Global Action Plan
on
Antimicrobial Resistance

Accelerating the Global Response

Second Edition 2026-2035

Food and Agriculture Organization of the United Nations

UN environment programme

World Health Organization

World Organisation for Animal Health
Founded as OIE

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Foreword

(To be co-signed by the 4 principals of the Quadripartite Organizations)

Acknowledgements

- Recognize key contributors

Abbreviations

- Acronyms

I. Introduction

1. This second edition of the Global Action Plan on Antimicrobial Resistance (GAP-AMR) builds on a decade of implementation of the 2015 GAP, drawing on lessons learned, new evidence, and the rapidly evolving landscape of the global AMR response. It is designed to guide countries in the development and updating of their national AMR action plans (NAPs), and support stakeholder efforts to address implementation challenges, strengthen accountability, and geared towards accelerated and more robust, coordinated and multisectoral action across sectors through a One Health approach.

2. AMR occurs when bacteria, viruses, fungi, and parasites change over time and do not respond to antimicrobials, making infections harder to treat and increasing the risk of disease spread, severe illness, disability, and death.[1] AMR poses growing challenges that threaten to reverse decades of progress in human and veterinary medicine, agriculture, food production, environmental protection, and sustainable development. In 2021, bacterial AMR alone was directly responsible for an estimated 1.14 million deaths globally and was associated with over 4.7 million deaths.[2] Without urgent, coordinated action, AMR could reduce global average life expectancy by 1.8 years within a decade and cause up to 39 million deaths by 2050. [3] Vulnerable populations bear a disproportionate burden of AMR, which frequently worsens during humanitarian crises, further disrupting health systems and the environment.[4]

3. The potential economic impacts of AMR are equally staggering, with global annual treatment costs and productivity losses projected to reach US$ 412 billion and US$ 443 billion, respectively, up to 2035, without a more robust response.[5] In livestock production, cumulative global GDP losses due to AMR could reach US$ 575 billion by 2050.[6] Recent evidence indicates that reducing AMU could generate immediate costs of about US$ 52 billion to the public health burden, reflecting short-term productivity losses as production systems adapt. However, in the absence of stricter controls, rising AMR could cause global livestock production to decline by 74 Mt by 2040, which represents about US$ 282 billion in direct production losses and close to US$ 1 trillion in global welfare.[7] Conversely, investments in infection prevention and control (IPC), water, sanitation and hygiene (WASH), vaccination, and new antimicrobials, coupled with appropriate use and disposal practices, could avert over 110 million deaths and generate nearly US$ 1 trillion in economic gains between 2025 and 2050.[8] Additionally, a 30% reduction in antimicrobial use in livestock within five years could add US$ 120 billion to global GDP.[9]

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[1] https://www.who.int/health-topics/antimicrobial-resistance
[2] Murray, C.J.L., Ikuta, K.S., Sharara, F., Swetschinski, L., Robles Aguilar, G., Naghavi, M. et al. (2022). Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. The Lancet 399(10325), 629-655. https://doi.org/10.1016/s0140-6736(21)02724-0.
[3] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext
[4] Antimicrobial resistance in a protracted war setting: a review of the literature from Palestine
Serious threat of antimicrobial resistance in Ukraine - The Lancet Infectious Diseases
[5] GLG Report 2024: https://www.amrleaders.org/resources/m/item/annex-to-the-glg-report
[6] Adamie, B. A., Akwar, H. T., Arroyo, M., Bayko, H., Hafner, M., Harrison, S., ... & Zakaria, S. (2024). Forecasting the fallout from AMR: Economic impacts of antimicrobial resistance in food-producing animals: https://www.woah.org/app/uploads/2024/09/ecoamr-woah-animal-sector-web-reduced-23924.pdf
[7] Acosta, A., Tirkaso, W., Nicolli, F., Van Boeckel, T. P., Cinardi, G., & Song, J. (2025). The future of antibiotic use in livestock. Nature communications, 16(1), 2469.
[8] Lewnard, J. A., Charani, E., Gleason, A., Hsu, L. Y., Khan, W. A., Karkey, A., ... & Laxminarayan, R. (2024). Burden of bacterial antimicrobial resistance in low-income and middle-income countries avertible by existing interventions: an evidence review and modelling analysis. The Lancet, 403(10442), 2439-2454.
[9] Adamie, B. A., Akwar, H. T., Arroyo, M., Bayko, H., Hafner, M., Harrison, S., ... & Zakaria, S. (2024). Forecasting the fallout from AMR: Economic impacts of antimicrobial resistance in food-producing animals: https://www.woah.org/app/uploads/2024/09/ecoamr-woah-animal-sector-web-reduced-23924.pdf

Further benefits would accrue from improved waste and wastewater management and pollution prevention and control.

4. AMR develops and spreads rapidly due to inappropriate antimicrobial use in human and animal health, livestock, aquaculture, and plant production, spillover of antimicrobial residues through agrifood systems, and through environmental discharges, especially from pharmaceutical manufacturing, healthcare, agriculture, and municipal sources. Wildlife may constitute a reservoir and aid transmission of AMR, acquiring AMR genes and bacteria from contaminated environmental sources, particularly livestock production areas and dense human settlements. Of particular concern is resistance to WHO-designated high- or highest-priority, critically important antimicrobials, which can spread through wildlife migration, livestock and aquaculture production and food supply chains, international travel and trade of food products and live animals., contaminated meat, and environmental pathways, re-entering human populations and accelerating AMR transmission.[10] Inadequate antimicrobial stewardship across sectors, coupled with substandard and falsified human and veterinary medicines and weak regulatory oversight can further exacerbate the AMR problem, particularly in low- and middle-income countries (LMICs). Since the drivers and impacts of AMR span human, agrifood, animal, plant, and environmental sectors, coordinated multisectoral action based on a One Health approach is essential to slow the (re)emergence, transmission, and spread of resistant pathogens, and to mitigate their impact.[11]

5. The first GAP-AMR was adopted by the World Health Assembly (WHA) in 2015,[12] welcomed by the Food and Agriculture Organization of the United Nations (FAO) Council and the World Organisation for Animal Health (WOAH) Delegates Assembly in 2015 and welcomed in 2017 by the United Nations Environment Assembly (UNEA). A Comprehensive Review by WHO,[13, 14, 15] along with the 2016 WOAH strategy on AMR, FAO action plans on AMR for 2016-2020[16] and 2021-2025,[17] an evaluation of FAO's work on AMR in 2021,[18] and the landmark 2023 UNEP report on the environmental dimensions of AMR, all underscored the need to update the GAP-AMR to reflect a more robust, inclusive and multisectoral response.[19,20, 21]

6. The Political Declaration on AMR adopted at the 79th session of the United Nations General Assembly (UNGA) in 2024 requested the Quadripartite organizations to update the GAP-AMR to align with current realities,[22] a direction subsequently affirmed by WHO Member States through decision World Health Assembly WHA78/8 requesting submission of the updated plan to the 79th Assembly in 2026.[23]

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[10] https://academic.oup.com/jambio/article/136/1/lxaf017/7953334
[11] OHHLEP One Health definition: https://www.who.int/groups/one-health-high-level-expert-panel
[12] WHA68.7: https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R7-en.pdf
[13] WHO Comprehensive GAP AMR Review Evaluation-brief-amr-final.pdf (who.int)
[14] WHO Comprehensive Review of the GAP AMR Vol 1 - 2021
[15] WHO Comprehensive Review of the GAP AMR Vol 2 & Annexes - 2021
[16] The FAO Action Plan on Antimicrobial Resistance 2016-2020
[17] The FAO Action Plan on Antimicrobial Resistance 2021–2025

[18] Tackling antimicrobial resistance in food and agriculture
[19] Evaluation of FAO's role and work on antimicrobial resistance (AMR)
[20] en-amr-strategy-final.pdf
[21] Bracing for Superbugs: Strengthening environmental action in the One Health response to antimicrobial resistance | UNEP - UN Environment Programme
[22] https://docs.un.org/A/79/L.5
[23] WHA78/15: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_(15)-en.pdf

The collaborative effort to update the GAP-AMR was also recognized in the FAO resolution on AMR adopted in July 2025 advocating for the critical role of agrifood systems in minimizing and controlling AMR.[24]

Development and Consultation Process

7. The Quadripartite organization's senior management group (SMG) on AMR established a Core Group of the Quadripartite Joint Secretariat on AMR (QJS) in 2024 to develop a roadmap for updating the GAP-AMR. The roadmap was first presented at the 4th High-Level Ministerial Conference on AMR in Jeddah in November 2024, was refined following stakeholder feedback, and published in March 2025.

8. To ensure transparency and broad initial input, an online consultation was conducted from 1 May to 8 June 2025, generating 397 responses, 35% from Member States and 65% from non-state actors, including academia, the private sector, civil society, youth, and AMR survivors.[25] The QJS also organized targeted information sessions with the SMG, the Global Leaders Group (GLG) on AMR and the AMR Multistakeholder Partnership Platform (MSPP) stakeholders to obtain high-level perspectives and guidance on the update.

9. Through an iterative process, the initial draft of the updated GAP-AMR underwent technical review by the Quadripartite organizations, resulting in a zero draft for consultation.

10. The QJS facilitated global multi-stakeholder discussions on the zero draft via the MSPP in September 2025, ensuring diverse stakeholder input from across sectors. In parallel, regional Member States consultations were organized by the Quadripartite organizations in August and September 2025, resulting in a revised first draft. A global Member State consultation followed in October 2025.

11. Incorporating final Member State inputs, the Quadripartite Core Group then finalized the updated GAP-AMR. The updated GAP-AMR is informed by new evidence and lessons learned since its initial adoption in 2015; and submitted on 3 November 2025 to WHO governing Bodies for adoption at the 79th WHA in May 2026, and subsequent adoption by FAO, WOAH and UNEP Governing Bodies[26].

II. Strategic context of the global AMR response: Growing threats, new opportunities

The context

12. Political momentum on AMR has grown over the last decade, with milestones including the 2016 UNGA High-Level Meeting,[27] successive G7 and G20 commitments, and Ministerial Conferences in 2019 (Netherlands),[28] 2022 (Oman),[29] and 2024 (Saudi Arabia).[30] The UN Inter-Agency Coordination Group on AMR in 2019 recommended the establishment of governance structures such as the QJS, the GLG, the MSPP and the Independent Panel on Evidence for Action Against AMR (IPEA).[31]

[24] https://openknowledge.fao.org/server/api/core/bitstreams/d36e417a-cda1-4943-9d06-3e04ff6f589e/content
[25] Survey Report reference
[26] FAO Council, WOAH World Assembly of Delegates; and United Nations Environment Assembly
[27] https://digitallibrary.un.org/record/842813?v=pdf
[28] https://health.ec.europa.eu/system/files/2020-01/amr_ev_20191015_co04b_en_0.pdf
[29] https://www.fm.gov.om/global-conference-on-antimicrobial-resistance-issues-muscat-manifesto/
[30] https://amrconference2024.com/
[31] https://www.qjsamr.org/publications/m/item/no-time-to-wait-securing-the-future-fromdrug-resistant-infections

13. Since the adoption of the GAP-AMR in 2015, it has served as the blueprint guiding more than 170 countries to develop and implement multisectoral NAPs by the end of 2024 with support of the Quadripartite organizations. The World AMR Awareness Week was established, and antimicrobials stewardship programmes initiated across sectors to guide responsible and appropriate use of antimicrobials supported by relevant guidance such as the WHO List of Medically Important Antimicrobials (WHO MIA List), laboratory and regulatory systems strengthening initiatives.

14. Evidence on AMR has expanded global understanding of its health, socioeconomic, food security and environmental burden. Peer-reviewed studies, including the 2022- and 2024-GRAM studies,[32, 33] EcoAMR analyses,[34] the 2025 FAO Report on the Economic Costs of AMR[35], and assessments by the World Bank and OECD[36,37] all underscore the severe threats that AMR poses to human and animal lives, agrifood systems, livelihoods, economies, trade, and global stability. The 2023 UNEP report *Bracing for Superbugs* highlighted the environment's role in AMR development, transmission, and spread, offering solutions to strengthen environmental action. GLG has reinforced these concerns, calling for a robust, coordinated One Health response that addresses both the biological drivers and systemic gaps and inequities fueling AMR.[38]

15. AMR surveillance capacity has advanced through the WHO Global AMR and Antimicrobial Use Surveillance System (GLASS),[39] International FAO Antimicrobial Resistance Monitoring System (InFARM),[40] and WOAH global database on ANImal antiMicrobial USE (ANIMUSE)[41] platforms, with more limited progress made in environmental AMR. A global integrated system of surveillance for AMR (GISSA) is being developed by the Quadripartite organizations to serve as a data repository and to enable data sharing across sectors.

16. Despite these significant advances, sustainable financing, accountability and integration of AMR into broader agendas, such as universal health coverage (UHC); primary health care (PHC); pandemic prevention, preparedness and response (PPPR), agrifood systems transformation; climate mitigation plans; pollution and waste management; biodiversity restoration; and the Sustainable Development Goals (SDGs), remain inadequate. While two-thirds of countries are implementing parts of their NAPs, only 10% report dedicated domestic funding, highlighting the gap between planning and sustainable implementation, and the urgent need for renewed commitment to drive greater impact.

17. Systemic, socioeconomic, behavioural and contextual factors continue to exacerbate AMR, including human and animal health, as well as agrifood system fragilities exposed by COVID-19; inequitable access to prevention, diagnosis and treatment of infections; inadequate IPC, lack of basic infrastructure and management practices, and biosecurity measures, WASH services, human and animal immunization programmes; and underinvestment in animal health, food safety and security, behaviour

[32] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext
[33] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext
[34] https://www.woah.org/en/superbugs-could-jeopardise-food-security-for-over-two-billion-people-and-increase-annual-health-care-costs-by-us-159-billion-annually-by-2050-finds-most-extensive-modelling-to-date/
[35] The future of antibiotic use in livestock | Nature Communications
[36] https://documents1.worldbank.org/curated/en/323311493396993758/pdf/final-report.pdf
[37] https://www.oecd.org/en/publications/embracing-a-one-health-framework-to-fight-antimicrobial-resistance_ce44c755-en.html
[38] GLG Report 2024: https://www.amrleaders.org/resources/m/item/annex-to-the-glg-report
[39] https://www.who.int/initiatives/glass
[40] https://www.fao.org/antimicrobial-resistance/resources/infarm-system/en/
[41] https://amu.woah.org/amu-system-portal/home

change communication across sectors, and socio-behavioural and operational research. Environmental interventions remain insufficient despite proven links between AMR and the triple planetary crisis of climate change, biodiversity loss, and pollution. Humanitarian crises, conflict, and displacement provide further opportunities for resistance to develop and spread.

18. Sustained investment in equitable access to safe, quality and efficacious vaccines, diagnostics, and antimicrobials, together with stewardship, prevention, and education and training across sectors, are essential for the response moving forward. Antifungal resistance and environmental contamination also demand greater attention through stewardship, surveillance, appropriate use and disposal, waste and wastewater management, and R&D efforts.

19. The evolving technology landscape, genomic sequencing, artificial intelligence (AI) and other digital tools present significant opportunities to strengthen and institutionalize surveillance, prevention, diagnosis, antimicrobial stewardship, R&D, and other priority AMR interventions to achieve sustained impact.[42]

20. Countries also require additional capacity to implement multisectoral AMR NAPs specific to their context, supported by stronger regional cooperation and experience sharing.

Strategic focus for an accelerated response

21. To deliver accelerated and sustainable results, the updated GAP-AMR focuses strategically on the following:

- **Strengthen One Health governance and accountability** through inclusive, multisectoral governance, coordinated NAPs implementation, costing and budgeting, appropriate accountability, rigorous monitoring, and strong partnerships across sectors fully leveraging and sustaining AMR global governance structures[43]. NAPs should be more clearly based on local context, backed by tailored technical assistance and capacity building, as well as economic and return on investment (ROI) analysis to guide prioritization of actions.

- **Address the role of the environment in development, transmission and spread of AMR**, and integrate sustainable environmental management and pollution prevention and control as core pillars of global and national AMR strategies. This should include full integration of environmental dimensions into AMR multisectoral NAPs, and active engagement of environmental stakeholders alongside the human, animal, and agrifood sectors.

- **Ensure equitable access to and reduce the need for antimicrobials** by supporting access to antimicrobials, vaccines and diagnostics for humans and animals and alternatives to antimicrobials, with a particular focus on LMICs. To ensure a One Health response, environmental drivers and social and economic determinants of AMR need to be more effectively addressed by incorporating equity, gender, and cultural factors into planning, implementation, and monitoring of NAPs. This should include a shift from individual awareness raising to community-driven, system-wide social

[42] People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans for the human health priorities,

[43] The Global Leaders Group, MSPP and IPEA (when established)

and behaviour change approaches, supported by sustained public awareness campaigns and education for stakeholders and the public.

- **Scale up high-impact preventative interventions** by increasing investment in IPC, WASH, RENOFARM, waste and wastewater management, and vaccination to reduce the burden of infectious diseases, and therefore decrease the need for antimicrobials and support the safe disposal of antimicrobials in humans, animals and agrifood systems. Scale up innovation and tailored country support: Digital technologies such as AI and whole genome sequencing must be effectively deployed to strengthen surveillance, stewardship, R&D, and innovation, enhancing the effectiveness and long-term impact of the AMR response

- **Strengthen surveillance, laboratory networks and research** and expand data analysis capacity and environmental monitoring to generate evidence that informs national policies, treatment guidelines, stewardship programmes, and One Health action.

- **Invest in sustainable systems transformation and resilience** by mobilizing adequate and predictable financing and embedding AMR in national development efforts, human and animal health and agrifood systems strengthening; including UHC, PHC, health and food security; and environmental sustainability frameworks.

III. Goal and Guiding Principles

Goal

22. **The overarching goal** of the GAP-AMR is to sustain, through a multisectoral One-Health approach, the ability to prevent, diagnose and treat infectious diseases with safe and effective antimicrobials that are equitably accessible, prudently and responsibly used and appropriately disposed of in the human health, animal health, agrifood, plant and environmental sectors.

Guiding principles

23. To achieve measurable impact against AMR, this plan is grounded in shared responsibilities and accountability across countries, international organizations, and other stakeholders. It promotes whole-of-society engagement and a One Health approach to drive multisectoral, and sector-specific action, implementation of evidence-based policies, legislation, scientific knowledge and innovation focused on equitable access to quality-assured antimicrobials, diagnostics, vaccines and other essential tools, and pollution prevention and control.

Theory of Change *(incomplete)*

24. This plan is anchored in the 2024 UNGA AMR Political Declaration commitments with the aim of driving action across human, agrifood, animal, plant and environmental sectors, including achieving the target of reducing human AMR-associated mortality by 10% by 2030, compared to the 2019 baseline, reducing AMR and antimicrobial use levels in animals, food and agriculture, strengthening infection prevention and control, and decreasing release of antimicrobial residues and resistant organisms into the environment. Collectively, these will contribute to a world where AMR is effectively contained; antimicrobial-resistant infections in human, animal, and plants are reduced; the efficacy of antimicrobials is preserved; and food security, livelihoods and economies are safeguarded from the

cascading impacts of AMR, while supporting environmental sustainability, healthy ecosystems and longer-term resilience.

25. The theory of change outlines coordinated sector specific and multisectoral actions through six strategic objectives, to be operationalized through a transformative One Health approach. Key outcomes include scaled-up preventive measures including vaccination in humans and animals; expanded access to and responsible use of quality antimicrobials and diagnostics and their disposal in animal, plant and agrifood sector; significant reductions and optimization in antimicrobial use in animals, plants and agrifood systems contributing to sustainable transformation of food production practices; and evidence-based, targeted interventions to address key sources of environmental contamination of AMR and antimicrobials with a strong emphasis on strengthened national and sub-national implementation to ensure all sectors contribute to contain AMR.

26. Placeholder for Theory of Change diagram

IV. Strategic Objectives

27. To achieve the goal of the plan, six interconnected strategic objectives have been defined, also based on the previous GAP. They provide a framework for countries, the Quadripartite organizations, other international and regional organizations, development partners, civil society, and the private sector to tailor multisectoral AMR NAPs and collective efforts to tackle AMR based on a multisectoral One Health approach.

Strategic Objective 1: Strengthen awareness and promote appropriate social and behaviour change to reduce AMR risks across all sectors

28. **Reducing AMR risks** requires expanding current approaches **beyond awareness-raising** to applying behavioural insights that drive sustained changes in individual, collective, and institutional practices across all sectors. National AMR awareness and behavior change strategies should be participatory, evidence-based, and informed by behavioral and implementation as well as economic science, addressing both socioeconomic and structural barriers and promoting enablers for action and change. Greater attention is needed to change behavior related to the environmental dimensions of AMR towards addressing drivers, sources, and impacts while promoting sustainable environmental management, including waste and wastewater management and pollution prevention and control.

29. **All relevant stakeholders**; including policymakers, regulators and custom authorities, manufacturers, healthcare workers, importers and distributors, pharmacies and drug sellers, veterinarians and other animal health and plant professionals, animal owners, farmers and agrifood workers, environmental professionals, WASH providers, water and wastewater managers, civil society, media, youth, patients, AMR survivors and the general public; should be empowered with the information necessary to bring about behaviour change for AMR prevention and mitigation across sectors. To ensure equity and reach, messages should be co-developed with stakeholders and target audiences, culturally relevant, actionable, and delivered in plain language through appropriate platforms, curricula, and media.

30. **Education and training** at all levels should integrate competency-based, context-sensitive AMR content, including environmental drivers of AMR, into school curriculum, professional training, and

sectoral curricula. AMR and AMS should be included in pre-service and in-service education and training for health professionals, agrifood and plant workers, and environmental and WASH practitioners. These efforts should be complemented by participatory communication, peer-to-peer learning, digital campaigns, and continuing professional development to drive sustained behaviour change.

31. NAPs should include **tracking behaviour change** across human and animal health, agrifood, and environment sectors through robust indicators and accountability mechanisms. Outcomes such as reductions in inappropriate prescribing and self-medication, misuse in agrifood sector, and improved waste and wastewater management, should be systematically measured using routine data, behavioral and operational research. These insights should inform communication and behavior change strategies, enable continuous improvement, and feed into national, regional, and global policy processes.

Strategic Objective 2: Strengthen surveillance systems and diagnostic networks to inform effective, evidence-driven AMR policies and actions across all sectors

32. **AMR surveillance** should systematically include bacterial, fungal, parasitic and viral resistance, supported by reliable microbiology, epidemiology, and economic data analysis capacity consistent with national context. These systems should monitor both AMR and AMU, and integrate data on behavioral, socioeconomic, and environmental determinants of AMR to deepen current understanding of AMR drivers and population-level trends. Participatory, community-driven approaches, and engagement of professional associations and the private sector, are vital to ensuring data representativeness and quality, strengthening local accountability, and enabling effective use of surveillance data in policymaking supported by appropriate legal frameworks.

33. Q**uality-assured laboratory networks** supported by national reference laboratories for AMR should underpin national AMR surveillance systems across the human, animal, plant, agrifood and environment sectors, antimicrobial susceptibility testing, external quality assurance, and adherence to evidence-based standards are essential for data to guide policy action and to enable comparison across countries and sectors.

34. **National AMR surveillance systems** should be reviewed, strengthened, and aligned with international or regional approaches such as WHO GLASS, FAO InFARM, and WOAH ANIMUSE to ensure consistent methodologies, high-quality data, and evidence-informed One Health policies, legislation, and investment decisions. Consideration should be given to include informal production systems and AMU and AMR in companion animals and AMR in wildlife in existing surveillance systems, to provide a more comprehensive picture across different ecosystems. Capacity to monitor AMR and antimicrobial residues in food and the environment should be developed and incorporated into national systems. Environmental surveillance systems should be established and maintained to monitor AMR and residues through wastewater epidemiology, genomic sequencing, AI, and biosensors, supported by appropriate regulations, legal mandates, and standardized protocols. Data must inform policies, regulations, early-warning systems, and sustainable environmental management, with targeted support to strengthen LMIC capacities for adoption and implementation. Countries should monitor AMR and residues in the environment using tools such as wastewater epidemiology, genomic sequencing, AI, and biosensors to identify hotspots and pollution drivers. Data must inform regulations, policies, early-

warning systems, and sustainable environmental management, with special support to strengthen LMIC capacities to adopt such approaches. Proper identification of national priorities, available resources and the future direction of sector-specific surveillance programs should be informed by a robust national situation analysis for their progressive expansion, adoption of technology, and pathway to integrated surveillance. At the global level, the GISSA platform should enable timely collation and analysis of AMU and AMR data from across sectors to support coordinated global action.

35. **National antimicrobial use (AMU) surveillance systems** should systematically collect data from both the human and animal health, plant and agrifood sectors and across all levels of care. Wherever possible, this data should be disaggregated by indication for use, level of care, sex, gender and other social determinants for humans and, by animal species, age group or stage of production cycle, type of animal production system, using standardized methods and tools. In human health, analyses should apply the WHO AWaRe system to promote equitable access and appropriate use of antimicrobials policy actions.

36. **Data on AMR and AMU** should be analyzed, reported, and shared with stakeholders across sectors, and translate into actionable policies and regulations informing treatment guidelines, diagnostic strategies, antimicrobial stewardship programmes, procurement, access and national essential medicines lists, and environmental interventions, as well as periodic evaluation of NAPs. Data must also inform early-warning systems, and sustainable environmental management, with special support to strengthen LMIC capacities to adopt such approaches.

37. **Advances in digital technology,** using tools such as artificial intelligence (AI), genomic sequencing, and/or biosensors could be leveraged to enhance AMR and AMU surveillance. Leveraging these innovations enables real-time data analysis, early detection of emerging threats, and identification of transmission hotspots, and pollution drivers thereby strengthening national systems and ensuring coordinated, evidence-based One Health responses.

Strategic Objective 3: Intensify infection prevention across all sectors to reduce the burden of infectious diseases and the need for antimicrobials.

38. **Prevention of infections** to reduce the need for antimicrobials and the spread of resistant pathogens must remain a cornerstone of the AMR response.[44] NAPs should promote interventions that address infection sources, transmission and spread pathways, and social and behaviour change across the human, animal, agrifood, plant, and environmental sectors. Strategies must be inclusive and context-specific, based on scientific evidence consistent with One Health approach, with particular attention to human and animal health facilities, farms, households, informal settlements, water sources, and climate-vulnerable communities to prevent the emergence, transmission and spread of resistant pathogens. Social and behavioural science approaches should be integrated to better understand stakeholder practices, economic incentives, and barriers to adoption, ensuring that technical measures translate into sustained behaviour change. At the community level, prevention requires universal access to safe water, sanitation, hand hygiene, and food safety in households, schools, markets, and public settings, and adequate waste and wastewater management.

[44] The Lancet Series on Antimicrobial Resistance: The need for sustainable access to effective antibiotics

39. **In the human health sector,** the IPC core components should be reinforced in human healthcare settings and extend across the continuum of care from primary health and long-term care facilities to tertiary care, integrating community-driven approaches that foster behaviour change and ensure sustainability. Rigorous prevention practices also include hand hygiene, WASH infrastructure and services, waste and wastewater management, and expanded vaccination to reduce the burden of preventable infections that drive antimicrobial use must be core elements. Alignment with the WHO Global IPC Strategy,[45] Global Framework on WASH and Electricity in Healthcare Facilities (2025–2030),[46] WASH Guidelines,[47, 48] and Immunization Agenda 2030[49] is essential.

40. **In the animal health, agrifood, and plant sectors,** infection prevention should emphasize robust biosecurity, sanitation, vaccination for priority diseases, animal welfare, and good husbandry practices, supported by AMU/AMR surveillance, animal health services, access to clean water, soil health, biodiversity, nature restoration, and benchmarking contributing to sustainable livestock transformation, Effective implementation of the FAO RENOFARM initiative and its 5G's framework[50], vaccination using FAO-endorsed autogenous vaccines, as well as improved feed and nutrition should guide the integration of AMR prevention into national animal health strategies and wider agrifood system transformation. Scaling up animal vaccination should align with the WOAH list of priority diseases where vaccines can reduce AMU in animals, as well as the World Small Animal Veterinary Association guidelines for vaccination of companion animals.[51],[52] Enhanced food safety measures across production, harvest, transport, storage, preparation, and consumption practices, consistent with the Codex Alimentarius Code of Practice to Minimize and Contain Foodborne AMR sources to humans. [53] Plant health interventions, including Integrated Pest Management (IPM) and Good Agricultural Practices, should also be implemented to reduce reliance on antimicrobials and minimize residues in food production and the environment.

41. **Environmental dimensions** must be explicitly integrated into AMR prevention efforts. Effective waste and wastewater management and legislation should apply a lifecycle approach across key sources including pharmaceutical manufacturing, healthcare, agriculture, and municipal systems. Reinforcing these interventions with policies and regulations, alongside climate-resilient infrastructure, will strengthen AMR mitigation, particularly in vulnerable settings, and align with sustainability and environmental protection goals.

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[45] https://www.woah.org/fileadmin/Home/eng/Health_standards/aahc/2009/en_chapitre_1.4.5.htm
[46] Global Framework for Action 2024–2030: universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality care. Geneva: World Health Organization and United Nations Children's Fund; 2024 (https://iris.who.int/handle/10665/377776).
[47] https://cdn.who.int/media/docs/default-source/who-compendium-on-health-and-environment/who_compendium_chapter3_01092021.pdf?sfvrsn=d525db63_5
[48] www.washdata.org
[49] World Health Organization global strategy on infection prevention and control (2023), the Immunization Agenda 2030, the World Health Organization water, sanitation and hygiene strategy 2018–2025 and the World Health Organization global patient safety action plan 2021–2030
[50] Reduce the Need for Antimicrobials on Farms for Sustainable Agrifood Systems Transformation | Antimicrobial Resistance | Food and Agriculture Organization of the United Nations
[51] https://www.woah.org/app/uploads/2021/09/ahg-amur-vaccines-ruminants-may2018.pdf and https://www.woah.org/app/uploads/2021/09/ahg-amur-vaccines-apr2015.pdf
[52] https://wsava.org/global-guidelines/vaccination-guidelines/
[53] https://www.fao.org/fao-who-codexalimentarius/sh-proxy/fr/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCXC%2B61-2005%252FCXC_061e.pdf

Strategic Objective 4: Ensure equitable access, appropriate use and disposal of antimicrobials and health products across all sectors.

42. **Antimicrobials** should be recognized by policymakers as public goods essential for human, animal, and plant health. NAPs should prioritize **equitable and affordable access** to, and responsible use and disposal of, quality-assured essential antimicrobials and diagnostics, especially in fragile settings. Timely and equitable access to existing antimicrobials and diagnostics should be embedded within the frameworks of UHC, PHC, animal health, and agrifood systems, with particular attention to community case management, conflict-affected populations, and veterinary services for smallholder producers. A comprehensive approach should be adopted, including formulary optimization, market intelligence and strategic sourcing, expanded manufacturing, licensing and technology transfer, pooled procurement, affordability measures, strengthened forecasting and quantification, supply chain resilience, and appropriate demand creation with healthcare and animal health providers, patients and farmers.

43. Equitable access must be matched with **effective antimicrobial and diagnostic stewardship policies** implemented across all sectors and levels of care, including primary care and informal settings. In human health, antimicrobial stewardship policies, national antibiotic and treatment guidelines should be guided by WHO antimicrobial stewardship principles,[54] the Access, Watch, Reserve (AWaRe) system and the WHO antibiotic book,[55] and national Essential Medicines Lists and Diagnostic Lists, guided by the WHO Model List of Essential Medicines and WHO Model List of Essential in Vitro Diagnostics.[56,57] In animal health and agrifood systems, responsible use and disposal of antimicrobials should be underpinned by WOAH standards, Codex Alimentarius guidelines, the WOAH List of Antimicrobial Agents of Veterinary Importance, and Essential Veterinary Medicines Lists for companion, and for food-producing animals[58],[59] Programmes should be informed by robust AMR and AMU surveillance data, behavioural insights, and benchmarking, ensuring evidence-based prescribing and dispensing in both human and animal health. Institutional and workforce capacities must be strengthened through education and training, embedding stewardship principles in the curricula of healthcare professionals, veterinarians and other animal and plant health professionals, pharmacists, agrifood practitioners, and environmental specialists.

44. **National legislative and regulatory frameworks** should be reviewed and strengthened across the entire antimicrobial life cycle, from development and approval to manufacturing, marketing to distribution, use, and disposal, ensuring access, stewardship and protection of antimicrobial effectiveness through relevant tools[60]. This includes streamlining new product registration pathways, phasing out non-therapeutic uses such as growth promotion; reducing over-the-counter and unregulated online sales of prescription-only antimicrobials, preventing their use in plant health; preventing,

[54] https://iris.who.int/bitstream/handle/10665/329404/9789241515481-eng.pdf
[55] https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2022.02
[56] https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02
[57] The selection and use of essential in vitro diagnostics: report of the fourth meeting of the WHO Strategic Advisory Group of Experts on In Vitro Diagnostics, 2022 (including the fourth WHO model list of essential in vitro diagnostics)

[58] https://wsava.org/committees/therapeutics-guidelines-group/
[59] https://worldvet.org/activities/essential-veterinary-medicines-list/
[60] Quadripartite One Health Legislative Assessment Tool: https://www.qjsamr.org/technical-work/one-health-legislative-assessment-tool-on-amr

detecting, and responding to substandard and falsified medical and veterinary products[61]; and adopting risk-based approaches to preserve medically important antimicrobials for human health. Regulatory measures should include strengthening of veterinary services and of veterinary legislation to ensure effective implementation of WOAH standards and guidance on AMU and AMR,-Codex Alimentarius guidelines in food and animals[62], ensure the safe management, treatment, and disposal of unused antimicrobials and antimicrobial waste.[63,64]. In plant health, Integrated pest management (IPM) should guide efforts. Given that nearly two-thirds of countries maintain separate human and veterinary regulatory agencies,[51]strengthening coordination within and between countries is essential to harmonize oversight and safeguard antimicrobial effectiveness.

45. **Environmental safeguards** must be central to antimicrobial stewardship programmes across sectors to ensure a synergistic One Health effort. This requires ensuring safe disposal of unused antimicrobials across human and animal health systems, agriculture, and households, to minimize antimicrobial waste and pollution. These mechanisms should be incorporated into the national systems as a core safeguard throughout the antimicrobial lifecycle. This should be supported by regulatory & policy framework, comprehensive take-back schemes, waste prevention, and awareness raising, particularly in LMICs.

Strategic Objective 5: Ensure sustainable investment in AMR research and innovation across all sectors

46. **Multidisciplinary research on AMR** should encompass clinical, implementation, and operational dimensions, addressing the human-animal-agrifood-plant-environment interface, including wildlife, and closing gaps in understanding environmental transmission dynamics particularly in low-resource settings. NAPs should promote cross-sectoral research across human, animal, agrifood, plant, and environmental domains, should examine drivers of AMR, behaviour change, programme delivery, and cost-effectiveness, and guided by the Quadripartite One Health Priority Research Agenda (OHPRA) [65] and the WHO Global Research Agenda for AMR in Human Health. Emphasis must be placed on affordable, scalable interventions such as biosecurity, IPC, climate-resilient WASH infrastructure, nutrition and food safety, soil and plant health, and extending interventions to address fungal resistance, aquaculture, antimicrobial residues in food systems, and sustainable environmental management, tailored to LMICs, with gender- and age-sensitive approaches to inform policies and ensure equitable, and measurable impact.

47. **Scaling up AMR-related R&D** is crucial to ensure timely and equitable access to new innovations including safe and effective health and veterinary products, including novel antimicrobials, including point-of-care products, vaccines, waste and wastewater management, and environmental sustainability solutions. To ensure impact, R&D priorities should be guided by WHO's bacterial and fungal priority

[61] https://www.who.int/publications/i/item/9789241513425
[62] WOAH's Performance of Veterinary Services (PVS) Pathway: https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/
[63] https://www.who.int/news/item/08-02-2024-who-medically-important-antimicrobial-list-2024
[64] WHO, 2024. Safe management of pharmaceutical waste from health care facilities global best practices. 9789240106710-eng.pdf
[65] https://www.qjsamr.org/technical-work/one-health-priority-research-agenda-for-amr

pathogen lists and target product profiles,[66,67] the WOAH list of priority diseases for which vaccines could be used to reduce AMU.[68] including point-of-care products Equitable access across sectors, particularly to LMICs should be ensured through appropriate mechanisms and initiatives such as SECURE[69].Environmental R&D investments should prioritize understanding the scale of pollution sources contributing to AMR globally, nationally and within specific ecosystems. This requires integrating environmental interventions, such as waste and wastewater management, green and sustainable chemicals, sustainable procurement, surveillance of AMR in the environment, and innovations that reduce environmental drivers of AMR. Equitable access across sectors, particularly to LMICs, should be ensured through appropriate mechanisms and initiatives such as SECURE[70].

48. **Sustainable, country-led financing and investment models** should underpin basic AMR research and innovation across sectors, complemented by coordinated support from development partners including the private sector through effective public private partnerships. Financing must adopt a One Health, systems-based approach that emphasizes economic and equity benefits, particularly for LMICs, and could include blended finance, and push-and-pull incentives delinked models that separate revenues from sales volume, social innovation, such as new delivery models, microfinance schemes, incentive structures, or community-led solutions, should complement technical advances.

49. **Enhancing research capacity and uptake of innovation** including partnership with academia is crucial to ensure R&D extends beyond product development to encompass systems-level solutions. National authorities should be supported by development partners, academic institutions, and public private partnerships to ensure rapid uptake of R&D and innovation for AMR including technology transfer aligned to local contexts.

Strategic Objective 6: Strengthen multisectoral governance, sustainable financing, and accountability for a coordinated AMR response across all sectors and at all levels.

50. **Effective, functional and inclusive AMR governance** structures grounded in a One Health approach should be established at national and, where relevant, sub-national levels and underpinned as appropriate by regulatory frameworks_to effectively develop, implement and monitor AMR NAPs. These must include the human, animal, agrifood, plant and environmental sectors through well-resourced coordination mechanisms vested with authority and led at the highest political level, such as heads of state and government or senior ministers. Environmental authorities should be fully integrated, with clear roles and balanced representation, supported by strong policies to embed environmental dimensions of AMR into NAPs. To improve multi-sectoral and multi-stakeholder coordination and

[66] https://www.who.int/publications/i/item/9789240093461
[67] https://www.who.int/publications/i/item/9789240060241
[68] https://www.woah.org/app/uploads/2021/09/ahg-amur-vaccines-ruminants-may2018.pdf and https://www.woah.org/app/uploads/2021/09/ahg-amur-vaccines-apr2015.pdf

[70] SECURE: Expanding access to essential antibiotics to treat drug-resistant bacterial infections https://gardp.org/secure/

enable countries to learn from each other, sharing of best practices and lessons learned can be facilitated through the AMR Partnership Platform.

51. **For sustainable implementation of NAPs**, AMR interventions must be embedded within broader national development agendas, including UHC, PHC, global health, agriculture and food security, commitments on PPPR and International Health Regulation (IHR) Joint External Evaluations (JEE),[71] Performance of Veterinary Services (PVS) Pathway missions[i], pollution prevention, chemical management, and climate adaptation. This integration should align with the 2024 UNGA Political Declaration on AMR, as well as PPPR agreements and other global commitments across sectors.[72,73] Accountability should be reinforced through transparent national and global reporting, including country reports to TrACSS,[74] and complemented by regular independent monitoring and evaluations to drive learning and continuous improvement.

52. **Adequate and predictable financing,** including national budget allocations across all sectors, is critical for mounting and sustaining a multisectoral One Health response to AMR. AMR investment case should be evidence-based, linked to strong accountability frameworks, and prioritize high-impact, cost-effective interventions. Development partners, including multilateral development banks, private investors, and philanthropic organizations, as well as the GLG and the MSPP, working with the Quadripartite organizations, should support mobilization of financing through domestic resources, regional and global platforms, public-private partnerships, and blended co-financing models. The AMR Multi-Partner Trust Fund (MPTF) should be leveraged more effectively to catalyze action, close gaps and strengthen local systems. More attention is needed to integrate AMR within national and global climate and environment financing, including through the Green Climate Fund, Adaptation Fund, and other multilateral environmental agreements and conventions

V. Implementation Framework

53. The Implementation Framework in this section defines coordinated actions by Member States, the Quadripartite organizations (including the QJS), and other implementing partners to translate global commitments into measurable outcomes. Member States should develop, update, cost, implement, and monitor inclusive, equity-driven, and multisectoral NAPs on AMR aligned with this updated GAP-AMR, with clear governance, roles and responsibilities, targets, costed plans, and effective monitoring that feeds into the global TrACSS platform.

54. Capacity development across sectors, including the agrifood and environment sectors, is essential for ownership and impact. The Quadripartite organizations should provide technical support and foster global coordination, collaboration and innovation to ensure a sustained and effective AMR response.

[71] https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10-en.pdf
[72] https://docs.un.org/en/A/RES/78/3
[73] https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10Add1-en.pdf
[74] https://www.amrcountryprogress.org/map/

Roles and Responsibilities:

Strategic Objective 1: Strengthen awareness and promote appropriate behaviour change to reduce AMR risks across all sectors

Key Result Areas:

- Increased awareness and understanding of AMR among key stakeholder groups across all sectors
- Demonstrable behaviour changes in reducing the need for and inappropriate use of antimicrobials across sectors.

Member State action	Quadripartite Organizations including via QJS	International and national partners' action
• Develop, implement, and evaluate national AMR awareness, education, and social and behaviour change programmes across all sectors.	• Develop normative guidance and tools to support country-led AMR awareness, education and social and behaviour change efforts across sectors. • Coordinate global and regional campaigns, harmonize messaging, provide adaptable materials, maintain a knowledge hub, and build Member State capacity through World AMR Awareness Week (WAAW) and other initiatives.	• Support school- and community-based AMR awareness and behaviour change, integrating efforts into national development planning (e.g., UNICEF, UNESCO, and UNDP). • Design targeted AMR campaigns across all sectors and integrate AMR education into pre- and in-service curricula for human and animal health, agrifood, plant, environment, and waste management professionals and practitioners (Implementing partners).

Strategic Objective 2: Strengthen surveillance systems and diagnostic networks to inform effective, data-driven AMR policies and actions across all sectors

Key Result Areas:

- Establishment of integrated surveillance across human, animal, agrifood, plant, and environment sectors
- Establishment of environmental surveillance of AMR and antimicrobial residues.
- Increase in the number of countries with national AMR and AMU surveillance systems that meet WHO-GLASS, WOAH ANIMUSE and FAO InFARM standards for quality representativeness
- Progress towards achieving 80 % of countries can test resistance in all bacterial and fungal pathogens included in the GLASS

Member State action	Action by Quadripartite Organizations including via QJS	Action by international and national partners
• Establish and strengthen national AMR and AMU surveillance systems across all sectors, using data to inform policies, regulations, and action.	• Set technical standards, strengthen laboratories, support knowledge generation, and coordinate global data sharing, including frameworks for monitoring AMR in the environment. • Facilitate coordination across surveillance platforms, integrate environmental data, standardize indicators, convene technical reviews, validate data, establishment of public-private partnerships to improve data	• Support policy coherence and data use in national AMR planning and decision-making (e.g., UNDP). • Finance laboratory, IT, and workforce capacity upgrades to strengthen AMR surveillance infrastructure (e.g., WB, MDBs). • Generate, analyze, and share AMR/AMU data and research evidence, and support integrated surveillance systems across all sectors (Implementing partners).

	sharing. and provide reporting tools and capacity-building resources.	

Strategic Objective 3: Intensify infection prevention across all sectors to reduce the burden of infectious diseases and the need for antimicrobials.

Key Result Areas:

- Reduction in preventable infections in humans and animals
- Reduction in incidence of drug-resistant infections, especially healthcare-associated infections
- Progress towards 100% of countries having basic water, sanitation, hygiene and waste services in all healthcare facilities and
- Progress towards 90 per cent of countries meeting all WHO minimum requirements for infection prevention and control programmes at the national level.
- Improved waste and wastewater management across sectors
- Less reliance on antimicrobials in agrifood sector and their discharge in the environment

Member State action	Action by Quadripartite Organizations including via QJS	Action by international and national partners
• Expand WASH infrastructure and services, strengthen IPC and vaccination, RENOFARM, Farmer Field Schools, and improve waste and wastewater management practices and infrastructure.	• Provide technical guidance for IPC, WASH, RENOFARM, immunization, enhance waste and wastewater management, develop biosecurity standards, good husbandry practices, and build capacity for farmers and agrifood practitioners, veterinarians and plant health workers. • Convene partners across sectors to align IPC, WASH, RENOFARM, good husbandry practices, stewardship, vaccination, and biosecurity standards, strengthen waste and wastewater management, and share implementation models and lessons learned.	• Provide guidance for IPC, improve waste and wastewater management, develop biosecurity standards, implement the 5 G's RENOFARM framework in agrifood systems to build farmer and agrifood sector capacity (e.g., UNICEF, UNDP, WIPO). • Promote WASH and hygiene, better biosecurity and good husbandry practices and animal welfare, and waste management in schools, health facilities, and communities; integrate IPC and WASH, and waste management into broader sustainable development initiatives. • Invest in sustainable WASH, RENOFARM. waste and wastewater, and animal, plant and health system infrastructure to reduce AMR risks (e.g., WB, MDBs). • Deliver IPC, WASH, RENOFARM, vaccination, biosecurity, sustainable agriculture, and waste and wastewater management practices training across sectors, supporting long-term prevention (Implementing partners).

Strategic Objective 4: Ensure equitable access, appropriate use and disposal of antimicrobials across all sectors.

Key Result Areas:

- Progress towards achieving 70% of total antibiotic use in human health in the WHO Access category
- Reduction of the need and use of antimicrobials in animals, food and agriculture.
- Reduction in non-therapeutic use of medical/veterinary antimicrobials
- Increased and improved safe disposal of unused antimicrobials across sectors

Member State action	Action by Quadripartite Organizations including via QJS	Action by international and national partners
Prioritize and invest in equitable access to and appropriate use of quality assured existing antimicrobials and diagnostics, implement antimicrobial and diagnostic stewardship policies and programmes and enforce regulations, prescription controls, and phased reduction of non-therapeutic use, and safe disposal of unused antimicrobials.	• Develop and promote standards for appropriate antimicrobial and diagnostic use, safe disposal, training providers, and technical guidance on equitable access and antimicrobial stewardship policies. • Provide technical support to strengthen regulatory systems, antimicrobial stewardship, access, and disposal across sectors, consistent with a One Health approach including the use of the OHLAT to assess the regulatory environment[75]. • Support Member States to align policies with global guidance, improve disposal practices, and convene exchanges on regulatory enforcement and compliance.	• Promote safe disposal of unused antimicrobials and strengthen customs and quality controls to prevent substandard and falsified products (e.g., WCO, WIPO). • Finance compliance upgrades and supply chain reforms, while supporting safe and sustainable antimicrobial disposal (e.g., WB, MDBs). • Expand access to quality antimicrobials and diagnostics through provider training, stewardship support, and addressing market and supply gaps, especially in LMICs (Implementing partners). • Deliver training, implement stewardship models, and expand equitable access to vaccines, diagnostics, and antimicrobials, while advancing sustainable environmental management across sectors (Implementing partners).

Strategic Objective 5: Ensure sustainable investment in AMR research and innovation across all sectors

Key Result Areas:

- Increased investment in priority R&D and AMR research and innovation across sectors.
- Availability of new or improved AMR products, and innovation in sustainable environmental management and pollution prevention and control across sectors.
- Increased domestic and international financing mechanisms (e.g., delinked R&D, pooled procurement).

Member State action	Action by Quadripartite Organizations including via QJS	Action by international and national partners
Invest in R&D and access to new AMR products, basic knowledge and research capacities,	• Set R&D priorities, track pipelines, strengthen access to antimicrobials, alternatives to antimicrobials, and diagnostics, and vaccines, and	• Mobilize financing to expand equitable access across sectors to antimicrobials, diagnostics, vaccines, water and wastewater

[75] https://www.qjsamr.org/technical-work/one-health-legislative-assessment-tool-on-amr

enforce regulatory frameworks, implementation and operational research for great impact of interventions on AMR, and advance sustainable environmental management, pollution prevention and control.	promote sustainable environmental management and pollution control. • Coordinate joint advocacy on R&D and access, align partner actions, and scale equitable access, responsible use, and sustainable environmental management across sectors.	management practices, R&D, and sustainable environmental management, especially in resource-limited settings (e.g., WB, MDBs). •

Strategic Objective 6: Strengthen multisectoral governance, sustainable financing, and accountability for a coordinated AMR responses across all sectors and at all levels.

Key Result Areas:

- Countries with operational and effective multisectoral AMR governance mechanisms.
- Countries effectively implementing and monitoring prioritized and costed multisectoral NAPs on AMR
- Increased and sustained national/international financial investment for the AMR response i,
- Strengthened integration of sustainable environmental management and pollution prevention into global, regional, and national AMR policies.
- Progress towards achieving 95% countries reporting to TrACSS

Member State action	Action by Quadripartite Organizations including via QJS	Action by international and national partners
Strengthen multisectoral governance, sustainable financing, and accountability for coordinated AMR responses across all sectors at all levels to facilitate effective implementation and monitoring of costed NAPs on AMR, mainstreaming AMR into development and (health) and agricultural systems strengthening plans, programmes and budgets	• Strengthen Member State leadership, build multisectoral capacity, monitor progress, support costing exercises, and advocate for sustainable, equitable AMR financing across sectors to development, cost, implement and monitor national action plans on AMR. • Provide global leadership and coordination, organize progress reviews and reporting (e.g., TrACSS), convene stakeholders to agree on investment priorities and leveraging the AMR MPTF to catalyze AMR actions. • Sustain and strengthen the global governance structures- GLG, MSPP, IPEA, to facilitate global multi-stakeholder collaboration and action across one health sectors. • Develop and promote guidance to mainstream AMR into development, human, animal health and agrifood systems, health security and environment sustainability frameworks	• Strengthen institutional capacity and policy coherence; integrate AMR into national frameworks; advocate equitable access to vaccines and child-focused interventions; enforce AMR-aligned customs regulations (e.g., UNDP, UNICEF, WCO). • Mobilize innovative financing, public-private partnerships, pooled investment platforms, and de-risk private sector engagement (e.g., WB, MDBs). • Advocate for increased domestic financing, integration of AMR into development agendas, and support multisectoral platforms with civil society-led monitoring (Implementing partners).

	• Strengthen resource mobilization efforts for AMR including through financing mechanisms such as: AMR MPTF at both country and global levels, with a focus on expanding donor base and increasing contributions to the Fund.	

VI. Monitoring and Evaluation Framework (incomplete)

55. Monitoring and evaluation (M&E) are essential to ensure accountability, track progress, and drive effective implementation of the global AMR response across all sectors. The M&E framework associated with this plan is anchored in the theory of change and builds on established indicators and Member State commitments reflected in the SDGs, 2024 UNGA political declaration on AMR, and other relevant commitments.

56. At the national level, Member States are encouraged to develop, update and implement robust M&E systems across sectors, fully integrated into their NAPs and supported by adequate resources and capacities. These systems should enable countries to generate reliable, timely, and disaggregated data to inform policy decisions and adaptive management.

57. The Quadripartite organizations should provide guidance and support to countries in establishing or strengthening their monitoring and evaluation frameworks, ensuring alignment with global standards while responding to national and sectoral contexts[76].

58. Placeholder for updated results chain to be inserted after stakeholder consultations.

Annexes

- Indicator Framework/Results Matrix

[i] https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/

[76] https://iris.who.int/bitstream/handle/10665/372142/9789240069763-eng.pdf?sequence=1