

GOVERNMENT OF THE REPUBLIC OF ZAMBIA

NATIONAL

ONE HEALTH STRATEGIC PLAN

2027–2031

NATIONAL ONE HEALTH TECHNICAL WORKING GROUP

GOVERNMENT OF THE REPUBLIC OF ZAMBIA

National One Health Strategic Plan

2027–2031

Prepared through the National One Health Technical Working Group

Coordinated by the Zambia National Public Health Institute One Health Unit

ZNPHI
ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE

The Pandemic Fund
FOR A RESILIENT WORLD

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

UK Health Security Agency

Lusaka, Zambia
2027

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Foreword

They cannot be managed effectively by any ministry, profession or institution acting alone.

Zambia's ambition to accelerate inclusive and sustainable growth under the Grow Zambia Agenda rests on a secure and resilient foundation. Productive agriculture, mining expansion, tourism, trade, energy development and regional integration all depend on the health of people, animals, plants and ecosystems. Situated at the crossroads of Southern and Central Africa and sharing borders with eight countries, Zambia is strategically positioned to serve as a regional hub for commerce, transport and cooperation. That same connectivity requires stronger capacity to prevent, detect and manage health threats that can move rapidly across sectors and borders.

The country continues to face interconnected risks from zoonotic and foodborne diseases, antimicrobial resistance, climate-sensitive health threats, unsafe chemicals, radiation and environmental hazards. These risks affect lives and livelihoods, disrupt markets and public services, weaken productivity and can reverse development gains. They cannot be managed effectively by any ministry, profession or institution acting alone.

The National One Health Strategic Plan 2027-2031 provides Government's common platform for coordinated action at the human-animal-plant-environment interface. It builds on the achievements and lessons of the 2022-2026 strategic period and operationalises the Policy Framework for One Health Coordination and Advocacy in Zambia. It moves Zambia from establishing coordination structures towards making those structures consistently functional, accountable and capable of delivering measurable results.

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thematic subcommittees of the National One Health Technical Working Group, from 2027

From 2027, implementation will be organised through five thematic subcommittees of the National One Health Technical Working Group: Climate and Health; Chemicals, Radiation and Environmental Safety; Zoonoses; Food Safety; and Antimicrobial Resistance. The Zambia National Public Health Institute One Health Unit will oversee implementation and serve as the Secretariat. Each participating institution retains its statutory mandate, technical authority and responsibility for sectoral delivery, while the national One Health structures provide the platform for joint priority-setting, information sharing, coordinated implementation and mutual accountability.

The Plan is deliberately strategic. It presents the outcomes Zambia seeks, the objectives and activities required to achieve them, and the results framework through which progress will be measured. Its success will depend on sustained political and administrative leadership, incorporation of agreed priorities into institutional plans and budgets, responsible sharing and use of information, participation in the thematic subcommittees, and investment by Government and partners in activities that create genuine multisectoral value.

As the institutions entrusted with mandates that are central to One Health, we endorse this Plan as a shared national commitment. We undertake to champion its implementation within our respective sectors, support the participation of our institutions in the national and subnational One Health structures, and account for the commitments assigned to us. We call upon statutory bodies, local authorities, academia, the private sector, civil society, communities and cooperating partners to align their contributions with this national direction. Through collective action, Zambia can protect its people, animals and ecosystems while strengthening the health security and resilience required to realise its development ambitions.



Dr. Kennedy Lishimpi
Permanent Secretary – Technical Services
Ministry of Health



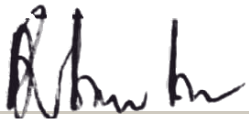
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Preface

The National One Health Strategic Plan 2027-2031 sets out Zambia's shared direction for addressing health threats that cross institutional and sectoral boundaries. For the Board of the Zambia National Public Health Institute, it provides a strategic basis for supporting the Institute's coordination role and strengthening accountability for results across the One Health agenda.

The Policy Framework for One Health Coordination and Advocacy in Zambia establishes the foundation for collaboration. This Plan translates that direction into outcomes, strategic objectives and agreed activities for the next five years. Its value lies in the commitment of participating institutions to act on shared priorities, sustain effective coordination and use evidence to guide decisions.

Zambia's development ambitions under the Grow Zambia Agenda reinforce the importance of this commitment. Investment in agriculture, mining, tourism, energy and trade depends on healthy communities and productive ecosystems. The country's strategic position within Southern and Central Africa also makes national health security inseparable from regional cooperation. One Health therefore belongs within the wider discussion on development, resilience and investment.

The establishment of five thematic subcommittees of the National One Health Technical Working Group in 2027 will give focused attention to Climate and Health; Chemicals, Radiation and Environmental Safety; Zoonoses; Food Safety; and Antimicrobial Resistance. The ZNPHI One Health Unit will oversee implementation and serve as Secretariat, supporting collaboration among institutions that retain responsibility for delivery within their mandates.

The results framework provides the basis for assessing progress and holding implementation commitments under review. As Board Chairperson, I support the Institute's leadership in advancing this national agenda and encourage sustained engagement by Government institutions and partners. The measure of this Plan will be the extent to which agreed priorities lead to coordinated action and lasting improvements in the health and resilience of Zambia's people, animals and environment.



Prof. Peter Mwaba
Board Chairperson
Zambia National Public Health Institute

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Acknowledgements

On behalf of the Zambia National Public Health Institute, I extend sincere appreciation to the institutions and individuals whose leadership, expertise and commitment have shaped the National One Health Strategic Plan 2027-2031. The Plan reflects a shared effort to translate Zambia's One Health policy direction into agreed strategic action.

I acknowledge the leadership and participation of the core One Health institutions: the Ministry of Health; Ministry of Fisheries and Livestock; Ministry of Green Economy and Environment; Ministry of Water Development and Sanitation; Ministry of Mines and Minerals Development; Ministry of Defence; Ministry of Local Government and Rural Development; and the Office of the Vice President through the National Disaster Risk Management Division. Their continued engagement is essential to collective ownership and implementation of the Plan.

I thank the National One Health Technical Working Group and the thematic drafting groups for developing the strategic content for Climate and Health; Chemicals, Radiation and Environmental Safety; Zoonoses; Food Safety; and Antimicrobial Resistance. Appreciation is extended to the technical experts, facilitators, rapporteurs and reviewers who contributed to the assessment of implementation experience, SWOT and TOWS analyses, strategic options, objectives, activities and monitoring and evaluation framework.

I also recognise the contributions of other Government ministries and agencies, statutory and regulatory bodies, laboratories, universities and research institutions, and national and subnational One Health representatives. Their knowledge and experience have helped connect the national strategic direction with the practical requirements of implementation.

Our appreciation extends to cooperating and technical partners for their support to the planning process and Zambia's wider One Health agenda. The continued engagement of professional associations, civil society, the private sector and communities will be important in advancing the shared priorities set out in this Plan.

Finally, I commend the ZNPHI One Health Unit for coordinating the development process and bringing the technical contributions together. I thank all participants for their commitment and look forward to sustained collaboration as we carry these agreed priorities into implementation.



Dr Nyambe Sinyange
Ag. Director General
Zambia National Public Health Institute

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Abbreviations and Acronyms

AAR	After-action review
Africa CDC	Africa Centres for Disease Control and Prevention
AMR	Antimicrobial resistance
AU-IBAR	African Union–Interafrican Bureau for Animal Resources
EQA	External quality assessment
FAO	Food and Agriculture Organization of the United Nations
FETP	Field Epidemiology Training Programme
FSCC	Food Safety Coordinating Committee
GIS	Geographic information system
GLASS	Global Antimicrobial Resistance and Use Surveillance System
IHR	International Health Regulations
INFOSAN	International Food Safety Authorities Network
M&E	Monitoring and evaluation
N/A	Not applicable
NAP-AMR	National Action Plan for Antimicrobial Resistance
NFCS	National food control system
NOHSP	National One Health Strategic Plan
OH	One Health
OHTWG	One Health Technical Working Group
PHEOC	Public Health Emergency Operations Centre
PHSIMS	Public Health Security Information Management System
PPE	Personal protective equipment
PT	Proficiency testing
QA	Quality assurance
RRT	Rapid response team
SADC	Southern African Development Community
SO	Strengths–Opportunities
SOP	Standard operating procedure
ST	Strengths–Threats
SWOT	Strengths, Weaknesses, Opportunities and Threats
TBD	To be determined
ToR	Terms of reference
TOWS	Threats, Opportunities, Weaknesses and Strengths
TWG	Technical Working Group
WHO	World Health Organization
WHONET	WHO-supported microbiology laboratory data management and analysis software
WO	Weaknesses–Opportunities
WOAH	World Organisation for Animal Health
WT	Weaknesses–Threats
ZNPHI	Zambia National Public Health Institute

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Executive Summary

5

thematic areas of the strategic agenda

8

countries share Zambia's borders

2027–31

strategic period, building on 2022–2026

The National One Health Strategic Plan 2027-2031 establishes Zambia's strategic direction for coordinated action at the human-animal-plant-environment interface. It operationalises the Policy Framework for One Health Coordination and Advocacy in Zambia and builds on implementation experience from the 2022-2026 strategic period. Its central purpose is to secure institutional commitment to agreed priorities and strengthen the capacity of One Health structures to deliver measurable results.

The Plan positions One Health as a contributor to Zambia's development ambitions under the Grow Zambia Agenda. Agriculture, mining, tourism, energy and trade face risks from disease outbreaks, antimicrobial resistance, climate variability and environmental hazards. Zambia's location at the crossroads of Southern and Central Africa, with borders shared with eight countries, creates opportunities for regional trade and cooperation while requiring coordinated management of threats that cross borders. Protecting health and ecosystems supports productivity, livelihoods and confidence in investment.

Development of the Plan drew on sectoral and multisectoral experience, a review of strengths, weaknesses, opportunities and threats, and TOWS analysis to identify strategic options. Participating groups translated these options into outcomes, strategic objectives and activities, supported by a monitoring and evaluation framework. The main text presents the strategic implications of this process; the full SWOT and TOWS analyses are provided in the annexes.

THEMATIC AREAS

- Climate and Health
- Chemicals, Radiation and Environmental Safety
- Zoonoses
- Food Safety
- Antimicrobial Resistance

The strategic agenda covers five thematic areas: Climate and Health; Chemicals, Radiation and Environmental Safety; Zoonoses; Food Safety; and Antimicrobial Resistance. Each area contains related outcomes, objectives and activities addressing its specific risks and opportunities. Governance and coordination, collaborative surveillance, preparedness and response, workforce capacity, research, risk communication and community engagement support implementation across these areas.

In 2027, five thematic subcommittees will be established under the National One Health Technical Working Group. The ZNPHI One Health Unit will oversee implementation and serve as Secretariat. The subcommittees will provide a platform for joint technical planning and review, while participating institutions retain their statutory mandates and responsibility for sectoral delivery. National, provincial and district One Health structures will support coordination and connect national priorities with local action.

Implementation depends on sustained leadership, participation in the coordination structures and incorporation of agreed activities into institutional workplans and resource allocation processes. The Plan provides a basis for advocacy, partnership alignment and mobilisation of support for strategic activities. The results framework specifies indicator definitions, baselines, targets, data sources, reporting frequencies and responsibilities. Monitoring and periodic review support accountability and corrective action through 2031. As National One Health Coordinator, I will support this shared effort through the Secretariat, with a focus on translating institutional commitments into coordinated implementation.



Dr Raymond Hamoonga
National One Health Coordinator
Zambia National Public Health Institute

01 Introduction

1.1 National context

Coordinated prevention, early detection and response are therefore relevant to both health security and national development.

Zambia enters the 2027–2031 period with a renewed focus on production, investment, trade and employment under the Grow Zambia Agenda. Ambitions for agriculture, livestock, mining, energy and tourism will increase the importance of managing risks that affect people, animals, food systems and the environment. Disease outbreaks, unsafe food, chemical incidents, antimicrobial resistance and climate-related shocks can disrupt livelihoods and production, restrict market access and place pressure on public services. Coordinated prevention, early detection and response are therefore relevant to both health security and national development.

Zambia's location gives this agenda a regional dimension. At the crossroads of Central, Southern and Eastern Africa, the country borders eight neighbours and connects several major trade corridors. The movement of people, animals, food and goods creates opportunities for regional commerce and tourism while requiring effective surveillance and cooperation across borders. Risks arising in Zambia may affect neighbouring countries, just as events elsewhere may require action within Zambia. Joint risk assessment, timely information exchange and coordinated response are essential to managing these shared threats.

The Policy Framework for One Health Coordination and Advocacy in Zambia provides the institutional foundation for this work. It sets out arrangements for multisectoral governance, information sharing, preparedness, advocacy and accountability. This Strategic Plan translates that framework into priorities and actions for 2027–2031, building on the National One Health Strategic Plan 2022–2026 and the lessons from its implementation.



PHOTO 1

A national stadium in Zambia. Photo: Bernard Chama.

1.2 Purpose and scope

The National One Health Strategic Plan 2027–2031 sets out the results Zambia intends to achieve through coordinated action at the human, animal, plant and environmental health interface. It identifies strategic objectives, activities and measures of progress in five thematic areas: climate and health, chemicals, zoonotic diseases, food safety and antimicrobial resistance.

Governance, surveillance and information sharing, laboratories, preparedness and response, risk communication, workforce development, research and monitoring and evaluation support work across the five areas. The plan applies at national and subnational levels and provides a common basis for joint planning, annual workplans and review. Participating institutions carry out activities within their mandates, while working together where risks or solutions cross sector boundaries.

During the plan period, five thematic subcommittees will be established under the National One Health Technical Working Group to organise and advance the agreed activities. The One Health Unit will oversee implementation and serve as the secretariat for these arrangements.

27–31 July 2026

priority-setting workshop, with scenario-based SWOT and TOWS analysis

1.3 Development process

The plan draws on a review of the 2022–2026 Strategic Plan, the 2026 Policy Framework, relevant national assessments and consultations with participating sectors. At the priority-setting workshop held from 27 to 31 July 2026, thematic groups examined current risks and system gaps through scenario-based SWOT and TOWS analysis. Subsequent technical drafting considered the strategic options against agreed criteria and developed objectives, activities and results frameworks for the five thematic areas.

The strategic options were reviewed against agreed criteria and translated into thematic objectives, activities and proposed indicators. The consolidated SWOT and TOWS analyses are presented in Annexes A and B, respectively.

02 Situation analysis

2.1 Zambia's evolving One Health risks

Zambia's health security risks arise from the interaction of people, animals, plants and the environment. Zoonotic diseases, chemical and environmental incidents, unsafe food and antimicrobial resistance affect health directly and can also disrupt livelihoods, production and trade. Climate variability can intensify these risks by changing water availability, food production, animal and wildlife movement, and patterns of disease exposure. Zambia's regional connections add a cross-border dimension to prevention, detection and response.

The five thematic areas of this plan reflect distinct risks with shared causes and system needs. Recurrent zoonotic threats, including anthrax and rabies, require coordinated surveillance, prevention, laboratory confirmation and response across human health, animal health and wildlife services. Chemical hazards associated with industry, mining, agriculture and waste require timely reporting, exposure assessment and coordinated action by health, environmental and regulatory authorities. Food safety depends on controls throughout production, storage, processing and marketing, supported by reliable testing and traceability. Antimicrobial resistance calls for surveillance and responsible antimicrobial use across human, animal, food and environmental health.

Climate and health cuts across these areas.

Climate and health cuts across these areas. Droughts, floods and other climate-related events can affect water quality, food safety, livelihoods and the readiness of health and response services. Forecasts and sector surveillance already provide useful information, but their value for One Health depends on agreed triggers, joint analysis and action before risks escalate.



PHOTO 2

Elephants at a waterhole. Photo: Ed Wingate.

2020

Zambia National Public Health Institute Act No. 19, the institutional anchor for public health security coordination

2026

Policy Framework for One Health Coordination and Advocacy adopted

2.2 Institutional and policy foundation

Zambia has an established foundation for multisectoral action. The Zambia National Public Health Institute Act No. 19 of 2020 provides an institutional anchor for public health security coordination. Sector laws and policies govern animal health, food safety, environmental management, water, disaster risk management and other relevant functions. The Policy Framework for One Health Coordination and Advocacy, adopted in 2026, sets out how these mandates can be brought together through routine coordination, information sharing, joint planning and accountability.

The national One Health architecture includes the One Health Steering Committee, One Health Coordinating Committee and Technical Working Groups at national and subnational levels. Epidemic preparedness structures, emergency operations arrangements, sector surveillance systems, laboratories and community networks provide further capacity for joint action. The Public Health Security Information Management System offers a mechanism for bringing relevant information together to support risk assessment and decisions, subject to agreed arrangements for data sharing, quality, access and protection.

These structures create a basis for implementation, but their presence alone does not ensure consistent joint action. The next phase requires regular participation, clear working arrangements, timely exchange of information and follow-through on decisions at national, provincial and district levels.

2.3 Lessons from the 2022–2026 plan

The review of the National One Health Strategic Plan 2022–2026 identified progress in establishing coordination structures, developing technical capacity and undertaking joint risk assessments, preparedness activities and responses to public health events. It also identified unfinished work. The functionality of subnational structures is uneven; sector information systems and reporting practices remain fragmented; and joint protocols, laboratory referral arrangements and simulation exercises are not yet applied consistently across hazards and locations.

Implementation has also depended heavily on the availability of partner support and on the initiative of individuals during particular events. Staff turnover, gaps in routine training and delays in mobilising operational resources can weaken continuity. These findings point to the need for stronger institutional ownership of agreed activities, clearer links between national and subnational structures, and regular review of results. Each sector retains responsibility for its statutory functions; One Health coordination is most valuable where shared risks require institutions to plan, exchange information or act together.

2.4 Implications for the 2027–2031 plan

Across the five thematic areas, the SWOT analyses identified a substantial foundation for One Health action: established coordination structures, sector expertise, surveillance and laboratory capacity, and experience with joint assessment and response. They also identified recurring weaknesses in routine information sharing, subnational functionality, joint protocols, workforce continuity and operational resources. Climate pressures, cross-border movement and changing patterns of production and trade increase the need to address these gaps. The consolidated thematic SWOT analyses are presented in Annex A.

The TOWS analyses used these findings to develop strategic responses. Across the themes, the options converged on making coordination structures functional, connecting sector information and laboratory systems, strengthening prevention and preparedness, and supporting timely joint action. Those options inform the objectives and activities in this plan. The full thematic TOWS matrices are presented in Annex B.

The central implementation challenge for 2027–2031 is to turn Zambia's institutional foundation into sustained joint practice.

The central implementation challenge for 2027–2031 is to turn Zambia's institutional foundation into sustained joint practice. Five thematic subcommittees under the National One Health Technical Working Group will organise work on climate and health, chemicals, zoonotic diseases, food safety and antimicrobial resistance. Participating sectors will carry out agreed activities within their mandates. The One Health Unit will oversee implementation and serve as the secretariat, supporting coordination, progress review and resolution of issues that cut across the subcommittees.



PHOTO 3 Victoria Falls. Photo: Tanner Marquis.

03 Strategic direction

The 2027–2031 plan builds on the institutions and relationships established during the first National One Health Strategic Plan. Its strategic direction is to make joint action routine: sectors identify shared risks, agree on action within their mandates, use information together and account for results.

3.1 Vision, mission and goal

VISION

A nation with a sustainably balanced and optimised health of people, animals and ecosystems.

MISSION

To coordinate and sustain multisectoral action that prevents, detects and responds to health threats at the human–animal–environment interface.

GOAL

A functional, accountable and climate-resilient One Health system that protects health, livelihoods and ecosystems from priority threats.

3.2 Guiding principles

Implementation of the National One Health Strategic Plan will follow the governance principles established in the Policy Framework for One Health Coordination and Advocacy:

Accountability

Participating institutions will document decisions, responsibilities and agreed actions, and review their completion through One Health coordination structures.

Integration

One Health structures will work through and connect with existing sectoral, local government, epidemic preparedness and disaster risk mechanisms.

Mandate recognition

Each institution will retain its statutory responsibilities while contributing to joint planning and action.

Multisectoral participation

Relevant sectors will participate according to their mandates and the risks being addressed.

Responsible information sharing

Partners will share information through agreed arrangements that respect confidentiality, data protection, ownership and access requirements.

Subsidiarity

Decisions and actions will be taken at the lowest appropriate level, with matters escalated when they require higher-level technical, policy or resource decisions.

Across the five thematic areas, these principles will be applied through prevention, evidence-informed action, community participation and regular learning from implementation.

3.3 Theory of change

The Plan is based on the premise that effective One Health action depends on functioning coordination structures and sustained participation by institutions with complementary mandates. When these institutions agree on priorities, share information and undertake joint activities, Zambia is better able to address threats that cross sectoral boundaries.

Strengthened surveillance, laboratory collaboration, joint risk assessment, preparedness and community engagement will support earlier detection, more effective prevention and coordinated response. The five thematic subcommittees of the National One Health Technical Working Group (OHTWG), to be established in 2027, will organise technical work across the Plan's priority areas. Participating institutions will implement agreed activities within their respective mandates. The ZNPHI One Health Unit will oversee implementation and serve as the secretariat for coordination, follow-up and reporting.

Regular review of activities, indicators and emerging risks will allow the OHTWG and its subcommittees to adjust implementation over the 2027–2031 period. Together, these changes are expected to strengthen national health security and resilience while protecting livelihoods and ecosystems.

Together, these changes are expected to strengthen national health security and resilience while protecting livelihoods and ecosystems.

3.4 Results structure

The Plan is organised around five thematic areas: Climate and Health; Chemicals; Zoonoses; Food Safety; and Antimicrobial Resistance. Each area has an intended outcome supported by strategic objectives and activities. Governance and coordination, surveillance and laboratories, preparedness and response, risk communication and community engagement, workforce development, and research are incorporated across the thematic areas where relevant.

The results framework links each thematic outcome and strategic objective to indicators, baselines, targets, data sources, reporting frequencies and responsible institutions. It provides the basis for assessing delivery of agreed activities and progress towards outcomes through 2031.



PHOTO 4 Walkway along the gorge at Victoria Falls. Photo: Eston Oboch.

04 Strategic priorities, outcomes and objectives

THEMATIC PORTFOLIOS

4.2 Zoonotic diseases

4.3 Antimicrobial resistance

4.4 Food safety

4.5 Chemicals

4.6 Climate and health

This section sets out the strategic results that Zambia will pursue through the National One Health Strategic Plan 2027–2031. It translates the priorities identified through review of the 2022–2026 plan, the thematic SWOT and TOWS analyses, and multicriteria decision analysis into five thematic portfolios: zoonotic diseases, antimicrobial resistance, food safety, chemicals, and climate and health.

The results hierarchy is deliberate. Each outcome describes the condition Zambia intends to achieve by 2031. Each strategic objective states the principal programme commitment required to deliver that outcome. Detailed activities, indicators, baselines, annual targets, means of verification, reporting frequencies and institutional responsibilities are provided in the consolidated Results and Monitoring and Evaluation Framework.

4.1 Delivery and accountability arrangements

Implementation will be organised through the five thematic subcommittees of the National One Health Technical Working Group. The Zambia National Public Health Institute One Health Unit will oversee coordination, performance monitoring and consolidated reporting and will serve as the secretariat. Participating ministries, departments, agencies and statutory bodies will remain accountable for implementation within their mandates, while provincial and district One Health structures will translate national priorities into coordinated subnational action.

Across all five thematic areas, implementation will be supported by common enablers: functional governance and coordination structures; interoperable surveillance and information sharing through PHSIMS; laboratory quality and referral systems; a competent multisectoral workforce; risk communication and community engagement; operational research and evidence use; sustainable financing; and a unified monitoring, evaluation and learning system.

4.2 Zoonotic diseases

This thematic area strengthens Zambia's capacity to prevent, detect and control priority zoonotic diseases through integrated surveillance and laboratory systems, standardised preparedness and response, coordinated movement control, sustainable financing for prevention, and deployable multisectoral response capacity.

4.2.1 Integrated surveillance and laboratory network

OUTCOME

By 2031, Zambia operates an integrated, PHSIMS-enabled One Health surveillance and laboratory network that accelerates the early detection, confirmation and reporting of priority zoonotic threats.

STRATEGIC OBJECTIVE

Fully operationalise an integrated multisectoral surveillance and laboratory network for priority zoonotic threats, anchored on PHSIMS.

4.2.2 Outbreak preparedness, response and risk communication

OUTCOME

By 2031, standardised multisectoral outbreak preparedness and response protocols are routinely applied to joint investigations, carcass management, environmental risk assessment and coordinated risk communication for priority zoonotic diseases.

STRATEGIC OBJECTIVE

Institutionalise multisectoral outbreak preparedness, response and risk communication protocols and technical guidelines for use during zoonotic events.

4.2.3 Movement control and cross-border enforcement

OUTCOME

By 2031, coordinated movement-control measures for animals, meat and meat products are consistently enforced within Zambia and at cross-border points, reducing the spread of priority zoonotic diseases associated with informal trade.

STRATEGIC OBJECTIVE

Operationalise multisectoral joint enforcement protocols for the movement of animals, meat and meat products within Zambia and across borders.

4.2.4 Sustainable financing, vaccination and environmental risk reduction

OUTCOME

By 2031, predictable domestic financing and timely vaccine procurement support risk-based preventive vaccination and environmental risk-reduction measures for priority zoonotic diseases.

STRATEGIC OBJECTIVE

Institutionalise sustainable domestic financing arrangements that secure dedicated resources, accelerate vaccine procurement and support environmental management interventions that reduce zoonotic disease transmission.

4.2.5 Rapid response and diagnostic readiness

OUTCOME

By 2031, deployable multisectoral rapid-response teams and laboratory capabilities enable targeted sampling, early detection and timely intervention in environments prone to zoonotic disease outbreaks and climate extremes.

STRATEGIC OBJECTIVE

Maintain deployable multisectoral rapid-response teams and diagnostic systems that support proactive sampling, detection and intervention for zoonotic threats.



PHOTO 5 A herd of zebra. Photo: Birger Strahl.

4.3 Antimicrobial resistance

This thematic area advances a coordinated One Health response to antimicrobial resistance by strengthening governance and data use, antimicrobial stewardship, integrated surveillance, sustainable financing, diagnostic capacity, infection prevention and control, and healthcare-associated infection surveillance.

4.3.1 Governance, data sharing and joint accountability

OUTCOME

By 2031, participating sectors routinely share comparable antimicrobial resistance data and use joint reviews to guide decisions, coordinate action and track progress.

STRATEGIC OBJECTIVE

Strengthen multisectoral antimicrobial resistance governance at national and subnational levels.

4.3.2 Antimicrobial stewardship and regulatory oversight

OUTCOME

By 2031, antimicrobial stewardship practices and compliance are improved across human, animal and environmental health sectors.

STRATEGIC OBJECTIVE

Strengthen stewardship structures, standardise sector-relevant antimicrobial use reporting and enhance risk-based regulatory oversight across human, animal and environmental health sectors.

4.3.3 Integrated surveillance and referral networks

OUTCOME

By 2031, priority resistance signals are detected, confirmed, reported and acted upon through functioning integrated surveillance and referral networks.

STRATEGIC OBJECTIVE

Strengthen integrated antimicrobial resistance surveillance systems at national and subnational levels.

4.3.4 Sustainable financing and commodity security

OUTCOME

By 2031, the antimicrobial resistance programme has predictable financing and reliable commodity supplies to sustain surveillance and response functions.

STRATEGIC OBJECTIVE

Institutionalise antimicrobial resistance financing across line ministries and other participating institutions.

4.3.5 Diagnostics, infection prevention and healthcare-associated infection surveillance

OUTCOME

By 2031, supported facilities reliably diagnose and report resistant pathogens and use the evidence to strengthen infection prevention and control.

STRATEGIC OBJECTIVE

Sustain capacity for diagnostics, infection prevention and control, and healthcare-associated infection surveillance at all levels.



PHOTO 6 A community gathering. Photo: Sikwe Scarter.

4.4 Food safety

This thematic area establishes a coordinated farm-to-fork food-control system that strengthens policy implementation, anticipates climate-related risks, improves oversight of informal markets, harmonises sampling and laboratory testing, and strengthens traceability and compliance across priority value chains.

4.4.1 Policy implementation and multisectoral coordination

OUTCOME

By 2031, Zambia has a coordinated multisectoral food safety system supported by implementation of the national food safety policy and the Food Safety Act of 2019.

STRATEGIC OBJECTIVE

Finalise and operationalise the national food safety policy.

4.4.2 Climate-related food safety risks

OUTCOME

By 2031, climate-related food safety risks are anticipated, prevented and managed through a prepared multisectoral workforce and wider adoption of climate-smart food safety practices.

STRATEGIC OBJECTIVE

Strengthen multisectoral capacity to assess, monitor and respond to climate-related food safety risks and promote the adoption of climate-smart food safety practices.

4.4.3 Food control in informal markets

OUTCOME

By 2031, food safety risks in informal markets are reduced through improved compliance, inspection, surveillance, traceability, enforcement and emergency response.

STRATEGIC OBJECTIVE

Operationalise and sustain a coordinated food-control system for informal food markets.

4.4.4 Harmonised sampling and laboratory testing

OUTCOME

By 2031, harmonised and standardised systems for sampling and testing priority food safety hazards are established and functioning across the One Health laboratory network.

STRATEGIC OBJECTIVE

Harmonise food safety hazard sampling and testing methods and strengthen quality-assurance systems across the One Health laboratory network.

4.4.5 Farm-to-fork traceability and value-chain control

OUTCOME

By 2031, food safety risks are better controlled across priority value chains through improved farm-to-fork traceability, integrated surveillance and compliance by food-system actors.

STRATEGIC OBJECTIVE

Establish integrated farm-to-fork traceability, compliance and surveillance systems for priority food value chains, supported by a competent multisectoral workforce.



PHOTO 7 Traders meet a passenger train. Photo: Katsuma Tanaka.

4.5 Chemicals

This thematic area strengthens the prevention, early detection and management of priority chemical hazards and events. It links multisectoral surveillance and laboratory evidence to coordinated emergency response, regulatory compliance, remediation, community engagement, applied research and sustainable financing.

4.5.1 Chemical-event surveillance and early warning

OUTCOME

By 2031, priority chemical hazards and events are detected, notified, jointly assessed and acted upon earlier across human, animal and environmental health sectors.

STRATEGIC OBJECTIVE

Operationalise an integrated multisectoral chemical-event surveillance and early-warning system linked to PHSIMS and relevant sector platforms.

4.5.2 Laboratory and environmental evidence

OUTCOME

By 2031, reliable laboratory and environmental evidence is available in time to confirm priority chemical events, characterise exposure and guide control measures.

STRATEGIC OBJECTIVE

Strengthen a coordinated network for chemical testing, environmental monitoring, exposure assessment, quality assurance and timely result sharing.

4.5.3 Preparedness and response to chemical incidents

OUTCOME

By 2031, chemical incidents are investigated and controlled rapidly through coordinated One Health and emergency-management action.

STRATEGIC OBJECTIVE

Institutionalise coordinated preparedness and response capacity for priority chemical incidents at national and subnational levels.

4.5.4 Risk reduction, compliance and remediation

OUTCOME

By 2031, exposure to priority chemical hazards is reduced in communities, workplaces, food systems and ecosystems through coordinated prevention, compliance and remediation action.

STRATEGIC OBJECTIVE

Strengthen coordinated risk-based prevention, inspection, enforcement, safe management and remediation for priority chemical hazards.

4.5.5 Risk communication, evidence and sustainable action

OUTCOME

By 2031, communities and decision-makers use timely, trusted chemical-risk information and evidence to adopt protective actions and sustain priority interventions.

STRATEGIC OBJECTIVE

Institutionalise coordinated chemical-risk communication, community feedback, applied research and financing arrangements that support prevention and response.



PHOTO 8 A river channel and wetland island from the air.

4.6 Climate and health

This thematic area builds a climate-resilient One Health system that anticipates climate-related health threats, uses integrated forecasting and early warning, mobilises sustainable domestic financing, strengthens readiness in high-risk areas, and enables coordinated action and resource sharing across sectors.

4.6.1 Anticipatory preparedness and response

OUTCOME

By 2031, Zambia's One Health system has strengthened anticipatory capacity to prevent and mitigate climate-related health risks and outbreaks.

STRATEGIC OBJECTIVE

Strengthen anticipatory outbreak preparedness and response for climate-related health risks.

4.6.2 Sustainable domestic financing

OUTCOME

By 2031, sustainable domestic financing mechanisms are established and operational for climate and health preparedness and response.

STRATEGIC OBJECTIVE

Secure sustainable domestic financing for One Health climate and health action.

4.6.3 Forecasting, modelling and integrated early warning

OUTCOME

By 2031, climate and health forecasting and early-warning information is integrated into PHSIMS and routinely used to guide preparedness and response.

STRATEGIC OBJECTIVE

Improve forecasting and modelling and integrate climate and weather information into PHSIMS.

4.6.4 Subnational operational readiness

OUTCOME

By 2031, subnational One Health structures in high-risk areas demonstrate operational readiness for climate-related health risks.

STRATEGIC OBJECTIVE

Strengthen subnational operational readiness for climate-related health risks.

4.6.5 Multisectoral coordination and resource sharing

OUTCOME

By 2031, effective One Health multisectoral coordination and resource-sharing mechanisms are functioning for climate and health action at national and subnational levels.

STRATEGIC OBJECTIVE

Strengthen One Health multisectoral coordination and resource-sharing for climate and health action.



PHOTO 9 Evening on the riverbank. Photo: Jeremy Boley.



PHOTO 10 An evening football game. Photo: Joshua Dixon.

05 Cross-cutting systems

These systems are an investment in national health security and in the people, production, trade and ecosystems that underpin the Grow Zambia Agenda.

Progress across the five thematic priorities depends on systems that allow institutions to act together consistently. These systems are an investment in national health security and in the people, production, trade and ecosystems that underpin the Grow Zambia Agenda. The Plan therefore calls for sustained institutional commitment to coordination, shared intelligence, technical capacity and public trust.

5.1 Governance and institutional ownership

The Policy Framework for One Health Coordination and Advocacy provides the foundation for implementation. The One Health Steering Committee will provide strategic sponsorship, the One Health Coordinating Committee will address senior-level coordination issues, and the National One Health Technical Working Group (OHTWG) will guide joint technical work.

In 2027, the OHTWG will establish five thematic subcommittees: Climate and Health; Chemicals, Radiation and Environmental Safety; Zoonoses; Food Safety; and Antimicrobial Resistance. The ZNPHI One Health Unit will oversee implementation of the Plan and serve as secretariat. Participating institutions will incorporate agreed activities into their own plans and deliver them within their statutory mandates, with provincial and district One Health structures connecting national priorities to local risks and action.

5.2 Shared intelligence and responsible information use

Zambia's human, animal, plant, food safety, climate and environmental systems hold information that is more useful when relevant signals are analysed together. The Plan will strengthen agreed information-sharing arrangements and the use of PHSIMS alongside interoperable sector systems to support joint risk assessment and timely decisions. Institutions will retain responsibility for their data and share it in accordance with the Policy Framework's data governance requirements.

5.3 Laboratory and technical capacity

A connected laboratory and referral network is essential to confirm threats, characterise exposure and guide action. The Plan will promote collaboration among human health, veterinary, food, environmental and other relevant laboratories, with attention to quality, sample referral and timely sharing of results. This capacity will serve routine prevention and surveillance as well as investigations and emergencies.

5.4 Joint preparedness and response

Shared risks require clear arrangements before an event occurs. Participating sectors will strengthen joint risk assessment, preparedness planning, exercises and coordinated investigation, while retaining responsibility for actions within their mandates. Links with public health emergency, disaster management and subnational structures will support timely decisions and escalation. Given Zambia's regional connections, cross-border information sharing and cooperation will remain part of national preparedness.

5.5 Community engagement and public trust

Communities are essential partners in identifying risks, shaping practical prevention measures and assessing whether responses work. The Plan will strengthen two-way communication, community reporting and feedback across the thematic priorities. Coordinated, credible information will help people take protective action and sustain trust during both routine work and emergencies.

5.6 Workforce, research and learning

One Health depends on professionals who can work across disciplines and institutions. The Plan will support joint learning, technical exchange and applied research directed at national priorities. Evidence from surveillance, communities, investigations and implementation reviews will be used to improve decisions and adapt activities as risks change.

5.7 Sustained commitment and partner alignment

The Plan provides a common basis for ministries, agencies and partners to commit to strategic activities and align their support. Institutions will reflect agreed responsibilities in their planning and resource decisions, while partners will support nationally identified priorities and capacities that can be sustained. The monitoring, evaluation and learning framework in Section 6 makes these commitments visible and provides a basis for reviewing progress through 2031.

06 Monitoring, evaluation and learning

REVIEW CYCLE

- Routine thematic and national reviews
- Annual assessment of implementation
- Mid-term review
- End-of-plan evaluation

The monitoring, evaluation and learning system makes the commitments in this Plan measurable and supports decisions throughout 2027–2031. It assesses whether institutions act together, whether shared systems function, and whether Zambia improves its ability to prevent, detect and respond to priority One Health threats. It builds on the accountability arrangements in the Policy Framework for One Health Coordination and Advocacy and uses existing sector reporting systems wherever possible.

6.1 Measuring results

The Plan's results framework links each thematic outcome to strategic objectives, activities and indicators. It measures both institutional delivery, such as participation, information sharing and completion of agreed actions, and changes in performance, including the timeliness and quality of joint risk assessment, prevention and response.

The results framework specifies each indicator's definition, baseline, target, data source, reporting frequency and responsible institution. These indicators measure progress against the Plan's outcomes and strategic objectives and provide a common basis for review, accountability and decisions throughout implementation.

6.2 Shared reporting and accountability

Participating institutions will provide and validate information relating to activities within their mandates. Provincial and district One Health structures will contribute evidence on local implementation and emerging risks. The five thematic subcommittees will review progress in their respective areas and identify actions requiring joint attention.

The ZNPHI One Health Unit, as secretariat, will consolidate implementation reports and support analysis across the Plan. The National OHTWG will review technical progress, while the One Health Coordinating Committee and Steering Committee will address institutional barriers and decisions requiring senior leadership. Reporting will document achievements, delayed commitments and the action agreed to resolve them.

6.3 Review and learning

Progress will be considered through routine thematic and national reviews, an annual assessment of implementation, a mid-term review and an end-of-plan evaluation. Joint investigations, exercises and public health events will provide additional opportunities to examine what worked and what should change.

Review findings will inform subsequent workplans and the use of available resources. Where risks or evidence change, the OHTWG and participating institutions will be able to adjust activities while maintaining the Plan's agreed outcomes.

6.4 Using evidence for decisions and advocacy

Annual progress reports will present a clear account of results across the five priorities and the cross-cutting systems that support them. They will give government, participating institutions and partners a common basis for recognising progress, addressing gaps and sustaining commitment. Lessons relevant to communities and subnational structures will be shared in forms that support practical action.

07 Risks and assumptions

The Plan depends on sustained political sponsorship and active participation by institutions across sectors. Its success also assumes that institutions use their existing mandates, information systems and resources to advance agreed One Health activities, and that national priorities remain connected to provincial, district and community action. These conditions require continuing attention throughout 2027–2031.

7.1 Strategic risks and responses

Strategic risk	Potential effect	Response
Changes in leadership or competing institutional priorities	Joint commitments lose momentum.	The One Health Steering and Coordinating Committees maintain senior-level oversight, while institutions embed agreed activities in their own plans.
Uneven capacity across provinces, districts and sectors	Risks are identified or acted upon too late.	National and subnational structures focus support on the locations and capabilities most relevant to priority threats.
Fragmented information and technical capacity	Decisions rely on incomplete evidence.	Institutions strengthen responsible information sharing, interoperable reporting, laboratory collaboration and joint risk assessment.
Uncertain resources and dependence on short-term support	Essential coordination and prevention activities are difficult to sustain.	Participating institutions align commitments with their planning and resource decisions, and partners support nationally agreed priorities.
Climate shocks, emerging hazards and cross-border events	New demands exceed established plans and capacities.	The OHTWG uses shared intelligence and regular risk review to adjust priorities and coordinate early action.
Weak public trust or limited community participation	Alerts, protective action and response are delayed.	Participating sectors maintain two-way communication and use community feedback to improve decisions.

7.2 Review and escalation

The thematic subcommittees and National OHTWG will review risks alongside progress against the results framework. The ZNPHI One Health Unit will document issues requiring joint attention and, as secretariat, bring unresolved institutional matters to the One Health Coordinating Committee and Steering Committee. This allows the Plan to respond to changing risks while preserving accountability for its agreed outcomes.

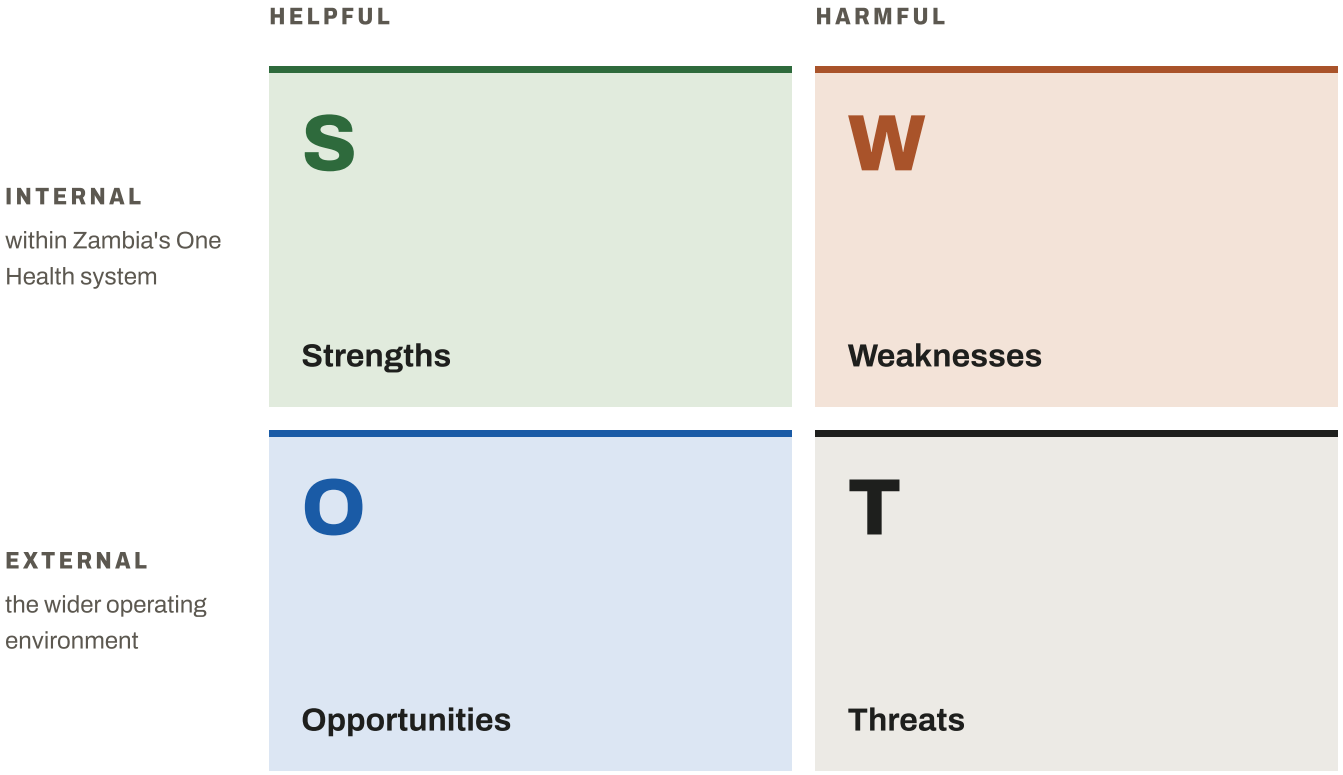


PHOTO 11 Elephants feeding in a wetland. Photo: Birger Strahl.

A Consolidated SWOT Analysis

The consolidated SWOT analysis informed the strategic choices in the Plan. Strengths and weaknesses describe conditions within Zambia's One Health system, while opportunities and threats arise primarily from the wider operating environment.

FIGURE A.1 SWOT analytical framework



A.1 Climate and Health

A.2 Chemicals, Radiation and Environmental Safety

A.3 Zoonotic Diseases

A.4 Food Safety

A.5 Antimicrobial Resistance

A.1 Climate and Health

STRENGTHS

1. One Health and disaster management structures operate at national and subnational levels.
2. Zambia Meteorological Department forecasts, sector surveillance systems and disaster management arrangements provide a foundation for early warning.
3. Community structures and volunteers support local reporting, mobilisation and feedback.
4. Human, animal, water and environmental expertise provides a multisectoral base for preparedness and response.
5. The National Action Plan for Health Security, the National One Health Strategic Plan and sector plans provide entry points for integrating climate and health.

WEAKNESSES

1. Climate, human health, animal health, water and environmental data are not routinely integrated or jointly analysed.
2. There are no consistently applied climate-health thresholds, forecast triggers or joint action procedures.
3. Contingency planning and simulation exercises for compound climate-related risks remain limited at subnational level.
4. Water-quality testing, environmental monitoring, referral and field investigation capacity are uneven.
5. Predictable joint financing and a common climate-health results framework have been limited.

OPPORTUNITIES

1. Recent drought and other climate emergencies have created national momentum for anticipatory action.
2. Climate-health, adaptation and disaster-risk financing can support durable multisectoral resilience.
3. Improvements in seasonal forecasting, remote sensing and modelling can support locally appropriate thresholds and triggers.
4. Partner programmes can contribute to resilient water, livestock, food and health systems.
5. Community demand and climate-smart technologies can generate linked health, livelihood and environmental benefits.

THREATS

1. Increasing drought, flood and heat events intensify pressure on water, food systems, livelihoods and ecosystems.
2. Food insecurity and malnutrition can increase while essential health and water services are disrupted.
3. Waterborne and vector-borne disease outbreaks may coincide with climate-related shocks.
4. Livestock and wildlife movement and congregation around scarce water sources increase zoonotic and conflict risks.
5. Fiscal constraints, energy insecurity and short funding cycles may interrupt preparedness and recovery investments.

A.2 Chemicals, Radiation and Environmental Safety

STRENGTHS

1. Zambia has environmental, public-health and chemical-safety legislation that provides a basis for prevention and enforcement.
2. Regulatory and technical institutions have mandates relevant to chemical, radiation and environmental risks.
3. One Health and Chemicals, Radiation and Environmental Safety coordination arrangements provide a platform for multisectoral action.
4. Universities, laboratories and technical institutions provide research and specialised expertise.
5. Existing surveillance, emergency management and sector response capacities can support chemical-event detection and response.

WEAKNESSES

1. There is no consistently applied multisectoral protocol for the investigation, response and follow-up of chemical events.
2. Incident leadership and inter-agency coordination are fragmented.
3. Long-term environmental and exposure monitoring and specialised laboratory capacity are uneven.
4. Risk communication and routine information sharing among institutions remain weak.
5. Enforcement, accountability and application of polluter responsibility are inconsistent.

OPPORTUNITIES

1. High-level political attention to major environmental events creates an opportunity to strengthen national arrangements.
2. Increased public awareness and wider communication platforms can support reporting and protective action.
3. Academic and laboratory collaboration can support exposure assessment and long-term studies.
4. Cooperating partners, the private sector and corporate responsibility programmes can support priority system improvements.
5. Current institutional momentum provides an opportunity to harmonise chemical-event detection, investigation and response arrangements.

THREATS

1. Chemical and environmental contamination may continue to spread beyond the location of an initial incident.
2. Contaminated water, fish, crops, livestock and food products may enter human and animal food chains.
3. Chemical events can cause livelihood losses, food insecurity and wider economic disruption.
4. Misinformation, fear and inconsistent communication may undermine public confidence and protective action.
5. Political or commercial pressure may affect technical decisions, disclosure and enforcement.

A.3 Zoonotic Diseases

STRENGTHS

1. Formal national, provincial and district One Health structures provide a platform for joint action.
2. Rapid-response teams, epidemic preparedness committees and community networks support detection and response.
3. Human and veterinary laboratories, including the Central Veterinary Research Institute, provide diagnostic capacity.
4. Previous zoonotic disease prioritisation, joint risk assessments and after-action reviews provide an evidence and learning base.
5. Established multisectoral collaboration and emergency procedures support coordinated action during zoonotic events.

WEAKNESSES

1. The functionality of provincial and district One Health structures remains uneven.
2. Human, animal, wildlife and environmental information systems are not fully interoperable, and sector reports frequently remain separate.
3. Joint investigation, environmental assessment, carcass management and risk communication procedures are not routinely exercised.
4. Specimen transport can be delayed, while environmental laboratory capacity, staffing and consumable supplies remain inadequate.
5. Preventive vaccination, environmental risk reduction and cross-border collaboration lack predictable financing.

OPPORTUNITIES

1. Experience from major zoonotic disease outbreaks creates momentum for prevention, targeted vaccination and protocol improvement.
2. WHO, FAO, WOAH, Africa CDC and other partners can support laboratory systems, training, vaccines and simulation exercises.
3. International Health Regulations, WOAH standards and regional mechanisms support harmonised cross-border surveillance and movement-control arrangements.
4. Digital and community event-based surveillance can accelerate alerts, reporting and joint analysis.
5. Joint risk assessments, after-action reviews and cross-border exercises can institutionalise learning and improve risk-based plans.

THREATS

1. Persistent environmental contamination and climate extremes can increase contact among livestock, wildlife and people and contribute to recurrent outbreaks.
2. Unrestricted movement of animals and animal products and informal trade can spread zoonotic threats within Zambia and across borders.
3. Food insecurity and livelihood pressures can encourage unsafe carcass handling and consumption and resistance to control measures.
4. Limited vaccine availability and dependence on external support can interrupt preventive action before high-risk periods.
5. Misinformation, low public trust and differences in cross-border response priorities can delay coordinated action.

A.4 Food Safety

STRENGTHS

1. The Food Safety Act of 2019 establishes coordination, scientific advice and enforcement functions.
2. The National Food Laboratory, Zambia Bureau of Standards, universities and private laboratories provide a foundation for testing.
3. Public-health inspectors, veterinarians, laboratory personnel and agricultural officers support surveillance and enforcement.
4. INFOSAN, SPS and Codex mechanisms provide formal international information-sharing and technical links.
5. Existing emergency, inspection and sector monitoring structures can support coordinated food safety response.

WEAKNESSES

1. The Food Safety Policy and the statutory coordination arrangements have not been fully operationalised.
2. Sampling, quantification, testing and result-sharing methods are not consistently standardised.
3. Human health, animal health and food safety data remain fragmented, while traceability and event tracking are weak.
4. Multisectoral food safety preparedness and response plans, recall and trace back procedures and joint risk-communication arrangements are not in place or routinely exercised.
5. Enforcement staffing, specialised training and timely access to emergency resources remain inadequate.

OPPORTUNITIES

1. Recent food safety concerns create momentum to operationalise the Food Safety Act, policy, coordinating committee and technical standards.
2. INFOSAN, WHO, FAO and Codex Alimentarius can support harmonised methods, proficiency testing and emergency response practice.
3. Farmers, millers, processors, retailers, schools and feed producers can contribute to end-to-end traceability and compliance.
4. Climate-smart production, drying, storage, biological control and rapid testing can prevent contamination.
5. Green financing and food-systems research can support resilient storage, surveillance and market incentives.

THREATS

1. Drought, heat, flooding and poor storage conditions increase pre-harvest and post-harvest contamination risks.
2. Informal trade and weakly regulated markets can bypass sampling, traceability and recall controls.
3. Food insecurity and economic losses may encourage underreporting and resistance to product recall or destruction.
4. Unverified public information can trigger distrust, panic and disruption beyond affected products or areas.
5. Human and animal health effects and rejected products can damage livelihoods, trade and institutional credibility.

A.5 Antimicrobial Resistance

STRENGTHS

1. The national AMR coordination mechanism and multisectoral National Action Plan provide a foundation for national leadership.
2. The integrated AMR surveillance framework covers human health, animal health, agriculture and environmental sectors.
3. Trained personnel, culture and antimicrobial-susceptibility testing capacity and sentinel surveillance sites provide a technical base.
4. Infection prevention and control, antimicrobial stewardship and medicines-regulatory structures provide implementation platforms.
5. Universities, ZNPHI and international partners support research, evidence generation and capacity development.

WEAKNESSES

1. Surveillance coverage is uneven, and human, animal, food and environmental datasets remain fragmented.
2. Laboratory testing panels, standards, information systems and genomic capacity are not routinely harmonised.
3. Prevention of multidrug-resistant organisms and surveillance of healthcare-associated infections remain weak, while infection prevention and control performance varies across locations.
4. Antimicrobial stewardship and enforcement of prescription requirements are inconsistent across human and animal health sectors.
5. Implementation remains dependent on external support, with limited domestic financing and uneven performance accountability.

OPPORTUNITIES

1. National action-planning cycles and global AMR commitments provide an opportunity to align priorities, financing and accountability.
2. GLASS, WHONET, genomic technologies and wastewater surveillance can strengthen integrated detection.
3. WHO, FAO, Africa CDC and cooperating partners can support laboratories, stewardship and workforce development.
4. Hospitals, pharmacies, veterinary services, producers and other private-sector actors can strengthen stewardship and antimicrobial-use reporting.
5. Universities and research networks can connect resistance, residue, antimicrobial-use and health-outcome data across sectors.

THREATS

1. Informal access, self-medication and routine preventive use of antimicrobials in production systems sustain selection pressure.
2. Resistant neonatal and healthcare-associated infections increase deaths, length of hospital stay and treatment costs.
3. Pharmaceutical, agricultural and wastewater pollution spreads antimicrobial residues and resistant organisms.
4. Regional movement and emerging resistance mechanisms may outpace surveillance and laboratory detection.
5. Reduced partner support, costly diagnostics and fragile supply chains may limit surveillance coverage and effective treatment.

The strategic implications arising from this analysis are translated through the TOWS analysis in Annex B and reflected in the Plan's outcomes, strategic objectives and activities.

B Consolidated TOWS Analysis

B.1 Purpose and Approach

The TOWS analysis translated the findings of the consolidated SWOT analysis into strategic options for the National One Health Strategic Plan 2027-2031. It examined how Zambia can use existing strengths to take advantage of emerging opportunities, use strengths to manage external threats, address institutional weaknesses through available opportunities, and reduce weaknesses that could increase vulnerability to external threats.

The options below informed the formulation of the strategic outcomes, objectives and activities in the results framework. They represent consolidated strategic directions rather than separate projects, rankings or institutional mandates.

FIGURE B.1 TOWS strategic options framework

	STRENGTHS	WEAKNESSES
OPPORTUNITIES	**SO** Use strengths to maximise opportunities	**WO** Use opportunities to address weaknesses
THREATS	**ST** Use strengths to minimise threats	**WT** Reduce weaknesses and avoid or mitigate threats

B.7 Use of the TOWS Findings

The consolidated options provide the strategic bridge between the situation analysis and the results framework. Implementation is coordinated through the five thematic subcommittees of the National One Health Technical Working Group. The ZNPHI One Health Unit oversees implementation, provides strategic coordination and serves as the Secretariat, while participating institutions implement agreed actions within their respective mandates.

B.2 Climate and Health

	STRENGTHS	WEAKNESSES
OPPORTUNITIES	**SO** *Use strengths to maximise opportunities* 1. Use existing One Health, disaster-management and community structures to institutionalise climate-informed surveillance, early warning and anticipatory action. 2. Integrate climate and health priorities into national health-security, One Health, adaptation, disaster-risk-management and sector planning and financing mechanisms. 3. Mobilise multisectoral expertise, climate information and community networks to promote climate-resilient health, water, food, livestock and ecosystem interventions.	**WO** *Use opportunities to address weaknesses* 1. Leverage advances in forecasting, remote sensing and modelling to establish integrated climate-health information systems, thresholds and triggers for action. 2. Use climate, adaptation and disaster-risk financing to strengthen environmental monitoring, water-quality testing, laboratory services and field investigation capacity. 3. Institutionalise joint planning, simulation exercises and a common climate-health monitoring and evaluation framework across sectors and administrative levels.
THREATS	**ST** *Use strengths to minimise threats* 1. Use forecasting, surveillance and emergency-management capacities to anticipate and manage compound risks associated with droughts, floods, heat, disease outbreaks and food insecurity. 2. Conduct joint risk assessments and contingency planning for populations, livelihoods and ecosystems most vulnerable to climate-related health threats. 3. Strengthen coordinated risk communication and community engagement to support timely protective action during climate-related emergencies.	**WT** *Reduce weaknesses and avoid or mitigate threats* 1. Establish standard procedures and predictable financing arrangements for maintaining essential health, water, food and animal-health services during climate-related emergencies. 2. Strengthen subnational preparedness and continuity planning for recurrent and overlapping climate and health emergencies. 3. Routinely review climate-health risks, early-warning thresholds and response performance to ensure that systems adapt to changing hazards and vulnerabilities.

B.3 Chemicals, Radiation and Environmental Safety

	STRENGTHS	WEAKNESSES
OPPORTUNITIES	**SO** *Use strengths to maximise opportunities* 1. Use existing legislation, regulatory mandates and One Health coordination structures to strengthen the prevention, detection and management of chemical, radiation and environmental health risks. 2. Establish coordinated networks of regulatory institutions, laboratories, universities and technical agencies for risk assessment, exposure monitoring and evidence generation. 3. Use increased political and public attention to environmental incidents to strengthen reporting, compliance, accountability and protective action.	**WO** *Use opportunities to address weaknesses* 1. Develop and implement a national multisectoral protocol for the notification, investigation, response, recovery and follow-up of chemical, radiation and environmental events. 2. Mobilise government, academic, partner and private-sector support to strengthen specialised laboratory capacity and long-term environmental and human-exposure monitoring. 3. Establish routine mechanisms for information sharing, joint analysis, enforcement follow-up and communication among responsible institutions.
THREATS	**ST** *Use strengths to minimise threats* 1. Activate coordinated incident-management arrangements for chemical, radiation and environmental emergencies that clearly define leadership, technical responsibilities and decision-making procedures. 2. Apply existing legal and regulatory powers to prevent contamination, protect food and water systems and enforce environmental responsibility. 3. Use authoritative scientific evidence and coordinated risk communication to address misinformation, protect public confidence and support timely protective action.	**WT** *Reduce weaknesses and avoid or mitigate threats* 1. Strengthen mandatory notification and rapid joint assessment mechanisms to prevent localised incidents from developing into wider public-health, food-chain and environmental emergencies. 2. Protect the independence, transparency and timely disclosure of technical findings during incidents involving significant political, commercial or public interest. 3. Establish contingency arrangements to address prolonged contamination, livelihood disruption, food insecurity and other long-term consequences of major environmental events.

B.4 Zoonotic Diseases

	STRENGTHS	WEAKNESSES
OPPORTUNITIES	**SO** *Use strengths to maximise opportunities* 1. Use national and subnational One Health structures, laboratory systems and previous zoonotic disease prioritisation to institutionalise integrated surveillance, prevention and response. 2. Expand digital, community and event-based surveillance to accelerate the detection, notification and joint analysis of zoonotic threats. 3. Use international standards, regional mechanisms and partner support to strengthen laboratory systems, preventive vaccination, joint risk assessment and cross-border preparedness.	**WO** *Use opportunities to address weaknesses* 1. Establish interoperable human, animal, wildlife and environmental surveillance systems that support routine information sharing and joint decision-making. 2. Strengthen specimen referral, environmental investigation, laboratory capacity and the availability of essential supplies for priority zoonotic diseases. 3. Mobilise predictable financing for preventive vaccination, environmental risk reduction, simulation exercises and cross-border collaboration.
THREATS	**ST** *Use strengths to minimise threats* 1. Use surveillance, risk assessment and outbreak experience to guide seasonal preparedness, targeted vaccination, movement controls and other preventive measures in high-risk areas. 2. Strengthen coordinated management of zoonotic events, including joint investigation, environmental assessment, carcass management, infection prevention and risk communication. 3. Use community networks and trusted local structures to address unsafe practices, misinformation and resistance to disease-control measures.	**WT** *Reduce weaknesses and avoid or mitigate threats* 1. Establish minimum functionality standards for provincial and district One Health structures and regularly assess their preparedness for zoonotic events. 2. Develop contingency arrangements for vaccines, diagnostics, specimen transport and other essential outbreak-response requirements before high-risk periods. 3. Institutionalise cross-border coordination, after-action reviews and joint learning to address recurrent outbreaks and differences in response priorities.

B.5 Food Safety

	STRENGTHS	WEAKNESSES
OPPORTUNITIES	**SO** *Use strengths to maximise opportunities* 1. Use the Food Safety Act, existing regulatory institutions and laboratory capacity to operationalise coordinated national food-safety governance. 2. Use INFOSAN, Codex and international technical partnerships to strengthen food-safety standards, testing, information sharing and emergency response. 3. Engage producers, processors, retailers, schools and other food-system actors in strengthening prevention, traceability and compliance throughout the food chain.	**WO** *Use opportunities to address weaknesses* 1. Fully operationalise the national food-safety policy, statutory coordinating arrangements and associated technical mechanisms. 2. Standardise sampling, testing, result interpretation and information-sharing procedures across food-control institutions and laboratories. 3. Establish integrated food-safety surveillance, response, traceability and event-management systems supported by trained personnel, simulation exercises and accessible emergency resources.
THREATS	**ST** *Use strengths to minimise threats* 1. Use existing inspection, surveillance and emergency structures to detect and control food-safety hazards before they result in widespread illness, trade disruption or livelihood losses. 2. Strengthen coordinated recall, traceback and risk-communication procedures to manage food-safety events and protect public confidence. 3. Apply climate-smart production, drying, storage and testing approaches to reduce contamination associated with drought, flooding, heat and poor storage conditions.	**WT** *Reduce weaknesses and avoid or mitigate threats* 1. Strengthen risk-based regulation and surveillance of informal and weakly regulated markets while recognising food-security and livelihood considerations. 2. Establish contingency procedures for product withdrawal, recall, destruction and public communication during significant food-safety emergencies. 3. Strengthen enforcement capacity and transparent communication to reduce underreporting, misinformation and resistance to food-control measures.

B.6 Antimicrobial Resistance

	STRENGTHS	WEAKNESSES
OPPORTUNITIES	**SO** *Use strengths to maximise opportunities* 1. Use the national AMR coordination mechanism, National Action Plan and integrated surveillance framework to align multisectoral action, financing and accountability. 2. Build on existing laboratories, sentinel sites, trained personnel and research institutions to expand integrated AMR and antimicrobial-use surveillance. 3. Engage hospitals, pharmacies, veterinary services, producers, universities and private-sector actors in antimicrobial stewardship, infection prevention and evidence generation.	**WO** *Use opportunities to address weaknesses* 1. Harmonise laboratory standards, testing panels, information systems and reporting through platforms such as GLASS, WHONET, genomic surveillance and wastewater surveillance. 2. Mobilise domestic and partner resources to expand surveillance coverage, laboratory capacity, stewardship programmes and workforce development. 3. Establish measurable performance and accountability mechanisms for infection prevention, antimicrobial stewardship and AMR surveillance across sectors.
THREATS	**ST** *Use strengths to minimise threats* 1. Strengthen antimicrobial stewardship, infection prevention and control and enforcement of prescription requirements across human and animal health systems. 2. Use laboratory and surveillance networks to detect emerging resistance mechanisms, healthcare-associated infections and cross-border AMR threats. 3. Strengthen the monitoring and control of antimicrobial residues and resistant organisms in pharmaceutical, agricultural, food and wastewater systems.	**WT** *Reduce weaknesses and avoid or mitigate threats* 1. Strengthen the resilience of diagnostic, medicine and laboratory supply chains to maintain surveillance and effective treatment during financial or operational disruptions. 2. Reduce inappropriate antimicrobial access, self-medication and routine preventive use in production systems through coordinated regulation, enforcement and public engagement. 3. Prioritise sustainable domestic financing and institutional ownership to reduce dependence on short-term external support.

C

Consolidated Results and M&E Framework

One Health Strategic Plan (OHSP) 2027–2031: Consolidated Results and Monitoring and Evaluation Framework.

THEMATIC AREAS

1	Zoonotic Diseases	42
2	Antimicrobial Resistance (AMR)	49
3	Food Safety	50
4	Chemicals	57
5	Climate and Health	65

READING THE FRAMEWORK

THEMATIC AREA	Opens each of the five thematic areas
Strategic area	Groups related results within a thematic area
Outcome	The condition Zambia intends to achieve by 2031
Strategic Objective	The principal programme commitment that delivers the outcome
Activity	Agreed activities with indicators and annual targets
Highlighted cell	To be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
THEMATIC AREA 1: ZOONOTIC DISEASES									
OUTCOME	**By 2031, Zambia operates an integrated PHSIMS-enabled One Health surveillance and laboratory network that accelerates early detection, confirmation, and reporting of priority zoonotic threats.**	% of priority zoonotic disease outbreaks managed using the standardized multisectoral protocols and technical guidelines and coordinated risk communication	TBD	50%	60%	70%	80%	90%	PHISMS event log; laboratory confirmation records FREQUENCY TBD
STRATEGIC OBJECTIVE	**To fully operationalise an integrated multisectoral surveillance and laboratory network for priority zoonotic threats, anchored on PHSIMS.**	% of the cross-sector networks directly linked to PHSIMS	2	—	4	6	8	10	PHSIMS System Agreements, PHSIMS System Portal, SOP's. ANNUAL
ACTIVITY **2.1**	Connect the PHSIMS to all the OH sectors at all levels	Number of OH sectors connected	2	4	6	8	10	10	PHSIMS System Agreements, PHSIMS System Portal, SOP's. ANNUAL
ACTIVITY **2.2**	Review and complete the development of SOPs for the implementation of the PHSIMS network. (Establish and operationalize joint data-sharing and case-notification protocols between health, veterinary, and wildlife/environment authorities).	Number of SOPs approved	3	5	7	9	10	10	SOPs reviewed ANNUAL
ACTIVITY **2.3**	Train and equip staff on the use of the PHSIMS at all OH levels.	Number of staff trained and equipped at all levels	166	266	366	466	566	666	Training Reports, Attendance Registers ANNUAL
ACTIVITY **2.4**	Harmonise and accredit laboratory diagnostic protocols and reporting standards for priority zoonoses.	Number of reporting standards and diagnostic protocols harmonized and accredited	2	4	6	7	9	10	Protocols accredited ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **2.5**	Develop a research framework for the uptake of PHSIMS data and integration of the research outputs.	Research framework developed for the uptake of PHSIMS data.	0	—	Yes	—	—	—	Approved Research Framework Developed ONCE / AS UPDATED
ACTIVITY **2.6**	Develop a framework for institutionalizing and operationalizing research and international/regional partnerships (WHO, FAO, WOAH, Africa CDC, SADC, AU-IBAR) supporting research, surveillance and laboratory systems.	Framework Developed	0	—	Yes	—	—	—	Approved Framework ANNUAL
ACTIVITY **2.7**	Undertake resource mobilization meeting engagements for sustained domestic financing for surveillance, research and laboratory system operation and maintenance.	Number of resource mobilisation engagements done	0	2	4	6	8	10	Domestic Financing Mechanisms ANNUAL
OUTCOME	**Implement standardized multisectoral outbreak preparedness protocols that will facilitate joint investigation, carcass management, environmental assessment, and coordinated risk communication for priority zoonotic diseases.**	Number of outbreak multisectoral outbreak preparedness, responses and risk communication events that use standardised protocols	0	2	4	6	8	10	FREQUENCY TBD
STRATEGIC OBJECTIVE	**Institutionalize multisectoral outbreak preparedness, response and risk communication protocols and technical guidelines for use during zoonotic events.**	% of outbreak preparedness, response and risk communication for zoonotic events implemented in a multisectoral manner in line with prescribed guidelines	0	2	4	6	8	8	FREQUENCY TBD
ACTIVITY **3.1**	Conduct a review of the priority List of Zoonotic Diseases	Presence of the list of reviewed Priority zoonotic Diseases	1	Yes	—	—	—	—	Reviewed List of Priority zoonotic diseases ONCE / AS UPDATED

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **3.2**	Review protocols for joint risk assessments.	Exsitance of updated joint risk assessments protocols	2	4	6	8	10	10	Joint Risk Assessment Reports **BI-ANNUAL**
ACTIVITY **3.3**	Harmonise data collection tools for zoonotic events.	Number of data collection tools harmonised	0	2	4	6	8	10	Joint Data Collection Tools **BI-ANNUAL**
ACTIVITY **3.4**	Review operational protocols and standard operating procedures SOPs	Existence of SOPs and operational protocols reviewed	2	4	6	8			SOPs and Operational Protocols Reviewed **ANNUAL**
ACTIVITY **3.5**	Develop and standardise biosafety guidelines for safe carcass handling, decontamination and disposal.	Number of biosafety guidelines developed and standardised	1	2					Bio saftey guidelines developed **BI-ANNUAL**
ACTIVITY **3.6**	Integrate environmental impact and risk assessments in the joint investigations.	Percentatge (%) of environmnetal impact and risk assessment integrated	0	Yes					Environmental imppact and risk assessmenr integrated in joint investigation protocols **BI-ANNUAL**
ACTIVITY **3.7**	Develop unified messaging frameworks for risk communication.	Number of messaging frameworks developed	0	Yes					Frameworks developed **BI-ANNUAL**
ACTIVITY **3.8**	Designate and train risk communication staff to deliver synchronised public messaging.	Number of risk communication staff designated and trained	0	20	40	80	120	160	Training reports, training database **BI-ANNUAL**
ACTIVITY **3.9**	Implement community led engagement strategies.	Number of community led engagements strategies implemented	0	1	2	3	4	5	Annul reports, meeting minutes **BI-ANNUAL**

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **3.10**	Pre-position rapid-response kits and resources (PPE, carcass-disposal materials, sampling kits) at priority sites.	Number of RRT kits prepositioned	0	Yes					RRT kits prepositioned in all high risk districts **BI-ANNUAL**
OUTCOME	**Leverage existing emergency-procedure frameworks and One Health structures at all levels to enforce movement restrictions on animals, meat and meat products, curbing informal trade-driven spread within Zambia and across borders.**	% reduction in documented cross-border/domestic movement-related zoonotic disease transmission incidents, from the 2027 baseline							**FREQUENCY TBD**
STRATEGIC OBJECTIVE	**To operationalize multisectoral joint enforcement protocols for animal, meat and meat product movement-control mechanisms locally and at cross border points, to curb the spread of priority zoonotic diseases.**	Number of priority locations and facilities with a functioning joint enforcement checkpoint	2	4	6	8	10	12	Facilities, Locations with joint functional checkpoints **ANNUAL**
ACTIVITY **4.1**	Review and align regulatory frameworks for animal, meat and meat product movement restriction and enforcement to existing laws.	Number of regulatory frameworks reviewed and aligned	0	Yes					Regulatory frameworks reviewed and aligned **ANNUAL**
ACTIVITY **4.2**	Conduct joint inspections at checkpoints, markets, facilities and border points.	Number of joint inspections conducted	0	4	8	12	16	20	Joint Inspections Conducted **QUARTERLY**
ACTIVITY **4.3**	Train and equip border and frontline staff on emergency movement-control procedures.	Number of border and frontline staff trained and equipped	0	4	8	12	16	20	Training Reports, Attendance Registers **ANNUAL**

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **4.4**	Conduct community engagement and awareness activities addressing the risks of informal animal/meat/meat products trade and some cultural practices.	Number of community engagements conducted	4	8	16	24	32	40	Community Engagement Reports, Attendance Registers **BI-ANNUAL**
ACTIVITY **4.5**	Develop cross-border information-sharing protocols with neighbouring countries.	Number of protocols developed	0	Yes					Approved Protocols **ANNUAL**
OUTCOME	**Establish predictable domestic financing mechanisms and timely vaccine procurement for risk-based preventive vaccination and environmental risk reduction.**	% of the annual risk-based vaccination and environmental risk-reduction plan delivered on schedule using domestic financing							**FREQUENCY TBD**
STRATEGIC OBJECTIVE	**To institutionalise sustainable domestic financing frameworks that secure dedicated funding that accelerate vaccine procurement and support environmental management intervention to lower zoonotic disease transmission.**	% of the approved annual vaccine-procurement and environmental-management budget disbursed as planned							**FREQUENCY TBD**
ACTIVITY **5.1**	Operationalise the National One Health Fund.	OH Fund activated	0		Yes	—	—	—	One Health fund operationalised **ONCE / AS UPDATED**
ACTIVITY **5.2**	Implement risk-based procurement of vaccines for priority zoonotic diseases.	Number of procurements conducted	0	2	4	6	8	10	Goods Received Note, Delivery notes **BI-ANNUAL**
ACTIVITY **5.3**	Conduct annual risk-based vaccination campaigns in high risk areas.	Number of campigns conducted	4	6	8	10	12	14	Vaccination campaigns reports **BI-ANNUAL**

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **5.4**	Establish cold-chain facilities at sub-national levels.	Number of cold-chain facilities established	1	3	5	7	9	10	Cold chain facilities established ANNUAL
ACTIVITY **5.5**	Conduct environmental vector control activities.	Number of activities conducted	0	1	2	3	4	5	Vector Control conducted ANNUAL
ACTIVITY **5.6**	Conduct safe disposal and biocontainment procedures.	Number of trainings conducted	4	8	12	16	20	24	After Activity Report (AAR) ONCE / AS UPDATED
ACTIVITY **5.7**	Conduct community awareness programmes.	Numbers of programs conducted	4	8	12	16	20	24	Community Awareness programs conducted, AAR BI-ANNUAL
ACTIVITY **5.8**	Conduct post vaccination monitoring and evaluation activities.	Number of M&E activities conducted	0	3	6	9	12	15	Post Vaccination M&E Reports BI-ANNUAL
OUTCOME	**Deploy rapid-response teams and laboratory capabilities to perform targeted sampling and early intervention in environments prone to zoonotic disease outbreaks and climate extremes.**	Median time from signal detection to rapid-response team deployment in mapped high-risk areas							FREQUENCY TBD
STRATEGIC OBJECTIVE	**To maintain deployable multi-sectoral rapid-response teams and diagnostic systems that proactively support sampling, detection and interventions to zoonotic threats.**	Number of provinces with a deployable, trained and equipped multisectoral rapid-response team and diagnostic system							FREQUENCY TBD
ACTIVITY **6.1**	Conduct rostering (operation timetable) of the Rapid Response Teams (RRT) at all administrative levels.	Number of roosters conducted	0	1	2	3	4	5	Rostering conducted ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.1 · ZOONOTIC DISEASES

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY 6.2	Review of rapid deployment protocols and drills.	Number of protocols and drills reviewed	1	1	1	1	1	1	Protocol and Drills Reports, Registers ANNUAL
ACTIVITY 6.3	Train RRTs.	Number of RRTs trained	2	4	6	8	10	12	RRT Training Reports, Registers ANNUAL
ACTIVITY 6.4	Conduct routine simulation exercises	Number of simulation exercises conducted	2	4	6	8	10	12	Number of simulation exercises conducted, Reports and registers ANNUAL
ACTIVITY 6.5	Conduct joint outbreak investigation trainings.	Number of trainings conducted	2	4	6	8	10	12	Number of trainings conducted, Reports and registers ANNUAL
ACTIVITY 6.6	Deploy diagnostic kits at subnational levels.	Number of diagnostic kits deployed	1	10	20	30	40	50	Deployment reports and registers ANNUAL
ACTIVITY 6.7	Procure mobile laboratory diagnostic equipment.	Number of equipment procureed	2	6	10	14	20	24	Procurement report and registers ANNUAL
ACTIVITY 6.8	Link field sampling network directly to the PHSIMS.	Sampling network linked to PHSIMS	0	Yes					Sampling networks linked to PHSIMS ANNUAL
ACTIVITY 6.9	Review the specimen referral and transportation system.	Specimen referral and Transportation system reviewed	1	2	3	4	5	6	Reviewed Specimen Referral na Transport System ANNUAL
ACTIVITY 6.10	Develop and implement risk communication SOPs for RRTs.	Number of SOPs developed and implemented	0	Yes					Developed and implemented SOPs BI-ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

THEMATIC AREA 2: ANTIMICROBIAL RESISTANCE (AMR)

REFER TO NAP-AMR

Antimicrobial resistance is monitored through the Zambia National Action Plan for Antimicrobial Resistance (NAP-AMR).

This Plan does not set a separate results and M&E framework for antimicrobial resistance. Readers should refer to the NAP-AMR for AMR outcomes, indicators, baselines and targets.

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
THEMATIC AREA 3: FOOD SAFETY									
Strategic Area 1: OPT 01-Develop and implement the food safety policy to operationalize the food safety act of 2019 to enhance coordination, implementation and enforcement of food safety regulations.									
OUTCOME	**By 2031, all sectors are well coordinated and the Food Safety policy implemented.**	Food Safety Coordination Committee operationalised, Food safety policy launched.	0	20%	40%	60%	80%	100%	National food safety annual reports; NFSC performance reports ANNUAL
STRATEGIC OBJECTIVE	**Finalise and operationalise the food safety policy**	Food safety policy finalised and implemented by 2031 and NFCS functional against agreed governance and coordination criteria	50%	20%	20%	10%	—	100%	Approved policy/Annual reports/ Food safety coordinating commitee meeting minutes ANNUAL
ACTIVITY **1.1**	Finalise and disseminate the food safety policy	National food safety policy and implementation plan approved and disseminated	50%	20%	20%	10%	—	100%	Approved policy and implementation plan QUARTERLY
ACTIVITY **1.2**	Operationalize the Food safety coordinating committee (FSCC)	Percentage of scheduled FSCC meetings conducted with documented minutes and action points.	0	4	8	12	16	20	Signed meeting minutes and attendance records QUARTERLY
ACTIVITY **1.3**	Review, finalise and operationalise food safety regulations	% of food safety regulations reviewed, finalised and operationalised	60%	20%	10%	10%	—	100%	Updated regulations ANNUAL
ACTIVITY **1.4**	Develop multisectoral National Food Safety Enforcement Manual	Manual developed and approved	40%	60%	—	—	—	100%	Approved manual ONCE / AS UPDATED

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **1.5**	Conduct a comprehensive assessment of the national food control system and develop an improvement action plan.	National food control system assessment completed and improvement action plan developed.	0	20%	40%	60%	80%	100%	Improvement action plan/Needs assessment report ANNUAL
Strategic Area 2: OPT 06 - Leverage multi-sectoral workforce to strengthen preparedness for climate related food safety risks and promote climate smart practices to reduce food contamination.									
OUTCOME	**By 2031, Climate-related food safety risks are anticipated, prevented and managed through a prepared multisectoral workforce.**	% of climate-related food safety alerts or events for which coordinated preventive or response measures are initiated.	0	40%	55%	70%	80%	90%	Food safety surveillance reports; emergency response reports; after-action reviews ANNUAL
STRATEGIC OBJECTIVE	**Strengthen multisectoral capacity to assess, monitor and respond to climate-related food safety risks and promote adoption of climate-smart food safety practices.**	% of trained multisectoral teams and operational climate-related food safety preparedness plans	0	20%	40%	60%	80%	100%	Training records; preparedness plans; provincial and district reports ANNUAL
ACTIVITY **2.0**	Develop and update a national climate-related food safety risk profile, including priority hazards, vulnerable value chains and geographic hotspots.	National climate-related food safety risk profile completed and updated	No	Yes	—	—	—	—	Risk profile Report BI-ANNUAL
ACTIVITY **2.1**	Develop and implement a competency-based food safety training package for multisectoral in-service personnel.	Food Safety training package developed.	No	Yes	—	—	—	—	Training Package ONCE / AS UPDATED
ACTIVITY **2.2**	Conduct competency-based food safety training for multisectoral in-service personnel.	Number of competency-based food safety training conducted	0	2	4	6	8	10	Training report BI-ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **2.3**	Develop multisectoral Food Safety preparedness and emergency response plan.	Multisectoral Food Safety Preparedness and Emergency Response Plan developed, approved and operationalised.	No	Yes	—	—	—	—	Food Safety emergency response plan. ANNUAL
ACTIVITY **2.4**	Develop Food Safety risk communication plan.	Food Safety risk communication plan developed, approved and operationalised.	No	Yes	—	—	—	—	Food safety risk communication plan ANNUAL
ACTIVITY **2.5**	Train multisectoral personnel in Food Safety emergency response.	Number of mutli-sectoral personnel training sessions in emmergency preparedness, surveillance and response conducted.	0	0	4	8	12	16	Training reports; competency assessment records; Feedback survey reports ANNUAL
ACTIVITY **2.6**	Train multisectoral personnel on climate-related food safety risk assessment	Number of trainings conducted on climate-related food safety risk assessment	0	0	4	8	12	16	Training reports BI-ANNUAL
ACTIVITY **2.7**	Integrate climate, weather and environmental risk indicators into food safety surveillance, early warning and risk communication systems.	Number of indicators developed for food safety surveillance, early warning and risk communication systems.	0	0	4	8	12	16	The integrated system(PHSIMS) Surveillance protocols; dashboards; early warning bulletins QUARTERLY
ACTIVITY **2.8**	Develop multisectoral preparedness and response plans for climate-related food safety hazards and emergencies.	% multisectorial preparedness and response plans developed for climate-related food safety hazards and emergencies.	0	30%	60%	80%	90%	100%	Approved plans ANNUAL
ACTIVITY **2.9**	Conduct simulation exercises for climate-related food safety hazards and emergencies.	Number of simulation exercises conducted.	0	2	4	6	8	10	Approved plans; simulation exercise reports; ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **2.10**	Promote climate-smart food safety practices across the food value chain.	% of targeted food value chain actors who have adopted atleast two climate-smart food safety practices	10%[1]	20%	35%	50%	65%	85%	Baseline and follow-up food value-chain actor surveys ANNUAL
Strategic Area 3: OPT 07 - Strengthen inspection, surveillance, enforcement capacity, emergency finance to improve oversight, traceability and compliance in informal food markets.									
OUTCOME	**By 2031, informal food markets are compliant and Food safety risks are mitigated through strengthened inspection, surveillance, traceability, enforcement and emergency response.**	% of compliant informal food markets	0	35%	45%	55%	65%	75%	Inspection and surveillance reports; compliance registers ANNUAL
STRATEGIC OBJECTIVE	**Operationalise and sustain a coordinated food control system for informal food markets.**	% of priority informal food markets covered by routine risk-based inspection, surveillance and compliance follow-up	0	30%	50%	70%	85%	95%	Local authority and regulatory inspection systems; surveillance reports ANNUAL
ACTIVITY **3.1**	Map, risk-profile and progressively register informal food markets and food vendors.	% of targeted informal food markets and vendors mapped, risk-profiled and registered	TBD[2]	20%	40%	60%	80%	90%	Market and vendor registers; risk profiling reports ANNUAL
ACTIVITY **3.2**	Develop risk-based inspection standard operating procedures and checklists for informal food markets.	Risk-based inspection SOPs and checklists Developed.	No	—	Yes	—	—	—	Approved SOPs and inspection Check-lists ANNUAL

[1] Approximation based on available evidence on adoption of climate-smart practices; national baseline to be established.

[2] Through mapping exercise.

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **3.3**	Develop food safety information sharing platform or dashboard to facilitate quick information sharing among food safety agencies	Food safety information sharing platform developed and implemented	No	Yes	Yes				Fully operational food safety information sharing platform **ANNUAL**
ACTIVITY **3.4**	Develop Food Safety module for FETP program	Food Safety module for FETP program Developed	No	Yes	—	—	—	—	FETP Food Safety Module **ANNUAL**
ACTIVITY **3.5**	Conduct joint inspections, food safety surveillance, sampling and compliance follow-up in informal food markets.	Number of joint risk-based inspections and surveillance activities completed annually	0	4	8	12	16	20	Inspection plans and reports; laboratory results; compliance action trackers **QUARTERLY**
Strategic Area 4: OPT 02 - Leverage the lab network and partnerships to harmonize and standardize food safety hazard sampling and testing, strengthen quality assurance and support evidence based food safety decisions.									
OUTCOME	**By 2031, harmonized and standardized food safety hazard sampling and testing systems are established.**	Food safety hazard sampling and testing system established.	Partially established [1]	50%	60%	70%	80%	90%	Laboratory information systems; QA reports; regulatory decision records **ANNUAL**
STRATEGIC OBJECTIVE	**Harmonise hazard sampling and testing methods, quality assurance systems in the One Health laboratory network.**	% of designated One Health laboratories meeting agreed network quality assurance and reporting standards	TBD	30%	45%	60%	75%	85%	Laboratory network assessments; EQA reports; accreditation records **ANNUAL**
ACTIVITY **4.1**	Assess and map the national One Health laboratory network.	One Health laboratory network mapping and assessment conducted	0	Completed	—	Reviewed	Updated	Maintained	Laboratory network assessment and referral directory **ONCE / AS UPDATED**

[1] Baseline to be established through national assessment in 2027.

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **4.2**	Develop and harmonise food sampling, testing methods and sample handling procedures for food safety hazards.	% of food safety hazards with harmonised sampling and testing protocols	0	30%	50%	70%	85%	100%	Approved sampling plans, methods and SOPs ANNUAL
ACTIVITY **4.3**	Conduct external quality assessment or proficiency testing in the One Health Laboratory Network.	% of designated laboratories participating satisfactorily in relevant EQA or proficiency testing schemes	TBD	40%	55%	70%	80%	90%	EQA/proficiency testing reports; audit and accreditation records ANNUAL
ACTIVITY **4.4**	Conduct a multisectoral risk assessment to identify and establish a national priority list of food-safety hazards.	National priority food-safety hazards list developed, validated and approved.	No	Yes	—	—	—	—	Priority list of food-safety hazards ANNUAL
ACTIVITY **4.5**	Expand diagnostic and analytical capacity of designated laboratories for food safety hazards.	% of priority food-safety hazards for which designated laboratories have the required diagnostic and analytical capacity.	TBD[1]	40%	55%	70%	85%	95%	Laboratory service catalogues; test records; equipment and training reports ANNUAL
ACTIVITY **4.6**	Conduct multisectoral Food Safety Laboratory data review meetings.	Number of multisectoral food safety laboratory data review and decision meetings conducted annually	0	4	8	12	16	20	Meeting reports; laboratory dashboards; regulatory action records QUARTERLY
ACTIVITY **4.7**	Strengthen national INFOSAN coordination mechanism through formal designation of sectoral focal points, with agreed procedures for information exchange and linkage to the National IHR Focal Point.	National INFOSAN coordination mechanism established and operational.	No	Yes	—	—	—	—	Designation records; approved ToR/SOPs; INFOSAN records QUARTERLY

[1] Through laboratory capacity assessment.

TABLE C.2 · FOOD SAFETY

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
Strategic Area 5: OPT 03 - Leverage multi-sectoral food safety workforce and engage all food actors to build farm to fork traceability, compliance and surveillance.									
OUTCOME	**By 2031, Food safety risks are better controlled across priority value chains through improved farm-to-fork traceability, surveillance and compliance by food actors.**	% of priority food safety incidents in selected value chains successfully traced to source within the agreed timeframe	0	30%	45%	60%	75%	85%	Traceability systems; incident investigation and recall reports ANNUAL
STRATEGIC OBJECTIVE	**Establish integrated farm-to-fork traceability, compliance and surveillance systems for priority food value chains, supported by a competent multisectoral workforce.**	% of priority food value chains with functioning traceability, compliance and surveillance systems	0	20%	40%	60%	80%	100%	Value-chain surveillance reports; traceability system reports; compliance audits ANNUAL
ACTIVITY **5.1**	Conduct a mapping of food actors, critical control points, information flows and traceability gaps from farm-to-fork.	% of priority food value chains mapped.	0	20%	40%	60%	80%	90%	Validated value-chain maps and traceability gap assessment reports /profiles, stakeholder validation workshop reports ONCE / AS UPDATED
ACTIVITY **5.2**	Develop food safety farm-to-fork traceability requirements and guidelines for priority food value chains.	% of priority food value chains with traceability requirements and guidelines developed.	0	20%	40%	60%	80%	90%	Approved traceability standards and guidelines, recall/withdrawal protocols ANNUAL
ACTIVITY **5.3**	Develop a farm-to-fork traceability and incident reporting system	Farm-to-fork traceability and incident reporting system developed	No	Yes	—	—	—	—	Reporting system ANNUAL
ACTIVITY **5.4**	Implement the farm-to-fork traceability and incident reporting system	Farm-to-fork traceability and incident reporting system implemented	No	Yes	—	—	—	—	Traceability systems reports BI-ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
THEMATIC AREA 4: CHEMICALS									
Result Area 1: Integrated chemical-event surveillance, notification and early warning									
OUTCOME	**By 2031, priority chemical hazards and events are detected, notified, jointly assessed and acted upon earlier across human, animal and environmental health sectors.**	% of priority chemical-event alerts jointly verified and risk-assessed within the agreed timeframe	TBD	50%	60%	70%	80%	90%	PHSIMS/event logs; joint risk-assessment reports QUARTERLY / ANNUAL
STRATEGIC OBJECTIVE	**Operationalise an integrated multisectoral chemical-event surveillance and early-warning system linked to PHSIMS and relevant sector platforms.**	% of participating sectors routinely reporting agreed chemical-event indicators through PHSIMS or an interoperable mechanism	TBD	20%	40%	60%	80%	100%	PHSIMS/system reports; sector submissions QUARTERLY / ANNUAL
ACTIVITY 1.1	Map priority chemical hazards, exposure pathways, existing datasets, reporting flows and institutional mandates.	National chemical-hazard, exposure-pathway and surveillance-system mapping completed and endorsed	No	Yes	Updated as required	Maintained	Maintained	Maintained	Endorsed mapping report; TWG minutes ONCE / AS UPDATED
ACTIVITY 1.2	Define and validate priority chemical events, event definitions, alert thresholds and notification time standards.	Priority chemical-event definitions, thresholds and notification standards approved	No	Yes	Maintained	Maintained	Updated as required	Maintained	Approved technical guideline/SOP ONCE / AS UPDATED
ACTIVITY 1.3	Harmonise chemical-event data collection and reporting tools and configure them in PHSIMS or interoperable sector platforms.	Harmonised minimum chemical-event dataset and reporting tools configured and in use	No	Tool approved	Configured	In use	Maintained	Maintained	Approved tools; PHSIMS configuration records; user-acceptance test QUARTERLY UNTIL OPERATIONAL; ANNUAL THEREAFTER
ACTIVITY 1.4	Designate and orient chemical-event surveillance focal persons at national and subnational levels.	% of designated chemical-event focal-person positions filled by staff who have completed the approved orientation	TBD	40%	60%	80%	100%	100%	Designation letters; training/orientation records BI-ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **1.5**	Establish data-sharing agreements and interoperability arrangements among participating sectors.	% of participating sectors exchanging the agreed minimum chemical-event dataset under an approved data-sharing arrangement	TBD	20%	40%	60%	80%	100%	Signed agreements; system exchange logs BI-ANNUAL
ACTIVITY **1.6**	Conduct routine multisectoral analysis of chemical-event and exposure data and issue joint risk summaries.	Number of multisectoral chemical-risk analyses completed and disseminated annually	0	2	2	4	4	4	Analysis reports; dashboards; dissemination records QUARTERLY
ACTIVITY **1.7**	Test chemical-event alert and notification pathways through simulation exercises and after-action reviews.	Number of chemical-event notification exercises completed with an after-action report and improvement plan	0	1	1	1	1	1	Exercise reports; after-action reports; improvement plans ANNUAL
Result Area 2: Laboratory, environmental monitoring and exposure-assessment capacity									
OUTCOME	**By 2031, reliable laboratory and environmental evidence is available in time to confirm priority chemical events, characterise exposure and guide control measures.**	% of priority chemical-event investigations receiving decision-ready laboratory or environmental evidence within the agreed turnaround time	TBD	Baseline	50%	60%	70%	80%	Laboratory information systems; investigation records QUARTERLY / ANNUAL
STRATEGIC OBJECTIVE	**Strengthen a coordinated network for chemical testing, environmental monitoring, exposure assessment, quality assurance and timely result sharing.**	% of designated laboratories and monitoring sites meeting agreed quality, reporting and turnaround standards for priority chemicals	TBD	Baseline	40%	60%	80%	100%	Laboratory/site assessments; EQA/PT reports; reporting logs ANNUAL
ACTIVITY **2.1**	Map chemical analytical capacity, methods, equipment, referral pathways and environmental monitoring sites.	National chemical laboratory and environmental-monitoring capacity assessment completed and endorsed	No	Yes	Updated as required	Maintained	Updated as required	Maintained	Endorsed capacity-assessment report ONCE / BIENNIAL UPDATE

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **2.2**	Develop and implement harmonised sampling, chain-of-custody, testing, result-interpretation and referral protocols.	Harmonised chemical sampling, testing and referral protocols approved and implemented	No	Drafted	Approved	Implemented	Maintained	Updated as required	Approved protocols; implementation records **ONCE / AS UPDATED**
ACTIVITY **2.3**	Strengthen quality management, external quality assessment/proficiency testing and accreditation readiness for priority chemical analyses.	% of designated laboratories participating satisfactorily in applicable EQA/proficiency-testing schemes	TBD	Baseline	40%	60%	80%	100%	EQA/PT reports; quality-management records **ANNUAL**
ACTIVITY **2.4**	Establish sentinel environmental and exposure-monitoring arrangements for selected priority chemicals and high-risk settings.	% of designated sentinel monitoring sites submitting complete, quality-assured data according to schedule	0%	20%	40%	60%	80%	100%	Monitoring database; site submissions; QA records **QUARTERLY / ANNUAL**
ACTIVITY **2.5**	Strengthen sample referral, transport, chain-of-custody and electronic result-return mechanisms.	% of priority chemical samples meeting integrity, chain-of-custody and turnaround requirements	TBD	50%	60%	70%	80%	90%	Sample registers; rejection logs; chain-of-custody forms **QUARTERLY**
ACTIVITY **2.6**	Provide and maintain priority analytical equipment, reference materials, reagents and safety supplies using a costed network plan.	% of priority analytical equipment functional and available when required	TBD	70%	80%	85%	90%	95%	Equipment registers; maintenance logs; stock records **QUARTERLY**
ACTIVITY **2.7**	Link priority laboratory and environmental-monitoring results to PHSIMS or an interoperable chemical-event information mechanism.	% of designated laboratory and monitoring data streams routinely linked to the chemical-event surveillance mechanism	TBD	20%	40%	60%	80%	100%	Interface logs; system reports; data submissions **QUARTERLY**

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
Result Area 3: Joint preparedness, investigation and response to chemical incidents									
OUTCOME	**By 2031, chemical incidents are investigated and controlled rapidly through coordinated One Health and emergency-management action.**	% of priority chemical incidents jointly investigated and with initial control measures initiated within the agreed timeframe	TBD	50%	60%	70%	80%	90%	PHEOC/incident logs; joint investigation reports QUARTERLY / ANNUAL
STRATEGIC OBJECTIVE	**Institutionalise coordinated preparedness and response capacity for priority chemical incidents at national and subnational levels.**	% of provinces meeting the approved minimum readiness standard for multisectoral chemical-incident response	TBD	20%	40%	60%	80%	100%	Readiness assessments; team rosters; stock and exercise records ANNUAL
ACTIVITY 3.1	Develop or update the national multisectoral chemical-incident preparedness and response plan, activation thresholds and SOPs.	National multisectoral chemical-incident preparedness and response plan approved and tested	No	Approved	Tested	Updated as required	Maintained	Maintained	Approved plan/SOPs; exercise report ONCE / AS UPDATED
ACTIVITY 3.2	Integrate a standard joint investigation and rapid environmental, public-health and animal-health risk-assessment module into chemical-incident protocols.	Standard joint chemical-incident investigation and rapid risk-assessment module approved and used	No	Approved	Piloted	In use	Maintained	Updated as required	Approved protocol/tool; completed investigation forms QUARTERLY UNTIL OPERATIONAL; ANNUAL THEREAFTER
ACTIVITY 3.3	Establish, roster and train multisectoral chemical-incident response teams at national and provincial levels.	% of national and provincial response-team rosters meeting staffing and competency requirements	TBD	20%	40%	60%	80%	100%	Approved rosters; training and competency records BI-ANNUAL
ACTIVITY 3.4	Establish a national poison-information and toxicology advisory function with referral and clinical-management support pathways.	National poison-information and toxicology advisory function operational to the approved service standard	No	Designed	Established	Operational	Maintained	Maintained	Service protocol; call/advice log; referral directory QUARTERLY / ANNUAL

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TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **3.5**	Pre-position and maintain minimum chemical-incident investigation, sampling, decontamination and personal-protection supplies at priority hubs.	% of designated priority hubs meeting the approved minimum chemical-incident stock standard	TBD	40%	60%	80%	100%	100%	Stock cards; readiness checklists; expiry records **QUARTERLY**
ACTIVITY **3.6**	Conduct multisectoral chemical-incident tabletop, functional and field simulation exercises.	Number of multisectoral chemical-incident exercises completed with documented evaluation	0	1	1	2	2	2	Exercise reports; participant records; evaluation tools **ANNUAL**
ACTIVITY **3.7**	Deploy joint teams to investigate priority chemical incidents and document risk-control actions.	% of priority chemical incidents receiving a documented joint multisectoral investigation	TBD	50%	60%	70%	80%	90%	Incident register; signed joint investigation reports **QUARTERLY**
ACTIVITY **3.8**	Conduct after-action reviews and track corrective actions after significant incidents and exercises.	% of priority after-action corrective actions completed by the agreed deadline	TBD	60%	70%	80%	90%	90%	After-action reports; improvement-plan tracker **QUARTERLY / ANNUAL**
Result Area 4: Risk reduction, regulatory compliance and remediation									
OUTCOME	**By 2031, exposure to priority chemical hazards is reduced in communities, workplaces, food systems and ecosystems through coordinated prevention, compliance and remediation action.**	% of high-priority chemical-risk corrective actions completed and verified by the agreed deadline	TBD	50%	60%	70%	80%	90%	Inspection, compliance and remediation trackers **QUARTERLY / ANNUAL**
STRATEGIC OBJECTIVE	**Strengthen coordinated risk-based prevention, inspection, enforcement, safe management and remediation for priority chemical hazards.**	% of identified high-risk sites and settings covered by an approved annual joint inspection, risk-reduction or remediation plan	TBD	20%	40%	60%	80%	100%	Risk inventory; approved annual plans; inspection schedules **ANNUAL**
ACTIVITY **4.1**	Review and align chemical-safety laws, standards, mandates, inspection procedures and referral mechanisms across sectors.	Multisectoral chemical-safety legal and institutional gap analysis completed with an approved action matrix	No	Yes	Action matrix initiated	Actions tracked	Updated as required	Actions tracked	Gap-analysis report; approved action matrix **ONCE / ANNUAL ACTION TRACKING**

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TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **4.2**	Develop and maintain a multisectoral inventory and risk map of priority chemical hazards, high-risk sites and vulnerable communities.	% of priority districts with a validated chemical-hazard inventory and risk map updated to schedule	TBD	20%	40%	60%	80%	100%	National risk inventory; GIS/risk maps; validation reports **ANNUAL / BIENNIAL UPDATE**
ACTIVITY **4.3**	Conduct coordinated risk-based inspections of high-risk facilities, sites, markets and chemical-use settings.	% of planned joint risk-based chemical-safety inspections completed	TBD	60%	70%	80%	90%	90%	Approved inspection plans; inspection reports **QUARTERLY / ANNUAL**
ACTIVITY **4.4**	Support high-risk facilities and settings to implement safe storage, handling, transport, spill-prevention and exposure-control measures.	% of inspected high-risk facilities implementing required priority risk-control measures by the deadline	TBD	40%	50%	60%	70%	80%	Inspection follow-up reports; corrective-action evidence **QUARTERLY**
ACTIVITY **4.5**	Strengthen safe collection, storage, treatment and disposal of obsolete chemicals and priority hazardous waste.	% of inventoried high-priority obsolete-chemical and hazardous-waste risks safely managed to the approved standard	TBD	20%	30%	50%	65%	80%	Hazardous-waste inventory; manifests; disposal certificates **BI-ANNUAL / ANNUAL**
ACTIVITY **4.6**	Implement and verify remediation, containment and environmental-restoration actions at priority contaminated sites.	% of priority remediation actions completed and independently verified against agreed criteria	TBD	30%	40%	55%	70%	80%	Remediation plans; verification reports; monitoring results **BI-ANNUAL / ANNUAL**
ACTIVITY **4.7**	Strengthen cross-border information sharing and coordinated control of priority hazardous chemicals and chemical waste.	Cross-border chemical-risk information-sharing and referral protocol operational at designated points	No	Drafted	Validated	Operational	Maintained	Maintained	Approved protocol; alert/referral logs **ANNUAL**

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TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **4.8**	Produce an annual multisectoral chemical-safety compliance, exposure-risk and remediation report.	Annual multisectoral chemical-safety report produced, endorsed and disseminated	0	1	1	1	1	1	Published report; endorsement and dissemination records · ANNUAL
Result Area 5: Risk communication, community engagement, evidence and sustainable financing									
OUTCOME	**By 2031, communities and decision-makers use timely, trusted chemical-risk information and evidence to adopt protective actions and sustain priority interventions.**	% of people reached in targeted high-risk settings who can identify at least three correct protective actions for the priority chemical hazard	TBD	Baseline established	Baseline +10 pp	Baseline +15 pp	Baseline +20 pp	Baseline +25 pp	Pre/post surveys; community knowledge and practice assessments · ANNUAL / AFTER MAJOR INTERVENTION
STRATEGIC OBJECTIVE	**Institutionalise coordinated chemical-risk communication, community feedback, applied research and financing arrangements that support prevention and response.**	% of annual Chemicals workplan actions for risk communication, community engagement, research and financing completed as planned	TBD	60%	70%	80%	90%	90%	Annual Chemicals workplan and performance report · QUARTERLY / ANNUAL
ACTIVITY **5.1**	Develop, pre-test and maintain a unified chemical-risk communication and community-engagement framework and message bank.	Unified chemical-risk communication framework and hazard-specific message bank approved and pre-tested	No	Approved	Expanded	Maintained	Updated as required	Maintained	Approved framework; pre-test reports; message bank · ONCE / AS UPDATED
ACTIVITY **5.2**	Train and maintain a roster of spokespersons, frontline communicators and community-engagement personnel for chemical risks.	% of designated chemical-risk communicators completing the approved competency package	TBD	50%	70%	85%	100%	100%	Roster; training and competency records · BI-ANNUAL

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TABLE C.3 · CHEMICALS

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **5.3**	Establish community reporting, feedback and grievance channels in priority chemical-risk districts and settings.	% of priority districts with a functional chemical-risk reporting and feedback channel meeting the service standard	TBD	20%	40%	60%	80%	100%	Channel logs; referral records; response-time audits **QUARTERLY**
ACTIVITY **5.4**	Deliver targeted risk-communication and behaviour-change interventions in high-risk communities, workplaces and livelihood settings.	% of planned targeted chemical-risk communication interventions delivered to the approved standard	TBD	60%	70%	80%	90%	90%	Approved communication plans; activity reports; quality checklists **QUARTERLY / ANNUAL**
ACTIVITY **5.5**	Develop and periodically update a national One Health chemicals research and evidence agenda.	National One Health chemicals research and evidence agenda approved and updated to schedule	No	Drafted	Approved	Implemented	Reviewed	Updated	Approved agenda; review meeting records **BIENNIAL**
ACTIVITY **5.6**	Conduct and disseminate operational research on priority chemical exposures, vulnerable populations and effective risk-reduction interventions.	Number of priority operational-research studies completed and disseminated annually	0	1	2	2	2	2	Study reports; publications; policy briefs; dissemination records **ANNUAL**
ACTIVITY **5.7**	Develop and implement a costed Chemicals investment and resource-mobilisation plan aligned with the OHSP.	Costed Chemicals investment and resource-mobilisation plan approved and under implementation	No	Costing initiated	Approved	Implemented	Updated	Implemented	Approved costed plan; financing tracker **ANNUAL**
ACTIVITY **5.8**	Conduct annual partner, financing and performance reviews for the Chemicals component of the OHSP.	Number of annual Chemicals financing and performance reviews completed with an agreed action record	0	1	1	1	1	1	Review report; action matrix; financing tracker **ANNUAL**

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.4 · CLIMATE AND HEALTH

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
THEMATIC AREA 5: CLIMATE AND HEALTH									
Strategic Area 1: Strengthened Anticipatory Outbreak Preparedness and Response									
OUTCOME	**Improved multisectoral capacity to anticipate, detect and respond proactively to climate-related health threats and outbreaks.**	Percentage of priority climate-related health alerts resulting in timely multisectoral activation and anticipatory action.	0%	40%	50%	60%	75%	90%	PHISMS reports, One Health functionality assessments, simulation exercise reports and activation records ANNUAL
STRATEGIC OBJECTIVE	**Strengthen integrated early-warning, multisectoral activation and anticipatory response mechanisms for climate-related health threats at national and subnational levels by 2031.**	Percentage of priority climate-related health alerts that trigger multisectoral notification and activation within established SOP timelines.	0%	20%	40%	60%	80%	100%	Surveillance system reports ANNUAL
ACTIVITY **1.1**	Map existing outbreak and climate early-warning thresholds and harmonize activation triggers across sectors.	Harmonised multisectoral climate-health early-warning thresholds and activation triggers mapped and validated by the One Health coordination platform	3	Yes	Maintain	Review	Maintain	Review	Approved protocols ONCE / AS UPDATED
ACTIVITY **1.2**	Disseminate joint early-warning activation protocols (SOPs) with clear roles for One Health actors across all levels .	Percentage of targeted One Health coordination structures that have received the joint early-warning activation SOPs.	0%	80%	100%				Dissemination records / meeting reports ANNUAL
ACTIVITY **1.3**	Establish a rapid multisectoral notification and activation chain for climate realated public health event within the PHSIMS platform	Percentage of priority climate-related health alerts communicated to designated One Health sectors within established SOP timelines.	0%	40%	55%	70%	80%	90%	Laboratory assessment/EQA and Meteorological reports ANNUAL

Highlighted cells: to be completed or validated by the technical working groups

TABLE C.4 · CLIMATE AND HEALTH

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **1.4**	Develop and formally adopt climate anticipatory and early-warning activation protocols and with clear roles for One Health actors across all levels	Joint One Health climate anticipatory early-warning activation protocols and SOPs formally developed and adopted	No	Yes	—	—	—	Updated as required	Assessment report ONCE / AS UPDATED
ACTIVITY **1.5**	Conduct simulation exercises to test activation time and multisectoral preparedness and response to climate-related health risks	Percentage of priority climate-related health alerts communicated to designated One Health sectors within established SOP timelines.	N/A	60%	70%	80%	85%	90%	Reporting platforms/system reports ANNUAL
ACTIVITY **1.6**	One Health-based anticipatory action for climate-health risk response integrated into approved annual workplans and budgets.	Number of One Health sectors with climate-health anticipatory actions integrated into approved annual workplans and budgets	0	2	4	6	8	10	Work plans and budgets ANNUAL
ACTIVITY **1.7**	Develop climate and healt module for FETP	FETP Climate and Health module developed	0	1	—	—	—	—	Developed climate and healt module ONCE / AS UPDATED
Strategic Area 2: Secure Sustainable Domestic Financing for One Health Action									
OUTCOME	**Increased and sustained domestic financing for One Health climate-health preparedness and response by 2031.**	Percentage of approved One Health climate-health budget requirements financed through domestic public resources.	No	5%	10%	15%	20%	25%	National budget and financing reports ONCE / AS UPDATED
STRATEGIC OBJECTIVE	**Strengthen domestic resource mobilisation, budget allocation and sustainable financing mechanisms for One Health climate-health action.**	Percentage of annual One Health climate-health funding requirements covered by approved domestic budget allocations.	0	5%	10%	15%	20%	25%	Yellow book and financing reports ANNUAL
ACTIVITY **2.1**	Develop a costed, fundable climate and health investment case	Number of costed investment cases developed, validated and submitted (cumulative)	0	1	1	1	1	1	Investment case document / submission records ONCE / AS UPDATED

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TABLE C.4 · CLIMATE AND HEALTH

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **2.2**	Conduct advocacy meeetings with the ministry of finance, relevant line minstries and parliamentarians to secure dedicated budget allocation and contigency funding for preparedness and response for climate-related emmegency responses	Number of targeted financing advocacy engagements conducted	0	3	3	3	3	3	Budget documentation / Treasury records ONCE / AS UPDATED
ACTIVITY **2.3**	Develop proposal on climate and health for submission to stakeholders and the private sector for funding opportunities.	Number of funding proposals developed and submitted annually	0	1	1	1	1	1	Funding proposal ONCE / AS UPDATED
ACTIVITY **2.4**	Establish and operationalise pooled climate and health fund	Pooled climate-health financing mechanism established and operational	No	No	No	Yes	Yes	Yes	Fund establishment documentation / results framework report ONCE / AS UPDATED
Strategic Area 3: Improve Forecasting, Modelling, and Integrated Risk Information									
OUTCOME	**Improved use of integrated climate, weather and health risk information for evidence-based planning, early warning and anticipatory public health action by 2031**	% of targeted climate-sensitive health programmes routinely using PHISMS-integrated climate-health risk information for planning and response	0%	20%	40%	60%	80%	100%	PHSIMS system reports ANNUAL
STRATEGIC OBJECTIVE	**Strengthen the integration, analysis and utilisation of climate, weather and health surveillance data within PHISMS to support forecasting, risk assessment and evidence-based decision-making**	% of priority climate/weather data streams integrated and routinely updated in PHISMS	0%	40%	60%	80%	100%	1005	PHSIMS / forecasting performance assessment reports ANNUAL
ACTIVITY **3.1**	Onboard into the PHSIMS climate/weather forecasting and modelling data alongside existing health surveillance feeds.	Number of climate/weather forecasting and modelling data streams integrated and routinely updated in PHSIMS (cumulative)	3	4	4	4	4	4	PHSIMS database / system records QUARTERLY

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TABLE C.4 · CLIMATE AND HEALTH

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **3.2**	Train relevant staff across actors on the uitiliasation of PHSIMS products.	Number of staff trained annually in utilisation of PHISMS climate-health information products	0	50	232	232	232	232	Training records and attendance registers ANNUAL
ACTIVITY **3.3**	Train staff in weather and climate modelling techniques	Number of staff trained in climate and weather modelling techniques (cumulative)	0	20	40	60	80	100	Training records and attendance registers ANNUAL
Strategic Area 4: Strengthen Subnational Operational Readiness to Climate Related Health Risks									
OUTCOME	**Improved operational readiness of subnational One Health structures to anticipate, prepare for and respond to climate-related health threats in high-risk areas by 2031**	% of high-risk districts meeting minimum operational readiness standards for climate-related health threats	TBD	30%	45%	60%	75%	90%	Subnational simulation exercise reports ANNUAL
STRATEGIC OBJECTIVE	**Strengthen and periodically assess multisectoral preparedness and response capacities in high-risk districts through climate-health simulation exercises and implementation of corrective actions**	% of targeted high-risk districts that conducted a climate-health simulation and completed priority corrective actions within agreed timelines	0%	30%	45%	60%	75%	90%	District-level operational readiness assessment reports ANNUAL
ACTIVITY **4.1**	Conduct periodic multisectoral climate-health simulation exercises in high-risk districts to assess operational readiness, prioritising areas with the greatest climate-related health risks.	Percentage of targeted high-risk districts that have conducted at least one climate-health simulation exercise during the strategic plan period.	0%	60%	70%	80%	90%	100%	Simulation exercise reports ANNUAL

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TABLE C.4 · CLIMATE AND HEALTH

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **4.2**	Develop, implement and monitor corrective-action plans to address priority preparedness and response gaps identified through climate-health simulation exercises.	Percentage of priority corrective actions identified through climate-health simulation exercises completed within agreed deadlines.	N/A	50%	60%	70%	80%	90%	Improvement plan tracking reports QUARTERLY
Strategic Area 5: Strengthen One Health Multisectoral Coordination and Resource-Sharing									
OUTCOME	**Improved functionality of multisectoral One Health coordination mechanisms for joint planning, resource sharing, information exchange and coordinated climate-health action at national and subnational levels by 2031**	% of targeted national and subnational One Health coordination platforms meeting minimum functionality criteria for climate-health action	30%	40%	55%	70%	85%	100%	One Health coordination platform reports ANNUAL
STRATEGIC OBJECTIVE	**Strengthen and institutionalise multisectoral coordination, joint resource planning, information sharing and accountability mechanisms for effective One Health climate-health action at national and subnational levels.**	% of targeted One Health coordination platforms implementing approved joint climate-health workplans and documented resource-sharing arrangements	20%	30%	45%	60%	75%	90%	Coordination mechanism assessment reports ANNUAL
ACTIVITY **5.1**	Develop and implement joint multisectoral climate-health workplans with documented resource commitments from participating One Health sectors.	Number of One Health actors with committed resources (staff, laboratories, logistics) in an approved joint multisectoral workplan	0	6	8	9	9	10	Approved joint multisectoral workplans ANNUAL

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TABLE C.4 · CLIMATE AND HEALTH

Level	Result statement / activity	Indicator	Baseline 2026	Annual targets 2027	2028	2029	2030	2031	Means of verification · reporting frequency
ACTIVITY **5.2**	Develop, formalise and operationalise data- and information-sharing agreements among relevant One Health institutions to support coordinated climate-health surveillance, preparedness and response.	Number of signed and operational data- and information-sharing agreements among One Health institutions.	0	2	4	6	8	10	Signed data-sharing agreements / registry ANNUAL
ACTIVITY **5.3**	Conduct joint multisectoral after-action reviews following eligible climate-related health events and monitor implementation of agreed recommendations.	Percentage of eligible climate-related health events with a joint multisectoral after-action review completed within 90 days of event closure.	TBD	80%	85%	90%	95%	100%	After-action review reports and event registers BI-ANNUAL
ACTIVITY **5.4**	Conduct quartely multisectoral coordination and joint performance monitoring for climate-health action at national, provincial and district levels.	Percentage of targeted One Health coordination platforms conducting planned multisectoral coordination meetings and documenting follow-up of agreed actions.	20%	50%	60%	70%	80%	90%	Joint quartly meetings report QUARTERLY

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VISION

A nation with a sustainably balanced and optimised health of people, animals and ecosystems.

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