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## Antimicrobial Resistance Working Group Report

*Technical Working Document*



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<sup>1</sup> This document replaces the version published in 24 April 2026. The following section was added: Annex 2.' Annex 2. Draft updated global action plan on antimicrobial resistance 2026-2036'.

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## Introduction

The AMR Working Group (AMRWG) was established by WOAAH's Director General in 2019, following the adoption of Resolution No. 14, at the 87<sup>th</sup> General Session of the World Assembly of Delegates. In accordance with its Terms of Reference ([ToR](#)), the AMRWG supports:

- the implementation of [WOAH's AMR and Prudent Use of Antimicrobials Strategy](#)
- the [recommendations](#) from the 2<sup>nd</sup> WOAAH Global Conference on AMR and Prudent Use of Antimicrobial Agents in Animals in 2018

Since 2025, the AMRWG has met four times a year (twice virtually and twice in person). This is a change from the original meeting frequency of two meetings per year.

When necessary, subgroups and additional *ad hoc* Groups are formed to address specific issues requiring specialist knowledge; these groups meet separately to the AMRWG and usually include AMRWG Members and external experts, to ensure adequate technical expertise and geographical representation.

The AMRWG currently consists of the below experts:

- Dr Arshnee Moodley (Chair, Kenya)
- Ms Barbara Freischem (The Netherlands)
- Dr Fajer Sabah Al Saloom (Bahrain)
- Dr Carolee Carson (Canada)
- Dr Jalusa Deon Kitch (Brazil)
- Dr Michiko Kawanishi (Japan)
- Dr Yang Wang (People's Republic of China)

## 1. Activities of the AMRWG

Dr Arshnee Moodley, Chair of the AMRWG, presented an overview of the key AMRWG's activities since WOAAH's 93rd General Session of the World Assembly of Delegates in May 2025. This included the outcomes of its virtual (2 July 2025 and 14 January 2026) and in-person meetings ([30 September – 2 October 2025](#) and [24-26 March 2026](#)).

### 1.1 WOAAH Lists

WOAH launched a global survey in June 2025 to assess the usefulness and visibility of [WOAH's List of Antimicrobials of Veterinary Importance \(WOAH List\) and the related species-specific Technical Reference Documents \(TRDs\)](#), and gather feedback on the [new proposed categorisation criteria](#) for the WOAAH List. The results will be used to guide awareness campaigns for these documents and to inform the upcoming revision of the WOAAH List.

The survey received 123 responses: 88 (71.5%) from 73 WOAAH Members (38.3% of WOAAH Membership) and 35 (28.5%) from non-governmental stakeholders. Most Members who responded (81%) were aware of the WOAAH List; almost all (>85%) agreed that the WOAAH List was useful to very useful, supporting the proposed new categorisation criteria of the WOAAH List. However, WOAAH Members and stakeholders expressed low awareness of the TRDs.

The AMRWG analysed the survey results and made the following recommendations:

- The final analysis and report of the survey should separate the recommendations from WOAAH Members and partner organisations to increase transparency.
- References to 'productivity' should be removed from the proposed criterion 2 to focus explicitly on animal health and welfare. This was in response to concerns from

Members that 'impact on productivity' in the proposed criterion 2 could be viewed as supporting the use of antimicrobials for growth promotion purposes.

- The AMRWG should pilot the suggested amended categorisation criteria and evaluate the impact the changes would have on the WOAHA List by the end of April 2026.
- The WOAHA List should retain its original purpose - a comprehensive list of antimicrobials for veterinary use, based on the importance of antimicrobials for animal health and the availability of therapeutic options for the treatment of common infectious diseases across different animal species. Where possible, messaging on WOAHA's List should be harmonised with the [WHO List of Medically Important Antimicrobials](#) (WHO MIA List).
- Additional TRDs for further species should be created. The next species will be decided during the October 2026 AMRWG meeting, based on [previous discussions](#).

### 1.2 Revision of Chapter 6.8. of the Terrestrial Animal Health Code

The AMRWG was updated on the progress of the revision of [Chapter 6.8. 'Harmonisation of national antimicrobial resistance surveillance and monitoring programmes'](#) of the Terrestrial Animal Health Code (last updated in 2018) during both its [September/October 2025](#) and [March 2026](#) meetings. This revision follows the Terrestrial Animal Health Standards Commission's (TAHSC) approval of the AMRWG's recommendation to update the chapter in [September 2024](#).

An *ad hoc* Group was created in 2025 to draft the revised chapter, which is chaired by AMRWG member Dr Carolee Carson and includes AMRWG Chair, Dr Arshnee Moodley and TAHSC Member, Dr Salah Hammami. The *ad hoc* Group has held five virtual meetings since 2025 and an in-person two-day meeting in April 2026, at WOAHA's Headquarters. The revised chapter will be reviewed by the AMRWG during its virtual meeting in July 2026, before being submitted for consideration of the TAHSC in September 2026.

### 1.3 Revision of Chapter 6.2. of the Aquatic Animal Health Code

The AMRWG was updated on the progress of the revision of [Chapter 6.2. 'Principles for responsible and prudent use of antimicrobial agents in aquatic animals'](#) of the Aquatic Animal Health Code (last updated in 2018) during both its [September/October 2025](#) and [March 2026](#) meetings.

The draft chapter was circulated for Member comments for the first time in the Aquatic Animal Health Standards Commission's (AAHSC) [February 2026 report](#), with a deadline of 3<sup>rd</sup> July 2026. The AMRWG has also been invited to provide comments. This revision follows the AAHSC's approval of the AMRWG's recommendation to revise the chapter in [September 2024](#).

### 1.4 Priority diseases and vaccinations

During its [September/October 2025](#) meeting, the AMRWG provided feedback on the [ToRs](#) and planned activities for a new *ad hoc* Group responsible for updating WOAHA's list of priority animal diseases for which vaccines could significantly reduce antimicrobial use (AMU). This follows the adoption of [Resolution No. 29](#) at WOAHA's 92nd General Session of the World Assembly of Delegates and [Commitment No. 72 from the 2024 United Nations General Assembly \(UNGA\) Political Declaration on AMR](#) that states: '*Ensure, by 2030, that animal vaccination strategies are defined with an implementation plan, including with international cooperation, taking into account WOAHA's list of priority diseases for which vaccines could reduce antimicrobial use, (...) according to national contexts and based on scientific evidence*'. The List will be developed using a phased approach to cover different sectors, starting with poultry, pigs and fish, which have been prioritised as they are fast-growing animal production sectors, based on projected production figures.

### 1.5 *The ‘Acting Now, Investing Smart: Partner Together to Tackle AMR’ forum*

During its [March 2026 meeting](#), the AMRWG attended the [‘Acting Now, Investing Smart: Partner Together to Tackle AMR’ forum](#) on 24<sup>th</sup> March, organised by WOAAH, in collaboration with the [Organisation for Economic Co-operation and Development](#) (OECD), bringing together partners to sustain and support action on antimicrobial resistance (AMR).

The forum showcased successful initiatives from WOAAH, OECD and partners, while underlining the links between AMR and global priorities, including climate change, economic resilience and pandemic preparedness. [WOAH’s five-year strategic vision](#) was presented ([Annex 1](#)), including joint projects with OECD and partnership pathways. Sustained and increased investment in these areas is essential to advance commitments under the [2024 UNGA Political Declaration on AMR](#) by 2030 and to implement the updated Global Action Plan on antimicrobial resistance (2026–2030). By supporting WOAAH’s World Fund, resource partners can help tackle the threat of AMR and deliver lasting improvements in animal health and welfare.

### 1.6 *Alternative treatments to antimicrobials*

During its January 2026 and [March 2026](#) meetings, the AMRWG provided feedback on the outline of an article on alternatives to antimicrobials (ATAs), developed to address Recommendation 8 from the [2nd WOAAH Global Conference on AMR](#) in 2018 to “*explore the opportunity to develop standards or guidelines related to autogenous vaccines and other alternatives to antimicrobials, including guidance for quality, safety and efficacy, as tools to reduce the need to use antimicrobials*”.

The outline for the article has been drafted by a team of authors from the UK’s [Animal and Plant Health Agency](#) (APHA) (WOAH’s Reference Laboratory for AMR), [Agence nationale de sécurité sanitaire](#) (ANSES) (WOAH’s Collaborating Centre for Veterinary Products) and WOAAH. The article, which will be published by early 2027, is not a guidance document; it defines the current global situation regarding ATAs. Members can request the development of guidance documents to WOAAH if they consider it necessary.

### 1.7 *ANIMUSE Global Database*

[ANIMUSE](#) (the global database on ANImal antiMicrobial USE), enables analysis of antimicrobial quantities at membership level, animal biomass and adjusted rankings. The AMRWG received updates on key ANIMUSE activities in both its [September/October 2025](#) and [March 2026](#) meetings.

#### 1.7.1 *Rounds of data collection*

During its [March 2026 meeting](#), the AMRWG was informed of upcoming changes to ANIMUSE reporting to improve the dissemination of data and its visibility to help address the reduction in data submissions by Members. Preliminary AMU data findings will be published as part of the [State of the World’s Animal Health Report](#) (SOWAH) in May 2026 whilst the full report will now be released annually during World AMR Awareness Week (WAAW) in November. The reports will place greater emphasis on Members’ progress towards AMU reduction, as per [Commitment No. 69 from the 2024 UNGA Political Declaration on AMR](#) which states: ‘*Strive to meaningfully reduce, by 2030, the quantity of antimicrobials used globally in the agri-food system from the current level, taking into account national contexts ...*’.

#### 1.7.2 *Institutionalisation workshops*

During its [September/October 2025 meeting](#), the AMRWG provided feedback on how to increase the number of national reports on AMU which have been drafted and published by Members that have participated in WOAAH’s AMU Institutionalisation Workshops. These

workshops were designed to empower Members to produce a national surveillance report and include key recommendations to policy makers for action. Out of the 24 participants of the three workshops in 2024-2025 across English- and French-speaking Africa, and the Asia and the Pacific regions, only six Members have initiated or completed the reporting process. WOA strongly encourages Members to publish their national surveillance reports for AMU.

### 1.8 Substandard and Falsified Veterinary Products Programme (SFVP)

During its [September/October 2025 meeting](#), the AMRWG provided feedback on two guidance documents addressing:

- Risk-based Post Marketing Surveillance of Veterinary Medicinal Products (VMP) and good manufacturing practices (GMP)
- Good Distribution Practices (GDP) considerations for competent authorities and private sector to consider.

The AMRWG was also updated on feedback from the Specialist Commissions on how to include SFVP in WOA's standards. The TAHSC recommended to amend Chapters [3.2](#) 'Quality of Veterinary Services' and [3.4](#) 'Veterinary Legislation', as well as [Section 6](#). The Biological Standards Commission (BSC) agreed to refine [Chapter 1.1.8 b](#), adding 'risk-based post marketing surveillance' into the 'marketing monitoring' section. A proposal for revision will be submitted to the TAHSC and BSC in February 2027.

During its July 2025 and [March 2026](#) meetings, the AMRWG was given a demonstration of TRUVET, WOA's global alert system for SFVP. TRUVET was developed following the adoption of the [Recommendation No. 6 from the 2nd WOA Global Conference on AMR](#) in 2018 and is now being formally implemented following the [Recommendation No. 6 under Resolution No. 29](#) at WOA's 92nd General Session of the World Assembly of Delegates in 2025. The platform is currently in the 'pre-production' phase, with plans for a soft launch by mid-April and full launch in May, after WOA's 93rd General Session of the World Assembly of Delegates in May 2026. A system dashboard has been created with features including an SFVP database and a comparison function between Members at regional and global level. A workshop in French-Speaking Africa in January 2026 was used to test key aspects of the system and for collection of feedback from participants, which was shared with IT developers for improvement of TRUVET.

### 1.9 79th United Nations General Assembly (UNGA) Political Declaration on AMR

#### 1.9.1 Global Action Plan (GAP) on AMR

The Global Action Plan on AMR (GAP-AMR) was developed by WHO and adopted by the World Health Assembly (WHA) in 2015. This was followed by WOA's adoption of the GAP at the World Assembly of Delegates at the 84<sup>th</sup> General Session of the World Assembly of Delegates in 2016, through [Resolution No. 36](#).

In September 2024, the [Political Declaration on AMR](#), adopted at the 79th UNGA, called for the GAP-AMR to be updated; a Core Group from the Quadripartite Joint Secretariat (QJS) on AMR has been revising the GAP-AMR since November 2024.

The [revision process](#) conducted by the Quadripartite organisations included:

- A landscape analysis and a written online open consultation on the existing GAP to inform the development of the Zero draft document;
- A second online open consultation to gather feedback on the Zero draft document via the AMR Multi-Stakeholders Platform (MSPP);

- Formal consultations conducted on the draft Version One of the revised GAP-AMR within each Quadripartite organisation's membership. The feedback from each membership was analysed and used to inform the consolidation of the final draft of the GAP-AMR by the Quadripartite organisations; the AMRWG supported WOAHA in this process.

During its March 2026 meeting, WOAHA's Council welcomed the update of the GAP and highlighted its importance in strengthening the global response to AMR. The Council approved the proposal to submit the updated GAP for the consideration of WOAHA's World Assembly of Delegates during the 93rd General Session of the World Assembly of Delegates.

During its [March 2026 meeting](#), the AMRWG endorsed the updated GAP-AMR ([Annex 2](#)) and recommended WOAHA's Director General to be presented to the World Assembly of Delegates for adoption through Resolution No 18, during the 93rd General Session of the World Assembly of Delegates in May 2026. This recommendation was contingent on two conditions: the inclusion of specific amendments related to animal health (in paragraphs No.8, No.35 and No.38) and agreement by WHO membership on paragraphs No.37 and No.45, related to technology transfer.

FAO, UNEP and WHO are each following different governing processes to formalise the adoption of the updated GAP by the four Quadripartite organisations.

#### 1.9.2 VetAWaRe

During its [September/October 2025 meeting](#), the AMRWG provided input on a concept note on the development of a VetAWaRe List to fulfil [Commitment No. 7](#) from the 4<sup>th</sup> High-Level Ministerial Conference on AMR (Jeddah, Saudi Arabia, November 2024) to '*Encourage WOAHA through consultation with its members, to develop science-based global stewardship guidance, such as a veterinary equivalent of the WHO AWaRe (Access, Watch, Reserve) framework to facilitate improved guidance, targeting and measuring appropriate use of antibiotics in animals*'. The AMRWG recommended that one *ad hoc* Group should be responsible for developing a single VetAWaRe List, applicable across animal species and drafted a ToR for the *ad hoc* Group.

During its [March 2026 meeting](#), the AMRWG was informed that WOAHA had submitted the concept note to Saudi Arabia in early 2026 to consider for support, alongside a concept note covering the plans for the 3<sup>rd</sup> Global AMR Conference, expected to occur in 2027, which the AMRWG had a brainstorming session on during its [September/October 2025 meeting](#). The AMRWG advised that the following outcomes should be considered for the conference:

- Data & Evidence: Improved use of existing data; mandatory and transparent AMU/AMR reporting via ANIMUSE; Artificial Intelligence-assisted real-world data systems;
- Funding & Sustainability: Sustainable and equitable funding mechanisms across sectors; support for vaccine development and diagnostics;
- Policy & Governance: alignment with the [2024 UNGA Political Declaration on AMR](#) and the revised GAP; revision of WOAHA AMR Strategy and Roadmap;
- Behavioural Change & Stewardship: Education for future prescribers; responsible use of antimicrobials; phase out of antimicrobials for growth promotion; success stories and lessons learned;
- Innovation & Collaboration: Launch of VetAWaRe; strengthened private sector engagement; cross-sectoral coordination; integration with broader planetary agendas

### 1.9.3 Independent Panel for Evidence for Action on AMR (IPEA)

During its [September/October 2025 meeting](#), the AMRWG was updated on the draft founding document to establish the IPEA, as mandated by the [UNGA Political Declaration on AMR](#) in September 2024. The IPEA will serve as a global mechanism to facilitate the generation and use of multisectoral, scientific evidence to support Member States in efforts to tackle AMR. The draft documents for the IPEA underwent a series of consultations throughout 2025, including inputs the AMRWG. As of 2026, efforts are focused on finalising the revision of the draft documents based on feedback from UN Member States, in preparation for the launch of the IPEA.

## 2. Conclusion

WOAH thanks the AMRWG members for their continued commitment to the group and their support in the implementation of WOA's [Strategy on Antimicrobial Resistance and Prudent Use of Antimicrobials](#) and the recommendations of the [2<sup>nd</sup> WOA global conference on AMR and prudent use of antimicrobials](#).

In addition to its core roadmap activities planned for 2026 – 2027, the AMRWG will continue to provide support on:

- WOA's AMR capacity building activities- development of outstanding e-modules to be included in [CP8 'Prudent use of antimicrobials and other veterinary products'](#);
- The [Essential Veterinary Medicine List \(EVML\)](#) being developed by [Brooke](#) and the [World Veterinary Association \(WVA\)](#), for which the AMRWG has provided multiple rounds of comments, most recently during its [September/October 2025 meeting](#);
- The development of a definition for antimicrobial stewardship (AMS), based on work published in [WOA's Scientific and Technical Review around AMR](#), as discussed during the [September/October 2025](#) AMRWG meeting;

Further information on the AMRWG and its roadmap of activities can be found here: [Working Group on Antimicrobial Resistance - WOA](#).

# Annex 1. WOAHA AMR Vision 2026-2030, including four priority areas for investment



AMR already contributes to **over 1 million human deaths** worldwide each year and to annual **GDP losses of US\$17 billion** in livestock production systems. Without coordinated action, these figures are expected to rise, reaching **staggering levels by 2050:**

**39** Million human deaths      **US\$ 1.7** trillion in annual global livestock GDP losses

Drug-resistant pathogens do not respect borders. Resistant bacteria circulating in animals can spread to humans, plants, the environment and across entire supply chains. The **2024 United Nations Political Declaration on AMR** confirms a formal global consensus: AMR demands immediate, coordinated and well-financed action across all sectors.

Every global agenda has an AMR dimension. Those that embrace it will deliver stronger, more durable results. Those overlooking it are putting at risk every investment made.

If left unaddressed, antimicrobial use (AMU) in agri-food systems risks accelerating resistance at a scale that will undermine decades of medical progress, and negatively impact food security and economic prosperity worldwide.

## Prevention Pays

Current investment to effectively tackle AMR in animal health remains critically insufficient. Public and philanthropic sources allocated only **7% of total AMR research and development funding to animal health between 2017 and 2024**. This is just 6 cents out of every US\$10 directed to animal vaccine research and development. Meanwhile, the cost of inaction is alarming: cumulative GDP losses from animal-to-human transmission of resistant pathogens could reach up to **US\$5.2 trillion** in by 2050.

Yet the animal health sector is also where some of the most proven, cost-effective interventions, including vaccination, biosecurity, surveillance and stewardship, can generate outsized returns for both animals and people.

**US\$ 120** Billion GDP gain: from achieving 30% reduction in livestock AMU within 5 years      **US\$ 7.7** Trillion costs averted: Through One Health AMR actions & focus on animal health stewardship

## WOAH, your partner in animal health

WOAH is the only intergovernmental body mandated to set science-based international standards for animal health, including those addressing AMR and AMU in animals. With more than 100 years of institutional expertise, WOAHA has technical credibility among governments, industry, and academia, as well as a proven capacity to identify and collaborate with multiple relevant partners. This makes WOAHA an unique actor for addressing AMR in the animal health sector, through a platform that reaches every corner of the globe.

### ● A global infrastructure to drive change

**183** Members under one governance framework      **300+** Reference Centres worldwide

WOAH is also a founding and key actor in the **Quadripartite** alliance with FAO, UNEP and WHO

### ● Science-based AMU/AMR standards

WOAH develops and updates standards to **prevent and control animal diseases**, considering **vaccination, biosecurity and animal welfare**, as well as guiding the **prudent use of antimicrobials**. WOAHA also supports its **Members in effectively implementing these standards** at national and regional level.

### ● Filling critical data gaps for evidence-based decisions

**150+** Members contribute annually to WOAHA's ANIMUSE      **80+** Members participated in WOAHA's V-SAFE pilot system

### ● Global partnerships to translate commitments into action

**70+** Memoranda of Understanding signed with partners in the veterinary & pharmaceutical sectors, producer organisations, international organisations and NGOs

# Investment needs: Four Priority Pillars

With an overall investment of €20 million, WOAAH's five-year (2026-2030) AMR roadmap will be able to achieve:



## How to partner with WOAAH



Through supporting WOAAH's World Animal Health and Welfare Fund (World Fund), a multi-donor trust fund built by voluntary contributions from Members, intergovernmental organisations, philanthropic foundations, the private sector and other sources, our Resource Partners are part of our global effort to sustainably improve animal health and welfare worldwide.

**Act now, invest smart  
by partnering with WOAAH to tackle AMR**

March 2026

These four priority pillars comprise WOAAH's support to the animal health sector to honor the commitments from the United Nations Political Declaration on AMR by 2030, as well as to effectively implement the updated Global Action Plan on antimicrobial resistance 2026–2036.

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## Annex 2. Draft updated global action plan on antimicrobial resistance 2026-2036



Seventy-ninth World Health Assembly

Provisional agenda item 12.9

A79/5 Add.2

13 May 2026

### Draft updated global action plan on antimicrobial resistance 2026–2036<sup>2</sup>

#### I. Introduction

##### Growing threats of antimicrobial resistance

1. This second edition of the Global Action Plan on Antimicrobial Resistance (GAP-AMR) builds on a decade of implementation of the first GAP-AMR adopted by the World Health Assembly in 2015<sup>3</sup> and welcomed by the governing bodies of the other organizations that alongside WHO, form the Quadripartite Cooperation on One Health, namely the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP) and the World Organisation for Animal Health (WOAH), referred to as the “Quadripartite organizations”. It draws on lessons learned, emerging evidence and an evolving global landscape, and is intended to guide countries in updating national action plans and support accelerated implementation of the 2024 United Nations General Assembly commitments through a robust One Health approach.<sup>4</sup>

2. AMR occurs when bacteria, viruses, fungi and parasites evolve and no longer respond to antimicrobial agents such as antibiotics, antivirals, antifungals and antiparasitics, making infections harder or impossible to treat and increasing the risks of disease spread, severe illness, disability and death. AMR also undermines the treatment of noncommunicable diseases and can make surgeries and routine medical procedures riskier. Growing resistance threatens to reverse decades of progress in human and veterinary medicine, agriculture, food production, and environmental sustainability and overall sustainable development.

3. Key drivers of AMR include inappropriate antimicrobial use in all sectors, weak infection prevention and control, and low vaccination coverage. Environmental discharges from pharmaceutical manufacturing, healthcare facilities, agriculture and food production, household and municipal and systems further contribute to the development of resistance. Spillover from agricultural activities and dense human settlements, international travel and trade in food products, live animals and wildlife migration facilitate cross-border transmission. Weak antimicrobial stewardship, substandard and falsified medicines and insufficient regulatory capacity, especially in low- and middle-income countries, exacerbate the problem.

<sup>2</sup> An earlier version of this draft updated global action plan was considered by the Executive Board at its 158th session in document EB158/18, Annex.

<sup>3</sup> Resolution WHA68.7.

<sup>4</sup> [Tripartite and UNEP support OHHLEP's definition of "One Health"](#) (accessed 13 October 2025).

4. In 2021, bacterial AMR alone directly caused an estimated 1.14 million human deaths and was associated with 4.7 million deaths globally. Antibiotic use in the agrifood sector could increase by 29.5% from the 2019 levels, potentially reaching 142 481 tonnes by 2040. Without urgent action, AMR could reduce global life expectancy by 1.8 years within a decade and cause up to 39 million deaths by 2050, disproportionately affecting low- and middle-income countries.

5. The economic impacts are equally alarming. Without robust action, global treatment costs and productivity losses could reach US\$ 412 billion and US\$ 443 billion, respectively, by 2035. Cumulative global gross domestic product (GDP) losses in livestock production could reach US\$ 575 billion by 2050, with nearly US\$ 1 trillion in global welfare losses.

6. Conversely, investment in infection prevention and control, water, sanitation and hygiene, vaccination, and research and development for new antimicrobials, coupled with appropriate antimicrobial use and safe disposal, could avert over 110 million deaths and yield nearly US\$ 1 trillion in economic gains between 2025 and 2050. A 30% reduction in antimicrobial use in livestock within five years could boost global GDP by US\$ 120 billion, with additional benefits from addressing illegal trade in substandard and falsified products, stronger waste management and pollution control.

## **II. Strategic context of the global antimicrobial resistance response**

### **Key progress since 2015**

7. Since the launch of the 2015 GAP-AMR, political momentum has grown following the 2016 and 2024 United Nations General Assembly high-level meetings, successive G7 and G20 commitments and biennial ministerial conferences. Global governance structures have been established, including the Quadripartite Joint Secretariat on AMR, the Global Leaders Group on AMR, the AMR Multi-Stakeholder Partnership Platform and the Independent Panel on Evidence for Action against AMR. Over 170 countries have developed multisectoral AMR national action plans. Public awareness has been enhanced through the annual World Antimicrobial Resistance Awareness Week. The AMR Multi-Partner Trust Fund established in 2019 catalyses country efforts and progress monitoring through the Tracking AMR Country Self-Assessment Survey mechanism.

8. Strategic and operational guidance has been expanded by the Quadripartite organizations and partners, including through the publication of FAO's Action Plan on Antimicrobial Resistance 2021–2025 and the RENOFARM initiative; UNEP's landmark report *Bracing for Superbugs* (2023); WHO's strategic and operational priorities to address drug-resistant bacterial infections in the human health sector; and WOA's 2016 Strategy on Antimicrobial Resistance and the Prudent Use of Antimicrobials.

9. Surveillance capacity has strengthened across sectors and new evidence from the Global Research on Antimicrobial Resistance (GRAM) has further strengthened understanding of AMR burden and trends. In 2025, 104 countries reported antimicrobial and use data to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS), over 50 countries use the International FAO Antimicrobial Resistance Monitoring (InFARM) system, and 157 countries contributed to WOA's global database on animal antimicrobial use (ANIMUSE). Between 2020 and 2022, antimicrobial use in animals decreased by 5% globally, while reporting coverage reached 71% of global animal biomass. Furthermore, 71% of countries reported no use of antimicrobials as growth promoters in animal production in 2022. However, environmental monitoring and surveillance of resistant microbes and antimicrobial residues remain limited. The Quadripartite organizations are developing the Global Integrated Surveillance System on AMR as a cross-sectoral data repository.

### **Significant gaps in the response**

10. Despite the progress made, major gaps persist. Inadequate financing, weak accountability and limited integration of AMR into national and international development agendas continue to impede

progress. Only 10% of countries reported dedicated domestic funding for their multisectoral AMR national action plans in 2024, significantly constraining implementation.

11. The environmental dimensions of AMR remain insufficiently addressed, with persistent evidence and policy gaps despite the recognition of the environment's critical role in resistance development, transmission and spread. Environmental interventions must be urgently integrated into the national AMR response and research promoted to better understand the significance.<sup>5</sup> Gaps also persist in plant production and protection, fungicide use, and antifungal resistance.

12. Socioeconomic and behavioural factors continue to risk driving AMR. These include cross-sectoral system fragilities exposed by the coronavirus disease (COVID-19) pandemic; inadequate infection prevention and control and water, sanitation and hygiene; low immunization coverage; humanitarian crises and population displacement; inadequate animal husbandry practices; and poor conditions for biosecurity.

13. The global pipeline for new antimicrobials and diagnostics remains stagnant owing to underinvestment and limited incentives for research and development, compounded by inequitable access to quality-assured products and weak antimicrobial stewardship across sectors.

14. Opportunities offered by technological advances, including artificial intelligence, genetic sequencing and digital tools, remain underutilized for surveillance, stewardship and evidence-based decision-making.

15. Countries require stronger capacity, financing and coordination to prioritize, cost, implement and monitor multisectoral AMR national action plans. Enhanced regional and global collaboration and technical assistance are essential for an effective One Health approach to AMR.

## Strategic focus for the future

16. This GAP-AMR strategically focuses on accelerating actions to deliver on the 2024 United Nations General Assembly political declaration commitments through effective multisectoral governance, addressing environmental dimensions, and equitable access to antimicrobials, vaccines and diagnostic tools. It promotes a prevention-first approach, emphasizing infection prevention and control, water, sanitation and hygiene, biosecurity, adequate husbandry practices, vaccination, alternatives to antimicrobials and pollution prevention, alongside enhanced surveillance, antimicrobial stewardship, research and innovation, behavioural change and sustainable financing.

17. The plan provides adaptive guidance enabling countries to accelerate action through a whole-of-society and One Health approach, while responding to emerging threats based on national contexts and priorities. The GAP-AMR is complemented by separate operational guidance and a monitoring and evaluation framework.

## Development and consultation process

18. The Quadripartite organizations led an extensive consultative process beginning at the Fourth Global High-Level Ministerial Conference on Antimicrobial Resistance in November 2024, followed by a global online survey and an iterative drafting process. Open consultations were held with a broad range of stakeholders through the AMR Multi-Stakeholder Partnership Platform and with Member States through the respective Quadripartite mechanisms. The finalized text will be submitted for consideration by the Seventy-ninth World Health Assembly and by the governing bodies of the Quadripartite organizations in 2026 and 2027.

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<sup>5</sup> [UNEP/EA.7/Res.11](#) – Resolution on environmental dimensions of antimicrobial resistance.

### III. Goal and theory of change

#### Goal

19. The updated GAP-AMR aims to preserve the ability to treat human, animal and plant diseases by ensuring the equitable accessibility of safe and effective antimicrobials for current and future generations, while reducing the incidence of infections through a holistic and One Health approach and contribute to the 2030 Agenda for Sustainable Development.

#### Theory of change

20. The plan aims to: achieve a 10% reduction in bacterial AMR-associated human deaths; reduce global antimicrobial use in agrifood systems; and minimize environmental pollution of AMR microbes and antimicrobial residues by 2030 in line with the 2024 United Nations General Assembly AMR political declaration commitments.

21. The theory of change reflects the key outcomes relating to the effective and coordinated implementation of those critical interventions and the impact pathway from inputs to impact, taking into account national contexts.

### IV. Strategic objectives

22. To achieve the plan's goal, six interconnected strategic objectives build on the 2015 GAP-AMR, providing a framework for countries, the Quadripartite organizations, implementation partners, civil society and the private sector to align and accelerate implementation of context-appropriate AMR national action plans.

#### Strategic objective 1: Strengthen awareness and promote appropriate social and behavioural change to reduce antimicrobial resistance risks across all sectors

23. **Behavioural change is essential for reducing AMR risks**, moving beyond awareness to action that drives lasting change. National AMR awareness and behavioural change strategies should be inclusive, evidence-based, context appropriate and locally tested, addressing socioeconomic and structural barriers with a focus on promoting appropriate use and reduce the need for antimicrobials across sectors. Stronger messaging is required to tackle the environmental drivers of AMR and promote waste and wastewater management and pollution prevention and control across all sectors. Digital tools and data-driven approaches could be leveraged to generate insights, design targeted and locally translated messages and strengthen the monitoring, evaluation and accountability.

24. **All stakeholders<sup>6</sup> should be empowered** with the knowledge necessary to foster behavioural change for AMR prevention and control across sectors. Messaging should be developed with target groups, culturally relevant and delivered through appropriate platforms. It should address at-risk populations and build trust through consistent, evidence-based information. Inclusive and actionable communication should be tailored to community contexts to foster ownership of AMR responses while ensuring equity and reach.

25. **Education and training** at all levels should integrate competency-based, context-sensitive AMR content into school and university curricula and professional training. Pre- and in-service education for professionals<sup>7</sup> should address the multidimensional drivers of AMR and antimicrobial

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<sup>6</sup> Including policy-makers, parliamentarians, regulators, customs authorities, manufacturers, human and animal health professionals, farmers, agrifood workers, paraveterinarians, community animal health workers, aquatic animal health professionals, environmental professionals and water, sanitation and hygiene practitioners, civil society, media, industry and the public.

<sup>7</sup> Including human and animal healthcare professionals, agrifood and plant workers, and environmental and water, sanitation and hygiene professionals or practitioners.

stewardship. These programmes should be complemented by participatory communication, peer-to-peer learning and digital campaigns. All training activities and campaigns should explicitly promote a One Health approach to reinforce multisectoral and sector-specific actions and cultivate long-term cultural and professional shifts that sustain effective prevention and antimicrobial stewardship practices.

**26. Systematic monitoring of awareness and behavioural changes** using routine, survey or behavioural and operational research data across sectors should be incorporated into AMR national action plans across sectors. Appropriate indicators capturing outcomes from the various behavioural change interventions and data disaggregated by relevant demographic factors should inform communication and awareness strategies and be used to drive accountability and continuous refinement for national, regional and global AMR policy processes.

## **Strategic objective 2: Strengthen surveillance systems and laboratory networks to inform effective, evidence-driven antimicrobial resistance policies and actions across all sectors**

**27. AMR surveillance** across sectors should be established and/or strengthened, focused on bacterial resistance and expanded to include fungal, parasitic and viral resistance, where necessary, and antimicrobial residues. Trends in AMR and antimicrobial use should be consistently tracked and complemented by behavioural and socioeconomic data to enhance understanding of AMR drivers. Communities, academic institutions, civil society and the private sector should be meaningfully engaged in surveillance data sharing for accountability and effective use in policy-making.

**28. Quality-assured laboratory networks** at the national and/or regional levels, supported by reference laboratories and global diagnostic initiatives, should underpin AMR surveillance across sectors. Reliable supply chains for diagnostic tests, laboratory equipment and reagents; harmonization of and adherence to evidence-based standards for pathogen identification; antimicrobial susceptibility testing; and external quality assurance are critical to ensuring the capture of high-quality, consistent and comparable data within and across sectors and countries and to supporting policy development.

**29. National AMR surveillance systems** should align with international standards to ensure systematic and consistent collection and analysis of quality-assured data that inform One Health policies, legislation and investments. Surveillance should cover humans, food-producing animals, food and the environment and, depending on country context and capacity, may also include informal production systems, companion animals and wildlife. Countries should routinely report national data to GLASS, InFARM and ANIMUSE. Environmental surveillance of antimicrobial resistance microbes and antimicrobial residues should be established and supported by regulations, standardized protocols and stewardship practices. Integrated surveillance based on common pathogens and commensal bacteria relevant to the national context with indicators spanning the One Health spectrum should be implemented, while the Global Integrated Surveillance System on AMR should serve as a repository for cross-sectoral data to support coordinated global action.

**30. National antimicrobial use surveillance systems** should systematically collect relevant harmonized data across sectors and at all levels of care. In human health, data should be disaggregated by indication, sex, age and other social determinants, applying the WHO Access, Watch, Reserve (AWaRe) classification of antibiotics. For agrifood and animal health, data should be stratified by species, production stage and system type, where possible, guided by FAO methodologies, Codex Alimentarius standards and WOA's international standards, including the WOA list of Antimicrobial Agents of Veterinary Importance and forthcoming WOA equivalent of the AWaRe classification.

**31. AMR and antimicrobial use data** should be regularly analysed and published in national surveillance reports; shared within and across sectors and levels of care; and used to equitably

strengthen infection prevention and control, immunization, diagnostic testing, treatment guidelines, antimicrobial stewardship, procurement, research and development, and environmental interventions. Data should also inform national action plan evaluations, risk assessments and early warning systems and detection and response to emerging AMR public health threats, including unusual, rare phenotypes and resistance genotypes that are difficult to identify in routine testing, with tailored support being provided to low- and middle-income countries in those cases. Environmental AMR data should be integrated into national monitoring to detect hotspots, guide pollution prevention and control and enhance preparedness and response to future emergencies through a coordinated One Health approach.

**32. Advances in digital technologies**, including artificial intelligence, next-generation sequencing and biosensors, could be leveraged to enhance AMR and antimicrobial use surveillance through alignment with national and international standards and digitization strategies to improve real-time data analysis, trend monitoring, hotspot detection and early identification of emerging threats and to enable data sharing across sectors and mutual accountability.

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

**33. Preventing infections** is central to minimizing the spread of resistant pathogens, thereby decreasing the need for antimicrobials, lowering morbidity and mortality and reducing the discharges into the environment. AMR national action plans should promote evidence-based, context-specific interventions across sectors. Focus should be on healthcare and veterinary facilities, good animal husbandry practices, biosecurity on farms, households, informal settlements, climate-vulnerable communities, and conflict and disaster-affected settings to prevent bi-directional spread of zoonotic diseases and AMR between humans and animals.

**34. In human health**, the WHO infection prevention and control core components should be instituted in all healthcare settings, from primary to tertiary and including long-term care. Effective infection prevention requires universal access to safe water; sanitation and hygiene including hand and personal hygiene; quality oral healthcare; healthcare-acquired infections and sepsis prevention and management; reliable waste management in healthcare facilities and the community; and trained staff and sustained resources, including in fragile and resource-limited settings. National immunization programmes should be strengthened to meet vaccination targets to reduce the burden of preventable infections and antimicrobial use and, consequently, AMR. National policies should align with local context and relevant WHO infection prevention and control, water, sanitation and hygiene, and immunization guidance.

**35. In animal health, plant and agrifood systems**, preventing infections and AMR requires an integrated approach that considers animal welfare, health and production (including aquaculture), plant health, biodiversity, food safety, food security, sustainable management of land, soil, water and marine resources and safe manure and fertilizer practices. Priority actions should include strengthening prerequisites for sustainable agrifood systems, biosecurity, good husbandry practices, water management, stewardship, vaccination, and alternatives based on respective country contexts, guided by FAO's RENOFARM and the Farm 5Gs framework. Soil health maintenance, biodiversity conservation, improved nutrition and integrated pest management are also essential to reducing inappropriate antimicrobial use, particularly in crop production systems. Additionally, rapid detection and infection containment through quarantine, disinfection and appropriate treatment, and outbreak management supported by quality veterinary services, improved feed and nutrition and robust vaccination programmes, guidance from WOA's List of Priority Diseases for which vaccines could help reduce antimicrobial use in animals and WOA's vaccine banks, should be considered.

**36. Environmental dimensions** should be explicitly integrated throughout the antimicrobial lifecycle, applying safeguards from production to safe disposal. Key priorities include: strengthening waste and wastewater management in pharmaceutical manufacturing, healthcare facilities and household/municipal systems; promoting green and sustainable chemicals,

environmentally responsible manufacturing, sustainable procurement, transparency, eco-labelling; ensuring safe and cost-effective treatment and reuse of wastewater including for irrigation; and addressing intellectual property considerations. Reducing antimicrobial-resistant microbes and residues in waste and wastewater, along with resource recovery, should be prioritized to minimize environmental pollution impacts and support sustainable and cost-efficient practices.

#### **Strategic objective 4: Ensure equitable access, appropriate use and safe disposal of antimicrobials, diagnostics and other health products across sectors**

37. AMR national action plans should **promote equitable, affordable and sustainable access** to quality-assured antimicrobials, diagnostics and vaccines through systems strengthening across sectors. That should include reinforcing supply chains, forecasting and resilience measures towards universal health coverage and coverage in the agrifood systems, with particular attention to smallholder farmers, conflict-affected settings, community case management and stakeholder alignment to promote responsible antimicrobial use and safe disposal of unused antimicrobials. A comprehensive evidence-based approach should include formulary optimization, market intelligence, strategic sourcing, pooled procurement, expanded manufacturing, the promotion of knowledge sharing and the transfer of AMR-related technologies, respecting international and national rules in line therewith.

38. Equitable access should be complemented by **effective antimicrobial stewardship** promoting appropriate use and safe disposal across all sectors and levels of care, including primary care and informal settings. In human health, antimicrobial stewardship policies and up-to-date, evidence-based national treatment guidelines, including on clinical management, should be guided by local data and antimicrobial stewardship principles and by the AWaRe classification and antibiotic book, while national essential medicine lists should align with the WHO Model List of Essential Medicines. In the animal and plant health and agrifood sectors, responsible use should be guided by FAO Integrated Pest Management and International Plant Protection Convention guidance, Codex Alimentarius standards and FAO guidance on vaccine quality control and field implementation and WOAHA international standards, guidance on veterinary vaccines and antimicrobial resistance for aquatic and terrestrial animals, and essential veterinary medicines lists for terrestrial and aquatic, food-producing and companion animals.<sup>8</sup> Evidence from antimicrobial use surveillance alongside behavioural insights could be used to inform prescribing and dispensing practices. Workforce capacity should be strengthened through education and training. Veterinary medicines and agricultural production practices should be integrated into national waste management systems to address overlooked waste streams.

39. **Expanding access to quality diagnostics and laboratory services**, coupled with diagnostic stewardship, is critical for ensuring appropriate prescribing and antimicrobial use, detecting resistant strains early, generating microbiology data for AMR surveillance and enabling timely outbreak response. Appropriate diagnosis should guide prescribing and provide evidence for research and development of new antimicrobials, vaccines and other interventions. Diagnostic services should be mainstreamed into broader national laboratory services to ensure adequate laboratory capacity and equitable access, and should be aligned with the WHO AMR Diagnostic Initiative, the FAO Assessment Tool for Laboratories and AMR Surveillance Systems, the WOAHA Performance of Veterinary Services Pathway and relevant environmental laboratory guidance.

40. **National regulatory frameworks** should be reviewed and strengthened across sectors to cover the full antimicrobial life cycle from development and manufacturing to distribution, use and disposal, using the Quadripartite One Health legislative assessment tool for AMR. Policies should streamline product registration, harmonize regional approval pathways, phase out the use of

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<sup>8</sup> Namely Codex Alimentarius standards including Integrated Pest Management and International Plant Protection Convention guidance, WOAHA Standards, Guidelines and Resolutions on veterinary vaccines and Antimicrobial Resistance and the use of antimicrobial agents, the forthcoming WOAHA equivalent of the WHO AWaRe list, and essential veterinary medicines lists for food-producing and companion animals from Brooke, the World Veterinary Association (WVA), and the World Small Animal Veterinary Association (WSAVA).

antimicrobials for growth promotion starting with those categorized by WHO as medically important, and promote prudent and responsible prophylactic use consistent with Codex Alimentarius standards, FAO guidelines on integrated pest management and relevant WOA international standards. Over-the-counter, unregulated online sales and substandard or falsified medical and veterinary medicinal products should be curtailed, while enabling the safe disposal of unused antimicrobials and waste. Coordination between human, veterinary and environmental regulatory authorities is crucial for accountability and sustainable stewardship.

**41. Safe disposal of unused antimicrobials** through strengthened waste prevention measures, take-back schemes of human and veterinary medicines and public awareness should be incorporated into national regulatory frameworks and antimicrobial stewardship policies.<sup>9</sup> Regulations (such as extended producer responsibility) should address the disposal of unused antimicrobials from healthcare facilities, agricultural production and household/municipal systems as a means of reducing pollution and minimizing environmental pathways for resistance and promoting sustainable antimicrobial use while safeguarding ecosystems.

## **Strategic objective 5: Accelerate antimicrobial resistance research and innovation across all sectors**

**42. Multidisciplinary AMR research** should encompass basic science, clinical and epidemiological operational and implementation domains and address One Health and sector-specific priorities agendas. Consideration should be given to different contexts to ensure equity-driven, evidence-informed policies that have a measurable impact. Cross-sectoral research guided by the Quadripartite One Health Priority Research Agenda for AMR should address knowledge gaps regarding AMR drivers, vulnerabilities, behavioural change, governance and cost-effective and scalable interventions.

**43. Scale-up of research and development and innovation** is essential to reduce the need for antimicrobials and ensure equitable access to safe, effective, quality-assured human and animal health products, including vaccines, novel antimicrobials, alternatives to antimicrobials, non-traditional agents, point-of-care diagnostics, environmental solutions and innovations. It should also include, biosecurity, nutrition and animal welfare for disease prevention and control in animals, including the use of agroecological approaches, and minimize discharges into the environment. Research and development priorities in human and animal health should be guided by WHO bacterial and fungal priority pathogen and the WOA priority diseases lists, research and development targets and target product profiles, and WHO, FAO and WOA guidance on vaccines to reduce antimicrobial use in humans and animals. Partnerships and mechanisms, such as the SECURE initiative on expanding sustainable access to antibiotics, should support low- and middle income countries. To determine the environment's significance and contribution to AMR and the impacts of AMR on the environment as well as to address AMR pollution, strengthen resilience and reduce AMR risks, environmental research and development should focus on: sustainable chemicals and procurement practices; waste and wastewater management; antimicrobial-resistant microbes and antimicrobial residue surveillance; and environmental drivers.

**44. Sustainable, context-appropriate financing models** should underpin AMR research and development and research and innovation investments across sectors. These models should be linked to access and stewardship provisions as well as to environmental sustainability and be supported by development partners and public-private partnerships. Financing should adopt a One Health, systems-based approach focusing on low- and middle-income countries, including blended finance, microfinance, incentive schemes and community-led solutions. Research and development may be incentivized through a mix of "push" mechanisms that lower the costs and risks of new antimicrobial or product development, and "pull" incentives that facilitate market entry, promote equitable access, and delink revenues from sales volumes, thereby encouraging innovation while safeguarding the appropriate use and disposal of antimicrobials. Global and

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<sup>9</sup> [United Nations Environment Programme. Safe disposal of unused medicines — A One Health approach for national systems](#). Nairobi: United Nations Environment Programme; 2026 (accessed 13 May 2026).

regional mechanisms should complement national efforts to ensure coordinated and sustainable support for AMR-related research and development.

45. **Strengthening research capacity and innovation uptake** is essential to ensure that research outcomes extend beyond product development to inform policies and operational solutions. Development partners and public–private partnerships should assist national authorities in ensuring the rapid uptake of innovations, promote knowledge sharing and the transfer of AMR-related technologies, respecting international and national rules in line therewith.

## **Strategic objective 6: Strengthen multisectoral governance, sustainable financing and accountability for a coordinated antimicrobial resistance response across all sectors and at all levels**

46. **Inclusive AMR governance and coordination mechanisms** should be established at the national and, where appropriate, subnational levels, underpinned by strong mandates and authority to guide national action plan development, implementation and monitoring. These mechanisms should be anchored at an appropriately high political level, such as at head of State or senior ministerial level, with balanced representation of all sectors along with relevant stakeholders. They should have adequate financial support, with secretariat support and technical working groups.

47. **Global AMR governance structures** should actively support national efforts through high-level advocacy, such as the Global Leaders Group on AMR; stakeholder engagement and sharing of lessons learned through the AMR Multi-Stakeholder Partnership Platform and the biennial high-level ministerial conference on AMR; and dissemination of scientific guidance by the Independent Panel on Evidence for Action against AMR to support interventions and implementation across sectors.

48. **Sustainable multisectoral national action plan implementation** requires AMR interventions to be embedded into national development agendas and efforts relating to universal health coverage and primary healthcare; agriculture, animal and plant health and food security strategies; preparedness and response agreements including the International Health Regulations (2005); environment pollution, climate change, biodiversity, waste, wastewater and chemical management; and environmental adaptation plans initiatives. Accountability should be reinforced through transparent and regular national and global reporting mechanisms, such as the Tracking AMR Country Self-Assessment Survey, and strengthened by independent monitoring and joint external evaluation to ensure continuous learning and improvement and alignment of AMR with broader national and global priorities.

49. **Adequate, predictable and sustainable financing for AMR national action plans within and across sectors** is essential to ensure an effective One Health response to AMR. Multisectoral AMR national action plans should be informed by evidence-based, high-impact and cost-effective interventions costed and linked to strong accountability frameworks. While countries should increase domestic financing, development partners<sup>10</sup> should assist country efforts to unlock international financing, including through mechanisms such as the Pandemic Fund, the Green Climate Fund and Adaptation Fund, public–private partnerships, blended financing, the AMR Multi-Partner Trust Fund and regional and global multilateral development financial institutions.

## **V. Implementation framework**

50. The implementation framework defines the actions of Member States, the Quadripartite organizations and other stakeholders to translate the GAP-AMR into measurable results. It provides a framework for Member States to develop, update, cost, implement and monitor

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<sup>10</sup> Including multilateral development banks, private investors, philanthropies, the Global Leaders Group, the Multi-Stakeholder Partnership Platform and the Quadripartite organizations.

multisectoral AMR national action plans aligned with the updated GAP-AMR, including clearly defined roles, targets, indicators and reporting.

## **The approach**

51. Considering countries' diverse contexts, AMR burdens and levels of system maturity, a phased approach to country implementation is recommended, defining short-term priorities by 2030, medium- and longer-term priorities beyond 2030, and progressively advancing relevant interventions, capacity development, innovations and systems transformation.

52. The Quadripartite organizations, along with international and national partners, will provide tailored technical support to countries, coordinate global and regional efforts, foster partnerships and strengthen national systems to accelerate progress towards the long-term goals of the global AMR response.

## **Roles and responsibilities**

53. A multisectoral implementation framework has been developed that clearly defines roles and shared responsibilities across all actors for each of the six strategic objectives. Member States, the Quadripartite organizations, regional and subregional entities, international partners, civil society, academic institutions, community-based stakeholders and the private sector should maximize synergies, coherence and coordination while avoiding duplication and ensure accountability at all levels. These roles support joint planning, resource mobilization and monitoring of progress towards the common goal of reducing the burden of AMR through sustained, multisectoral and equitable action, and should be adapted to national and local contexts, as appropriate.

## **VI. Monitoring and evaluation framework**

54. Monitoring and evaluation are essential for ensuring accountability, tracking progress and driving the effective implementation of AMR response at all levels. The monitoring and evaluation framework will be anchored in the theory of change and will draw on established global indicators and Member States' commitments, including the Sustainable Development Goals, the 2024 political declaration and other multilateral frameworks.

55. Member States are encouraged to establish, update and implement robust multisectoral monitoring and evaluation frameworks aligned to national action plans with specific, measurable, achievable, relevant and time-bound indicators, supported by adequate resources and technical capacities. These frameworks should enable regular and consistent progress monitoring, identification of gaps and corrective actions.

56. The Quadripartite organizations should provide guidance and support to countries to promote coherence with global standards and indicators, while allowing flexibility for country-specific approaches that reflect local realities and data systems.

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