The Antimicrobial Resistance (AMR) MULTI-PARTNER TRUST FUND

Combatting the rising global threat of AMR through a One Health Approach

Country Proposal Submission TEMPLATE

| Full proposal overview | | |
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| Country | | |
| Project title | AMR MPTF: Cambodia- Enhancing Governance and Coordination Mechanisms to Reduce Antimicrobial Resistance in Cambodia. | |
| Implementing entities | Food and Agriculture Organization of the United Nations (FAO) World Organisation for Animal Health (OIE) World Health Organization (WHO) | |
| Timeframe | 24 months (1 January 2021 - 31 December 2022) | |
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| Other Implementing Partners | Ministry of Health | |
| | Ministry of Agriculture, Forestry and Fisheries | |
| | Ministry of Environment | |
| | Ministry of Rural Development | |
| | Royal University of Agriculture & University of Health Sciences | |
| | Diagnostic Microbiology Development Program | |
| | <i>Centers for Disease Control and Prevention (CDC) of the United States</i> <i>Institut Pasteur du Cambodge</i> | |
| Budget | | |
| Total amount (USD) based on budget summary in Annex | 998,681.00 | |
| | FAO: 275,147.00 | |
| Total amount (USD) allocated to | <i>OIE:</i> 337,799.00 | |
| each Tripartite partner | WHO: 385,735.00 | |
| Background | Context and rationale and how this intervention will contribute to MPTF and NAP objectives. This section should include the following information: | |

Describe the national AMR situation, including which sectors are important for AMR and why. It should also detail how they have been involved in the response to date.

Cambodia's concerns about AMR gained global attention when resistance to the antimalarial drug artemisinin was first reported in 2009 along the Cambodia-Thai border. Since then, studies have also identified resistance and their genetic characterization. This led to intensive monitoring and studies to understand and manage resistance to anti-malaria medicines and other antibiotics. Infection prevention and control efforts in hospitals and disease surveillance likewise raised concerns about antimicrobial resistance (AMR) in Cambodia. By 2011, Cambodia had conducted its first consultation on AMR, led by the Ministry of Health. This was followed by the National Policy to Combat Antimicrobial Resistance in Cambodia (2014) and the National Strategy to Combat Antimicrobial Resistance in Cambodia (2015–2017). Initial results of Cambodia's AMR surveillance system piloted in human health in 2017 suggested high rates of antibacterial resistance in isolates of Escherichia coli (penicillins, fluoroquinolones and cephalosporins, gentamicin). Salmonella (fluoroquinolones) and Staphylococcus aureus (methicillin)¹.

As initiatives were implemented, concerns were raised about factors contributing to AMR also in other sectors. A One Health joint AMU/AMR roadmap for Cambodia (2017-2021) was drafted in 2017 and was transformed through consecutive consultations to a Multisectoral Action Plan (MSAP) on AMR (2019-2023), engaging the three ministries of health (MOH), agriculture, forestry and fisheries (MAFF), and the environment (MOE). The MSAP was endorsed in December 2019 and defines priority actions for the three key sectors. This information, however, is not based on a national prevalence study and therefore is not representative of national status for AMR. As initiatives were implemented, concerns were raised about the factors that contribute to the increase and spread of AMR. These factors include practices in animal farming, fisheries and crop production, human patient awareness and behaviour, practices of health service providers, availability, capacity and use of diagnostic laboratories in hospitals, regulations and financing of medicines, regulation of animal feeds and veterinary products, and surveillance systems.

What has the national response been to date, what are the priority sectors and value chain in the National Action Plan for AMR?

The *National Policy to Combat Antimicrobial Resistance* from 2014 and the *National Strategy to Combat Antimicrobial Resistance* 2015-2017 were the first documents to define the purpose, vision, mission and scope of AMR efforts in Cambodia. The two documents were important for political commitment and to guide the initial action. The One Health joint AMU/AMR roadmap for Cambodia (2017-2021) brought the agriculture and environment sector on board and full engagement of the three sectors was gained during the development of the MSAP (2019-2023) and an updated AMR Situation Analysis Cambodia (2017). To date

comprehensive government policies and guidelines have been put in place. What have the main achievements been to date for AMR control in the country? What are the main gaps?

¹ Situation Analysis of Antimicrobial Resistance in Cambodia, 2019 (unpublished report)

In 2016-2017, the Ministry of Agriculture, Forestry and Fisheries (MAFF), with support from FAO organized four consultations to strengthen agricultural sector engagement with AMR efforts (FAO 2016). MAFF and FAO developed the One Health Roadmap and Action Plan which were used in the development of the Multi-sectoral Action Plan on AMR. The MAFF AMR Technical Working Group was established in October 2017 and finalized the National Action Plan to Reduce the Threat of AMR Related to Agriculture, Fisheries, Food and Livestock Production, and Agri-Food Processing 2016-2020. The plan outlines activities mandated to MAFF departments. In 2018, MAFF through the OIE organized workshops to identify priority activities on antimicrobial use (AMU) such as strengthening national AMU monitoring; modernizing the relevant legislations; enhancing engagement of livestock industries and promoting good animal husbandry practices. In 2018, national AMR surveillance in animals was started including capacity building in laboratories. In the human health sector, notable achievements are: AMR surveillance protocol and pilot sites with links to the Global AMR Surveillance System; diagnostic microbiology capacity development; policy and guidelines on infection prevention and control (IPC) and hospital IPC committees; development of the National Guidelines for Implementation of Antimicrobial Stewardship in Health Facilities, 2019 that has been implemented in two provincial referral hospitals using relevant monitoring tools. In 2019, MOH with support from Diagnostic Microbiology Development Program (DMDP) and WHO launched the National Guidelines for Antimicrobial Stewardship in Health Care Facilities which was followed by practical trainings on antimicrobial consumption monitoring (AMC) and blood culture data. Training of Trainers on Point Prevalence Survey (PPS) was organized in order to equip clinicians with the required methodology, techniques and skills. AMS principles were successfully introduced and implemented in two provinces in 2019 with support of provincial health departments and referral hospitals. The World Antibiotic Awareness Week celebrations started since 2016 and jointly implemented by MAFF. MOH and MOIE (joined in 2019) with the agriculture sector among other existing health programmes and initiatives; and various research projects. Remaining challenges for all sectors are how to strengthen implementation through governance structures, adequate resources, stakeholder buy-in, financing, mechanisms for implementation, human resource availability and capacity. Relation of the AMR programme to national planning and policy instruments and strategy (e.g. health sector strategy, One Health strategic framework). Health Strategic Plan 2016-2020 (HSP3) "Quality, Effective and Equitable Health Services" acknowledges negative impacts of overuse and misuse of antibiotics on improving quality of service delivery as stated in the strategic area 3 "Health Service Delivery". The strategic objectives related to AMR are outlined in Outcome 3 "Provide quality services in compliance with the national protocols, clinical practice guidelines and quality standards" and Outcome 4 "Encourage provider's behaviour change in interaction with patients and clients and health care seeking of the population". The interventions include: Develop/update quality standards, treatment protocol, and clinical practice guidelines, including infection prevention and control and interventions to combat antimicrobial resistance

| • Raise public knowledge, attitudes and practice of healthy life style, timely seeking care from skilled providers and microbial resistance due to harmful use of antibiotic. (it is a copy from the HSP3) |
|---|
| How have the Tripartite organisations supported this work, and what work is ongoing? Is AMR incorporated in the strategic frameworks of each organisation? |
| The Tripartite has been providing technical and financial support to develop and implement national policies, strategies and guidelines on AMR. |
| The priority actions under the FAO Country Programming Framework outcomes 1 include support to the government's AMR TWG and the overall national efforts to combat antimicrobial resistance using a One Health approach ² . Support to government is guided by the FAO's Action Plan on AMR which includes four main areas such as awareness raising; evidence; governance; and good practice. The main activities include, but not limited, annual WAAW and development of IEC material and AMR video spot; pilot AMR surveillance in pig and aquaculture; development of MSAP; review of the regulatory framework for AMU/AMR; KAP survey; AMU guideline development and trainings. |
| In collaboration with MAFF, OIE has supported workshops on AMU monitoring and seminars for veterinary schools and private sectors that identified priority activities for improvement such as strengthening national AMU monitoring; modernizing the relevant legislation; enhancing engagement of livestock industries and promoting good animal husbandry practices. |
| Combating AMR and Ensuring Health Security is one of the strategic priorities of the Cambodia -WHO Country Cooperation Strategy 2016-2020 ³ and the Western Pacific Regional Office's Vision For the Future: Towards Healthiest and Safest Region ⁴ . Amongst others, WHO has recently supported the development of the National Guidelines for Implementation of Antimicrobial Stewardship in Health Facilities, 2019 which has been implemented in two provincial referral hospitals using relevant monitoring tools. |
| Moreover, Cambodia United Nations Development Assistance Framework (UNDAF) 2019-2023 acknowledges "excessive and inappropriate use of antimicrobials in humans and agriculture associated with increasing antimicrobial resistance" and calls to strengthen UN's continued efforts against Antimicrobial Resistance through a One Health approach. The UNDAF outlines the partnership between the United Nations (UN) and the Royal Government of Cambodia (RGC) in support of the national development priorities as articulated in the Rectangular Strategy-Phase IV (RS-IV) and the 2030 Agenda ⁵ . |

² FAO Country Programming Framework (CPF)

³https://apps.who.int/iris/bitstream/handle/10665/246102/WPRO_2016_DPM_004_eng.pdf;jsessionid=1B2FBE8484C2 1EB028EBD68B7A24EC99?sequence=1

⁴ <u>https://iris.wpro.who.int/handle/10665.1/14476</u>

⁵ <u>https://cambodia.un.org/index.php/en/38874-united-nations-development-assistance-framework-2019-2023</u>

| | Summary of other actors present in AMR related initiatives in the country (e.g. donor supported action)? |
|---|---|
| | ADB's Project "Greater Mekong Sub-region Health Security Project" (loan) 2017-2022, especially output 3 "improved laboratory services and hospital infection prevention and control" contributes to strengthen the systems for AMR surveillance, prevention and containment. Diagnostic Microbiology Development Program (DMDP) is an NGO supporting training, development and capacity building of microbiology laboratories. They provide supplies, reagents and culture media to some public and private laboratories and have been a key partner in implementing the AMS in the two provincial hospitals by introducing AMS tools and mentoring national staff to undertake point prevalence surveys and antimicrobial consumption monitoring in hospital settings. Korean International Cooperation Agency (KOICA) implements a project on AMR Surveillance focusing on provision of laboratory supplies and reagents for the eight national and sub-national microbiology laboratories for human health. The US Centers for Disease Control and Prevention (US-CDC) plays an important role to strengthen the Laboratory-based AMR surveillance for human health in Cambodia along with other development partners such as DMDP, Institut Pasteur du Cambodge, Malaria Consortium, University of Oraf of the strengthen the Chilter. |
| | Oxford Group at Angkor Hospital for Children. There are three agriculture laboratories capable of microbiology and antimicrobial susceptibility testing (AST) supported by FAO, namely the Marine Agriculture Research Development Center under the Fisheries Administration (MARDeC ⁶), Cambodia Laboratory of Agricultural Products and Food (CamLAPF) and the National Animal Health and Production Research Institute (NAHPRI) of the General Directorate of Animal Health and Production (GDAHP). Beside these, the Mcrobiology Laboratory of the Faculty of Veterinary Medicine and Laboratory of the Faculty of Fisheries Science of the Royal University of Agriculture (RUA) have also been supported (partly by FAO) to implement the AST work for researches serving the purpose of protecting animal health and production. The OIE has facilitated an education twinning project between the RUA and the University of Tokyo since 2018 to enhance the curriculum and also the capacity of academic and technical staff at the RUA. |
| Status of National Action Plan for AMR | When was the National Action Plan for AMR developed? The National Policy to Combat Antimicrobial Resistance was endorsed in 2014 by the Ministry of Health. This was followed by the National Strategy to Combat Antimicrobial Resistance 2015-2017. A One Health joint AMU/AMR roadmap for Cambodia (2017-2021) was drafted in 2017 and was in 2019 transformed through consecutive consultations to the Multisectoral Action Plan on AMR 2019-2023 engaging the three ministries (MOH, MAFF and MOE). When was the last progress report? Are there plans to refresh the NAP (if so when and over what time frame)? The AMR Technical Working Group (TWG) under MOH and MAFF conducted a situational analysis from October to December 2017 to assess progress towards combating AMR in the agriculture, human health and environment sectors in line with the National Strategy to Combat |

⁶ JICA funded Project for Improvement of Marine Aquaculture Seed Production Techniques

| | Antimicrobial Resistance. Results of this situation analysis were validated by government officials, experts and technical officials and representatives from partner organizations through a stakeholder consultation which took place during the High-Level Meeting of the Tripartite in November 2017. Support for the analysis was provided by FAO, OIE and WHO. The findings were used to define the existing Multi-Sectoral Action Plan on Antimicrobial Resistance in Cambodia, 2019–2023 (MSAP) which was endorsed on 11 December 2019. According to the MSAP, a final evaluation will be conducted in 2023. Under output 1 of this MPTF proposal, it is envisioned to develop a national monitoring and evaluation (M&E) framework to measure the outcomes of the MSAP along with other activities. |
|---|---|
| | How often does the AMR coordination committee meet? |
| | Which sectors are actively engaged in the committee? The multi-sectoral AMR Technical Working Group, led by the MOH, |
| | undertakes technical coordination, monitoring, and information sharing |
| | amongst the key stakeholders working on AMR in Cambodia. The |
| | Communicable Disease Control Department in the MOH is the current |
| | secretariat of this working group that includes members from MAFF, MOE and other ministries, the Royal University of Agriculture, the University of Health Sciences, FAO, WHO and other partners. The MAFF has a technical working group on AMR with members from most relevant general |
| | directorates and departments within the ministry and is responsible for |
| | coordinating AMR work and information sharing within the animal health |
| | sector. The Multisectoral AMR Technical Working Group have been |
| | meeting regularly, prior to the COVID-19 pandemic, to share, consult and update information on AMR and monitor the progress. |
| | To which entity does the AMR national coordination committee report? |
| | The MPTF proposal output 1 envisions to support the establishment |
| | of a functional Inter-Ministerial Coordination Committee (IMCC), |
| | ideally One-Health Coordination Committee Body with a rotating |
| | chairperson, through regular meetings and high-level coordination. |
| | It is envisioned that the AMR technical working groups will report |
| | to this highest policy making body (IMCC). |
| | <i>Is the private sector involved? Is civil society involved? Is academia involved?</i> The academia, including University of Heath Science and the Royal |
| | University of Agriculture, have been playing an important role throughout |
| | the process of NAP and MSAP development and implementation and other |
| | consultative process. |
| | How do the Tripartite organisations support the NAP committee and national coordination? |
| | The Tripartite Organizations (FAO and WHO) and the OIE through its |
| | national Delegate are official members of relevant AMR TWGs. The |
| | tripartite organised the high-level meeting on MSAP to combat AMR in |
| | November 2017 to review implementation of the AMR strategy and to |
| | launch the MSAP 2019-2023. FAO has through Fleming Fund and USAID |
| | projects funded numerous One Health events in addition to agriculture sector activities on governance, surveillance, practices and awareness. The |
| | OIE through the OIE Delegate, the Director General of GDAHP, organised |
| | the AMU monitoring workshop in 2018 wherein the relevant stakeholders |
| | including representatives from MAFF, MOH, academia, private sector and |
| | tripartite partners participated to clarify the AMU supply chain within |
| | Cambodia. The First National Conference on AMR in Cambodia, a science |
| | policy interface to foster a dialogue between the scientific and policy- making communities and to sensitize and advocate stakeholders from |
| L | making communities and to sensitize and advocate statemonders from |

| | human health, agriculture, food and the environment on neglected AMR | |
|----------------------------|---|--|
| | issues, was hosted by the Royal University of Agriculture in May 2018, with financial and organizational support from the Tripartite. | |
| Project Summary | | |
| Impact | Choose at least 1 impact statement from the Tripartite AMR Results Matrix Countries make explicit commitments (policies, investment plans, programmes, legal frameworks, resources allocation) on AMR based on evidence and quality data Antimicrobial use associated behaviours and practices sustainably improved in critical sectors | |
| Outcome(s) | Choose relevant outcome statements from the Tripartite AMR Results Matrix A. Increased comprehensiveness and quality of the policy dialogue and practice B. Use of antimicrobials optimized in critical sectors C. Improved understanding of AMR risks and response options by targeted groups | |
| Outputs and Key activities | | |

| | Output C: Improved capacity to design awareness raising, behaviour change and educational activitiesRationale: Joint activities to support the MSAP Strategic Area 5. Increase public awareness; and Strategic Area 6. Building capacity for AMRC.1 Develop national multisectoral AMR communication strategies focusing on the targeted groupsC.2 Develop and disseminate IEC materials on AMR in Khmer Language for campaigns, including but not limited to World Antimicrobial Awareness Week (WAAW)C.3 Joint national and sub-national multi-sectoral workshops on AMC and AMU Monitoring amongst the key stakeholders. |
|--|---|
| Link to National Action plan | Paragraph summarizing the expected contribution to the achievement and indicating relevant objectives of National action plan The Situational Analysis on AMR (2018) identified the main gaps and challenges that have been set as priority areas in the MSAP. These include amongst others: a need for stronger governance and coordination between and within Ministries; partnerships and financing; a need for public awareness and advocacy on antibiotic use and implementation of good practices on agriculture; and disease prevention in animals and humans as reflected in the MSAP. The project outcomes and outputs will thus support the achievement of the MSAP strategic objectives (SO): SO1. To ensure sustainable governance through effective coordination and partnerships. SO2. To strengthen evidence generation through functional human, agriculture and environment laboratories and effective surveillance mechanisms. SO3. To develop and enforce regulations and strategies to ensure access to and rational use of antibiotics in human health, animal health and agriculture. SO4. To reduce the incidence of infection through effective sanitation, hygiene, food safety, waste management and infection prevention measures. SO5. Strengthen communication for public education and awareness. SO6. Strengthen capacity of professionals and staff for AMR advocacy and support all areas of work. SO7. Build research and innovation to support policy, good practices, implementation, monitoring and evaluation of AMR activities. The proposed activities under this proposal align specifically with SO1, SO3, SO5 and SO6. |
| Link to country's development priorities | The Royal Government of Cambodia (RGC) has the Rectangular Strategy, National Strategic Development Plan, Sectoral Development Strategies, and other policy documents, investment programmes, and the national budget. The overarching strategies are: The Rectangular Strategy Phase IV ensures development sustainability and poverty reduction in response to the aspirations of the people and both national and international new contexts as the RGC recognized that the Rectangular Strategy for Growth, Employment, Equity and Efficiency is still crucial and suitable for Cambodia to pursue its implementation by keeping the four |

| oritizing the policies and |
|------------------------------------|
| Plan (NSDP) 2019-2023 ⁸ |
| ation of the Rectangular |
| n of the priorities, |
| nentation and with the |
| nitoring and evaluation of |
| g the responsibility of the |
| n angle in order to gain |
| Integration and to move |
| an Upper-Middle-Income |
| e achieving the |
| t Goals 2016-2030. |
| ships Strategy, 2019- |
| veness of the allocation |
| d strengthen policy and |
| ality partnership with |
| |
| |

We the responsible officers of the Tripartite organisations take responsibility for the efficient delivery of this proposal. We confirm that the proposal has been developed in close collaboration with government counterparts and that it is aligned with the wider agenda around the Sustainable Development Goals. We will work to ensure that addressing AMR is appropriately included in the United Nations Sustainable Development Cooperation Framework, and that there is a strategy to sustain and scale up the outputs of this work

 Mr Alexandre Huynh

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 Dr Hirofumi Kugita

 OIE Regional Representation for Asia and the Pacific

 Regional Representative

 Dr Li Ailan

 WHO Representative to Cambodia

⁷ <u>http://iric.gov.kh/rectangular-strategy-phase-iv-in-khmer/</u>

⁸ <u>https://data.opendevelopmentcambodia.net/km/dataset/087e8a03-f09d-4eb2-94f2-</u> 00d8d237b342/resource/bb62a621-8616-4728-842f-33ce7e199ef3/download/nsdp-2019-2023_en.pdf

⁹ <u>http://www.cdc-crdb.gov.kh/dcps/dcps_2019_2023/docs/eng.pdf</u>

Joint Programme Description

1 Baseline and situation analysis

1.1 Problem statement (max 1 page)

Explain the problem to be addressed. Outline how Tripartite action will support national efforts to address such challenges and accelerate progress towards sustainable implementation of the National Action Plan for AMR. This section should emphasize the most critical needs / gaps that the joint Tripartite programme will address. Draw on relevant analysis and information from national and international sources.

The *Situational Analysis on AMR (2017), conducted by the* AMR Technical Working Group under the MOH and MAFF assessed the progress made towards combating AMR in the animal, plant, human and environment sectors and identified gaps in the following areas:

- laboratory capacity, especially in the environment and agriculture sectors;
- multisectoral collaboration to exchange knowledge and information on AMR surveillance in human health, agriculture (animal and plants) and environment;
- effective regulations of antimicrobials in animal, plant and human healthcare;
- research on different aspects of AMR initiatives, especially on the demand-side and operations and implementation;
- good practices on infection prevention and control in health facilities, good animal husbandry practices, water, sanitation, hygiene, food safety inspection and analysis, and waste management;
- public awareness of and advocacy for antimicrobial use and basic practices in animal husbandry, disease prevention in animals and humans and basic health care;
- capacity building of staff and professionals on laboratory practices, surveillance, clinical practice guidelines, infection prevention and control and other areas and
- governance and coordination between and within Ministries including effective partnerships and sustainable financing.

These areas were incorporated in the seven strategic areas of the Multi-Sectoral Action Plan on Antimicrobial Resistance in Cambodia 2019–2023. As described in Project Summary of this proposal, the proposed Tripartite actions will address these gaps by strengthening collaborative work, as described in Table 1.

| Gaps | MPTF Proposal's Corresponding Activity |
|---|---|
| Lack of laboratory capacity, especially in the | Considering the short timeframe of this MPTF proposal, |
| environment and animal and plant sectors. | strengthening lab capacity is not included in the proposal. |
| Limited multisectoral collaboration and coordination | A.1 Support the establishment of an Inter-Ministerial Coordination Committee on Antimicrobial Resistance (IMCC-AMR). A.2 Develop the National Monitoring and Evaluation (M&E) Framework for the Multi-Sectoral Action Plan on Antimicrobial Resistance in Cambodia, 2019-2023, taking into consideration the Monitoring and Evaluation of the Global Action Plan on Antimicrobial Resistance (FAO, OIE and WHO) A.4 Joint One Health meeting to discuss the MSAP progress and the MPTF implementation in Cambodia |
| Lack of regulations on sale and use of antimicrobials and weak enforcement | A.3 Support the review of existing regulatory frameworks, including legislation, for regulating antimicrobial use in humans, animals, plants and environment |
| Limited research on different aspects of AMR initiatives | B.2 Integrative review on antimicrobial use in animal health sector and antimicrobial stewardship or good practices |
| Impartial implementation of good practices (AMS and IPC at healthcare facilities, animal health program and plant production practices, water, sanitation, hygiene, waste management etc) | Partially under Activity A.1; B.2; and B.1 Roll out the National Guidelines for Antimicrobial Stewardship in Health Care Facilities (AMS Guidelines) to selected secondary and tertiary hospitals |

Table 1. MPTF proposed activities to address the Gaps

| | B.3 Development of responsible and prudent use guideline in animals (AMU) and road map toward its implementation in animal health sector B.4 Joint One Health meeting to discuss the antimicrobial stewardship and good practices in critical sectors |
|--|--|
| Lack of public awareness on antibiotic use | C.1 Develop national multisectoral AMR communication strategies focusing on the targeted groups C.2 Develop and disseminated IEC materials on AMR in Khmer Language for campaigns, including but not limited to WAAW C.3 Joint national and sub-national multi-sectoral workshops on AMC and AMU Monitoring amongst the key stakeholders |
| Limited staff capacity on laboratory practices, surveillance, clinical practice guidelines, infection prevention and control | Under Activity B.1; B.2; B3 |

1.2 AMR MPTF Results Matrix (Please refer to Appendix 3)

List the Outcome(s), Output(s) adopted from Tripartite Results Matrix (Appendix 3) and Activities that are designed with the focus of this joint Tripartite programme and identify indicators and baseline data that can be used to measure programme progress.

| Outcome | Output | Activities (short text) | Indicators (MPTF) |
|---|---|--|---|
| Increased comprehensiveness and quality of the policy dialogue and practice | A. Improved countries capacities for designing and implementing AMR-related policy frameworks, investments plans and programmes | A.1 Support the establishment of an Inter-Ministerial Coordination Committee on Antimicrobial Resistance (IMCC-AMR) A.2 Develop the National Monitoring and Evaluation (M&E) Framework for the Multi-Sectoral Action Plan on Antimicrobial Resistance in Cambodia, 2019-2023, taking into consideration the Monitoring and Evaluation of the Global Action Plan on Antimicrobial Resistance (FAO, OIE and WHO) A.3 Support the review of existing regulatory frameworks, including legislation, for regulating antimicrobial use in humans, animals, plants and environment A.4 Joint One- Health meeting to discuss the MSAP progress and the MPTF implementation in Cambodia | The regulatory framework has been reviewed in line with the related international guidance on responsible and prudent use of antimicrobial agents (1.b, MPTF) M& E framework developed |
| Use of antimicrobials optimized in critical sectors | B. Systems for optimized use strengthened in critical sectors | B.1 Roll-out the National Guidelines for Antimicrobial Stewardship in Health Care Facilities (AMS Guidelines) to select secondary and tertiary hospitals | 3. Antimicrobial Stewardship (AMS) program implemented in additional health care facilities |
| | | B.2 Integrative review on antimicrobial use in animal health sector and antimicrobial stewardship or good practices | 4. Guidelines for responsible and prudent use of antimicrobials based on international standards are |

| | | | 1 1 1 1 (6 1 |
|---------------------|------------------------|----------------------------------|------------------------------|
| | | B.3 Development of responsible | developed or revised (6.b |
| | | and prudent use guideline in | MPTF) |
| | | animals (AMU) and road map | |
| | | toward its implementation in | |
| | | animal health sector | |
| | | B.4 Joint One Health meeting to | |
| | | discuss the antimicrobial | |
| | | stewardship and good practices | |
| | | in critical sectors | |
| | | C.1 Develop national | 5. Communications strategies |
| | | multisectoral AMR | developed (7.a MPTF) |
| | | communication strategies | |
| Improved | C. Improved capacity | focusing on the targeted groups. | 6. IEC materials on AMR |
| understanding of | to design awareness | C.2 Develop and disseminated | developed and used for |
| AMR risks and | raising, behaviour | IEC materials on AMR in | nationwide AMR campaigns. |
| response options by | change and educational | Khmer Language for campaigns, | |
| targeted groups | activities | including but not limited to | |
| | | WAAW. | |
| | | C.3 Joint national and sub- | |
| | | national multi-sectoral | |
| | | workshops on AMC and AMU | |
| | | Monitoring amongst the key | |
| | | stakeholders | |

1.3 Stakeholder mapping and target groups (max 2 pages)

Map key stakeholders and briefly explain their involvement in addressing AMR at national level. Focus particularly on stakeholders in areas that will be targeted by the AMR MPTF country grant, identifying their interest and relationships. Please also identify the programme beneficiaries where possible.

There are three important Ministries regarding AMR work in Cambodia, and for the implementation of the MSAP. Their technical and policy mandates are summarized in Table 2.

| Ministry of Health (MOH) | Ministry of Agriculture, Forestry and Fisheries (MAFF) | Ministry of Environment (MOE) |
|---|---|---|
| AMR surveillance Development of laboratories for human health Access to essential anti- infectives, consumables and microbiology items Medicine regulations, quality and pharmacovigilance Health service delivery, clinical guidelines Ensuring infection prevention and control, quality care Health care waste management, biosafety Health promotion Human health resource development Public health research Governance, regulation and policy for the health sector | AMR surveillance Development of animal and plant laboratories Regulation of feeds and agricultural products Standards for use of antimicrobials in animal and plant Good practice guidelines, biosafety Agricultural waste management Promotion of good animal husbandry practice guidelines Agricultural human resource development Animal and plant research Governance, regulation and policy for the animal and plant sector | Surveillance for environmental health and protection Development of environment science laboratories Minimum residue limits Biosafety Waste management in water, soil and environment Human resource development Environment research Governance, regulation and policy for the environment sector |

The MOH, MAFF and MOE develop the legislations and policy matters related to implementation of MSAP on AMR including governance mechanisms, AMR surveillance, AMU monitoring and water, sanitation and

hygiene (WASH). The local governments play an important role in actual implementation and monitoring of AMR/AMU activities in close coordination with the livestock and aquaculture industries and the general public.

The AMR – TWG led by MOH comprising members from the three ministries and the other two AMR-TWGs under MAFF (established in 2017) and MOE (2020), will be the key coordinating body for the overall AMR activities at the national level.

In addition to three ministries, following agencies will be involved in MPTF:

- Cambodia One Health University Network (CAMBOHUN) university members include Preak Leap National College of Agriculture (PNCA), University of Health Sciences (UHS) and Royal University of Agriculture (RUA) to raise awareness of the One Health knowledge and promote the awareness raising on AMR, antimicrobial stewardship and good practice.
- Centers for Disease Control and Prevention (US-CDC) https://kh.usembassy.gov/embassy/phnom-penh/sections-offices/cdc/ works with the Ministry of Health and other partners to address HIV/AIDS, global health security, malaria, influenza, and other urgent public health issues. US-CDC also helps strengthen the country's ability to prevent, detect, and respond to infectious disease outbreaks and provides support for coordinating International Health Regulations activities including antimicrobial resistance by strengthening the quality of laboratory systems in Cambodia to accurately diagnose, monitor, and treat infections from HIV/AIDS, tuberculosis, influenza viruses, and other pathogens. The most recent Standard Operation Procedures for Cambodia Laboratory-based AMR Surveillance System (2017, MOH) has been developed with support of US-CDC along with other development partners.
- **Diagnostic Microbiology Development Program (DMDP)** <u>https://dmdp.org/</u>) staff train and mentor Cambodian government physicians, nurses and pharmacists on ordering microbiology tests, appropriate collection of specimens, interpretation of laboratory results, and effective treatment of infectious diseases. The DMDP laboratory and clinical teams coordinate their efforts with Cambodian government colleagues at the national and hospital level to develop national guidance, training, and standard operating procedures (SOPs) to effectively implement surveillance of Antimicrobial Resistance (AMR), Antimicrobial Stewardship (AMS), Biosurveillance for rare and endemic pathogens, such as *Burkholderia pseudomallei*, and improved patient care and public health.
- **Institut Pasteur du Cambodge (IPC)** <u>https://www.pasteur-kh.org/</u> is a leader in biomedical research with a goal of serving the public health. Areas of research include infectious diseases including microbiology labs, virology, parasitology teams as well as epidemiology. They are also contributing in research networking, validating the lab results, providing technical advices. They were the first to conduct the environmental sampling from sewage water in Phnom Penh as part of global surveillance of infectious diseases and antimicrobial resistance from sewage. The Birdy project that monitoring the resistance to antibiotic in pregnant women and new-born enfants and also susceptibility and resistant genes among *E. coli* in markets and among *Salmonella* in chicken value chains and in patients.

2 Programme strategy

2.1 Overall strategy (max 2 pages)

Summarize the strategy of the joint Tripartite programme, including:

- a) why it is transformational (will deliver results at scale);
- b) why it is better than alternative approaches;

FAO, OIE and WHO are committed to working more closely together to align activities related to the animalhuman- ecosystems interfaces in order to support member countries. The emergence of new and existing animal diseases, including zoonoses, the growing threat of transboundary animal diseases, the impact of environmental changes and globalization, as well as new societal demands related to food security, food safety, public health and animal welfare, emphasize the critical need for collaboration between the three organizations by applying a comprehensive One Health approach¹⁰. The proposed MPTF proposal activities are in line with the <u>Multi-</u>

¹⁰ The FAO-OIE-WHO Collaboration: Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces- A Tripartite Concept Note

<u>Sectoral Action Plan</u> (MSAP) on Antimicrobial Resistance in Cambodia, 2019-2023 which urges for a collaborative, coherent, comprehensive and integrated approach towards prevention and containment of antimicrobial resistance in Cambodia.

c) how it contributes to accelerate the progress on achieving the NAP;

The strategy of the Tripartite envisages complementary work to strengthen multi-sectoral collaboration to enable implementation and monitoring the MSAP which is one of the priorities of the Royal Government of Cambodia and of the United Nations Development Assistance Framework, 2019-2023. Due to unprecedented situation of COVID-19 pandemic, the MSAP implementation has been stalled ever since its launch in December 2019. The MPTF project will retrieve initiatives and activities of relevant ministries on MSAP by effectively engaging and supporting collaborating to implement the project activities.

d) what will be the added value of the Tripartite;

The UN's comparative advantage in Cambodia is defined by its evolving role in policy advisory work, which is underpinned by its specialist technical assistance, access to global and regional network, strong relationship with the Royal Government of Cambodia, convening power with development partners, civil society and the private sector, and the ability to influence norm setting and policymaking¹¹. The Tripartite along with other development partners has been supporting the Royal Government of Cambodia in their efforts to develop and implement policies, strategies and guidelines on combating AMR.

e) how it relates to AMR GAP priorities and initiatives;

MSAP's relationship with the Global Action Plan on Antimicrobial Resistance (AMR GAP) is outlined as below. MSAP Strategic Areas: AMR GAP objectives



f) how the programme would support government, and how government will sustain and scale results

The programme builds a strong foundation for successful and timely implementation of the MSAP by establishing a higher-level inter-ministerial committee which coordinates cross-sectoral activities for AMR using a One Health approach and developing a clear monitoring and evaluation framework for effective

¹¹ Page 15, UNDAF Cambodia, 2019-2023

implementation for better governance and accountability. Communication strategies and materials developed during the programme implementation will be used for continuing campaigns and activities for optimizing the use of antimicrobial medicines in the human, animal, plant food and environment sectors.

g) how this programme fits with existing work of tripartite organisations and other development partners.

Following the Global Action Plan, FAO developed an action plan for Antimicrobial Resistance 2016-2020 to support the food and agriculture sectors in implementing the Global Action Plan on Antimicrobial Resistance. There are four focus areas: i) improve awareness on antimicrobial resistance and related threats; ii) develop capacity for surveillance and monitoring antimicrobial resistance and antimicrobial use in food and agriculture; iii) strengthen governance related to antimicrobial use and antimicrobial resistance in food and agriculture; and iv) promote good practices in food and agriculture systems and the prudent use of antimicrobials. In 2016, the OIE Strategy on Antimicrobial Resistance and Prudent Use was published to outline strategies in the animal health sector (OIE 2016). In 2014, Member States in the Western Pacific Region endorsed the Action Agenda for Antimicrobial Resistance in the Western Pacific Region (WHO 2015b) during the Sixty-Fifth Session of the WHO Regional Committee focusing on the development of national action plans, increasing awareness in other sectors, and strengthening health systems and surveillance. In 2019, the 70th Regional Committee endorsed the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region advocating new ways of working in the Region to slow the spread of AMR and avert its impact and to implement sustained and future-oriented solution with actions contextualized to their needs and situations through broad societal participation and movements. Specifically, the Framework guides countries: (i) to strengthen systems as foundation for sustainable actions; (ii) to work beyond health; (iii) to take actions today, guided by their vision of the future; and (iv) to build solutions from the ground up, while ensuring country impact. Moreover, Cambodia- WHO Country Cooperation Strategy 2016-2020 advocates for implementation of a "One Health" approach to AMR and the Country Programming Framework of FAO 2019-2023 advocates for supporting the national efforts to combat antimicrobial resistance using a One Health approach.

h) what is the anticipated situation after this phase of the joint Tripartite programme is effectively completed?

It is anticipated that implementation of MSAP will be advanced by adopting a collaborative, coherent, comprehensive and integrated approach towards suitable prevention and containment of antimicrobial resistance in Cambodia (refer to 1.3 Expected Results and Narrative)

The MSAP's objectives are:

- 1. Establish a unifying framework and governance mechanisms that enable ministries and other stakeholders to collaborate.
- 2. Outline gaps and challenges in areas that directly influence AMR.
- 3. Set strategic areas, objectives and activities to guide annual planning, communication and resource mobilization for stakeholders to ensure coordinated effort

2.2 Theory of Change (max 2 pages)

The ToC is not a plan or a results framework but the description of the rationale behind those. The ToC provides the basis for managing for results. Managing for results starts during the preparation and planning phase of programmes

What results (please refer to Tripartite Results Matrix) are the Tripartite collaboration trying to achieve? How do different results relate to each other?

The Theory of Change sets out the logic from inputs to activities to outputs and outcomes towards achieving the overall Impact Goals of this proposal: Explicit commitments on AMR based on evidence and quality day and improved use of antimicrobial associated behaviours and practices.

The progress of the proposal will be monitored through achievement of the three outcomes and the outputs will contribute towards achieving the outcomes. Eleven activities have been identified to achieve the outputs. The activities are interconnected; for example, the review of existing KAP surveys and other literature on

antimicrobial use in animal sector and consumption in human health sector will inform the content of guidelines in animals on prudent use. These activities may also inform AMR communication strategies. The intended outcomes are therefore also related. An increased understanding of AMR risk may results in change in practice that would result in optimizing AMU in critical sectors. The idea is to progressively lay the foundation for enhanced intersectoral coordination amongst the key stakeholders working on AMR/AMU in Cambodia, especially the key decision makers so as to ensure smooth implementation of the proposed activities on antimicrobial stewardship and risk communication. Although, it is not easy to bring about behavioural changes in people's mindset, COVID-19 has brought rapid transformation in how people maintain personal hygiene. This project will build upon such positive outcomes.

What is the priority objective from the perspective of project partners? What does the project assume responsibility for? What contributions do partners make towards achieving results? Can the objectives be achieved using the resources that the partners are able to provide?

The priority objective of the project partners (MOH, MOE, MAFF) is the implementation of the MSAP, which this proposal supports. Therefore, their involvement will be critical to achieve the outcomes. The Tripartite will use its influence at all levels to encourage initiation and functioning of intersectoral coordination mechanisms to accelerate implementation of the MSAP. They will contribute their technical expertise from their relevant sector as well as ensuring stakeholders are engaged to establish Inter-Ministerial coordination and implement the remainder of the activities.

The key assumptions underlying the Theory of Change for this support are as follows:

- AMR remains a high-level political priority at the national level
- Partners are sufficiently engaged to develop TORs for a high-level steering committee and thus commit to strengthening intersectoral collaboration and domestic resource allocation to ensure implementation of MSAP
- Policy makers, health care practitioners, dispensers and other key stakeholders commit to applying, promoting and monitoring the prudent use of antimicrobial agents based on the evidence, guidelines and legislative framework generated through the activities
- The communication strategies and identified activities are the most appropriate way to engage target groups and to increase their understanding of AMR risks and AMU behaviours.
- Any changes in understanding of AMR risk also contributes to changes in behaviours for optimized AMU in critical sectors.

What does the project assume responsibility for?

The project assumes responsibility to implement the identified activities in close collaboration with the country stakeholders and partners. The project intends to advocate on the importance of intersectoral coordination mechanisms for sustainable action against AMR; importance of implementing the antimicrobial stewardship across critical sectors; and actively engage all stakeholders including the livestock producers, veterinarians, drug manufacturers, suppliers, importers, regulators, policy makers and ultimately the consumers and general public.

What contributions do partners make towards achieving results?

The Tripartite, using its expertise and network of experts, will bring and share good practices on intersectoral coordination, antimicrobial stewardship, and effective communication strategies. The national partners will use their knowledge and experiences gained so far to identify gaps and means of bridging the gaps during the consultation meetings in order to jointly address the threat of AMR in Cambodia.

Can the objectives be achieved using the resources that the partners are able to provide?

As the project activities will be implemented under the oversight of the Tripartite and its national partners, using collective wisdom, it is expected that the objectives set out can be achieved using the resources allocated as per the project proposal.



2.3 Expected results and Narrative (max 2-3 pages, excluding tables)

This narrative should relate directly to the work plan (Annex 4) and log framework (Annex 1)

Describe the Tripartite activities and outputs and outline the interrelationship between them and how they can contribute to the outcome.

The Tripartite proposal activities include: 1) Support the establishment of an Inter-Ministerial Coordination Committee on Antimicrobial Resistance (IMCC-AMR); 2) development of the National Monitoring and Evaluation Framework for the Multi-Sectoral Action Plan on Antimicrobial Resistance in Cambodia, 2019-2023, taking into consideration the Monitoring and Evaluation of the Global Action Plan on Antimicrobial Resistance (FAO, OIE and WHO); 3) support the review of regulatory frameworks, including legislation, for regulating antimicrobial use in human, animal, plants and environment; 4) Joint One- Health meeting to discuss the MSAP progress and the MPTF implementation in Cambodia; 5) roll-out of the National Guidelines for Antimicrobial Stewardship in Health Care Facilities (AMS Guidelines) to selected secondary and tertiary hospitals; 6) integrative review on antimicrobial use in animal health sector and antimicrobial stewardship or good practices; 7) development of responsible and prudent use guideline in animals (AMU) and road map toward its implementation in animal health sector; 8) Joint One Health meeting to discuss antimicrobial stewardship and good practices in critical sectors ; 9) development of national multisectoral AMR communication strategies focusing on the targeted group; 10) development and dissemination of IEC materials on AMR in Khmer Language for campaigns, including but not limited to World Antimicrobial Awareness Week (WAAW); and 11) joint national multi-sectoral workshops on AMC and AMU Monitoring amongst the key stakeholders.

These activities would contribute directly and indirectly to the following three outcomes:

- A. Increased comprehensiveness and quality of the policy dialogue and practice
- B. Use of antimicrobials optimized in critical sectors
- C. Improved understanding of AMR risks and response options by targeted groups

Indicate which Tripartite partner(s) will be accountable for the delivery of specified results at activity and output level.

The Tripartite has reached a consensus that WHO would be accountable for Output A activities, FAO for Output B Activities and OIE for Output C activities as described in Annex 4.

Refer to the pre-determined outcomes/outputs of the AMR MPTF ToC.

The priority objective of the project partners (MOH, MOE, MAFF) is the implementation of the MSAP, which this proposal supports. Therefore, their involvement will be critical to achieve the outcomes. The tripartite will use its influence at all levels to encourage initiation and functioning of intersectoral coordination mechanisms to accelerate implementation of the MSAP. They will contribute their technical expertise from their relevant sector as well as ensuring stakeholders are engaged to establish Inter-Ministerial coordination and implement the remainder of the activities.

The Tripartite, using its expertise and network of experts, will bring and share good practices on intersectoral coordination, antimicrobial stewardship, and effective communication strategies. The national partners will use their knowledge and experiences gained so far to identify gaps and means of bridging the gaps during the consultation meetings in order to jointly address the threat of AMR in Cambodia.

Identify capacity needs and precondition requirements of government to sustain results.

Technical coordination, monitoring and information sharing are managed by the AMR Technical Working Group (TWG) with MOH Communicable Disease Control Department (MOH CDC) hosting the Secretariat. The working group includes MAFF, MOE and other ministries, the Royal University of Agriculture, the University of Health Sciences, FAO, WHO and other partners as members. MAFF has a technical working group with members from within their ministry and are responsible for coordinating AMR work and information sharing.

Though TWGs exist, continuing technical support from the Tripartite and other development partners is required to sustain the progress made in implementation of AMR policy and guidelines. The tripartite will engage closely with the TWGs and share information about latest initiatives, guidelines, technical updates on AMR/AMU that the TWG should be aware of before the implementation of the project activities. It is envisioned that the Inter-Ministerial Coordination Committee along with TWGs would, ideally, have mechanisms to monitor the MSAP and MPTF implementation progress and ensure their continuity.

Indicate trans-boundary and regional issues and opportunities where relevant

The Association of Southeast Asian Nations (ASEAN) community recognizes the AMR problem and the need for integrated and multisectoral efforts on AMR in its Member Nations. The *ASEAN Leaders' Declaration on AMR: Combating AMR* (ASEAN 2017) endorses the One Health Approach of the Global Tripartite Collaboration of FAO, OIE and WHO and the Asia-Pacific One Health Initiative on AMR. The AMR concern is tenth among 20 priorities in the *ASEAN Post-2015 Health Development Agenda*. ASEAN Member Nations are urged to strengthen several areas as part of their national strategies to combat AMR: multi-sectoral participation, awareness and advocacy, training of professionals and students, regulatory systems, pharmaceutical and food supply chain management, agricultural value chains, environmental management, quality antimicrobials, antimicrobial stewardship, infection prevention and control, laboratory capacity and AMR surveillance and research in health, environment and agriculture. Publication "Rational Use of Medicines in the ASEAN Secretariat, March 2017)¹² acknowledges that the over-the-counter availability of antibiotics and injections without any prescription in more than half of the countries is an alarming problem that shows weak regulatory oversight and the lack of provider and consumer knowledge on rational use of medicines.

However, best practices from malaria and tuberculosis programmes in Cambodia have shown that restricting and regulating access to medicines can have a major impact to combat and contain antimicrobial resistance.

¹² <u>https://asean.org/storage/2017/04/4.-March-2017-Rational-Use-of-Medicines-in-the-ASEAN-Region.pdf</u>

Briefly outline the expected progress towards the selected outcome(s) from Tripartite AMR result matrix.

It is expected to achieve the following progress towards the selected outcomes:

- Inter-ministerial coordination committee exists for better coordination and monitoring of the MSAP
- The regulatory framework reviewed in line with the related international guidance on responsible and prudent use of antimicrobial agents
- Monitoring and Evaluation Framework developed
- Knowledge, attitude and practice on antimicrobial use documented
- Guidelines for responsible and prudent use of antimicrobials based on international standards are developed and revised
- Communications strategies developed and/or implemented
- IEC materials on AMR developed and used for nationwide AMR campaigns.

Describe the changed situation with respect to AMR management in the country at the end of this phase of investment. Do it in the form of storytelling, as a future scenario for early 2022 (not longer than half a page).

At the end of this phase of investment, the situation with respect to AMR management in the country is expected to gain a progressive improvement towards an effective multi-sectoral collaboration across different sectors and government institutions and the technical working groups in human and agriculture, as well as the environment sectors. So far, the AMR-TWGs have played a crucial role in coordinating AMR activities and have been a crucial platform for sharing information on overall AMR implemented activities in the relevant sectors and in the country. Engaging to elevating the responsibility of the TWGs and Inter-ministerial coordination committee will increase their visibility and roles to strengthen the capacity of the relevant and responsible instructions, stakeholders and sectors.

The linkage and integration of activities through the selected outcomes (mentioned in the above section) are the principle structure to contribute to the implementation and achievements of the planned activities and tasks designed/assigned in the country's MSAP on AMR. Progressing of the MSAP is critically essential towards the enhancing the country's situation on AMR management by the end this proposed project. More engagement and fund allocation to be made available for core AMR management activities proofed under this project will be taken into the consideration by the Government for a long run. Narrowing environmental and agricultural gaps on AMR management and bringing them to close level of human health will enable smooth collaboration for achieving SDGs and improving the public health.

How the joint Tripartite programme will contribute to strengthened gender and equity issues (avoiding disadvantage to vulnerable groups)?

The need to take a gender and equity focus in all efforts to protect and improve population health is widely acknowledged in a variety of global mandates and instruments. This includes, for example, the Sustainable Development Goals (SDGs), the UN Development Assistance Framework (UNDAF) and WHO's Constitution and overarching strategic plan. "Leave no one behind" is a core principle of the Sustainable Development Goals (SDGs). Equity, human rights and gender equality are central to all the goals, while SDG 3 calls for universal health coverage and health and well-being for all at all ages.

Cambodia was ranked 93rd out of 144 countries in the 2018 Global Gender Gap Report with 75th for health and survival and 119th for educational attainment¹³ though a significant progress was made along many dimensions of human development. The UNDAF Cambodia thrives to provide strengthened targeting and integration of specific gender inter vent ions across all programme areas through supporting systematic efforts to remove gender biases and discrimination in existing laws, policies and practices; enhancing women's voice and agency through participation in decision-making at all levels; supporting women's equal access to assets, financial services, information and communications technology and economic opportunities; promoting the safety and human rights of women and girls by addressing gender-based violence; and challenging discriminatory social

¹³ http://www3.weforum.org/docs/WEF_GGGR_2018.pdf

norms, including through the engagement of men and boys in partnership and coordination with the Royal Government of Cambodia and key stakeholders.

Moreover, the recent "Policy and Strategic Plan on Gender Integration in Health Sector (2019-2023)" acknowledges that gender integration in health sector is an important step for achieving universal health coverage and promotes to address the gender inequity across all levels of health care facilities and relevant stakeholders. This Policy and Strategic Plan including a specific Workplan on Gender Integration will be published and be extended to the private sector at national and subnational levels of the Kingdom of Cambodia.

MPTF will contribute to strengthened gender and equity issues by undertaking applying the following integrated approaches:

- Leverage discussions on gender and equity in human and animal health systems during the development of tools and guidelines (such as M&E framework, ToR of IMCC, IEC materials etc) taking into account the UNDAF and the WHO Working Paper "Tackling Antimicrobial Resistance Together: Enhancing the focus on gender and equity" (2018)¹⁴ as well as the most recent MOH Policy and Strategic Plan on Gender Mainstreaming in Health, 2020-2024.
- Understand and acknowledge patient-related and socio-economic determinants on how men and women, and different groups in society, may be differently at risk of or impacted by AMR and use evidence to address barriers on gender and equity. This includes, but not limited to point-prevalent survey, antimicrobial consumption, consolidation of the KAP surveys and IEC materials as well as public awareness campaign.
- Build capacity among technical staff and dedicating adequate resources to promote gender equality and gender mainstreaming in tacking AMR in Cambodia
- Strengthen engagement with civil society and fostering their participation in MPTF implementation. A gender analysis review will be carried out, and implementation plans will be adjusted and refined as needed, to ensure that findings and recommendations to be made are taken into consideration.

2.4 Budget, sustainability and value for money (max 2 pages)

Justify the budget in terms of "value for money." Give specific examples of how costs have been contained (economy) and how the joint Tripartite programme design represents the most efficient approach

The MPTF project is a true multisectoral project starting from conceptualisation, planning of activities, budgeting and implementation with the tripartite taking lead in close consultation with the stakeholders in Cambodia. This translates into a big "value for money" since the tripartite is now working together instead of working in isolation as used to be the case in the past. Thus, the key stakeholders working on AMR in Cambodia has one point of contact (tripartite), instead of approaching separately, which ensures harmonisation of activities, and effective use of time and resources to produce tangible outputs that directly addresses AMR and AMU issues in Cambodia. Except for few new staff to be recruited, the project will make use of the existing human resources available in the tripartite and the key stakeholders (MoH, MAFF) to implement the project activities.

For the output B. *Systems for optimized use strengthened in critical sectors*, the project will a literature review and analysis on the data on knowledge, attitude and practices (KAP) on antimicrobials usage in animal sector obtained from several studies undertaken in the past. The outputs of this will be the basis for developing antimicrobial stewardship guideline thus circumventing the need to conduct new KAP studies.

Outline the options considered for to identify the most efficient and effective intervention to address the problem.

As intersectoral coordination at the policy and decision makers' level seem to be an issue in Cambodia, the tripartite will leverage its influence and inputs to the optimum to ensure productive engagement of the high-level officials in the key ministries. It is proposed that at the launching ceremony, the tripartite will participate with delegation representing global, regional and country offices and conduct separate meetings with the ministries responsible for MSAP implementation. Every effort will be made to share good practices on One

¹⁴ <u>https://www.who.int/antimicrobial-resistance/national-action-plans/AMRGenderEquityGuidance-Sept2018.pdf</u>

Health (from other countries) and the benefits of a functional intersectoral coordination mechanisms to propel the implementation of MPTF activities.

Sustainability: Describe how the approach to delivery will enhance the chances that impact and benefits will be sustained after the end of the joint Tripartite programme.

The activities on strengthening intersectoral coordination mechanisms (Output A) and implementation of MSAP will directly contribute to the establishment of a functional governance mechanism for continued implementation of AMR focusing on antimicrobial use activities and development of regulations for antimicrobial use. The activities on strengthening antimicrobial stewardship program (Output B) will roll out antimicrobial stewardship program in health care facilities and develop a guideline that would be used by the relevant agencies in enhancing supervision and monitoring of antimicrobial usage in human and animal health sectors. The communication activities under Output C will enable widespread information sharing about AMC/AMU amongst the stakeholders which is then expected to bring about behavioural changes in the way how AMR issues are considered.

Demonstrate how long-term financial sustainability will be secured at the end of the programme.

One of the key principles of the MPTF project is to showcase to the stakeholders in Cambodia the benefits of intersectoral coordination in addressing AMR/AMU with the government leading by example (TWGs and high-level intersectoral coordination bodies) supported by the private sector, civil societies and the public. Thus at the end of the project, it is envisaged that these key stakeholders will appreciate the value of working together and complementing each other's initiatives in addressing AMR/AMU issues.

Demonstrate how the intervention supports equitable and sustainable outcomes.

The MPTF activities are targeted to engage all stakeholders responsible directly or indirectly in addressing AMR/AMU issues such as policy and decision makers, technical staff, private sector (livestock and aquaculture producers, drug manufacturers, importers, wholesalers, distributors, retailers, animal feed manufacturers), clinicians, diagnosticians, academicians, small scale farmers and the public. Thus the benefits of this project is expected to be more broader and thus equitable.

2.5 Partnership and stakeholder engagement (max 2 pages)

Briefly explain:

- a) how this joint Tripartite programme would support the work of the National AMR coordination committee;
- b) which government departments would be involved in programme delivery and what is their role; and
- c) the unique contribution of the Tripartite.

The Tripartite (FAO Cambodia, WHO Cambodia, OIE SRR-SEA Bangkok and OIE RRAP Tokyo) will closely coordinate with the MoH, MAFF, MoE and other key stakeholders including the private sectors, academia in planning and implementing the activities. The WHO will primarily work with the Ministry of Health through the Communicable Disease Control Department and DMDP and US-CDC whereas the FAO and OIE will work with the MAFF through the AMR-TWG of MAFF agriculture and food component. The Tripartite will also work with the MoE for environmental related issues related to AMR such as WASH. The regional One Health Tripartite Coordination Group is actively engaged both within the tripartite and with Cambodia in promoting the use of One Health approach in addressing threats including AMR. The regional tripartite is well aware of the needs and capacities in Cambodia in addressing AMR/AMU issues.

Strategic contributions from other partners and the ways in which other stakeholders (including the financial sector and private investors/capital) will be involved and/or consulted.

In order to achieve the set objectives of this project, adequate consultations will be done with the relevant stakeholders both within the government sectors, existing development partners as well as with the private sectors so that the activities can fill the current gaps and challenges in addressing AMR/AMU issues. The activities will engage the participation from the government body including the academia from national and subnational level (province and community). There are networks and linkages from activities/project that were implemented and supported by other donors (USAID, Fleming Fund, ADB, KOICA etc.,) and development

partners (DMDP, IPC, US-CDC) or build on this continual support. The private sector including livestock industries, aquaculture industries, livestock associations, pharmaceutical companies/distributers and medical council and association, are also key element to be involved and consulted.

Explain how the joint Tripartite programme will pool and mobilize expertise from across the Tripartite at country, regional and global levels

The Tripartite is in a unique position to pool and mobilise experts on AMC/AMU from country, regional and global levels. Additionally, with its pool of expertise from the network of AMR leading institutions in the Asia Pacific Region, the tripartite can coordinate provision of expertise/consultations needed for the planning, implementation, and monitoring of the MPTF activities. The tripartite also has strong collaboration with the UNEP in the region and can facilitate expert consultations on WASH/AgriWASH that is relevant to this project.

Explain how you plan to engage with existing AMR donors delivering assistance at country level in areas related to the joint Tripartite programme taking advantage of potential synergies and avoiding overlaps. If there is a risk that there might be double counting of results between existing programmes explain how this will be avoided.

As all the other donors and agencies working on AMR/AMU are anyway expected to work primarily with the MOH, MAFF and MOE at the national level, it is expected that these primary government agencies will finally decide what activities are to be undertaken by each of the donors/agencies without duplication and embracing synergies. The multisectoral AMR – TWG that host regular monthly meeting has served as an important and unique platform for information and result sharing, consulting project plans on AMR in the country. The meetings provided direct guidance to projects/program both technical and administrative produce in implementing the work. The tripartite, on its own, will also liaise and coordinate closely with these stakeholders to ensure synergies and complementarities rather than duplication of activities. A national multisectoral workshop at the launch of the project will provide opportunity to invite all relevant donors/agencies working on AMR/AMU in Cambodia.

2.6 Programme implementation in the light of COVID-19

Explain how programme implementation may be affected by COVID 19.

As of 12 August 2020, 268 confirmed cases of COVID-19 have been reported from Cambodia, of which 220 have recovered. Cambodia remains in transmission stage 1, where all cases are imported or epidemiologically linked to a confirmed case. The Royal Government of Cambodia made the fight against COVID-19 its priority. The National Master Plan, which has been implemented through a multi-sectoral approach, has four strategic objectives: to reduce and delay transmission, to minimize serious disease and reduce associated deaths, to ensure ongoing essential health services particularly during epidemic peak periods; and to minimize social and economic impact through multisectoral partnerships. As the technical department, Communicable Disease Control Department of the MOH (MOH-CDC) continues to implement and coordinate the COVID-19 response and prepare for a large-scale community transmission, including scenario planning, advising on key public health measures, relaxing or strengthening non-pharmaceutical interventions. MOH-CDC trains Rapid Response Teams (RRTs) at provincial level to build their surveillance and contact tracing capacities with support from technical partners, including WHO, US-CDC and Institute Pasteur Cambodia. As such, the implementation of the MPTF proposal will be affected if Cambodia progresses to localized transmission within the community, which requires increased testing, exhaustive contact tracing and management and isolation of cases or if Cambodia progresses to widespread community transmission. Identify how you plan to mitigate any COVID 19 related risks.

In order to mitigate any COVID-19 related risks, the Tripartite will recruit consultants and technical staff who will provide hands on technical support to relevant ministries and TWGs for the implementation of the proposal activities as most of activities under this proposal include review and development of documents such as monitoring and evaluation framework, antimicrobial stewardship activities, IEC materials etc. Some activities such as launching, national consultations etc will be converted to virtual form.

Explain aspects of the proposed programme that have changed from the concept note to align more closely with the national COVID 19 response.

The concept note Output A "Risks and benefits of AMR reflected in national budgets and in development/multilateral partner sector-wide investments" has been changed to "Increased comprehensiveness and quality of the policy dialogue and practice" and Activity A.2 "Support the implementation of the MSAP aligned with annual operational plans, strategies and activities of ministries and partners" is dropped as government priorities have been repurposed to implement to the COVID Master plan. It is not clear what strategies and plans will be developed in 2021 and beyond.

2.7 Communication, Advocacy and Lesson Learning

Identify opportunities for advocacy within the joint Tripartite programme.

The MPTF Cambodia project should be highlighted as a unique example of how the tripartite and the key One Health stakeholders in Cambodia are working together to address AMR issues in Cambodia. This should be done through various forums including national television, national radio, social media, official communication, etc. Maximum publicity should be targeted at the launching ceremony so that all stakeholders are aware of the project activities and there is good cooperation in the planning and implementation of activities.

Identify aspects of the programme that might be particularly interesting for targeted communication and lessons learning.

The focus should be in raising awareness from the highest political level to the regulators, private sectors, producers, and consumers. Messages on responsible and prudent use of antimicrobials; conservation of critical antimicrobials and phasing out of growth promoters; improving hygiene and biosecurity of farms, and responsibilities of each stakeholders in the food animal production chain should be reiterated.

Identify opportunities for high-level strategic influencing, communication and advocacy.

The activities under output 1 will take care of raising the agenda of AMR/AMU for high-level strategic influencing and advocacy at the highest levels in the governance structure. In the Output C, develop national multi-sectoral AMR communication strategies focusing the targeted groups will also be intended to influence the stakeholders at the high level.

3 Programme implementation

3.1 Governance and implementation arrangements (max 3 pages)

Explain the composition, roles and responsibilities of Country AMR MPTF Team, including the implementation arrangements, roles and responsibilities of each Tripartite organisation.

The country AMR MPTF team will consist of the following:

- Representatives from Human Health Sector including Ministry of Health; Diagnostic Microbiology Development Program; WHO and Institute Pasteur de Cambodge. This team will support the implementation of MPTF activities to be led by the human health sectors in close coordination with the tripartite, country partners, national and provincial governments, and private sectors.
- Representatives from Animal Health Sector including Ministry of Agriculture, Forestry and Fisheries; Royal University of Agriculture; FAO and OIE. This team will support implementation of MPTF activities to be led by FAO and OIE in close coordination with the tripartite, country partners, national, provincial governments, and private sectors

Explain how the day to day programme operations will be coordinated (through the appointment of a national coordinator based in one of the agencies, or in the national coordination office).

The MPTF focal points in FAO and WHO country offices and the OIE regional focal point will be the key persons of coordination for the MPTF activities in close consultation and coordination with the key agencies under the MOH, MAFF and MOE. For the animal health sector, the MPTF team will liaise closely with the GDAHP and the AMR technical working group of MAFF to implement the activities whereas for human health sector, the MPTF team will work with the Communicable Disease Control Department (which is the MOH TWG Secretariat) of MOH.

Explain the role of the leaders of Tripartite Organisations in providing strategic oversight in raising AMR as a political and development issue with government and other stakeholders, and in engaging relevant stakeholders in decision making when necessary.

The tripartite will try to raise the issue of MPTF project implementation to the highest level by engaging the policy makers and decision makers in the Cambodian government. It is expected to field a high-level team from the tripartite at the launching program of the MPTF project to make this happen.

Explain government-level engagement and leadership including how the results of the joint Tripartite programme will be internalised and sustained by government and other stakeholders.

The activities in the MPTF has been consulted in detail with the key decision makers in the MoH and MAFF and therefore ensuring proper buy in of the proposal. Efforts will be made to ensure that for all activities to be implemented, the key stakeholders responsible will be tasked to take lead through support of the tripartite so that there is ownership of the outputs and ensure sustainability.

Explain how the AMR MPTF country programme will fit with ongoing activities of government, the tripartite and other donors, and, where appropriate, how this avoids duplication or introducing parallel structures. Do not explain the accountability for specific outputs and outcomes because it should be covered in the previous section. Focus on coordination, decision-making, reporting.

As consultations have been made in detail with relevant stakeholders within the government, it is expected that the activities are in line with the needs of the stakeholders in Cambodia and that they do not duplicate what is already done or ongoing.

3.2 Monitoring, reporting and evaluation

Sections 3.2 and 3.3 are standard text required for UN trust fund management. Country teams should note these arrangements.

Reporting on the AMR MPTF will be results-oriented, and evidence based. Each Tripartite organisation will provide the Convening/Lead Agent with the following narrative reports prepared in accordance with instructions and templates developed by the Tripartite Joint Secretariat on AMR:

- Annual narrative progress reports, to be provided no later than three (3) months (31 March) after the end of the calendar year, and must include the results matrix, updated risk log, and anticipated activities and results for the next 12-month funding period;
- Mid-term progress review report to be submitted halfway through the implementation of the Joint Programme¹⁵ (depending on timing this may merge with the annual report);
- Final consolidated narrative report, after the completion of the joint Tripartite programme, to be provided no later than three (3) months after the operational closure of the activities of the Joint Tripartite programme.

As a minimum, the Tripartite Joint Secretariat on AMR will prepare and report on the activities funded through the AMR MPTF on a 6-month monitoring basis. Additional insights (such as policy papers, value for money analysis, case studies, infographics, blogs) might need to be provided, per request of the Tripartite joint Secretariat on AMR. The joint Tripartite programme will allocate resources for monitoring and evaluation in the budget.

Data for all indicators of the results framework will be shared with the Joint Tripartite Secretariat on AMR on a regular basis, in order to allow the Fund Secretariat to aggregate results at the global level and integrate findings into reporting on progress of the AMR MPTF.

You will be required to include information on complementary funding received from other sources for the activities supported by AMR MPTF, including in-kind contributions and/or South-South Cooperation initiatives, in the reporting done throughout the year.

¹⁵ This will be the basis for release of funding for the second year of implementation

Headquarters' level shall provide the Administrative Agent (UNDP MPTF Office) with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows (more information on the reporting will be provided at the later time):

- Annual financial reports as of 31 December each year with respect to the funds disbursed to it from the AMR MPTF, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the AMR MPTF and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of the Fund Secretariat.

The joint Tripartite programme may be subjected to a Programme Review (methodology to be determined) or joint final independent evaluation (JFEI) by the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of PUNOs.

3.3 Accountability, financial management, and public disclosure

Standard text – do not change.

The AMR MPTF will be using a pass-through fund management modality where **UNDP Multi-Partner Trust Fund Office** will act as the Administrative Agent (AA) under which the funds will be channelled for the MPTF through the AA. Each Tripartite organisation receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Tripartite organisation shall assume full programmatic and financial accountability for the funds disbursed to it by the AA of the AMR MPTF (Multi-Partner Trust Fund Office). Such funds will be administered by each Tripartite Agency, in accordance with its own regulations, rules, directives and procedures. Each Tripartite agency shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the AA.

Indirect costs of the Tripartite Organizations recovered through programme support costs will be 7%. All other costs incurred by each tripartite agency in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding by the AMR MPTF will be provided on annual basis, upon successful performance of the programme.

Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the AMR MPTF.

Each Tripartite organisation will take appropriate measures to publicize the AMR MPTF and give due credit to the other Tripartite agencies. All related publicity material, official notices, reports and publications, provided to the press or Fund beneficiaries, will acknowledge the role of the host Government, donors, tripartite partners, the Administrative Agent, and any other relevant entities. In particular, the AA will include and ensure due recognition of the role of each Participating Organization and partners in all external communications related to the AMR MPTF.

*Legal Clause: Please indicate if a UNDAF or UNSDCF containing Legal Context information exists currently in the country, if yes, please provide a copy; if no, please include FAO Legal Provisions as appendices (Appendices 2.1 and 2.2) to the document before signing with the Government.

| Yes | |
|-----|--|
| No | |

Annexes

| Annex 1 - Log Framework Template | |
|----------------------------------|----------|
| AMR MPTF Log framework | Cambodia |
| | |

Impact:

- Countries make explicit commitments (policies, investment plans, programmes, legal frameworks, resources allocation) on AMR based on evidence and quality data
- Antimicrobial use associated behaviours and practices sustainably improved in critical sectors

| Objectives | Indicators | Sources of verificat | tion | Key assumptions and risks |
|---|---|---------------------------|---|--|
| MPTF Outcome Objectives Prefill from the Tripartite RC Increased comprehensive ness and quality of the policy dialogue and practice Use of antimicrobials optimized in critical sectors | Indicator 1: Number of countries whose AMR Multi- sectoral Coordination mechanisms engage with a broad range of relevant partners Baseline value: Target value: Indicator 2: Number of countries that implemented one or more (additional) international instruments on AMR Baseline value: Target value: | Project report | | Hypotheses about factors or risks which could affect the progress or success of a development intervention. No delay in fund release COVID-19 situation normalised |
| MPTF Output Objectives | Indicator | Source of Verification | Key Activities | Key Assumptions and Risks |
| Output A Improved countries capacities for designing and implementing AMR-related policy frameworks, investments | These measure the Output. One per Output can be sufficient. Indicator 1: The National M&E Framework for the MSAP developed Baseline value: 0 Target value: 1 | M&E framework | list key activities in bullet points (these are described in more detailed in the proposal) A.1 Support the establishment of an Inter- Ministerial Coordination Committee on Antimicrobial Resistance (IMCC-AMR) | Key assumptions: Timely release of funds No major changes in the key leadership on AMR of MOH and MAFF COVID-19 situation stabilized by early 2021 |

| AMR MPTF Log | g framework | (| Cambodia | | | | | | | | | | | |
|-------------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| Impact: | | | | | | | | | | | | | | |
| resource | es allocation) on AMI | R based on eviden | , investment plans, program ace and quality data practices sustainably improve | | | | | | | | | | | |
| Objectives | Indicators | Sources of verifi | Sources of verification | | | | | | | | | | | |
| plans and programmes | Indicator 2: The regulatory framework has been reviewed in line with the related international guidance on responsible and prudent use of antimicrobial agents (1.b, MPTF) Baseline value: Target value: | Draft law regulati AMR-related area | | Institutional Dedicated delegation of staff for the project activities; inadequate coordination amongst the key stakeholders | | | | | | | | | | |

| AMR MPTF Log | g framework | | Cambodia | |
|--|--|---|--|---------------------------|
| resourc | es allocation) on AM | R based on evider | s, investment plans, programm nce and quality data practices sustainably improved | |
| Objectives | Indicators | Sources of verif | cation | Key assumptions and risks |
| Output B Systems for optimized use strengthened in critical sectors | Indicators Indicators Indicators Indicator 3: Antimicrobial stewardship program implemented in additional health care facilities Baseline value:2 Target value:4 Indicator 4: Guidelines for responsible and prudent use of antimicrobials based on international standards are developed or revised (6.b MPTF) Baseline value: 0 Target value: 1 | Activity reports Developed guidelines on AN | MPTF implementation in Cambodia A.4.1 Stakeholder meeting to review the MSAP progress and the MPTF implementation Activities B: B.1 Roll-out the National Guidelines for Antimicrobial Stewardship in Health Care Facilities (AMS Guidelines) to selected secondary and tertiary hospitals B.1.1 Consultative workshop to develop AMS training curriculum and | |
| | | | and Battambang) B.2 Integrative review on antimicrobial use in animal health sector and antimicrobial stewardship | |
| | | | <i>B.2.1 Literature review of</i> <i>KAP surveys, studies,</i> <i>reports, publications, etc.</i> <i>related to antimicrobial</i> | |

| AMR MPTF Lo | og framework | | Cambodia | |
|--|--|--|---|---|
| resourd | ces allocation) on AM | R based on evid | es, investment plans, programm ence and quality data I practices sustainably improve | |
| Objectives | Indicators | Sources of ver | ification | Key assumptions and risks |
| | | | use and antimicrobial resistance in Cambodia B.2.2 Review existing guidelines for responsible use of antimicrobials to provide recommendation for AMU guideline development and AMR surveillance in animal health sector | |
| | | | B.3 Development of responsible and prudent use guideline in animals (AMU) and road map toward its implementation in animal health sector | 1 |
| | | | B.3.1 Stakeholders forum and consultation workshop for guideline development on responsible and prudent use guideline in animal health sector | |
| | | | B.3.2 Development of responsible and prudent use guideline in animals (AMU) and road map toward its implementation in animal health | |
| | | | B.4 Joint One Health meeting to discuss antimicrobial stewardship and good practices in critical sectors | , |
| | | | B.4.1 Joint One-Health meeting to discuss AMS and good practices | |
| Output C Improved capacity to design awareness | Indicator 5: Communications strategies developed (7.a MPTF) Baseline value: 0 | Developed communication strategies and activity reports | Activities: C.1 Develop national multisectoral AMR communication strategies | Key assumptions: Timely fund release and no major changes in the key leaders |

| AMR MPTF L | og framework | Can | Cambodia | | | | | | | | | | |
|--|--|---|--|---------------------------|--|--|--|--|--|--|--|--|--|
| resour | ces allocation) on AM | R based on evidence | ivestment plans, programm and quality data ctices sustainably improvea | | | | | | | | | | |
| Objectives | Indicators | Sources of verificat | ion | Key assumptions and risks | | | | | | | | | |
| raising, behaviour change and educational activities | Target value: 1 Indicator 6: IEC materials developed and used for nationwide AMR campaigns Baseline value: 0 Target value: 5 | Developed IEC materials on AMR and activity reports | focusing on the targeted groups. C.1.1 National consultation workshop to identify the key communication gaps on AMR C.1.2 Designing and developing communication materials targeting prudent use of antimicrobials in human, animal and environmental sectors; promoting alternatives to antimicrobials such as vaccination, biosecurity, good husbandry practices. C.2 Develop and disseminate IEC materials on AMR in Khmer Language for campaigns, including but not limited to World Antimicrobial Awareness Week (WAAW) C.2.1 Translation, printing, and distribution of the joint IEC materials on AMR and AMC/AMU C.2.2 Conduct awareness activities during WAAW using the IEC materials at national and sub-national levels C.3 Joint national_multi- sectoral workshops on AMC and AMU Monitoring amongst the key stakeholders | · · | | | | | | | | | |

l

Annex 2 - Risk Matrix Template

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

Annex 3 - Outline of Budget

| Categories | FAO | OIE | WHO | TOTAL |
|---|---------|---------|---------|---------|
| 1. Staff and other personnel costs ¹⁶ | 101,328 | 120,000 | 200,000 | 421,328 |
| 2. Supplies, Commodities, Materials ¹⁷ | 0 | 0 | 0 | |
| 3. Equipment, Vehicles and Furniture including Depreciation ¹⁸ | 0 | 0 | 0 | |
| 4. Contractual Services ¹⁹ | 40,819 | 10,000 | 40,500 | 91,319 |
| 5. Travel ²⁰ | 20,000 | 47,472 | 10,000 | 77,472 |
| 6. Transfers and Grants Counterparts ²¹ | 90,000 | 118,228 | 100,000 | 308,228 |
| 7. General Operating and Other Direct Costs ²² | 5,000 | 20,000 | 10,000 | 35,000 |
| Total Direct Costs | 257,147 | 315,700 | 360,500 | 933,347 |
| 8. Indirect support costs (Max. 7% of overall budget) ²³ | 18,000 | 22,099 | 25,235 | 65,334 |
| TOTAL | 275,147 | 337,799 | 385,735 | 998,681 |
| Please indicate which organisation will receive pre- financing facility ²⁴ | NA | NA | NA | 0 |

¹⁶ Staff and other personnel costs: Includes all related staff and temporary staff costs including base salary, post adjustment and all staff entitlements. This includes the costs of a full-time project coordinator, based either in one of the organisations or the National coordination committee.

¹⁷ Supplies, Commodities, Materials: Includes all direct and indirect costs (e.g. freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials. Office supplies should be reported as "General Operating".

¹⁸ Equipment, Vehicles and Furniture including Depreciation: The procurement of durable equipment is not eligible for the AMR MPTF and this budget line should therefore not be used.

¹⁹ Contractual Services: Services contracted by an organization which follow the normal procurement processes. It used for procurement of services requiring provision of intellectual or specialization services not foreseen under works and construction contracts such as, but not limited to, maintenance, licensing, studies, technical, training, advisory services. These are ruled by FAO policy MS 502 or MS 507 ruling LoA.

²⁰ Travel: Includes staff and non-staff travel paid for by the organization directly related to a project.

²¹ Transfers and Grants to Counterparts: Includes transfers to national counterparts and any other transfers given to an implementing partner (e.g. NGO) which is not similar to a commercial service contract as per above. Please reference FAO policy MS 502.

²² General Operating and Other Direct Costs: Includes all general operating costs for running an office. Examples include telecommunication, rents, finance charges and other costs which cannot be mapped to other expense categories. In addition, desk work from Headquarters (including from the project lead technical officer) should also be factored in these categories.

²³ Indirect Support Costs: (No definition provided).

²⁴ Max 25,000 USD fund can be used as pre-financing. More detailed information can be found in the guiding notes

Annex 4 - National Work Plan Template

Name of Country: Cambodia

Start Date: 03 January 2021Projected End Date: 30 December 2022

| | Lead | In a loss on the s | | YEAR 2021 (month) | | | | | | | | | | | YEAR 2022 (month) | | | | | | | | | | | | |
|--|-------------------|----------------------------------|---|-------------------|---|---|---|---|---|---|---|----|----|----|-------------------|---|---|---|---|---|---|---|---|----|----|----|--|
| | Tripartite Org | Implementing Partner | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Output 1. Improved countries capacities for designing and implementing AMR-related policy frameworks, investments plans and programmes | wнo | Tripartite MAFF MOE MOH | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity A.1: A.1 Support the establishment of an Inter-Ministerial Coordination Committee on Antimicrobial Resistance (IMCC- AMR) | | Tripartite MAFF MOE MOH | x | x | x | x | X | X | x | x | x | x | х | x | x | x | X | x | x | x | x | x | x | X | x | x | |
| Activity A.2: Develop M&E framework for the MSAP taking into consideration the Monitoring and Evaluation of the Global Action Plan (FAO, OIE and WHO) | | Tripartite MAFF MOE MOH | x | x | x | x | x | x | x | x | x | x | x | x | | | | | | | | | | | | | |
| Activity A.3: Support the review of existing national tools and frameworks, including legislation, for regulating | | Tripartite MAFF MOE MOH | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |

| antimicrobial use in humans, animals, plants, and environment | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Activity A.4: Joint One- Health meeting to discuss the MSAP progress and the MPTF implementation | | | | | | | | | | | | | | | | | | | | | | | | X | | |
| Output 2 Systems for optimized use strengthened in critical sectors. | FAO | Tripartite MAFF MOE MOH | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity B.1: Roll- out the National Guidelines for Antimicrobial Stewardship in Health Care Facilities (AMS Guidelines) to selected secondary and tertiary hospitals | WHO | Tripartite MOH | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Activity B.2: Integrative review on antimicrobial use in animal sector and antimicrobial stewardship in human health sector | FAO | Tripartite MAFF MOE MOH | | × | × | × | × | × | × | × | × | | | | | | | | | | | | | | | |
| Activity B.3: Development of responsible and prudent use guideline in animals (AMU) and road map toward its implementation in animal health sector | FAO | Tripartite MAFF MOE MOH | | | | | | | | | | × | × | × | × | × | × | × | × | | | | | | | |

| Activity B.4: Joint One- Health meeting to discuss the AMS/AMU progress | FAO | Tripartite MAFF MOE MOH | | | | | | | | | | | | | | | | × | × | × | × | × | |
|---|-----|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|--|
| Output 3 Improved capacity to design awareness raising, behavior change and educational activities | OIE | Tripartite MAFF MOE MOH | | | | | | | | | | | | | | | | | | | | | |
| Activity C.1: Develop national multisectoral AMR communication strategies focusing on targeted groups. | OIE | Tripartite MAFF MOE MOH | × | × | × | × | × | | | | | | | | | | | | | | | | |
| Activity C.2: Develop and disseminate IEC materials on AMR in Khmer Language for campaigns, including but not limited to World Antimicrobial Awareness Week | OIE | Tripartite MAFF MOE MOH | | | | | | × | × | × | × | × | × | × | | | × | × | | | × | × | |
| Activity C.3: Joint national and sub- national multi- sectoral workshops on AMC and AMU Monitoring among all relevant stakeholders | OIE | Tripartite MAFF MOE MOH | | | | | | | | | × | × | | | | | | | | | × | × | |

For in-country planning purposes, it may be helpful to insert the budget for each activity into the plan. This level of detail is not however required in the version submitted to the Secretariat. The outputs should align with the Tripartite AMR results matrix and log framework. This workplan should align with the plans of the respective organizations.

Appendices

Appendices are attached as separate attachments to the email received containing this guidance.

- Appendix 1 Details of Budget template (excel sheet)
- Appendix 2.1 FAO legal document cover page
- Appendix 2.2 FAO legal document clause
- Appendix 3 Tripartite Results Matrix

Checklist before submission

- 1. Country Proposal Submission Template
- 2. Log Framework Template (see Annex 1) (use of SMART output methodology up to the activity level)
- 3. Risk Matrix Template (see Annex 2)
- 4. Outline of Budget Templates (see Annex 3)
- 5. Work Plan Template (see Annex 4)
- 6. Details of Budget Template (see Appendix 1)
- 7. Legal clause (please see paragraph 3.3 Accountability, financial management, and public disclosure and Appendices 2.1 and 2.2)

Please also attach the supporting documents:

- 8. AMR National Action Plan
- 9. Any AMR progress reports or other relevant documentation (the recent 3 years)
- 10. Endorsement of AMR National Coordination Committee
- 11. Letter of support from key line ministries (at least Ministry of Health and Ministry of Agriculture)
- 12. Submission letter signed by heads of tripartite organisations