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Policy Pathways for Antimicrobial Stewardship in Livestock Systems

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Foreword

Antimicrobials are essential tools for animal health professionals. They play a vital role in securing the health of animals, and their welfare, in the presence of bacterial, viral, fungal or parasitic infections. However, we are today dealing with an unprecedented global issue of growing levels of antimicrobial resistance (AMR), making those vital drugs ineffective and therefore impacting the health of animals, as well as humans, plants and the environment alike. It is well documented that the misuse of antimicrobials across different sectors contributes to the emergence and spread of AMR, which is further exacerbated by pollution and climate change.

Global efforts to reduce AMR have led to the updated Global Action Plan on AMR, a multisectoral global strategy to guide governments and stakeholders on the effective containment of AMR for the next 10 years (2026-2036). It is designed to support countries and territories in the strengthening of their National Action Plans for AMR, ensuring that these are inclusive of all sectors following the One Health approach. WOAH Members unanimously recognised its importance by adopting the updated GAP-AMR 2026-2036 at the 93rd General Session in May 2026.

This policy brief, developed by the AMR Policy Accelerator, a highly skilled and multidisciplinary team within the Global Strategy Lab, is firmly supported by scientific evidence, focusing on securing antimicrobial stewardship in the livestock sector. I believe it will be a very valuable tool for policymakers in their implementation of the updated GAP-AMR 2026-2036. It provides a triad of pathways and key recommendations to achieve key objectives: strengthening animal health services, strengthening antimicrobial governance and supply chains, and providing guidance, training and essential stewardship principles. All are aligned with WOAH's Strategy for the Responsible Use of Antimicrobials.

The provided recommendations shift focus towards disease prevention strategies through vaccination and biosecurity, and the betterment of animal health and welfare to prevent overuse of antimicrobials. The brief also calls for stronger and harmonised surveillance of AMR and antimicrobial use in animals, as many of our Members are already working towards, to assess the effectiveness of their policies and interventions to mitigate AMR.

Securing adequate access to essential veterinary products and veterinary care remains a challenge in many low- and middle-income settings; inequalities need to be better addressed, particularly those affecting underserved and vulnerable populations, who are often those with the highest dependency on livestock for their livelihoods. Strong legislative frameworks can ensure resilient supply chains and harmonisation of regulatory approval processes.

The brief also recognises the need for awareness and education campaigns for future animal health professionals on antimicrobial stewardship principles. This will ensure a well-prepared veterinary workforce able to face the challenges posed by AMR more efficiently, and, let's face it, these will be manifold, and will require a long-term commitment from all of us, across all sectors.

Finally, we must not forget that investment and appropriate resource mobilisation are key to ensuring that governments, international organisations, research institutes, academia, non-governmental organisations, and all those of us engaged in the response to AMR at local, regional, and global levels, can continue to work together towards a solution to AMR whilst protecting animal, human, and plant health and the environment.

The future effectiveness of antimicrobials depends on us, on our collective and sustained commitment. It remains within our power to protect them. I warmly welcome this contribution from the AMR Policy Accelerator and commend this policy brief to all decision-makers seeking to build more resilient livestock systems and a healthier future across the One Health spectrum.

Dr. Emmanuelle Soubeyran, Director General,
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Aim

This policy brief synthesizes evidence on antimicrobial stewardship in livestock systems to inform One Health policy and to support the implementation of the updated Global Action Plan on Antimicrobial Resistance (GAP-AMR) 2026–2036, by providing recommendations which can be integrated into National Action Plans (NAP) on antimicrobial resistance.

Background

Antimicrobial resistance (AMR) is a critical and intensifying threat to public health (1) and food security (2). Global AMR modelling suggests that between 2025 and 2050, bacterial AMR could be associated with 38.5 million human deaths, AMR-related annual global healthcare costs could reach US$159 billion, and cumulative losses to global GDP from AMR in livestock could exceed US$575 billion (3). Policies that promote prudent antimicrobial use (AMU) in livestock are essential to preserve antimicrobial effectiveness, protect public health, ensure food security, and safeguard animal welfare (4).

While AMU in animals has declined by 13% between 2021 and 2023 (5), recent evidence suggests that progress is beginning to plateau, raising concerns about the sustainability of the progress made thus far (6). Antimicrobials are used in animal production for both veterinary medical use (i.e. treatment, control and prevention of disease) and, in some settings, non-veterinary medical use or non-responsible use such as growth promotion. Although many countries have strengthened stewardship policies, implementation remains uneven (7), highlighting the continued need for stronger stewardship, surveillance, veterinary oversight, and preventive measures, as reaffirmed in the 2024 United Nations General Assembly (UNGA) Political Declaration on AMR. These priorities are further supported in the updated Global Action Plan on Antimicrobial Resistance (GAP-AMR) 2026–2036, which calls for coordinated One Health action to enable behaviour change, strengthen surveillance, infection prevention and control, responsible antimicrobial use, research and innovation, and multisectoral governance, financing, and accountability (8).

Implementing antimicrobial stewardship policies, however, remains challenging because of fragmented surveillance data, diverse production systems, varied socio-economic contexts, and limited regulatory capacity. Economic constraints at national levels may limit investment in antimicrobial stewardship and preventive measures, including through limited national budgets for the implementation of NAP. Similarly, farm level barriers particularly those affecting smallholder farmers included limited investment in preventive measures such as biosecurity, vaccination, and veterinary services (9).

Effective interventions must therefore address both systemic and behavioural drivers of AMU. Systemic drivers include structural factors such as intensification of animal production systems due to increasing demands for animal protein, market incentives, access to veterinary services, regulatory frameworks, and decision-making processes; whereas behavioural drivers encompass the knowledge, attitudes, perceptions that influence AMU by farmers, veterinarians, and other stakeholders (10). Contextual factors, including governance stability, industry structure, cultural norms, infrastructure, and the availability of human resources, including veterinarians, and financial resources significantly influence policy feasibility and impact. These factors underscore the importance of locally tailored, adaptable, multi-intervention strategies that engage AMR stakeholders (10).

Research Evidence

Our systematic review and expert interviews (10) support coordinated policy packages that integrate animal health, equity, and ecosystem considerations to reduce reliance on medically important antimicrobials in livestock systems. The effectiveness of individual policy interventions depends on the context in which they are implemented, including governance capacity, production systems, economic conditions, and stakeholder engagement.

We identified three complementary policy pathways: (i) strengthening animal health systems, (ii) strengthening antimicrobial governance and supply chains, and (iii) strengthening guidance, training and stewardship (Figure 1). Each pathway includes multiple intervention types supported by varying levels of evidence (Appendices I and II).

Figure 1. This conceptual framework organizes the literature and expert-identified interventions into three interrelated policy pathways for improving prudent antimicrobial use in livestock systems. Box colours indicate intervention type, while filled circles represent the confidence in qualitative review findings based on CERQual assessments (three filled circles = high confidence; two filled circles = moderate confidence; one filled circle = low confidence; no filled circles = very low or insufficient evidence). This strength of evidence reflects the quantity, quality, and consistency of available research on a given intervention, rather than intervention effectiveness. Barriers affect the implementation of all interventions across pathways.

Colour Key - Intervention Type

- Regulation
- Service provisions
- Economic instruments
- Environmental/social planning
- Guidelines/education
- Communication/marketing

Strength of Evidence

- ●●● High
- ●●○ Moderate
- ●○○ Low
- ○○○ Very low/ insufficient evidence

PATHWAY 1: STRENGTHENING ANIMAL HEALTH SYSTEMS

Veterinary Access
Service provisions
Improve availability to veterinary & para-veterinary services.
●●○

Diagnostics & Vaccination
Service provisions
Expand access to quality diagnostics & vaccination to support diagnosis & disease prevention.
●●○

Biosecurity Measures
Environmental/social planning
Improve housing design, hygiene, segregation of sick animals, quarantine, and visitor controls to prevent disease transmission and reduce antimicrobial use.
●●○

Good Farming Practices
Service provisions
Promote resilient breeds, good nutrition, enriched environments, and good animal husbandry to improve animal health, welfare, and productivity and reduce disease risk.
●○○

PATHWAY 2: STRENGTHENING ANTIMICROBIAL GOVERNANCE & SUPPLY CHAINS

Approval of Veterinary Medicines
Regulation
Ensure quality, safety & efficacy standards for all veterinary medicinal products.
●●○

Strengthen & Harmonise Veterinary Medicine Approval Requirements
Regulation
Improve market access and availability of veterinary medicinal products.
●●●

Regulate Non-Veterinary Medical Use
Regulation
Phase out AMU for growth promotion, prioritising medically important antimicrobials, & promote prudent & responsible use for other purposes.
●●●

Regulate Antimicrobial Production & Sales
Regulation
Oversee antimicrobial manufacturing, distribution, sales, licensed access & disposal.
●●○

Trade, Industry or Consumer Driven Regulation
Regulation
Encourage compliance with existing trade standards, or consumer-driven/voluntary industry changes.
●●○

PATHWAY 3: STRENGTHENING GUIDANCE, TRAINING & STEWARDSHIP

Clinical Guidelines
Guidelines/education
Develop & disseminate evidence-based antimicrobial use and stewardship guidelines aligned with relevant international standards, including WOAH (animal health) & WHO/Codex (public health) standards.
●●○

Education of Veterinarians
Guidelines/education
Integrate AMR & stewardship competencies into curricula & mandate continuing professional development.
●○○

Behavioural & Communication Campaigns
Communication/marketing
Awareness campaigns on stewardship targeting animal owners, veterinarians, agrifood producers & the public.
○○○

Economic Incentives
Economic instruments
Taxes, fines, differential pricing, or subsidies to discourage inappropriate use & encourage stewardship & improve access to essential veterinary products.
●○○

Target Setting
Guidelines/education
Set national AMU reduction targets for industries & publish progress through transparent reporting.
○○○

BARRIERS

1
- Unstable vaccine supply chain
- Lack of trained veterinary personnel
- Cost of diagnostics
- Workforce & infrastructure constraints
- High implementation costs
- Scalability & sustainability challenges
- Limited producer uptake & competing priorities
- Limited access to veterinary services & workforce investment
- Insufficient R&D financing for vaccines, diagnostics & alternatives

2
- Weak governance & enforcement
- Outdated or absent legislation
- Informal markets, substandard & falsified medicines
- Compliance costs & smallholder exclusion
- Limited transparency & stakeholder buy-in
- Over the counter sales of veterinary medicinal products

3
- Poor dissemination & uptake of guidance
- Financial incentives linked to antimicrobial sales
- Lack of ownership & weak accountability
- Weak surveillance & monitoring systems which limit data to inform interventions
- Non-context-specific messaging & communication challenges
- Industry resistance to reporting & benchmarking

PRUDENT USE OF ANTIMICROBIALS & REDUCED ANTIMICROBIAL RESISTANCE IN LIVESTOCK

The effectiveness of these packages is strongly influenced by contextual factors. Governance and enforcement capacity play a critical role since weak political commitment and fragmented regulatory structures impede implementation (11). Farm size, production systems, and access to financial resources further shape policy outcomes since smallholder farmers often face resource constraints compared to commercial farmers (12,13). Thus, there is a need to ensure that policy interventions are feasible and fair across production systems, recognizing that although commercial livestock systems may account for a greater proportion of AMU in many settings, smallholder and resource-limited farmers often face higher relative costs and structural barriers to accessing veterinary services and implementing measures such as improved biosecurity, vaccination, and veterinary oversight. Ensuring equity across contexts often requires targeted subsidies or capacity-building support for these farmers (14). Finally, cultural norms and stakeholder engagement also influence policy uptake, with evidence showing that policies succeed when designed inclusively with producers, industry groups, and veterinarians (15).

Cross-cutting barriers, such as weak regulatory enforcement, limited veterinary and laboratory capacity, market-driven AMU practices, and fragmented governance systems, were found to affect implementation across all three policy pathways. In addition, important evidence gaps were identified (Box 1), particularly relating to the long term sustainability of interventions, the effectiveness of combined or multi-component policy packages, and the comparative impacts of interventions across different livestock production systems and geographic contexts. These gaps highlight priority areas for future research to strengthen the evidence base and improve the scalability and adaptability of antimicrobial stewardship interventions.

Policy Recommendations

These recommendations are intended to support implementation of the GAP-AMR (2026–2036) and should be considered during the development, implementation, and periodic revision of NAP on AMR, recognizing that priorities and implementation approaches should be adapted to country contexts.

Recommendation 1: Strengthen regulatory frameworks for AMU

Countries should align national legislation and policies with the World Organisation on Animal Health (WOAH) standards and guidance on prudent and responsible AMU and incorporate these measures into NAP, including restrictions on non-veterinary medical use, which refers to AMU for any purpose other than to treat, control or prevent infectious disease in animals (including for growth promotion) and improved veterinary oversight (16).

BOX 1 Evidence Gaps

Our research identified important evidence gaps that require additional research and research funding, including:

- Limited data availability and quality: There is a lack of high-quality, context specific data on AMR, AMU, and animal health outcomes in many countries.
- Intervention effectiveness: There is a lack of rigorous evaluation and evidence on cost-effectiveness against the cost of inaction. Effectiveness is often context-dependent, and implementation challenges are poorly documented.
- Veterinarian behaviour: There is limited evidence on effective interventions to address economic and client pressures on veterinarians whose income depends on antimicrobial sales - this is not the case for veterinary services but an issue for animal health professionals working in the private sector; there is the need for access to alternatives to antimicrobials and vaccines to help veterinarians maintain animal health whilst ensuring their livelihoods.
- Preventive measures: Gaps in data exist on scalability, cost-effectiveness and real-world adoption of vaccination and vaccine hesitancy, biosecurity, good animal husbandry and genetic improvement.
- Integration of One Health surveillance: There is limited integrated animal– human–environment AMR surveillance, meaning policy design and evaluation often remain fragmented and siloed.
- Equity and feasibility of fiscal interventions: There is limited evidence on the impact of taxes, fines and subsidies on smallholders, adoption rates and unintended consequences.

Relevant guidance documents include:

- WOAH Aquatic and Terrestrial Animal Health Codes (17)
- WOAH List of Antimicrobial Agents of Veterinary Importance (18)
- 2024 UNGA Political Declaration on AMR: Key takeaways for Veterinary Services (19)

These frameworks will support risk-based regulation and promote optimization of AMU through stewardship approaches that prioritize the responsible use of highest priority critically important antimicrobials.

Recommendation 2: Prioritize disease prevention through vaccination and biosecurity

Vaccination and good biosecurity measures can significantly reduce the need for antimicrobials and are key tools in containing AMR. These prevention-oriented approaches are central to reduce disease burden and antimicrobial reliance. These measures also directly support the updated GAP-AMR objective of intensifying infection prevention and control to reduce the need for antimicrobials. Countries should shift toward prevention-first strategies by scaling up vaccination, improving farm biosecurity, and strengthening animal health management systems.

Relevant guidance documents include:

- WOAH List on Priority Diseases (under development) (20)
- Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (17)
- WOAH Aquatic and Terrestrial Animal Health Codes (17)
- Practical Guidelines for National Procurement of Veterinary Vaccines (21)
- WOAH PREVENT Forum (22)

Recommendation 3: Strengthen standardized surveillance and monitoring of antimicrobial resistance and antimicrobial use

Strengthening sector-specific surveillance systems is essential for generating comparable, high-quality data across countries and production systems, improving early detection of resistance trends, and supporting coordinated global action on AMR. Strengthened surveillance also advances the GAP-AMR objective of building integrated surveillance systems and laboratory networks to support evidence-based policy and decision-making. Countries should then strengthen standardized, integrated surveillance systems by designating a One Health surveillance coordinating authority, with a formal mandate to coordinate surveillance activities across two or more sectors (22). This should include strengthening sector-specific surveillance programmes within animal health, human health, plant, and environmental sectors to ensure robust data generation at source, while improving interoperability and coordination across sectors. Besides harmonized data collection across sectors, improved laboratory capacity, and consistent reporting frameworks which align with WOAH Aquatic and Terrestrial Animal Health Codes are also needed. Surveillance systems should be designed to support One Health integration by synthesizing trends across animal, human, plant, and environmental AMR data. For example, sector-specific databases could facilitate the routine exchange of standardized indicators and enable joint visualization and interpretation of AMR trends across sectors to inform decision-making and international reporting.

Relevant guidance documents include:

- WOAH Aquatic and Terrestrial Animal Health Codes
- Integrated Surveillance of Antimicrobial Resistance and Antimicrobial Use: A Quadripartite Technical Guidance (23)
- WOAH ANIMUSE Global Database and related guidance on antimicrobial use monitoring (6)
- Codex Alimentarius Guidelines on Integrated Monitoring and Surveillance of Foodborne Antimicrobial Resistance (24)

Recommendation 4: Strengthen monitoring and evaluation of antimicrobial stewardship policies and interventions

Countries should also improve monitoring and evaluation frameworks for antimicrobial stewardship policies and interventions to assess effectiveness, identify implementation barriers, determine cost-effectiveness and assess the impact on animal production. Robust monitoring and evaluation frameworks will also support the accountability mechanisms envisioned under the updated GAP-AMR 2026–2036 and facilitate tracking progress against NAP. Monitoring systems should be embedded within policy design and within updated NAP and their budgets.

Relevant guidance documents include:

- World Health Organization (WHO)Guidance to Facilitate Monitoring and Evaluation for Antimicrobial Resistance National Action Plans (25)
- Tracking AMR Country Self-assessment Survey (TrACSS) (26)

Strengthening monitoring and evaluation systems is essential for understanding the real world impact of interventions, ensuring accountability, and guiding adaptive policy improvements over time.

Recommendation 5: Embed equity considerations in antimicrobial stewardship policies

Countries should also ensure that equity considerations are incorporated into the design, implementation, and evaluation of antimicrobial stewardship policies. Policies should be designed to minimize unintended consequences for smallholder producers, resource constrained livestock systems, and underserved populations while ensuring access to veterinary services, diagnostics, vaccines, and other preventive measures. Attention should be given to understanding how policies affect smallholder livelihoods, access to veterinary services, adoption of preventive measures, and compliance with stewardship requirements. Embedding equity considerations also supports the GAP-AMR vision of ensuring equitable access to veterinary services, diagnostics, vaccines, and other health products while promoting responsible antimicrobial use.

Relevant guidance documents include:

- Addressing gender inequalities in national action plans on antimicrobial resistance (27)
- WHO People-Centred Framework for AMR (28)
- Practical Pathways to Integrating Gender and Equity Considerations in Antimicrobial Resistance Research (29)

Addressing equity considerations is critical for ensuring that AMR policies are effective across diverse production systems and do not exacerbate existing inequalities.



Appendix I

Methods

We assessed confidence in key policy findings using the GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research) approach as a starting point, which was developed by the GRADE Working Group and Cochrane Qualitative and Implementation Methods Group (30,31).

Unlike traditional GRADE, which is primarily used for quantitative estimates of intervention effects, GARDE-CERQual is specifically designed for qualitative evidence syntheses and policy-relevant findings. It evaluates confidence in each review finding across four domains:

1. Methodological limitations – the rigor and risk of bias in contributing qualitative or mixed-methods studies.
2. Coherence – the extent to which data consistently support the finding across settings and studies.
3. Adequacy of data – the richness and quantity of supporting data.
4. Relevance – the applicability of the evidence to the policy question and livestock production contexts examined.

Each policy finding was rated as having high, moderate, low, or very low confidence. GRADE guidance recommends integrating qualitative evidence with contextual and implementation data to inform recommendations (32,33). The evidence base used for this approach was derived from a systematic review looking at the impacts of government policy targeting AMR or AMU in food animal production systems (10). However, to strengthen the policy relevance and contextual validity of the findings, we also incorporated expert elicitation through semi-structured interviews with key informants working in animal health systems, antimicrobial stewardship, and policy implementation. These interviews were used to complement and contextualize the published evidence, particularly in areas where the peer-reviewed literature was limited, inconsistent, or lacking in real-world implementation detail (34).

As a result, the evidence base used in this project extended beyond the types of studies typically included in CERQual assessment. The inclusion of expert interview data introduced an additional layer of contextual and experiential evidence, and therefore, the assessment should be interpreted as an adapted application of CERQual. The assessment process was conducted by a single reviewer, who independently applied the confidence ratings to each policy finding.

Appendix II

Table 1. Assessment of confidence in qualitative and policy evidence on AMU interventions in livestock systems. LMIC is low- and middle-income countries. AMU is antimicrobial use. WHO is World Health Organization. WOAH is World Organization for Animal Health. AMR is antimicrobial resistance.

Policy Intervention	Confidence in	Summary of Qualitative/Policy Finding	Key Contextual & Implementation Barriers	CERQual Rationale (summary)
Licensing and product regulation (e.g., bans on growth promoters, prescription-only access, profit caps)	**High confidence**	Regulatory restriction of medically important antimicrobials is consistently associated with reduced non-therapeutic AMU when backed by enforcement and surveillance (35).	Weak enforcement capacity; informal markets; substandard and falsified medicines; limited veterinary infrastructure; complex/outdated legal frameworks (36).	Findings supported by multiple country case studies across contexts (37) with strong coherence and adequate data; minor concerns about transferability to lowcapacity governance settings.
Trade-driven regulation	**Moderate confidence**	Trade standards and export requirements can incentivize AMU reductions and policy reform, particularly in export-oriented sectors (38,39).	Uneven enforcement; exclusion of smallholders; compliance costs; dependency on market access incentives (36).	Good coherence across studies, but adequacy and relevance vary, evidence concentrated in middle- and highincome export sectors (40).
Industry-led or consumer-driven voluntary regulation	**Moderate confidence**	Voluntary stewardship schemes and industry standards can reduce AMU when strong market incentives and stakeholder buy-in exist (41,42).	Risk of uneven uptake; limited transparency; weaker impact in domestic/non-export markets (10).	Consistent findings in several high-income contexts (43,44); concerns about adequacy in LMIC settings and potential publication bias.
National antimicrobial stewardship guidelines (aligned with WHO/ WOAH standards)	**Moderate confidence**	Guidelines can shape prescribing norms when aligned with international standards and embedded in broader stewardship systems (45–47).	Poor dissemination; not enforceable; not adapted to local context; limited surveillance data (10).	Evidence shows coherent normative influence, but implementation outcomes vary and are highly context dependent (44,17).
Education of veterinarians and veterinary paraprofessionals (including AMR competencies)	**Low–Moderate confidence**	Education improves awareness and attitudes but rarely leads to sustained AMU reduction without structural incentives or regulation (48).	Vested interests in drug sales; limited continuing professional development; weak accountability systems (49).	Adequate qualitative data on attitudinal change, but there seems to be limited evidence linking education alone to measurable AMU outcomes (50).
Economic instruments (taxes, fines, differential pricing) Confidence in Review Findings	**Low–Moderate confidence**	Education improves awareness and attitudes but rarely leads to sustained AMU reduction without structural incentives or regulation (49).	Equity concerns; disproportionate burden on smallholders; need for robust surveillance and enforcement systems (52).	Evidence concentrated in high-income countries; limited transferability; moderate concerns regarding adequacy and relevance (51,52).
Strengthening veterinary services, diagnostics, vaccination, and research and development	**Moderate confidence**	Investment in animal health systems and disease prevention programs will reduce disease pressure and support optimization of AMU including more appropriate selection of antimicrobial classes (53–55).	Lack of access to veterinary services and essential products; high upfront cost; sustainability; workforce shortages; scalability challenges and plateaus in AMU reduction once substantial reductions have been achieved (56,57).	Coherent and strongly supported conceptually and empirically, though long-term comparative evidence remains limited in LMIC contexts.
Behavioural and communication campaigns	**Low confidence**	The impact of awareness campaigns improves when paired with regulation or incentives (58).	Messaging not contextspecific; perceived tradeoffs between animal health and AMU reduction	Data show consistent limitations of standalone campaigns; however, the evidence base is thin and rarely evaluated (59).
Structural prevention (biosecurity upgrades, farm redesign, genetic selection)	**Low–Moderate confidence**	Improved biosecurity and structural disease prevention are associated with reduced reliance on antimicrobials in some national programs (53,54).	High capital investment; uncertain short-term returns; need for subsidies or risk-sharing mechanisms (60).	Moderate coherence but limited comparative and longitudinal qualitative data across diverse production systems (61,62)
Target setting and public reporting of AMU	**Low confidence**	Benchmarking and public reporting may reduce AMU when strong surveillance and accountability mechanisms. Industry-led initiatives can also be driven by consumer concerns for antibiotic exposure or animal welfare, and trade considerations (62).	Surveillance gaps; industry resistance; unreliable baseline data (10).	Evidence limited to a few high-income contexts; adequacy and transferability concerns (63).

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About the Global Strategy Lab (GSL):

GSL undertakes innovative research to advise governments and public health organizations on how to design laws, policies, and institutions that make the world a healthier place for everyone. GSL is based at York University and the University of Ottawa. Its research division focuses on antimicrobial resistance, global legal epidemiology, and public health institutions and its AMR Policy Accelerator provides evidence-informed advisory services to governments, international organizations, and civil society organizations. For more information, visit www.globalstrategylab.org.

About the AMR Policy Accelerator:

The AMR Policy Accelerator is a knowledge-to policy initiative of the Global Strategy Lab that advances evidence-informed AMR policymaking. We conduct activities under three interconnected streams of work: policy research; policy translation; and capacity strengthening. We are uniquely situated as a connector between evidence and policy; science and politics; national and global governance; and equitable and context-specific solutions. For more information, visit amrpolicy.org.

About the World Organisation for Animal Health (WOAH)

WOAH are the global authority on animal health. Founded in 1924 as the Office International des Epizooties (OIE), in May 2003 we adopted the common name World Organisation for Animal Health. An intergovernmental organisation, we focus on transparently disseminating information on animal diseases, improving animal health globally and thus build a safer, healthier and more sustainable world.

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