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Antimicrobial Resistance Multi-Partner Trust Fund

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

Terms of Reference

April 2022

Revision 2.1

Antimicrobial Resistance (AMR) is a rising global threat to human, animal and plant health. It undermines the safety of our food and our environment. Antimicrobials play a critical role in the treatment of human, animal and plant diseases and their use is essential to food production, safety and security as well as to our well-being. Their misuse, associated with the emergence and spread of antimicrobial-resistant micro-organisms, places everyone at risk regardless of income, age and gender. This risk is exacerbated in countries where the regulatory and surveillance and monitoring systems are weak or inadequate for the prevention and control of AMR.

The Food and Agriculture Organization (FAO), World Organisation for Animal Health (OIE), United Nations Environment Programme (UNEP) and the World Health Organization (WHO) – collectively known as the Quadripartite – have a pivotal role in leading and coordinating the global response against AMR in close collaboration with national governments, the UN system, other organizations as well as key stakeholders including civil society and the private sector. Through coordinated and collective efforts, we can effectively reduce AMR and contribute to achieving the Sustainable Development Goals (SDGs).

The ***Combatting Antimicrobial Resistance through a One Health approach: AMR Multi-Partner Trust Fund*** (AMR MPTF) is a strategic, intersectoral, multi-stakeholder initiative inviting partnership and financing to leverage the convening and coordinating power, mandates and technical expertise of the Quadripartite to mitigate the risk of AMR and contribute to the achievement of the SDGs by catalyzing the implementation of One Health National Action Plans and provide effective leadership and coordination of a multi-sectoral One Health response to AMR.

The AMR MPTF will contribute to the delivery of the Strategic Framework¹ of the four organizations. This Framework sets out the vision and theory of change for the collaborative work of the Quadripartite and incorporates action to address AMR at global, regional and country levels underpinned by biennial workplans.

The AMR MPTF has been recognized by the United Nations Secretary-General as the mechanism to secure consistent and coordinated development financing to support One Health National Action Plans and Quadripartite Workplans.²



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¹ [WHO, FAO, OIE, UNEP, Strategic framework for collaboration on antimicrobial resistance, April 2022.](#)

² [United Nations, General Assembly report, Follow-up to the political declaration of the high-level of the General Assembly on AMR: report of the Secretary-General, A/73/869 \(10 May 2019\).](#)

List of acronyms and abbreviations

| | |
|-------------|---|
| AMR | Antimicrobial resistance |
| AMU | Antimicrobial use |
| FAO | Food and Agricultural Organization of the United Nations |
| GAP | Global Action Plan |
| IHME | Institute for Health Metrics and Evaluation |
| MOU | Memorandum of Understanding |
| MPTF | Multi-partner Trust Fund |
| NAP | National Action Plan |
| OIE | World Organisation for Animal Health |
| SAA | Standard Administrative Arrangements |
| SDG | Sustainable Development Goal |
| UNDG | UN Development Group |
| UNDP | United Nations Development Programme |
| UNEG | UN Evaluation Group |
| UNEP | United Nations Environment Programme |
| WHO | World Health Organization |

References related to the management and oversight of the AMR MPTF

(all available at <https://mptf.undp.org/factsheet/fund/AMR00>)

Strategic Framework for collaboration on antimicrobial resistance between the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, the World Health Organization and the United Nations Environment Programme, April 2022.

Operations Manual - Antimicrobial Resistance Multi-Partner Trust Fund (MPTF) Combatting the rising global threat of AMR through a One Health approach - Version 1.0, December 2020.

Memorandum of Understanding between Participating UN Organizations and the UNDP Multi-Partner Trust Fund Office regarding the Operational Aspects of the Antimicrobial Resistance Multi-Partner Trust Fund Office, November 2019.

Memorandum of Understanding between the World Organisation for Animal Health and the United Nations Development Programme regarding the Operational Aspects of the Antimicrobial Resistance Multi-Partner Trust Fund Office, May 2021.

Standard Administrative Arrangement between donors and the UNDP Multi-Partner Trust Fund Office

Antimicrobial Resistance Multi-Partner Trust Fund Combatting the rising global threat of AMR through a One Health Approach – Fact Sheet

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I. Introduction

The threat of AMR

Antimicrobial Resistance (AMR) is arguably the most complex threat to global health security which threatens to compromise the global community's progress towards achieving the Sustainable Development Goals (SDGs).

Misuse and overuse of antimicrobial drugs in human medicine, veterinary medicine and food production is already killing millions of people each year. New evidence now shows that in 2019 an estimated 1.27 million deaths were directly attributable to AMR and 4.95 million deaths were associated with AMR, with the majority in Sub-Saharan Africa and Asia.³ There are few alternative solutions in the pipeline. Without coordinated and accelerated action, the world is heading towards a post-antibiotic era in which common infections could once again kill and routine medical procedures become high risk. Globalization has led to an unprecedented rise in the movement of people, animals and food commodities, providing opportunities for the spread of resistance. Stemming the spread of AMR requires bold and determined global commitment and action.

To ensure that the cures available today continue to work now and for generations to come, a One Health approach is required to systematically address key challenges that include:

- Responsible use and stewardship, whilst ensuring access to existing and new antimicrobials;
- Universally agreed priorities and mechanisms to foster innovation towards quality and inexpensive diagnostic tests that provide care practitioners with quick and accurate information, as well as quality vaccines and infection prevention tools that are affordable and available to all, including water, sanitation and hygiene (WASH) in community and healthcare settings;
- The transformation of animal husbandry (terrestrial and aquatic) to substantially reduce antimicrobial use whilst boosting agricultural productivity, ensuring food security and safety;
- The environmental dimension of AMR since the environment plays a key role in the development, transmission and spread of AMR.

Priority areas for urgent action include:

(1) Ensuring national political engagement and support, including national budget allocations and scaling up technical capacity for the human, animal and plant health and environmental sectors to accelerate the implementation of One Health National Action Plans (One Health NAPs);

(2) Enhancing the collection, analysis and reporting of comparable high-quality data, in particular by supporting surveillance of resistance and antimicrobial consumption and use, in order to establish baseline estimates and monitor trends;

³ DOI: [https://doi.org/10.1016/S0140-6736\(21\)02724-0](https://doi.org/10.1016/S0140-6736(21)02724-0)

(3) Strengthening regulatory frameworks to ensure access to safe, efficacious and quality antimicrobials, preventing the production, distribution and consumption of substandard and falsified medical products for humans and animals and prohibiting the use of antimicrobials for growth promotion in the absence of risk analysis;

(4) Improving global, regional and national coordination among all stakeholders and increasing the meaningful involvement and space of civil society and the engagement of the private sector;

(5) Ensuring sustainable financing from multilateral and bilateral institutions development partners for the implementation of One Health NAPs and research and development;

(6) Providing greater support and incentives for research into and the development of new tools, vaccines, diagnostics and medicines through innovative financing mechanisms.

How addressing AMR helps achieve the Sustainable Development Goals (SDGs)

There are many ways in which AMR will impede progress on the SDGs but also a variety of ways in which achieving the SDGs will help to address AMR. This symbiotic relationship between AMR and 15 of the SDGs related to health, food security, clean water and sanitation, responsible consumption and production, climate change and poverty and inequality is demonstrated in detail in Annex 1. However, in 2020, for SDG 3 on Good Health and Wellbeing, target 3.d (Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks) two new AMR indicators were agreed for the SDG:

- SDG 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms.
- SDG 3.d.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (where antibiotics will be disaggregated from the core set of data used in the metadata)

From Tripartite to Quadripartite collaboration

The FAO, OIE and WHO - the Tripartite - have been working together since the 1940s to manage and respond to complex health risks that require multi-sectoral and multi-institutional cooperation.

In 2010, the three organizations formally outlined their strategic alignment through ‘The FAO-OIE-WHO Collaboration: Tripartite Concept Note: Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces’⁴. This Concept Note commits the Tripartite to share responsibilities and coordinate global action for health risks at the animal-human-ecosystems interface. Further to the FAO/OIE/WHO High Level Technical Meeting to Address Health Risks at the Human-Animal-Ecosystems Interfaces, held in Mexico in 2011, three priority areas were identified (antimicrobial resistance, zoonotic influenza and rabies) as priorities for future collaborative action through a One Health approach⁵.

In October 2017, ‘The Tripartite’s Commitment: Providing multi-sectoral, collaborative leadership in addressing health challenges’ reaffirmed the Tripartite commitment to the three previously defined priority areas of work and expanded its One Health collaboration to also include broader health systems strengthening, among others.

Food and Agriculture Organization (FAO) is a specialised agency of the United Nations that leads international efforts to address hunger and all forms of malnutrition. With 194 member states, FAO works in over than 130 countries worldwide to improve nutrition, increase agricultural productivity, raise the standard of living in rural populations, and contribute to global economic growth, worldwide.

World Organisation for Animal Health (OIE) is the intergovernmental organisation mandated to improve animal health and welfare globally. With 182 Member Countries, OIE ensures the transparency of the global animal disease situation, establishes international standards related to terrestrial and aquatic animal health (including zoonoses) and animal welfare, and develops the capacities of national Veterinary Services to control animal diseases.

The **United Nations Environment Programme (UNEP)** has, since its inception in 1972, been the global authority that sets the environmental agenda, promotes the coherent implementation of the environmental dimension of sustainable development within the United Nations system.

World Health Organization (WHO) is the directing and co-ordinating authority on international health work and a specialized agency of the United Nations. The WHO is comprised of 194 Member States and operates in 150 countries to promote health, keep the world safe and serve the vulnerable.

Collectively, these organizations make up the **Quadripartite**.

⁴ WHO, FAO and OIE, [The FAO-OIE-WHO Collaboration: Tripartite](#)

[Concept Note: Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces](#), 2010.

⁵ WHO, FAO and OIE, [The Tripartite’s Commitment: Providing multi-sectoral, collaborative leadership in addressing health challenges](#), 2017.

In May 2018, the Tripartite signed a Memorandum of Understanding (MoU)⁶ to further formalize and strengthen their cooperation, with particular focus on AMR given its growing importance and global health security risk. Following the signature of this MoU, the Tripartite has joined forces with UNEP to address the environmental dimension of AMR. UNEP has become a Participating Organization to the AMR Multi-Partner Trust Fund (AMR MPTF). In March 2022, Tripartite and UNEP signed an MoU formally making them the Quadripartite⁷.

Building upon this longstanding partnership, the four organizations published a Strategic Framework for collaboration on AMR⁸ in April 2022. The Strategic Framework reflects the joint work of the four organizations to advance a One Health response to AMR. This joint work will be described in detail in a biennial Quadripartite work plan based on the Strategic Framework with the first being for the period 2022-2023.

The AMR MPTF: scaling up joint action

The strength of the Quadripartite is founded on the long-standing partnership, combined technical knowledge and global convening power of the three organizations. Collectively they offer robust, cost-effective and efficient solutions to addressing complex health problems faced by the global community. National commitment to action is essential to develop multi-sectoral One Health NAPs as well as effective tools to facilitate implementation and integrated monitoring and evaluation.

Given the transnational and multi-sectoral nature of AMR, the support requested from countries, the recommendations of the ad hoc Interagency Coordination Group on Antimicrobial Resistance (IACG)⁹, the United Nations Secretary-General Report and other recent developments, the Quadripartite has stepped up existing efforts to support countries to urgently counter this immediate threat through a One Health approach.

As part of these efforts and to ensure coordinated action and sustainable financing for catalyzing national level action, in 2019, the Tripartite has established the “Combating Antimicrobial Resistance through a One Health approach AMR Multi-Partner Trust Fund (MPTF)”¹⁰ and a Tripartite Joint Secretariat on AMR (in 2022 becoming the Quadripartite Joint Secretariat). The AMR MPTF was established for an initial five-year period (2019-2024). Since then, experience has shown that the AMR MPTF is an effective instrument but that it needs longer time frames to accommodate multi-year donor support and multi-year programmes in countries, so the operational period has been extended to 31 December 2030. The AMR MPTF enables stronger and sustained global leadership and advocacy to advance the global response to AMR by raising the profile and urgency of addressing AMR, building and maintaining political momentum and public support, scaling up the technical capacity of the Quadripartite to tackle AMR in human, animal and plant health and food and environment sectors in countries through joint and coordinated actions to develop, implement and

⁶ [Memorandum of Understanding between the FAO, OIE and WHO regarding cooperation to combat health risks at the animal-human-ecosystems interface in context of the “One Health” approach and including antimicrobial resistance](#), 30 May 2018.

⁷ FAO, OIE, WHO, UNEP, [UN Environment Programme joins alliance to implement One Health approach](#), 18 March 2022.

⁸ FAO, OIE, WHO, UNEP, [Strategic Framework for collaboration on antimicrobial resistance](#), 6 April 2022.

⁹ Interagency Coordination Group on Antimicrobial Resistance, [No Time To Wait: Securing The Future From Drug-Resistant Infections Report to the Secretary-General of the United Nations](#), April 2019.

¹⁰ The [MPTF Office Manual on Designing Pooled Funds for Performance](#), June 2015, prepared under the auspices of the UN Working Group on Transition, contains further guidance on assessing the feasibility and functions of UN pooled funds.

scale up One Health NAPs. The inclusion of UNEP in the AMR MPTF in 2021 helps to ensure technical capacity in all AMR relevant sectors since environmental concerns relate to all activities.

The Quadripartite Joint Secretariat on AMR consolidates cooperation between WHO, FAO, OIE and UNEP, drawing on their core mandates and comparative advantages to address the wide range of needs of the global response against AMR in close collaboration with the World Bank and other UN and international organizations, Members, civil society and the private sector. The Quadripartite Joint Secretariat on AMR plays a pivotal role in supporting the operations of the AMR MPTF, ensuring consistency and coherency with the Global Action Plan on AMR (GAP AMR) and the four organizations' workplans, as well as maximizing synergies and new partnerships.

Funds from the AMR MPTF will support joint and coordinated actions based on the Strategic Framework and associated biennial workplans on AMR at global, regional and country levels to catalyze national level action. The implementation of the Strategic Framework for collaboration on AMR will concretely assist countries to adopt a comprehensive One-Health approach, tailored to country level needs to address the multi-sectoral complexity of AMR.

Ultimately, the AMR MPTF aims to achieve real progress towards the SDGs through reduced levels and slower development of AMR, continued ability to treat infectious diseases with effective and safe antimicrobials, and reduced impact of AMR on human and animal health, food production and economic development. This will have lasting impacts on populations worldwide, regardless of income, age, gender, ethnicity, disability, and geographic location.

II. Functions of the AMR MPTF

The AMR MPTF¹¹ is the joint funding mechanism for the Quadripartite until 31 December 2030. This Fund will ensure:

- **Coherence:** provides a systematic coherent approach and joint interventions to address the global health risk of AMR, through shared responsibilities among the Quadripartite.
- **Consolidation and specialization:** allows the four organizations to capitalize on their collective knowledge, insights and technical capacities, generating strong synergies, for robust, cost-effective and efficient solutions to counter the spread of AMR.
- **Innovation and scaled-up support:** provides a joint mechanism for clear attribution and transparency of all sources of finance. The Fund's activities - as detailed in the Theory of Change - are based on the application of best practices, innovative approaches and scaling up what has worked.
- **Value for money and return on investment:** shared planning and resource utilization, leveraging Quadripartite institutional influence and achieving economies of scale through the aggregation of interventions at country, regional and global level.

¹¹ The [MPTF Office Manual on Designing Pooled Funds for Performance](#), June 2015, prepared under the auspices of the UN Working Group on Transition, contains further guidance on assessing the feasibility and functions of UN pooled funds.

- **Risk management:** reduces risks for partners and financial contributors through a comprehensive risk and results-based management system.

The AMR MPTF will act as a key catalyst for the implementation of the GAP AMR through the Strategic Framework and associated biennial workplans on AMR at global/regional and country level.

Financing will address identified implementation gaps and ensure coordinated and joint multi-sectoral delivery in addressing AMR at country level. Availability of, and access to, financial resources to support actions at scale that contribute to transformational change in addressing AMR are key factors for successful implementation. The private sector, public sector, and financial institutions will also be encouraged to support implementation through the MPTF.

Benefits of the AMR MPTF

- Rapid resource allocation by the Steering Committee enabling effective and prompt delivery;
- Minimal transaction costs for resource partners (one contribution agreement, consolidated reporting) and Governments (unique coordination entry point through the UN);
- Greater visibility for resource partners focused on value for money and return on investment;
- Full transparency through use of a public online platform Gateway¹² providing consolidated results-based reporting.
- Lean overhead costs of the Trustee (1%) and of implementing partners (7%).

III. AMR MPTF Programmatic Scope and Theory of Change

The AMR MPTF aims to bring about transformative change and demonstrated progress in reducing the threat of AMR by supporting countries to apply a sustainable One Health approach. The structure of the MPTF, its Theory of Change and corresponding programme of work are based on the GAP for AMR and the Strategic Framework and associated biennial workplans on AMR.

The AMR MPTF's design is built upon best practices from the UN Development Group's (UNDG) pass-through model which provides the basis for allocating and managing multi-partner pooled funding and joint work.

The AMR MPTF seeks funding aimed at influencing and contributing to the achievement of the 2030 Agenda, requiring continued commitment and investment structured so as to target the following two outputs (defined in the Strategic Framework on AMR – the full Theory of Change for the Strategic Framework is shown in Figure 1):

- **Output 1 (Country level):** The capacity and knowledge of countries are strengthened to prioritize and implement context-specific collaborative One Health approaches to control AMR in policies, legislation, and practice

¹² Please see: <http://mptf.undp.org/>

- a. Sub output 1a: Tripartite and UNEP support One Health approaches to AMR in low and middle-income countries
- b. Sub output 1b: Guidance, tools and technical standards and guidelines on One Health Approaches to AMR developed
- **Output 2 (Global/Regional level):**
 - c. Output 2.1 Global and regional initiatives and programmes influence and support One Health responses to AMR, and
 - d. Output 2.2 Global Governance structures are established, resourced and function effectively.

The AMR MPTF is not expected to fund all the workplan activities, it is just one source of funding for the Strategic Framework and associated biennial workplans. Donor partners may continue to earmark funding to specific Outputs or sub-outputs (i.e. to low and middle-income countries or to regional and global activities) according to their needs. It is expected that the main focus will still be on Output 1.

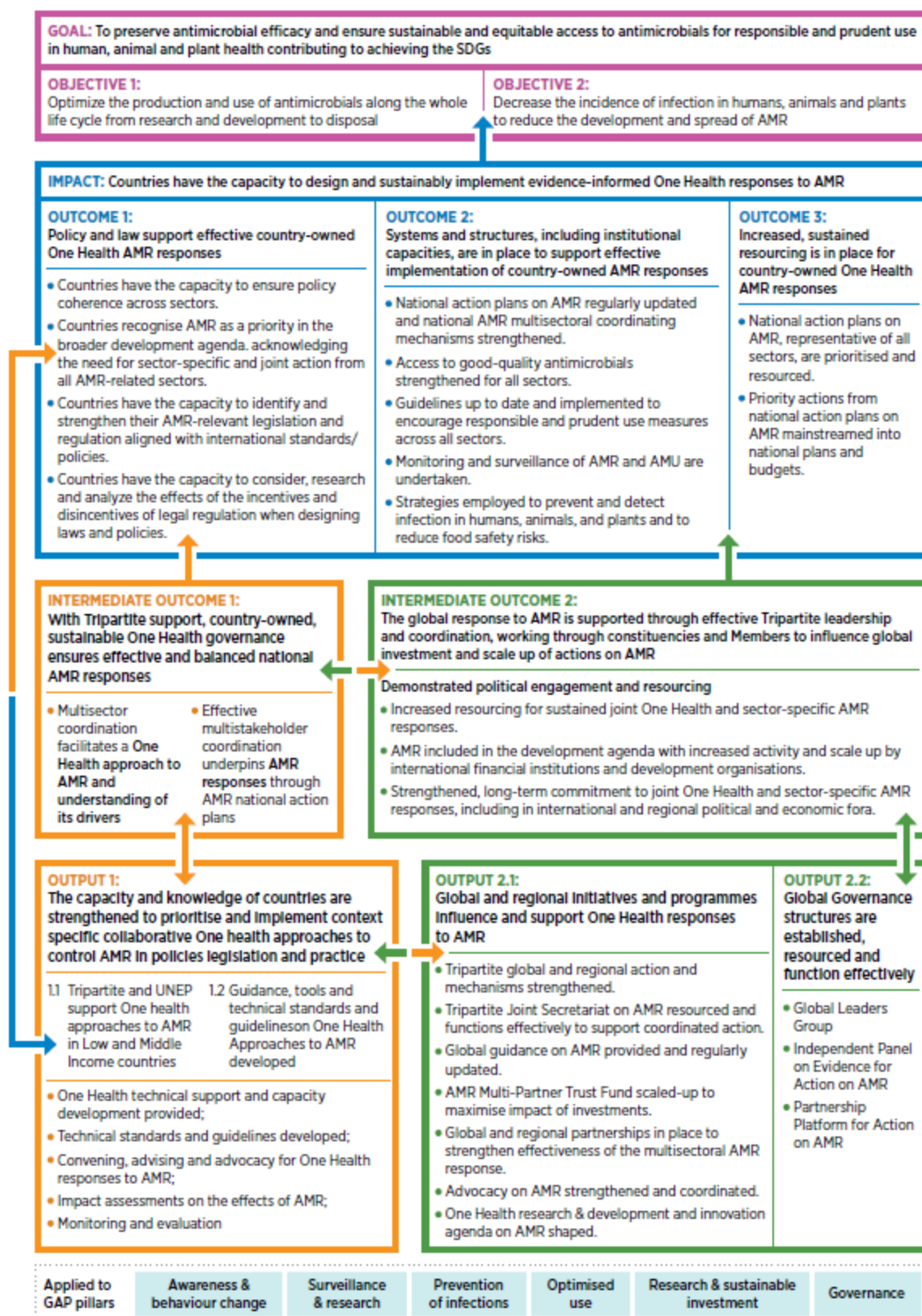


Figure 1: Theory of Change for the Strategic Framework for collaboration on AMR

Theory of Change of the Strategic Framework for collaboration on AMR¹³ – Achieving Impact

The Strategic Framework for collaboration on AMR is based on a theory of change jointly developed by the four organizations which comprises:

- goal, objectives, impact and longer-term outcomes to which the four organizations aim to contribute at country level, and
- intermediate outcomes and related functions/outputs at country as well as regional/global level.

The AMR MPTF has its own Results Matrix (Figure 2) which shows how the AMR MPTF contributes to the delivery of Output 1 of the Strategic Framework (Ensuring that the capacity and knowledge of countries are strengthened to prioritise and implement context-specific collaborative One Health work to control AMR in policies, legislation and practice).

Countries can be considered for focused AMR MPTF support, so long as resources allow, if they can satisfy the following criteria:

- Willingness and interest of the government to address AMR with an existing multisectoral approach (demonstrated through AMR/One Health NAPs, Quadripartite assessment and feasibility of the government being able to progress beyond a two-year period).
- Need for support to progress the One Health approach or likelihood that the country would be an exemplar for the region or sub-region.
- Quadripartite can demonstrate significant impact and added value in the short and medium term.
- Least developed, low- and lower middle-income countries.
- Capacity exists to deliver a project in a sustainable and cost-efficient way.
- Capacity exists to engage with relevant national stakeholders (ie. private sector, civil society and academia) to tackle AMR.

¹³ FAO, OIE, WHO, UNEP, [Strategic Framework for collaboration on antimicrobial resistance](#), 6 April 2022.

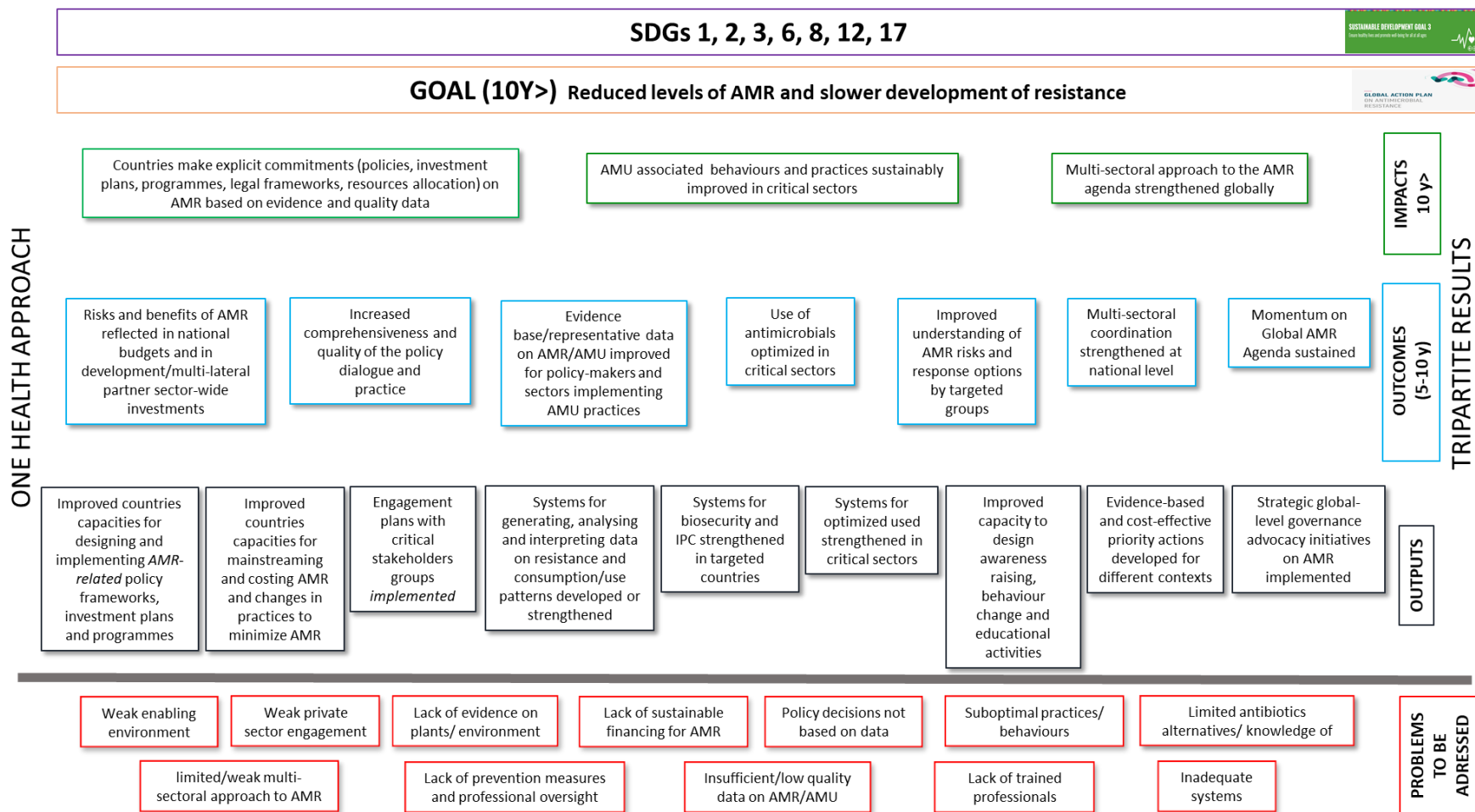


Figure 2: Results Matrix for the AMR MPTF

Key principles

The Quadripartite's work in the context of the AMR MPTF will be guided by the following key principles:

- Ensure work is country-led and driven, operating in close consultation and collaboration with governments, as well as other key partners for lasting sustainable outcomes at country, regional and global levels. The United Nations Sustainable Development Cooperation Framework (Cooperation Framework) will form the basis of the AMR MPTF's alignment to government stated priorities in AMR and One Health more broadly. At national level, resident UN agencies of the Quadripartite (FAO, OIE, UNEP and WHO) contribute to the Cooperation Framework processes, with the AMR MPTF providing an opportunity to scale up integration of key AMR elements in UN Country Team work according to country priorities;
- Align all work towards contributing to the 2030 Agenda for Sustainable Development and the principle of leaving no one behind;
- A rights-based approach, guided by the Universal Values of the UN Sustainable Development Group, will be pursued which requires that policy and programmes should attempt to prioritize the needs of those furthest behind first towards greater equity;
- Focus on achieving the impact goal and delivering tangible and sustainable results;
- Work in a collaborative partnership through the application of a One Health approach to foster and encourage intersectoral collaboration within countries;
- Be guided by the respective governing bodies, normative frameworks already adopted by countries and other relevant instruments of the Quadripartite;
- Take stock of the recommendations of the IACG and follow-up actions as well as relevant reports of the United Nations Secretary-General;
- Combine immediate action and longer-term strengthening of evidence-based data, legal frameworks and policies;
- Make full use of institutional mandates, strengths and value-added activities across the four organizations without duplication, utilizing existing standards and initiatives, knowledge platforms, groups, panels, networks and lessons learned;
- Ensure that a gender and equity lens is applied in all work executed by the implementing partners and countries, in particular in the development of strategies to inform One Health NAPs, and explore the use of disaggregated data by gender and age, recognizing that access to effective antibiotics is crucial to address reproductive, maternal, newborn and child health;
- Harness and build on credible data and analysis to monitor progress and impact at the national, regional and global levels, with global level monitoring undertaken using the Tripartite *Monitoring and Evaluation of the Global Action Plan on Antimicrobial Resistance: Framework and recommended indicators*, and including gender responsive indicators;

- Raise resources for AMR in a transparent and collaborative manner and ensure cost-efficiency and effectiveness, with a view to catalyzing longer-term resources for countries to sustainably deliver One Health NAPs.

Assumptions

The AMR MPTF's expected outcomes and impact goal is dependent on the below list of non-exclusive assumptions:

- AMR remains a high-level political priority at global, regional and national level;
- Resource partners are engaged and provide adequate financing throughout the lifespan of the AMR MPTF;
- National governments recognize the value of a One Health approach and commit to strengthen intersectoral collaboration, domestic resource allocation and communication in line with national AMR Committees;
- Beneficiary countries have sufficient political stability to implement country level actions and contribute to regional efforts;
- Capability is retained and sustained due to limited turnover within national institutions;
- National governments have or develop the capability to sustain necessary investments and take ownership of cross-sectoral information and evidence frameworks to generate data and inform policy;
- Policy makers, health care practitioners¹⁴ and other key stakeholders, such as antimicrobial producers, commit to applying and promoting the prudent and responsible use of antimicrobial agents;
- Allied disciplines and industries related to food production systems (i.e. veterinarians, agronomists, feed industry) commit to applying and promoting the prudent and responsible use of antimicrobial agents;
- Industry and research institutions will develop effective new medicines, diagnostic tools, vaccines and other interventions as alternatives to antibiotics;
- The economic case proves that a One Health approach is the most cost-effective way for reducing AMR.

Risk management

The AMR MPTF risk management strategy, initially developed by the Tripartite in 2019, comprises risk management logs prepared for the MPTF as a whole (Annex 2 of Operations Manual) as well as for each of the individual programmes. Risk monitoring will be done by the Quadripartite Joint Secretariat on AMR as part of their annual reporting. Key mitigation or adaptation measures taken in accordance with the risk management strategy and their direct influence on achieving the expected results will be highlighted.

¹⁴ In this context, the term health care practitioners includes, but is not exclusive to: physicians, veterinarians, dentists, nurses, para-professionals.

IV. Governance Arrangements

The governance arrangements for the AMR MPTF are based on standard governance arrangements for pass-through MPTFs and UNDG best practices.

| | |
|----------------|--|
| Governance | Steering Committee |
| Administration | MPTF Office |
| Implementation | AMR MPTF implementing partners (Quadripartite and key partners) |

Steering Committee

The AMR MPTF Steering Committee is responsible for the overall strategic guidance on the AMR MPTF and meets at least twice a year. The Steering Committee is composed of a representative of the four organizations forming the Quadripartite (FAO, OIE, UNEP and WHO), a representative from each of the Development/Resource Partners, and the MPTF Office (ex-officio). The Steering Committee will be chaired by one of the Quadripartite organizations on an annual rotational basis and the Quadripartite Joint Secretariat on AMR will provide the Secretariat support. The representative of the participating organization that is serving as Steering Committee Chair shall also designate an alternate Chair.

The Steering Committee can call upon ad hoc expertise to provide insight to the AMR MPTF, as necessary, drawing upon existing platforms and networks of expertise on AMR. Expertise could also be sought from relevant governments, civil society, academia, private sector, regional counterparts, resource partners and UN agencies or other entities, as deemed necessary. Depending on the request of the Steering Committee, such experts could participate in the Steering Committee meetings as observers.

Decisions of the Steering Committee are achieved by consensus. The main functions of the Steering Committee include:

- i. Provide general oversight and exercise overall accountability of the Fund in accordance with the AMR MPTF's Operations Manual;
- ii. Approve the strategic direction of the Fund;
- iii. Approve Fund risk management strategy and review risk monitoring regularly;
- iv. Review and approve proposals submitted for funding; ensuring their conformity with the requirements of the AMR MPTF Terms of Reference;
- v. Decide the allocation of funds;
- vi. Request fund transfers to the Administrative Agent;
- vii. Review Fund status and oversee the overall progress against the results framework through monitoring, reporting and evaluation;
- viii. Review and approve the periodic progress reports consolidated by the Administrative Agent and the Secretariat based on the progress reports submitted by the Participating Organizations;

- ix. Commission mid-term and final independent evaluations on the overall performance of the Fund (see section VII for further details);
- x. Approve direct costs related to fund operations supported by the Secretariat;
- xi. Approve extensions and updates to the Terms of Reference for the Fund, as required;
- xii. Approve resource mobilization strategies to capitalize the AMR MPTF;
- xiii. Convene advisory expertise to provide insight to the Steering Committee on ad hoc basis.

Secretariat

The Quadripartite Joint Secretariat on AMR has been entrusted with the coordination of the AMR MPTF. This Secretariat is composed of dedicated staff from each of the Quadripartite organizations (FAO, OIE, UNEP and WHO) and is tasked with supporting the AMR MPTF Steering Committee and overseeing the overall operations of the AMR MPTF. The Quadripartite Joint Secretariat on AMR is not co-located and relies on staff located in each of the four Quadripartite organizations.

The Quadripartite has a dedicated Coordinator to oversee the activities relating to the coordination of the Fund as described below and to act as a main contact point for the AMR MPTF. The Coordinator reports to the chair of the Steering Committee.

The detailed roles and functions of the Quadripartite Joint Secretariat on AMR and of the Coordinator are detailed in the Operational Manual of the MPTF and approved by the Steering Committee. Budget allocations to cover the costs pertaining to the Quadripartite Joint Secretariat on AMR, the Coordinator and governance will be approved by the Steering Committee and will be charged to the Fund's account as direct costs. During implementation, these costs will be adjusted to: (i) align with recommended UNDG guidelines and thresholds, and (ii) duly reflect the complexity and multi-stakeholder nature of the Quadripartite's approach to tackling AMR.

The Quadripartite Joint Secretariat on AMR provides coordination support for the following functions:

- i. Advise the Steering Committee on strategic priorities, programmatic and financial allocations in accordance with the AMR MPTF's Operations Manual (based on the inputs of inter-agency working groups and the Administrative Agent, if applicable);
- i. Provide planning, logistical and operational support to the Steering Committee;
- ii. Serve as AMR MPTF's central point of contact and liaise with other UN agencies and other related initiatives and stakeholders. This includes providing vital information for external partners, as well as liaising with existing and potential resource partners to mobilize necessary financing for the AMR MPTF;
- iii. Lead the drafting of the Operations Manual and risk management strategy in collaboration with the Participating Organizations and the MPTF Office;
- iv. Organize calls for proposals and convene the necessary technical expertise to appraise such proposals;
- v. Develop and implement resource mobilisation in accordance with approved strategies and in collaboration with staff from the Participating Organizations;

- vi. Ensure the monitoring of projects as well as potential operational risks and overall performance of the Fund (i.e., facilitate monitoring and evaluation of the Fund, draft risk management strategy);
- vii. Consolidate annual and final narrative reports provided by the Participating Organizations and share with the Steering Committee for review as well as with Administrative Agent for preparation of consolidated narrative and financial reports;
- viii. Facilitate collaboration and communication between Participating Organizations to ensure that the AMR MPTF's Theory of Change is implemented effectively;
- ix. Promote a One Health approach and joint activities of the Quadripartite through communication, advocacy and political engagement as well as spearheading communications with external partners regarding the Fund;
- x. Liaise with the Administrative Agent on fund administration issues, including issues related to project/fund extensions and project/fund closure.

The Administrative Agent

The Administrative Agent Function is performed by the MPTF Office in New York (<http://mptf.undp.org/>). The Administrative Agent is entitled to allocate an administrative fee of one percent (1%) of the amount contributed by each resource partner, to meet the costs of performing the Administrative Agent's standard functions as described in the MOU. The Administrative Agent establishes a Memorandum of Understanding (MOU) with the Participating Organizations (FAO, OIE, UNEP and WHO) and Standard Administrative Arrangements (SAAs) with contributing partners.

Additional responsibilities include the receipt, administration, and disbursement of funds to the Participating Organizations according to the instructions of the Steering Committee, financial reporting and consolidation. The Administrative Agent will disburse funds to the Secretariat for direct costs based on the decision of the Steering Committee. On an annual basis, the Administrative Agent will notify the Steering Committee of the amounts used for such purposes.

The Participating Organizations

The Participating Organizations include FAO, OIE, and UNEP, and WHO. They accept full financial and programmatic accountability for their programmes (developed jointly or individually) in accordance with their own rules and regulations.

The OIE has entered into privileges and immunities with only a limited number of its Member Countries. In addition, the privileges and immunities afforded by the agreements that are in place may be different from those of the United Nations or of the UN Participating Organizations and may not be sufficient, alone, to cover OIE's activities under the Trust Fund.

The Participating Organizations agree that no activities should be undertaken under the AMR MPTF unless such activities are covered by appropriate arrangements and safeguards including with respect to privileges and immunities.

The Participating Organizations have therefore agreed that, prior to the commencement of any activities under the AMR MPTF, the Steering Committee will carefully review, on a case-by-case basis, whether the activities envisaged are covered by appropriate safeguards and that, with respect to privileges and immunities, necessary arrangements are in place or have been made for the purpose of such activities amongst the Participating Organizations. To this end, the Participating UN Organizations and the OIE, undertake to work diligently and in good faith together, to put in place such necessary arrangements (including with respect to privileges and immunities) according to their respective rules and procedures, to enable the OIE to operate with sufficient and appropriate safeguards and carry out activities agreed by the Participating UN Organizations and OIE in connection to the Fund.

Although the OIE is not a UN Organization, the Quadripartite organizations regard each other as equal partners in delivering the Quadripartite Workplans on AMR. More specifically and in the context of the AMR MPTF, the OIE will support the implementation of the GAP AMR and the Strategic Framework on AMR, prevalently at the global and regional level. In line with its mandate and business model, the OIE Headquarters and Regional staff work directly with National Delegates to the OIE (national Chief Veterinary Officer) positioned in national Veterinary Authorities as well as national subject-matter focal points nominated by the National Delegate to the OIE. In collaboration with its Quadripartite partners, the OIE will: ensure engagement of the animal health sector in the design and implementation of One Health NAPs; develop international standards and implement operational activities for development; conduct data collection and analysis; conduct capacity building and build awareness on AMR. The support provided by the OIE will include technical missions and backstopping to countries and is the OIE's platform for direct interaction to support national animal health services in OIE Member Countries.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7 percent.

Should engagement with other UN organizations at country level be deemed pertinent in the context of this AMR MPTF, necessary arrangements will be taken to include these agencies as key implementing partners.

V. Fund Implementation

Considering the GAP AMR and the AMR plans of FAO and OIE, an AMR MPTF results framework was developed by the Tripartite in 2019 and approved by the Steering Committee. A Strategic Framework for AMR has since been created which defines the Quadripartite's collaborative engagement in AMR and which is supported by biennial workplans.

Based on these documents, a minimum investment of USD 70 million by 31st December 2030 is expected to be required to fund AMR MPTF programmes.

Allocation of funding for programmes will be decided by the Steering Committee based on approval of two documents submitted by the Quadripartite Joint Secretariat on AMR:

1. brief Concept Notes outlining proposed project activities and demonstrating how the programmes satisfy the criteria listed in Section III. They should be developed through collaboration between FAO, OIE, UNEP and WHO. Programme teams will determine the lead organization to be entrusted with

coordinating the preparation of the proposals and subsequent oversight of the project. Then, if approved,

2. full proposals comprising detailed activities, budgets, log frames with risk management logs and monitoring strategies.

Such documents can be prepared with advance funding if necessary.

In the case of countries, all documents will be based on the principle of national ownership and leadership; furthermore, they will be prepared in support of national priorities and approved by national AMR NAP Committees.

Multi-country proposals could be considered on a case-by-case basis with criteria for these programmes developed over time.

VI. Contributions to the Fund

To help ensure maximum flexibility and adaption to national priorities, resource partners are strongly encouraged to provide contributions to the AMR MPTF as multi-year, non-earmarked contributions. If, due to specific resource partner requirements, non-earmarked contributions are not feasible, resource partners may earmark their contributions to specific Strategic Framework outputs or sub outputs. The earmarking will be reflected in the Standard Administrative Arrangement.

Contributions to the AMR MPTF can be made by development and resource partners, international financial institutions, foundations and other non-state actors. The Fund will also consider innovative financing sources.

To contribute to the AMR MPTF, resource partners will sign a Standard Administrative Arrangement. Financial contributions to the AMR MPTF may be accepted in fully convertible currency or in any other currency that can be readily utilized. Such financial contributions will be deposited into the bank account designated by the MPTF Office, as stated in the Standard Administrative Arrangement. The value of a contribution payment, if made in a currency other than US dollars, will be determined by applying the United Nations operational rate of exchange in effect on the date of payment.

Acceptance of funds from the private sector will be guided by criteria stipulated in the UN system-wide guidelines on cooperation between the UN and the Business Community. The receipt of financing from private sector companies is subject to UNDP's risk assessment tool for the assessment and approval of funding from non-state actors (Annex 3 in the Operations Manual). This template permits the collection of information on potential partner private sector entities and helps to evaluate whether or not the AMR MPTF should pursue engaging in a partnership with a private sector entity for a financial contribution. This risk assessment is a mandatory requirement for any type of partnership between the AMR MPTF and a private sector entity.

Notwithstanding the forgoing, there shall be no engagement with the tobacco or arms industry in connection with the AMR MPTF. Prior to accepting any contribution from a private sector entity, all signatories to the MOU will be consulted by the Administrative Agent. The approval will be given on a non-objection basis within two weeks of the submission of the request to the Participating Organizations by the Administrative Agent.

VII. Reporting, Monitoring and Evaluation

Narrative and financial reporting

The responsibilities related to reporting are gathered and detailed in the Memorandum of Understanding (section IV) and Standard Administrative Agreements (section V).

The AMR MPTF Coordinator will draft a narrative progress report (reviewed and approved by the Secretariat) on activities based on reports from country and global programmes (as below).

All Participating Organizations will provide annual and final narrative and financial reports on activities undertaken and expenditures incurred according to a common format designed by the Administrative Agent. The narrative reporting template will be developed by the Quadripartite Joint Secretariat. The financial reporting template is based on the UNDG standard. The Administrative Agent will consolidate the narrative report with the consolidated financial report. The consolidated narrative and financial report will be submitted to all Contributors to the AMR MPTF and its Steering Committee, as per the schedule established in the Standard Administrative Agreement. Individual reports on country and global programmes will be published on the UNDP MPTF Gateway.

Monitoring and Evaluation

Monitoring and Evaluation under the AMR MPTF takes place on a variety of levels. Internal reviews of the AMR MPTF global and country programmes are undertaken as part of bi-monthly/quarterly review meetings for each programme and through annual reporting as described above.

Global and country programme activities are monitored against the programme proposals approved by the Steering Committee, workplans and corresponding results-based frameworks. Depending on the size of such programmes, country-level evaluations may be required.

A formal review should be undertaken within the initial period 2019-2024 in accordance with the guidance from the UN Evaluation Group (UNEG), focused on attributing impact and results as per the Results Matrix. Participating Organizations will share information and progress updates on accomplishments achieved, as well as undertake joint monitoring and evaluation, where appropriate.

VIII. Accountability, transparency and public disclosure

Accountability

Each implementing partner will provide the Quadripartite Joint Secretariat on AMR and the MPTF Office annual and final narrative reports, as well as financial statements in accordance the legal agreements signed with the Administrative Agent.

The Administrative Agent and implementing partners will be audited in accordance with their organizational financial regulations and rules and, in the case of UN Participating Organizations, with the Framework for

Joint Internal Audits of UN Joint Activities, which has been agreed to by the Internal Audit Services of Participating UN Organizations and endorsed by the UN Development Group in 2014.

Transparency





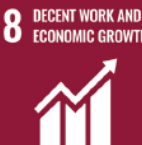
The MPTF Office website, Gateway, is a web-based service portal that provides real-time financial data issued directly from the UNDP accounting system. The AMR MPTF has a separate page in Gateway (<https://mptf.undp.org/factsheet/fund/AMR00>) which allows partners and the public to track the Fund's contributions, transfers and expenses, as well as to access important documents and reports.

IX. Modification and Expiration of the AMR MPTF



The Steering Committee will be able to modify any of the provisions of the AMR MPTF's Terms of Reference, including the duration of the Fund. The Fund had an initial duration of five years (2019-2024). In October 2021, the Steering Committee approved the extension of the AMR MPTF to 31st December 2030.

Any remaining balance in the Fund's account and separate accounts of the implementing partners after the closure of the Fund will be used for a purpose established by the Steering Committee and the resource partners, or it will be reimbursed to the resource partner(s) in proportion to their contribution to the Fund, as decided by the Contributor and the Steering Committee.

Annex 1: Links between AMR and achieving the SDGs

| CORE SDGs | HOW AMR IMPEDES PROGRESS ON THE SDG | HOW PROGRESS ON THE SDG HELPS TO ADDRESS AMR |
|---|---|--|
|  <p>1 NO POVERTY</p> | <ul style="list-style-type: none"> ● People living in poverty are more prone to infectious diseases, and resistant infections are more likely to spread in poor living conditions. The poor are less able to access effective treatment. Substandard care and partial treatment can drive infection. ● High costs of treatment and chronic infections will impoverish millions. An additional 28.3 million people could be pushed into extreme poverty by 2050 because of AMR, most of them living in LMIC (7). | <ul style="list-style-type: none"> ● Financial and social protection strategies will allow poor people to access quality services and decrease the impact of AMR. |
|  <p>2 ZERO HUNGER</p> | <ul style="list-style-type: none"> ● AMR in animals increases costs of animal health, infections become untreatable, production decreases and working animals cannot carry out their tasks, affecting the livelihood of farmers and food security. ● Livestock production in low-income countries would decline the most, with a possible 11% loss by 2050 in the high-AMR impact scenario (7). | <ul style="list-style-type: none"> ● Developing sustainable food production systems with less reliance on antimicrobials and with the phasing out of antibiotic use in livestock for growth promotion will be essential for long-term AMR control. ● Increased professional advice and vaccination of food animals can reduce the emergence and spread of drug-resistant infections. |
|  <p>3 GOOD HEALTH AND WELL-BEING</p> | <ul style="list-style-type: none"> ● Globally, drug-resistant diseases currently cause at least 700 000 deaths a year (3). ● AMR will increase treatment costs, making effective care unaffordable for many, and UHC unattainable. ● Emerging and increasing resistance to drugs to treat HIV, TB and malaria is one of the key barriers to eliminating these diseases. Multi-drug resistant TB alone is estimated to cause 230 000 deaths annually (3). ● Reducing child and infant mortality relies on effective antibiotics. Currently, 200 000 neonates die each year from drug-resistant infections, such as pneumonia or resistant bloodstream infections (4). | <ul style="list-style-type: none"> ● Strategies to reduce the risks of AMR must be linked to improving care and ensuring access to effective care when needed. ● Central to addressing AMR is ensuring that health systems are accessible and have a trained workforce providing evidence-based high-quality care in a hygienic setting (5). ● Increased vaccine coverage reduces the incidence of disease from resistant pathogens and limits the need for antibiotics; in turn, this prevents the development of AMR (6). ● Falsified and poor-quality antibiotics contribute to AMR. Hence, improving access to high-quality antimicrobials and preventing falsified and substandard medicines reaching the market will help to reduce AMR. ● Reliance on out-of-pocket payment for health care correlates with AMR in LMIC (7). |
|  <p>6 CLEAN WATER AND SANITATION</p> | <ul style="list-style-type: none"> ● Globally, 1 in 4 health care facilities have no access to basic water services, 1 in 10 have no sanitation services available, 1 in 3 do not have adequate facilities to clean hands at the point of care, and 1 in 3 do not segregate waste safely. Lack of the availability of basic WASH services is greatest in least developed countries, where 50% of health care facilities lack access to water services and 60% have no sanitation services at all (8). ● Lack of access to adequate WASH services is giving rise to the spread of infectious diseases; in turn, this increases antibiotic use and thus drives the emergence and spread of AMR. | <ul style="list-style-type: none"> ● Each year, hundreds of millions of cases of diarrhoea in humans are treated with antimicrobials. Universal access to WASH could reduce such cases by 60% (9). ● Improved WASH services are critical to reducing the spread of infection. |
|  <p>8 DECENT WORK AND ECONOMIC GROWTH</p> | <ul style="list-style-type: none"> ● By 2030, increased mortality and morbidity due to AMR and thus reduced labour supply could cause a decrease in the global economic output of 1–3%, with estimated losses as high as US\$ 3.4 trillion (7). | |

API: active pharmaceutical ingredient; HIV: human immunodeficiency virus; LMIC: low- and middle-income countries; MDR-TB: multidrug-resistant TB; R&D: research and development; SDG: Sustainable Development Goal; TB: tuberculosis; UHC: universal health coverage; WASH: water, sanitation and hygiene.

| CORE SDGs | HOW AMR IMPEDES PROGRESS ON THE SDG | HOW PROGRESS ON THE SDG HELPS TO ADDRESS AMR |
|---|--|---|
|  | <ul style="list-style-type: none"> Antimicrobial compounds and their metabolites can be found in the wastewaters from manufacturing sites for medicines and APIs. In extreme cases, antimicrobial compounds have been found in water downstream from manufacturing sites in concentrations higher than those found in the blood of patients taking medicines (9). | <ul style="list-style-type: none"> Effective pollution controls on pharmaceutical production, health facilities and agricultural production will substantially decrease the risk of AMR emergence and spread in the environment. |
|  | <ul style="list-style-type: none"> To effectively tackle AMR, collaboration and partnerships are needed across all relevant sectors (human, animal, plants and the environment) and at all levels (national, regional and global). | <ul style="list-style-type: none"> Working in partnership means taking up the One Health approach to addressing AMR. |

API: active pharmaceutical ingredient; HIV: human immunodeficiency virus; LMIC: low- and middle-income countries; MDR-TB: multidrug-resistant TB; R&D: research and development; SDG: Sustainable Development Goal; TB: tuberculosis; UHC: universal health coverage; WASH: water, sanitation and hygiene.

| RELATED SDGs | | | | |
|--|--|---|--|---|
|  |  |  |  |  |
| HOW AMR IMPEDES PROGRESS ON THE SDG AMR can lead to increasing inequalities within societies; also, certain groups may be particularly vulnerable to drug-resistant infections. These groups include women, children, migrants, refugees, people employed in certain sectors (e.g. agriculture or health care) and people living in poverty. | HOW PROGRESS ON THE SDG HELPS TO ADDRESS AMR <ul style="list-style-type: none"> Quality-assured local production of antimicrobials, vaccines and diagnostics can improve access to medical technologies and this is an important part of the strategy for some countries. Investment in R&D is vital for the development of vaccines, new antibiotics and diagnostics. |  HOW PROGRESS ON THE SDG HELPS TO ADDRESS AMR <ul style="list-style-type: none"> Addressing overcrowding, poor WASH provision and the lack of regulation of basic services will decrease the risks of infections and hence the emergence and spread of AMR in cities. | HOW AMR IMPEDES PROGRESS ON THE SDG <ul style="list-style-type: none"> Global warming is resulting in changing patterns of disease and increased reliance on antimicrobials in non-immune populations. HOW PROGRESS ON THE SDG HELPS TO ADDRESS AMR <ul style="list-style-type: none"> Taking action on climate change will decrease the likelihood of extreme weather events and the associated spread of resistance. | HOW PROGRESS ON THE SDG HELPS TO ADDRESS AMR <ul style="list-style-type: none"> If countries develop aquaculture, it is vital that this is done with appropriate regulation to ensure access to quality antimicrobial agents and to minimize the overuse and misuse of antimicrobials. |

API: active pharmaceutical ingredient; HIV: human immunodeficiency virus; LMIC: low- and middle-income countries; MDR-TB: multidrug-resistant TB; R&D: research and development; SDG: Sustainable Development Goal; TB: tuberculosis; UHC: universal health coverage; WASH: water, sanitation and hygiene.

Indicators for these SDGs may be found at:

https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202021%20refinement_Eng.pdf