carried out in February 2024 by the Senegalese Pharmaceutical Regulatory Agency to ensure the effective regulation of antibiotic use in Senegal. Antibiotics samples (amoxicillin, amoxicillin/clavulanic acid, and azithromycin) were collected at the targeted public and private distribution and dispensing structures in the regions of Dakar, Thiès, Diourbel, and Kaolack. The quality of the antibiotic medicines collected was analysed the Direction of Quality Control of Medicines, established within Senegal's Regulatory Agency.

In **Tajikistan**, a five-day AMR testing training was held for veterinary laboratory staff affiliated with the national Association of Veterinarians in July and August 2024. The event, held at the National Center for Food Security Diagnostics, included laboratory specialists and regional veterinary laboratory staff from the Gorno-Badakhshan Autonomous Oblast, Sughd, Khatlon, Hamadoni, and Dangara districts.

Engagement plans with critical stakeholder groups implemented

One Health engagement plans are necessary to ensure that healthcare professionals, veterinarians, environmental practitioners, policymakers, regulators, farmers, patients, the private sector, civil society and the public are included in One Health dialogue and targeted activities.

By raising awareness and promoting a better understanding of the challenges related to AMR, MPTF supports stakeholders in working together and sharing best practices across sectors. Through AMR MPTF-supported activities, the Quadripartite has deepened dialogue among diverse public and private stakeholders on AMR and responsible AMU.

Human and animal health, agriculture and environmental specialists shared their experiences in order to address common challenges. This is leading to the piloting of One Health solutions including integrated surveillance guidelines in Mongolia, and a capacity-building initiative on joint planning for NAP implementation in Senegal.

Country Projects

In **Ethiopia**, the AMR MPTF project brought together public and private stakeholders for an April 2024 event on public-private partnerships for efficient implementation of Ethiopia's One Health AMR Prevention and Containment Strategic Plan. This event aimed to establish joint responsibilities and resource sharing to overcome common challenges in the fight against AMR. As Chairs of the 42nd national One Health AMR prevention and containment advisory meeting on 5 July, the AMR MPTF project-implementation team shared expert knowledge critical for transferring ownership of project activities to Ethiopia's Government.

In **Mongolia**, a roundtable under the leadership of the Ministry of Health brought together 70 representatives from the country's health sector in March 2024, including staff from several hospitals. A proposed national AMR surveillance system was introduced, based on WHO recommendations and best practices in the region. As a result of this multi-stakeholder discussion, the Ministry of Health is developing AMR surveillance guidelines for the entire health sector.

In **Senegal**, a capacity-building event was held for members of the national Multi-Sectoral Coordination Committee and other key stakeholders. This event facilitated joint planning, decision-making and implementation of the NAP. Laying the groundwork for collaborative planning, the event: introduced essential skills and frameworks for effective leadership and multi-sector collaboration; raised awareness of the dynamics of influence; and created a safe space for participants to practice their skills.

The launch of the Ethiopian One Health AMR prevention and containment strategic plan, 2021 to 2025 along with the Ethiopian AMR MPTF project from the start. The AMR MPTF project in Ethiopia has not only been supported by the government but mainly implemented on cost-sharing basis.

In photo from right to left: FAO Representative, Commissioner for environment and climate change commission, Minister MOH, State Minister for MOA, and WHO Representative (© Workineh, OH AMR team member)

SUCCESS STORY | ETHIOPIA
Planning for national ownership from the start

The AMR MPTF project in Ethiopia ran from 2021 to 2024, concluding with a 'lessons learned' workshop' involving multiple One Health stakeholders in August. By project closure, most activities were fully owned and coordinated by government counterparts. This ensured the sustainability of project activities over the long term. Capacity-building efforts supported by the project ensured that these counterparts would have the necessary skills and tools to sustain and scale up project outcomes, and cost-sharing and coordinated implementation of the project provided them with the experience to do so.

With its capacity strengthened through the project, the Ministry of Health now has a dedicated office on AMR. The Ethiopia Agriculture Authority has established a quality control and testing center, which has achieved quality management certification by the International Standards Organization (ISO). The project also contributed to the nation's agri-food system progressing from "level 2" to "level 4" – the first country to do so in Africa (moving from level 2 to level 4 in an agri-food system reflects significant improvements in sustainability, resilience, and efficiency). Strengthened multi-sector dialogue and cost-sharing mechanisms through the project have resulted in strong government ownership and capacity to continue implementing a One Health approach, along with more comprehensive regulations and international quality certification.

Systems to generate, analyze and interpret data on AMR, AMU/AMC developed or strengthened

Data systems are needed to inform cross-sector policies and mitigation actions. Robust systems for generating, analyzing and interpreting data on AMR and AMU are essential for targeted policies and action. By identifying emerging threats, monitoring progress, improving decision making, enhancing surveillance and guiding resource allocation, data systems play a critical role in ensuring that antimicrobial drugs remain effective for years to come.

These actions in turn help to create an enabling policy environment for combatting AMR, including strengthened NAP implementation, and lay the foundation for education, awareness-raising and behaviour change communications aimed at optimizing AMU. In the AMR MPTF-supported countries, this enhanced data collection and analysis enabled governments to create new regulations on antimicrobial sales, AMU protocols for animal production, and human health policies. The development of the GISSA platform provided a global framework for an AMR and AMU evidence base to inform the actions of policy makers and practitioners.

Country Projects

In **Ethiopia**, capacity-development support from the AMR MPTF contributed to capacity development within Ethiopia's Agriculture Authority Animal Products and Inputs Quality Testing Center. As a result, the Center achieved quality management certification for veterinary pharmaceuticals and AMR testing, based on 13 parameters of the International Standards Organization (ISO) 17025:2017 standard.

The AMR MPTF supported **Ghana** in the collection and review of sales data on antimicrobials for animal use. Comprehensive discussions among stakeholders on this review led to the development of a methodology and tools for the future systematic collection of antimicrobial sales data in the animal sector. These activities enhanced the Government's capacity to carry out surveillance on the sales of antimicrobials for animal health.

In **Peru**, a pilot plan for surveillance of AMU in the poultry sector was implemented with the Peruvian Poultry Farming Association, allowing for the collection of data on AMU in broiler and laying hen poultry farms in the regions with the highest poultry production in the country, including Lima, Ica and La Libertad. As a result of the pilot plan, two AMU protocols were drafted for collecting and analyzing data on AMU – serving as models that can be replicated in other sectors.

In **Senegal**, standards and protocols for integrated surveillance of AMR in the country were developed at an event that took place from 1 to 5 July. These standards are essential for strengthening the country's capacity to collect, analyze and use reliable data on AMR, in order to inform public health policies and guide priority actions. The event brought together laboratory focal points and microbiologists the human, animal and environment sectors for harmonized analysis of AMR, promoting integrated surveillance across Senegal.

Tajikistan's National Center for Food Security Diagnostics laboratory collected and tested 240 samples from animals to establish active surveillance for extended-spectrum beta-lactamase (ESBL)-producing E. coli, along with 100 samples for passive surveillance. The National Reference Laboratory of the Ministry of Health and Social Protection collected 221 human samples (blood) and 16 stool samples, and tested them for ESBL-producing E. coli. The results of this surveillance testing were negative.

In **Tunisia**, AMR surveillance was performed in 11 laboratories during 2024. During these missions, AMR data were analyzed, validated, and shared with WHO through its GLASS platform. A reference laboratory was also designated for the country.

Global Programme

The Global Integrated System for Surveillance on Antimicrobial Resistance and Use (GISSA) was designed to provide robust data on patterns and trends in AMU and AMR in humans, animals, food, plants and the environment. The platform's development was completed in 2022 and it was shared with the Secretariat in 2023, but its official launch was delayed in order to allow Quadripartite organizations to secure data from their members and finalize the testing of safe data sharing through the platform.

Quadripartite collaboration on its development was instrumental in bringing these organizations closer together to share data and learn from each other's data systems. For example, FAO's collaboration with WOAH and WHO provided best practices for the finalization of its InFARM data platform. With the launch of GISSA pending, integrated AMR surveillance continued among Quadripartite organizations in 2024.

Systems for biosecurity and infection prevention and control (IPC) strengthened in critical sectors

Strengthening systems for biosecurity and IPC is essential for preventing and combating AMR. By implementing effective biosecurity and IPC measures, the spread of infectious diseases can be reduced, which can in turn reduce the use and discharge of antimicrobials – major drivers of AMR.

Measures to reduce the spread of infectious diseases – and the need for antimicrobials – include: improved water, sanitation and hygiene; promoting biosecurity and biosafety measures, supporting integrated pest management, strengthening waste and wastewater systems, the appropriate use of personal protective equipment; and regular monitoring and surveillance.

Through training and monitoring, the AMR MPTF has strengthened IPC and biosecurity in both the human and animal health sectors. This includes vaccination surveillance in humans and training on biosecurity in the aquaculture, poultry and dairy sectors, bringing together public and private partners to reinforce the One Health approach. Increased awareness and skills at the national level have led to enhanced biosecurity measures and strengthened IPC systems, in both policy and practice.

Country Projects

In **Tunisia**, IPC systems were strengthened through collaboration with the Ministry of Health's AMR Task Force. An IPC sensitization day in October 2024 engaged nursing students, to reinforce the importance of IPC practices. Also in October, healthcare workers from six hospitals were trained in topics such as sterilization methods, medical device reprocessing, and disinfection management. In addition, training for paramedical teachers and internship tutors was held in November to address the lack of IPC training in nursing institutes. The AMR MPTF supported Tunisia's Higher Institute of Nursing Sciences in establishing an IPC unit to promote training and advocacy. In the agriculture sector, training on biosecurity in aquaculture was extended to poultry and dairy producers.

Also in **Tunisia**, training on sustainable practices for preventing AMR in agriculture through integrated pest management focused on crops like potatoes, cereals, and grapes. Bringing together officials from the Ministries of Agriculture, Water Resources, and Fisheries, along with other stakeholders in agricultural value chains. In addition to raising awareness of the importance of managing pests and diseases without excessive use of antimicrobials, this training initiative encouraged concrete dialogue across government ministries.

In **Zimbabwe**, surveillance of healthcare-associated infections was piloted in two hospitals, with a total of 4,500 cases investigated; the data were analyzed in early 2025. Post-typhoid vaccination surveillance was also concluded in 2024, with publication of the results slated for March 2025 to facilitate the dissemination of insights that can be shared with other sectors and countries. At the policy level, an IPC strategy and policy were signed by the Minister of Health and were ready for launch in 2025.

Systems for optimized use of antimicrobials strengthened in critical human and animal sectors

The fight against AMR requires strong systems for the optimized use of antimicrobials in humans, animals and plants. Such systems reduce the need for antimicrobials, and ensure that they are used and disposed of appropriately, only when necessary and in a way that maximizes their effectiveness and minimizes discharges into the environment.

Optimizing the use of antimicrobials preserves the effectiveness of antimicrobials, so that they remain effective for future generations. In 2024, AMR MPTF-supported initiatives enabled government counterparts to provide training and improved guidance on AMU in human and animal healthcare, and food production. This included tighter regulations on the sale of antimicrobials without a prescription and initiatives to detect falsified medicines. By working across the human, animal and plant health spectrum, these projects brought together actors who previously addressed this issue in siloes, reinforcing a One Health approach.

Country Projects

The **Bangladesh** Antimicrobial Resistance Alliance and the U2C biosecurity initiative conducted training to raise awareness and promote responsible antibiotic practices among poultry farmers. Monitoring visits in Rajshahi following the training highlighted significant issues with the sale of antibiotics, especially fluoroquinolones, without proper prescriptions. To address this, the project team recommended developing a prescription verification system to ensure proper assessment of prescriptions and responsible antibiotic use.

In **Ethiopia**, the AMR-MPTF support provided capacity development and training on Integrated AMR surveillance, healthcare-associated infection control, antimicrobial stewardship and prudent use to multidisciplinary team of health care providers in pilot 16 hospitals. As a result, hospitals are implementing Integrated AMR and AMU surveillance, infection prevention and stewardship practices. The hospitals are now reporting the AMR data to the global GLASS platform.

In November 2024, **Madagascar**'s antimicrobial prescription guide was updated. Originally developed in 2019, the national prescription guide for common infections had not been disseminated widely. The emergence of multidrug-resistant bacteria necessitated an update to the guide and a new push for dissemination. The WHO AWaRe classification of antibiotics served as the basis for the selection. The result was an operational and up-to-date prescription guide and training plan for prescribers at public health centers. The updated guide received official approval from the Ministry of Public Health in late 2024.

In **Senegal**, inspection missions on the use and management of antimicrobials in livestock and aquaculture farms took place in June, 2024 covering 13 regions. These missions assessed the conditions on farms and their methods for managing the use of antimicrobials in order to establish a correlation between antibiotic use and AMR. In the 28 farms surveyed, only two used antibiotics. However, a survey of 60 veterinary and para-veterinary practitioners, and 28 aquaculture farm managers revealed problems with biomedical waste and packaging management. In veterinary care practices visited, antimicrobials were sold directly without a prescription and used without prior recourse to an antibiogram to determine susceptibility profile of the agent responsible for bacterial infection. The results of this survey informed future intervention measures in the country.

In **Tajikistan**, 22 one-day training sessions on the prudent use of antimicrobial drugs in veterinary medicine and animal husbandry were held, engaging 450 veterinary specialists and livestock breeders. In addition, two two-day training sessions on the prudent use of antimicrobials and the prevention of infectious animal diseases were conducted for 30 farmer field school participants.

The Medicines Control Authority of **Zimbabwe** received a Micro Near Infrared machine in 2024 through the AMR MPTF-supported project to detect falsified medicines, and began analysing samples; surveillance was slated to continue in 2025. This advanced technology was critical for combatting the circulation of sub-standard and falsified medications, including antimicrobials, ensuring the safety and efficacy of pharmaceuticals in Zimbabwe. A total of 225 samples were collected and analyzed from different regions in Zimbabwe, against a target of 500.

Zimbabwe: Micro Near Infra Red machine for falsified medicine surveillance
© Dr Flora Zhou

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SUCCESS STORY | TUNISIA

The AMR MPTF project supported a comprehensive training programme designed for veterinary service providers in Tunisia, including both state and private veterinarians. The programme included two days of theoretical sessions on biosecurity principles, risks of antibiotic misuse, and best practices for disease prevention, followed by a field visit to the largest fish hatchery in the country.

The field visit component was transformative for participants, allowing them to apply theoretical knowledge in a real-world setting. It also fostered trust and collaboration between the private sector and regulatory authorities, shifting the focus from punitive inspections to a cooperative approach aimed at improving farming practices. Outcomes of the initiative include enhanced knowledge and skills among veterinarians, improved public-private sector collaboration, and the practical application of biosecurity measures. This has led to a noticeable shift in aquaculture practices, with reduced reliance on antibiotics and a lower risk of AMR.

One participating veterinarian described the training as a “game-changer,” highlighting its role in equipping professionals with the tools to promote biosecurity and responsible antibiotic use.

Improved capacity to design awareness-raising, behaviour change and educational activities

Improved capacity to raise awareness of the dangers of AMR, change behaviours and educate stakeholders about how to reduce AMR is crucial. These activities need to target a variety of audiences, including healthcare providers, farmers, veterinarians, pharmacists, environmental practitioners, antimicrobial manufacturers and the public. Every November, World AMR Awareness Week (WAAW) provides an opportunity for countries to raise awareness of AMR – and the importance of combatting it – among a variety of stakeholders, including the public – the largest consumer group for antimicrobials.

Working across sectors, awareness-raising and behaviour change campaigns in 2024 targeted university students – important influencers and the next generation of One Health champions – as well as government experts, private-sector stakeholders and the public. These campaigns and other activities implemented in countries across the world have led to a greater understanding of the risks of antimicrobial use, as well as the development of response options and actions to optimize use.

Country Projects

A consultation was held in **Bangladesh** to strengthen multi-sector collaboration in raising awareness of AMR. Quadripartite and government experts delivered insights on AMR and AMU communication strategies, challenges, and best practices. During WAAW (November 18–24, 2024), a nationwide campaign promoted prudent AMU through high-level policymaker engagement and public awareness activities. A video competition was held for university students on World One Health Day (3 November 2024), encouraging them to explore the connections between human, animal, and environmental health within their communities, and reinforcing the One Health approach.

In **Ethiopia**, the AMR MPTF team co-organized a national One Health AMR awareness day on 14 June, focused on the importance of public-private partnerships for implementation of the One Health AMR Prevention and Containment Strategic Plan for Ethiopia. The project team also supported the Government in preparing for and organizing communication, media outreach and awareness-raising activities during WAAW (even though this took place after this project's closure earlier in 2024) – ensuring government ownership of this annual activity.

WAAW in **Madagascar** was rescheduled to December because of elections in November. Under the theme "Educate, Advocate, Act Now", activities included an "awareness caravan", which traveled through the streets of Antananarivo to inform residents about responsible actions to combat AMR, animation podiums, exhibition stands, discussion panels, conferences, a "Quiz for a Champion," and university debate competitions.

In **Senegal**, stakeholders from the human health, animal, agriculture, fisheries, and environmental sectors, universities and communities were engaged in training on One Health approaches. These training sessions were attended by a large Senegalese and African audience. Targeting youth, an innovative One Health club involved students in the celebration of WAAW and an AMR student debate.

The Quadripartite team in **Tajikistan** collaborated with the Government to celebrate World Food Safety Day on 7 June 2024 with an awareness campaign at Mehhrgon Marketi in Dushanbe. On 6 June 2024, an awareness-raising session on 'Food Safety: Preparing for the Unexpected' was held for 65 participants from government agencies.

Student awareness session about the danger and risks of AMR. Youth Headquarter of the Ministry of Youth and Sports, Antananarivo. November 16. 2024. With support from AMR MPTF (© WHO Madagascar)

SUCCESS STORY | MADAGASCAR
Student Ambassadors in the fight against AMR

University students are the ambassadors of AMR in Madagascar: Their role as leaders of youth-focused organizations and presence on social media makes them one of the most effective communication channels for raising awareness on the fight against AMR.

As a result of the support provided by the AMR MPTF, this strength has been leveraged to amplify awareness throughout the country. An awareness session was organized on 16 November in collaboration with the Ministry of Youth and Sports to improve students' understanding of AMR risks and response options, in order to prepare them to become AMR ambassadors.

Role-playing activities and group work helped to identify eight awareness messages to be shared on social media and eight awareness slogans to be used during the celebration of WAAW. Thirty-three young people were trained during this first wave, carrying these messages beyond their universities. These students showed remarkable dedication: 120 of them were mobilized (along with more than 500 health professionals) for an awareness campaign that took to the streets of Antananarivo and reached the entire national population through the media.

Evidence-based and cost-effective priority actions developed for different contexts

A coordinated, multisectoral evidence-based approach is needed to fight the growing threat of AMR, using cost-effective interventions developed for antimicrobial manufacturing facilities, hospitals, communities, livestock farms, crop production sites and other contexts.

Creating a sound evidence base with data from across countries and disciplines leads to the more effective use of resources and interventions tailored to specific populations and contexts. By creating a framework for representative data on AMR and AMU, the Global Programme is informing sound policies on AMU practices in order to reduce AMR in human, plant, animal and environmental health sectors.

In addition, the Quadripartite supported national actions on AMR through supporting M&E of NAPs. This includes direct support to countries on M&E and the collation of data through the through the Quadripartite Tracking AMR Country Self-assessment Survey (TrACSS). Bringing together national, regional and global-level stakeholders in data collection strengthened the ability of policymakers to collaborate and take informed actions aimed at minimizing AMR.

Global Programme

This output aims to sustain the momentum of the global AMR agenda through integration of data across animal, human, plant and environmental health leading to strengthened multi sectoral coordination on AMR. The GISSA project was designed to inform this global response, integrating data on AMR and AMU from the FAO InFARM platform, the WHO GLASS system and the WOAH Animal AMU (ANIMUSE) Global Database. This integrated platform aims to enable global access to AMR and AMU data across the human, animal, plant and food systems.

In 2024, the surveillance systems of Quadripartite members (which would feed into GISSA) were expanded, including more countries as well as individual-level data. FAO completed development of its InFARM platform and issued the first open call for data in 2024. As of closure of the GISSA Global Programme component, the platform had not yet been launched. The system is now ready: its launch is dependent upon receiving resources for minor updates and a review of data requirements from constituent systems.

The Global Action Plan Monitoring and Reporting project from March 2021 to September 2023 provided support to national-level monitoring and evaluation (M&E) initiatives. In 2024, Quadripartite Tracking AMR Country Self-assessment Survey (TrACSS) data indicated that all AMR MPTF-supported countries had national multisectoral One Health coordination mechanisms in place along with clearly defined terms of reference and activities to achieve joint objectives. The Quadripartite continues to work with these countries to build on progress with NAP M&E.

Strategic global-level governance advocacy initiatives on AMR implemented

Global-level advocacy is critical to prevent and minimize AMR, promote the responsible use and safe disposal of antimicrobials around the world, strengthen surveillance and monitoring systems, and support research and development of alternative treatments. This not only prevents the development and spread of AMR, but ensures that available treatments are effective, ultimately saving lives.

In 2024, countries had the opportunity to participate in – and inform – global-level dialogue on AMR, strengthening their own governance on the issue along with knowledge exchange across countries. These interventions, directly from countries at the forefront of fighting AMR, drove significant momentum on the global AMR agenda.

The Global Programme produced enhanced guidance on policy frameworks and NAP M&E for countries to strengthen internal governance and monitoring systems, enabling the fight against AMR to be reflected in their national budgets, and laying the groundwork for these governments to attract additional support from development partners.

Country projects

Cambodia, Indonesia, Peru and **Zimbabwe** alongside an AMR Survivor Task Force representative and AMR MPTF Resource Partners contributed to a co-branded side event entitled “Tackling Antimicrobial Resistance Across Sectors: The Value of the Antimicrobial Resistance Multi-Partner Trust Fund”, organized by the Quadripartite AMR MPTF team at the Fourth Health Working Group Meeting of the G20 in September 2024 in Natal, Brazil.

Contributing to the side event, government representatives highlighted the catalytic role of the AMR MPTF in supporting countries to prevent and respond to AMR through a One Health approach, and shared their experiences, harnessing the collective expertise of Quadripartite collaboration for NAP implementation through AMR MPTF support.

The AMR MPTF coordinator in Ethiopia participated in and presented Ethiopia’s AMR MPTF achievements, successes and lessons at MPTF Steering Committee and Secretariat meetings, and provided input to a report to the United Nations General Assembly.

With the technical support from the Quadripartite, **Bangladesh, Cambodia, Peru** and **Ghana** contributed to a side event at the 2024 UNGA on "Bringing the voices and perspectives of the low and middle-income countries into the dialogue". They shared their experiences of implementing NAPs through multi-sectoral approach and the support provided by the AMR MPTF. The side event featured distinguished speakers from Quadripartite organizations and the European Union.

Global Programme

Following the launch of OHLAT in 2023, the Global Programme's Legal Tools component focused on finalizing OHLAT in English, French and Spanish. Several countries have engaged the Legal Tool component team for legal support on AMR governance and interventions in their countries.

The translation of OHLAT into French and Spanish occurred before final adjustments were made to the English version. This necessitated additional changes to all three versions to ensure their consistency. While this delayed the launch of OHLAT, this extended translation process revealed areas where the language was not clear in the original English version. This ultimately improved the usability of all three versions, leading to a more concise and stronger end product. It is expected that all three versions will be available for use in the second half of 2025.

The Global Programme M&E component, which concluded in 2023, drove the implementation of both the global and national NAP M&E frameworks, contributing high-quality evidence for improved decision making on AMR. A previously published guidance document on providing practical steps for M&E of the Global Action Plan on AMR and NAPs in English, French, Arabic and Spanish, was distributed in all MPTF-supported countries in 2024, informing the development of national-level NAP M&E systems. In early 2024, a Quadripartite e-learning module on NAP M&E was published on WHO's Open Learning Platform.

3 Optimization of the MPTF

AMR MPTF Project Inception Workshop in Bangladesh

In 2024, 10 countries were implementing projects supported by the MPTF, along with two Global Programme Components – Legal Tools and GISSA. A new call for MPTF proposals for country projects and Global Programme components was issued in the fourth quarter of 2024; final project selection will take place in 2025.

3.1 The AMR MPTF and Global Policy Processes

Both in participating countries and globally, AMR MPTF-supported initiatives brought together government institutions, private partners and multilateral organizations to forge innovative pathways through a One Health approach. It also enabled country-level human, animal, plant and environmental health experts to share knowledge and best practices across sectors and countries, and to participate in high-level policy processes.

High-level policy processes in 2024 included the United Nations General Assembly (UNGA) High-level Meeting on Antimicrobial Resistance in September, and the Fourth Global High-Level Ministerial Conference on AMR in November, Jeddah, Saudi Arabia. Both, the Political Declaration of the UNGA and the Jeddah Commitments highlighted the work of the AMR MPTF and called upon donors and partners to collaborate on scaling up its support to countries.

Policy processes such as these brought global attention to the positive national and global outcomes generated through AMR MPTF support – both in countries and globally – and generated calls to scale up these efforts through stronger coordination and enhanced resources to support countries in implementing their NAPs.

At the UNGA High-level Meeting on AMR September 2024, the resulting Political Declaration urged Member States to strengthen international cooperation so that the outcomes of AMR MPTF support can be scaled up further, including through financial and technical support, and support for research, development and innovation programmes. This Declaration called upon Member States to promote the expansion of the Fund's donor base, with a target of US$100 million to support at least 60 percent of countries to have funded NAPs.

Following this High-Level Meeting, the Fourth Global High-Level Ministerial Conference on AMR in Jeddah, Saudi Arabia in November 2024, called upon multilateral development banks, together with bilateral donors and private philanthropies to contribute to the AMR MPTF, and to support the Quadripartite Joint Secretariat in a mapping exercise to better leverage financial instruments for curbing AMR and ensure funding of multi-sectoral NAPs over the long term.

Other high-level events at which the Fund was represented and advocated in 2024 include the:

- G20 cobranded side event "Tackling Antimicrobial Resistance Across Sectors: The Value of the Antimicrobial Resistance Multi-Partner Trust Fund", organized by the Quadripartite Joint Secretariat at the Fourth Health Working Group Meeting of the G20 on 2 September 2024; and
- UNGA side event "UNGA 2024 High-level Meeting on AMR and beyond: Bringing the voices and perspectives of the Low-and middle-income countries into the global dialogue" organized jointly by the Quadripartite Joint Secretariat on AMR and the International Centre for Antimicrobial Resistance Solutions (ICARS) on 25 September;
- Panel on "Sustainable Financing for AMR" at the Fourth Ministerial Conference on AMR in November 2024, participation by MPTF Steering Committee Chair.

Inclusion of the MPTF in global policy processes not only provides visible recognition of the Fund's effectiveness in addressing AMR, but also mandates the scaling up of its support to countries' One Health responses, and signals to bilateral and multilateral donors the importance of strengthening Fund's support to countries' NAPs through the coordinated efforts of the Quadripartite.

In response to these high-level calls for greater mobilization of resources for the Fund, in 2024 the Quadripartite created a resource mobilization task force from among its members to lead implementation of the MPTF Resource Mobilization Action Plan. An advocacy toolkit was produced in 2024 to guide joint action on resource mobilization. In view of the Political Declaration and its call to raise $100 million in support of NAPs, the toolkit aims to highlight the value of the Fund, raise its visibility and support its replenishment more effectively. It includes key messages, target audiences, success stories, photos and social media posts.

3.2

Mid-Term Evaluation of the AMR MPTF

An independent consulting firm was selected to conduct a mid-term evaluation of the Fund from August to December 2024, providing concrete guidance for future strategic positioning project sustainability. The evaluation included country visits and in-person interviews in project countries Bangladesh, Cambodia, Indonesia, and Kenya, and comprehensive remote interviews with teams in Ethiopia, Peru, Senegal and Zimbabwe. It also included individual and group discussions with more than 150 individuals across all 14 MPTF-supported countries, the four Global Programme components, the Secretariat and the AMR MPTF Steering Committee.

3.3

Second Round of AMR MPTF Funding

Following its approval of the AMR MPTF Steering Committee at its 11th meeting, a new global call for country and global projects opened on 4 October 2024 and closed on 6 December. The requirement for a country project concept note was replaced by a scouting template coordinated with Quadripartite focal points. This template called for a thorough assessment of each project's national context and project feasibility, and an exit strategy to ensure that the government would continue supporting the initiative once AMR MPTF support concludes. Submissions for proposed country projects and Global Programme components were received and assessed by the MPTF technical team; assessment summaries were shared with Steering Committee members.

4 Challenges, lessons learned and recommendations

4.1 Challenges

Unforeseen challenges such as changes in countries' political context, natural disasters and unavailability of equipment created delays and necessitated amendments to AMR MPTF-supported project implementation plans. In other cases, a lack of understanding of AMR at the country level – or a lack of national capacity – necessitated capacity-strengthening with government and private stakeholders before activities could begin. Quadripartite partners worked closely with implementation teams to overcome these challenges, fostering innovative solutions and bringing together diverse parties for dialogue to ensure projects produced their expected outcomes.

Political instability and related challenges

- Political turmoil disrupted government operations in some project countries. This instability created significant challenges in coordinating with government agencies. In some instances, this instability led to high turnover of government staff, which delayed collaboration with government counterparts, and made it difficult for new governments to take ownership of the outcomes.
- In several countries, travel restrictions caused by political upheaval and national disasters, delay implementation. This is particularly an issue in rural areas, where national AMR experts are not present.
- Sharp inflation in some countries resulted in significant variations in the project budget. For this reason, the money available for some activities was not adequate. Teams needed to secure other sources of funding for the completion of some activities.

Access and infrastructure

- Access to laboratory and other materials required for implementing country project activities hindered timely implementation. Longer-than-expected procurement processes, a lack of suppliers that can provide materials of sufficient quality and long approval processes within government ministries created delays.

Expertise, data and collaboration

- A major challenge in managing AMU is the shortage of trained professionals to ensure proper prescribing and administration practices. AMU monitoring is limited by a lack of data from producers and importers, and a lack of software integration across laboratories for AMU data collection within countries. Finally, limited collaboration between government agencies and the private sector initially hindered the effective use of antimicrobials in private healthcare settings.
- AMR in plants is still not well understood, and many pesticide dealers do not have adequate awareness of the issue. While training supported by the AMP MPTF helped raise awareness among vendors and distributors, resources were not adequate to reach all areas.

4.1

Lessons learned

As a result of these challenges, and the collaborative work to overcome them, several important lessons were learned by project teams. These best practices can be shared across countries and sectors, strengthening the second round of AMR MPTF projects.

MPTF support: a crucial vehicle for multi-sector collaboration

- AMR MPTF financial and technical support played a pivotal role in driving collaboration across sectors and fostering coordinated investments to combat AMR. Increased investment to scale up activities like training could help bridge the skills gap and improve AMU practices.
- The MPTF has also been instrumental in: (i) strengthening partnerships among Quadripartite organizations, government departments and multilateral partners at the global, regional and country levels; (ii) aligning national AMR initiatives, such as communication strategies and youth engagement with global frameworks; and (iii) mobilizing technical and financial resources to enhance surveillance, awareness, and policy frameworks.
- Multi-stakeholder lessons-learned-sharing events – like that held in Ethiopia in August 2024 – allowed project teams, government counterparts and other stakeholders to review and reflect on project activities, strengthening national ownership and facilitating consensus building on achievements and challenges. In events like this, diverse stakeholders have an opportunity to learn from both positive and negative experiences, map national priorities and build consensus on ways forward after AMR MPTF project closure.

The importance of coordination among Quadripartite members

- While Quadripartite organizations work well together on implementing a One Health approach through AMR MTPF, not all organizations are present in all countries. AMR MPTF country projects have brought these organizations more closely together – including those that do not have a presence in the countries of implementation. The stronger the Quadripartite coordination (especially when one or more partners are not present in a country), the greater the long-term impacts of AMR MPTF-supported activities.

Focus on youth: Influencing the next generation of experts

- The training of university students as AMR Ambassadors in Madagascar was an innovative means for ensuring the sustainability of AMR MPTF initiatives. Training young influencers to raise awareness about the dangers of AMR and responses contributed to raising awareness more broadly among their families, communities, youth associations and the public.

Embedding support within governments

- Full-time project coordination units within government agencies strengthened results and cemented government ownership of MPTF-supported activities. When dedicated government oversight and strategic management were integrated into projects, it ensured that diverse stakeholders could come together to overcome challenges and remain focused on achieving their project objectives.

Cost sharing as a vehicle for local ownership

- When AMR MPTF support was not adequate to complete all planned activities in a country, it often was possible to mobilize support locally to complete them. Such cost-sharing arrangements increased local ownership of project activities and helped to ensure that their outcomes were aligned with NAP implementation – creating sustainability beyond the period of AMR MPTF support.

5 Next steps and future vision

One of the most impactful aspects of the MPTF is cross-organizational and cross-sector collaboration – bringing together practitioners in human, animal, plant, food systems and environment health from across the Quadripartite and other organizations towards a common objective.

The MTPF has been extended to 2030 to align with the SDGs and the collective goals of the four organizations. The mid-term evaluation is providing recommendations for future strategic positioning of the Fund, a more streamlined theory of change and enhanced alignment of funded projects with a strategy that capitalizes on each Quadripartite member's strengths and aims for national ownership and sustainability of outcomes.

High-level political processes such as the Political Declaration of the UNGA High-level Meeting on AMR have underscored the importance of the One Health approach. The Political Declaration set the target of achieving US$100 million to catalyse the achievement of at least 60 percent of countries having achieved funded NAPs by 2030. The Jeddah Commitments in turn called for major multilateral financial institutions, multilateral development banks, existing and new bilateral donors, and private philanthropies to contribute to sustainable financing initiatives including the AMR MPTF, and to support the Quadripartite Joint Secretariat in building a common long-term financial roadmap to curb AMR and support funding of NAPs on a multiannual basis.

In order to achieve this goal, the Political Declaration requested the Quadripartite organizations to formalize the standing Quadripartite Joint Secretariat on AMR as the central coordinating mechanism to support the global One Health response.

Having received high-level global recognition for its role in raising awareness of and combatting AMR, the Fund is stepping up its coordination and resource mobilization efforts in order to demonstrate its impact to donors and reach the $100 million target.

Floating fish farm, Senegal

6 Financial situation in 2024

Through 31 December 2024, the United Nations Development Programme (UNDP) Multi-partner Trust Fund Office reported contributions totaling US$ 30,474,057.74.

While no new donor commitments were made in 2024, the MPTF received contributions from existing donors: Germany (US$367,709); the Netherlands (US$1.62 million); Sweden (through the Swedish International Development Cooperation Agency – Sida) (US$1.26 million), and the United Kingdom of Great Britain and Northern Ireland Government's Fleming Fund (US$2.54 million). Two donors have expressed their intention to renew their financial commitments from the beginning of 2025: US$1,590,668 from the Netherlands; and US$ 2,296,211 from Sweden (through Sida).

Efforts will be made throughout 2025 to secure more commitments from existing donors and broaden the donor base.

World AMR Awareness Week campaign in Ghana

Distribution of AMR awareness posters to pig farmers in Kep province in Cambodia

7 About the MPTF

7.1 Background

The AMR Multi-Partner Trust Fund was founded in 2019 by the Tripartite organizations FAO, WHO and WOAH. Initially established for a five-year period (2019-2024), in 2021 it was extended to 2030 to align with the SDG agenda and timeline. Also that year, UNEP joined as an MPTF partner – member organizations are now known as the Quadripartite.

The MPTF has been recognized by the United Nations Secretary-General and the Political Declaration of the United Nations High-level Meeting on Antimicrobial Resistance as an important mechanism to secure consistent and coordinated financing for addressing AMR through a One Health approach. The Fund provides technical assistance and targeted funding to selected countries for establishing and implementing One Health NAPs, and multi-sector initiatives aimed at combatting AMR. It also supports a global initiative that paves the way for sustained collaboration around AMR-focused frameworks for collaboration worldwide (in areas such as legal tools, surveillance and M&E), and support national efforts in these areas.

The Fund's resources support joint and coordinated actions based on the AMR Quadripartite work plans at global, regional and country levels. These initiatives catalyze national-level action to achieve sustainable results. Specifically, countries are provided with policy support and technical assistance in:

- Designing, implementing and evaluating One Health NAPs;
- Raising awareness and catalyzing behaviour change across all sectors;
- Strengthening surveillance and monitoring of AMR and antimicrobial sales and use across all sectors;
- Strengthening stewardship and the responsible use and disposal of antimicrobials across all sectors; and
- Building capacity for robust monitoring and evaluation.

7.2 Approach

Since its launch in 2019, the Fund has supported Quadripartite members' efforts to demonstrate effective One Health approaches to AMR by funding implementation of robust, country-owned AMR NAPs. The prime focus is accelerating progress of One Health approaches to AMR in low- and middle-income countries – supporting the implementation of multisectoral NAPs. Comprised of a global programme and country-level projects, the AMR MPTF aims to reduce the threat of AMR by funding transformative and innovative practices integrate best practices and innovations across countries, sectors (environment, plant, animal and human health), and organizations.

Financial resources are used to fill recognized gaps and coordinate joint multi-sector responses for addressing AMR at regional and country levels.

Annex 3 presents the Theory of Change for the Strategic Framework for Collaboration on AMR along with the Results Matrix for the Fund, which illustrates ways in which the MPTF contributes to the identified outputs, outcomes and long-term impacts.

7.3
MPTF Governance

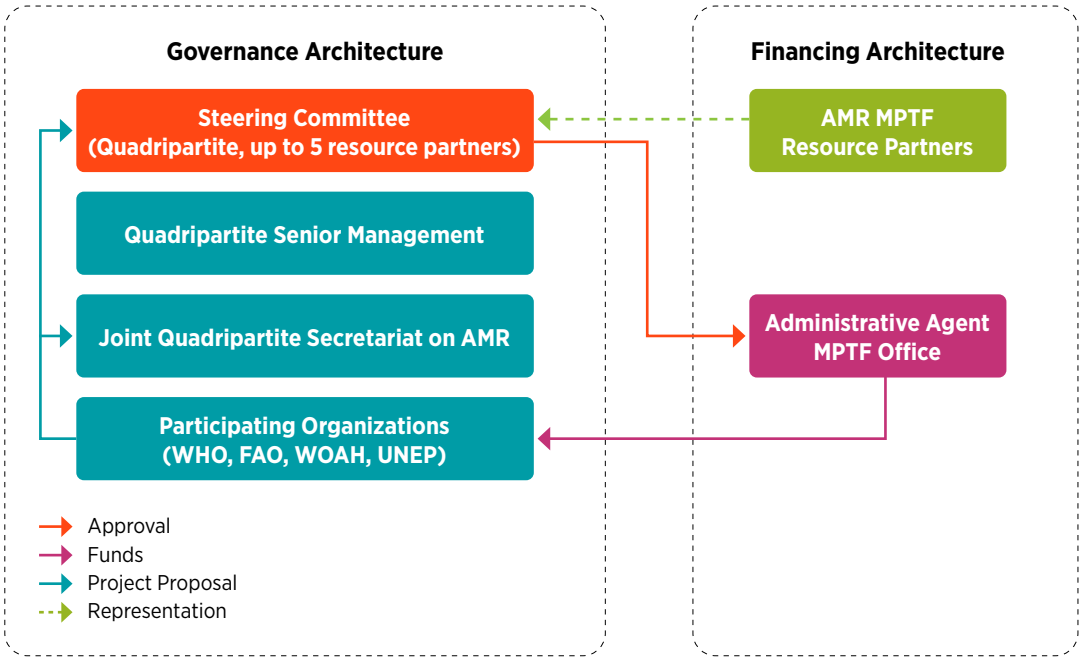
The Fund's governance architecture consists of the:

- Steering Committee (governing body) composed of a senior-level principal representative (Quadripartite Senior Management), or their nominated alternates, from each of the four Quadripartite organizations, and representatives from resource partners;
- Quadripartite Joint Secretariat (hosted at WHO with liaison officers from each organization);
- Administrative Agent (UNDP MPTF Office, the Fund's trustee), responsible for administering contributions.

The Fund's governance arrangements are based on the standard arrangements for a Pass-through Multi-Partner Trust Fund and United Nations Development Group (UNDG) best practices. The AMR MPTF Operations Manual was revised and approved by Steering Committee at its 11th meeting in June 2024.

The Fund's governance and financing architecture is depicted in Figure 2 below.

Figure 2:
MPTF Governance and financing architecture



Steering Committee

The MPTF Steering Committee is the Fund's primary governance structure. The Steering Committee is composed of a senior-level principal representative, or their nominated alternates, from each of the four Quadripartite members, and representatives of five MPTF resource partners. The Steering Committee is currently chaired by Montserrat Arroyo, WOAH Deputy Director General for International Science and Standards.

The main functions of the Steering Committee include programmatic oversight; appraisal and approval of projects; monitoring and reporting; and resource mobilization. The Steering Committee takes decisions by consensus and is chaired by one of the Quadripartite organizations on an annual rotational basis.

The 11th Steering Committee meeting took place in June 2024, hosted virtually by WHO. At this meeting, Steering Committee members were presented with – and accepted – suggested revisions to the AMR MPTF Operations Manual in addition to a new template for the second call for proposals, ensuring a simplified, outcome-oriented process. At this meeting, the tenure of the AMR MPTF Chairpersonship was changed from 1 year to 1.5 years, with the possibility for a resource partner representative to serve as co-Chair.

The Steering Committee traditionally meets twice per year; however the 12th Steering Committee meeting (the second for 2024) was postponed to February 2025.

Quadripartite Joint Secretariat on AMR

The Quadripartite Joint Secretariat on AMR provides coordination of the MPTF. Composed of dedicated staff from each of the Quadripartite organizations (FAO, UNEP, WHO, WOAH), the Joint Secretariat is tasked with supporting the AMR MPTF Steering Committee and overseeing the overall operation of the AMR MPTF. This includes ensuring that all aspects of the MPTF workplan are delivered and escalating any significant issues or concerns.

The Fund's governance and financing architecture is depicted in Figure 2 and its Steering Committee membership in 2024 is shown in Figure 3.

Table 2:
AMR MPTF Steering Committee Members and alternates, 2024

Germany (BMZ, GIZ)	**Nicola Watt**, Component Lead, International Collaboration, GIZ **Daniel Eibach**, Senior Policy Advisor - One Health **Constanze Bönig**, Global Programme Pandemic Prevention and Response, One Health GIZ **Angela Schug**, Advisor, Global Programme Pandemic Prevention and Response, One Health, GIZ
Sweden (Sida)	**Mats Aberg**, Senior Programme Manager, Department for International Organisations and Policy Support **Sofia Norlin-Telde**, Programme specialist International Organisations and Policy support
United Kingdom of Great Britain and Northern Ireland	**Mwaanga Kayuma**, Global Programmes Lead, Fleming Fund **Holly Rhyner-Jones**, Head of the Fleming Fund
The Netherlands	**Rosa Peran**, Senior Advisor, Ministry of Health, Welfare and Sport **Roland Driece**, Director, International Affairs, Ministry of Health **Rosalien Stroot**, Senior Policy Advisor, Ministry of Health, Welfare and Sport, Department of International Affairs
European Commission	**Gunilla Eklund**, Health and Consumers Directorate-General (DG SANTE) **Barbara Mentre**, Antimicrobial Resistance, Human Nutrition Unit, (DG SANTE)
FAO	**Thanawat Tiensin**, Director, Animal Production and Health Division
UNEP	**Jacqueline Alvarez**, Chief, Chemicals and Health Branch, Industry and Economy Division
WHO	**Yukiko Nakatani**, Assistant Director-General, Access to Medicines and Health Products, Assistant Director General, a.i. AMR
WOAH	**Montserrat Arroyo**, Deputy Director General International Standards and Science

Administrative Agent: UNDP Multi-Partner Trust Fund Office

The UNDP Multi-Partner Trust Fund Office (MPTF Office) serves as the Administrative Agent of the Fund. The MPTF Office Gateway is a public website that provides real-time financial information on the Fund as well as information on the Fund and its country and global projects.

The MPTF Office is responsible for a range of fund management services, including the: (i) receipt, administration and management of contributions; (ii) transfer of funds approved by the Steering Committee to Participating Organizations; (ii) reporting on the source and use of contributions received; (iv) synthesis and consolidation of the individual financial progress reports submitted by each participating organization for submission to contributors through the Steering Committee; and (v) ensuring transparency and accountability of AMR MPTF operations. It does this by making available a wide range of operational information through the MPTF Office GATEWAY.

Annex 1:
One-page summaries of country projects and Global Programme Components

Bangladesh

Project years: 2023-2026

Objective:

Sustainable improvements in AMU behaviors and practices in critical sectors, along with countries' explicit commitments regarding AMR, based on evidence and quality data.

Key activities in 2024:

A pilot initiative was launched in two districts to evaluate antimicrobial prescribing practices in healthcare facilities. It included staff education and the formation of an AMR committee to minimize the inappropriate use of antimicrobials.

The Bangladesh AMR Response Alliance expanded its in-service training programme for veterinarians and human health practitioners, including a three-day training on AMR and AMU for 60 participants in Dhaka, Savar, and Khulna.

The Bangladesh Antimicrobial Resistance Alliance and the U2C biosecurity initiative conducted training to raise awareness and promote responsible antibiotic practices among poultry farmers. Monitoring visits in Rajshahi following the training highlighted significant issues with the sale of antibiotics, especially fluoroquinolones, without proper prescriptions.

A consultation was held to strengthen multi-sector collaboration in raising awareness of AMR. Quadripartite and government experts delivered insights on AMR and AMU communication strategies, challenges, and best practice s. During WAAW (November 18–24, 2024), a nationwide campaign promoted prudent AMU through high-level policymaker engagement and public awareness activities.

A video competition was held for university students on World One Health Day (3 November 2024), encouraging them to explore the connections between human, animal, and environmental health within their communities, and reinforcing the One Health approach.

Outcomes:

- Improved understanding of risks and response options by target groups
- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
- Increased comprehensiveness and quality of policy dialogue and practice

Challenges/lessons learned:

In July 2024, Bangladesh experienced major political turmoil, which created significant challenges in coordinating with government agencies. There was also a shortage of trained professionals to ensure proper prescribing and administration practices. Despite these challenges, several opportunities emerged, including an interest expressed by laboratories in adopting the new national One Health information monitoring system.

Madagascar

Project years: 2023-2026

Objective:

Accelerate implementation of the NAP on AMR in order to achieve a sustainable improvement in AMU-associated behaviours and practices across all critical sectors.

Key activities in 2024:

A coordination mechanism for the country's One Health platform was established in September 2024, strengthening national coordination of multi-sector One Health activities towards increased prevention, preparedness, and responses to health threats, including AMR.

Human health professionals, farmers, livestock breeders, and environmental specialists were trained in March on the rational use of antimicrobials and best practices for control of AMR.

A point prevalence survey was conducted in September and October 2024 to assess the quantity and quality of antibiotic prescriptions

The country's antimicrobial prescription guide was updated; the WHO AWaRe classification of antibiotics served as the basis for the selection.

With the theme "Educate, Advocate, Act Now", WAAW activities included an "awareness caravan", which traveled through the streets of Antananarivo to inform residents about responsible actions to combat AMR, animation podiums, exhibition stands, discussion panels, conferences, a "Quiz for a Champion," and university debate competitions.

Outcomes:

- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
- Improved understanding of risks and response options by target groups
- Increased comprehensiveness and quality of policy dialogue and practice

Challenges/lessons learned:

Surveillance activities were hindered by the absence of a back account to disburse funds into. However, the project was successful in increasing national ownership and motivating the government to begin implementing its own activities to combat AMR. This included a national consultation meeting to update the AMR action plan.

The NAP, which provides a framework for AMR control activities in Madagascar, has now been implemented. The data being produced through AMR MPTF-supported monitoring activities has prompted the Government to consider the establishment of an integrated One Health data-sharing platform. Youth were deeply engaged in awareness-raising activities as influencers on fighting AMR to the next generation of One Health practitioners.

Mongolia

Project years: 2023-2026

Objective:

Combating the threat of AMR through strategic collaboration, sustainable streams of capital and SDG-focused responses that support a 'One Health' NAP.

Key activities in 2024:

The AMR MPTF team engaged with the country's Multi-Sectoral Coordination Committee on AMR to support the drafting of an AMR communication strategy and an M&E plan for the country's NAP.

Following the development of the M&E plan, the project supported training of the Committee on M&E for Mongolia's NAP.

A roundtable under the leadership of the Ministry of Health brought together 70 representatives from the country's health sector, including staff from several hospitals.

A proposed national AMR surveillance system was introduced, based on WHO recommendations. As a result of this multi-stakeholder discussion, the Ministry of Health is developing AMR surveillance guidelines for the health sector.

Outcomes:

- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
- Increased comprehensiveness and quality of policy dialogue and practice
- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices

Challenges/lessons learned:

High turnover among government staff was a consistent challenge throughout project implementation, leading to delays in some project activities and impacting the project timeline. However, project partners remained flexible, enabling progress despite the challenges. Quadripartite partners remained actively involved through consistent coordination efforts. The project implementation team worked closely with the Multi-Sectoral Coordination Committee to address challenges as they arose.

An operational budgeting plan was originally intended under the NAP 2022–2025. However, due to the absence of dedicated funding in the agriculture sector, it could not be developed. It will be incorporated in the upcoming NAP 2026–2029 to ensure proper financial planning and execution. The assessment of NAP implementation in 2025 will inform the development and implementation of an updated NAP; delayed or incomplete areas of NAP implementation can be addressed or included in the next upcoming NAP.

Peru

Project years: 2022-2024 (including 2-month no-cost extension)

Objectives:

Explicit commitments (policies, investment plans, programmes, legal frameworks, resources allocation) by the Government on AMR based on evidence and quality data; AMU associated behaviours and practices improved in critical sectors.

Key activities in 2024:

The AMR MPTF contributed to updating the country's Multi-sector AMR Plan, strengthening the mandate of the Permanent Multisectoral Commission on AMR.

The AMR MPTF supported the development of a draft law for AMR containment under the "One Health" approach, which was adopted by the Commission for approval in 2025.

A workshop on molecular and genomic diagnosis of resistant microorganisms was held at the genomic diagnosis laboratory of the National Fishery Health Agency, an event that strengthened the diagnostic capabilities of laboratory technicians in the animal health, human health and food sectors.

The report on the application of the FAO-ATLASS self-assessment tool, carried out in 2023 by SENASICA of Mexico, was obtained, which allowed Peru to have, for the first time, an assessment of its AMR surveillance capacities and diagnostic laboratory capacities.

Curriculum improvement plans on AMR and AMU were proposed to universities, focused on preparing young people to be One Health practitioners.

A pilot plan for surveillance of AMU in the poultry sector was implemented with the Peruvian Poultry Farming Association, allowing for the collection of AMU data on poultry farms.

Peru was a pilot country for the development of OHLAT. This analysis identified policy gaps related to governance, human health, food safety, veterinary legislation, pesticides, plant health, and environment, and made recommendations for legislation to strengthen AMR containment.

Outcomes:

- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
- Use of antimicrobials optimized in critical sectors
- Improved understanding of risks and response options by target groups

Challenges/lessons learned:

Political instability was a challenge throughout project implementation, which hindered the coordination of stakeholders. The Quadripartite team worked to secure national commitment and ownership of its results, and to position AMR/AMU on the government's political agenda. Coordination with government agencies and other actors facilitated the implementation of integrated AMR surveillance.

Senegal

Project years: 2022-2025 (including 12-month no-cost extension)

Objective:

Developing an integrated national AMR/AMU surveillance system across sectors, strengthening IPC and biosecurity measures, assessing the quality of antimicrobials and ensuring the rational use of antimicrobials.

Key activities in 2024:

Training was provided for agro-industrialists, food distributors and importers on the country's new approval procedures for phytosanitary products by the West African Committee for the Approval of Pesticides.

Quality monitoring of medicines was carried out by the Senegalese Pharmaceutical Regulatory Agency. This included antibiotic medicines such as amoxicillin, amoxicillin/clavulanic acid, and azithromycin.

A capacity-building event was held for members of the national Multi-Sectoral Coordination Committee and other key stakeholders. This event facilitated joint planning, decision-making and implementation of the country's NAP.

Standards and protocols for integrated surveillance of AMR were developed at an event from 1 to 5 July. These standards are essential for strengthening the country's capacity to collect, analyze and use reliable data on AMR, in order to inform public health policies.

Inspection missions on the use and management of antimicrobials in livestock and aquaculture farms took place in June covering 13 regions. These missions assessed the conditions on farms and their methods for managing the use of antimicrobials in order to establish a correlation between antibiotic use and AMR.

Outcomes:

- Improved understanding of risks and response options by target groups
- Use of antimicrobials optimized in critical sectors
- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
- Risks and benefits of AMR reflected in national budgets and development partner investments

Challenges/lessons learned:

Implementation challenges included a lack of implementing partners availability and difficulties accessing funds. Follow-up meetings were organized once every month to overcome these challenges and deepen engagement with experts in national institutions. Project activities reached the community level through training organized for grassroots organizations.

Tajikistan

Project years: 2022-2024 (including 12-month no-cost extension)

Objective:

One Health capacity building to support priority actions for combatting AMR in the country.

Key activities in 2024:

An intersectoral working group including members of the Quadripartite met in April 2024 to present the country's new NAP for minimizing AMR using a One Health approach.

A five-day AMR testing training was held for veterinary laboratory staff affiliated with the national Association of Veterinarians in July and August 2024. The event, held at the National Center for Food Security Diagnostics, included laboratory specialists and regional veterinary laboratory staff from the Gorno-Badakhshan Autonomous Oblast, Sughd, Khatlon, Hamadoni, and Dangara districts.

The National Center for Food Security Diagnostics laboratory collected and tested 240 samples from animals to establish active surveillance for ESBL-producing E. coli, along with 100 samples for passive surveillance.

Twenty-two one-day training sessions on the prudent use of antimicrobial drugs in veterinary medicine and animal husbandry were held, engaging 450 veterinary specialists and livestock breeders.

World Food Safety Day was celebrated an awareness campaign at Mehhrgon Marketi in Dushanbe along with an awareness-raising session on food safety.

Outcomes:

- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
- Improved understanding of risks and response options by target groups
- Use of antimicrobials optimized in critical sectors
- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices

Challenges/lessons learned:

Access to required laboratory materials in the country is limited, as there are few suppliers that can deliver quality bacteriological materials. In 2024, the project implementation team in Tajikistan initiated procurement through the WHO Global procurement system. However, not all products required to establish AMR surveillance systems were available for delivery to Tajikistan.

Development of the NAP 2026-2030 will require continued coordination across sectors and regular progress evaluations to ensure targets are being met.

Zimbabwe

Project years: 2021-2025 (including a 24-month no-cost extension)

Objective:

Strengthening biosecurity and IPC, optimizing the use of antimicrobials, and improving capacity to design awareness-raising, behaviour change, and educational materials.

Key activities in 2024:

Surveillance of healthcare-associated infections was piloted in two hospitals, with 4,500 cases investigated; the data were analyzed in early 2025. Post-typhoid vaccination surveillance was also concluded in 2024.

An IPC strategy and policy were signed by the Minister of Health and were ready for launch in 2025.

The Medicines Control Authority received a Micro Near Infrared machine machine in 2024 through the AMR MPTF project to detect falsified medicines, and began analyzing samples. This advanced technology was critical for combatting the circulation of counterfeit and sub-standard medications, including antimicrobials, ensuring the safety and efficacy of pharmaceuticals in Zimbabwe.

Outcomes:

- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
- Risks and benefits of AMR reflected in national budgets and development partner investments
- Use of antimicrobials optimized in critical sectors
- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
- Increased comprehensiveness and quality of policy dialogue and practice

Challenges/lessons learned:

The procurement process for the Micro Near Infrared machine took longer than expected, resulting in delays to the falsified medicine surveillance initiative. While IPC documents were finalized, securing a launch date from the Government took longer than anticipated, hindering the timely implementation of activities.

Despite these and other challenges, full-time project coordination within the government was instrumental in achieving the desired results. Dedicated oversight and strategic management ensured that the project remained focused on its objectives.

Global Legal Tools component

Years: 2021-2024 (including 12-month no-cost extension)

Objective:

Development and Piloting of a Quadripartite One Health Assessment Tool for AMR-relevant legislation

Key activities in 2024:

The AMR MPTF-supported One Health Legislative Assessment Tool on AMR (OHLAT) enables countries to assess legislation important for addressing AMR across multiple sectors through a One Health approach, and identify opportunities for strengthening their governance and legal frameworks. Its seven chapters correspond to different One Health sectors, including a cross-sectoral chapter on governance.

In 2024, the Legal Tools component focused on finalizing OHLAT in English, French and Spanish. Several countries have engaged the Legal Tool component team for legal support on AMR governance and interventions in their countries.

In Peru, a pilot country in the development of OHLAT, an analysis identified gaps in policy areas related to governance, human health, food safety, veterinary legislation, pesticides, plant health, and environment, and made recommendations to strengthen AMR containment through legislation. Previously, AMR had not been addressed in regulations governing these sectors.

Through the development of OHLAT, the MPTF Legal Tool component brought together stakeholders from different ministries and other government authorities in new collaborative partnerships to highlight the importance of sound policy frameworks in addressing AMR through a One Health approach, strengthening multi-sector coordination on addressing AMR.

Outcomes:

- Increased comprehensiveness and quality of policy dialogue and practice
- Risks and benefits of AMR reflected in national budgets and dev partner investments
- Multisectoral coordination strengthened and national level momentum on global AMR agenda sustained

Challenges/lessons learned:

The translation of OHLAT into French and Spanish occurred before final adjustments were made to the English version. This necessitated additional changes to all three versions to ensure their consistency. While this delayed the launch of OHLAT, this extended translation process revealed areas where the language was not clear in the original English version. This ultimately improved the usability of all three versions, leading to a more concise and stronger end product. It is expected that all three versions will be available for use in 2025.

Global Integrated System for Surveillance on Antimicrobial Resistance and Use (GISSA)

Years: 2021-2024 (including 12-month no-cost extension)

Objective:

Development and deployment of a Global Integrated System for Surveillance on Antimicrobial Resistance and Use (GISSA)

Key activities in 2024:

Combining data on AMR and AMU from the FAO InFARM platform, the WHO GLASS system and the WOAH Animal AMU (ANIMUSE) Global Database, this integrated platform aims to enable global access to AMR and AMU data across the human, animal, plant and food systems.

Quadripartite collaboration on its development was instrumental in bringing these organizations together to share data and learn from each other's data systems. For example, FAO's collaboration with WOAH and WHO provided best practices for finalizing its InFARM data platform.

In 2024, integrated surveillance by the Quadripartite continued and surveillance systems of Quadripartite members (which would feed into GISSA) were expanded, including more countries as well as individual-level data. FAO completed development of its InFARM platform and issued the first open call for data in 2024. The system is now ready for launch pending minor updates and a review of data requirements from constituent systems.

Outcomes:

- Evidence base/representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
- Improved understanding of risks and response options by target groups
- Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained

Challenges/lessons learned:

Development of the FAO InFARM platform was finalized after other partners' data platforms, which affected the timing of information sharing across organizations. FAO was not able to share aggregated data with GISSA until 2025. The launch of GISSA was delayed in order to allow all organizations to secure data from their members and finalize testing of safe data sharing through the platform.

In addition, some organizations require specific agreements to share data in GISSA in addition to their respective organization databases. These, along with the reporting periods of each Quadripartite organization sharing data with GISSA, will need to be aligned. As of this component's closure in 2024, GISSA had not yet been launched.

Annex 2:
Country projects by Result Matrix Output and Outcomes

Country	Activity	Results matrix output	Outcome	Additional outcome
Madagascar	Coordination mechanism for the country's One Health platform established	*Improved country capacities for designing and implementing AMR-related policy frameworks, investments plans and programmes*	Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Increased comprehensiveness and quality of policy dialogue and practice
Mongolia	Engagement with the country's Multi-Sectoral Coordination Committee (MSCC) on AMR, supporting the drafting of an AMR communication strategy, and NAP M&E plan		Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Increased comprehensiveness and quality of policy dialogue and practice
Peru	Updating the country's Multi-sector AMR Plan, strengthening the mandate of the Permanent Multisectoral Commission on AMR		Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
Senegal	Training for agri-food system stakeholders on the country's new approval procedures for phytosanitary products by the West African Committee for the Approval of Pesticides.		Improved understanding of risks and response options by target groups	Use of antimicrobials optimized in critical sectors
Tajikistan	Intersectoral working group presented the country's new NAP for minimizing AMR using a One Health approach.		Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Improved understanding of risks and response options by target groups
Bangladesh	Pilot initiative to evaluate antimicrobial prescribing practices in healthcare and in-service training for veterinarians and human health practitioners	*Improved capacities for mainstreaming and costing AMR as well as changes in practices to minimize AMR*	Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Improved understanding of risks and response options by target groups
Ghana	Learning series on the generation, analysis, interpretation and use of antimicrobial consumption and use data		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Risks and benefits of AMR reflected in national budgets and development partner investments
Madagascar	Point prevalence survey to assess the quantity and quality of antibiotic prescriptions. Training on the rational use of antimicrobials and best practices for control of AMR		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Use of antimicrobials optimized in critical sectors
Peru	Curriculum improvement plans on AMR and AMU proposed to universities		Improved understanding of risks and response options by target groups	Use of antimicrobials optimized in critical sectors

Senegal	Quality monitoring of medicines including commonly used antibiotics		Improved understanding of risks and response options by target groups	Use of antimicrobials optimized in critical sectors
Tajikistan	AMR testing training was held for veterinary laboratory staff affiliated with the national Association of Veterinarians		Improved understanding of risks and response options by target groups	Use of antimicrobials optimized in critical sectors
Ethiopia	Event on public-private partnerships for implementation of Ethiopia's One Health AMR Prevention and Containment Strategic Plan	*Engagement plans with critical stakeholder groups implemented*	Risks and benefits of AMR reflected in national budgets and development partner investments	Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
Mongolia	Roundtable under the leadership of the Ministry of Health; a proposed national AMR surveillance system was introduced		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
Senegal	Capacity building for members of the national Multi-Sectoral Coordination Committee and other key stakeholders.		Improved understanding of risks and response options by target groups	Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
Ghana	Collection and review of sales data on antimicrobials for animal use. Led to the development of a methodology and tools for future collection of antimicrobial sales data	*Systems to generate, analyze and interpret data on AMR, AMU/ AMC developed or strengthened*	Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Risks and benefits of AMR reflected in national budgets and development partner investments
Peru	Pilot plan for surveillance of AMU in the poultry sector; two protocols drafted for collecting and analyzing data on AMU, which can be a model for other sectors		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Use of antimicrobials optimized in critical sectors
Senegal	Standards and protocols for integrated surveillance of AMR developed by bringing together experts the human, animal and environment sectors		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Use of antimicrobials optimized in critical sectors
Tajikistan	Tajikistan's National Center for Food Security Diagnostics laboratory tested 240 samples from animals to establish active surveillance for ESBL-producing E. coli		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	Improved understanding of risks and response options by target groups
Tunisia	Surveillance of 11 laboratories was undertaken: AMR data were analyzed, validated, and shared with WHO through its GLASS platform. A reference laboratory was also designated.		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices	

Bangladesh	Training to raise awareness and promote responsible antibiotic practices among poultry farmers, followed by monitoring of antibiotic sales to detect sale without a prescription.	*Systems for optimized use of antimicrobials strengthened in critical human and animal sectors*	Improved understanding of risks and response options by target groups	
Madagascar	Antimicrobial prescription guide updated to include antibiotic-resistant bacteria.		Use of antimicrobials optimized in critical sectors	
Senegal	Inspection missions on the use and management of antimicrobials in livestock and aquaculture farms		Use of antimicrobials optimized in critical sectors	Risks and benefits of AMR reflected in national budgets and development partner investments
Tajikistan	Training on the prudent use of antimicrobial drugs in veterinary medicine and animal husbandry		Use of antimicrobials optimized in critical sectors	
Zimbabwe	Surveillance using Raman Spectroscopy machine to detect falsified medicines		Use of antimicrobials optimized in critical sectors	Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices
Bangladesh	Consultation to strengthen multi-sector collaboration in raising awareness of AMR. During WAAW, a nationwide campaign promoted prudent AMU through high-level policymaker engagement and public awareness.	*Improved capacity to design awareness-raising, behaviour change and educational activities*	Improved understanding of risks and response options by target groups	Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained
Ethiopia	One Health AMR awareness day on 14 June, focused on the importance of public-private partnerships for implementation of the One Health AMR Prevention and Containment Strategic Plan for Ethiopia.		Improved understanding of risks and response options by target groups	Risks and benefits of AMR reflected in national budgets and development partner investment
Madagascar	"Educate, Advocate, Act Now", activities included an "awareness caravan", which traveled through the streets of Antananarivo to inform residents about responsible actions to combat AMR; student debate competitions and student influencers.		Improved understanding of risks and response options by target groups	Increased comprehensiveness and quality of policy dialogue and practice
Tajikistan	World Food Safety Day on 7 June 2024 with an awareness campaign at Mehhrgon Marketi in Dushanbe. Awareness-raising session on 'Food Safety: Preparing for the Unexpected' for government agencies		Improved understanding of risks and response options by target groups	Multisectoral coordination strengthened and national-level m on global AMR agenda sustained

Cambodia, Indonesia, Peru, Zimbabwe	Side event "Tackling Antimicrobial Resistance Across Sectors: The Value of the Antimicrobial Resistance Multi-Partner Trust Fund" at the Fourth Health Working Group Meeting of the G20	*Strategic global-level governance advocacy initiatives on AMR implemented*	Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Increased comprehensiveness and quality of policy dialogue and practice
Ethiopia	Virtual participation at the UN Multi-stakeholder hearing on AMR and provided inputs on a presentation to UNGA "Key Messages on AMR within the Agriculture Sector		Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Increased comprehensiveness and quality of policy dialogue and practice
Bangladesh, Cambodia, Peru, Ghana	Side event at 2024 UNGA on "Bringing the voices and perspectives of the low and middle-income countries into the dialogue".		Multisectoral coordination strengthened and national-level momentum on global AMR agenda sustained	Increased comprehensiveness and quality of policy dialogue and practice

Annex 3: Theory of change for the Strategic Framework for collaboration on AMR and the AMR MPTF Results Matrix

GOAL: To preserve antimicrobial efficacy and ensure sustainable and equitable access to antimicrobials for responsible and prudent use in human, animal and plant health contributing to achieving the SDGs

OBJECTIVE 1:
Optimize the production and use of antimicrobials along the whole life cycle from research and development to disposal

OBJECTIVE 2:
Decrease the incidence of infection in humans, animals and plants to reduce the development and spread of AMR

IMPACT: Countries have the capacity to design and sustainably implement evidence-informed One Health responses to AMR

OUTCOME 1:
Policy and law support effective country-owned One Health AMR responses

- Countries have the capacity to ensure policy coherence across sectors.
- Countries recognise AMR as a priority in the broader development agenda, acknowledging the need for sector-specific and joint action from all AMR-related sectors.
- Countries have the capacity to identify and strengthen their AMR-relevant legislation and regulation aligned with international standards/ policies.
- Countries have the capacity to consider, research and analyze the effects of the incentives and disincentives of legal regulation when designing laws and policies.

OUTCOME 2:
Systems and structures, including institutional capacities, are in place to support effective implementation of country-owned AMR responses

- National action plans on AMR regularly updated and national AMR multisectoral coordinating mechanisms strengthened.
- Access to good-quality antimicrobials strengthened for all sectors.
- Guidelines up to date and implemented to encourage responsible and prudent use measures across all sectors.
- Monitoring and surveillance of AMR and AMU are undertaken.
- Strategies employed to prevent and detect infection in humans, animals, and plants and to reduce food safety risks.

OUTCOME 3:
Increased, sustained resourcing is in place for country-owned One Health AMR responses

- National action plans on AMR, representative of all sectors, are prioritised and resourced.
- Priority actions from national action plans on AMR mainstreamed into national plans and budgets.

INTERMEDIATE OUTCOME 1:
With Tripartite support, country-owned, sustainable One Health governance ensures effective and balanced national AMR responses

- Multisector coordination facilitates a **One Health approach to AMR and understanding of its drivers**
- Effective multistakeholder coordination underpins **AMR responses** through AMR national action plans

INTERMEDIATE OUTCOME 2:
The global response to AMR is supported through effective Tripartite leadership and coordination, working through constituencies and Members to influence global investment and scale up of actions on AMR

Demonstrated political engagement and resourcing

- Increased resourcing for sustained joint One Health and sector-specific AMR responses.
- AMR included in the development agenda with increased activity and scale up by international financial institutions and development organisations.
- Strengthened, long-term commitment to joint One Health and sector-specific AMR responses, including in international and regional political and economic fora.

OUTPUT 1:
The capacity and knowledge of countries are strengthened to prioritise and implement context specific collaborative One health approaches to control AMR in policies legislation and practice

1a Tripartite and UNEP support One Health approaches to AMR in low- and middle-income countries

1b Guidance, tools and technical standards and guidelines on One Health approaches to AMR developed

- One Health technical support and capacity development provided;
- Technical standards and guidelines developed;
- Convening, advising and advocacy for One Health responses to AMR;
- Impact assessments on the effects of AMR;
- Monitoring and evaluation

OUTPUT 2.1:
Global and regional initiatives and programmes influence and support One Health responses to AMR

- Tripartite and UNEP global and regional action and mechanisms strengthened.
- Tripartite and UNEP Joint Secretariat on AMR resourced and functions effectively to support coordinated action.
- Global guidance on AMR provided and regularly updated.
- AMR Multi-Partner Trust Fund scaled-up to maximise impact of investments.
- Global and regional partnerships in place to strengthen effectiveness of the multisectoral AMR response.
- Advocacy on AMR strengthened and coordinated.
- One Health research & development and innovation agenda on AMR shaped.

OUTPUT 2.2:
Global Governance structures are established, resourced and function effectively

- Global Leaders Group
- Independent Panel on Evidence for Action on AMR
- Partnership Platform for Action on AMR

Applied to GAP pillars	Awareness & behaviour change	Surveillance & research	Prevention of infections	Optimised use	Research & sustainable investment	Governance

For more information about the Fund, please visit:

MPTF Gateway:
mptf.undp.org/fund/amr00

Quadripartite Joint Secretariat on AMR:
www.qjsamr.org/multistakeholder-partnership-platform/about

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