

**MINISTRY OF HEALTH**

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence - Freedom - Happiness**

Number: 3534/QD-BYT

*Hanoi, November 12, 2025*

**DECISION**

**Approve the "Action plan to control and prevent antimicrobial resistance  
in human health in the period 2026-2030"**

**MINISTER OF HEALTH**

*Pursuant to Decree No. 42/2025/ND-CP dated February 27, 2025 of the Government defining the functions, tasks, powers and organizational structure of Ministry of Health;*

*Pursuant to Decision No. 1121/TTg-CP dated September 25, 2023 of the Prime Minister approving the National Strategy for prevention and control of antimicrobial resistance in Vietnam for the period of 2023-2030 with a vision towards 2045;*

*At the request of the Director of the Department of Medical Services Administration - Ministry of Health.*

**DECISION:**

**Article 1.** Issued with this Decision is the " Action plan to prevent and control antimicrobial resistance in human health for the period of 2026-2030".

**Article 2.** This Decision takes effect from the date of signing.

**Article 3.** Mr/Ms.: Chief of the Ministry Office, Chief Inspector, Director of the Department of Medical Services Administration, Directors of Departments under the Ministry of Health, Directors of Ministry-affiliated Hospitals, Health units under the Ministry, and Provincial/municipal Department of Health are responsible for implementing this Decision.

***Recipients:***

- As Article 3;
- Prime Minister (reporting);
- Deputy Prime Ministers (reporting);
- Government Office (reporting);
- Minister of Health (reporting);
- Ministry of Agriculture and Environment, Ministry of Industry and Trade;
- Departments and Administrations – Ministry of Health;
- Health Department – Ministry of Public Security; Military Medical Department – Ministry of National Defense
- Hospitals, Institutes of MOH;
- Provincial/municipal Dept. of Health;
- Archive: VT, Dept of Medical Services Administration.

**PP. MINISTER  
DEPUTY MINISTER**

Signed

**Tran Van Thuan**

# **ACTION PLAN TO CONTROL AND PREVENT ANTIMICROBIAL RESISTANCE IN HUMAN HEALTH FOR THE PERIOD OF 2026-2030**

*(Issued according to Decision No.3534/QĐ-BYT of the Minister of Health  
dated November 12, 2025)*

## **I. INTRODUCTION**

Antimicrobial drugs – including antibiotics, antivirals, antifungals and anti-parasites – are used to prevent and treat infections in humans, animals and plants. Antimicrobial resistance occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to antimicrobial drugs, making infections harder to treat and increasing the risk of disease spread, severe illness and death. As a result, the drugs lose their effectiveness, and the infections remain in the body, raising the risk of transmission. Bacteria capable of resisting most types of antibiotics, known as "superbugs," have emerged worldwide. Multiple factors have accelerated the global threat of antimicrobial resistance (AMR) - including the overuse and misuse of antibiotics in humans, livestock and agriculture, as well as poor access to clean water and sanitation.

AMR is a global health and development threat, requiring urgent interdisciplinary action to achieve the Sustainable Development Goals (SDGs). On World Health Day, April 7, 2011, the World Health Organization highlighted the theme of global AMR: "No action today, no cure tomorrow" urging countries to implement timely plans to address this issue.

To address AMR in Vietnam, the Minister of Health signed Decision No. 2174/QĐ-BYT dated June 21, 2013, approving “the National Action Plan to combat antimicrobial resistance for the period of 2013 – 2020”. This plan was implemented to respond to the rising threat of AMR. Public awareness of AMR has been improved while an AMR Surveillance System has been established and enhanced. The infection control monitoring network, technical capacity for AMR surveillance, and data management have been improved. Numerous policy documents, legal frameworks and professional guidelines on microbiology testing and quality management have been issued and implemented. However, Vietnam continues to face increasing AMR. Combating this issue requires participation from various ministries, localities and society. Given this situation, developing a National Strategy for AMR prevention and control for the period 2023-2030 is essential. This strategy aims to enhance proactive engagement and interdisciplinary coordination - from central to local levels, including provincial and city governments - in human health, veterinary, environmental and industrial sectors.

On September 25, 2023, the Prime Minister signed Decision No. 1121/QĐ-TTg approving the National Strategy for prevention and control of AMR in Vietnam for the period of 2023 – 2030 with a vision towards 2045. This strategy emphasizes the importance of rational and responsible use of antibiotics in humans, animals and plants. It presents Vietnam's commitment to combating AMR, strengthening proactive participation and interdisciplinary coordination from central to local levels, including provincial and city governments in the fields of human health,

veterinary, and environmental management. The strategy sets four specific objectives: (1) Improve awareness among local authorities and knowledge among healthcare, veterinary workforce and the people regarding AMR prevention and control; (2) Strengthen the AMR surveillance system to provide timely warnings on the emergence, spread, severity and trends of resistance in microorganisms ; (3) Reduce the spread of microorganisms and infectious diseases ; (4) Rational, safe and responsible use of antimicrobial drugs in humans and animals.

The National Strategy for Prevention and Control of AMR represent the Vietnamese Government's efforts, in collaboration with the World Health Organization (WHO) and other international partners, to address the rising threat of AMR. This strategy proposes solutions to strengthen surveillance, promote the responsible use of antibiotics in healthcare and agriculture, and raise community awareness about the consequences of misuse and overuse of antimicrobials drugs in both humans and animals. It includes establishing a National Action Framework that serves as a foundation for interdisciplinary collaboration, coordination, implementation and monitoring, with specific responsibilities assigned to each sector. Additionally, the strategy calls for the development and implementation of action plans across healthcare, agriculture, environment, and industry to address the causes of AMR within these respective fields.

Based on the National Strategy for prevention and control of AMR in Vietnam for the period of 2023 – 2030 with a vision towards 2045, and considering the achievements, challenges and gaps identified during the implementation of the National Action Plan to combat antimicrobial resistance for the period of 2024-2025, the Ministry of Health has developed the "Action plan to prevent and control AMR in human health for the period of 2026-2030".

## **II. OBJECTIVES**

### **1. General objective**

Slow the progression of antimicrobial resistance (AMR), prevent and control the spread of resistant microorganisms, infectious diseases, while ensuring the availability and continuous supply of antimicrobials drugs. Promote the rational use of these drugs to effectively treat infectious diseases in humans and animals, contributing to the protection, care, and improvement of human and animal health, environmental protection, and the socio-economic development of the country.

### **2. Specific objectives and criteria by 2025**

2.1. Objective 1: Improve the awareness of local authorities and knowledge of health staffs, veterinary staffs and the community about AMR prevention and control.

- a) Criteria 1: 100% of provinces, central affiliated cities will have AMR prevention and control plans for the 2023 - 2030 period, approved and funded by the Provincial People's Committees
- b) Criteria 2: Achieve appropriate knowledge of AMR prevention in at least 60% of adults and mothers, and at least 70% of medical staff.

2.2. Objective 2: Improve the AMR surveillance system to provide timely warnings on the emergence, spread, severity and trends resistant of microorganisms.

- a) Criteria 1: By 2030, at least two hospitals in each province will participate; hospitals under the Ministry will reach 100% participation by 2030; strengthen the capacity of three national reference laboratories for antimicrobial resistance and develop at least three additional national reference laboratories by 2030; and implement antimicrobial resistance surveillance of microorganisms in the community, with continued expansion by 2030.
- b) Criteria 2: At least 90% of staff in the national AMR surveillance system will receive training in culturing, identification, antibiograms, and the management and use of AMR surveillance data.
- c) Criteria 3: Publish annual national AMR surveillance reports.

### 2.3. Objective 3: Reduce the spread of micro-organisms and infectious diseases.

- a) Criteria 1: Hospitals that set targets and implement plans to control resistance levels of common pathogenic bacteria, and assess compliance with best practices for infection prevention, control, and biosafety: by 2030, at least 70% of central and provincial/city hospitals, and at least 40% of regional hospitals and regional medical centers (with inpatient beds) should meet these requirements.
- b) Criteria 2: Hospitals performing microbiological techniques for diagnosis, treatment, and antimicrobial resistance surveillance: by 2030, at least 70% of central and provincial hospitals, and at least 30% of regional hospitals and regional medical centers (with inpatient beds) should meet this requirement.
- c) Criteria 3: Hospitals implementing active surveillance of healthcare-associated infections and interventions to reduce infection rates: by 2030, at least 80% of central and provincial hospitals, and at least 40% of regional hospitals and regional healthcare facilities (with inpatient beds) should meet this requirement.

### 2.4. Objective 4: Rational, safe and responsible use of antimicrobial drugs in humans.

- a) Criteria 1: Hospitals implementing an antibiotic stewardship program should reach at least 50% by 2030.
- b) Criteria 2: Establish a national surveillance system for monitoring the use and consumption of antibiotics in humans.

### III. ACTION PLAN

No.	Activities	Focal point agency	Timeline
<b>1.</b>	<b>Interdisciplinary cooperation</b>		
1.1.	Develop a local plan for implementing antimicrobial resistance prevention and control based on the objectives, tasks, and solutions of the Strategy, integrating it into the local socio-economic development targets and tasks. The plan must be approved by the People's Committee and allocated a budget for implementation, achieving 100% compliance.	People's Committee Provincial People's Committee	2026-2030
1.2.	Establish and maintain the operation of an intersectoral steering committee on antimicrobial resistance, with a working regulation developed to oversee and coordinate policy decisions for activities related to antimicrobial resistance across all sectors, in alignment with public health objectives concerning antimicrobial resistance.	Ministry of Health (MOH)	2026-2030
1.3.	Establish and maintain the operation of an intersectoral technical group and partners on antimicrobial resistance, with a working regulation developed to review and consolidate solutions and initiatives to address antimicrobial resistance and provide technical recommendations to the intersectoral steering committee on antimicrobial resistance.	MOH	2026-2030
1.4.	Establish and maintain the operation of Interdisciplinary Steering Committee on AMR, with a working regulation developed to review and consolidate solutions and initiatives to address antimicrobial resistance, and provide technical advice for implementing the AMR Action Plan in healthcare.	MOH	2026-2030
1.5.	Enhance the capacity of staff from relevant agencies, units, and organizations to implement activities for antimicrobial resistance prevention and control.	MOH Provincial/municipal Department of Health	2026-2030
<b>2.</b>	<b>Communication and education to improve AMR awareness</b>		
2.1.	Develop communication materials tailored to specific methods and target populations, focusing on creating key and updated	MOH	2026-2030

No.	Activities	Focal point agency	Timeline
	messages on antimicrobial resistance to have a strong impact on society. Use diverse formats such as print, video, and radio, with an emphasis on social media platforms to address the causes of antimicrobial resistance, its consequences, and preventive measures.	Health units under the Ministry Provincial/municipal Department of Health Healthcare facilities Health education center or Center of Disease Control	
2.2.	Develop a curriculum framework and lecture content on AMR, infection control, and hospitals acquired infection prevention for continuous medical education programs. Integrate these topics into formal training programs at health sector training institutions.	Medical schools MOH Health units under the Ministry Provincial/municipal Department of Health Healthcare facilities	2026-2030
2.3.	Organize workshops and seminars to disseminate knowledge on AMR prevention and control, as well as policies and laws, targeting healthcare staffs, mothers, women, students and other relevant groups.	MOH Health units under the Ministry Provincial/municipal Department of Health Healthcare facilities	2026-2030
2.4.	Organize events to support the World Antimicrobial Awareness Week to improve awareness on AMR, in accordance with annual capacities.	MOH Provincial/municipal Department of Health Healthcare facilities	2026-2030
2.5.	Develop a survey questionnaire and conduct a survey on knowledge of AMR prevention and control among adults, mothers, and medical staff in 2025.	MOH Provincial/municipal Department of Health Healthcare facilities	2030
<b>3.</b>	<b>Strengthening the Surveillance Systems for Antimicrobial Resistance, Use, and Consumption in Humans</b>		
3.1.	Strengthening the surveillance systems for AMR		
3.1.1.	Review and update technical procedures and professional guidelines for methods of culturing, identifying, and antibiogram	MOH Healthcare facilities	2026-2030
3.1.2.	Conduct a survey to assess the microbiological testing capacity of healthcare facilities.	MOH Provincial/municipal Department of Health	2026-2030

No.	Activities	Focal point agency	Timeline
3.1.3.	Provide training, workshops, and direct support to healthcare facilities on clinical microbiology, test ordering, culture techniques, identification, antimicrobial/fungal susceptibility testing, and quality control; manage antimicrobial resistance surveillance data; develop cumulative antibiogram reports; prevent, detect early, and respond to outbreaks; use resistance data to develop antibiotic use guidelines; and provide guidance on diagnosis and treatment.	MOH Provincial/municipal Department of Health	2026-2030
3.1.4.	Update reporting forms for AMR surveillance and standardizing their implementation across healthcare facilities nationwide.	MOH	2026-2030
3.1.5.	Strengthen the national data portal for AMR surveillance in healthcare and develop a national report on AMR surveillance.	MOH	2026-2030
3.1.6.	Share AMR data and surveillance reports through workshops, conferences, and meetings to provide evidence for policy development and intervention.	MOH Provincial/municipal Department of Health Healthcare facilities	2026-2030
3.1.7.	Establish and maintain a mechanism for transferring microbial strains from healthcare facilities participating in the National Antimicrobial Resistance Surveillance System to the reference microbiology laboratory for antibiotic resistance surveillance.	MOH	2026-2030
3.1.8.	Participate in and maintain international reporting systems: continue engagement with the Global Antimicrobial Resistance Surveillance System (GLASS) and maintain the national self-assessment survey on AMR capacity (TrACSS).	MOH	2026-2030
<b>3.2.</b>	<b>Enhance the Surveillance Systems for the Use and Consumption of Antimicrobials in Humans</b>		
3.2.1.	Develop guidelines, information infrastructure, and pilot the establishment of a	MOH	2026-2030

No.	Activities	Focal point agency	Timeline
	national database for antimicrobial use (AMU) surveillance.		
3.2.2.	Develop training programs and materials, and organize trainings on the collection and use of AMU (antimicrobial use) data.	MOH	2026-2030
<b>4.</b>	<b>Reduce the spread of micro-organisms and infectious diseases</b>		
4.1.	Update technical guidelines on infection prevention and control, diagnosis and treatment, rational antibiotic use, and guidance on detecting and managing human pathogenic microorganisms	MOH Provincial/municipal Department of Health	2026-2030
4.2.	Review and progressively develop policies, laws, standards, technical regulations, and professional guidelines on the management and treatment of waste at healthcare facilities to control antibiotic residues and AMR microorganisms.	MOH	2026-2030
4.3.	Review, update, and improve implementation guidelines for surveillance of healthcare-associated infections.	MOH Healthcare facilities	2026-2030
4.4.	Develop training programs and materials, organize continuous training sessions, provide technical support to medical staff on diagnosing and treating infectious diseases, managing and using antibiotics in hospitals, infection control, and implementing interventions to reduce incidence of infections.	MOH Provincial/municipal Department of Health Healthcare facilities	2026-2030
4.5.	Establish guidelines for community-based antibiotic management.	MOH	
<b>5.</b>	<b>Rational, safe, and responsible use of antimicrobial drugs in humans</b>		
5.1.	Review and update the Antibiotic Use Guidelines, Antibiotic Stewardship Guidelines, and the Diagnosis and Treatment Guidelines for infectious diseases.	MOH	2026-2030
5.2.	Assess the quality and current status of antibiotic management and usage programs at healthcare facilities.	MOH Provincial/municipal Department of Health Healthcare facilities	2026-2030



<b>No.</b>	<b>Activities</b>	<b>Focal point agency</b>	<b>Timeline</b>
5.3.	Enhance clinical pharmacy capacity, improve antibiotic management programs at healthcare facilities, and oversee prescription and sale of antibiotics.	MOH Provincial/municipal Department of Health Healthcare facilities	2026-2030
5.4.	Develop and implement activities for a collaborative working group involving Microbiology, Treating Physicians, and Clinical Pharmacists to maximize the role of microbiological testing in supporting treatment	Healthcare facilities	2026-2030
5.5.	Enhance research capacity on drug use evaluation, antimicrobial resistance, with a focus on studies concerning multidrug-resistant bacteria, and implement interventions to promote rational antibiotic use.	MOH Provincial/municipal Department of Health Healthcare facilities Research facilities	2026-2030
5.6.	Review, research, and finalize policies and regulations regarding the management and sale of prescription antibiotics at retail pharmacies.	MOH	2026-2030
5.7.	Develop training programs, materials, and communication initiatives, and organize training sessions, workshops, to disseminate knowledge to pharmacists at retail establishments on complying with the sale of antibiotics by prescription.	MOH Provincial/municipal Department of Health	2026-2030
5.8.	Assess adherence to prescription antibiotic sales at retail pharmacies	MOH Provincial/municipal Department of Health	2026-2030
5.9.	Monitor and supervise prescribing practices, particularly in private clinics.	MOH Provincial/municipal Department of Health Healthcare facilities	2026-2030

#### IV. MONITORING AND EVALUATION FRAMEWORK

Objective	Criteria/target	Concept/definition (how to calculate criteria/target)	Baseline (value, year)	Short-term targets 2024-2025	Short-term targets 2026-2030	Data source and frequency, responsibility for implementation
<b>Objective 1: Improve the awareness of local authorities and knowledge of health staffs, veterinary workforce and the community about AMR prevention and control</b>						
Criteria 1	Percentage of provinces and centrally cities with approved AMR action plans for the 2023-2030 period by the Provincial People's Committees and allocated budgets for implementation	Numerator: number of provinces, provincial cities, and central cities that meet the criteria  Denominator: numbers of provinces and cities (63)	0, 2023	100%	100%	Annual Report of Department of Health (DoH)
Criteria 2a.	The percentage of adults and mothers with appropriate knowledge about AMR prevention and control.	Numerator: number of people with appropriate knowledge about AMR prevention and control  Denominator: total number of people surveyed	16,9% in adults  20,13% in mothers	50%	60%	Survey results, 2025 and 2030  MSA  DoH
Criteria 2b.	The percentage of medical staffs with appropriate knowledge about AMR prevention and control	Numerator: number of medical staff with appropriate knowledge about AMR prevention and control  Denominator: total number of people surveyed	49,5%	60%	70%	Survey results, 2025 and 2030  MSA  DoH

Objective	Criteria/target	Concept/definition (how to calculate criteria/target)	Baseline (value, year)	Short-term targets 2024-2025	Short-term targets 2026-2030	Data source and frequency, responsibility for implementation
<b>Objective 2: Improve the AMR surveillance system to provide timely warnings on the emergence, spread, severity and trends resistant of micro-organisms</b>						
Criteria 1a	Number of hospitals in each province or city participating in the national surveillance system for AMR in humans	Hospitals participating in and reporting data	56 hospitals/ 25 provinces	1	2	Report AMR data to the national surveillance system of MOH, 2025 and 2030 Report of DoH
Criteria 1b	Number of central hospitals participating in the national surveillance system for AMR in humans	Hospitals participating in and reporting data	13	50% central hospitals	100%	Report AMR data to the national surveillance system of MOH, 2025 and 2030
Criteria 1c	Capacity of 03 national reference laboratories on AMR			Strengthen	Strengthen	Hospital report, 2025 and 2030
Criteria 1d	Number of newly accredited laboratories as as national reference laboratory for AMR	Newly accredited laboratories recognized by the MoH	0	3	3	MoH Decision on Accreditation of reference laboratory for AMR, 2025 and 2030
Criteria 1d	AMR surveillance in the community	Research on AMR surveillance in the community implemented	0	Implementat ion	Implementat ion	Report on the results of AMR surveillance research in the community by the MSA, 2025 and 2030
Criteria 3a	Percentage of staff participating in the national surveillance system on AMR in the health sector	Numerator: the number of staffs who meet the criteria.  Denominator: The total number of staff participating in		90%	Maintain	Report of the MSA 2025 and 2030 Report of DoH

Objective	Criteria/target	Concept/definition (how to calculate criteria/target)	Baseline (value, year)	Short-term targets 2024-2025	Short-term targets 2026-2030	Data source and frequency, responsibility for implementation
	who have received specialized training in culturing techniques, identification and antibiograms, and the use and management of AMR surveillance data	the National AMR Surveillance System				
Criteria 4	Publish the national AMR surveillance report	National AMR surveillance report approved by the MoH	01 report published in 2023	Annual	Annual	The National AMR surveillance report of the MOH is published annually
<b>Objective 3: Reduce the spread of micro-organisms and infectious diseases</b>						
Criteria 1a	Percentage of MOH affiliated hospitals that establish targets and implement plans to control the AMR of common pathogens in hospitals; evaluate adherence to good practice in infection prevention, control and biosafety	Numerator: Number of MOH affiliated hospitals that meet the criteria  Denominator: Number of MOH affiliated hospitals		40%	70%	Hospital reports and supporting documents: (1) establishment of targets; (2) Implementation plan for controlling the resistance level of common pathogenic in hospitals; (3) Results of evaluation adherence to good practice in infection prevention and control and biosafety in 2025, 2030
Criteria 1b	Percentage of provincial/municipal	Numerator: Number of provincial/municipal hospitals that meet the criteria		40%	70%	Hospital and DoH reports and supporting documents : (1)

Objective	Criteria/target	Concept/definition (how to calculate criteria/target)	Baseline (value, year)	Short-term targets 2024-2025	Short-term targets 2026-2030	Data source and frequency, responsibility for implementation
	hospitals <sup>1</sup> that establish targets and implementing plans to control the level of AMR of common pathogenic bacteria in hospitals; evaluate adherence to good practice in infection prevention and control and biosafety	Denominator: Number of provincial/municipal hospitals				establishment of targets; (2) Implementation plan for controlling the resistance level of common pathogenic in hospitals; (3) Results of evaluation adherence to good practice in infection prevention and control and biosafety in 2025, 2030
Criteria 1c	Percentage of district hospitals that establish targets and implement plans to control the level of AMR of common pathogenic bacteria in hospitals; evaluate adherence to good practice in infection prevention and control and biosafety	Numerator: Number of district hospitals that meet the criteria Denominator: Number of district hospitals		20%	40%	Hospital and DoH reports and supporting documents: (1) establishment of targets; (2) Implementation plan for controlling the resistance level of common pathogenic in hospitals; (3) Results of evaluation adherence to good practice in infection prevention and control and biosafety in 2025, 2030
Criteria 2a	Percentage of hospitals <sup>2</sup> that implement microbiological techniques	Numerator: number of hospitals that meet the criteria.		40%	70%	List of microbiological techniques (essential) for the diagnosis, treatment

<sup>1</sup> Not including district hospitals

<sup>2</sup> Not including district hospitals

Objective	Criteria/target	Concept/definition (how to calculate criteria/target)	Baseline (value, year)	Short-term targets 2024-2025	Short-term targets 2026-2030	Data source and frequency, responsibility for implementation
	for diagnosis, treatment, and surveillance of AMR.	Denominator: total number of hospitals				and surveillance of AMR by the MSA  Reports from healthcare facilities on implementation of microbiological techniques for the diagnosis, treatment and surveillance of AMR in 2025, 2030;
Criteria 2c	Percentage of district hospitals that implement microbiological techniques for diagnosis, treatment, and surveillance of AMR	Numerator: number of district hospitals that meet the criteria  Denominator: total number of district hospitals		15%	30%	Reports from healthcare facilities and DoH on implementation of microbiological techniques for the diagnosis, treatment and surveillance of AMR in 2025, 2030
Criteria 3a	Percentage of hospitals <sup>3</sup> implementing active surveillance of healthcare-associated infections (HAIs) and carrying out interventions to reduce the HAIs rates in hospitals.	Numerator: number of hospitals that meet the criteria.  Denominator: total number of hospitals		50%	80%	MOH 's guideline on active surveillance of HAIs, 2025;  Reports from healthcare facilities and DoH on the results of interventions implemented to reduce HAIs rates in hospitals, 2025 and 2030;

<sup>3</sup> Not including district hospitals

Objective	Criteria/target	Concept/definition (how to calculate criteria/target)	Baseline (value, year)	Short-term targets 2024-2025	Short-term targets 2026-2030	Data source and frequency, responsibility for implementation
Criteria 3b	Percentage of district hospitals implementing active surveillance of healthcare-associated infections (HAIs) and carrying out interventions to reduce the HAIs in hospitals.	Numerator: number of district hospitals that meet the criteria.  Denominator: total number of district hospitals		20%	40%	Report from healthcare facilities and DoH on the results of interventions implemented to reduce the HAIs rate in hospitals, 2025 and 2030
<b>Objective 4: Rationally, safely and responsibly to use of antimicrobial drugs in humans</b>						
Criteria 1	Percentage of hospitals that implement antimicrobial stewardship programs.	Numerator: number of hospitals that meet the criteria  Denominator: total number of hospitals		30%	50%	Hospital report on the results of the implementation of the MSA's antibiotic stewardship program, 2025 and 2030
Criteria 3a	Establish a national monitoring system for antimicrobial use and consumption in humans	Guideline for monitoring the antimicrobial use and consumption in humans approved by the MOH  A national surveillance system for antimicrobial use and consumption in humans established		Establish	Establish and maintain	Guideline for monitoring the antimicrobial use and consumption in humans approved by the MOH in 2025  A national surveillance system for antimicrobial use and consumption in humans is established in 2025;

## **V. FUNDING FOR IMPLEMENTATION**

Funding sources include the state budget and other legal sources.

## **VI. RESPONSIBILITIES AND IMPLEMENTATION ORGANIZATION**

### **1. Medical Services Administration (MSA)**

- Act as the standing committee of the Steering Committee on AMR prevention and control.
- Leads, coordinates with relevant agencies and units to implement, direct, guide, inspect, and supervise the implementation of the Action Plan.
- Leads and coordinates with relevant agencies and units to organize evaluations, reports, mid-term reviews, and final reviews of the Action Plan's implementation.

### **2. Drug Administration of Vietnam (DAV)**

- Coordinate the collection of national data on AMU and AMC.
- Coordinate in carrying out other tasks as assigned by the MOH's leadership according to designated functions and responsibilities.

### **3. Viet Nam Administration of Disease Prevention (VADP)**

- Serves as the focal point for consolidating and submitting annual activity proposals of affiliated units for approval by the MOH
- Coordinate in carrying out other tasks according to designated functions and responsibilities

### **4. Department of HIV/AIDS Prevention and Control**

- Focal point for collecting nationwide data on HIV Drug Resistance.
- Monitor, supervise, and evaluate HIV drug resistance in patients initiating or receiving ART.
- Implement measures to strengthen the capacity of HIV testing laboratories.
- Coordinate in carrying out other tasks as assigned by the MOH's leadership according to designated functions and responsibilities.

### **5. Department of Science, Technology and Training**

- Lead and coordinate the integration of content on prevention, diagnosis, and treatment of infectious diseases, the rational and safe use of antibiotics; the prioritized use of antimicrobial drugs in human healthcare; and the monitoring of resistance, usage, and consumption of antimicrobial drugs into the programs at universities, colleges, and health training institutions.
- Take the lead in proposing policies to the MOH for attracting human resources in clinical pharmacy, microbiology, and infection control.
- Take the lead in proposing support research and facilitate the transfer of new techniques in infectious diseases diagnostics and microbiological testing.



- Take the lead in proposing policies to the MOH to enhance continuous training programs domestically and internationally, aiming to improve the expertise of healthcare professionals.
- Coordinate in carrying out other tasks as assigned by the MOH's leadership according to designated functions and responsibilities.

#### **6. Department of Planning and Finance**

- The funding for the implementation of the Action Plan is ensured by the State Budget, subject to the budget balance available each year, as per the current budget allocation system. It will be included in the annual financial estimates of the relevant agencies and units tasked with executing the duties according to the provisions of the Law on State budget, as well as other legal funding sources.
- Based on the approved decisions on tasks, annual work plans, and the proposals from Units, the Department of Planning and Finance is responsible for consolidating the budget and reporting to the Ministry leadership, presenting it to the Ministry of Finance for assessment and budget allocation as required.
- In coordination with the MSA (focal point of the program), monitor and supervise the implementation of tasks as per the assigned functions and authority.

#### **7. Health units under the Ministry**

- Act as the focal point for directing, disseminating, guiding, inspecting, supervising, evaluating, reporting, summarizing, and reviewing the implementation of the Action Plan within the Health units under the Ministry and relevant sectors.
- Develop and advise the Ministry and other relevant authorities to issue or integrate the Action Plan for AMR control into sectoral development programs and propose prioritizing the annual allocation of funding for its implementation.

#### **8. Provincial/municipal Department of Health**

- Serve as the focal point for directing, disseminating, guiding, inspecting, supervising, evaluating, reporting, summarizing, and reviewing the implementation of the Action Plan at the local level.
- Direct and guide relevant agencies and units within their authority to implement and approve activities according to regulations.
- Develop and advise the Provincial People's Committee on issuing or integrating the AMR prevent and control plan into the local socio-economic development program and allocate annual budgets for the implementation of the program as stipulated in the State Budget Law. For provinces and cities where the AMR prevent and control plan has been approved, continue to implement it and review or adjust the plan as needed.

- Lead the implementation of activities related to the criteria for monitoring antibiotic sales based on prescriptions at drug retail establishments within the area.

**9. Healthcare facilities**

- Organize and implement monitoring, evaluation, reporting, and summary of the Action Plan based on the actual situation at the facility.
- Allocate resources for activities related to AMR control: upgrading microbiology laboratories, strengthening infection control, and monitoring use of antibiotics, etc.
- Enhance the capacity of doctors, microbiologists, pharmacists, nurses, and other relevant personnel at the facility in the prevention, diagnosis, and treatment of infectious diseases, rational and safe antibiotic use, priority antimicrobial drug use in healthcare, and surveillance of antimicrobial resistance, use, and consumption.
- Carry out reports on AMR surveillance, AMU, and AMC at the facility in accordance with regulations.

**10. Related pharmaceutical business:** Report on the production, trade, and use of antibiotics as required by regulations.

**11. General responsibilities of agencies and units:** Based on the approved Action Plan for the 2024-2030 period, develop a detailed annual implementation plan, including the estimated budget, for approval by the competent authority. This serves as a basis for the financial department to consolidate and allocate the annual budget in accordance with the provisions of the State Budget Law.