



Zimbabwe National One Health Strategic Plan



2026-2030



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Acronyms & Abbreviations

AMR	Antimicrobial resistance
ARISS	Agriculture Research and Innovation Specialist Services
CDC	Centre for Disease Control
CIRAD	Centre de Coopération Internationale en Recherche Agronomique pour le Développement (French Agricultural Research Centre for International Development)
COHESA	Capacitating One Health in Eastern and Southern Africa
DLS	Directorate of Livestock Services
DR&SS	Department of Research and Specialist Services
DVS	Directorate of Veterinary Services
EMA	Environmental Management Agency
EPR	Emergency Preparedness Response
FAO	Food and Agriculture Organization of the United Nations
FFRI	Fertilizer, Farm Feeds & Remedies Institute
FNC	Food and Nutritional Council
HIA	Health Impact Assessment
HIT	Harare Institute of Technology
HPO	Health Promotion Officer
HSC	Health Services Commission
ILRI	International Livestock Research Institute
ISAAA	International Service for the Acquisition of Agri-biotech Applications
MCAZ	Medicines Control Authority of Zimbabwe
MDA	Ministries, Departments, and Agencies
MECW	Ministry of Environment, Climate, and Wildlife
MFAIT	Ministry of Foreign Affairs and International Trade
MLAWFRD	Ministry of Lands, Agriculture, Fisheries, Water, and Rural Development
MOHCC	Ministry of Health and Child Care
MPSLSW	Ministry of Public Service, Labour and Social Welfare
NAC	National AIDS Council
NBA	National Biotechnology Authority
NDS1	National Development Strategy 1
NGO	Non-Governmental Organisation
OH	One Health
OPC	Office of the President and Cabinet
PPPs	Public-Private Partnerships
PQSI	Plant Quarantine Services Institute
R&D	Research and Development
RSD	Research Services Division
SDGs	Sustainable Development Goals
SOPs	Standard operating procedures
TWGs	Technical Working Groups
UNEP	United Nations Environment Programme
UZ	University of Zimbabwe
UZ- COHESA	University of Zimbabwe Capacitating One Health in Eastern and Southern Africa
WHO	World Health Organization
WOAH	World Organization for Animal Health
ZDF	Zimbabwe Defence Forces

FOREWORD

The “One Health” approach recognises the interconnectedness of human, animal, plant and environment (ecosystem) health and emphasises the importance of collaboration among sectors to address complex health challenges. Zimbabwe’s National One Health Strategic Plan 2026–2030, therefore, seeks to strengthen coordination and collaboration across these sectors from the highest level. The plan provides a roadmap to address interconnected health challenges through a Whole of Government and Whole of Society Approach.

Best practices and lessons learnt from the very successful Whole of Government and Society national COVID-19 pandemic response, that my Office led and coordinated, informed the development of this strategic plan. In addition, other science-based local, regional and global one health strategies, and approaches also informed the development of this plan.

This comprehensive and evidence-driven National One Health Strategic plan outlines the nation’s One Health governance including high level coordination. It provides clear strategies for cross sectoral collaborations towards resilient and sustainable one health systems. I therefore direct and urge all MDAs responsible for Human, Animal and Environmental Health to be guided accordingly and to respond beyond traditional sectoral boundaries through strengthened multi-sectoral collaboration and unified policy action at all levels.

Addressing the current health challenges with a focus on a one health approach is an efficient way of ensuring that we can realise our aspirations of a **prosperous and empowered upper middle-income society by 2030**, leaving no one and no place behind.



His Excellency Cde. Dr. Emmerson Dambudzo Mnangagwa

President of the Republic of Zimbabwe

PREFACE

A 2024 baseline assessment of Zimbabwe’s “One Health” landscape and opportunities revealed that “One Health” was being implemented with minimal coordination across sectors. It revealed that although the one health approach was supported by a one health secretariat composed of officers from the three One Health Ministries, implementation was mostly focused on antimicrobial resistance (AMR). The assessment also highlighted limited cross-sectoral collaboration, overlapping responsibilities for Government Ministries Departments and Agencies (MDAs), as well as inadequate funding for one health initiatives.

Although some progress has been made in addressing challenges identified by the 2024 assessment, broader integration across human, animal, plant and environmental health remains limited. Strengthening governance, aligning policies, and fostering collaboration among key One Health MDAs including the Ministry of Health and Child Care; Ministry of Lands, Agriculture, Fisheries, Water, and Rural Development; the Ministry of Environment, Climate, and Wildlife; the National Biotechnology Authority as well as other relevant stakeholders is essential for building and implementing a comprehensive one health framework.

Zimbabwe’s National One Health Strategic Plan seeks to align with the Global Quadripartite One Health Joint Plan of Action and the UN Sustainable Development Goals (SDG), specifically SDG 3 (Good Health and Well-being), SDG 6 (Clean Water and Sanitation), SDG 13 (Climate Action), and SDG 15 (Life on Land). The plan aligns with Zimbabwe’s National Development Strategy 1 (NDS1), NDS 2 priority areas and Vision 2030, which emphasize sustainable development, food security, climate resilience, and inclusive growth.

Government MDAs responsible for Health, Agriculture and Environment as well as other stakeholders whose responsibilities intersect across “One Health” sectors, have therefore committed to implementing this One Health strategic plan.



Dr Douglas T Mombeshora

Minister of Health and Child Care



Dr Anxious J Masuka

Minister of Lands, Agriculture Fisheries,
Water and Rural Development



Dr Evelyn Ndlovu

Minister of Environment, Climate
and Wildlife

ACKNOWLEDGEMENTS

The Public Health Advisory Department in the Office of the President and Cabinet (OPC) led and coordinated the development of the Zimbabwe One Health Strategic and Implementation plans 2026-2030. The OPC would therefore like to thank all Government Ministries, Departments and Agencies (MDAs), the One Health Secretariat and other stakeholders including individuals from both the public and private sector for their participation in the development of this plan (See Annex II and III at the back).

The OPC would especially like to thank the University of Zimbabwe's Capacitating One Health in Eastern and Southern Africa (UZ-COHESA). A special thank you is extended to **Dr Melody Ndemera** the **consultant who provided** lead technical support in the development of this plan. Her consultancy was specifically supported by the UZ-COHESA project, coordinated by ILRI, CIRAD and ISAAA Africenter, and implemented through the **University of Zimbabwe (Multiplier institution)**, under the Organisation of the African, Caribbean and Pacific States' Research and Innovation Programme. The OPC would also like to specifically thank the **World Health Organization (WHO)**, the **Food and Agriculture Organization of the United Nations (FAO)**, and the **World Organization for Animal Health (WOAH)** for their guidance during the development of this plan.

The One Health approach is an integrated, unifying public health initiative that cuts across various sectors. The approach specifically aims to sustainably balance and optimize **the health of people, animals and ecosystems**. The OPC therefore recognizes the critical role that collaboration plays in the successful planning and implementation of such an initiative. We are therefore grateful for the collaboration of all stakeholders during the development of this plan and look forward to our continued collaboration during the plan's implementation.

Thank you.



Dr Agnes I Mahomva

**Public Health Advisor to the President and Cabinet
Office of the President and Cabinet**

EXECUTIVE SUMMARY

Zimbabwe's National One Health Strategic Plan 2026–2030 provides a roadmap for integrating human, animal, plant, and environmental ecosystems to address interconnected health challenges. Recognizing the global importance of the One Health approach, this strategy aligns with Zimbabwe's Vision 2030, the National Development Strategy 1 (NDS1), NDS2 priority areas and international frameworks such as the Sustainable Development Goals (SDGs); Africa Agenda 2063 and the Quadripartite One Health Joint Plan of Action. It seeks to strengthen collaboration across sectors to combat endemic and emerging zoonotic diseases and other infectious diseases, antimicrobial resistance (AMR), and the health impacts of climate change.

The plan identifies critical gaps in Zimbabwe's health systems, including weak institutional coordination, underdeveloped infrastructure, inadequate funding mechanisms, and limited research and development capacity. To address these, it outlines five strategic pillars:



The strategy emphasizes capacity building, resource mobilization and leveraging both local and international partnerships. It also prioritizes food safety, environmental sustainability, and public health preparedness across sectors to ensure resilience against emerging health threats and to prevent avoidable health-related risks and liabilities. The comprehensive framework was developed through alignment of stakeholder consultations and situational analysis with global and regional best practices. This inclusive and collaborative process ensures that the strategy reflects national priorities, laws and promotes sustainability. By implementing this strategic plan, Zimbabwe aims to achieve optimal health outcomes for its people, animals, plants and environment for an upper middle-income society by 2030 while contributing to regional and global health security.

INTRODUCTION

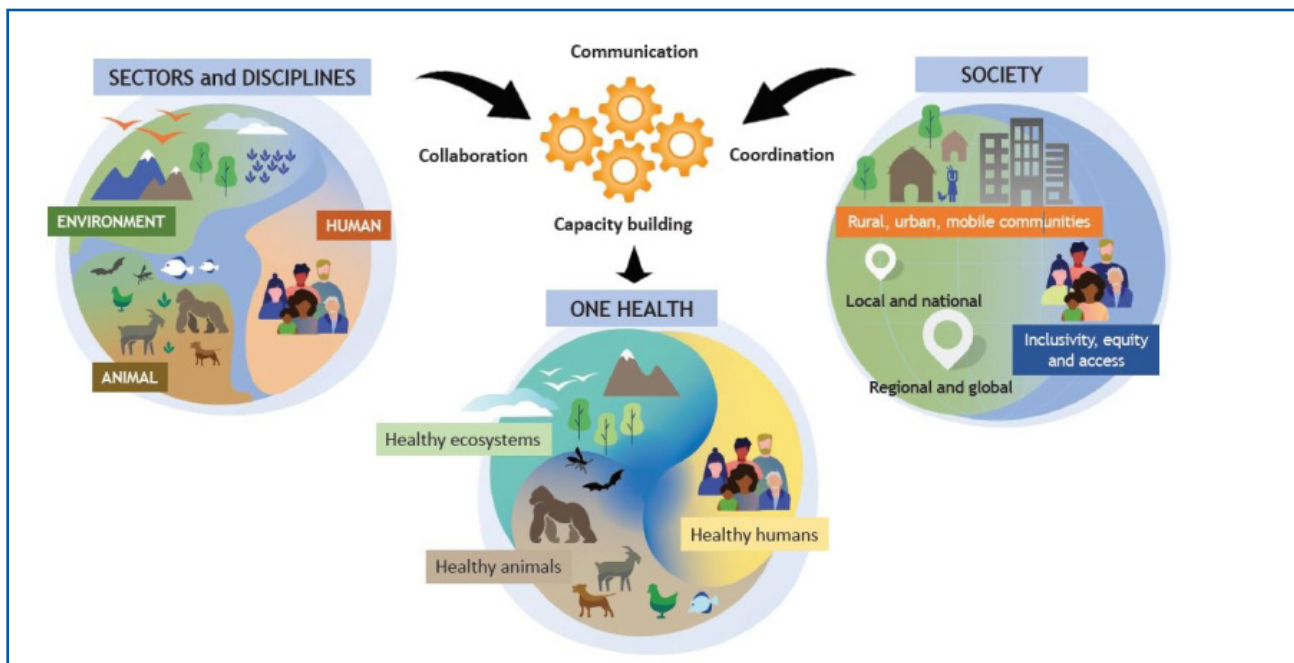


Fig. 1. Infographics of One Health, as an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems (Source: OHHLEP, 2022).

The One Health (OH) approach is a globally recognized framework that integrates human, animal, plants and environmental health to address complex health challenges. It acknowledges the interdependence of these sectors and promotes collaboration to combat zoonotic diseases, antimicrobial resistance (AMR), food safety concerns and environmental degradation. The COVID-19 pandemic underscored the necessity of this approach, revealing gaps in global and national surveillance systems and emphasizing the importance of integrated health strategies.

The Quadripartite Agreement between WHO, FAO, WOA, and UNEP is a testament to the global commitment to One Health principles. This partnership focuses on a coordinated response to health challenges that transcend national borders, such as zoonotic diseases, food safety, and antimicrobial resistance (AMR). These bodies recognize that 70% of emerging infectious diseases in humans originate from animals, highlighting the importance of integrated strategies that address the interconnected health of humans, animals, and the environment.

Zimbabwe’s National One Health Strategic Plan seeks to align with the Quadripartite One Health Joint Plan of Action (2022-2026) and the Sustainable Development Goals (SDGs), specifically SDG 3 (Good Health and Well-being), SDG 6 (Clean Water and Sanitation), SDG 13 (Climate Action), and SDG 15 (Life on Land). This initiative aligns with Zimbabwe’s National Development Strategy 1 (NDS1) and Vision 2030, which emphasize sustainable development, food security, climate resilience, and inclusive growth. However, analysis of Zimbabwe’s context highlights challenges such as limited cross-sectoral collaboration, overlapping responsibilities for government Ministries, Departments and Agencies (MDA), and inadequate funding for preventive health measures. Although significant progress has been made, such as establishing the One Health Secretariat in 2022, broader integration across human, animal, plant and environmental health remains limited. The secretariat mostly focused on Antimicrobial Resistance (AMR). Strengthening governance, aligning policies, and fostering collaboration among key stakeholders—including the Ministry of Health and Child Care (MOHCC), Ministry of Lands, Agriculture, Fisheries, Water, and Rural Development (MLAWFRD), the Ministry of Environment, Climate, and Wildlife (MECW) and the National Biotechnology Authority (NBA)—are essential for building a cohesive OH framework.

This strategic plan provides clear objectives, roles, and responsibilities for stakeholders, emphasizing capacity building, resource mobilization, and multi-sectoral governance. It aims to create an integrated OH response to address health threats such as zoonotic diseases, AMR, commercial determinants of health and the impacts of climate change. Through stakeholder consultations, situational analysis, and alignment with regional and international frameworks, Zimbabwe’s OH strategy positions the country as a leader in achieving health resilience and sustainability.



Brief Context: Zimbabwe One Health Context

Zimbabwe faces several significant gaps in the implementation of its One Health (OH) approach, which seeks to integrate human, animal, plant and environmental health for holistic health management. With 70% of emerging infectious diseases in humans originating from animals, Zimbabwe’s health challenges—ranging from zoonotic diseases to climate-induced environmental degradation—underscore the importance of integrated approaches. A rising level of non-communicable disease in Zimbabwe with costs from households to the economy points to the need to prevent related avoidable health-related risks. Within the current context, these gaps are;

1. Institutionalization and Coordination

Zimbabwe has made notable progress in advancing the One Health (OH) agenda, including the establishment of a national One Health Secretariat. However, the absence of a legally mandated and fully structured coordinating body with the authority to enforce cross-sectoral collaboration presents challenges to the effective implementation of OH initiatives. While the Secretariat plays a key role, particularly in antimicrobial resistance (AMR) surveillance, its capacity and mandate to drive broader OH efforts remain limited. Coordination across government ministries, departments, and agencies (MDAs) is constrained by structural and operational silos, overlapping mandates, and varying priorities, which have hindered seamless collaboration. Strengthening the legal and policy framework could further institutionalize OH efforts, fostering a more sustainable, government-led approach that is less reliant on reactionary interventions. Enhancing institutional mechanisms and coordination structures would support Zimbabwe in building a more integrated and resilient OH system.

2. Inadequate Infrastructure

The country's infrastructure for health surveillance, diagnostics, monitoring, and response remains underdeveloped, particularly at the interface of human, animal, plant and environmental health. Surveillance systems are fragmented, with limited integration and insufficient coverage in rural areas. Diagnostic capabilities, although supported by facilities such as the National Microbiology Reference Laboratory and the Central Veterinary Laboratory, are constrained by inadequate equipment, shortages of consumables, and a lack of adequate skilled personnel, which delays the identification and containment of outbreaks. Weak wildlife health monitoring and surveillance have resulted in national parks and protected areas becoming reservoirs for zoonotic diseases, posing a heightened risk of spill-over to livestock and human populations. The limited systematic disease tracking in wildlife, combined with inadequate biosecurity measures, exacerbates the challenge of early detection and response. Furthermore, Zimbabwe lacks sufficient quarantine facilities and disease containment units at ports of entry, weakening its ability to manage cross-border health threats. While Zimbabwe's Public Health Act (Chapter 15:09, 2018) includes Health Impact Assessment (HIA) as a key tool for integrating health in development it has not yet been systematically implemented. The limited robust early warning systems for disasters like extreme weather events and food insecurity further limits the country's capacity for proactive preparedness and mitigation. Research and development (R&D) infrastructure is also underfunded, curtailing innovation in diagnostics, vaccines, and health technologies. Additionally, ineffective data systems and inadequate information exchange platforms delay coordinated interventions across sectors.

3. Funding Constraints

Partner funding for implementation of some One Health initiatives exists, there is limitations around the sustainability of such funding mechanisms, posing a significant challenge to One Health implementation. While government supports key operational aspects, such as salaries and infrastructure for the One Health MDAs, there is no specific budget allocation for specific One Health initiatives. Consequently, most OH activities such as AMR are heavily reliant on external donors and development partners, which jeopardizes their long-term sustainability and scalability. Establishing a dedicated national budget for One Health would enable consistent financial support, reduce reliance on external sources, foster ownership, and strengthen the country's capacity to address emerging health threats comprehensively.

4. Research and Development Deficiencies

The absence of integrated research and baseline studies across human, animal, plant and environmental health significantly hampers Zimbabwe's ability to track and respond to trends in public health issues that cut across animals, humans and the environment such as zoonotic diseases, antimicrobial resistance, and climate-related health impacts. The limited robust evidence and data infrastructure restricts the development of informed policies and innovation in diagnostics, vaccines, and disease management tools. Gaps in implementation of health impact assessment concurrent with environmental impact assessment limits evidence for decision makers to integrate health upstream in development activities. These deficiencies undermine evidence-based decision-making and limit the country's ability to address complex public health challenges effectively.

The development of a National One Health Strategic Plan aims to address these issues by fostering collaboration, enhancing resilience, and aligning with global and regional frameworks such as the African Union Agenda 2063 and the UN SDGs.

Legal Instruments Supporting One Health

To successfully implement a one health approach in Zimbabwe, there is a need for a strong and coherent legal foundation. The existence of one health promoting legislation across the various sectors is a sign of the national commitment to ensuring that the health and wellbeing of humans and animals is sustainably promoted, while ensuring that the environment is protected and preserved for future generations. Box 1 contains a list of key laws and regulations that speak to, affect and/or address several aspects of one health.

1. Public Health Act (Chapter 15:17)
2. Animal Health Act (Chapter 19:01)
3. Environmental Management Act (Chapter 20:27)
4. Dairy Act (Chapter 18:08)
5. Fertilisers, Farm Feeds and Remedies Act (Chapter 18:12)
6. Food and Food Standards Act (Chapter 15:04)
7. Hazardous Substances and Articles Act (Chapter 15:05)
8. Medicines and Allied Substances Control Act (Chapter 15:03)
9. National Biotechnology Authority Act (Chapter 14:31)
10. Parks and Wildlife Act (Chapter 20:14)
11. Plant Pests and Diseases and Diseases Act (Chapter 19:08)
12. Prevention of Cruelty to Animals Act (Chapter 19:09)
13. Veterinary Surgeons Act (Chapter 27:15)
14. Water Act (Chapter 20:24)

Box 1

Zimbabwe National One Health Strategic Plan Development Process



Fig 2. One of the many stakeholder consultative meetings during the development of the National One Health Strategic Plan

The development of Zimbabwe National One Health strategic plan included the following actions:

- A comprehensive situational analysis was performed in order to understand the current OH landscape.
- Benchmarking against the regional and global OH frameworks was performed in order to inform the national one health strategic direction.
- A stakeholder mapping exercise was carried out to categorise stakeholders based on their relationship to the strategy development process i.e., primary stakeholders, secondary stakeholders and key stakeholders, and their roles in the implementation of the strategy. Stakeholders were drawn from the human health, animal health, and plant health sector, the environment sectors, inclusive of NGOs, academia, education, biosafety and biosecurity sectors, and civil society.
- Multisectoral stakeholder consultations and stakeholder engagements were done to gather input, insights, and priorities for developing the Zimbabwe National One Health strategy.

Using the above approaches and by way of a validation meeting with all stakeholders, the National One Health Strategic Plan 2025 - 2030 was developed.

Zimbabwe National One Health Strategic Plan (2026 – 2030)



Vision

A Zimbabwe where the health of people, animals, plants, and the environment is holistically protected and promoted through evidence, collaboration and integration.



Mission

To establish a coordinated and inclusive One Health framework that fosters multisectoral collaboration, enhances health systems, and ensures the sustainable management of human, animal, plant, and environmental health.



Purpose

The purpose of the Zimbabwe National One Health Strategic Plan is to provide a framework that promotes a coordinated multisectoral implementation of One Health programs in Zimbabwe.



Scope

The scope of Zimbabwe's One Health Strategic Plan adopts a broad and integrative approach to safeguard human, animal, and environmental health. It seeks to strengthen [systems capacities](#) for [public health emergency preparedness and response mechanisms](#) to enable effective anticipation, planning, and management of health impacts and crises. In addition, it prioritizes the growing challenge of [antimicrobial resistance](#) as another key focus, with strategies centred on prevention, surveillance, and the responsible use of antimicrobials to mitigate its impact. The prevention and [control of emerging and re-emerging zoonotic diseases](#) is another significant focus, addressing risks at the intersection of human, animal, plant and environmental health. In addition, eliminating endemic zoonotic, [neglected tropical and vector-borne diseases](#) are identified as priority areas, acknowledging their significant burden on health systems. The plan also considers [non-communicable diseases related to environmental issues and commercial determinants](#), such as those caused by pollution and chemical exposures, harmful toxins and ecosystem degradation, underscoring the importance of tackling these challenges which adversely affect human and animal well-being. Other priority and focus areas [include food safety and security](#), ensuring access to safe and sufficient food supplies critical to public health and economic resilience.

Recognizing the interconnectedness of sectors, the plan calls for strengthened

- Intersectoral collaboration to ensure cohesive and efficient responses to shared health challenges.
- Coordination, resource mobilization, and advocacy are highlighted as essential for the successful implementation of the One Health approach. These efforts aim to integrate activities across sectors, secure necessary resources, and promote the strategic goals effectively.
- Research and surveillance including HIA, Monitoring and evaluation play a pivotal role in this framework, as both provide the foundation for tracking health trends and implementing evidence-based interventions.
- Education/Capacity building and awareness are central components, aiming to enhance health literacy and promote a broader understanding of One Health principles.
- Health education and community engagement and communication further ensure that local populations are actively involved in initiatives, fostering behavioural changes that lead to better health outcomes.

Finally, the scope includes the protection of human, plant, and animal health, along with ecosystems, from risks associated with food contaminants, pests, diseases, and pathogenic organisms. This comprehensive framework reflects the commitment to addressing Zimbabwe's complex health challenges through **a unified and holistic One Health approach.**

Guiding Principles

The guiding principles of Zimbabwe's One Health Strategic Plan reflect the core values that underpin its implementation, ensuring a comprehensive and impactful approach to safeguarding human, animal, plant and environmental health.

- ❖ **Sustainability:** Focuses on creating long-term solutions that build local capacity, promote environmental stewardship, and ensure enduring health outcomes for both human and animal health. This principle emphasizes the interconnectedness of ecosystems, fostering responsible management of shared resources to protect the well-being of all species.
- ❖ **Transparency:** Requires open communication, data sharing, and honest reporting to build trust and accountability among all stakeholders.
- ❖ **Integrity:** Calls for ethical practices, fairness, and consistency to foster trust and ensure decisions are made in the best interest of public and environmental health.
- ❖ **Equity and Inclusivity:** Ensures fair treatment and inclusion of all communities, particularly the marginalized, to reduce health disparities, ensure resources reach those most in need, and prevent health risks that are costly for economic actors and households.
- ❖ **Rights-Based:** Recognizes access to health, clean water & sanitation, safe food, and a sustainable environment as fundamental rights, emphasizing dignity and justice in health interventions.
- ❖ **Accountability:** Holds all stakeholders responsible for their roles, ensuring transparency in

decision-making, resource use, and achieving stated goals.

- ❖ **Interconnectedness:** Highlights the links between human, animal, plant and environmental health, promoting integrated strategies and collaboration across sectors.

Strategic Goal

To achieve optimal health outcomes in humans, animals, plants, and the environment by 2030.

Strategic Pillars

■ Coordination

Effective coordination is the cornerstone of Zimbabwe's One Health Strategic Plan, ensuring that diverse sectors work collaboratively to address complex health challenges. By fostering alignment among stakeholders, streamlining processes, and reducing duplication of efforts, the coordination pillar aims to create a unified approach that maximizes impact across human, animal, plant and environmental health.

■ Surveillance and laboratories for prevention and control of public health threats

The surveillance and prevention pillar focuses on strengthening Zimbabwe's capacity to detect, monitor, and mitigate public health threats at the human-animal-plant-environment interface. It prioritizes integrated systems that enable prevention, early warning, detection and rapid response to diseases and other public health threats, ensuring the health and safety of communities nationwide.

■ Sustainable financing

Sustainable financing is critical to the long-term success of the One Health approach in Zimbabwe. This pillar seeks to establish reliable and self-sustaining financial mechanisms that reduce dependency on external donors, ensuring consistent support for One Health initiatives and resilience against emerging health threats.

■ Research and Development

The research and development pillar underscores the importance of innovation and evidence-based decision-making in addressing Zimbabwe's health challenges. By fostering integrated research and impact assessment across human, animal, plant and environmental health, this pillar aims to generate data, develop new technologies, provide evidence for decision-making, and provide solutions tailored to the country's unique context.

■ Communication, Social Mobilization, Advocacy and Capacity Building

This pillar highlights the need to raise awareness, build partnerships, and enhance capacities to implement the One Health approach effectively. Through targeted communication, advocacy campaigns, and training programs, it seeks to foster understanding, empower communities, and ensure the active engagement of all stakeholders in advancing One Health goals.

Strategic Pillars, Objectives And Actions

Strategic Pillar 1: Coordination

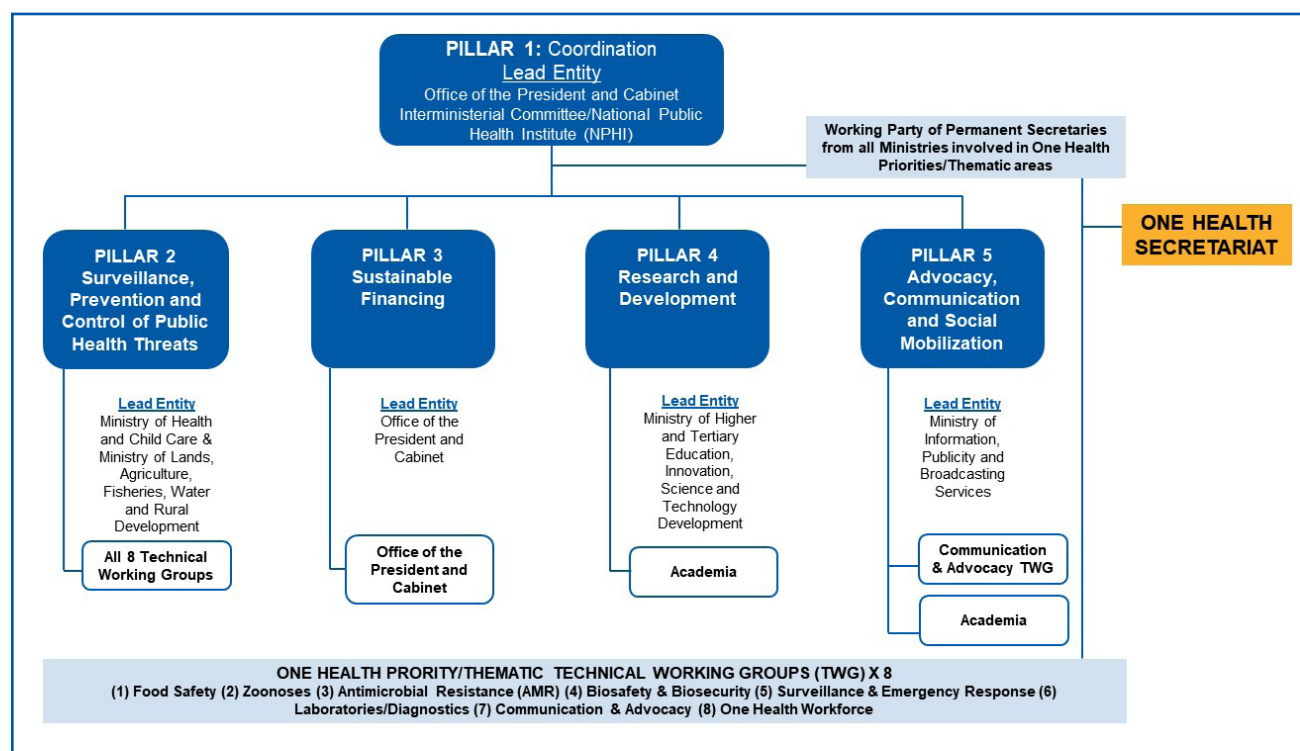


Fig. 3. Multi-sectoral collaboration and coordination of OH activities

Strategic Objective 1

To institutionalise the coordination of OH through a defined governance structure by 2030.

To achieve this strategic objective, the following strategies and interventions will be implemented to ensure the development of a robust, integrated One Health (OH) coordination system. These interventions are designed to facilitate collaboration across sectors, streamline planning processes, and enhance the ability to prevent, detect, and respond to public health threats effectively.

Strategies/Interventions

- Establish functional coordination mechanisms to streamline collaboration among stakeholders and ensure efficient execution of One Health activities.
- Develop and adopt a comprehensive One Health policy to provide a clear framework for integrating, coordinating, and implementing One Health initiatives across all sectors.
- Review, harmonize, and align existing laws and regulations to support the One Health approach, ensuring legal consistency and removing barriers to effective implementation.

Specific actions

1. Drafting of the One Health Policy through multi stakeholder consultations to gather input for the policy development process.
2. Establishment of One Health (OH) thematic Technical Working Groups (TWGs).
3. Review current legislation governing One Health and identify gaps and overlaps for rectification.
4. Draft new legislation, regulation and guidance addressing the identified One Health gaps and overlaps.
5. Advocacy to secure a government budget line for the operationalization of One Health coordination mechanisms.
6. Conducting quarterly and annual coordination meetings to ensure consistent collaboration and monitoring of progress.
7. Develop OH workplans.

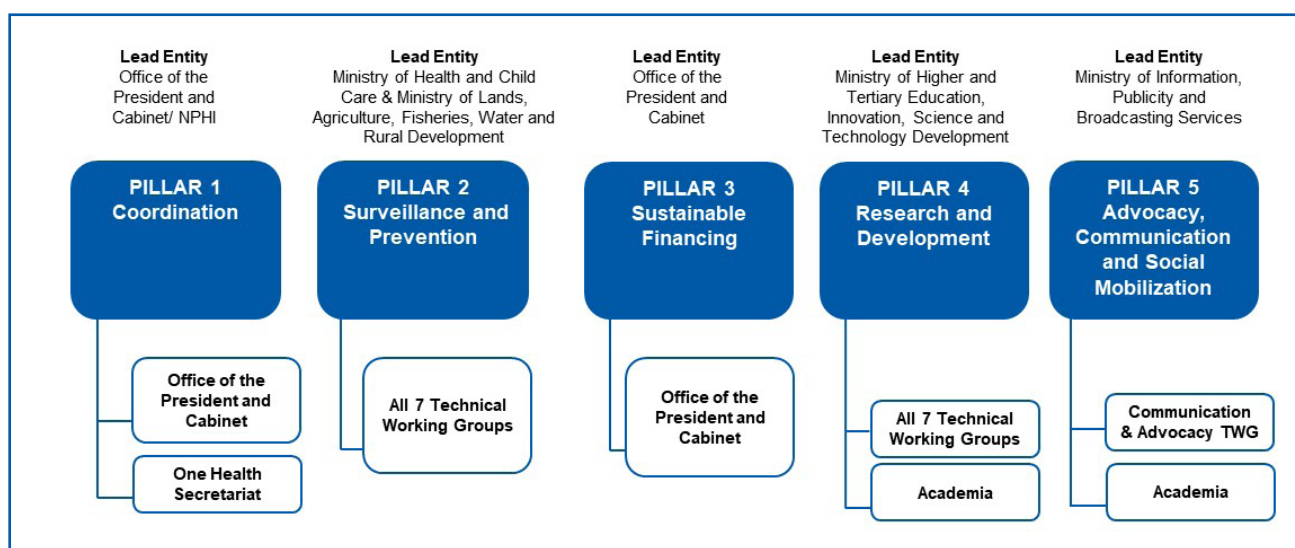


Figure 4: Multi-tiered One Health coordination structure



Strategic Pillar 2: Surveillance and laboratories for prevention and control of public health threats

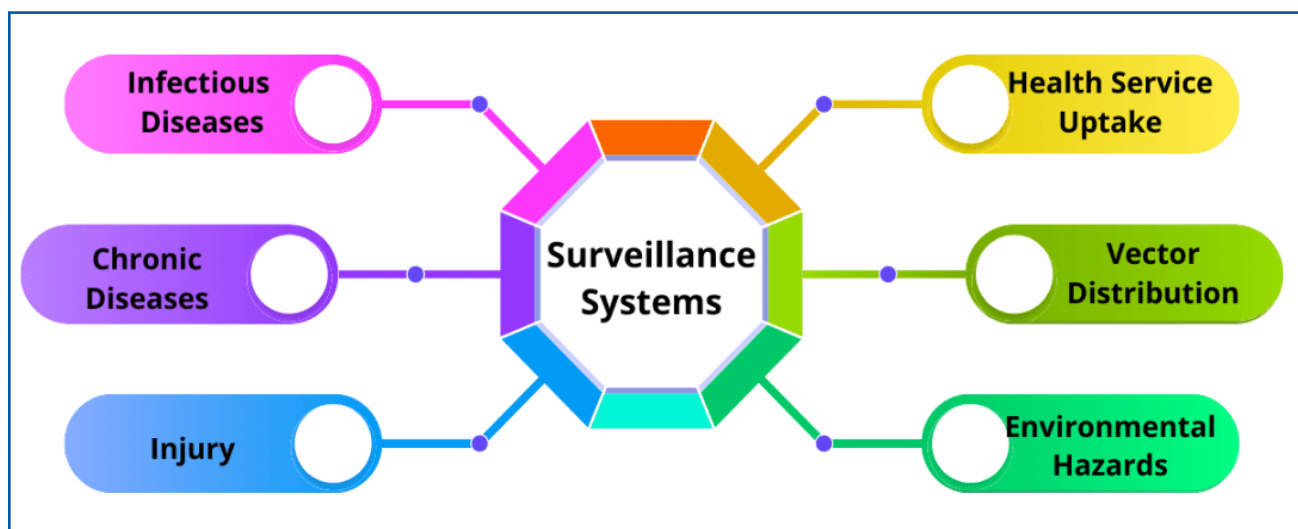


Fig. 5. Infographics showing the key pillars of effective and inclusive surveillance systems (SOURCE: Stone, 2022).

Strategic Objective 2

To strengthen integrated surveillance and laboratories for prevention, and control of public health threats by 2030.

Interventions on strengthening surveillance, laboratories, prevention and control strategies will focus on the national one health priority areas that include:

1. Enhancing capacities to strengthen health impact assessment, prevention, and control systems for public health risks and emergencies.
2. Curbing the silent pandemic of antimicrobial resistance (AMR).
3. Reducing the risks from emerging and re-emerging zoonotic epidemics and pandemics.
4. Controlling and eliminating endemic zoonotic, neglected tropical and vector-borne diseases.
5. Curbing non communicable diseases related to environmental issues and public health risks.
6. Strengthening the assessment, management/control and communication of food safety risks.

Strategies/Interventions

The following strategies and key interventions aim to enhance the capacity for integrated One Health surveillance, prevention, and control of public health threats (OH) approaches that foster collaboration, develop robust systems, and build capacity and will strengthen the nation's ability to detect and respond to health threats across human, animal, plant and environmental domains.

- a) Develop guiding principles for integrated One Health (OH) surveillance systems and laboratory systems to guide coordinated surveillance efforts across sectors and ensure a systematic approach to addressing OH threats.

- b) Develop an interoperable OH information management system to facilitate data integration, sharing, and analysis among stakeholders in human health, animal health, plant health and environmental sectors.
- c) Develop a comprehensive One Health data-sharing policy to establish clear guidelines for data exchange and collaboration across sectors, ensuring timely and effective responses to emerging health threats.
- d) Develop capacity for integrated OH surveillance, for health impact assessment and for laboratory systems.
- e) Establish an integrated OH emergency response plan.

Specific actions

1. Carry out a baseline survey of existing One Health surveillance systems.
2. Establishment of the guiding principles for surveillance.
3. Drafting of the National Action Plan for integrated OH surveillance systems.
4. Mapping of key actors involved in One Health informatics to identify stakeholders and areas of engagement during the development of the One Health Information management system.
5. Develop an interoperable information management system to facilitate data integration, sharing, and analysis among stakeholders.
6. Drafting of the One Health Data Sharing Policy.
7. Build multisectoral capacity in OH surveillance and health impact assessment.
8. Increase infrastructural capacity for OH surveillance activities.
9. Develop an integrated OH Emergency Preparedness and Response Plan.



Fig. 6 Surveillance activities in the National microbiology reference laboratory
Source: <https://apanews.net/zimbabwe-revamps-labs-plan-with-africa-cdc/>

Strategic Pillar 3: Sustainable financing



Source: WHO, 2025

Strategic Objective 3

To secure and institutionalize sustainable financing mechanisms for One Health initiatives by 2030, ensuring long-term resilience and effective implementation of One Health programs.

Strategies/Interventions

Achieving sustainable financing for One Health initiatives requires the establishment of robust mechanisms for resource mobilization, allocation, and sharing. The following strategies and interventions will help institutionalize sustainable financing approaches to support One Health programs effectively.

- a) Develop a sustainable resource mobilization plan to secure predictable funding from diverse sources, including government budgets, private sector investments, development partners, and public-private partnerships.

Specific actions

1. Develop an action plan for One Health-related resource mobilisation
2. Implement dedicated One Health capacity-building programs to strengthen the ability of Ministries, Departments and Agencies to mobilise domestic and external resources for One Health initiatives in a coordinated way.
3. Active pursuit of Public-Private Partnerships (PPPs).
4. Diversify and maximize funding opportunities to intensify sustainability.

🔍 Strategic Pillar 4: Research and Development



Source: PDAI

Strategic Objective 4

To invest in sustainable research and development to inform One Health programming.

Advancing research and development is critical to generating evidence-based insights that inform effective One Health programming. The following strategies and interventions aim to build capacity, institutionalise health impact assessments, enhance knowledge management, and support the development of sustainable research practices on One Health.

Strategies/Interventions

- a) Improve capacity for the continuous generation of scientific evidence through investments in research infrastructure, training, and multi-sectoral collaboration.
- b) Develop mechanisms for effectively communicating OH research findings to ensure that insights are tailored to and accessible by diverse audiences, including policymakers, practitioners, and the general public.
- c) Establish an open-access repository for OH-related research to facilitate knowledge sharing and encourage collaborative learning.
- d) Leverage local partnerships, such as the Research Council of Zimbabwe, private companies, and community-based organizations, to harness indigenous knowledge and co-create solutions.

Specific actions

1. Identify research priorities for One Health (OH) and integrate them into national research priorities.
2. Develop research including health impact assessment capacities and guidance, communication and dissemination tools tailored for different target audiences.
3. Develop a dedicated One Health research repository.
4. Establish formal collaboration agreements with local research institutions, private entities, and community-based organizations.
5. Integrate indigenous knowledge systems into One Health research.
6. Engage public-private partnerships (PPPs) to co-implement commercialisation.



Fig 7. Ministry of Lands, Agriculture, Fisheries, Water and Rural Development officers assessing potato crops as part of crop surveillance and research



Strategic Pillar 5: Communication, Social Mobilization, Advocacy and Capacity Building



Strategic Objective 5

To strengthen One Health communication, advocacy, and capacity building by 2030

Effective communication, advocacy, and capacity-building efforts are essential for advancing One Health goals. The following strategies and interventions aim to enhance awareness, build competencies, and foster support for One Health initiatives across all sectors and stakeholders.

Strategies/ Interventions

- a) Develop an action plan for OH communication, advocacy, and capacity building.
- b) Facilitate the mainstreaming of One Health principles and practices into capacity-building programs across relevant sectors to ensure alignment with national One Health priorities.
- c) Conduct targeted advocacy campaigns to promote the adoption of One Health approaches at the national, regional, and community levels.

Specific actions

1. Develop communication, advocacy and capacity building action plan.
2. Facilitate the integration of One Health concepts into academia and professional associations.
3. Conduct relevant OH capacity building workshops.
4. Develop awareness and advocacy materials on OH issues for diverse audiences.



Fig. 8. Community engagement on One Health
Source: FAO/2023

Annex I: Required resources

Pillar	Strategy	Activity	Cost (USD)
1	Strategy 1.1: Establish functional coordination mechanisms to streamline collaboration among stakeholders and ensure efficient execution of One Health activities.	Activity 1.1.1: Advocacy to secure a government budget line for the operationalization of One Health coordination mechanisms.	2100.00
		Activity 1.1.2: Conducting quarterly and annual coordination meetings to ensure consistent collaboration and monitoring of progress.	326470.00
		Activity 1.1.3: Develop One Health work plans	140604.00
	Strategy 1.2: Develop and adopt a comprehensive One Health policy to provide a clear framework for integrating, coordinating, and implementing One Health initiatives across all sectors.	Activity 1.2.1: Drafting of the One Health Policy through multi-stakeholder consultations to gather input for the policy development process.	594402.00
		Activity 1.2.2: Establishment of One Health (OH) thematic Technical Working Groups (TWGs)	20500.00
2	Strategy 1.3: Review, harmonize, and align existing laws and regulations to support the One Health approach, ensuring legal consistency and removing barriers to effective implementation.	Activity 1.3.1: Review of current legislation governing One Health and identify gaps and overlaps for rectification.	16500.00
		Activity 1.3.2: Draft new legislation addressing the identified One Health gaps and overlaps	84144.00
	Strategy 2.1: Develop guiding principles for integrated OH surveillance and laboratory systems to guide coordinated surveillance efforts across sectors and ensure a systematic approach to addressing OH threats.	Activity 2.1.1: Carry out a baseline survey of existing One Health surveillance systems	123380.00

Pillar	Strategy	Activity	Cost (USD)
		Activity 2.1.2: Establishment of the guiding principles for surveillance	18000.00
		Activity 2.1.3: Drafting of the National Action Plan for integrated One Health surveillance systems	217500.00
		Activity 2.2.1: Mapping of key actors involved in One Health informatics to identify stakeholders and areas of engagement during system development.	21500.00
		Activity 2.2.2: Develop an interoperable information management system to facilitate data integration, sharing, and analysis among stakeholders.	1157902.00
		Activity 2.3.1: Drafting of the One Health Data Sharing Policy.	592402.00
		Activity 2.4.1: Build multi-sectoral capacity in One Health surveillance and HIA.	352902.00
		Activity 2.4.2: Increase infrastructural capacity for One Health surveillance activities.	3600646.00
		Activity 2.5.1: Develop an integrated One Health Emergency Preparedness and Response Plan.	30000.00
		Activity 3.1.1: Develop an action plan for One Health-related resource mobilisation.	227500.00
		Activity 3.1.2: Implement dedicated One Health capacity-building programs to strengthen the ability of Ministries, Departments and Agencies to mobilise domestic and external resources for One Health initiatives in a coordinated way.	235606.00
3		Activity 3.1.3: Active pursuit of Public-Private Partnerships (PPPs).	2100.00
		Activity 3.1.4: Diversify partners funding opportunities to intensify sustainability.	223808.00

Pillar	Strategy	Activity	Cost (USD)
4	Strategy 4.1: Improve capacity for the continuous generation of scientific evidence through investments in research infrastructure, training, and multi-sectoral collaboration.	Activity 4.1.1: Identify research priorities for One Health and integrate them into national research priorities.	22000.00
	Strategy 4.2: Develop mechanisms for effectively communicating OH research findings to ensure that insights are tailored to and accessible by diverse audiences, including policymakers, practitioners, and the general public.	Activity 4.2.1: Develop health impact assessment capacities and guidance, research communication and dissemination tools tailored for different target audiences.	210856.00
	Strategy 4.3: Establish an open-access repository for OH-related research to facilitate knowledge sharing and encourage collaborative learning.	Activity 4.3.1: Develop a dedicated One Health research repository.	84250.00
	Strategy 4.4: Leverage local partnerships, such as the Research Council of Zimbabwe, private companies, and community-based organizations, to harness indigenous knowledge and co-create solutions.	Activity 4.4.1: Establish formal collaboration agreements with local research institutions, private entities, and community-based organizations.	11200.00
		Activity 4.4.2: Integrate indigenous knowledge systems into One Health research.	455006.00
5		Activity 4.4.3: Engage public-private partnerships (PPPs) to co-implement commercialisation.	391252.00
	Strategy 5.1: Develop an action plan for OH communication, advocacy, and capacity building.	Activity 5.1.1: Develop communication, advocacy, and capacity building action plan.	216500.00
	Strategy 5.2: Facilitate the mainstreaming of One Health principles and practices into capacity-building programs across relevant sectors to ensure alignment with national One Health priorities.	Activity 5.2.1: Facilitate the integration of One Health concepts into academia and professional associations.	483152.00
	Strategy 5.3: Conduct targeted advocacy campaigns to promote the adoption of One Health approaches at the national, regional, and community levels.	Activity 5.3.1: Conduct relevant One Health capacity building workshops.	902902.00
		Activity 5.3.2: Develop awareness and advocacy materials on OH issues for diverse audiences.	718384.00
TOTAL			11483468.00

Annex II: List of stakeholders

Human Health

- Ministry of Health and Child Care
- Ministry of Local Government and Public Works
- National Biotechnology Authority
- Health Services Commission
- Office of the President and Cabinet
- Zimbabwe Defence Forces
- One Health Secretariat
- Food and Nutritional Council
- National AIDS Council
- Africa Centre for Disease Control Emergency preparedness and response

Animal Health

- Ministry of Lands, Agriculture Fisheries, Water and Rural Development
- Department of Veterinary Services

Environment

- Ministry of Environment, Climate and Wildlife
- Environmental Management Authority

Development partners

- Capacitating One Health in Eastern and Southern Africa
- World Health Organization
- Food and Agriculture Organization of the United Nations

Academic Institutions

- Harare Institute of Technology
- University of Zimbabwe

Other

- Ministry of Foreign Affairs and International Trade

Annex III: List of participants

Inter-Ministerial Validation with the Key One Health Ministers

Dr Douglas Mombeshora	Minister of Health and Child Care
Dr Anxious Masuka	Minister of Lands, Agriculture, Fisheries, Water and Rural Development
Dr Evelyn Ndlovu	Minister of Environment, Climate and Wildlife

Name	Affiliation
Dr. Agnes Mahomva	Public Health Advisor to the President and Cabinet, OPC
Dr. Melody Ndemera	Lead Technical Consultant on the development of the strategic plan
Prof Mutambanengwe	Acting Pro Vice Chancellor & Executive Director Research Innovation & Industrialisation
Prof Joconiah Chirenda	COHESA CO-PI, UZ
Prof Prisca Mugabe	COHESA CO-PI, UZ
Prof G Matope	PI, UZ-COHESA
Dr Mark Obonyo	Anti- Microbial Resistance and One Health Coordinator -FAO
Dr Mutale Mumba	Office in Charge representing World Health Representative
Dr. Lincoln Charimari	Emergency Preparedness Response Team Lead, WHO
Dr Lucia Gumbo	Health Specialist, UNICEF
Dr. Edward Makondo	Commissioner, HSC
Prof Mutopo	Chief Director, MLAWRD
Ms. Batsirai Mbodza	Regional EPR, Africa CDC
Prof Nicholas Midzi	Director, NIHR and MOHCC
Dr Kudzaishe Vhoko-Tapesana	National Anti Microbial Resistance (AMR) Coordinator, FAO
Dr Victor Nyamandi	Director Environmental Health Services, MOHCC
Dr. Claid Mujaju	Director Research Services Department, MLAWRD
Ms. Nyarai Priscillah Mudzingo	Director Inspectorate, MLGPW
Dr Jairus Machakwa	Director, Directorate of Veterinary Services
Ms N. P. Mudzingo	Director Inspectorate, MLGPW
Dr Raiva Simbi	Director Laboratory Services, MOHCC
Ms Rudo Karadzandima	Acting Director, Public Health Advisory Department, OPC and Secretariat
Dr. Cannan Tinashe Hodobo	Directorate Veterinary Services (MLAFWRD) and One Health Secretariat

Name	Affiliation
Mrs. Tracey K Mubambi	Environmental Officer, EMA and One Health Secretariat
Ms. Blessmore Chaibva	Pharmacist AMR, Rational Medicines Use Focal Person (MOHCC) and One Health Secretariat
Mr. Tapfumanei Mashe	Anti- Microbial Resistance, World Health Organisation and One Health Secretariat
Mr. Abraham Matiza	Acting Director, MECW
Dr. Lawrence Dinginya	Deputy Director Veterinary Public Health, DVS
Mr. Mpumelelo Maphosa	Deputy Director Food and Safety, MOHCC
Mr J Mupanda	Deputy Director, ZDF
Ms. Daisey Chikurira	Deputy Director, MLGPW
Ms Meliqiniso Sibanda	Deputy Director Civil Protection – MPSLSW
Mr. Bekithemba Bhebhe	Deputy Director, OPC
Mrs Abbigal Mumpande	Deputy Director, Social Services, OPC
Ms Mercy Mtombeni	Deputy Director - Social Welfare, OPC
Ms. Tsungai Gozo	Deputy Director, OPC
Tanaka C. Sakubani	Deputy Director , MOHCC
Ms. Maria Muneuds	Acting Deputy Director, MLGPW
Mrs. Sylvia Yomisi	Manager, EMA
Mrs. Margaret Tawodzera	Manager Food Safety, MOHCC
Ms. Anna Takombwa	Inspectorate Manager, NBA
Ms. Rangarirai Mureya	Food Systems Manager, FNC
Dr. Shepherd Manhokwe	Research Development and Innovation Manager, NBA
Mr Shepherd Manhokwe	Manager National Biotech Authority and Research Development and Innovation
Ms. L. Makumbe	Acting Head Plant Quarantine, MLAWRD
Ms. Vivian Mugarisi	Food Strategist Manager, Food and Nutrition Council
Ms. Charity Kunaka	Head of Institute, ARISS
Ms. Winnie E Chipato	Senior Lecturer, HIT
Ms. Nyaradzai N Nembaware	A/NEHTO, MOHCC
Iraki Bibiana	ISAAA
Mr. Enkelbert Takawira	Chief Research Officer, Department of Research & Specialists Services -Plant Protection Research Institute
Ms. Polite Mazivire	Principal Planner, MLGPW
Ms. Anne Conan	Researcher, CIRAD
Ms. Helene De Nys	Researcher, CIRAD
Ms. Chipso E Chinamaringa	Health Promotion Officer, MOHCC.
Ms. Primrose G Dhikinya	Plant Health Service, Plant Quarantine Services Institute
Ms. Ethel Chitindingu	Researcher, HIT
Ms. Faustina Dhanda	Officer, Environmental Management Agency
Mr. James Mugombi	Food Safety Specialist, Food and Agriculture Organisation

Name	Affiliation
Mrs. Judith Banana	Quarantine Officer- Research Services Department Plant Quarantine Services Institute
Mr. Kefas Chinana	Environmental Health Services, MOHCC
Ms. Patricia Chagonda	Analyst/Chemist, Environmental Management Agency
Mr. Malvin Lawrence	National AIDS Council
Mr Sydney Danda	National Vector Control Officer Neglected Tropical Disease Programme Officer, MOHCC
Mr. Samson Mutengwa	Public Relations Officer, Fertilizer Farm Feeds and Remedies Institute
Ms. Necia Mutangabende	Seed Technologist, DR&SS
Ms. Rumbidzai Chizanga	Agriculture Research, Innovation and Specialist Services Directorate
Ms. Sandra Marimo	COHESA Project Enumerator, UZ
Mrs Chimbetete	Chairperson - Advisory Committee, UZ-COHESA
Ms. Tariro K Maposa	Biosafety Inspector, National Biotech Authority
Ms. Tatenda Mafunga	Nutrition Officer, Food and Nutrition Council
Dr Lucia Gumbo	Health Specialist, UNICEF
Ms Bridget Kagonye	MOHCC
Ms Charity Kunaka	Head of Institute, Agricultural Research Innovation and Specialist Services Directorate
Mr Donald Mhashu	MOFAIT
Mr. Bezel Nyamadzawo	Environmental Officer, MECW
Mr Kefas Chinana	Environmental Health Services
Mr Kurai Gareth Mawoneke	Staff Development Fellow, HIT
Ms Tsitsi Mandaza	Secretariat, OPC
Ms. Christina Mwerahari	Secretariat, COHESA
Mrs. Sikhonzile Moyo	Secretariat, UZ-COHESA
Mr J Mataruse	Logistics, OPC
Mr. Stewart Bongoza	One Health Logistics, UZ-COHESA
Mr. David Chikoto	Photographer, UZ



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