Food and Agriculture Organization of the United Nations

UN environment programme

World Health Organization

World Organisation for Animal Health

Antimicrobial Resistance Multi-Partner Trust Fund

Annual report 2025

Administered by

United Nations MPTF Office

Food and Agriculture Organization of the United Nations

UN environment programme

World Health Organization

World Organisation for Animal Health

Antimicrobial Resistance Multi-Partner Trust Fund

Annual report 2025

Antimicrobial Resistance Multi-Partner Trust Fund: annual report 2025

ISBN (WHO) 978-92-4-012294-9 (electronic version)
ISBN (WHO) 978-92-4-012295-6 (print version)

Suggested citation. Antimicrobial Resistance Multi-Partner Trust Fund: annual report 2025. Geneva: World Health Organization, Food and Agriculture Organization of the United Nations, United Nations Environment Programme and World Organisation for Animal Health; 2026. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see https://www.who.int/publications/book-orders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/copyright.

Cover image: Group of happy children in rural Cambodia (© WHO/Quinn Mattingly)
Design by: North Creative, Geneva

Contents

Abbreviations

AMR	antimicrobial resistance
AMR MPTF	Antimicrobial Resistance Multi-Partner Trust Fund
AMU	antimicrobial use
ATLASS	FAO Assessment Tool for Laboratory AMR Surveillance Systems
BARA	Bangladesh AMR Response Alliance
FAO	Food and Agriculture Organization of the United Nations
GAP-AMR	Global Action Plan on AMR
GISSA	Global Integrated System for Surveillance on AMR and Antimicrobial Use
InFARM	International FAO Antimicrobial Resistance Monitoring
IPC	infection prevention and control
IPEA	Independent Panel on Evidence for Action against AMR
LNDV	National Veterinary Diagnostic Laboratory, Madagascar
M&E	monitoring and evaluation
NAP	National Action Plan on AMR
OHASS	One Health National Antimicrobial Use Surveillance System
OHLAT-AMR	Quadripartite One Health Legislative Assessment Tool for AMR
PTAST	Proficiency Test for Antimicrobial Susceptibility
QJS	Quadripartite Joint Secretariat
TrACSS	Tracking AMR Country Self-assessment Survey
SDG	Sustainable Development Goal
Sida	Swedish International Development Cooperation Agency
TCV	typhoid conjugate vaccine
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNGA	United Nations General Assembly
WAAW	World AMR Awareness Week
WOAH	World Organisation for Animal Health (WOAH)
WHO	World Health Organization

Executive summary

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

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

In 2025, the Fund supported national projects in Bangladesh, Madagascar, Mongolia, Senegal, Tunisia and Zimbabwe, along with global actions that took forward the high-level commitments of global frameworks such the 2024 United Nations General Assembly Political Declaration on AMR. Specifically, the AMR MPTF supported the development and implementation of multisectoral National Action Plans and strengthened governance, including coordination mechanisms in Tunisia and Mongolia. Integrated surveillance systems for AMR and antimicrobial use were enhanced, improving data for policy and practice. For example, Bangladesh established a national antimicrobial use surveillance platform, while Madagascar and Mongolia strengthened laboratory and surveillance capacities (including veterinary and environmental surveillance), enabling participation in global systems such as International FAO Antimicrobial Resistance Monitoring (InFARM). Stewardship interventions improved antimicrobial use, notably in Bangladesh, Zimbabwe and Mongolia, alongside strengthened infection prevention and control and biosecurity systems across countries. Awareness and behaviour change initiatives were implemented in all supported countries, including national campaigns and communication strategies.

At the global level, 2025 saw progress in reinforcing the architecture of AMR governance, including preparations for the establishment of the Independent Panel on Evidence for Action against AMR. During 2025, the Fund was also involved in consultations for the update of the Global Action Plan on AMR.

During the reporting period, the Fund improved operational efficiency through enhanced Quadripartite Joint Secretariat capacity, positioning it to implement the recommendations of the Mid-Term Evaluation. In 2025, the Secretariat successfully launched and commissioned the review of the second round of country project proposals by independent external experts – leading to the selection of ten new projects for launch in 2026.

In an increasingly constrained resource environment, the Fund continues to serve as a catalytic mechanism for combatting AMR, raising awareness of its risks, collecting data and ensuring prudent use and safe disposal of antimicrobials and infection prevention and control mechanisms. The Fund demonstrated its catalytic role by mobilizing additional financing via the Pandemic Fund in Zimbabwe, Mongolia and Bangladesh to scale up surveillance and laboratory capacity.

Working together through a One Health approach, the Quadripartite Organizations – the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Organisation for Animal Health (WOAH) and the World Health Organization (WHO) – have convened experts and policy makers from across the plant, animal, human health and environment sectors to address the AMR threat together.

By scaling up its resource mobilization and visibility actions through 2025 and into 2026, the Fund aims to achieve the target of mobilizing US$100 million by 2030 – as called for in the United Nations General Assembly Political Declaration on Antimicrobial Resistance. With ten new country projects selected and the initiation of a new Global Programme in 2025, the AMR MPTF remains committed to seeding sustainable, evidence-based One Health actions that preserve plant, animal and human health and the environment for future generations.

1 Introduction

Antimicrobial resistance (AMR) is a grave and pervasive global threat that endangers human health, as well as that of animals, plants and agrifood systems. It is also closely linked to the environment, which plays a key role in the emergence, transmission and spread of AMR. The impact of AMR on lives and livelihoods takes many forms and is mediated by socially defined gender roles that influence antimicrobial use, exposure and health outcomes, and women and men experience AMR risks differently due to roles in caregiving, health services and animal and agricultural production. The impact of AMR on lives and livelihoods takes many forms, and a joint gender-responsive One Health approach to addressing it – involving interventions in plant, animal, human and environmental health – is required.

There is a growing need for a coordinated, science-driven global multisectoral response to inform action and ensure that the AMR threat is addressed holistically by joint actions across the plant, animal, human health and environment sectors. The Antimicrobial Resistance Multi-Partner Trust Fund (AMR MPTF) was founded in 2019 to bring together diverse actors from these sectors in One Health responses at the country and global level. Through sustainable funding streams and Sustainable Development Goal (SDG)-focused actions, the AMR MPTF aims to support the development and implementation of robust, achievable and impact-focused multisectoral National Action Plans (NAPs) on AMR.

The period since early 2024 has marked a watershed moment in global action against AMR, with high-level commitments such as the: Jeddah Commitments approved during the 4th High-Level Ministerial Conference on AMR; 2024 United Nations General Assembly (UNGA) High-Level Meeting on AMR and its Political Declaration; 2025 the United Nations Environment Assembly resolution on environmental dimensions of AMR; and FAO Action Plan on AMR 2021–2025, reinforcing the need for urgent, coordinated multisectoral action.

These declarations have not only reaffirmed the critical importance of a One Health approach to addressing AMR, but also underscored the unique role of the Quadripartite – the Food and Agriculture Organization of the United Nations; (FAO) the United Nations Environment Programme (UNEP); the World Health Organization (WHO); and the World Organisation for Animal Health (WOAH) – in a One Health approach to addressing AMR through the AMR MPTF. These global commitments have also highlighted the AMR MPTF's critical role in addressing this grave threat amid a challenging resource environment – and the need to broaden support for the AMR MPTF. Based on this recognition, the UNGA Political Declaration made a specific call for Member States to mobilize US$100 million for catalysing AMR-NAP funding by 2030.

In 2025, the AMR MPTF supported six countries in multisectoral One Health activities, contributing to the outcomes sought in the Political Declaration and the AMR MPTF Results Framework (see Annex 2). Nationally supported activities include evidence collection and use, the establishment of enabling policies, optimized use of antimicrobials, infection prevention and control (IPC), awareness and behaviour change, and multisectoral coordination. In tandem with these 2025 activities, ten proposals for the second round of AMR MPTF-support to country-level actions were advanced for implementation in 2026.

A new AMR MPTF Global Programme was also approved in late 2025. This 24-month Programme comprises five components: (i) catalysing multisectoral efforts and collaboration to implement UNGA Political Declaration commitments through a One Health approach; (ii) strengthening the monitoring and evaluation of Global and National Action Plans on AMR, and UNGA Political Declaration commitments; (iii) supporting integrated surveillance of AMR and antimicrobial use (AMU) through Quadripartite collaboration; (iv) implementation and dissemination of the Quadripartite One Health Legislative Assessment Tool for AMR (OHLAT-AMR); and (v) closing the gap on One Health needs for evidence on AMR through research.

In 2025, the AMR MPTF took an active part in visibility of its supported projects, engaging with resource partners and increasing the global understanding of AMR and its impacts through: global events; consultations on the update of the Global Action Plan on AMR (GAP-AMR); a session of the Global Leaders Group on AMR; and the Global AMR Media Alliance Annual Global Media Forum, advocating for greater global awareness and investments to reduce AMR. In line with the UNGA Political Declaration and supported by the AMR MPTF Global Programme, a structured consultation with stakeholders and Member States was conducted to update the GAP-AMR at the regional and global levels in 2025.

For more information about the Fund, AMR MPTF-supported projects and the evolution of the AMR MPTF, visit mptf.undp.org /fund/amr00 or www.qjsamr.org/about-us.

1.1 Outcomes sought and political commitments

The GAP-AMR was adopted by the World Health Assembly in 2015, and subsequently endorsed or welcomed by the Quadripartite organizations' governing bodies. The 2015 GAP-AMR provided the blueprint for all actors – including Quadripartite organizations – to address AMR globally. It has also informed the development of NAPs. The 2024 UNGA Political Declaration requested the Quadripartite to update the GAP-AMR to reflect current circumstances; consultations on this update are ongoing.

The Results Matrix for the AMR MPTF (shown in Fig. 1) indicates the following outcomes sought as a result of AMR MPTF-supported projects and Global Programme components:

- Risks and benefits of AMR reflected in national budgets and in development/multi-lateral partner sector-wide investments;
- Increased comprehensiveness and quality of the policy dialogue and practice;
- Evidence base/representative data on AMR and AMU improved for policymakers and sectors implementing AMU practices;
- Use of antimicrobials optimized in critical sectors;
- Improved understanding of AMR risks and response options by targeted groups; and
- Multisectoral coordination strengthened at the national level.

Section 2 of this report shows how the activities implemented in 2025 contributed to these outcomes – towards a robust multisectoral One Health approach that includes policies, investment plans, legal frameworks, resources and associated behaviours and practices in antimicrobial use.

Political commitments

The 2024 UNGA Political Declaration on AMR explicitly recognized the AMR MPTF as a critical mechanism for securing consistent and coordinated financing for One Health responses. The Declaration specifically called upon the Fund to expand its donor base towards the mobilization of US$100 million to support the global response to AMR – catalysing the achievement of at least 60 percent of countries having funded NAPs by 2030. It also requested the Quadripartite Joint Secretariat (QJS) on AMR to map existing and catalytic funding, including from the private sector, philanthropic organizations, and development banks, in order to improve access to resources and leverage capacity-building and implementation of NAPs.

The UNGA Political Declaration recognized the leading roles of the Quadripartite organizations and the QJS in coordinating national and global actions against AMR. This support is provided through country-led projects and a Global Programme that offers frameworks for supporting coordinated national and global multisectoral action.

In carrying out its commitments, the AMR MPTF collaborates with global governance mechanisms such as the Global Leaders Group on AMR and the AMR Multistakeholder Partnership Platform.

Through national focal points comprised of Quadripartite members in each country of implementation, these initiatives are monitored – and support provided – to ensure that they directly contribute to both AMR MPTF outcomes and commitments made to global frameworks such as the UNGA Political Declaration.

2 Achievements in 2025

High-level political commitments from the 2024 UNGA Political Declaration and the Jeddah Commitments drove concerted multisectoral One Health action in 2025, marking a critical year in the global response to AMR.

Taking forward the UNGA Political Declaration mandate, in 2025 an initiative was launched to establish an Independent Panel on Evidence for Action against AMR (IPEA), using the AMR MPTF as the vehicle to channel resources. The Global Programme supported consultations on the update of the GAP-AMR. At the national level, five of the six countries supported by the AMR MPTF actively implemented projects in 2025: Bangladesh, Madagascar, Mongolia, Tunisia and Zimbabwe while Senegal completed its project with closing in early 2025.

AMR MPTF support contributed to Tunisia's Ministry of Environment engaging for the first time in AMR governance mechanisms. National researchers in Mongolia participated for the first time in the Proficiency Test for Antimicrobial Susceptibility test (PTAST) programme in 2025 marking a significant milestone in quality assurance for AMR testing. Following training on AMR detection, the country's agriculture and food sector-initiated preparations to align their AMR surveillance data with FAO's International FAO Antimicrobial Resistance Monitoring (InFARM) system, with the aim of submitting data to a future open call. In December 2025, Madagascar's, first national strategic plan for communication on AMR using a One Health approach was validated by a multi-stakeholder group.

In addition, the Fund advanced ten new country project proposals towards implementation during 2025. The proposals were subject to review by external experts in response to feedback provided in the AMR MPTF 2024 Mid-term Review. All proposals were evaluated to ensure their alignment with UNGA Political Declaration mandates and the Fund's own results framework.

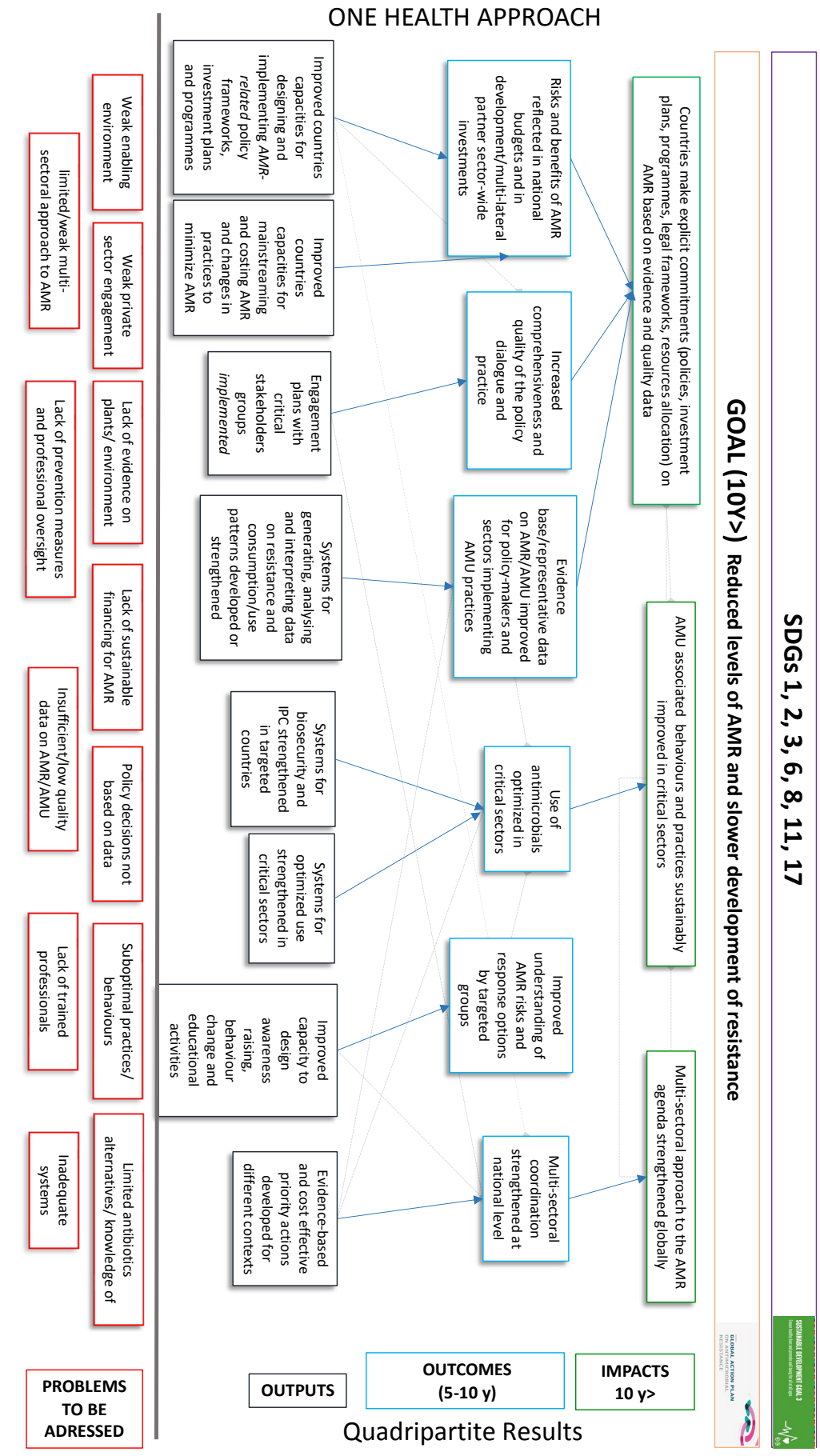
2.1 Overview of Fund implementation

In 2025, the Fund made significant strides in accelerating the global response to AMR by in line with its Results Matrix and the Political Declaration. With the Fund support, Bangladesh, Madagascar, Mongolia, Tunisia, and Zimbabwe implemented projects while Senegal closed its project in early 2025.

Section 3 below illustrates how the Fund's support to country activities contributed to delivering the AMR MPTF's broader systemic outcomes, ensuring that the risks and benefits of AMR were reflected in national budgets and policy dialogue, and that a growing evidence base on AMR provided data for responsive policy making. Data collected during implementation showed how this integrated approach optimized antimicrobial use among farmers and prescribers, and deepened the understanding of AMR and response options among policy makers across sectors. Together with Global Programme activities, these AMR MPTF country-led actions have yielded evidence that national and global systems can use to inform investments in AMR prevention.

Progress made towards the outputs of country projects is summarized below by AMR MPTF Results Matrix output (the Results Matrix is shown in Fig. 1). One-page profiles of each country project can be found in Annex 1 and the logframe showing 2025 country project activities' contributions to Results Matrix outputs and outcomes is included in Annex 2. Activities in the new Global Programme component, initiated in December 2025, are also described below by Results Matrix Output.

Fig. 1. **Results matrix for the AMR MPTF**



Trophy of IPC Policy Launch, Award Ceremony, and NAP 2.0 launch
© WHO/Tapfumanei Mashe

IPC Policy Launch, Award Ceremony of the African Health Excellence, and NAP 2.0 launch
© WHO/Tapfumanei Mashe

Success story | Zimbabwe

Zimbabwe's One Health Coordination results gain regional recognition

Support from the AMR Multi-Partner Trust Fund (AMR MPTF) has contributed to strengthening Zimbabwe's capacity to implement a coordinated One Health response to antimicrobial resistance (AMR), with tangible progress in surveillance, laboratory systems, and multisectoral collaboration.

In 2025, Quadripartite partners continued to support government efforts through the AMR MPTF to strengthen national capacity for AMR surveillance, including improved detection of substandard and falsified medicines, expanded laboratory capabilities and enhanced data generation to inform policy and practice across human and animal health sectors.

The Fund has also enabled Zimbabwe to advance integrated approaches to prevention and control, including the revitalization of domestic vaccine production systems and strengthened collaboration between public health, veterinary and environmental actors. These efforts have contributed to improved preparedness and more coordinated national responses to infectious disease threats.

Together with government agencies, the AMR MPTF team in Zimbabwe contributed to One Health outcomes in that country and across the continent, including:

- Revival of domestic production of the Theileria vaccine (in partnership with Zimbabwe's Division of Veterinary Services);
- Strengthening of capacity for government authorities to conduct surveillance of falsified and substandard medicines; (leading to expanded surveillance);
- Generating evidence on the impact of the typhoid conjugate vaccine (TCV) (in partnership with the Harare City Health Department); and
- Mobilizing complementary support from the Fleming Fund and Pandemic Fund for procurement of laboratory reagents and materials for further AMR surveillance.
- Developing a national One Health Strategy 2026–2030, which was launched by the Vice President.

Zimbabwe's experience illustrates how coordinated, multisectoral One Health action can strengthen national ownership and translate global AMR commitments into sustained national outcomes. As a result of catalytic support from the AMR MPTF, Zimbabwe has now adopted – and is implementing – mandatory screening of medicines at points of entry as a means of monitoring medicine quality and identifying substandard or falsified products before they enter the national supply chain.

This progress has been enabled by strong national and partner leadership, including technical coordination roles that have helped bridge sectors and sustain implementation. Notably, research conducted by Zimbabwe's AMR MPTF Coordinator, and supported by the AMR MPTF, informed the introduction of the TCV vaccine; since its introduction, the country has not recorded a single typhoid outbreak. AMR MPTF funds have also supported the country in assessing the efficacy of TCV introduction in Harare. The results were presented at the 14th International Conference on Typhoid & Other Invasive Salmonelloses in Cambodia from 24–26 March 2026, and were published in Open Forum Infectious Diseases: https://academic.oup.com/ofid/article/13/3/ofag091/8524571.

Dr. Tapfumanei Mashe has played a key role in fostering effective collaboration, working closely with Quadripartite partners and the Government to advance these multisectoral efforts.

In recognition of these contributions, he was honoured at the 2025 African Health Excellence Awards, receiving the *Community Builder of the Year and Honorary Health Researcher of the Year* awards for his leadership in advancing One Health approaches and public health research in Africa.

Following acceptance of the African Health Excellence Awards for his efforts, Dr Mashe emphasized that working across human, animal, and environmental sectors is complex. Deliberate strategies are needed to foster trust, shared goals, and practical collaboration. He stated that: "Involving communities in One Health initiatives ensure interventions are practical and culturally acceptable. When communities demand integrated solutions, sectors respond collectively". This is precisely what the AMR MPTF was designed to enable.

Table 1. **Country project contributions to AMR MPTF outcomes**

Improved country capacities for designing and implementing AMR-related policy frameworks, investments plans and programmes
● Developing/launching the next iteration of the NAP – **Mongolia, Zimbabwe**
● Laboratory evaluation using Assessment Tool for Laboratory AMR Surveillance Systems (ATLASS) to identify gaps in the national laboratory system, leading to priority actions to strengthen the system – **Tunisia**
Improved capacities for mainstreaming and costing AMR, as well as changes in practices to minimize AMR
● Training of hospital staff, veterinary and human health professionals, and medical college students on antimicrobial stewardship and IPC – **Bangladesh**
● Survey of health professionals and livestock producers on AMR knowledge and awareness of other treatment options – **Madagascar**
● Development of national guidelines to standardize how doctors prescribe, pharmacists dispense and healthcare professionals administer antimicrobials – **Mongolia**
● Farmer Field Schools for poultry farmers, which reduced AMU while improving farmers' livelihoods by marketing chemical-free poultry – **Zimbabwe**

Engagement plans with critical stakeholder groups implemented

- Multisectoral coordination committee tasked with reviewing a draft AMR costing and budgeting framework, laying the foundation for the new NAP. – **Mongolia**
- National inter-ministerial AMR steering committee mandated to assess legal and institutional frameworks governing AMR across sectors, informing revision of the NAP – **Tunisia**

Systems to generate, analyse and interpret data on AMR and AMU developed or strengthened

- National IPC programme launched in line with NAP implementation, following assessments to identify best practices and gaps such as inadequate infrastructure, knowledge and equipment– **Bangladesh**
- Building capacity of national veterinary diagnostic laboratory for AMR surveillance – **Madagascar**
- Surveillance to establish a pathway for integration into the next AMR NAP – **Mongolia**
- Capacity building to enable actors in the agriculture and food sector to submit AMR surveillance data to FAO's InFARM – **Mongolia**

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

- National IPC programme launched in line with NAP implementation – **Madagascar**
- Integrated training programme that strengthened knowledge of biosecurity and antimicrobial stewardship in the aquaculture, poultry, and dairy sectors – **Tunisia**
- Launch of a revised IPC strategy and policy, creating national- and district-level structures for guiding IPC nationwide – **Zimbabwe**

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

- One Health initiative to expand antimicrobial stewardship in clinical settings, leading to the establishment of stewardship committees in six hospitals – **Bangladesh**
- Pilot of Rx Vision, an artificial intelligence-enabled app that enables real-time capture of veterinary prescription data – **Bangladesh**

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

- AMR awareness programme, reaching 40,000 schoolchildren as well as government officials, policy makers, academics, researchers and the media – **Bangladesh**
- Validation of first National Communication Plan on AMR using a One Health Approach – **Madagascar**
- Awareness campaign focused on medical and veterinary students as Youth Ambassador – **Mongolia**
- National 'Act now: Protect our present, secure our future' event, bringing together stakeholders across sectors, with active youth participation – **Tunisia**
- Drafting of an AMR communication plan by a multisectoral working group, leading the Higher Institute of Nursing Sciences to strengthen IPC training – **Tunisia**

3 Achievements by Results Matrix output

In 2025, country-level activities supported by the AMR MPTF directly implemented the commitments of the 2024 UNGA Political Declaration on AMR by translating its high-level mandates into multisectoral national One Health actions. These activities focused on governance, surveillance, optimized use, and sustainable financing for continued efforts to curb AMR and reduce the need for antimicrobials.

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

One of the first steps in the response to AMR is building awareness across sectors within governments. This awareness must be accompanied by policy frameworks, investment plans and programmes for surveillance, monitoring and timely multisectoral action to address AMR. By providing technical assistance and standardized tools, the Fund ensures that countries can move beyond simply drafting plans to implementing them through a One Health approach that brings together human, animal, plant, and environmental health experts in concerted action.

Implementing AMR MPTF-supported initiatives in 2025 directly with national governments and other stakeholders built countries' capacities for designing and implementing future AMR-related policies and plans, as required to carry out each country's NAP.

Country projects

Strengthening national capacities to design, update, and implement multisectoral NAPs, policy frameworks, and investment strategies is central to the Fund's mission of translating high-level global commitments such as those in the Political Declaration on AMR and into tangible action.

In **Mongolia**, strides were made in developing the third NAP using a new rapid-assessment tool. This tool evaluates eight critical domains, ranging from governance and financing to surveillance and the environment, assisting the government in prioritizing actions for the next phase of its AMR strategy.

In **Tunisia**, national planning capacity was enhanced through a laboratory evaluation using the ATLASS. This assessment identified gaps in the national laboratory system, leading to priority actions focused on equipment investment, staff training and improved quality protocols.

In **Zimbabwe**, the One Health AMR NAP 2.0 was launched in February with support from the AMR MPTF and the Fleming Fund. This updated NAP features a robust monitoring and evaluation (M&E) framework and emphasizes expanding environmental surveillance and multisectoral governance.

Global Programme

In its first phase, the Global Programme supported the development of the OHLAT-AMR. The second phase of the Global Programme, launched in 2025, is supporting implementation and dissemination of the Tool. By expanding the use of the OHLAT-AMR, the Global Programme will enhance national capacities to design and implement AMR-related policy, legal and governance frameworks by providing regular technical support and required tools and resources as needed, aligned with their NAPs and the 2024 UNGA Political Declaration.

In addition, the Global Programme is strengthening the M&E of multisectoral NAPs on AMR along with United Nations Political Declaration commitments such as the update of the GAP-AMR. Global Programme interventions will support: (i) global data collection, analysis, and biennial reporting on implementation of the GAP-AMR and Political Declaration targets; (ii) monitoring of NAPs through the Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS); (iii) enhancing M&E capacity in countries; and (iv) updating the GAP-AMR M&E framework, with revised indicators.

Improved country capacities for mainstreaming and costing AMR, and changes in practices to minimize AMR

In order to prevent and address AMR, control measures must be integrated into public health policies, human and animal healthcare systems, waste and wastewater management and other environmental interventions. This includes guidelines for the appropriate use and disposal of antimicrobial agents, and the development of alternative therapies that reduce the reliance on antimicrobials.

AMR MPTF-supported initiatives in Bangladesh, Madagascar, Mongolia and Zimbabwe moved countries beyond the planning phase to action in developing data-collection tools and knowledge frameworks, along with structured training and behaviour change models (such as Farmer Field Schools) that demonstrated concrete results in reducing antimicrobial misuse.

These activities strengthened national capacities for collecting high-quality data, informing sound decision making on policies and practices to minimize the use of antimicrobials. Governments were able to leverage this data into professional oversight and training for human health professionals, veterinarians, farmers, livestock breeders, environmental specialists and university students on the rational use of antimicrobials and best practices to control AMR.

Country projects

In **Bangladesh**, a six-month pilot in six hospitals trained more than 150 staff members on antimicrobial stewardship and IPC. An AMR MPTF-supported Bangladesh AMR Response Alliance (BARA) initiative provided in-service training for veterinary and human health professionals to optimize antimicrobial use. Seminars at five medical colleges targeting 4th and 5th-year students instilled the principles of appropriate use to reduce the need for antimicrobials in future prescribers.

In **Madagascar**, a 2025 survey of health professionals and livestock producers on AMR awareness found a significant knowledge gap: while veterinarians were found to be more aware than other respondents of AMR risks, they lacked the resources for testing. These data indicate the need for more resources to backstop AMR awareness with testing and prudent treatment options.

Support in **Mongolia** facilitated the development of national guidelines to standardize how doctors prescribe, pharmacists dispense and healthcare professionals administer antimicrobials appropriately. Support from the Fund also built government capacity to create an M&E framework for the NAP along with a costing and budgeting tool.

In **Zimbabwe**, Farmer Field Schools for poultry farmers utilized a learning-by-doing model that follow-up data showed reduced AMU while improving farmers' livelihoods through marketing of chemical free poultry. Due to its success, the model is being scoped for expansion to the dairy and pig sectors. Field-level veterinarians in Zimbabwe were also trained in the proper handling and administration of the Theileriosis vaccine.

Engagement plans with critical stakeholder groups implemented

Engagement plans are necessary to ensure that healthcare professionals, veterinarians, environmental practitioners, policymakers, regulators, farmers, patients, the private sector, civil society and the public are all involved in a One Health approach to minimizing AMR and encouraging responsible use.

During 2025, AMR MPTF support enabled national stakeholders to come together in One Health dialogue and shared best practices across sectors – raising awareness and promoting a better understanding of the challenges related to AMR. By engaging partners from across sectors in planning and strategy setting – including through national multisectoral governance bodies on AMR – the Fund's support has deepened cross-sector knowledge on AMR and responsible AMU. The impacts of these activities will endure well beyond current projects – building consensus and collaboration on the revision of countries' NAPs.

Country projects

In **Mongolia**, a multisectoral coordination committee was tasked with reviewing a draft AMR costing and budgeting framework, which will lay the foundation for that country's revised NAP.

In **Tunisia**, the AMR MPTF supported the establishment of a national inter-ministerial AMR steering committee, strengthening multisectoral coordination with the One Health approach. The committee's mandates include assessment of legal and institutional frameworks governing AMR across sectors, informing revision of the NAP. As a result, Tunisia's Ministry of Environment engaged with stakeholders from other sectors in AMR governance for the first time – an important step towards a One Health response to AMR in the country.

Global Programme and IPEA initiative

The Global Programme and the initiative to establish the IPEA are contributing to the implementation of stakeholder engagement plans by strengthening global governance structures and setting the stage for consultative processes on evidence generation and data-informed decision making. These activities are designed to break down silos and provide the framework for a One Health response.

In addition to consultation and outreach through the IPEA, engagement through the AMR Multi-Stakeholder Partnership Platform ensures that a wide range of critical stakeholders, from farmers and health workers, researchers, survivors of resistant infections and the private sector, are systematically involved in the development of One Health policies and strategies.

Systems to generate, analyse and interpret data on AMR and AMU developed or strengthened

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

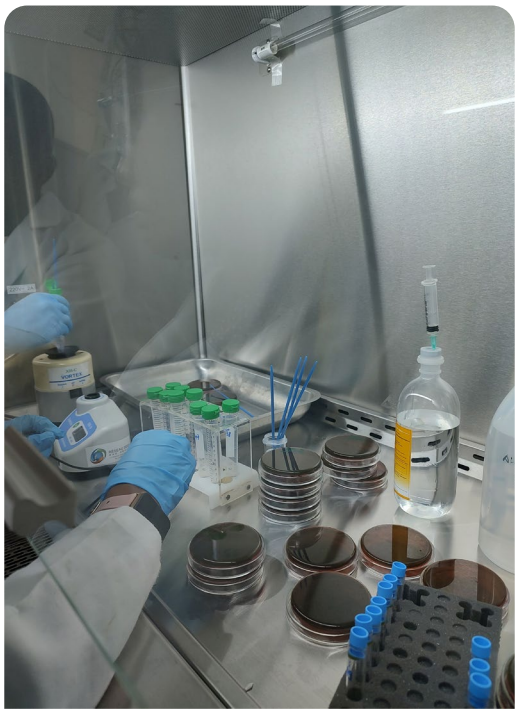
These actions create an enabling policy environment for tackling AMR, including strengthened multisectoral NAP implementation, and lay the foundation for education, awareness-raising and behaviour change communications aimed at optimizing AMU. In AMR MPTF-supported countries, enhanced data collection and analysis in 2025 enabled governments to create new training programmes, quality assurance, surveillance and tracking systems, and laboratory protocols – and to submit data to global tracking for the first time.

At the same time, the Global Programme provided a firm foundation for support to improving national and global evidence bases on AMR and AMU, towards more informed policies, adequate budgets and sound decision making.

Country projects

In **Bangladesh**, a major milestone was achieved with the design and deployment of the One Health National Antimicrobial Use Surveillance System (OHASS) in October 2025. Developed in line with the WHO Global Antimicrobial Resistance and Use Surveillance System, also known as GLASS, the web-based platform enables national-level collection, validation, and analysis of antimicrobial consumption data submitted by pharmaceutical companies. This activity included training for stakeholders and an integrated module to track antibiotic sales without prescriptions.

In **Madagascar**, the AMR MPTF strengthened the capacity of the National Veterinary Diagnostic Laboratory (LNDV) for the surveillance of AMR targeting extended-spectrum beta-lactamase-producing *E. coli.* These efforts were complemented by the acquisition of sampling materials, laboratory reagents and personal protective equipment. LNDV staff also participated in AMR surveillance, collecting samples and analysing them in their laboratories. This built their capacity for sustainable AMR surveillance across the country. The FOFIFA/DRZVP laboratory is also part of the structures that benefited from the capacity building for AMR detection through the AMR-MPTF project, which contributed to the success of the FAO ATLASS evaluation of this laboratory.



Carrying out bacteriological analysis and antibiotic susceptibility testing at the LNDV Antananarivo Laboratory, June 2025
© FAO Madagascar

In **Mongolia**, AMR MPTF-supported surveillance of environmental AMR provided data for the design of a new AMR surveillance system for wastewater. The resulting surveillance pathway will be integrated into the next AMR NAP. In addition, national researchers participated for the first time in the PTAST programme in 2025, marking a significant milestone in quality assurance for AMR testing.

Following comprehensive training on AMR detection, the country's agriculture and food sector began submitting AMR surveillance data to FAO's InFARM system for the first time in 2025.

InFARM team, Madagascar
© FAO Madagascar

Success story | Madagascar
Mastering InFARM in Madagascar

An InFARM National Focal Point, working with the Directorate of Veterinary Services, participated in the second regional training workshop on FAO's InFARM system, held from 7 to 9 October 2025 in Ethiopia. This session made it possible to capitalize on Madagascar's first submission of data to InFARM in 2024, to strengthen government capacity for using the InFARM platform. At the training, the focal point took part in simulation exercises, based on a series of AMR monitoring scenarios. These exercises helped to improve the understanding of surveillance models for national programmes.

Just as important, the training provided an opportunity for engaging in continuous dialogue with the InFARM team at FAO. This supportive dialogue enabled Government to resolve several long-standing technical and operational difficulties related to the use of the system for antimicrobial monitoring.

Global Programme and IPEA initiative

The Global Programme's second phase is supporting integrated surveillance of AMR across human, animal, plant and environmental sectors, which is essential for an effective One Health response. The component builds on global information systems established by Quadripartite organizations in their respective sectors, and efforts to ensure interoperability of data supported by the Global Integrated System for Surveillance on Antimicrobial Resistance and Use (GISSA).

This component includes finalization and launch of GISSA and development of a self-assessment questionnaire for countries to identify gaps and improve capacity for integrated surveillance. This is expected to provide crucial data for revision of the GAP.

In 2019, the Inter-Agency Coordination Group on AMR recommended establishing an IPEA against AMR to support global governance on AMR alongside the Global Leaders Group on AMR and the AMR Multistakeholder Partnership Platform. The Political Declaration had invited the Quadripartite organizations to establish IPEA by 2025. In January 2025, the Quadripartite launched an initiative to establish the IPEA, including:

- A comparative analysis of existing science-policy panels;
- Developing stakeholder engagement strategies, consultation with stakeholders and Member States;
- Soliciting inputs and developing foundational documents for the establishment of the IPEA;
- Development of guidance documents for the Panel's operations;
- A dedicated event during the 7th session of the United Nations Environment Assembly targeting United Nations Member States and other stakeholders (December 2025), and regular information sessions through the AMR Multi-Stakeholder Partnership Platform to provide updates and facilitate ongoing stakeholder engagement;
- A resource mobilization strategy aimed at securing funding commitments from key resource partners; and
- A communication and outreach strategy aimed at raising awareness and ensuring that policymakers are engaged in the Panel's work.

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

The UNGA Political Declaration set the target of 90 per cent of countries meeting all WHO requirements for IPC programmes at the national level by 2030. Strengthening systems for IPC and biosecurity in critical sectors is essential for preventing and tackling AMR. Through these measures, the spread of infectious diseases can be reduced, which can in turn reduces the use of antimicrobials – including in food systems – and their discharge into the environment.

Through training and technical support, the AMR MPTF has strengthened IPC and biosecurity in both the human and animal health sectors. In 2025, this resulted in new policies, national programmes, guidance, training and governance structures on IPC – contributing to the Political Declaration commitment through scalable One Health actions that reduce infections and the need for antimicrobials.

Country projects

In **Madagascar**, a national IPC programme was launched in line with NAP implementation. This launch followed assessments supported by the AMR MPTF to identify best practices and gaps such as inadequate infrastructure, knowledge and equipment.

In **Tunisia**, an integrated training programme strengthened knowledge of biosecurity and antimicrobial stewardship among key actors in the aquaculture, poultry, and dairy sectors – integrating sanitary best practices with AMR prevention. Following the training, the Minister of Health issued a circular inviting all hospitals to establish a committee for preventing and controlling healthcare-associated infections.

In **Zimbabwe**, the Government officially launched a revised IPC strategy and policy in 2025, setting a new standard for national healthcare safety in the country. The result of four years of support and capacity building by the AMR MPTF team in the country, this created national- and district-level structures for guiding IPC nationwide.

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

The response to AMR requires strong systems for the optimized use and safe disposal of antimicrobials in humans, animals, and plants. Such systems reduce antimicrobial misuse, and ensure that antimicrobials are disposed of appropriately, minimizing discharge into the environment. Optimizing the use of antimicrobials also preserves their effectiveness for future generations.

In 2025, the AMR MPTF supported related initiatives across the human, animal and plant health spectrum, bringing together actors that previously addressed this issue separately through a One Health approach. Only by working together can antimicrobial stewardship become a reality. The AMR MPTF plays a unique role globally in bringing national actors from diverse sectors to the table to address this issue in a sustainable manner.

Country projects

In **Bangladesh**, the AMR MPTF supported a One Health initiative to expand antimicrobial stewardship in clinical settings in 2025. This led to the establishment of stewardship committees in six hospitals in Comilla and Dinajpur districts and introduced routine prescription review and feedback mechanisms. As a result, data showed a significant decline in inpatient antibiotic use in these hospitals (publication of results is forthcoming). Based on this encouraging data, the initiative will be scaled up throughout the country.

In addition, antimicrobial stewardship was strengthened in Bangladesh through the pilot of Rx Vision, an artificial intelligence-enabled app that enables real-time capture of veterinary prescription data, with a focus on critically important antimicrobials such as fluoroquinolones. This system has begun generating actionable data to inform antimicrobial stewardship in animal production systems.

Bangladesh, Mr. Selim using the Rx Vision application in his veterinary medicine shop in Rajshahi metro
© FAO/Rahat Ara Karim

Success story | Bangladesh
From one shop to a movement – Rx Vision for responsible antibiotic use in Bangladesh

What began as a simple pilot in a single veterinary medicine shop in Rajshahi has grown into a district-wide initiative supporting responsible antibiotic use and protecting both animal and human health.

Rx Vision, an artificial intelligence-enabled app developed with support from the AMR MPTF was introduced through a pilot test in May 2025 at a veterinary medicine outlet in Rajshahi. The app supports prescription-based dispensing at the point of sale by digitizing and verifying veterinary prescriptions – and ensuring that critically important antibiotics such as fluoroquinolones are dispensed only when prescribed by registered veterinarians.

The first user, Mr Selim, owner of Selim Enterprise in Rajshahi, quickly recognized the importance of addressing AMR through responsible dispensing practices. Seeing the value of the application in his daily work, he encouraged other medicine sellers in Rajshahi to adopt Rx Vision so that farmers who seek to fill prescriptions as well as sellers will be accountable for the use of antimicrobials in animals – especially fluoroquinolones.

The system is simple: when a prescription is available, the seller photographs and uploads it through the app. When it is not, the seller connects the farmer to BARA veterinarians for consultation and issuance of a photo prescription. This user-led, practical approach has accelerated efforts to ensure the responsible use of fluoroquinolones throughout the country.

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

Improved awareness of AMR helps to change behaviours. The Political Declaration emphasizes that increasing awareness and knowledge of AMR is critical for multisectoral action. This involves sharing good practices and findings, collaboration with the media and national actors, and concerted awareness campaigns.

Every November, World AMR Awareness Week (WAAW) provides an opportunity for the AMR MPTF to engage with national and global actors in raising awareness of AMR through communications campaigns, events, training and other initiatives across sectors. Key audiences include governments, healthcare professionals, farmers, veterinarians, university students and other young people, and the public – the largest consumer group of antimicrobials. The theme of the 2025 WAAW campaign was, 'Act now: Protect Our Present, Secure Our Future'.

AMR MPTF support for communications and behaviour change is leading governments and multilateral actors to recognize the significant threat AMR poses to human, animal, plant and environmental health. This in turn is leading to greater support for public investments in antimicrobial stewardship.

Country projects

In **Bangladesh**, the nationwide AMR awareness programme during WAAW included school-based activities in 53 districts, reaching 40,000 schoolchildren. The AMR MPTF also supported Bangladesh's Directorate General of Drug Administration in a high-level national event convening government officials, policymakers, academics, researchers and the media.

In **Madagascar**, its first-ever National Communication Plan on AMR using a One Health Approach was validated in December 2025. Aligned with the African Regional Strategy on AMR Communications and Advocacy, this five-year plan elaborates national communication objectives for: (i) raising collective awareness of the dangers of AMR; (ii) improving knowledge and skills to promote rational use of antimicrobials; and (iii) disseminating clear messages on IPC.

In **Mongolia**, the 2025 WAAW campaign highlighted the urgent need for responsible antimicrobial use and Mongolia's commitment to the UNGA Political Declaration. Bringing together government ministries, the campaign underscored the risks stemming from inappropriate use and encouraged safe practices. It included a focus on medical and veterinary students, who were urged to join as Youth Ambassadors to raise public awareness of AMR among the next generations of health professionals.

In **Tunisia**, under the theme 'Act now: Protect our present, secure our future', the WAAW 2025 event brought together many stakeholders committed to combating AMR. Young people actively participated through awareness workshops and artistic competitions. The event also generated significant media coverage, further raising awareness of this major global issue.

Mongolia, Public Campaign at Narantuul Market
© WHO Country Office Mongolia

Awards ceremony for the best entries in a painting competition on combating AMR through a One Health approach at the primary school level, held on the sidelines of World Antimicrobial Awareness Week (WAAW) 2025 in Tunisia (AMR MPTF Tunisia event)
© WOAH

Mongolia, WAAW university lecture
© WHO Country Office Mongolia

Success story | Mongolia
Bringing AMR awareness home in Mongolia

While AMR continues to threaten Mongolia's ability to treat common infections, public messaging often competes with misinformation. Mongolia's 2025 WAAW campaign was designed to move beyond 'awareness' to practical commitments on responsible antimicrobial use. The campaign combined high-visibility national messaging with community engagement, linking audiences to the global 'AMR pledge' and translating complex AMR concepts into clear actions.

The campaign's three interlinked pillars were tailored to diverse audiences:

- A national launch and media messaging through a Ministry of Health press conference, highlighting risks from inappropriate antimicrobial use and inviting the public to join the 'AMR pledge';
- A joint session with Mongolian National University of Medical Sciences engaging more than 200 medical students on AMR basics, stewardship, drug-resistant tuberculosis and practical actions for future clinicians; and
- A community outreach event where university students provided counselling, distributed leaflets, answered questions and raised awareness about the UNGA Political Declaration.

The campaign strengthened public visibility of AMR as a 'real-life' issue and helped to bridge national messaging with household-level decision making. A press conference provided a unified platform for the campaign through media coverage. By combining national-level communication with direct outreach, the campaign generated strong visibility and demonstrated that meaningful action against AMR is possible at the community level.

In **Tunisia**, a working group, comprising representatives from the Quadripartite and the Ministries of Health, Agriculture, and the Environment began drafting an AMR communication plan in 2025, complementing a call to action on integrating AMR into health and allied professional curricula. This led the Higher Institute of Nursing Sciences in Tunis to adopt a strengthened training programme on IPC.

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

Creating a sound evidence base with data from across countries and disciplines can lead to more effective use of resources targeted to specific populations and contexts. To this end, the AMR MPTF works to strengthen M&E of NAPs – both directly in countries and globally through TrACSS. Covering human and animal health, food, agriculture and the environment, TrACSS enables countries to assess their progress in implementing multisectoral NAPs each year. National AMR multisectoral coordination mechanisms can use data from TrACSS to identify gaps and follow-up actions – supporting decision-making to strengthen AMR NAP implementation.

In addition, the new research-focused component of the Global Programme is strengthening national capacities for science-based evidence generation. This global initiative includes a focus on low- and middle-income countries, which bear a disproportionate AMR burden. Empowering these countries to generate and apply context-specific data ensures more equitable and effective AMR responses globally for years to come.

Global Programme

The Global Programme approved in 2025 includes a component on multisectoral One Health research – closing the gap on One Health needs for evidence on AMR. Research across sectors is critical for understanding and mitigating AMR among humans, animals, plants and in the environment.

This Global Programme component contributes to AMR MPTF and Political Declaration objectives of building multisectoral coordination, enhancing technical capacity, and catalysing evidence-driven policy and investment. It comprises a call for research proposals to support the implementation of the One Health Priority Research Agenda for AMR, answering research questions relevant to national contexts while contributing to the global knowledge base for science-policy-practice.

Led by a global technical core team from Quadripartite organizations, it promotes the generation of science-based evidence through research across sectors in different countries, undertaken in collaboration with: subject matter experts from FAO, UNEP, WHO and WOAH, regional and country focal points, supported by external experts. This structure ensures that research projects and their outputs are aligned with actual needs, informing coordinated, evidence-based actions on AMR across One Health sectors at the local and global levels.

Strategic global-level governance advocacy initiatives on AMR implemented

Global-level governance advocacy is not only critical to prevent and minimize AMR in supported countries, but promotes the responsible use and disposal of antimicrobials everywhere. Such advocacy is building a groundswell of support for strong governance and national-level advocacy across countries and regions. Advocacy activities also sustain AMR MPTF-supported awareness raising through peer-to-peer knowledge exchange.

Global Programme

The Global Programme includes a dedicated component on catalysing multisectoral efforts and collaboration to implement UNGA Political Declaration commitments through a One Health approach. This component aims to reinforce the global architecture for AMR governance, enabling global governance structures on AMR to support country progress. Activities include: (i) strengthening the capacity of the QJS to deliver on Political Declaration commitments; (ii) updating the GAP-AMR in consultation with Member States and other actors, to drive greater impact on AMR across all One Health sectors; and (iii) mapping existing and catalytic funding to improve access to financial resources.

4 Positioning the AMR MPTF for greater impact

The 2024 UNGA Political Declaration on AMR reaffirmed the AMR MPTF as a critical mechanism for catalysing coordinated, multisectoral financing to support country-led implementation of NAPs through a One Health approach. It further called for scaling up investments, expanding the Fund's contributor base and strengthening its role in mobilizing resources to accelerate progress towards global AMR targets. This provides the imperative to strategically position the AMR MPTF for delivering greater impact by enhancing its performance, strengthening partnerships and expanding its reach.

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

Throughout 2025, the Fund advanced efforts to optimize its operational effectiveness, reinforce its visibility in global policy processes and strengthen engagement with existing and prospective partners. These efforts were aimed at ensuring that the AMR MPTF remains responsive to country needs, aligned with global commitments, and capable of catalysing scalable, sustainable One Health interventions. This includes: intensifying resource mobilization efforts in support of the commitment to raise US$100 million by 2030; strengthened strategic communications; and expanding the portfolio of country and global programmes.

At the same time, the fund continued to enhance coordination with key global AMR governance mechanisms, including the Global Leaders Group on AMR, the AMR Multistakeholder Partnership Platform, and the ongoing establishment of the Independent Panel of Evidence for Action against AMR.

4.1 Enhancing the AMR MPTF operational efficiency

In order to reposition the AMR MPTF to catalyse country efforts towards accelerated implementation of their NAPs in line with commitments in the UNGA Political Declaration, efforts were undertaken in 2025 to enhance the AMR MPTF's operational efficiency and strengthen delivery across the Fund's portfolio.

A key priority was reinforcing the operational capacity of the AMR MPTF Secretariat. This included the recruitment and onboarding of a Programme Officer and Administrative Assistant, which strengthened day-to-day coordination, programme management and administrative support. These additions have improved the Secretariat's ability to effectively manage an expanding portfolio of country and global initiatives.

Operational systems and procedures were further strengthened through the revision of the AMR MPTF Operational Manual, ensuring alignment with evolving programmatic needs and efficient governance. In parallel, the Secretariat advanced the implementation of management actions arising from the Mid-Term Evaluation as requested by the Steering committee, with a view to improve efficiency, transparency and accountability in country project engagement, funding and implementation support.

Efforts were also made to enhance clarity of roles and responsibilities within the Secretariat, ensuring strengthened and consistent technical contributions from the Quadripartite organizations, and ensuring more coordinated and timely support to country projects. This included improving collaboration mechanisms between the Secretariat and country teams, and enhancing coherence between country projects and the Global Programme.

Additionally, operational improvements were introduced to strengthen support to the AMR MPTF Steering Committee, enabling the Steering Committee oversight to effectively guide the Fund's strategic direction.

4.2

Expanding the AMR MPTF project portfolio: Second round of project proposals

Following its approval of the AMR MPTF Steering Committee at its 11th meeting, a new global call for country and global projects opened on 4 October 2024. The new call utilized an approach recommended in the Mid-Term Evaluation of the Fund, focused on supporting the achievement of broader commitments and further promoting national ownership of outcomes.

Ten concept notes were submitted by country teams and were approved for development into full proposals, in coordination with government counterparts and other stakeholders, and incorporating feedback from the Secretariat. These countries were: Egypt, Honduras, Kyrgyzstan, Lebanon, Nepal, Philippines and Sri Lanka, and a second phase of the projects in Ghana, Kenya and Zimbabwe.

Following approval of the AMR MPTF Steering Committee, the ten approved concept notes were translated into full proposals, incorporating technical feedback provided by the Secretariat. A revised proposal template provided detailed guidance to country teams on proposal development – addressing recommendations of both the Steering Committee and the Mid-Term Evaluation.

As recommended in the Mid-Term Evaluation, the proposals were subject to an independent and transparent review by three independent external reviewers. The external reviewers provided concise reports and recommendations to support the Steering Committee's final decision-making.

Global Programme activities were consolidated under a single global umbrella project comprising five components, with a duration of 24 months, commencing in December 2025.

4.3

Global visibility and resource mobilization

Inclusion of the AMR MPTF in outcome documents of global policy processes such as the UNGA Political Declaration provides visible recognition of the Fund's effectiveness in addressing AMR. But it also underscores the mandate of the Quadripartite organizations for scaling up support to countries' One Health responses.

In response to these high-level calls for greater mobilization of resources for the Fund, in 2025 the Quadripartite recruited a resource mobilization expert to make these critical efforts by the Quadripartite visible to donors and other partners. The specialist refined a comprehensive advocacy toolkit, which had been developed in 2024. An informal advocacy network was also launched to promote the AMR MPTF as a proven multilateral mechanism for catalysing country-level AMR action. In parallel, the Global Leaders Group was briefed on the Fund's achievements and expressed its commitment to championing the AMR MPTF as an effective vehicle to support lower-middle-income countries in advancing multisectoral AMR responses.

Quadripartite organizations and resource partners reaffirmed their commitment to strengthening the AMR MPTF's resource mobilization efforts. Advocacy and bilateral engagement intensified throughout the year, laying the groundwork for a Resource Partner Roundtable in 2026 designed to highlight the Fund's impact and broaden the partner base, and secure new commitments.

Current partners signalled their willingness to continue supporting the Fund to 2030, while emphasizing the importance of expanding the partner base. Outreach to prospective partners continued throughout 2025, supported by a refined narrative, landscape analysis and targeted mapping of potential contributors. The Fund also increased its visibility through a media briefing during WAAW, co-hosted by the Quadripartite and the Global AMR Media Alliance. This effort generated more than 50 unique media stories across 17 countries, with strong coverage in Asia-Pacific and Africa.

These actions contribute to the Political Declaration target of mobilizing US$100 million by 2030. Despite a challenging development assistance landscape, the AMR MPTF demonstrated added value in supporting multisectoral responses to AMR, positioning the Fund to maintain momentum. By expanding its resource partner base, the AMR MPTF aims to provide direct support to more than 40 countries by 2030.

4.4

Coordination with other global AMR governance structures

AMR MPTF continued to enhance coordination with key global AMR governance mechanisms, including the Global Leaders Group (GLG) on AMR, the AMR Multistakeholder Partnership Platform, and the ongoing establishment of the IPEA against AMR.

The Fund's effectiveness and coordination with other global structures was optimized in 2025 through engagement in global forums on AMR. These included the:

- Sixth GLG meeting in February, participating in a session on financing the global AMR response and engaging new donors for the first time, as well as the twelfth GLG meeting roundtable session on advocacy to mobilize additional resources for the AMR MPTF;
- Global AMR Media Alliance Annual Global Media Forum in November in the lead up to WAAW, where experts from Quadripartite organizations presented on the importance of raising awareness of the One Health approach; and
- Contributions to global consultations on updating the GAP, in line with commitments to the UNGA Political Declaration on AMR.

The AMR MPTF provided a pass-through channel for funding from the United Kingdom of Great Britain and Northern Ireland, Department for Environment, Food and Rural Affairs to support the establishment of an IPEA through the Quadripartite organizations. The UNGA Political Declaration had invited the Quadripartite to establish the IPEA to facilitate the generation and use of multisectoral, scientific evidence on AMR to support Member States. Channelling the funds through the AMR MPTF enabled Quadripartite organizations to work seamlessly and in a coordinated manner to advance action towards delivering on this commitment – minimizing bureaucracy, enhancing transparency, avoiding duplication and strengthening accountability.

5 Challenges and lessons learned

5.1 Challenges

During project implementation in the six countries supported in 2025, focal points on AMR from the Quadripartite organizations worked with national government partners to overcome a range of challenges, fostering innovative solutions and bringing together diverse parties for dialogue to ensure projects produced their expected outcomes.

Awareness raising and capacity building for behaviour change

Challenges with national capacity encountered in antimicrobial stewardship activities highlight the continued need for awareness and capacity building in this area. Data across countries indicate that prescribing practices remain dominated by 'Watch' category antibiotics due to procurement patterns favouring broad-spectrum agents, limited system readiness and severe diagnostic constraints. This is indicative of gaps in awareness across sectors, including the impacts of AMR in the environment.

In Zimbabwe, support from the AMR MPTF to build capacity within the Medicines Control Authority included surveillance of substandard and falsified veterinary medicines across nine out of ten provinces. Out of 309 samples collected, the exercise identified a 39 percent failure rate.

This evidence highlights a critical area for ongoing support from the AMR MPTF with strengthening regulatory enforcement and market controls in human and veterinary medicines, which also require environmental regulations.

Achieving sustainable behaviour change requires several steps, with a longer time horizon than a single funding cycle. While harmonizing monitoring, data generation and learning among One Health partners may add complexity to projects, it ultimately strengthens outcomes and leads to sustainable impacts.

Collaboration and engagement

Despite the formation of national multisectoral coordination committees, coordination across the human and animal health, plant and environment sectors continued to pose challenges. Bringing all relevant partners around the same table and fostering dialogue under a shared vision remains a complex exercise. While this at times resulted in project delays – particularly when consensus across sectors was required – the multisectoral approach ultimately strengthened joint ownership and scalability of results, leading to greater sustainability of outcomes.

African Health Excellence Awards, Harare, Zimbabwe
© Elegance Creations

In contrast, insufficient coordination with other ongoing initiatives in project countries resulted in missed opportunities for cross-project collaboration. Continuous dialogue between the QJS and national counterparts was instrumental in mitigating these challenges and strengthening collaboration among all One Health actors.

5.2
Lessons learned

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

Joint support through the AMR MPTF: A crucial vehicle for national multisectoral collaboration

AMR MPTF financial and technical support plays a pivotal role in driving collaboration across sectors and fostering coordinated investments to tackle AMR. As discussed at the lessons-learned event in Zimbabwe, multisectoral coordination is a critical enabler for addressing AMR. But sustaining this degree of collaboration at the national level requires sustained funding, technical support and joint planning mechanisms.

The collaborative One Health approach and continuous coordination across human, plant and animal health, and environment sectors improved the mutual understanding of constraints and enabled more coherent planning around AMR surveillance, AMU monitoring and policy dialogue. Multisectoral coordination committees provided a particularly critical mechanism for facilitating collaboration on the One Health approach. In addition to AMR MPTF-supported activities, they provided an opportunity to coordinate other activities across sectors.

Finally, the country projects highlighted the value of clear, collaborative project design and coordination among Quadripartite members. Ensuring strong alignment between project design and implementation was key success factor for complex, multisectoral initiatives. This posed challenges when coordination mechanisms were not clearly articulated with national implementing partners.

Investments in One Health: Key to mobilizing additional resources for sustainability

Robust One Health frameworks strengthened by the AMR MPTF have yielded significant unexpected benefits. In Zimbabwe and Mongolia, this support was a catalyst for the mobilization of additional funding from the Pandemic Fund; it also paved the way for grant from the Fleming Fund for revising Bangladesh's NAP.

A provider of capacity and seed funding that can be used to catalyse new funding streams, the AMR MPTF is actively driving sustainable national One Health investments. The additional resources received by countries as a result of AMR MPTF support are being used to: replicate best-practice efforts like Farmer Field Schools; scale up successful surveillance, IPC and behaviour change communication initiatives; and mobilize resources to ensure sustainability.

Expansion of the Rx Vision application in a veterinary medicine shop in Tanore upazila, Rajshahi, in collaboration with the Department of Livestock Services (DLS)
© FAO/Rahat Ara Karim

Focus on youth

The involvement of university students as youth AMR Ambassadors in Madagascar and Mongolia represents an innovative and scalable approach to AMR awareness-raising. Behaviour change campaigns in these countries mobilized young people as agents of change at the community level. Their engagement enabled the dissemination of key messages on the rational use of antimicrobials, infection prevention and AMR risks to the next generation of health professionals.

Testimonials of Young AMR Ambassadors on AMR Awareness Activities, 08 December 2025, Motel Anosy, Antananarivo
© WHO Madagascar

5.3

Next steps and future vision

One of the most important functions of the AMR MPTF, as recognized by global agreements such as the UNGA Political Declaration and Jeddah Commitment, is cross-organizational and cross-sector One Health collaboration. By bringing together human, animal, agrifood, plant and environment health practitioners from across countries, the Quadripartite and other organizations are moving forward together towards a common objective.

The AMR MPTF was extended to 2030 to align with the SDGs and the collective goals of the four Quadripartite organizations. The country projects selected in 2025 – along with the new Global Programme initiated in December – are aligned with these commitments to leverage the AMR MPTF as a mechanism to support countries' efforts to tackle AMR in an integrated manner. During the next four years, the Fund's operational focus will be on: generating evidence; shaping policies; promoting the prudent use and safe disposal of antimicrobials; IPC; biosecurity measures; and interventions to minimize antimicrobial discharge into the environment.

With the recruitment of a dedicated resource mobilization specialist, the Fund is stepping up its coordination and resource mobilization efforts in order to demonstrate its impact to donors and reach the $100 million target – ensuring that its commitments are realized.

6 Financial situation in 2025

Financial resources are critical for coordinating joint multisectoral responses for addressing AMR at the global and country levels, and filling recognized gaps in AMR response across sectors. From 1 January through 31 December 2025, the Fund's Administrator, the United Nations Development Programme (UNDP) Multi-Partner Trust Fund Office, reported contributions totalling US$3,989,728 to the AMR MPTF.

The AMR MPTF received contributions from existing donors: the Kingdom of the Netherlands (US$1.69 million); Sweden (through the Swedish International Development Cooperation Agency – Sida) (US$1.57 million), and the United Kingdom (US$719,809). Three signed commitments from donors- namely the United Kingdom (US$ 2,462,516), Sweden (through SIDA) (US$ 532,214) and the European Union (US$ 579,300), totalling US$ 3,574,031- are expected to be received in early 2026.

Validation workshop of the National Strategic Plan for Communication in the Fight against Antimicrobial Resistance in Madagascar, Antananarivo, December 8, 2025
© FAO Madagascar

7 About the AMR MPTF

7.1 Background

The AMR Multi-Partner Trust Fund was founded in 2019 by FAO, WHO and WOAH. Initially established for a five-year period (2019-2024), in 2021 it was extended to 2030 to align with the SDG agenda and timeline. Also that year, UNEP joined as an AMR MPTF partner – member organizations are now known as the Quadripartite. To date, the AMR MPTF has received US$34,463,785 in contributions from five resource partners and has supported efforts at tackling AMR in 14 countries, with 7 additional country proposals approved in 2025 for multi-year, coordinated, cross-sectoral AMR action.

Annex 3 presents the Strategic Framework for collaboration on antimicrobial resistance.[1]

The AMR MPTF has been recognized by the United Nations Secretary-General, the UNGA Political Declaration and the United Nations Environment Assembly as an important mechanism to secure consistent and coordinated financing for addressing AMR through a One Health approach.

The Fund provides technical assistance and targeted funding to selected countries for establishing and implementing One Health NAPs, and multisectoral initiatives aimed at addressing AMR. It also supports global initiatives that pave the way for sustained national collaboration around worldwide AMR-focused frameworks (in areas such as legal tools, surveillance, research and M&E).

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

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

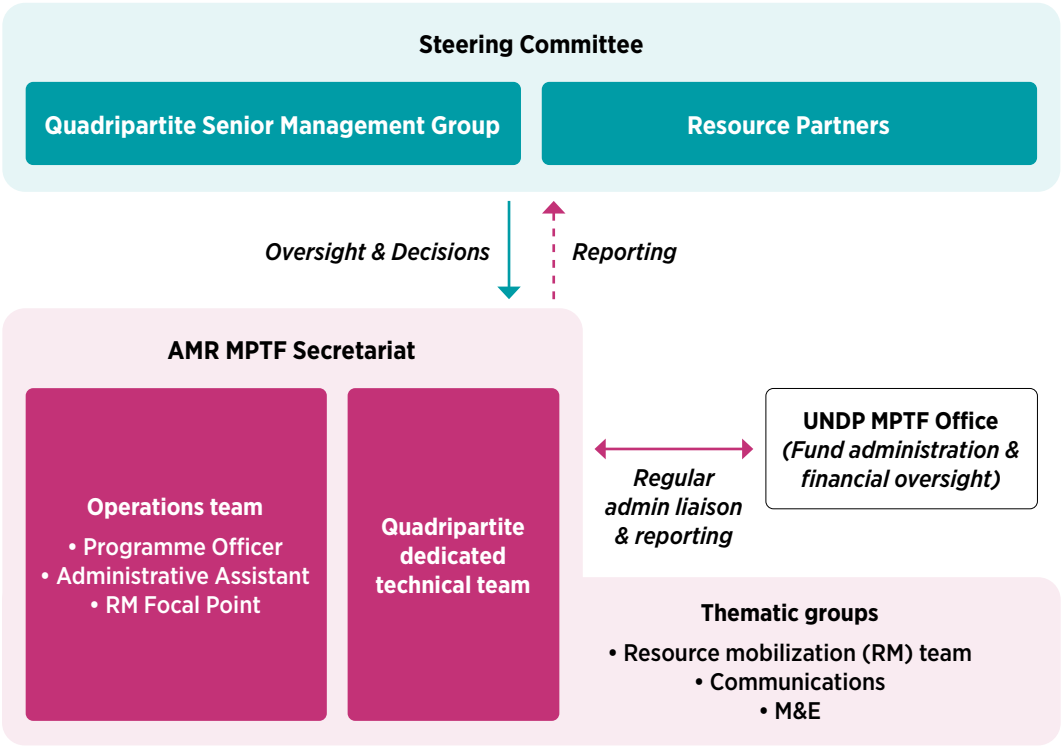
7.2 AMR MPTF governance

The Fund's governance architecture consists of the:

- Steering Committee (governing body);
- Secretariat; and
- Administrative Agent (UNDP MPTF Office – the Fund's trustee), responsible for administering contributions.

1 WHO, FAO, OIE, UNEP. Strategic framework for collaboration on antimicrobial resistance – together for One Health. Geneva: World Health Organization, Food and Agriculture Organization of the United Nations and World Organization for Animal Health; 2022. (https://iris.who.int/handle/10665/352625) Licence: CC BY-NC-SA 3.0 IGO.

Fig. 2. **AMR MPTF governance structure**



The Fund's governance arrangements are based on the standard arrangements for a Pass-through Multi-Partner Trust Fund and United Nations Development Group best practices.

Steering Committee

The AMR MPTF Steering Committee is the Fund's primary governance structure. The Steering Committee is composed of a senior-level representative, or their nominated alternates, from each of the four Quadripartite members, and representatives of AMR MPTF resource partners.

The Steering Committee's main functions include: programmatic oversight; appraisal and approval of projects; monitoring and reporting; and resource mobilization. The Steering Committee takes decisions by consensus and is chaired by one of the Quadripartite organizations on an annual rotational basis. Since January 2026, the Steering Committee is chaired by Jacqueline Alvarez, Chief, Chemicals and Health Branch, UNEP.

The 12th Steering Committee meeting took place in February 2025 at WOAH headquarters in Paris. The 13th Steering Committee meeting took place virtually in July 2025. At this meeting, Steering Committee members were presented with the 24-month Global Programme comprising five components to support implementation of the UNGA Political Declaration, strengthen country capacities, advance surveillance and legislation tools, and fund research.

Steering committee members also discussed financial and operational challenges posed by the current resource environment, and the unique and catalytic role of the AMR MPTF in advancing the One Health approach. The 2026 Resource Partner Roundtable would be a key opportunity to secure new financial commitments, aiming for $100 million by 2030, as called for in the Political Declaration.

The Fund's Steering Committee membership in 2025 is shown in Table 2.

Table 2. **AMR MPTF Steering Committee Members and alternates, 2025**

Germany (BMZ, GIZ)	**Birte Frerick**, Senior Policy Officer, Pandemic Prevention, One Health, BMZ **Niklas Weber**, Advisor, Globalvorhaben Pandemieresilienz, One Health & German Epidemic Preparedness Team (SEEG) **Beate Henrichfreise**, Beraterin Sektorvorhaben, One Health Gruppe Gesundheit, Bildung, Soziales Abteilung Wirtschaft, Soziales
Sweden (Sida)	**Mats Aberg**, Senior Programme Manager, Department for International Organisations and Policy Support **Sofia Norlin-Telde**, Programme specialist International Organisations and Policy support
United Kingdom	**Holly Rhyner-Jones**, Head of the Fleming Fund **Mwaanga Kayuma**, Global Programmes Lead, Fleming Fund
The Netherlands	**Roland Driece**, Director, International Affairs, Ministry of Health **Rosalien Stroot**, Senior Policy Advisor, Ministry of Health, Welfare and Sport, Department of International Affairs
European Commission	**Gunilla Eklund**, Health and Consumers Directorate-General (DG SANTE)
FAO	**Thanawat Tiensin**, Director, Animal Production and Health Division **Junxia Song**, Senior Animal Health Officer
UNEP	**Jacqueline Alvarez**, Chief, Chemicals and Health Branch **Aitziber Echeverria**, AMR Coordinator, Chemicals and Health Branch (AMR MPTF Secretariat/ Focal point)
WHO	**Yukiko Nakatani**, Assistant Director-General, Health Systems, Access and Data Division **Yvan Hutin**, Director, AMR department, Health Systems, Access and Data Division
WOAH	**Montserrat Arroyo**, Deputy Director General International Standards and Science **Javier Yugueros-Marcos**, Head, Antimicrobial Resistance and Veterinary Products Department
Quadripartite Joint Secretariat	**Jean Pierre Nyemazi**, Director a.i., Quadripartite Joint Secretariat

Secretariat

The AMR MPTF Secretariat is responsible for the day-to-day coordination and operational management of the Fund. The Secretariat structure was updated in early 2025 to enhance effectiveness and support the expanded of scope Fund operations, as approved by AMR MPTF Steering Committee. It is now composed of a Programme Officer, an Administrative Assistant, technical focal points from each of the Quadripartite organizations (FAO, UNEP, WHO and WOAH), and a Resource Mobilization Focal Point. The Programme Officer, Administrative Assistant and Resource Mobilization Focal Point form the AMR MPTF Secretariat Operations Team, which oversees implementation of the Fund's workplan and supports the Steering Committee. In addition, dedicated thematic groups – in areas such as resource mobilization and communications – provide specialized support to ensure smooth delivery across functional areas.

Administrative Agent: UNDP Multi-Partner Trust Fund Office

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

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

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

Bangladesh

Project years: 2023-2026

Objective:

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

Key activities in 2025:

A six-month pilot in six hospitals trained more than 150 staff in antimicrobial stewardship and IPC. Training was also provided to veterinary and human health professionals to optimize antimicrobial use. Seminars at five medical colleges targeting 4th and 5th-year students instilled the principles of appropriate use. The AMR MPTF also supported a One Health initiative to expand antimicrobial stewardship in clinical settings. This led to the establishment of stewardship committees in six hospitals in Comilla and Dinajpur districts, and introduced routine prescription review and feedback mechanisms.

The web-based OHASS platform was launched to enable national-level collection, validation, and analysis of antimicrobial consumption data submitted by pharmaceutical companies. Antimicrobial stewardship was strengthened in Bangladesh through the pilot of Rx Vision, an artificial intelligence-enabled app that enables real-time capture of veterinary prescription data. A nationwide AMR awareness programme during WAAW included school-based activities in 53 districts, reaching 40,000 school children.

Outcomes:

- The OHASS was deployed.
- The pilot commenced of Rx Vision, an artificial intelligence-enabled app that enables real-time capture of veterinary prescription data.
- Support from the AMR MPTF mobilized a grant from the Fleming Fund for revising Bangladesh's NAP.
- As a result of a six-month pilot across six public hospitals to establish antimicrobial stewardship committees and introduce routine prescription review, overall inpatient antibiotic use declined from 73.8 percent at baseline to 59.9 percent.

Challenges/lessons learned:

Delays in government operational planning, competing national priorities, and broader funding constraints slowed approvals for some activities. Political instability and frequent changes in government counterparts during 2025 further affected continuity. Resistance among senior clinicians, high patient-to-staff ratios, and widespread unregulated antibiotic sales in the community made antimicrobial stewardship efforts challenging. AMR MPTF focal points observed that achieving behaviour change and strengthening systems across the country requires longer time horizons than a single funding cycle. Harmonizing monitoring, evidence generation, and learning across partners adds complexity, but ultimately strengthens coherence and the quality of interventions.

Madagascar

Project years: 2023-2026

Objective:

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

Key activities in 2025:

A 2025 survey of health professionals and livestock producers on AMR awareness found a significant knowledge gap: while veterinarians are more aware than other respondents of AMR risks, they lacked the resources for testing. These data indicate the need for more resources to backstop AMR awareness with testing and prudent treatment options. The AMR MPTF strengthened the capacity of the National Veterinary Diagnostic Laboratory (LNDV) in the surveillance of AMR targeting extended-spectrum beta-lactamase-producing *E. coli*). These efforts were complemented by the acquisition of sampling materials, laboratory reagents and personal protective equipment.

A national IPC programme was launched in line with NAP implementation. This launch followed assessments to identify best practices and gaps such as inadequate infrastructure, knowledge, and equipment. In addition, Madagascar's, first national strategic plan for communication on AMR using a One Health approach was validated by a multi-stakeholder group.

Outcomes:

- An integrated AMR surveillance system was developed, covering all components of surveillance (AMR, AMU, residues).
- A draft inter-ministerial text on the distribution and use of antimicrobials was developed.
- An antibiotic prescribing guide was drafted.
- The country's first national strategic plan for AMR communication was validated.

Challenges/lessons learned:

The involvement of university students as youth AMR Ambassadors represented an innovative and scalable approach to AMR awareness-raising. Mobilizing young people enhances community ownership of public health messages by making communication more accessible, credible, and culturally appropriate. The approach has strengthened multisectoral participation by bridging institutions, communities, and civil society. Youth engagement also increased the visibility of AMR as a public-health priority.

Mongolia

Project years: 2023-2026

Objective:

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

Key activities in 2025:

National researchers in Mongolia participated for the first time in the PTAST programme. Following training on AMR detection, AMR surveillance data was submitted to FAO's InFARM system for the first time. National guidelines were developed to standardize the prescription of antimicrobials. In addition, the AMR MPTF supported an activity that provided data for the design of a new surveillance system for wastewater.

Strides were made in developing the country's third NAP using a new rapid-assessment tool. A multisectoral coordination committee was tasked with reviewing a draft AMR costing and budgeting framework, which will lay the foundation for the country's revised NAP. Support from the Fund also built government capacity to create an M&E framework for the NAP.

Outcomes:

- National guidelines to standardize the prescription and administration of antimicrobials.
- A national communication strategy on AMR was drafted.
- NAP costing and budgeting tool, and M&E framework developed.
- Multisector working group established to develop the country's third NAP.

Challenges/lessons learned:

A measles outbreak in February 2025 caused significant disruption in project implementation.

High turn-over in government staff caused delays for some project activities. The One Health Multi-sector coordination group provided an opportunity to enhance coordination and link activities across different sectors, as well as to take forward the country's next NAP. Engagement of partners from the environment sector enhanced One Health coordination, marking meaningful progress toward balanced engagement and widespread awareness of the AMR threat.

Tunisia

Project years: 2023-2026

Objective:

Accelerating the sustainable implementation of the AMR NAP by providing catalytic support through advice on the planning, management and implementation of AMR-related activities. Providing technical assistance to improve capacities for the assessment, design and implementation of policy frameworks and programmes related to AMR.

Key activities in 2025:

AMR MPTF support contributed to Tunisia's Ministry of Environment engaging for the first time with other stakeholders in AMR governance. The AMR MPTF supported the establishment of a national inter-ministerial AMR steering committee, strengthening multisectoral coordination with the One Health approach. An integrated training programme strengthened knowledge of biosecurity and antimicrobial stewardship among key actors in the aquaculture, poultry, and dairy sectors – integrating sanitary best practices with AMR prevention.

National planning capacity was enhanced through a laboratory evaluation using the ATLASS tool. This assessment identified gaps in the national laboratory system, leading to priority actions focused on equipment investment, staff training and improved quality protocols. A working group comprising representatives from the Quadripartite and the Ministries of Health, Agriculture, and the Environment drafted an AMR communication plan. WAAW launched a call to action on integrating AMR into health and allied professional curricula – leading the Higher Institute of Nursing Sciences in Tunis to adopt a strengthened training programme on IPC.

Outcomes:

- National inter-ministerial AMR steering committee established.
- Draft national communication plan on AMR was finalized by a multi-sector working group.
- The Minister of Health issued a circular inviting all hospitals to establish a committee for preventing and controlling healthcare-associated infections.
- An educational event for children received wide national media coverage, including more than 20 online media articles and several television features.

Challenges/lessons learned:

Bringing all One Health partners around the same table and fostering dialogue under a shared vision remained a complex exercise, which resulted in some implementation delays, particularly when consensus across sectors was required. Continuous dialogue with national counterparts was instrumental in overcoming coordination barriers and strengthening collaboration. As a result, the project succeeded in bringing together key partners during major national events, highlighting increased awareness and political commitment to tackle AMR. This high-level commitment provides a strong enabling environment to advance governance, coordination, and sustainable action on AMR.

Senegal

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

Objective:

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

Key activities in 2025:

The no-cost extension for the country project in Senegal was completed at the end of January 2025, and the formal closing of the project was done in January 2025.

Zimbabwe

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

Objective:

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

Key activities in 2025:

The One Health AMR NAP 2.0 was launched in February. This updated NAP features a robust M&E framework and emphasizes expanding environmental surveillance and multisectoral governance. Farmer Field Schools for poultry farmers reduced antimicrobial use (as shown by post-implementation data) while improving farmers' livelihoods through enhanced marketing. Field-level veterinarians in Zimbabwe were also trained in the proper handling and administration of the Theileriosis vaccine.

A new AMR MPTF-supported IPC strategy and policy created national- and district-level structures for guiding IPC nationwide. Surveillance of substandard and falsified veterinary medicines across nine out of ten provinces identified a 39 percent failure rate – indicating the ongoing need for AMR MPTF support in this area.

Outcomes:

- The revised NAP 2.0, including a new M&E framework, was launched.
- The Government launched a revised IPC strategy and policy.
- Zimbabwe's AMR MPTF Coordinator was honored at the African Health Excellence Awards, recognizing outstanding leadership in the fight against AMR.
- More than 300,000 doses of Theileria vaccine were produced in the country.
- National One Health Strategy 2026-2030 launched by Vice President of Zimbabwe.
- Mandatory post-market surveillance (PMS) screening of imported medicines at ports of entry (Medicines Control Authority of Zimbabwe, Circular 03 of 2026).

Challenges/lessons learned:

Zimbabwe's robust One Health framework, strengthened by the AMR MPTF, yielded significant unintended benefits – most notably a US$16.7 million grant from the Pandemic Fund. The project also demonstrated that vaccination can be effectively positioned as an AMR mitigation intervention in both the human (typhoid conjugate vaccine) and animal health (Theileria vaccine) sectors. Finally, it showed that community-based Farmer Field Schools can drive sustained behaviour change in AMU by embedding stewardship principles within everyday production practices.

Annex 2:
Country project contributions to Results Matrix outputs and outcomes

Country	Activity	Results matrix output	Outcome	Additional outcome
Mongolia	Developing the country's third NAP using a new rapid-assessment tool to evaluate eight critical domains, ranging from governance and financing to surveillance and the environment.	***Improved country capacities for designing and implementing AMR-related policy frameworks, investments plans and programmes***	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.	Evidence base/ representative data on AMR/AMU improved for policy-makers and sectors implementing AMU practices.
Tunisia	Laboratory evaluation using ATLASS to identify gaps in the national laboratory system, leading to priority actions focused on equipment, training and quality protocols.		Evidence base/ representative data on AMR/AMU improved for policy-makers and sectors implementing AMU practices.	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.
Zimbabwe	Launch of One Health AMR NAP 2.0, featuring new M&E framework and emphasis on environmental surveillance and multisectoral governance,		Increased comprehensiveness and quality of policy dialogue and practice.	Evidence base/ representative data on AMR/AMU improved for policy-makers and sectors implementing AMU practices.
Bangladesh	Pilot in six hospitals to train more than 150 staff members on antimicrobial stewardship and IPC; training for veterinary and human health professionals, and medical college students.	***Improved country capacities for mainstreaming and costing AMR as well as changes in practices to minimize AMR***	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.	Use of antimicrobials optimized in critical sectors.
Madagascar	Survey of health professionals and livestock producers on AMR knowledge and awareness of other treatment options (indicating awareness but a lack of commensurate resources for testing).		Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.	Use of antimicrobials optimized in critical sectors.
Mongolia	Development of national guidelines to standardize how doctors should prescribe, pharmacists dispense and healthcare professionals administer antimicrobials.		Increased comprehensiveness and quality of policy dialogue and practice.	Use of antimicrobials optimized in critical sectors.
Zimbabwe	Farmer Field Schools for poultry farmers, which reduced AMU while improving farmers' livelihoods by marketing chemical-free poultry.		Use of antimicrobials optimized in critical sectors.	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.

Mongolia	Multisectoral coordination committee tasked with reviewing a draft AMR costing and budgeting framework, which will lay the foundation for that country's revised NAP.	***Engagement plans with critical stakeholder groups implemented***	Increased comprehensiveness and quality of policy dialogue and practice.	Improved understanding of AMR risks and response options by targeted groups.
Tunisia	National inter-ministerial AMR steering committee mandated to assess legal and institutional frameworks governing AMR across sectors, informing revision of the NAP.		Increased comprehensiveness and quality of policy dialogue and practice.	Multisectoral coordination strengthened at the national level.
Bangladesh	Deployment of OHASS, enabling national-level collection, validation, and analysis of antimicrobial consumption data submitted by pharmaceutical companies.	***Systems to generate, analyse and interpret data on AMR and AMU developed or strengthened***	Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices.	Use of antimicrobials optimized in critical sectors.
Madagascar	Capacity building of national veterinary diagnostic laboratory for AMR surveillance, targeting extended-spectrum beta-lactamase-producing *E. coli*, equipment and national surveillance activities.		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices.	Use of antimicrobials optimized in critical sectors.
Mongolia	Surveillance of environmental AMR and PTAST, providing high-quality data to establish a surveillance pathway for integration into the next AMR NAP.		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices.	Multisectoral coordination strengthened at the national level.
Mongolia	Capacity building that enabled actors in the agriculture and food sector to submit AMR surveillance data to FAO's InFARM system.		Evidence base/ representative data on AMR/AMU improved for policy makers and sectors implementing AMU practices.	Use of antimicrobials optimized in critical sectors.
Madagascar	National IPC programme launched in line with NAP implementation, following assessments to identify best practices and gaps such as inadequate infrastructure, knowledge and equipment.	***Systems for biosecurity and infection prevention and control (IPC) strengthened in critical sectors***	Use of antimicrobials optimized in critical sectors.	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.
Tunisia	Integrated training programme that strengthened knowledge of biosecurity and antimicrobial stewardship in the aquaculture, poultry, and dairy sectors, integrating sanitary best practices with AMR prevention.		Use of antimicrobials optimized in critical sectors.	Multisectoral coordination strengthened at the national level.
Zimbabwe	Launch of a revised IPC strategy and policy, setting a new standard for national healthcare safety in the country. This created national- and district-level structures for guiding IPC nationwide.		Use of antimicrobials optimized in critical sectors.	Increased comprehensiveness and quality of policy dialogue and practice.

Bangladesh	One Health initiative to expand antimicrobial stewardship in clinical settings in 2025. This led to the establishment of stewardship committees in six hospitals in Comilla and Dinajpur districts, and introduced routine prescription review and feedback mechanisms (leading to a decline in AMU).	***Systems for optimized use of antimicrobials strengthened in critical human and animal sectors***	Use of antimicrobials optimized in critical sectors.	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.
Bangladesh	Pilot of Rx Vision, an artificial intelligence-enabled app that enables real-time capture of veterinary prescription data, with a focus on critically important antimicrobials such as fluoroquinolones.		Use of antimicrobials optimized in critical sectors.	Risks and benefits of AMR reflected in national budgets and in development/ multilateral partner sector-wide investments.
Bangladesh	AMR awareness programme including school-based activities in 53 districts, reaching 40,000 schoolchildren; a high-level national event convening government officials, policymakers, academics, researchers and the media.	***Improved capacity to design awareness-raising, behaviour change and educational activities***	Improved understanding of risks and response options by target groups	Multisectoral coordination strengthened at the national level.
Madagascar	Validation of first National Communication Plan on AMR using a One Health Approach.		Improved understanding of risks and response options by target groups.	Use of antimicrobials optimized in critical sectors.
Mongolia	Awareness campaign focused on medical and veterinary students, who were urged to join as Youth Ambassadors.		Improved understanding of risks and response options by target groups.	Use of antimicrobials optimized in critical sectors.
Tunisia	National event 'Act now: Protect our present, secure our future', bringing together stakeholders across sectors. With active youth participation through awareness workshops and artistic competitions, the event generated significant media coverage.		Improved understanding of risks and response options by target groups.	Multisectoral coordination strengthened at the national level.
Tunisia	Multisectoral working group began drafting an AMR communication plan including a call to integrate AMR awareness into allied health curricula. This led the Higher Institute of Nursing Sciences in Tunis to strengthened training on IPC.		Improved understanding of risks and response options by target groups.	Multisectoral coordination strengthened at the national level.

Annex 3:
Strategic Framework for collaboration on antimicrobial resistance[2]

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

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

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

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

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

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

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

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

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

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

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

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

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

Demonstrated political engagement and resourcing

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

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

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

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

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

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

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

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

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

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

2 Source: WHO, FAO, OIE, UNEP. Strategic framework for collaboration on antimicrobial resistance – together for One Health. Geneva: World Health Organization, Food and Agriculture Organization of the United Nations and World Organization for Animal Health; 2022. (https://iris.who.int/handle/10665/352625) Licence: CC BY-NC-SA 3.0 IGO.

For more information about the Fund, please visit:

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

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

Or email AMR MPTF Secretariat at:
AMR-MPTF@who.int