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Strengthening One Health governance for AMR surveillance

Lessons from the Fleming Fund

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Glossary of Terms, abbreviations and acronyms

AH	Animal Health
AMR	Antimicrobial Resistance
AMU	Antimicrobial Use
ESBL	Extended Spectrum Beta Lactamase
FAO	Food and Agriculture Organization of the United Nations
HH	Human Health
IPC	Infection Prevention Control
LMICs	Low- and middle-income countries
MOU	Memorandum of Understanding
NAP	National Action Plan
OH	One Health
OHHLEP	One Health High-Level Expert Panel
CWG	Core Working Group
TORs	Terms of Reference
TrACCS	Global Database for Tracking AMR Country Self-Assessment Survey
TWG	Technical Working Group
UNEP	United Nations Environment Programme
WHO	World Health Organization
WOAH	World Organization for Animal Health

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Executive Summary

Antimicrobial resistance (AMR) is a global health challenge that threatens human and animal health, food security, and sustainable development. Tackling AMR requires a One Health (OH) approach, which brings together human, animal, and environmental sectors to coordinate surveillance, share data, and inform policy. From 2018 to 2026, the Fleming Fund has supported over 30 low and middle-income countries to strengthen AMR surveillance through integrated, multisectoral systems.

This paper reviews progress in One Health Governance for AMR surveillance in 14 Fleming Fund-supported countries, highlighting the key functions and success factors of national and sub-national governance structures. An analysis of programme data, triangulated with results from the Global Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACCs), has provided insights into how the Fleming Fund has influenced the six OH governance domains: participation, coordination and collaboration, management, sustainability, accountability and transparency, and equity.

Key findings

- Globally, the number of countries reporting the establishment of formal multi-sector coordination mechanisms doubled from 9% to 18% between 2017 and 2025. Fleming Fund investments from this period have contributed to this improvement, up to 96% of low and middle-income countries (LMICs) supported by the programme reported formal multisectoral coordination mechanisms. Twelve of the 14 Fleming Fund-supported countries examined in this paper have national OH platforms that provide government oversight for the investigation, control and mitigation of complex, multisectoral health challenges, including AMR.
- Participation across the OH sectors in AMR committees has improved; environmental sector involvement rose from 50% of the 14 countries surveyed in 2022 to 100% in 2025. Many committees now include representation from food safety, agriculture, aquaculture, and civil society, enabling more inclusive governance and raising awareness. In practice, these structures have effectively translated surveillance data into policy (through sectoral and national action plans for AMR) and enabled joint training, coordinated communication, and integrated surveillance.
- Systemic challenges threaten the sustainability of OH governance structures. These include limited human resources, insufficient resources rather than costed plans, competing OH priorities (such as emerging outbreaks of disease in animals and humans), and the low visibility of AMR issues outside the human health sector. Addressing these vulnerabilities will require governments to deepen their commitment to AMR as a national priority, mobilise domestic resources, and embed OH across policies and institutions.

Sustained investment, coordinated action, and inclusive governance are central to strengthening AMR surveillance within a OH framework. While Fleming Fund support has catalysed notable progress in expanding multisectoral coordination mechanisms, enhancing participation across sectors, and reinforcing national and subnational structures, continued commitment to OH governance will be vital to protect health systems and contribute to managing the problem of AMR.

Introduction

OH is an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems. It recognises that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.

The approach brings together multiple sectors, disciplines, and communities across all levels of society to promote well-being and tackle threats to health and ecosystems. It simultaneously addresses the shared need for clean water, energy, and air, as well as safe and nutritious food, while advancing climate action and contributing to sustainable development¹.

The OH approach is grounded in the recognition that health challenges emerging at the interface of human, animal, and environmental systems are deeply interconnected and require coordinated, multidisciplinary responses. By fostering improved communication, cooperation, and collaboration across sectors and institutions, OH enables more effective prevention, detection, and response to complex health threats.

This integrated approach has proven critical in addressing the global challenge of AMR, particularly bacterial resistance to antibiotics, which poses a significant threat to public health, food security, and sustainable development (Figure 1). Fragmented surveillance efforts and siloed data systems, stemming from poor intersectoral collaboration, funding constraints and stakeholder conflicts, have historically hindered efforts to understand and respond to AMR trends across sectors.

1. One Health High-Level Expert Panel (OHHLEP), Adisasmito, W. B., Almuhairi, S., Behravesh, C. B., Bilivogui, P., Bukachi, S. A., ... Zhou, X. N. (2022). [One Health: A new definition for a sustainable and healthy future](#). *PLoS Pathogens*, 18(6), e1010537.

In response, the Fleming Fund, supported by the UK's Department of Health and Social Care, has actively promoted a OH approach from 2018 to 2025 to combat AMR in up to 25 countries². The Fleming Fund has supported the development of nationally owned, integrated, multi-sectoral surveillance systems to track AMR. These systems are designed to generate, analyse, and share antimicrobial resistance and use (AMR and AMU) data across human, animal, and environmental health domains. The resulting evidence base can be used to inform national policies, guidelines, and interventions aimed at mitigating AMR and strengthening health system resilience.

In addition to strengthening surveillance, the Fleming Fund has invested in developing and supporting OH coordination and collaboration mechanisms to improve AMR/U governance structures at both national and subnational levels (Figure 2).

Effective OH governance arrangements at national and subnational levels provide a coordinated framework that unites human health, animal health, food safety, and environmental sectors under a shared vision. This integrated approach is particularly critical in LMICs, where fragmented systems and limited resources often hinder progress on AMR. The governance structures described in this report (e.g. coordinating bodies, national committees, working groups) are expected to reduce duplication, close gaps left by siloed efforts, and enable coherent policy development, joint decision-making, and efficient resource use³. They should also create accountability mechanisms and ensure that data generated through surveillance and research can be used to inform policy and action.

Figure 1: One Health framework for AMR monitoring

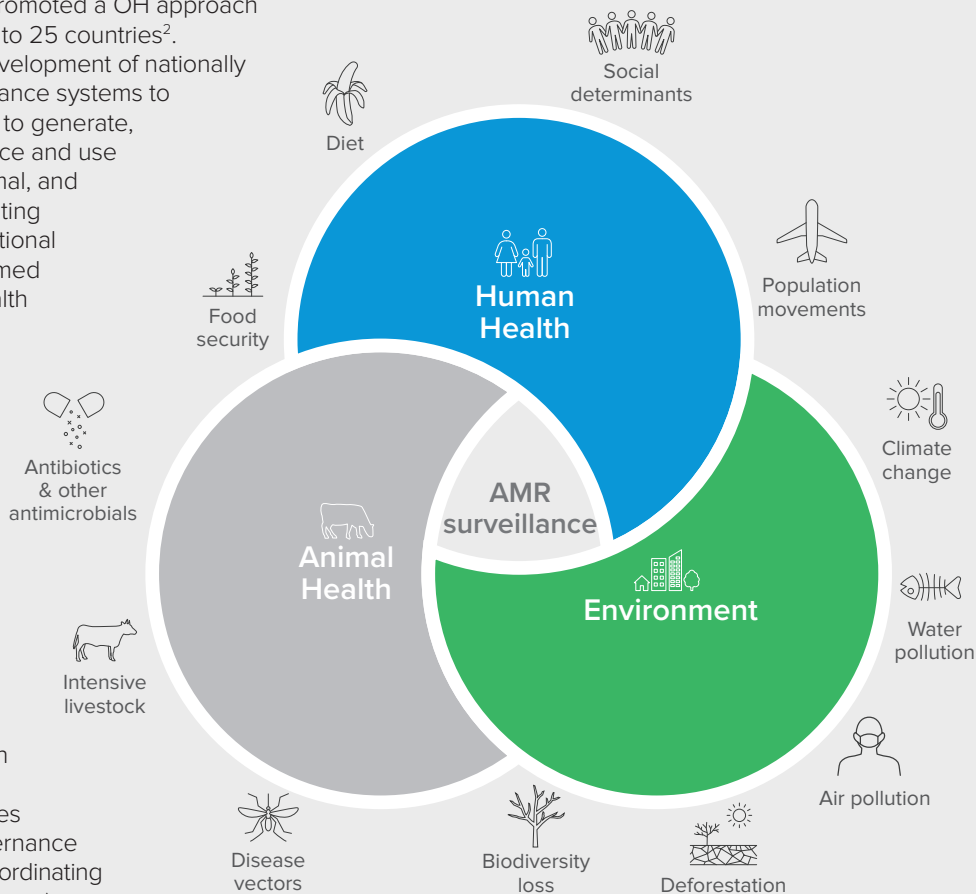


Figure courtesy of Mott Macdonald

Figure 2: Hierarchical structure of AMR governance

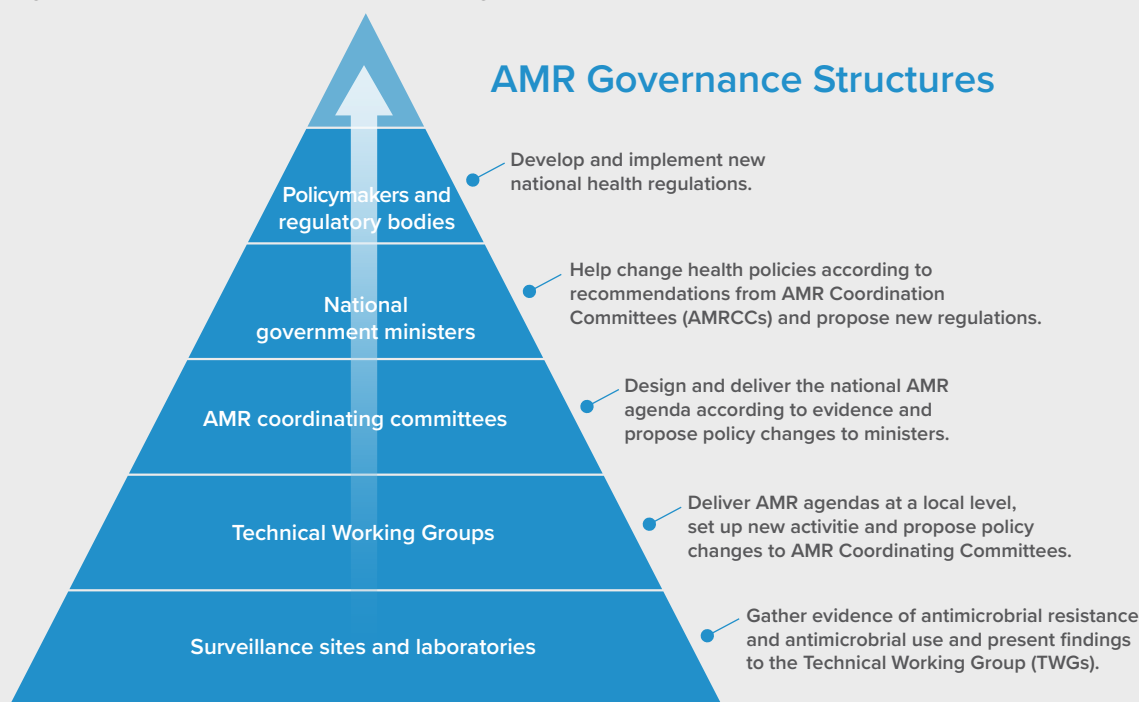


Figure courtesy of Mott Macdonald

2. Fleming Fund supported countries: Bangladesh, Bhutan, Eswatini, Ghana, Indonesia, Kenya, Lao PDR, Malawi, Nepal, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Sri Lanka, Timor-Leste, Uganda, Tanzania, Viet Nam, Zambia, Zimbabwe.
 3. Hitziger, M., Esposito, R., Canali, M., Aragrande, M., Häslér, B., & Rüegg, S. R. (2018). Knowledge integration in One Health policy formulation, implementation and evaluation. *Bulletin of the World Health Organization*, 96(3), 211. doi: 10.2471/BLT.17.202705.

This learning paper focuses on the establishment and operations of national AMR bodies and TWGs in 14 Fleming Fund supported countries, exploring lessons learnt in line with six OH governance domains: participation, coordination and collaboration, management, sustainability, accountability and transparency, and equity⁴. Insights from this report will provide information for global and national stakeholders involved in the design, operationalisation or review of OH governance structures related to AMR.

Approach

To elicit key insights into how the Fleming Fund has supported the structure and functionality of AMR/U governance across different contexts, key learning questions around the six OH governance domains informed the evidence gathering for this report (Table 1).

Table 1: One Health governance domains and learning questions

Domains	Key learning questions
Participation	How has stakeholder participation shaped the design and implementation of AMR/U surveillance and related activities?
Coordination and collaboration	What institutional arrangements have facilitated cross-sectoral coordination and collaboration for AMR/U surveillance?
Management	How are roles and responsibilities distributed across sectors and levels of government?
Sustainability	How is workforce capacity developed and maintained for sustainable AMR/U surveillance and mitigation strategies moving forward?
Accountability and transparency	What indicators are used to monitor and evaluate AMR/U governance performance?
Equity	How are disparities in surveillance capacity and data access addressed across regions and sectors?

Data collection and analysis

Initial data was gathered through a programme-level OH survey conducted in 2022, at the end of phase 1. The survey aimed to assess coordination and collaboration mechanisms and operational challenges related to AMR governance across Fleming Fund-supported countries. In phase 2, additional data was collected through ad-hoc interviews with country and regional grant teams to update and supplement the initial findings where necessary. Comparative qualitative analysis was then conducted for 14 Fleming Fund-supported countries which had available data for 2022 and 2025⁵.

The information collected was triangulated with responses from the Tracking AMR Country Self-Assessment Survey (TrACCS), and evidence from programme reports (2018–2025). This helped validate the findings and capture improvements made since phase 1 and provided useful learnings from the programme implementation.

We acknowledge that this report emphasises the governance architecture, not the influence of governance structures on policy integration or practitioner behavioural change. Our programmatic key performance indicators were operational in nature and primarily measured whether the governance bodies convened and if they received AMR reports generated by surveillance sites. We did not focus on evaluating the quality or impact of the discussions in governance fora.

Strengthening One Health governance for AMR surveillance

National One Health platforms⁶

One of the aims of the Fleming Fund grants was to support low and middle-income countries in establishing OH coordination and collaboration mechanisms to improve AMR/U governance structures at both national and subnational levels.

At national level, OH platforms are the coordinating and leadership body for OH planning, advocacy and implementation. They vary considerably in their names, size, scope, functions, capabilities, and visibility, there is no ‘one size fits all’. However, in general, these have several key

Key function: A national OH platform refers to a group of individuals who work as a convergence group to provide government oversight into the investigation, control and mitigation of complex, multisectoral health challenges of concern for the country. While in theory OH includes the health of humans, animals and the environment, most issues examined by OH platforms relate to public health, typically zoonoses and AMR.

4. Ruckert, A., Harris, F., Aenishaenslin, C., Aguiar, R., Boudreau-LeBlanc, A., Carmo, L. P., Labonté, R., Lambraki, I., Parmley, E. J., & Wiktorowicz, M. E. (2024). [One Health governance principles for AMR surveillance: A scoping review and conceptual framework](#). *Research Directions: One Health*, 2, e4.

5. Bangladesh, Bhutan, eSwatini, Kenya, Lao PDR, Malawi, Nepal, Pakistan, Papua New Guinea, Tanzania, Timor Leste, Vietnam, Zambia and Zimbabwe.

6. Key Functions defined for each platform are based on Fleming Fund programme description of the purpose of each structure to support national AMR surveillance and are therefore our own working definitions.

functions, including facilitating collaboration, sharing data and knowledge around OH issues, developing initiatives to combat OH issues and advocating for a OH approach to problem solving. The most common OH issue that is usually examined is zoonotic diseases unrelated to AMR (e.g. emerging or reemerging arboviruses) however, some platforms are more expansive, and include AMR, food safety, environmental issues and others in their remit. Evidence from programme reports suggests that national OH platforms are often framed as higher-level governance structures than national AMR committees, or other issue-specific committees.

In 2022, only ten countries out of 14 had established OH national platforms. Between 2022 and 2025, our survey showed that there was an increase in the establishment of national OH platforms, reflecting growing institutional commitment to the OH concept as a framework for addressing complex health challenges in LMICs, possibly catalysed by the COVID-19 pandemic. In 2025, 12 countries out of 14 reported having a national platform that provides One Health leadership, including 2 countries having established such a platform between 2022 and 2025. In one of the two countries without an active national OH platform, an attempt was made to establish a coordinating body, supported by WHO. However, this effort was later discontinued due to the cessation of external support. No information is available for the remaining country, and the assumption is that a national OH platform was not supported by government.

The extent of these platforms' engagement with AMR policy and programming varied significantly. In 2025, three countries indicated that the national OH platform had no major role in AMR containment but focused primarily on zoonotic disease coordination, seven countries reported that the national OH platform facilitated a OH multisectoral approach for addressing AMR and three countries added that the national OH platform also fulfils the governance role of the National Steering Committee for AMR.

It is important to note that in several cases, the establishment and initial operations of national OH platforms rely heavily on development partners' support through technical assistance, policy recommendations, advocacy and resource mobilization, particularly from WHO in the implementation of the One Health Joint Plan of Action⁷, and therefore, are vulnerable to shifts in funding priorities. This presents a sustainability challenge that could impact their long-term ability to contribute meaningfully to AMR governance. On the other hand, it is expected that mature One Health governance structures at country level will facilitate investment in OH projects (including those that focus on AMR).

National AMR committees

The Global Action Plan for AMR⁸ and subsequent guidance included plans for an AMR governance structure including the setup of national level AMRCCs (see box above), appointing a national AMR Focal Point, and establishing a National Action Plan for AMR (NAP). To support this, country level stakeholder engagements were supported by FF country grantees to strengthen nascent National AMR Committees across all the supported countries. With guidance from the Quadripartite Alliance⁹ the programme has continued to strengthen these structures to improve participation, coordination and collaboration across sectors for effective AMR national action planning and implementation.

Key function: National AMR committees are government bodies established to coordinate, implement and monitor the planning, investigation, control and mitigation strategies of AMR in the country. Part of their role is to focus on data gathering through support and oversight for surveillance in the different sectors, analysis and review the data, and use of the data as evidence to inform mitigating strategies. While the principal role of the committees is not usually policy making, part of their role is to utilise data to recommend changes to government policy in order to reduce the risk of AMR in the population.

In nearly all surveyed countries (13 out of 14), national AMR focal points for both human and animal sectors have been established and are active, marking a significant improvement since 2022. This progress is reflected in the growing institutionalisation of AMR focal point roles in country.

In 2025, National AMR Committees in Fleming Fund supported countries all demonstrate stronger multisectoral representation than in 2022. All committees include members from at least two sectors, typically human health and animal health. Between 2022 and 2025, representation from the environmental health sector increased substantially: from half of the countries in 2022 to all 14 surveyed countries in 2025. This was largely due to the efforts of the Fleming Fund Country and Regional Grants, which advocated for inclusion of the environment sector in AMR governance platforms and national surveillance systems, and included this as an outcome of the grant by providing financial support for laboratory improvements, training of staff and surveillance activities, including integrated surveillance.

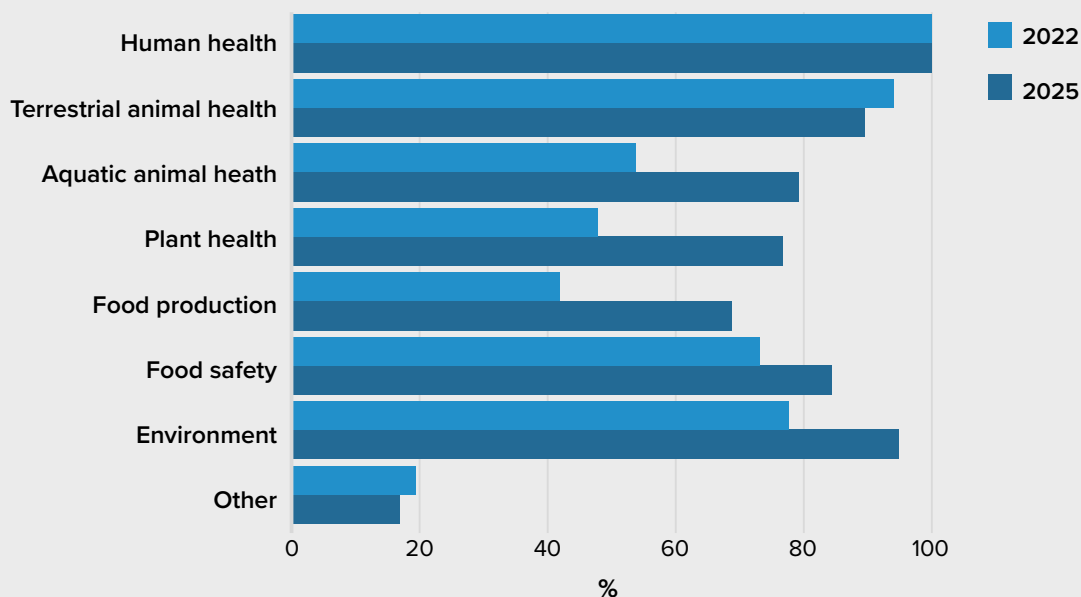
7. A guide to implementing the One Health Joint Plan of Action at national level. Geneva: World Health Organization, Food and Agriculture Organization of the United Nations, United Nations Environment Programme and World Organisation for Animal Health; 2023. Licence: CC BY-NC-SA 3.0 IGO.

8. World Health Organization. (2016). [Global action plan on antimicrobial resistance](#).

9. The Global Health Quadripartite comprises the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), the World Organisation for Animal Health (WOAH) and the United Nations Environment Programme (UNEP). They work together to promote the One Health approach, recognising the interdependence of human, animal, and environmental health. Their purpose is to coordinate global multi-sectoral efforts to prevent and respond to health threats like antimicrobial resistance, zoonotic diseases, and food safety risks.

Moreover, in 2025, 12 out of 14 countries reported National AMR Committees that included more than three sectors, demonstrating much broader engagement. In part, this expansion was a result of a strategic shift in the Fleming Fund that encouraged and facilitated inclusion of sectors relevant to AMR other than human and animal health. In some of the committees in the 14 countries surveyed, this saw the inclusion of representatives from food safety, agriculture, aquaculture, water quality and sanitation, drug regulation, wildlife, education and, in some cases, civil society organisations. In addition, there was probably also an increasing awareness in countries of the complexity of AMR and the need for more sectors to be involved, and in terms of funding incentives. This trend is not limited to the 14 surveyed countries but is rather a broader global movement toward inclusive, multisectoral governance for national AMR containment, as illustrated by TrACCS data (Figure 3). Since national AMR committees serve as platforms for cross-sectoral surveillance coordination and data sharing, increased sector representation facilitates multisectoral initiatives moving forward such as integrated surveillance (e.g. Tricycle studies) and promotes more equitable access to AMR data among all relevant sectors.

Figure 3: Sectors involved in AMR multisectoral coordination



Source: Data from LMICs located in regions where the FF operates and having responded to the 'Global Database for Tracking AMR Country Self-Assessment Survey in 2022' (67 responses) and 2025 (77 responses). The bars indicate the percentage of positive responses. Analysis focuses on responses to 'Question 2.2: Which sectors are actively involved in the multisector coordination mechanism?'.

As with national OH platforms, National AMR Committees vary in their roles and structures. In some countries, a single committee combines both steering and coordination functions, while in others these responsibilities are split – for example, between an inter-ministerial AMR steering committee and a dedicated coordination committee. Typically, a steering committee endorses the NAP for AMR, agrees on government funding allocations for AMR activities, and, in fewer cases, addresses AMR-related legislation. Progress has been made in clarifying the functions of committees, with terms of reference developed and endorsed for roles and responsibilities, providing clarity and strengthening accountability among committee members. Between 2022 and 2025 most of the Fleming Fund countries have revised or are revising their first AMR NAP and this has provided an impetus to revitalise AMR committees, and to redefine their mandates, functions, and operating procedures.

Leadership arrangements within national AMR committees vary across countries, reflecting different approaches to facilitating a OH strategy. While some countries have adopted multisectoral leadership models such as co-chairing or rotating chairs, national AMR Committees are most led by the human health sector, reflecting the public health foundations of AMR surveillance. Notably, these leadership models have remained largely unchanged between 2022 and 2025. It is important to note that leadership by the human health sector does not inherently prevent national AMR committees from functioning in a multisectoral manner. The most important factor for success is a chairperson who is committed to the OH approach and can play a pivotal role in fostering meaningful engagement from all relevant sectors. For example, in Bangladesh the Core Working Group (CWG) is chaired by the Director of Communicable Disease Control, Directorate General of Health Services. The CWG has endorsed three key documents; National AMR Surveillance Strategy (2025-2030), the National Antimicrobial Use Surveillance Protocol for Human Health, and the AMR Surveillance Protocol for the environment.



In 2025, in 11 out of the 14 surveyed countries, the national AMR committee was supported by a dedicated Secretariat that plays a stewardship and leadership role in advancing AMR containment efforts. In most cases, the Secretariat sits inside the Ministry of Health and supports the coordination of linkages and dialogue between AMR structures (national committees, TWGs etc.) and implementation of related activities. Fleming Fund Country Grants have provided financial and facilitation support to these Secretariats where they exist. Between the Fleming Fund phase 1 and phase 2, notable progress has been made toward sustaining Secretariat functions, with government funding secured in ten of 11 countries by 2025, although only partial in some cases.

Despite the apparent maturity of national AMR structures, only ten of the 14 surveyed countries reported that their National AMR Committee convened at least once in the past 12 months. This stagnation underscores a persistent issue in ensuring that these governance structures remain active and effective in fostering intersectoral collaboration in the face of several key operational challenges (see Table 2, barriers to Coordination and Collaboration).

Technical Working Groups on AMR

The TWGs, sometimes referred to as sub-committees, are important sub-structures at national level that facilitate cross-sectoral coordination and collaboration of AMR/U surveillance. Multiple, diverse AMR TWGs have been established across countries, typically aligned with the ‘pillars’ of the Global Action Plan: AMR surveillance, infection prevention control, appropriate use of antibiotics, and raising awareness through education, communication and training. Surveillance TWGs primarily reviewed AMR surveillance data and, less frequently, AMU data, from sites, and provided technical recommendations to national AMR committees to inform policy development or revision. Notably, TWGs also encouraged and facilitated private sector engagement – such as private veterinary laboratories, livestock companies, or private hospitals – and academia ensuring that they remained informed and actively involved in surveillance efforts, therefore strengthening country level equity and transparency.

Key function: TWGs are bodies that are formed and convened by the OH and AMR coordinating bodies. Their function is to provide scientific guidance and technical expertise for development of relevant protocols, e.g. for surveillance or stewardship, analysis of data generated by the surveillance systems, and provision of recommendations for further activities to control or mitigate a problem. Working groups outputs are used as evidence by coordination committees to inform guidance to ministries on strategies and policies to improve public health and to advocate for allocation of budgets.

By 2025, 11 out of 14 supported countries reported the establishment of Sectoral AMR Surveillance TWGs, with regular meetings taking place. Programme reports indicate that, overall, TWGs met more consistently and regularly than national AMR committees. This is likely due to the TWGs’ clear mandate to support the development of surveillance protocols, the implementation of surveillance activities funded by the Fleming Fund and the analysis and review of data.

Between 2022 and 2025, a change was seen from Sectoral to OH AMR TWGs, with the number of OH AMR-TWGs changing from seven to 11 across the surveyed countries. This growth reflects increasing recognition among national stakeholders of the need not only for coordination structures, but also for platforms where integrated surveillance can be planned, AMR resistance trends from different sectors can be reviewed, and multisectoral data quality and reporting can be discussed in detail. From the survey,

it was captured that TWG discussions commonly resulted in joint recommendations to national AMR committees aimed at improving data quality, utilisation and sharing, harmonising laboratory methods and result interpretation, guiding capacity building efforts (training, procurement needs etc.) and ultimately strengthening cross-sector collaboration.

Despite the strengthening of TWG roles and responsibilities in most countries, integration of AMR data under a OH approach remains in its early stages. Reviews of integrated data have not been conducted regularly due to limited resources and competing priorities, and the production of annual OH reports is still uncommon in most surveyed countries.

Subnational AMR governance structures

In countries where national health programme implementation is the responsibility of provincial structures (devolved settings), subnational AMR committees have been established to lead the local coordination, implementation and monitoring of AMR activities. In some cases, these sub-national committees are also supported by a dedicated Secretariat, and subnational TWGs.

Commendable examples are the establishment of AMR subnational Steering Committees in Khyber Pakhtunkhwa, Sindh, Punjab and Gilgit Baltistan provinces of Pakistan, supported by subnational OH TWGs. These subnational Steering Committees meet annually while subnational TWGs meet quarterly to actively review and discuss AMR data from sentinel sites and provide evidence-based recommendations to the provincial Steering Committees. It appears that data sharing between the provincial and central AMR committees is limited, however national TWGs invite representatives from provincial TWGs to attend meetings and to summarise their work.

While these initiatives have helped strengthen local ownership of AMR containment and fostered the adoption of a OH approach at the subnational level, they have also required significant resources for advocacy and initial setup, especially from the Fleming Fund Country Grants (for more details, see Table 2, Barriers to participation).

Key function: Subnational AMR governance bodies are established in some countries where public health efforts are devolved to a region, province or other subnational political structure in the country. They lead local coordination, implementation and monitoring of AMR-related activities and report to regional or provincial governments.

Enablers and barriers to effective One Health governance for AMR surveillance

According to WHO, only 18% of countries globally report having established formal multi-sector coordination mechanisms, including TWGs, that operate under clear terms of reference, hold regular meetings, receive dedicated funding, and maintain defined activities and accountability structures¹⁰. While this figure remains low, it represents notable progress compared to 2017, when just 9% of countries reported functional multi-sectoral working groups. As outlined in this report, investments made by the Fleming Fund between 2022 and 2025 have played a significant role in driving this advancement, with 96% of Fleming Fund-supported countries reporting the presence of formal multisectoral coordination mechanism in 2025 (TrACCS survey, 2025).

Fleming Fund Country and Regional Grants have supported national governance structures, by providing advocacy, visibility and financial and technical assistance for formative meetings, workshops and training, and national and subnational planning — this is a major piece of empowerment and a necessary investment in sustainability. The Fleming Fund Fellowship Scheme¹¹ has buttressed this work, having identified and supported the development of in-country AMR champions who have often been leading members of committees and TWGs. Overall, FF supported countries have functional multi-sectoral governance or coordination mechanisms albeit with variable degrees of success across the six governance domains (Table 2).

10. World Health Organization. (2025). [World health statistics 2025: Monitoring health for the SDGs, Sustainable Development Goal.](#)

11. The Fleming Fund Fellowship Scheme aims to support the professional development of practitioners and influencers to strengthen AMR workforce capacity. The scheme encourages peer-to-peer learning, strong One Health Communities of Practice, and communication at the highest levels of government to influence AMR policies. Fellows are selected from government institutions to directly build national capacity to respond to AMR.

Table 2. Key learnings from Fleming fund implementation — enablers and barriers in strengthening one health governance in supported countries.

While enablers and barriers often span multiple domains, we have categorised them under the most relevant domain for clarity.

Domains	Key learning questions	Enablers	Barriers
Participation	How has stakeholder participation shaped the design and implementation of AMR/U surveillance and related activities?	In some countries, AMR governance structures have set a precedent for OH collaboration. Leveraging skills and knowledge from different sectors in multisectoral committees and TWGs has improved quality and relevance of AMR interventions in-country.	Although in general these groups have functioned well, they have not always been an equal partnership as some committees are housed within the human health sector ministries, with less involvement from the animal health sector, and little or no involvement from other sectors such as environment. AMR governance structures have also been largely established at the national level, and in fewer cases at the first administrative jurisdiction level, but they rarely extend to more local levels (e.g., community level). In some countries, subnational AMR governance structures have been introduced, but doing so required significant resources and carried the risk of uneven implementation of SAMR interventions across provinces.
Coordination and collaboration	What institutional arrangements have facilitated cross-sectoral coordination and collaboration for AMR/U surveillance?	Regular multisectoral meetings and systematic information sharing have significantly strengthened coordination and coherence of AMR containment efforts across the OH sectors. Joint planning and implementation of AMR activities across sectors have fostered shared ownership and accountability. Effective coordination has enabled synergies in integrated surveillance activities across the programme, with integrated surveillance initiatives implemented in 35% of FF-supported countries in phase 2. These have largely followed the WHO Tricycle protocol ¹² . Regular communication and progress reviews also keep the NAP on track. For example, in Ghana the Quarterly AMR Platform Meeting held in June 2025 included representation from all sectors, partners, and the academia. A key highlight was the validation of the National Antimicrobial Stewardship Strategy and the strategy for the inclusion of private sector data into the national AMR surveillance system. There was also further discussion on the way forward with the development of NAP 2.0 following the conclusion of the situation analysis conducted by the Fleming Fund Country Grant. The Fleming Fund has supported regular meetings of governance structures (monthly, quarterly, annually) and facilitated several other activities such as conferences, symposia, joint trainings, workshops and stakeholder meetings to further support multi-sectoral coordination. Overall, this ongoing collaboration has also built trust among stakeholders, reinforcing long-term commitment to AMR objectives by establishing a common sense of purpose.	Irregular meetings of the AMR governance structures can be caused by: <ul style="list-style-type: none"> • The seniority of committee members and their limited availability due to competing priorities. • Lack of a Secretariat with full-time staff to support committees and to maintain continuity of purpose. • Government restructuring, which has disrupted continuity and clarity of roles, with committee members changing regularly as their roles shift in their respective ministries. • The existence of alternative mechanisms for high-level officials to discuss OH issues (e.g., cabinet meetings), which can render AMR committees redundant and hinder their effectiveness as multisectoral leadership bodies.
Management	How are roles and responsibilities distributed across sectors and levels of government?	The operational capacity is critical for efficient surveillance systems. A OH cost-benefit analysis conducted by the FF in Indonesia, found that AMR caused an annual loss of USD 793.42 million in the livestock sector and USD 13.12 million in the Human Health sector, representing a 0.46% Gross Domestic Product loss in 2021. This kind of systematic evidence-informed prioritisation, focusing on infrastructure and resources, enables countries to demonstrate results and make the most of existing resource investments. A strong mechanism is required, and there is still further progress to be made.	Managing complex interventions alongside competing priorities remains challenging without sufficient resources. Robust coordination mechanisms to identify efficiencies, along with stronger resource mobilisation strategies, are still needed.

12. 'WHO integrated global surveillance on ESBL-producing E. coli using a One Health approach: implementation and opportunities'. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Sustainability	How is workforce capacity developed and maintained for sustainable AMR/U surveillance and mitigation strategies moving forward?	Establishing a dedicated Secretariat to support national AMR Committees, partially or fully funded through the state budget. This would demonstrate government commitment, ensure continuity of information, facilitate consistent discussions, strengthen coordination, and provide leadership for monitoring the implementation of NAPs. In some countries, technical collaborations between sectors for confirmatory testing or joint training have been formalized, for example through Memorandums of Understanding (MOUs) between the national reference laboratories in human health, animal health, and the environmental sector. These arrangements have supported Communities of Practice, or promoted cost-efficient use of laboratory platforms, which are expensive to develop, maintain, and supply with reagents.	The establishment and initial operations of national OH platforms rely heavily on development partners' support through technical assistance, policy recommendations, advocacy and resource mobilisation and therefore, are vulnerable to shifts in funding priorities. More broadly, the loss of FF support (and general contraction in development assistance) is likely to reduce commitment to surveillance, particularly in sectors other than human health, where the impact of AMR is less obvious and where there are more obvious priorities to address. This is likely to have a knock-on effect on the effectiveness of committees and other structures.
Accountability and Transparency	What indicators are used to monitor and evaluate AMR/U governance performance?	Over the period 2022-2025, many of the committees and TWGs have become more accountable and transparent, largely through official endorsement by relevant ministries, development of terms of reference (TORs) and defined roles and responsibilities, signing of MOUs between sector ministries to support collaboration and establishment of national data-sharing platforms, including AMR dashboards. Terms of reference for committees and TWGs contribute indirectly to coordination and management, as well-defined roles help align efforts across sectors and improve operational efficiency.	Monitoring and Evaluation frameworks to guide AMR containment efforts are still lacking in many countries. Formal data sharing protocols between ministries are not in place in many countries.
Equity	How are disparities in surveillance capacity and data access addressed across regions and sectors?	Multisectoral committees and TWGs draw on expertise from different sectors, and this has strengthened the quality and relevance of AMR interventions.	Partnerships remain uneven, with human health often dominating governance structures and limited participation from animal health, environmental sectors, subnational and community levels, and other non-traditional stakeholders (e.g. finance, academia, civil society organisations).

Conclusion

The Fleming Fund has been the preeminent global donor committed to funding activities that have led to a better understanding of the AMR situation in Asia and Africa. In the nine years since the programme started, multisectoral AMR (and to a lesser extent AMU/AMC) surveillance systems have been established or strengthened in more than 30 countries, significant amounts of data have been collected, analysed, and shared with relevant stakeholders, both national and international.

Overall, the success of the Fleming Fund OH agenda has been driven by strong government ownership and committed leadership, with oversight from senior officials and active roles for designated chairs, secretariats, and AMR champions. Multi-sectoral engagement has been central, bringing together human, animal, and environmental health sectors alongside private sector representation and technical committees that provide input to national structures.

Governance and coordination mechanisms have been strengthened through defined terms of reference, clear roles and responsibilities, reporting lines, and regular communication and progress reviews that ensure accountability. Capacity building and advocacy have further supported progress, with training initiatives, awareness-raising, and the dedicated work of the Fleming Fund Country Grant team sustaining momentum. Resources and infrastructure have underpinned these efforts, including financial and technical support from international partners, data-sharing platforms, physical offices for secretariat functions, and dedicated human resources.

Institutionalised processes and forums at both national and provincial levels have ensured continuity, accountability, and integration of OH governance across different layers of administration.

Early evidence from programme reports indicates these structures have enabled cross-sectoral collaboration in areas such as joint training, coordinated communication, and integrated surveillance — activities that would have been difficult without governance mechanisms in place. In some countries, AMR governance structures have even served as the first OH governance fora, signalling a paradigm shift among professionals and policymakers toward OH thinking.

However, several factors hindered the effective functioning of these structures, including limited human resources, insufficient budgets, competing priorities, and the low visibility of AMR issues outside the human health sector. National coordination structures still have work to do to improve the systems that they

operate. With growing uncertainties in the international funding landscape, mobilising domestic resources for implementation of NAPs against competing priorities in each individual sector will be challenging. Therefore, sustaining the level of support required to maintain the functions of the governance structures and the broader system remains highly vulnerable. Yet their role is ever more important in translating data and evidence into policy and practice to ensure cost-effective decision-making. So, there is an imperative for governments to continue to support the momentum of the last few years.

Key lessons to consider include:

Institutionalisation and government ownership are essential for sustainable AMR governance. This requires a secured operational budget to support committee functions, clearly defined terms of reference, and a functional Secretariat. NAPs should explicitly outline the structure and operations of national committees and TWGs and how they should be supported. If this is not yet the case, upcoming NAP revisions present a valuable opportunity to address these gaps:

- **AMR governance structures must be tailored to the country's context and needs**, rather than being established solely to meet donor or development partner requirements. The presence of national AMR champions in influential positions is critical to drive and sustain progress. To strengthen motivation for multisectoral collaboration, it remains important to generate and communicate evidence of mutual benefits across sectors.
- **Equity and inclusion** are key to enhancing multisectoral collaboration and policy relevance. Continued efforts are needed to engage subnational non-state actors in AMR governance, including civil society and the public, to ensure broader ownership and implementation.

In conclusion, the Fleming Fund has built a strong foundation for AMR control efforts and has driven a paradigm shift towards addressing a complex health challenge through an integrated OH approach – now is the time for governments to build on this momentum and take the lead.



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