

Country Project- ANNUAL REPORT

MONGOLIA

Country Project - One Health approach to manage Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) in Mongolia

Table 1: Overview

Project description Project: One Health approach to manage Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) in Mongolia - Duration: 36 months (1 Jan 2023 to 31 Dec 2025 ¹) Activities under the MPTF project focus on combating the threat of antimicrobial drug resistance through strategic collaboration, sustainable streams of capital, and Sustainable Development Goal-focused responses that support localized ‘One Health’ National Action Plans. Its key activities include: - Support the Multi-Sectoral Coordination Committee (MSCC) on implementation of MNAP by developing operational budgeting and Monitoring and Evaluation framework, and policy development and legal enabling environment - Capacity building on AMR detection and surveillance of infections caused by AMR pathogens across human health and animal health including environment sectors - Enhance monitoring of antimicrobial usage and improve reporting on AMU using the new WOH-AMU database system - Support to develop multi-sectoral communication strategies and plans based on AMR surveillance and AMC/AMU monitoring and upscale awareness programs on AMR/AMU/AMC targeting relevant stakeholders across the food chain
Project progress: Highlights of project activities delivered so far with success framed in terms of outputs, outcomes and impacts (where relevant). Support for the Multi-Sectoral Coordination Committee (MSCC) and Monitoring and evaluation framework - The implementers of the project “One Health approach to manage Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) in Mongolia” has been engaged the meetings and activities that organized by the Multi-Sectoral Coordination Committee (MSCC). Progress of the project, draft of AMR communication strategy for Mongolia, draft of Monitoring and Evaluation of MNAP, and were presented to the Multi-Sectoral Coordination Committee (MSCC) during MSCC routine meetings. - Draft of Monitoring and Evaluation of MNAP is developed and secretariats of MSCC were trained. The assessment of the implementation of MNAP is planned for 2025 and this will play a significant role in developing the next MNAP. Policy development and legal enabling environment - WHO with support of WPRO under the MoH leadership organized “Roundtable discussion” with over 70 representatives from the different levels of health sector including sub-national hospitals in March 2024. WHO presented a possible national AMR surveillance system

¹ note that the programme will in any case officially start on the date that the funds are disbursed

structure, based on WHO recommendations and practices in other countries in the Region, together with roles and responsibilities for the national coordinating centre and national reference laboratory. As a result of the discussion, MoH is developing AMR surveillance guideline for health sector.

- The Veterinary Drug and Feed Additive Law came into effect on October 1, 2024. The project provided advisory support in drafting the law. With the implementation of the Veterinary Drug and Feed Additive Law, the regulation of veterinary medicines and AMR surveillance can now be conducted with state budget funding. And now, efforts are underway to support the inclusion of the AMR term in the amendments to the "Food" and "Food Safety" laws. The MPTF project will support the development of an AMR strategy for the veterinary sector under the leadership of FAO and MoFALI.
- The monitoring and evaluation (M&E) of the MNAP was developed and it will be used to assess the implementation of MNAP for 2022–2025 will provide a clearer understanding of key outcomes, allowing for a more effective operational budgeting process for 2026–2029.

AMR Advocacy and Awareness Raising on AMR through World Antimicrobials Awareness Week (WAAW) in 2024

- The Minister of Health, Munkhsaikhan Togtmol participated in the United Nations General Assembly (UNGA) High-level Meeting on AMR.
- Mongolia One Health Joint Plan of Action Workshop was organized by the OH Quadripartite Collaboration, consisting of 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, founded as OIE) in presence of 3 sectoral State Secretaries of MoH, MoET, and MoFALI to increase awareness of AMR in recognition of the need to address the many threats across the human-animal-environment interface on 11-14 September 2024. The final report with key findings and recommendations were submitted to the government. More information [here](#)
- Awareness Raising on AMR through World Antimicrobials Awareness Week (WAAW) in 2024 was celebrated in collaboration with WHO, FAO, WOAH and UNEP under the theme: Educate, Advocate, Act now. During WAAW, opening of the campaign was celebrated with the presence of the Minister of Health and video speech of 3 sectors joint speech from MoH, MoET, and MoFALI and joint video speech of the Quadripartite consisting of FAO, UNEP, WHO and WOAH were disseminated through social media and advocating to join the pledge to stop overuse and misuse of antimicrobials. Social media campaign, events in health care facilities at the national level and 21 provinces, the event for UN was organized by WHO. Press briefing for journalists, and the training session titled "Understanding Antimicrobial Resistance" were organized for secondary school students were organized by FAO. An online meeting for the veterinary, information sharing with farmers and herders, and information sharing with students were organized WOAH with GAVS and AMR/AMU related materials were distributed to veterinary departments, farmers, students, and journalists to enhance outreach. These activities reflect Mongolia's commitment to addressing AMR through multisectoral engagement and education. More information about WOAH's activities is [here](#).
- The workshop on development of AMR communication strategy for Mongolia organised jointly by WOAH RRAP and GAVS had representatives from the National Center for Zoonotic Diseases (NCZD), Ministry of Environment and Climate Change (MECC), and key stakeholders in Ulaanbaatar, Mongolia, on November 1, 2024. The participants conducted SWOT analyses on current status of AMR communication, assessed Mongolia's current AMR management and identified critical improvement areas and opportunities to strengthen responses against AMR. They further defined target audiences and communication channels tailored to the Mongolian

context, emphasizing collaborative efforts to enhance AMR awareness and management. More information [here](#).

Capacity building on AMR detection and surveillance of infections caused by AMR pathogens across human health and animal health including environment sectors

- MoH and WHO conducted “Training of Trainers to implement Antimicrobials stewardship programme in hospitals” with support of WPRO, “AMR surveillance capacity building including AMR outbreak response” with support of NIID, and “Building laboratory technical skills for effective AMR surveillance” with support of WHO national and international consultants for selected hospitals.
- FOA organized AST training for a total of 56 microbiologists from 6 national and 8 regional laboratories. Support was also provided to the eight national laboratories to participate in PTAST 2024. Since Mongolia lacks a Standard Operating Procedure (SOP) for AMR detection and Mongolian National standard for AST, a draft of methodological standards has been developed which aligns with international guidelines. Standards will be essential for future investigations conducted with a unified methodological approach and will serve as a key document for laboratory accreditation and scope definition.
- A module on AMR/AMU training specifically for private veterinarians was developed FAO consultant for inclusion in the FETP curriculum. Moving forward, this will play a crucial role in participatory AMR epidemiology training*.
- For the first time in the veterinary sector, the State Central Veterinary Laboratory conducted an AMR pilot active surveillance by isolating and identifying E. coli cultures /n=100/ from the caecum of cattle in slaughterhouses with support of FAO. Furthermore, the Institute of Veterinary Medicine carried out an AMR pilot inactive surveillance by E. coli cultures /n=49/ isolated from meat samples, following CLSI international guidelines.
- **WOAH workshop on monitoring of antimicrobials used in humans and animals in Mongolia**
A workshop organized by WOAHRAP and General Authority for Veterinary Services (GAVS) brought together 40 participants, including government representatives, veterinary institutions, and private stakeholders, to address antimicrobial use (AMU) monitoring in Mongolia in Ulaanbaatar, Mongolia, on October 31, 2024. Participants reviewed and updated the AMU supply chain of 2019, identified gaps such as the lack of domestic antimicrobial production, insufficient veterinarians, and limited data submissions to ANIMUSE. Challenges, including nomadic farming and inadequate knowledge of prudent antimicrobial use among veterinary pharmacists, were highlighted. Proposed solutions focused on improving internal coordination within GAVS and providing capacity building of stakeholders involved in AMU data collection and monitoring. The workshop emphasized strengthening Mongolia's AMU monitoring framework to enhance reporting and support efforts to combat antimicrobial resistance. More information [here](#).

Challenges and opportunities

What are the main challenges confronted in delivering the project, and how did you address these and what has been the impact of these on project delivery?

- All partners show remarkable flexibility and adaptability, enabling progress despite various challenges. Quadripartite partners remained actively involved through consistent coordination efforts. Scheduling the activity was challenging due to limited time and ongoing political events within the country. The project implementers are closely working with the Multi-Sectoral Coordination Committee (MSCC) to address those challenges.

- An operational budgeting plan was originally intended under the MNAP 2022–2025. However, due to the absence of dedicated funding in the agriculture sector, it could not be done. It will be incorporated in the upcoming MNAP 2026–2029 to ensure proper financial planning and execution.
- High turn-over government staff is always being challenge. There have been some delays in the implementation of certain activities, which has impacted the original timeline of the project. But WHO is supporting the government on AMR, AMS, and AMU beyond this project.

Opportunities identified through project implementation - include positive unintended consequences.

- The 2nd MNAP is for 2022-2025 and 2025 is the year for the assessment of the implementation of the MNAP and development of the next MNAP. Some missing parts and delayed or incomplete areas can be addressed or included in the next MNAP.
- All partners contributed to coordination and support across several activities, enabling more effective implementation.

Learning Innovation:

High level commitment and leadership is important to address the issues and find a solution to move forward. Systematic approach for system building should be main principle of any fund or project instead of project-based approach.

Stakeholder engagement and resource mobilisation:

This MPTF project aims to support strong governance of AMR and joint planning and implementation of the MNAP activities in close collaboration with relevant stakeholders and the MSCC. In addition, this MPTF project aims to support strong governance of AMR and joint planning and implementation of the MNAP activities in close collaboration with relevant stakeholders and the MSCC.

Besides, Tripartite works closely with the relevant members of the Multisectoral Coordination Committee (MSCC) in each sector in implementing activities in the 2nd Multisectoral National Action (MNAP). Linking with other funds among each organization or in collaboration with other projects on One Health, some activities were implemented without financial support from this project. For example, in collaboration with UTF/MON/021/UTF “Strengthening Animal Health and Food Safety Systems” and GCP/GLO/505/ROK “Implementation of Codex Standards to support containment and reduction of foodborne AMR” (ACT) projects, samples from food markets were used to initiate AMR detection in the food and agriculture sectors.

Is there evidence that the MPTF grant is catalysing a broader engagement of stakeholders and / or additional investment in addressing AMR.

Multi-Sectoral Coordination Committee (MSCC) is regulated by the government with collaboration between sectors. The regular meeting and some activities of the Multi-Sectoral Coordination Committee (MSCC) for example WAAW is ongoing without financial support from the project.

MPTF project was indicated as co-financing on AMR for Pandemic Fund and Mongolia got this fund from the first round. WOAHA has been closely working with GAVs to contribute to all listed activities. This partnership aims to consolidate national efforts in combating antimicrobial resistance through awareness-raising, enhanced monitoring, and effective communication strategies.

Table 2: Review of progress against log frame

2.a Log frame outcomes, outputs, associated indicators and performance metrics

MPTF Outcomes	Indicators	Overall Target	Project	Annual Achievement	Remarks
1. Risks and benefits of AMR are reflected in the national budget and in development/multi-lateral partner sector-wide investments.	Indicator 1: Mongolia has a functional monitoring and evaluation framework on the NMAP in place	Baseline: 0, Target: 1 1. Source: Project completion report	0,	Ongoing: Draft of E&M is developed and secretariats of MSCC were trained.	Using the framework developed by E&M, an E&M assessment is planned for 2025. This will play a significant role in developing the next MNAP.
2. Evidence-based data on AMR/AMU improved for policymakers and sectors implementing AMU practices.	Indicator 2: The MSG reviews and uses data on AMR/AMC and AMU across relevant sectors to support policy and practice	Baseline: 3, Target: 6 2. Source: Annual report on AMR and AMU from key sectors	3,	Ongoing: Capacity building trainings were conducted and will be expanded to other hospitals.	1. Mongolia successfully submitted the AMU data to ANIMUSE Mongolia: Monitoring AMU and AMR communication strategy development - WOA - Asia with option 2. 2. Mongolia is submitting data to TrACSS.
3. Improved understanding of AMR risks and response options by targeted groups.	Indicator 3: Mongolia drafted and implemented a national AMR/AMU Communication Strategy	Baseline: 0, Target: 1 3. Source: Communication strategy report	0,	Ongoing: Communication strategy is drafted.	1. The workshop on AMR strategy was conducted in 2024, initiating the discussion among participants from multisectoral. Mongolia: Monitoring AMU and AMR communication strategy development - WOA - Asia
MPTF Output					
Output A: Improved capacity for designing and implementing AMR-related policy frameworks, investment plans and programmes					

A.1 Support establishment of the Multi-Sectoral Coordination Committee (MSCC) by a secretariat that coordinates its activities A.1.1 Assessment of current multi-sectoral coordination mechanism (gaps and needs identification) A.1.2 Completion of the annual TrACSS survey A.1.3 Annual and advocacy meetings using the results of activities A.3 and A.4	Indicator A.1: Fully functional AMR Multi-sectoral Coordination Group established and supported by a Secretariat (1a, MNTF = TrACSS 4.1D) Baseline value: 0 Target value: 1 Indicator A.1.4: Decision list of recommendations	Baseline value: 0 Target value: 1	Completed: Multi-sectoral Coordination Committee (MSCC) is established by a joint order of the Minister of Health and the Minister of Food, Agriculture, and Light Industries Agriculture with SoP. The MSCC has co-led from Health and Veterinary sectors and organizes a regular meeting in every 6 months in line with their approved SoP.	The implementers of the project “One Health approach to manage Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) in Mongolia” has been engaged the meetings and activities that organized by the Multi-Sectoral Coordination Committee (MSCC). Progress of the project, draft of AMR communication strategy for Mongolia, draft of Monitoring and Evaluation of MNAP, and were presented to the Multi-Sectoral Coordination Committee (MSCC) during MSCC routine meetings.
A.2.1 Review of current legislation and policies on AMR in all relevant sectors	Report of legislation and policy review on AMR		Ongoing:	The MPTF project made significant contributions by providing essential professional advice throughout the translation of the ACT tool (primarily designed for the agriculture and food sectors for AMR legal review), participating in the

				evaluation process, and contributing to the summarizing the results. The evaluation results aid us in advancing the objectives of AMR legislation and policies in the relevant sectors. Joint External Evaluation (JEE) to assess national capacities and capabilities in relation to the International Health Regulations (2005) (IHR) including AMR was conducted in 2023 and areas need to be improved are identified. Tripartite played a proactive role in the JEE-IHR 2023, actively engaging in the collection of documents and data. The Veterinary Drug and Feed Additive Law came into effect on October 1, 2024. The project provided advisory support in drafting the law. (Indicator under A.1.) With the implementation of the Veterinary Drug and Feed Additive Law, the regulation of veterinary medicines and AMR surveillance can now be conducted with state budget funding. The MPTF project will support the development of an AMR strategy for the veterinary sector. And now, efforts are underway to support the inclusion of the AMR term in the amendments to the "Food" and "Food Safety" laws.
A.3 Development of the operational budgeting of the MNAP 2022-2025 A.3.1: train secretariat staff on operational budgeting making use of the WHO AMR costing and budgeting tool	Indicator A.2: Operational plan for implementing national action plan on AMR developed and updated with associated budget	Baseline 0 Target 1	Will be implemented in 2025	An operational budgeting plan was originally intended under the MNAP 2022–2025. However, due to the absence of dedicated funding in the agriculture sector, it could not be done. It will be incorporated in the upcoming MNAP 2026–2029 to ensure proper financial planning and execution.

A.3.2 Operational plan is budgeted for by secretariat A.3.3 Operational plan and budget of MNAP is reviewed and agreed by MSCC	consideration (1c, MPTF = TrACSS 5D) Baseline value: 0 Target value: 1			The evaluation and monitoring (E&M) of the 2022–2025 plan will provide a clearer understanding of key outcomes, allowing for a more effective operational budgeting process for 2026–2029. With an improved legal and regulatory environment in the veterinary sector, there is now an opportunity to allocate expenses within the state budget. Additionally, we remain optimistic that a favorable legal framework will also be established for the food sector.
A.4 Develop the Monitoring and Evaluation (M&E) framework for MNAP 2022-2025 A.4.1 Train secretariat staff on developing a M&E framework A.4.2 M&E framework for MNAP is developed by secretariat A.4.3 M&E framework is reviewed and agreed by MSCC	Indicator A.3: M&E framework for MNAP Baseline value: 0 Target value: 1	Baseline 0 Target 1	Ongoing:	A M&E framework was drafted and secretariats (for veterinary and human health) of MSCC were trained. The E&M framework will be shared with MSCC, and an M&E assessment is planned for 2025. This will help in developing the next MNAP.
Output B Systems for generating, analyzing and interpreting data on resistance and consumption/use patterns developed				
B.1 Capacity Building on AMR Detection and Surveillance of Infections Caused by AMR Pathogens Across Human Health and Animal Health Sectors B.1.1 Development of a policy document on AMR	Indicator B.1: A pool of trainers at the national level is capable of training provincial laboratory staff on AMR surveillance. Baseline value: 0	- Baseline value: 0 - Target value: 5 trainers	Ongoing:	MoH and WHO conducted “Training of Trainers to implement Antimicrobials stewardship programme in hospitals” with support of WPRO, “AMR surveillance capacity building including AMR outbreak response” with support of NIID, and “Building laboratory technical skills for effective AMR surveillance” with support of WHO national

surveillance of infections caused by AMR pathogens across human health, animal health, and food sectors, and the creation of training materials on AMR surveillance. B.1.2 Conduct training of trainers at the national level for human and animal health sectors. B.1.3 Integrate training with the existing Field Epidemiology Training Programme (FETP) for human health, animal health, and environmental health by updating the FETP curriculum with AMR surveillance content. B.1.4 Roll out training to relevant national-level institutes.	• Target value: 5 trainers			and international consultants for selected hospitals. A total of 56 microbiologists from 6 national and 8 regional laboratories participated in AST training. Support was also provided to the eight national laboratories to participate in PTAST 2024. Since Mongolia lacks a Standard Operating Procedure (SOP) for AMR detection and Mongolian National standard for AST, a draft of methodological standards has been developed which aligns with international guidelines. Standards will be essential for future investigations conducted with a unified methodological approach, and will serve as a key document for laboratory accreditation and scope definition. A module on AMR/AMU training specifically for private veterinarians was developed for inclusion in the FETP curriculum. As part of WAAW 2024, second-year participatory training on the impact of AMR on human, veterinary, and environmental health was conducted for children. Moving forward, this will play a crucial role in participatory AMR epidemiology training. The training that children receive on AMR empowers them to engage in behaviors that reduce AMR risk and encourages long-term advocacy. It is expected that these children, as they mature, contribute significantly to participatory AMR epidemiology efforts by becoming advocates, data collectors, and
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				community influencers in the fight against AMR.
B.2 Strengthen AMR detection and surveillance of infections caused by AMR pathogens across human health, animal health and food sectors B.2.1 Establish AMR surveillance in national (5 laboratories): a. Diseased humans and animals b. Priority pathogens in the food chain and environment By developing and adopting standardized and integrated operating procedures for sampling, testing, and analyses. B.2.2 Development and introduction of national standardized methods for antimicrobial susceptibility testing, including quality assurance (internal and external). B.2.3 Development of proper data collection, management, analysis, and reporting across multiple sectors (human health,	Indicator B.2: Increased number of laboratories (5 at the national level) with the capacity to perform antimicrobial susceptibility testing and bacterial isolation and identification according to international standards (4b, MPTF). - Baseline value: 0 - Target value: 5	- Baseline value: 0 - Target value: 5	Ongoing	“Structure of AMR surveillance system in health sector for Mongolia” and “Steps to establish AMR surveillance system” was developed by of the Regional Office for Western Pacific and WHO Country Office as a preparation for “Roundtable discussion on AMR surveillance in health sector” that was organized by WHO Country Office in collaboration with the Ministry of Health in early 2024. WHO: MoH and WHO conducted “Building laboratory technical skills for effective AMR surveillance” with support of WHO national and international consultants FAO: For the first time in the veterinary sector, the State Central Veterinary Laboratory conducted an AMR pilot active surveillance by isolating and identifying <i>E. coli</i> cultures /n=100/ from the caecum of cattle in slaughterhouses. Furthermore, the Institute of Veterinary Medicine carried out an AMR pilot inactive surveillance by <i>E. coli</i> cultures /n=49/ isolated from meat samples, following CLSI international guidelines.

animal health, and food) to contribute information to the Tripartite Integrated System for Surveillance of AMR/AMU (TISSA), WHONET, and GLASS.				
B.3 Enhance monitoring of antimicrobial use B.3.1 Add an online functionality to the Mongolian Animal Health Information System (MAHIS) for private sector to record procurement and use of antimicrobials B.3.2 Organize follow-up workshop (WOAH 2019) on the use and disposal of antimicrobials in both human and animal health areas	Indicator B.3: MSCC is supported by Tripartite to review data and data quality on AMU/AMC and AMR in relevant sectors (4a, MPTF). - Baseline value: 0 - Target value: 1	Baseline value: 0 Target value: 1	A follow-up workshop on AMU (2019) was organised to improve the understanding on the prudent use of antimicrobials.	The country reports AMC and AMR through WHO from human health sector. Mongolia successfully submitted the AMU data (option 2) to ANIMUSE after the workshop. Mongolia: Monitoring AMU and AMR communication strategy development - WOA - Asia
B.4 Improve reporting on AMU using the new WOA - AMU database system B.4.1 Develop training on using the WOA - AMU database system for the Mongolian context and in Mongolian language B.4.2 Conduct training to populate and report on AMU	Indicator B.4: GAVS can submit to the WOA reporting Option 3 level of AMU data for the animal sector (4c, MPTF). - Baseline value: 0 - Target value: 1	Baseline value: 1 Target value: 1	A webinar was conducted in Nov 2024. GAVS can submit to the WOA reporting Option 2 in 2024. A translated guideline to support GAVS	ANIMUSE Webinar for Asia and the Pacific (Virtual, November 6, 2024) A web-based AMU reporting tool, ANimal antiMicrobial USE (ANIMUSE) Global Database, has been globally launched in 2022. Since then, WOA updated features in the ANIMUSE dashboard and also launched e-learning materials to support users submitting the AMU data on ANIMUSE. This year, Mongolia successfully submitted the AMU data (option 2) to ANIMUSE. Additional training and translated guideline will be organised in 2025, enabling

using the new WOAHA AMU database system			has been planned to be conducted in Q1 2025, enabling option 3 submission	Mongolia to submit the AMU data with option 3.
C.1 Develop multi-sectoral communication strategies and plans based on AMR surveillance and AMC/AMU monitoring C.1.1 National consultation workshops to identify the key communication gaps and activities on AMR/AMU/AMC C.1.2 Development of national AMR/AMU/AMC communication strategy for Mongolia	Indicator C.1: A national AMR/AMU/AMC communication strategy developed and implemented targeting priority stakeholder groups based on stakeholder analysis and targeted messages within sectors (7b, MPTF; TrACSS 6.1E). - Baseline value: 0 - Target value: 1	Baseline value: 1 Target value: 1	A series workshop to finalise the AMR communication strategy has been planned in Q2, 2025.	WOAH organised the workshop on AMR communication strategy, initiating the discussion between multisectoral. Mongolia: Monitoring AMU and AMR communication strategy development - WOAHA - Asia
C.2 Develop and disseminate awareness materials on AMR and guidelines on AMC/AMU in Mongolian language C.2.1 Designing and development of AMR/AMU/AMC communication materials in Mongolian language targeting prudent use of antimicrobials in human,	Indicator C.2: Appropriate AMR/AMU/AMC communication materials developed and disseminated for nationwide awareness campaigns (7b, MPTF; TrACSS 6.1E). - Baseline value: 0 - Target value: 15	Baseline value: 2 Target value: 15	2 communication materials developed and disseminated during activities in WAAW 2024 .	Materials will be developed with the collaboration with other partners in 2025.

animal and environmental sectors; promoting alternatives to antimicrobials such as vaccination, biosecurity, good husbandry practices C.2.2 Translation, printing, and distribution of the joint IEC materials on AMR and AMC/AMU				
C.3 Upscale awareness programs on AMR/AMU/AMC targeting relevant stakeholders across the food chain C.3.1 Conduct awareness activities during WAAW using the IEC materials at national and sub-national levels C.3.2 Private sector seminar on responsible and prudent use of antimicrobials targeting relevant livestock sectors including herders C3.3 Seminars for Veterinary Education Establishments (VEE) on WOAHA Standards on Veterinary Education Curriculum for containment of AMR	Indicator C.3: National and sub-national awareness events held, including the WAAW campaigns (7a, MPTF; TrACSS 6.1D). • Baseline value: 0 • Target value: 15	Baseline value: 5 Target value: 15	WAAW 2024	The Minister of Health, Munkhsaikhan Togtmol participated in the United Nations General Assembly (UNGA) High-level Meeting on AMR. Mongolia One Health Joint Plan of Action Workshop was organized by the OH Quadripartite Collaboration, consisting of 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, founded as OIE) in presence of 3 sectoral State Secretaries of MoH, MoET, and MoFALI to increase awareness of AMR in recognition of the need to address the many threats across the human-animal-environment interface on 11-14 September 2024. The final report with key findings and recommendations were submitted to the government. More information here

				Awareness Raising on AMR through World Antimicrobials Awareness Week (WAAW) in 2024 was celebrated in collaboration with WHO, FAO, WOA and UNEP under the theme: Educate, Advocate, Act now. During WAAW, opening of the campaign was celebrated with the presence of the Minister of Health and video speech of 3 sectors joint speech from MoH, MoET, and MoFALI and joint video speech of the Quadripartite consisting of FAO, UNEP, WHO and WOA were disseminated through social media and advocating to join the pledge to stop overuse and misuse of antimicrobials. Social media campaign, events in health care facilities at the national level and 21 provinces, the event for UN was organized by WHO. Press briefing for journalists, and the training session titled "Understanding Antimicrobial Resistance" were organized for secondary school students were organized by FAO. Several activities were organised during WAAW 2024 with the collaboration between partners and GAVS.
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Risk matrix

Risk description	Risk Category: Contextual Programmatic Institutional	Worst case consequence for the project	Risk Score		Mitigating action	Action owner
			Impact	Likelihood		

COVID-19 situation	Contextual	Delay in start of the project activities on the ground	High	High	Convert some activities to virtual such as launching, national consultations etc.	Quadripartite
Inadequate coordination amongst the key stakeholders	Institutional	Delay in implementation of activities	High	Medium	Early consultation with key focal points and continued engagement	Quadripartite
Political instability and changes in focal points	Institutional	Changes in the activities and priorities	Medium	Low	Involve all relevant stakeholders including policy technical and operational staff working on AMR/AMU to maintain continuity	Quadripartite
Delay in fund release	Programmatic	Delayed implementation of the project activities	Medium	Low	Continuous follow up and identification of focal points at HQ/Regional/National tripartite offices.	Quadripartite