Policy Framework for One Health Coordination And Advocacy

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ZNPHI
ZAMBIA NATIONAL PUBLIC HEALTH INSTITUTE

Prepared by the One Health Secretariat at Zambia National Public Health Institute (ZNPHI)
In collaboration with line ministries, statutory bodies, academia, and partners

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Foreword

Zambia stands at a critical point in strengthening its capacity to prevent, detect and respond to health threats that arise at the human-animal-environment interface. The country continues to face a growing range of interconnected risks, including zoonotic disease outbreaks, antimicrobial resistance, food safety concerns, environmental hazards and climate-related health shocks. These threats affect human, animals, environmental, livelihoods and national development, and cannot be effectively addressed by any single ministry, institution or discipline working in isolation.

The Policy Framework for One Health Coordination and Advocacy has therefore been developed to provide a common foundation for sustained multisectoral collaboration. It builds on the National One Health Strategic Plan (2022–2026) and responds to the need for clearer institutional arrangements, predictable coordination mechanisms, stronger advocacy, and more consistent information sharing across sectors. The Policy Framework also supports Zambia's broader health security commitments, including strengthening capacities required under the International Health Regulations (2005), and addressing coordination and information-sharing gaps identified through national and multisectoral assessments.

This Policy Framework sets out the governance and operational arrangements required to institutionalise One Health coordination at national and sub-national levels. It clarifies the roles of key structures, including the One Health Steering Committee, One Health Coordinating Committee, Technical Working Groups, line ministries, statutory bodies and other stakeholders. It further provides direction for joint planning, resource mobilisation, surveillance and information sharing, preparedness and response, resilience building, research, advocacy, risk communication and community engagement.

Importantly, this Policy Framework is not intended to remain a stand-alone document. It is a practical instrument to guide how institutions work together before, during and after public health events. Its implementation will require active leadership, routine coordination, timely sharing and use of information, and accountability for agreed actions across the human health, animal health, environment, water, mining, disaster risk management, defence, local government and other relevant sectors. It also provides an important governance basis for operational mechanisms such as the Public Health Security Information Management System, which will support integrated information management and evidence-based decision-making.

The development of this Policy Framework reflects the collective commitment of Government ministries, statutory bodies, academia, cooperating partners, the private sector, civil society and communities to advancing a One Health approach that is country-owned, inclusive and sustainable. It aligns with Zambia's Vision 2030, the Eighth National Development Plan, the Nationally Determined Contributions, the Sustainable Development Goals, Agenda 2063 and other regional and global commitments.

As line ministries and One Health stakeholders, we reaffirm our commitment to translating this Policy Framework into action. We call upon all institutions and partners to use it as a guide for strengthening coordination, advocacy, surveillance and detection, information sharing, preparedness and response, and joint action. Through its effective implementation, Zambia will be better positioned to safeguard the health of its humans, animals and environment, while building a more resilient and secure future for generations to come.

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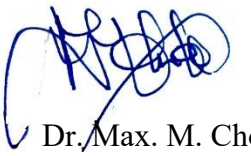

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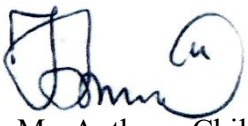

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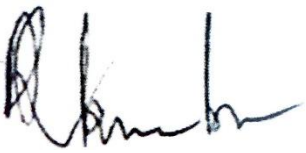

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Special appreciation goes to the Government of the Republic of Zambia, through the leadership and technical contributions of the ministries, statutory bodies, and agencies that participated in the development of this Policy Framework. Particular recognition is given to the eight core signatory institutions identified by the One Health Coordinating Committee based on their cross-sectoral roles during public health events, namely 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 – National Disaster Risk Management Division. We further acknowledge the important contributions and continuing role of other ministries, departments and agencies whose mandates are central to One Health implementation, including the Ministry of Agriculture, Ministry of Home Affairs and Internal Security, Ministry of Community Development and Social Services, Ministry of Justice, Department of National Parks and Wildlife, and other relevant Government institutions. We also recognise the contributions of the National, Provincial and District One Health Technical Working Groups, statutory bodies such as the Zambia Environmental Management Agency, Water Resources Management Authority, Zambia Medicines Regulatory Authority, National Food Laboratory, local authorities, laboratories, academia, the private sector, civil society, and communities, whose insights ensured that the Policy Framework is both comprehensive and inclusive. We are particularly grateful to our cooperating partners WHO, FAO, WOAH, UNEP, Africa CDC, World Bank, UKHSA, COHESA, FHI360, PATH, and CHAZ as well as other regional and global partners for their continued technical and financial support.

This Policy Framework represents not just a document, but a collective vision. It is a testament to Zambia's commitment to institutionalising One Health as the foundation of our health security, climate resilience, and sustainable development agenda.

Professor Roma Chilengi
Director General
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Executive Summary

Zambia faces complex and evolving health threats at the human–animal–environment interface. Expanding agriculture and livestock activities, mining, urbanisation, and climate variability have intensified disease spillover risks, environmental hazards, water resources degradation, inadequate water supply and sanitation services, and food safety concerns. Recurrent outbreaks of anthrax, rabies, and cholera, and aflatoxin contamination, alongside rising antimicrobial resistance, highlight the urgent need for coordinated, multisectoral responses. To address these challenges, the Government of Zambia developed the National One Health Strategic Plan (2022–2026), which outlined strategic goals for governance, surveillance, preparedness, response, advocacy, and research. However, gaps remained in operationalising these goals into legally backed and sustainably financed mechanisms.

This Policy Framework for One Health Coordination and Advocacy bridges that gap through several interventions. These include formalising governance mechanisms through strengthening the One Health Steering Committee, Coordinating Committee, and Technical Working Groups at national, provincial, and district levels, mobilising resources by creating pathways for domestic financing, donor support, and public–private partnerships. The Policy Framework further seeks to enhance surveillance and information sharing by developing interoperable data-sharing platforms and early-warning systems. Recognising the need for shared response capabilities, the Policy Framework provides a mechanism for strengthening response capabilities by establishing multisectoral rapid response teams and logistical systems for outbreak containment. Additionally, the Policy Framework advances risk communication and community engagement through empowering communities as active participants in prevention and early detection. Finally, the Policy Framework seeks to promote advocacy and research through generating evidence to guide policy, address knowledge gaps, and secure political commitment.

By institutionalising multisectoral collaboration, embedding research and community voices, and aligning with Zambia's Vision 2030, the Sustainable Development Goals, and Agenda 2063, this Policy Framework lays the foundation for a resilient and country owned One Health system.

The implementation of this Policy Framework will ensure that Zambia can anticipate hazards, mobilise resources, and respond swiftly and effectively to protect the health of its humans, animals, and environment, now and in the future.

Dr. Raymond Hamoonga
National One Health Coordinator
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Abbreviations & Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AMR	Antimicrobial Resistance
API	Application Programming Interface
CBNRM	Community-Based Natural Resource Management
CBU	Copperbelt University
CDC	Centers for Disease Control and Prevention
CDF	Constituency Development Fund
CHAZ	Churches Health Association of Zambia
CLIMSOFT	Climate Data Management System
COHESA	Capacitating One Health in Eastern and Southern Africa
COP	Conference of Parties
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organisation
DDCC	District Development Coordinating Committee
DMIS	Disaster Management Information System
DNPW	Department of National Parks and Wildlife
DQA	Data Quality Assessment
DVS	Department of Veterinary Services
eIDSR	Electronic Integrated Disease Surveillance and Response
ECHO	Extension for Community Healthcare Outcomes
EIA	Environmental Impact Assessment
EIOS	Epidemic Intelligence from Open Sources
EMA	Environmental Management Act
EMS	Environmental Management System
EPRC	Epidemic Preparedness and Response Committee
EQA	External Quality Assessment
ESBL	Extended-Spectrum Beta-Lactamases
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross Domestic Product
GIS	Geographic Information System
GISRS	Global Influenza Surveillance and Response System
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GMO	Genetically Modified Organism
HIA	Health Impact Assessment
HMIS	Health Management Information System
HPAI	Highly Pathogenic Avian Influenza
IBCM	Integrated Bite Case Management
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IHR-PVS	International Health Regulations–Performance of Veterinary Services
IMS	Incident Management System
JEE	Joint External Evaluation
JRA	Joint Risk Assessment
MFL	Ministry of Fisheries and Livestock
MGEE	Ministry of Green Economy and Environment
MLGRD	Ministry of Local Government and Rural Development
MMMD	Ministry of Mines and Minerals Development
MoA	Ministry of Agriculture
MoD	Ministry of Defence

MoH	Ministry of Health
MoU	Memorandum of Understanding
MWDS	Ministry of Water Development and Sanitation
NAPHS	National Action Plan for Health Security
NBA	National Biosafety Authority
NDRMD	National Disaster Risk Management Division
NFL	National Food Laboratory
NGO	Non-Governmental Organisation
NHRA	National Health Research Authority
NHREB	National Health Research Ethics Board
NHRTI	National Health Research and Training Institute
NISIR	National Institute for Scientific and Industrial Research
OH	One Health
OHCC	One Health Coordinating Committee
OHSC	One Health Steering Committee
OHSI	Occupational Health and Safety Institute
OHSP	One Health Strategic Plan
PCR	Polymerase Chain Reaction
PH	Public Health
PHE	Public Health Event
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centre
PHSIMS	Public Health Security Information Management System
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SILAB	Laboratory Information System
SimEx	Simulation Exercise
SOP	Standard Operating Procedure
SWOC	Strengths, Weaknesses, Opportunities and Challenges
TB	Tuberculosis
ToC	Theory of Change
ToR	Terms of Reference
TWG	Technical Working Group
UKHSA	United Kingdom Health Security Agency
UN	United Nations
UNEP	United Nations Environment Programme
UNZAVET	University of Zambia School of Veterinary Medicine
WARMA	Water Resources Management Authority
WASH	Water, Sanitation and Hygiene
WDC	Ward Development Committee
WHO	World Health Organization
WHONET	WHO Collaborating Centre software for AMR surveillance
WOAH	World Organisation for Animal Health
ZABS	Zambia Bureau of Standards
ZAHIS	Zambia Animal Health Information System
ZAMRA	Zambia Medicines Regulatory Authority
ZARI	Zambia Agriculture Research Institute
ZEMA	Zambia Environmental Management Agency
ZNPHI	Zambia National Public Health Institute

Definitions

For the purpose of this Policy Framework, the definitions contained herein in this section apply.

Climate Change & Variability: the terms climate change and climate variability are used collectively to refer to climate-related conditions that influence human, animal, plant, and environmental health in Zambia. While climate change refers to long-term shifts in climate patterns, climate variability describes shorter-term fluctuations in climatic conditions, including seasonal and interannual variations. In the Zambian context, both phenomena contribute to the emergence, transmission, and distribution of health threats and are therefore referenced interchangeably where discussing their implications for One Health, unless a distinction is specifically required.

Climate-Health Nexus: The interconnectedness between climate change and public health outcomes, including disease transmission, food security, and other health impacts influenced by climate.

Ecosystem Health: The condition and resilience of ecosystems, including their capacity to sustain ecological processes and support human, animal, plant and environmental health.

Emerging zoonotic disease: Infectious diseases that are naturally transmitted between animals and humans and have recently emerged, are re-emerging, or are increasing in incidence or geographic distribution due to changes in pathogens, hosts, ecosystems, climate, land use, or human–animal–environment interactions.

Environment: The meaning assigned to it in the Environmental Management Act No 12 of 2011 as read together as one with the Environmental Management (Amendment) Act No 8 of 2023.

One Health: As defined by the One Health High-Level Expert Panel (OHHLEP), One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, plants, and ecosystems by recognising their close interconnection and promoting coordinated, multisectoral, multidisciplinary, and transdisciplinary collaboration to address health threats and advance sustainable development.

One Health Surveillance: Coordinated surveillance across human, animal, and environmental sectors to detect, assess, report and respond to health threats at the human-animal-environment interface.

One Health System: A set of governance structures, processes, tools and resources that enable sectors to work together to prevent, detect and respond to health threats at the human-animal-environment interface.

Public Health Event: Any actual or potential occurrence that poses a risk to public health and requires assessment, coordinated public health action or emergency response

Zoonotic diseases (zoonoses): Infectious diseases that are naturally transmitted between animals and humans through direct contact, indirect exposure, vectors, food, water, or environmental pathways. Zoonotic diseases may be caused by bacteria, viruses, parasites, fungi, or other infectious agents and may emerge, re-emerge, or persist as endemic diseases.

Chapter 1. Introduction

Zambia faces an increasingly complex landscape of health threats at the intersection of human, animal and environmental systems. The rapid expansion of agriculture, mining and urbanisation has intensified interactions between people, wildlife and livestock, creating fertile ground for zoonotic spill overs, antimicrobial resistance, and ecosystem degradation. No single sector can manage these challenges in isolation. Environmental incidents such as the leakage of harmful chemicals at a mining leach plant that contaminated soil, plants and water bodies on the Copperbelt in February 2025, and aflatoxin contamination of maize in 2024 exposed coordination gaps between ministries, agencies, local authorities and non-state actors. These limitations in sector-by-sector responses often result in siloed, misaligned efforts and delay critical decision-making which impedes rapid interventions.

In recognition of coordination, communication and collaboration challenges, Zambia, through the Zambia National Public Health Institute (ZNPHI), launched the National One Health Strategic Plan (OHSP) 2022-2026 in February 2023. The OHSP sets a vision for Zambia with a sustainably balanced and optimised health of people, animals and ecosystems, and identifies five thematic goals: Governance and Coordination; Surveillance; Preparedness and Response; Advocacy, Communication and Training; and Research. While the OHSP provides strategic direction, gaps remain in translating this ambition into actionable, legally backed and sustainably financed mechanisms.

This Policy Framework for the Coordination and Advocacy of One Health in Zambia translates the OHSP into a practical, multisectoral roadmap for planning, resourcing and decision making. It defines clear institutional roles via the One Health Steering Committee, Coordinating Committee and Technical Working Groups, establishes sustainable financing pathways, and sets out integrated data-sharing protocols. Grounded in the Zambia National Public Health Institute Act No. 19 of 2020 and aligned with the Public Health Act, Cap. 295, Animal Health Act No. 27 of 2010 and Environmental Management Act No. 12 of 2011 as read together as One with the Environmental Management (Amendment) No. 8 of 2023 and Food Safety Act No. 7 of 2019, the Policy Framework converts strategic goals into concrete coordination and advocacy actions across all sectors.

Repeated outbreaks of zoonoses such as anthrax and rabies underscore the persistent disease burden. Annually, Zambia records over a hundred human cases of anthrax, while dog-mediated human rabies remains endemic in all ten provinces. Cross-border trade and human mobility intensify these risks. Zambia's long and porous borders with its eight neighbouring countries facilitate the transmission of transboundary animal diseases and emerging pathogens, such as Avian Influenza, Mpox and viral haemorrhagic fevers. Antimicrobial resistance further complicates treatment of common infections, with national surveillance detecting rising rates of Extended-Spectrum Beta-Lactamases (ESBL)-producing Enterobacteriaceae in both human and veterinary samples. Environmental health challenges such as unsafe water access, poor sanitation

and pollution drive diarrhoeal diseases and chemical poisonings. Inadequate water, sanitation and hygiene infrastructure, particularly the contamination of drinking-water sources, has driven recurring cholera and typhoid outbreaks in both urban and rural areas, exacerbated by unsafe food handling and limited public awareness (UNEP–FAOLEX, 2022).

Zambia's diverse agro-ecological zones, from the high plateaus of Muchinga to the floodplains of the Zambezi, support a vast range of human livelihoods, livestock rearing, wildlife tourism and mineral extraction. This complexity underpins both opportunity and risk. Agricultural activities and pastoralism bring people and domestic animals into close contact, while wildlife corridors intersect with grazing lands, creating interfaces where pathogens can move between species. This is further exacerbated by the effects of climate change and environmental degradation. These interconnected challenges underscore the need for a One Health approach that integrates human, animal, and environmental health to improve surveillance, preparedness, and coordinated response.

By institutionalising multisectoral collaboration, embedding community voices and aligning with Zambia's Vision 2030, the provisional Nationally Determined Contributions 3.0, the SDGs and Agenda 2063 commitments, this Policy Framework transforms the OHSP's strategic aims into a resilient, country-owned system capable of anticipating hazards, mobilising resources and safeguarding human, animal, and ecosystem health.

1.1. Purpose and Scope

This Policy Framework aims to:

1. **Consolidate Governance Mechanisms:** Build on the existing One Health Steering Committee, Coordinating Committee, and National and sub-national Technical Working Groups by formalising their respective mandates, clarifying decision-making pathways and strengthening inter-sectoral coordination for unified action.
2. **Mobilise Resources:** Identify and secure domestic budget lines, promote public–private partnership models and donor engagement strategies to ensure sustainable financing of integrated One Health activities.
3. **Strengthen Surveillance & Information Sharing:** Establish and maintain functional interoperable information-sharing mechanisms, including the Public Health Security Information Management System (PHSIMS), agreed early-warning triggers, and robust data-governance protocols so that routine information from human health, animal health, environment, water, food safety, climate, disaster risk and other relevant sectors are shared and transformed into actionable intelligence for rapid detection, preparedness and response.
4. **Enhance Response Capabilities:** Prepare and implement joint preparedness and response plans, strengthen multisectoral rapid-response teams and pre-position logistical arrangements such as

sample transport and cold-chain supplies to contain outbreaks and environmental hazards swiftly and effectively.

5. **Promote Risk Communication and Community Engagement (RCCE) in One Health programmes:** Promote community participation in the development, implementation and monitoring of RCCE interventions, enhance two-way risk-communication channels, participatory surveillance networks that empower communities and local authorities as first responders.
6. **Advance Advocacy:** Design and implement targeted advocacy strategies including policy briefs, stakeholder mapping and multi-media campaigns to secure high-level political commitment and broad public support for One Health co-ordination.
7. **Promote Research & Knowledge Management:** Coordinate a national One Health research agenda, strengthen multi-disciplinary evidence generation and facilitate knowledge sharing to inform policy decisions, drive innovation and continuously refine One Health practices.

The Policy Framework combines advocacy strategies with practical implementation roadmaps. It applies nationwide, bringing together human, animal, environment, and other relevant sectors, as well as public, private, academia and civil-society stakeholders. The Policy Framework encompasses governance and coordination; resource mobilisation; surveillance and information sharing; response capabilities; risk communication and community engagement; advocacy and communication; and research and knowledge management.

By formalising coordination and advocacy functions, this Policy Framework seeks to transform Zambia's One Health ambitions into a resilient, country-owned system capable of anticipating hazards, mobilising resources and safeguarding public, animal and environmental health.

Chapter 2. Situational Analysis

2.1 Overview of Zambia's One Health context

Zambia's One Health context is shaped by a complex interaction of human, animal, environmental, water, food safety, climate and disaster-related risks. Recurrent zoonotic disease threats, antimicrobial resistance, food contamination, environmental pollution, mining-related hazards, climate-sensitive health risks and cross-border disease movements continue to demonstrate the need for stronger multisectoral coordination. These risks require institutions to share information, jointly assess threats, coordinate preparedness and response actions, and communicate effectively with communities and decision-makers.

Zambia has a broad policy, legal and institutional landscape that provides an important foundation for One Health coordination. A desk review of existing policies, laws and institutional mandates relevant to One Health identified several legal instruments that support public health security, animal health, environmental management, water and sanitation, food safety, disaster risk management, climate action, access to information and data protection. These instruments provide a basis for multisectoral action, but require clearer coordination mechanisms, operational tools and institutional commitments to support routine implementation.

2.2 Existing Policy, Legal and Institutional Landscape

The review highlighted the existence of several legal frameworks relevant to One Health coordination in Zambia.

In addition to the policy and legal instruments outlined above, Zambia has made progress in establishing One Health and health security coordination mechanisms. These include the National One Health Strategic Plan (2022-2026) the National IHR-PVS Bridging Workshop, Joint Risk Assessments, simulation exercises and the National Action Plan for Health Security (2024-2029). Zambia has also established epidemic preparedness and response structures at national, provincial and district levels. These include national-level public health emergency coordination structures, as well as Provincial and District Epidemic Preparedness, Prevention, Control and Management Committees or equivalent multisectoral coordination platforms. These structures provide important mechanisms for preparedness planning, risk assessment, surveillance review, response coordination, resource mobilisation, community engagement and follow-up of public health events.

The need for stronger information sharing is particularly important given the existence of multiple sectoral surveillance, laboratory, environmental, emergency and administrative data systems that

are not yet routinely connected for One Health decision-making. Zambia has developed the Public Health Security Information Management System (PHSIMS) which provides an operational mechanism to support the aggregation, management, analysis and use of multisectoral data for public health security. Its effective implementation requires clear governance arrangements for data ownership, access, protection, quality, sharing, validation, feedback and accountability across participating institutions.

The One Health coordination and advocacy arrangements proposed in this Policy Framework are intended to complement and strengthen these existing epidemic preparedness and response structures, rather than create parallel systems. At national level, the One Health Steering Committee and One Health Coordinating Committee will support policy direction, multisectoral coordination, information sharing and strategic decision-making. At provincial and district levels, One Health Technical Working Groups and focal points will link with existing epidemic preparedness committees to ensure that human health, animal health, environment, water, climate, disaster risk, local government and other relevant sectors are represented in preparedness and response processes. This linkage is particularly important for zoonotic diseases, food safety events, environmental hazards, water-related risks, climate-sensitive events and other public health threats that require coordinated multisectoral action.

Despite these existing structures and efforts, stakeholder consultations, and document review show that coordination remains uneven and often dependent on specific projects, outbreaks or partner-supported activities. Key gaps include limited routine data and information sharing across sectors, weak operationalisation of sub-national coordination structures, inadequate sustainable financing, variable participation across institutions, and the absence of a formalised framework to guide advocacy, accountability and coordinated action. These gaps hamper Zambia's ability to systematically engage stakeholders, mobilise political and financial commitment, and drive behavioural and policy change across sectors.

Therefore, there is an urgent need to implement and institutionalise a comprehensive Policy Framework for One Health Coordination and Advocacy that can unify and amplify multisectoral efforts, increase accountability, and enhance Zambia's capacity to prevent, detect and respond to health threats at the human-animal-environment interface.

2.3 SWOC Analysis

A Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis was undertaken to assess Zambia's readiness to implement the One Health approach. The assessment examined the policy and legal environment, governance and coordination mechanisms, surveillance and response systems, laboratory capacity, financing, workforce, information management, stakeholder engagement and emerging public health risks. The findings informed the strategic priorities and implementation approaches outlined in this Policy Framework.

Strengths

Zambia has established a strong foundation for One Health implementation. The Zambia National Public Health Institute Act No. 19 of 2020 provides a legal mandate for multisectoral coordination, supported by the National One Health Platform, existing governance structures, and the National One Health Strategic Plan. The country also benefits from multidisciplinary technical expertise, established surveillance and response systems, national diagnostic capacity, risk communication platforms, and sustained support from cooperating partners. These strengths provide a solid basis for coordinated prevention, detection and response to public health threats.

Weaknesses

Implementation remains constrained by inconsistent coordination across sectors and levels, limited routine information sharing, inadequate institutionalisation of One Health within some ministries, insufficient domestic financing, and variable operational capacity at subnational level. Additional challenges include limited human resources, uneven laboratory capacity, low community awareness, regulatory gaps for selected hazards, and administrative processes that can delay implementation.

Opportunities

Growing national, regional and global commitment to One Health presents significant opportunities to strengthen implementation. International frameworks, regional initiatives and partner investments provide avenues for technical collaboration and resource mobilisation. Expanding One Health training programmes, digital technologies, integrated information systems, and public-private partnerships further offer opportunities to strengthen surveillance, workforce development, innovation and coordinated action.

Challenges

Implementation may be affected by continued reliance on external financing, increasing impacts of climate change and environmental degradation, emerging and re-emerging infectious diseases, antimicrobial resistance, transboundary disease threats, and the growing frequency of chemical, biological and environmental emergencies. These challenges underscore the need for sustained multisectoral collaboration, resilient systems and adaptive governance.

Overall, the SWOC analysis confirms that Zambia has a strong institutional and policy foundation for One Health implementation. However, strengthening coordination, sustainable financing, subnational operationalisation, information sharing and institutional accountability remains essential. This Policy Framework provides the strategic mechanism for leveraging existing strengths and opportunities while addressing identified weaknesses and challenges.

A detailed SWOC analysis is provided in Annex A. Detailed SWOC Analysis

Chapter 3. Theory of Change for One Health Coordination and Advocacy

The Theory of Change (ToC) for the Policy Framework on One Health Coordination and Advocacy sets out the logic through which strengthened coordination, advocacy, information sharing and joint action will contribute to improved health security and resilience. It links the Policy Framework's priority activities to expected outputs, short- and medium-term outcomes, and long-term impact.

The TOC is grounded in Zambia's experience with public health threats at the human-animal-environment interface, including zoonotic diseases, antimicrobial resistance, foodborne risks, environmental hazards, climate-sensitive health risks and other public health events requiring multisectoral action. It also builds on the National One Health Strategic Plan, national health security assessment processes, existing epidemic preparedness and response structures, and lessons from previous outbreaks and multisectoral coordination efforts.

3.1 Problem Statement

Zambia faces complex and evolving health threats that cut across human health, animal health, environmental health, water, food safety, climate, disaster risk and other sectors. These include zoonotic diseases such as rabies and anthrax, antimicrobial resistance, food contamination, pollution and environmental hazards, mining-related incidents, climate-sensitive events, water-related risks and transboundary disease threats.

Although Zambia has made progress in establishing One Health and health security coordination mechanisms, implementation remains affected by sectoral silos, limited routine information sharing, uneven subnational coordination, inadequate sustainable financing, variable participation across institutions and weak operationalisation of some existing structures. Without a functional, well-resourced and accountable One Health system, the country remains vulnerable to delayed detection, fragmented response, inefficient resource use and preventable health, livelihood and environmental impacts.

3.2 Theory of Change Pathway

The ToC assumes that if Zambia strengthens and institutionalises One Health governance structures, clarifies institutional roles, establishes routine information-sharing mechanisms, mobilises sustainable resources, builds multisectoral workforce capacity, supports community engagement and promotes evidence-based advocacy, then sectors will be better able to jointly prevent, detect

and respond to public health threats at the human-animal-environment interface. This pathway is expected to operate as follows:

Table 1: Theory of Change pathway

Level	Description
Inputs	Political leadership, legal and policy frameworks, One Health governance structures, the One Health Secretariat, line ministries, statutory bodies, technical expertise, surveillance and laboratory systems, PHSIMS and other information systems, partner support, domestic resources, community structures and research institutions.
Activities	Strengthen and resource multisectoral coordination structures; support joint planning and review; develop and implement data-sharing arrangements; strengthen integrated surveillance and early warning; conduct joint risk assessments and outbreak investigations; build One Health workforce capacity; promote advocacy, RCCE and community engagement; mobilise resources; and support research and knowledge management.
Outputs	Functional One Health Steering Committee, Coordinating Committee and Technical Working Groups; agreed roles and reporting lines; standard coordination tools; memorandum of understanding (MoUs)/letters of agreement (LoAs) or data-sharing schedules; regular coordination meetings; joint risk assessments; multisectoral investigation and response reports; trained One Health workforce; advocacy products; policy briefs; and functional information-sharing mechanisms.
Short-term outcomes	Improved routine coordination across sectors; clearer institutional roles; more timely sharing and use of information; improved joint planning; stronger preparedness and response coordination; increased stakeholder engagement; and improved awareness of One Health priorities among decision-makers, implementers and communities.
Intermediate outcomes by 2030	Functional and sustainable One Health governance at national and subnational levels; improved prevention, detection and response to public health events through integrated surveillance; strengthened AMR containment; improved food safety systems; empowered communities; enhanced climate-health adaptation; and stronger evidence use in One Health decision-making.

Long-term impact	Zambia achieves sustainable health security and resilience by reducing the risk and burden of zoonotic, foodborne, environmental and climate-sensitive health threats.

3.3 Assumptions and Risks

The ToC is based on several assumptions. These include sustained political commitment to multisectoral coordination, continued engagement of line ministries and statutory bodies, availability of domestic and partner resources, willingness of institutions to share information through agreed mechanisms, active participation of communities, and continued support for national and subnational One Health structures.

Several risks could affect implementation. These include dependence on donor financing, sectoral silos and institutional rivalry, weak subnational capacity, staff turnover, limited domestic budget allocations, delays in procurement and approvals, reluctance to share data, climate variability, transboundary disease threats, and unpredictable environmental or industrial emergencies.

To mitigate these risks, the Policy Framework promotes formalised governance structures, clear institutional roles, agreed data-sharing instruments, routine joint planning, advocacy for domestic financing, capacity building at provincial and district levels, strengthened community engagement, use of PHSIMS and other information-sharing mechanisms, and periodic review of implementation progress.

Table 2: Risks and mitigation measures underpinning the ToC

Risk	Mitigation Measure
Dependence on donor financing	Advocate for domestic budget lines, integrate OH into Constituency Development Fund.
Sectoral silos and institutional rivalries	Formalise mandates through TORs and legal instruments; regular joint planning.
Limited subnational capacity	Build provincial/district TWGs; allocate resources for training and logistics.
Climate variability intensifying faster than predicted	Integrate OH into national climate adaptation strategies and early warning systems.

3.4 Application of the Theory of Change

The ToC should be used as a practical guide for planning, implementation, monitoring and review of the Policy Framework. It should inform annual workplans, M&E indicators, stakeholder engagement, resource mobilisation, policy advocacy and the development of operational tools such as MoUs/LoAs, data-sharing schedules, Standard Operating Procedures (SOPs) and implementation plans.

The ToC should be reviewed periodically by the One Health Secretariat and relevant TWGs to ensure that it remains responsive to emerging risks, implementation lessons, evolving institutional arrangements and national One Health priorities. A simplified ToC Canvas is provided in Annex B. Theory of Change Canvas as a practical tool for planning and review.

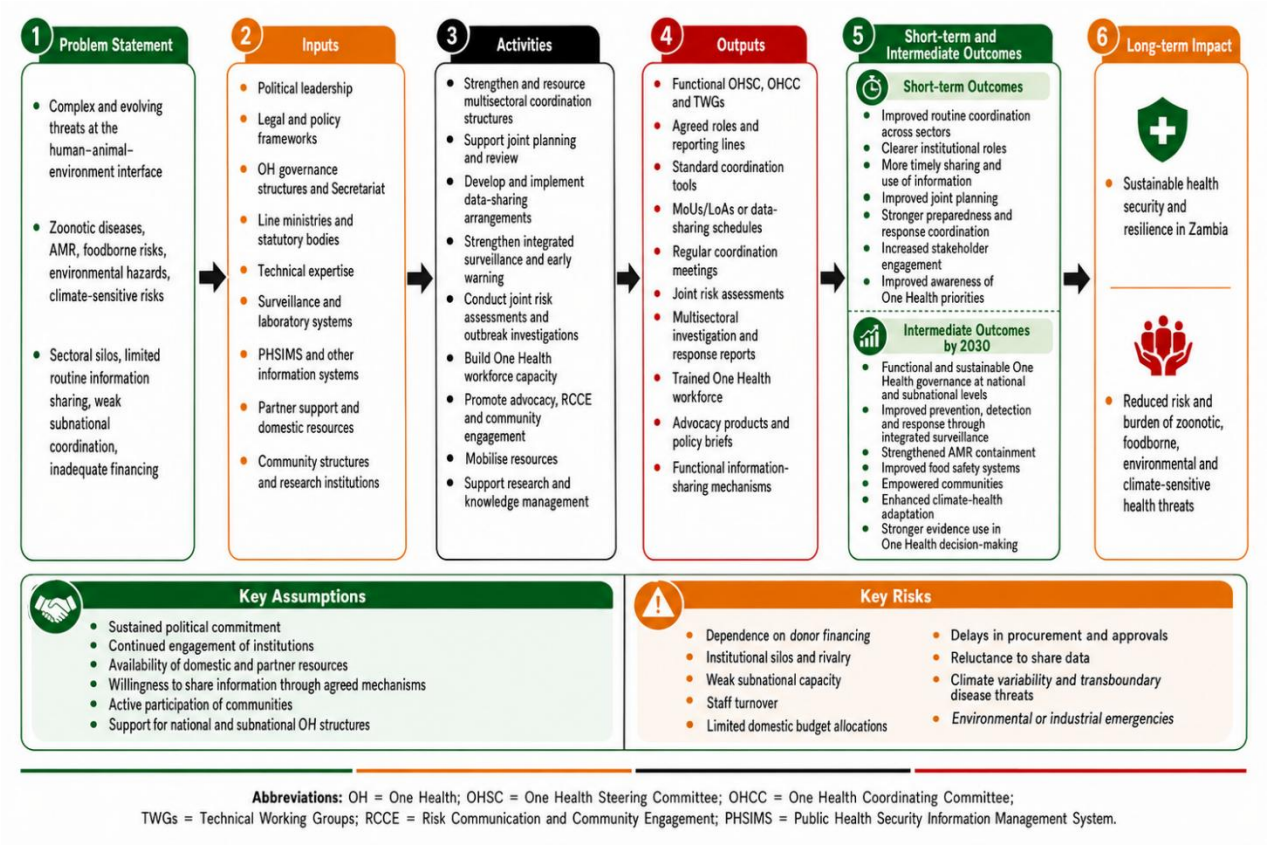


Figure 1: Theory of Change Pathway for OH Coordination and Advocacy

Chapter 4. Strategic Approaches and Desired Outcomes

4.1 Strategic approaches

This Policy Framework for One Health Coordination and Advocacy adopts a multi-sectoral, integrated approach to address zoonotic diseases, antimicrobial resistance (AMR), food safety, and environmental health risks. The One Health Policy Framework emphasises the interconnectedness of human, animal, and environmental health, advocating for collaborative strategies to address complex health challenges. The key strategic approaches will include:

4.1.1 Strengthening Multi-Sectoral Coordination

Strong multi-sectoral coordination among the animal, human and environment sectors is necessary for the successful implementation of One Health strategic plan in Zambia. The One Health Steering Committee provides oversight, Coordination Committee supervises policy alignment and resource mobilisation, while the national and subnational Technical Working Groups implement activities set out in the OHSP and as agreed during the collaborative planning meetings. In order to ensure coordinated responses to public health events, these committees will perform their respective functions as outlined in their respective Terms of References (TORs). To improve the applicability and effectiveness of One Health initiatives, the Policy Framework will promote the use of community-based approaches and incorporate indigenous knowledge in relation to public health events.

4.1.2 Integrated Disease Surveillance and Early Warning Systems

Integrated surveillance and early warning are central to Zambia's implementation of the One Health approach. The Policy Framework will promote routine sharing and use of information across human health, animal health, environment, water, food safety, climate, disaster risk and other relevant sectors. This will support timely detection of unusual events, joint risk assessment, coordinated investigation and evidence-informed decision-making. Unusual public health events will be detected by automated early warning systems, which will prompt quick multi-sectoral investigations and response. Capacity building for surveillance teams in sample collection, shipment and reporting of public health events will be conducted. To mitigate transboundary public health events, cross-border surveillance and collaboration with neighbouring countries and regional bodies shall be strengthened. The nation will continue to strengthen IHR core capacities, enhance evidence-based decision-making, and lower epidemic risks.

PHSIMS will serve as a key operational mechanism for integrated One Health information management and decision support. Its effective use will require agreed data-sharing schedules, institutional focal points, role-based access, data-quality standards, confidentiality safeguards, metadata management, escalation procedures and compliance with applicable legal and data protection requirements. These arrangements will ensure that information from relevant sectors is shared responsibly, transformed into actionable intelligence, and used to support preparedness, early warning, response coordination and accountability.

4.1.3 Capacity Building and Workforce Development

Effective One Health implementation in Zambia depends on a skilled workforce trained in multi-disciplinary collaboration. Capacity-building programs will target practitioners in human, animal and environment sectors, as well as policymakers. One Health courses will be incorporated into the curricula of academic and training institutions. Zambia will set up e-learning platforms for continuous professional development. Programs for capacity building will be conducted in partnership with international organisations such as Africa CDC, WHO, WOAH, UNEP and FAO.

4.1.4 Antimicrobial Resistance (AMR) Mitigation

Zambia's One Health AMR mitigation strategy focuses on prudent antimicrobial use across human medicine, veterinary practice, and agriculture. The National AMR Action Plan provides guidance on the country's response to the growing problem of AMR. Interventions for AMR include the promotion of the prudent prescription and use of antimicrobials, and implementation of a multi-sectoral surveillance network to track patterns of resistance. While farmers will be trained on alternative interventions such as vaccinations, probiotics, and biosecurity, the public and private health facilities will implement antimicrobial stewardship programs. A national dashboard will be used to share data from laboratories that perform AMR testing on priority pathogens. Campaigns to raise awareness among communities, veterinarians, and healthcare professionals will encourage the prudent use of antibiotics. In order to fight drug-resistant illnesses, Zambia will also cooperate with regional efforts including the Global AMR Surveillance System (GLASS). This strategy maintains treatment efficacy, guarantees food safety, and promotes sustainable animal production, all of which are important tenets of Zambia's One Health policy by lowering AMR threats.

4.1.5 Risk communication and Community Engagement

Sustainable One Health outcomes in Zambia require community-based approaches that promote active community participation in health promotion, disease prevention and control. Community dialogues, interactive workshops, and culturally specific awareness campaigns around zoonoses, food safety, sanitation, climate change, and AMR are examples of grassroots engagement strategies. Engagements with the community will take a two-way communication approach, incorporating community feedback and indigenous knowledge in the design of community-based interventions. To spread important messages, traditional leaders, farmers, women's organizations, and young people will be enlisted as One Health ambassadors. One Health literacy will be improved by interactive resources such as radio shows, smartphone apps, and community forums.

Effective risk communication is crucial for One Health in Zambia. Messages will be simple, clear, and reflect local values, using trusted community members as ambassadors. Open dialogue and participatory methods will help build trust and ensure understanding. A mix of traditional (e.g. radio programs, community gatherings, storytelling) and modern communication methods (e.g. mobile apps, social media), tailored for local languages and literacy levels, will make information accessible. Engaging tools like storytelling and visual aids will be used to improve learning. Communication strategies will be regularly reviewed and adapted based on community feedback and changing needs.

4.1.6 Enhanced Food Safety

The One Health Policy Framework will strengthen the national food safety system through coordinated, risk-based policies, regulatory enforcement, and stakeholder capacity building across the food value chain. Food safety measures should not be implemented in isolation but as part of an integrated system to prevent, detect, and respond to health risks across all sectors. This Policy Framework will strive to address the challenges of unsafe food for an effective and efficient National Food Control System. Strategic actions will include:

i. Strengthening food safety measures to reduce risks from pathogens, chemical contaminants (e.g., pesticides, heavy metals), and zoonotic diseases (e.g., brucellosis, bovine TB) through surveillance, regulation, and public awareness campaigns.
ii. Promoting safe animal feed practices by enforcing quality standards, monitoring contaminants (e.g., aflatoxins), and improving feed safety protocols to prevent disease transmission along the food chain.

iii. Implementing integrated pollution control, waste management, and water safety measures to minimise environmental contamination risks that impact food safety and public health.
iv. Capacity building of laboratories mandated to conduct food safety testing will be done in collaboration with partners and relevant stakeholders for the prevention, detection and response to public health events.

4.1.7 Climate Change Adaptation

The One Health Policy Framework will prioritise the establishment of early warning systems that integrate data from the human, animal and environment sectors to detect and predict emerging and re-emerging threats in real time. These systems will enable timely interventions, reduce the disease and strengthen national preparedness for climate sensitive health risk.

A central pillar of this approach is capacity building at multiple levels particularly, frontline responders with the skills to manage public health event emergencies in a changing climate. Through training in multiple disciplines including; outbreak investigation, environmental surveillance, and climate-related health modelling. Zambia aims to build a workforce that is not only prepared to respond to current threats but also capable of adapting to evolving risks associated with the climate change and health nexus ensuring harmonised, evidence-driven, and resource-efficient multisectoral coordination.

Through this integrated approach, Zambia is advancing a climate resilient One Health system that safeguards public health, strengthens livelihoods, and builds national resilience against the growing threats of climate change at national and sub-national level.

4.2 Desired Outcomes

4.2.1 Strengthened Multisectoral Governance and Coordination for Effective and Harmonised Public Health Action

The One Health Policy Framework will institutionalise joint planning and resource-sharing among human health, animal health, and environmental sectors. Regular policy dialogues, synchronised emergency drills, and unified data platforms will foster seamless coordination during health crises. By breaking down silos, Zambia will achieve more efficient responses to pandemics, food safety threats, and climate-related health risks. This collaborative governance model ensures compliance with international health regulations while optimizing limited resources for maximum public and animal health impact.

Zambia's health systems will be reinforced through One Health-aligned policies, workforce training, and infrastructure upgrades. By harmonising with WHO, WOAH, FAO and UNEP standards, the country will enhance diagnostics, surveillance, and emergency preparedness. This outcome ensures resilient systems capable of addressing emerging threats while improving equitable access to human, animal and environmental care. The integration of One Health into national development plans will attract investment, strengthen governance, and position Zambia as a regional leader in holistic health security.

4.2.2. Enhanced prevention, detection and response to One Health events

By implementing integrated surveillance and rapid response mechanisms, Zambia aims to significantly improve prevention, detection and response to public health events and transmission between animals and humans. Early detection through real-time reporting systems, strengthened laboratory networks and community-based surveillance will enhance timely interventions. This outcome supports national health security while safeguarding livelihoods and ecosystem stability.

4.2.3 A Skilled and Collaborative One Health Workforce

Strengthened capacity-building initiatives will result in a well-trained, multi-disciplinary workforce equipped to address zoonotic diseases, antimicrobial resistance, climate change, and outbreak response. By integrating One Health courses into medical, veterinary, and environmental curricula, alongside continuous professional development through e-learning platforms, Zambia will cultivate sustainable expertise across sectors. Collaboration with international partners will further enhance national competencies, ensuring a coordinated, resilient, and future-ready One Health workforce.

4.2.4 Sustainable Antimicrobial Resistance Mitigation

Through antimicrobial stewardship and surveillance, Zambia will contribute to curbing the rise of drug-resistant infections. Regulations on antimicrobial use in healthcare and animal facilities, combined with farmer education on alternatives, will reduce misuse. National AMR monitoring will track resistance trends, guiding targeted interventions. This outcome preserves the efficacy of critical medicines, protects food chains, and aligns with global AMR action plans. By 2030, Zambia aims to achieve a measurable decline in resistant pathogens, securing both human and veterinary treatment options for future generations.

4.2.5 Risk communication and Community Engagement and Behavioural Change

Participatory One Health education will empower communities to adopt preventive practices, report outbreaks early, and engage in environmental conservation. Locally led awareness campaigns on zoonoses, hygiene, and responsible antimicrobial use will drive behavioural change. Schools and traditional leadership structures will serve as hubs for knowledge dissemination. This outcome builds a culture of health-conscious decision-making, reducing vulnerability to epidemics and fostering sustainable interactions between humans, animals, and the environment. Engaging the communities will contribute to the development of tailor-made communication materials and intervention measures to aid behaviour change.

4.2.6 Strengthened Food Safety Systems

The implementation of the One Health Policy Framework will strengthen Zambia's food safety system by ensuring coordinated, risk-based policies and regulatory enforcement throughout the food value chain. This will reduce exposure to pathogens, chemical contaminants, and zoonotic diseases, while promoting safe animal feed practices to prevent contamination and disease transmission. Moreover, integrated pollution control, waste management, and water safety measures will minimise environmental health risks, creating a safer, more sustainable food system that protects public health, supports food security, and encourages collaboration among human, animal, and environmental health sectors.

4.2.7 Climate Resilience

Climate change exacerbates zoonotic disease risks, disrupts ecosystems, and threatens food and water security. Zambia's One Health strategy will integrate climate adaptation measures by: (i) strengthening surveillance for climate-sensitive diseases (e.g. Vector-borne illnesses like Rift Valley fever); (ii) promoting sustainable land-use practices to reduce human-wildlife conflict and habitat loss; and (iii) supporting resilient livestock and crop systems to mitigate food insecurity. Cross-sectoral early warning systems will link meteorological data with health and veterinary alerts, while community-based programs will address climate-linked malnutrition and AMR risks. This approach aligns with global climate-health frameworks, ensuring Zambia's health systems adapt to a changing environment.

By implementing the above strategies, Zambia aims to achieve sustainable antimicrobial resistance containment, enhanced community resilience, and stronger health systems.

Chapter 5. Implementation Framework

This chapter sets out the implementation arrangements required to translate the Policy Framework for One Health Coordination and Advocacy into routine multisectoral action. It defines the governance architecture, legal and policy basis, resource mobilisation arrangements, response capabilities and institutional responsibilities needed to strengthen coordination, information sharing, preparedness, response, advocacy and accountability across One Health sectors and governance levels.

The Policy Framework is intended to work through existing Government structures and sectoral mandates. It does not replace the responsibilities of line ministries, statutory bodies, local authorities or specialised agencies. Rather, it provides an organising mechanism through which these mandates can be applied in a coordinated, accountable and sustainable manner when addressing public health threats at the human-animal-environment interface.

5.1 Governance and Institutional Coordination

One Health governance refers to the structures, processes, and policies that enable multi-sectoral collaboration and coordination to address the challenges posed by the interconnectedness of human, animal, and environmental health.

The enactment of the Zambia National Public Health Institute Act No. 19 of 2020 established the Zambia National Public Health Institute (ZNPHI) as the institution mandated to coordinate the One Health approach and anchor the national coordination mechanism for One Health initiatives and interventions in Zambia. Through the National One Health Platform, ZNPHI convenes and coordinates multisectoral stakeholders to strengthen collaboration in the prevention, detection and response to public health threats at the human-animal-environment interface. The implementation of this coordination mechanism is guided by the National One Health Strategic Plan (OHSP), which provides the strategic framework for translating national One Health priorities into coordinated multisectoral actions, programmes and investments. The key One Health stakeholders are both state and non-state actors being either local or international. The local partners include line ministries, government agencies and local non-government organisations. Global partnerships, such as the World Health Organization (WHO), the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization of the UN (FAO), United Nations Environmental Programme (UNEP), the Pandemic Fund, and others are key players in One Health governance.

Effective implementation of the Policy Framework requires clear governance arrangements that support leadership, coordination, technical decision-making, subnational implementation and accountability. The governance structure should build on existing One Health, epidemic preparedness, public health emergency management, disaster risk management, and local government structures, rather than creating parallel ones.

The governance arrangements should support routine collaboration during preparedness periods and rapid coordination during public health events. They should also provide clear mechanisms for information sharing, joint planning, resource mobilisation, risk communication, community engagement, follow-up of agreed actions and escalation of issues requiring senior-level decision-making.

5.1.1 Governance principles

i. **Accountability:** decisions, action points and institutional responsibilities should be documented and followed up through agreed coordination structures.
ii. **Integration:** One Health structures should link with existing epidemic preparedness committees, disaster risk structures, local government mechanisms and sectoral platforms.
iii. **Mandate recognition:** each institution retains its statutory responsibilities while contributing to joint One Health planning, surveillance, preparedness and response.
iv. **Multisectoral participation:** human health, animal health, plant health, environment, water, food safety, climate, disaster risk management, mining, local government and other relevant sectors should participate according to mandate and risk context.
v. **Responsible information sharing:** data and information should be shared through agreed mechanisms that respect confidentiality, data protection, ownership, validation and access requirements.
vi. **Subsidiarity:** issues should be addressed at the lowest appropriate level, with escalation when technical, policy or resource decisions exceed that level.

5.1.2 National OH governance structures and primary functions

Effective One Health implementation requires clearly defined governance arrangements that promote leadership, coordination, accountability and collaboration across sectors and administrative levels. Zambia's One Health governance architecture comprises strategic, technical and operational structures that work together to guide policy implementation, facilitate multisectoral decision-making and support coordinated action. Table 3 summarises the primary functions of these

governance structures, while Figure 2 presents the national One Health governance organogram, highlighting the cross-cutting coordinating role of the One Health Secretariat.

Table 3: Summary of One Health governance structures and their functions

Structure	Primary function
One Health Steering Committee (OHSC)	Provides high-level policy direction, strategic oversight, institutional sponsorship, resource mobilisation and accountability for national One Health implementation.
One Health Coordinating Committee (OHCC)	Provides senior technical and administrative coordination across participating institutions, resolves coordination bottlenecks, reviews implementation progress and escalates strategic issues to the OHSC where required.
National One Health Technical Working Group (TWG)	Provides technical guidance, support joint planning, review evidence, develop tools, monitor implementation, coordinate thematic areas and support preparedness and response actions. The TWG will establish sub-committees to facilitate its operations.
Provincial One Health Technical Working Group (TWG)	Provides overall oversight to the coordination of One Health approach at Provincial level. The TWG will be led by a chairperson, who will be supported by a secretary. This TWG will be responsible for reporting its outputs to the National One Health Secretariat at ZNPHI. The working group will be chaired by a representative from the eight core line ministries for a period of 12 months on a rotating basis and the secretary will also serve on rotational basis from any of the member organizations for a period of 12 months
District One Health Technical Working Group (TWG)	Provides overall oversight to the coordination of One Health approach at District level. The District TWG secretariat will report to both the Provincial OH TWG as well as the District Development Coordinating Committee (DDCC). The working group will be chaired by a representative from the eight core line ministries for a period of 12 months on a rotational basis. Similarly, the secretary will serve on rotational basis from any of the member organisations for a period of 12 months. The chairperson will work closely with the secretary to organise the TWG meetings.
One Health Secretariat/ZNPHI	Provides coordination, documentation, convening, follow-up, reporting and technical secretariat functions for national One Health governance structures.

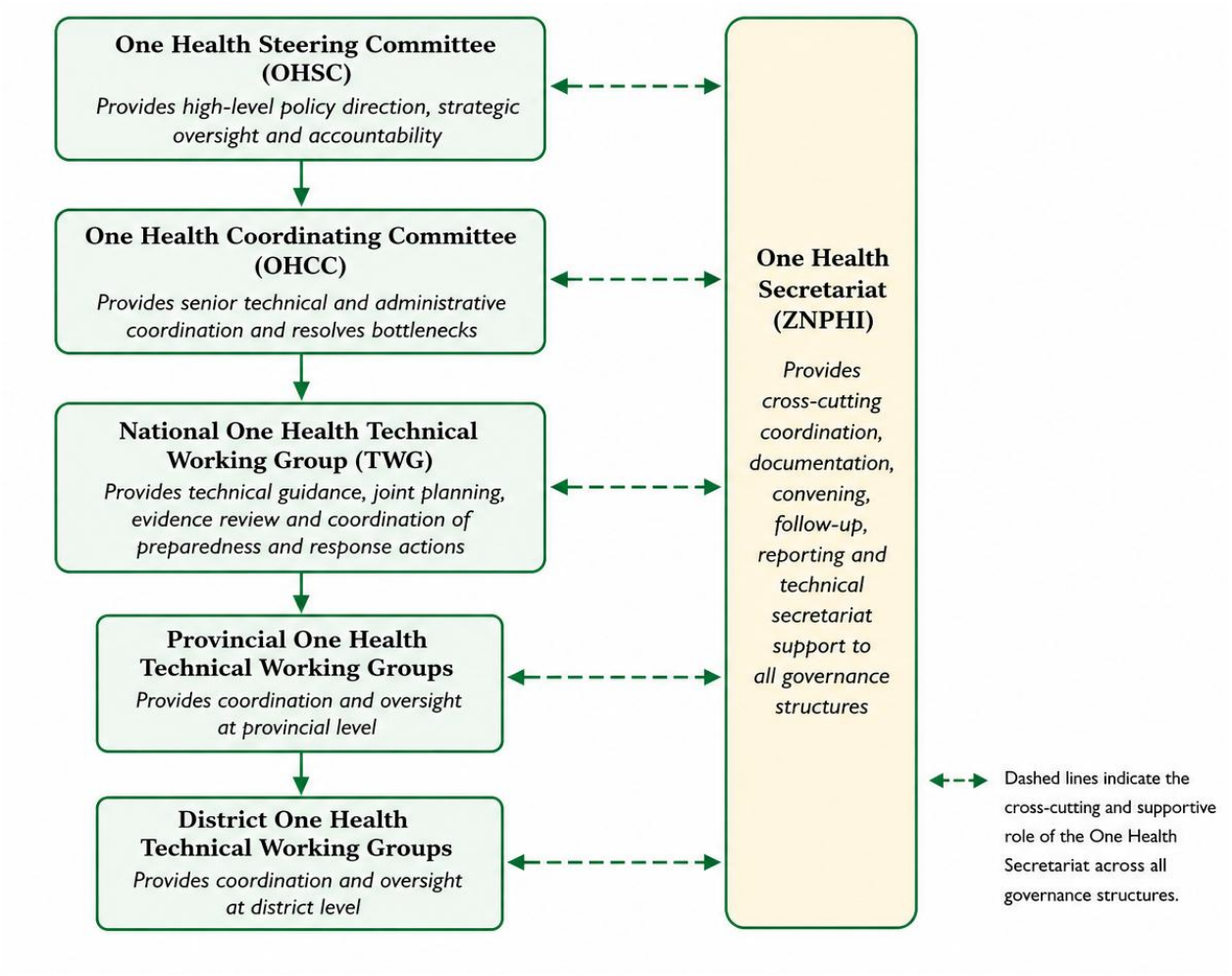


Figure 2: Organogram of the national One Health Governance structures

5.1.3 Subnational governance and linkage to epidemic preparedness structures

Provincial and District One Health Technical Working Groups and focal points should be strengthened to support implementation of the Policy Framework at sub-national levels. These structures should link with existing Provincial and District Epidemic Preparedness, Prevention, Control and Management Committees or equivalent multisectoral coordination platforms such as Ward Development Committees (WDCs). This linkage is essential for ensuring that One Health considerations are integrated into preparedness planning, event verification, risk assessment, response coordination, community engagement and follow-up of public health events.

Subnational One Health structures should include relevant actors from human health, veterinary services, environment, water and sanitation, local authorities, disaster risk management, agriculture, wildlife, community structures, laboratories, civil society and other institutions as appropriate to the risk profile of the province or district.

5.1.4 One Health governance and PHSIMS

The Zambia National Public Health Institute Act No. 19 of 2020 provides for the establishment of a One Health information sharing platform. Data governance for One Health information sharing, including PHSIMS-related arrangements, shall be anchored within the overall One Health governance structure described in this section. The One Health Steering Committee and One Health Coordinating Committee shall provide high-level oversight, policy direction and accountability for multisectoral coordination, including data-sharing and information-use arrangements.

The National One Health Technical Working Group, through the PHSIMS Data Governance Subcommittee or equivalent designated mechanism, shall provide technical oversight for data standards, access, sharing, quality, confidentiality, escalation and compliance. Provincial and district One Health structures shall support subnational data flow, event verification, feedback and use of information for preparedness and response.

Detailed principles and operational arrangements for One Health data governance are set out in Chapter 7 of this document and in the PHSIMS Data Governance Operational Guideline. PHSIMS should therefore be understood as an operational information-management and data-governance mechanism that supports the broader One Health governance architecture, not as a parallel coordination system.

5. 2 Legal and Policy Framework

The implementation of this Policy Framework is anchored in Zambia's existing legal, policy and institutional landscape. National laws, policies and regulations provide the authority for public health security, animal health, environmental management, water and sanitation, food safety, disaster risk management, climate action, access to information, data protection and local government coordination. Together, these instruments provide the foundation for multisectoral One Health action.

This Policy Framework does not replace the mandates of existing ministries, statutory bodies or agencies. Rather, it provides a coordination and advocacy mechanism to support implementation of existing legal and policy mandates in a more integrated manner. It promotes joint planning, information sharing, preparedness, response, advocacy, resource mobilisation and accountability across sectors, while respecting the statutory responsibilities of each institution.

In line with recommendations from technical consultations, the table below highlights the relevance of selected legal and policy instruments to One Health coordination, key implementation gaps requiring attention and recommended actions to strengthen operationalisation. It is intended to guide coordination and implementation planning and does not replace formal legal interpretation or review by competent legal authorities.

5.2.1 Legal and policy mapping for One Health operationalisation

Table 4: Summary of legal/policy instrument mapping exercise

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
Public health security, emergency preparedness and coordination			
Zambia National Public Health Institute Act No. 19 of 2020	Provides a mandate for public health security coordination and integrated One Health information management.	Operational mechanisms for multisectoral coordination and routine information sharing require further formalisation.	Use ToRs, MoUs/LoAs, data-sharing schedules and PHSIMS guidance to operationalise the mandate.
Public Health Act, Cap. 295	Supports public health protection, disease notification, surveillance and outbreak response.	Primarily human-health oriented and does not fully define routine multisectoral coordination for One Health events.	Strengthen linkages between public health structures and animal health, environment, water, local government and disaster risk structures through SOPs, committees and TWGs.
Disaster Management Act No. 13 of 2010, as amended by the Disaster Management (Amendment) Act No. 2 of 2026	Supports disaster risk reduction, preparedness, response and recovery structures relevant to outbreaks, floods, droughts, pollution and other hazards.	Linkages between disaster risk management and routine One Health coordination may be strongest during emergencies and weaker during preparedness periods.	Formalise collaboration between One Health structures and national, provincial and district epidemic preparedness and disaster risk management committees.
Medicines and Allied Substances Act	Regulates human and veterinary medicines and allied substances,	Limited provision for multisectoral One Health coordination, integrated AMR	Strengthen collaboration between ZAMRA and the National One Health Platform to support

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
	including their quality, safety, clinical trials and post-marketing surveillance, supporting AMR prevention and public health security	surveillance and cross-sector information sharing.	antimicrobial stewardship, integrated AMR surveillance, pharmacovigilance and coordinated emergency preparedness and response.
Local Government Act No. 2 of 2019	Supports local authority functions relevant to environmental health, sanitation, markets, waste management, community engagement and local response.	Local authorities may not be consistently integrated into One Health coordination despite their implementation and enforcement roles.	Strengthen local authority participation in district One Health TWGs, epidemic preparedness committees, market surveillance, sanitation, waste management and community engagement.
Animal health, zoonoses and food safety			
Animal Health Act No. 27 of 2010	Provides for prevention, control and management of animal diseases, including surveillance, reporting and response to zoonotic and transboundary animal diseases.	Routine data sharing and joint response arrangements between veterinary, public health, wildlife, laboratory and environmental sectors may not be consistently operationalised.	Develop animal health data-sharing schedules, joint investigation protocols and referral/escalation pathways for zoonotic and transboundary animal disease events.
Animal Identification and Traceability Act, 2024	Supports livestock identification, traceability and movement information relevant to animal disease control, outbreak investigation and food safety.	Linkages between traceability data, animal health surveillance, public health risk assessment and PHSIMS are not yet fully defined.	Define how traceability information can support One Health surveillance, risk assessment, movement control and outbreak response while respecting access and confidentiality requirements.

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
Zambia Wildlife Act, 2015	Provides for wildlife conservation, biodiversity protection, ecosystem management, community participation and international cooperation, supporting prevention of zoonotic diseases and conservation of the human-animal-environment interface	Limited explicit provision for multisectoral One Health coordination, integrated wildlife disease surveillance and routine information sharing with public health and livestock sectors	Strengthen collaboration between the Department of National Parks and Wildlife and the National One Health Platform to support integrated surveillance, zoonotic disease prevention, biodiversity conservation and coordinated emergency preparedness and response
Fisheries Act No. 22 of 2011	Supports sustainable fisheries and aquaculture management, control of fish diseases, environmental-impact assessment, restriction of harmful chemicals and cooperation with communities and other institutions. It is relevant to aquatic-animal health, food safety, water quality, livelihoods and ecosystem protection.	Coordination between fisheries, animal health, environmental, water and public-health authorities is not consistently operationalised. Disease-control responsibilities may also overlap with provisions of the Animal Health Act.	Establish coordinated aquatic-animal disease surveillance, laboratory referral, information-sharing and response arrangements, and clarify institutional roles for fish-disease control, aquaculture chemicals, food safety and environmental incidents.
Veterinary and Veterinary Para-Professions Act, 2010	Regulates veterinary and para-veterinary practice and supports professional	Does not by itself define the role of veterinary professionals in	Incorporate One Health responsibilities into relevant professional guidance, training,

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
	standards in animal health service delivery.	multisectoral One Health coordination and emergency response.	response protocols and TWG participation arrangements.
Control of Dogs Act, 1929	Relevant to dog control, rabies prevention, bite management and local authority involvement.	Outdated and may not fully support modern rabies control, responsible dog ownership, vaccination, bite case management and One Health coordination.	Review and strengthen rabies-related operational guidance linking local authorities, veterinary services, health facilities, community structures and surveillance systems.
Food Safety Act No. 7 of 2019	Provides the basis for food safety regulation, inspection, control of foodborne hazards and coordinated action across the food value chain.	Food safety surveillance and response involve multiple institutions, but coordination, data-sharing and escalation pathways may not always be clear.	Develop food safety event notification, laboratory reporting, risk assessment and multisectoral response protocols linked to One Health structures and PHSIMS.
Plant Health Act No. 1 of 2025	Provides for plant-health protection, phytosanitary surveillance and the containment and eradication of pests. It expressly supports collaboration with other institutions where plant pests may affect human health, animal health, food systems, trade or environmental protection.	Operational arrangements for routine information sharing, joint risk assessment and coordinated response between plant-health, human-health, animal-health and environmental institutions require further definition.	Integrate plant-health surveillance and phytosanitary alerts into national One Health early-warning and information-sharing arrangements, including agreed notification, risk-assessment and response procedures linked to PHSIMS
Environment, water, climate, mining and occupational health			
Environmental Management Act	Supports environmental	Routine linkage between environmental	Establish data-sharing and notification pathways

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
No. 12 of 2011, as read with the Environmental Management (Amendment) Act No. 8 of 2023	protection, pollution control, environmental monitoring and public participation relevant to human, animal and ecosystem health.	monitoring data, public health risk assessment, emergency response and PHSIMS may be limited.	for pollution events, chemical spills, environmental hazards and climate/environmental risk indicators relevant to public health security.
Water Supply and Sanitation Act No. 28 of 1997, as read with the Water Supply and Sanitation (Amendment) Act No. 10 of 2005	Supports regulation and provision of safe water supply and sanitation services important for prevention of waterborne diseases and protection of public health.	Water and sanitation data may not be routinely integrated into public health risk assessment, outbreak preparedness and One Health information systems.	Establish information-sharing pathways between water, sanitation, public health, local government and emergency response structures, including agreed alert thresholds.
Water Resources Management Act No. 21 of 2011	Supports protection, regulation and management of water resources, including water quality and pollution-related issues.	Water resource monitoring data may not consistently feed into health risk assessment, environmental surveillance or PHSIMS.	Define mechanisms for sharing water quality, contamination, drought, flood and water-resource risk information with One Health coordination and early warning systems.
Green Economy and Climate Change Act No. 18 of 2024	Supports climate adaptation, mitigation and environmental sustainability relevant to climate-sensitive health risks and ecosystem resilience.	Climate and environmental information may not yet be systematically linked to One Health surveillance, preparedness and response planning.	Strengthen climate-health data sharing, early warning, joint risk assessment and integration of climate adaptation priorities into One Health planning.
Minerals Regulation Commission Act No. 14 of 2024	Supports regulation of mining activities and provides entry points for coordination on mining-related	Public health implications of mining incidents may not be consistently linked to multisectoral surveillance,	Establish notification and response protocols for mining-related incidents with potential human, animal, water or

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
	health, safety and environmental hazards.	environmental monitoring and emergency response.	environmental health consequences.
Geological and Minerals Development Act No. 2 of 2025	Supports regulation and management of geological and mineral development activities relevant to environmental and public health risks.	Geological and mining-related risk information may not be routinely shared with One Health structures for preparedness and risk assessment.	Define risk information-sharing arrangements for mining, geological hazards, contamination risks and related environmental health events.
Solid Waste Regulation and Management Act No. 20 of 2018	Provides for regulation and management of solid waste and supports prevention of environmental contamination, vector proliferation, water pollution and exposure to infectious or hazardous materials affecting people, animals and ecosystems.	Enforcement and surveillance at local level may be inconsistent, while information on waste-related hazards is not routinely linked to public-health surveillance and One Health early-warning systems.	Strengthen local-authority enforcement and establish mechanisms for sharing waste-management, illegal-dumping and contamination alerts with environmental-health, veterinary and public-health structures, including district One Health TWGs and PHSIMS.
Forests Act No. 4 of 2015	Supports forest conservation, ecosystem management and community participation through community and joint forest-management structures. These mechanisms are relevant to biodiversity, climate resilience, livelihoods, wildlife interaction and	One Health responsibilities are not explicitly incorporated into forest-management arrangements, and linkages between community forestry structures and health-surveillance or risk-communication systems remain limited.	Use community and joint forest-management structures as entry points for One Health risk communication, community-based surveillance and reporting of environmental degradation, unusual wildlife events and other threats at the human–animal–ecosystem interface.

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
	community-based detection of environmental and health risks.		
National Biosafety Act No. 10 of 2007	Provides for risk assessment, management and regulation of genetically modified organisms and protects human and animal health, biodiversity and the environment from potential biosafety risks. It also provides for public participation, inspection, liability and redress.	The Act does not explicitly establish links with broader One Health surveillance, antimicrobial-resistance monitoring, zoonotic-risk assessment or public-health emergency coordination. Inter-institutional information-sharing and response arrangements require clarification.	Strengthen coordination between the National Biosafety Authority, ZNPHI, animal-health, plant-health and environmental institutions, and establish procedures for sharing biosafety risk assessments, incident notifications and monitoring information relevant to One Health.
Occupational Health and Safety Act No. 36 of 2010	Supports protection of workers exposed to occupational, biological, chemical, environmental or industrial hazards.	Occupational exposures and industrial events may not be routinely linked to One Health surveillance, environmental health and emergency coordination.	Strengthen reporting and coordination pathways for occupational and industrial hazards with potential public health, environmental or animal health implications.
Data governance, access to information and digital systems			
Access to Information Act No. 24 of 2023	Supports access to information held by public institutions while recognising appropriate limitations for confidential or sensitive information.	Institutions may be uncertain about what information can be shared, with whom, and under what conditions during routine surveillance or public health events.	Develop information-sharing protocols, approval pathways and public communication procedures aligned with access-to-information and confidentiality requirements.

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
Data Protection Act No. 3 of 2021	Provides requirements for lawful, fair, secure and responsible processing of personal and sensitive data.	Multisectoral data sharing through PHSIMS and related platforms may raise concerns about privacy, consent, access rights, retention, breach management and cross-border transfer.	Align One Health data-sharing instruments, MoUs/LoAs, PHSIMS procedures and user access controls with data protection requirements and institutional data stewardship responsibilities.
Health Research Act No. 2 of 2013	Provides for regulation and coordination of health research, ethical oversight, governance of biological materials, research priority-setting, data repositories and dissemination of research findings. Its multisectoral structures provide an entry point for collaborative One Health research.	Interfaces between health-research governance and operational One Health surveillance, outbreak research, biospecimen movement, data sharing and research-to-policy translation are not fully defined.	Establish formal linkages between the National Health Research Authority and One Health structures for joint research priority-setting, ethical and regulatory coordination, sharing of relevant findings and translation of One Health research into policy and practice.
PHSIMS Data Governance Operational Guideline	Provides operational guidance for data access, sharing, quality, security, escalation, retention and responsible use of multisectoral data within PHSIMS.	PHSIMS governance must remain aligned with the broader One Health governance architecture and avoid creating parallel coordination structures.	Anchor PHSIMS data governance within the One Health governance structures, including OHSC, OHCC, National TWG/PHSIMS Data Governance Subcommittee and subnational One Health structures.
Strategic policy instruments			

Legal/policy instrument	One Health relevance	Gap requiring attention	Recommended action
National One Health Strategic Plan 2022–2026	Provides strategic direction for governance, surveillance, preparedness and response, advocacy, communication, training and research.	Strategic priorities require stronger operational tools, financing, accountability mechanisms and institutional commitments for implementation.	Use this Policy Framework to operationalise OHSP priorities through governance structures, implementation plans, MoUs/LoAs, data-sharing mechanisms and M&E processes.
National Action Plan for Health Security and other health security assessment processes	Provide a basis for strengthening IHR capacities, preparedness, response and multisectoral health security planning.	Recommendations from assessments may not always be translated into routine One Health implementation and financing.	Link health security recommendations to One Health workplans, financing, monitoring and annual review processes.

5.2.2 Cross-cutting legal and institutional implications

The gaps identified across these legal and policy instruments are largely operational and institutional in nature. They relate to coordination, routine information sharing, role clarity, subnational implementation, financing, accountability, data governance and the use of standardised tools for joint action. This Policy Framework therefore provides a mechanism through which existing legal mandates can be implemented in a coordinated manner.

Where legal amendment is not immediately required, practical measures such as MoUs, Letters of Agreement, Terms of Reference, data-sharing schedules, SOPs, ministerial circulars, implementation plans and joint review mechanisms should be used to strengthen operationalisation. Where legal or regulatory gaps require formal review, these should be documented and escalated through the appropriate Government and One Health governance structures.

5.3 Resource mobilisation

Resource mobilisation for the One Health Framework will secure financial and non-financial resources to support the collaborative multisectoral efforts aimed at addressing infectious diseases and public health related threats. To ensure sustainable implementation of the One Health Framework, the Government is committed to provide funds and mobilize resources towards the One Health activities. To ensure financial sustainability and resource efficiency, there is need for more advocacy and awareness of the OH activities using existing structures at constituency and ward level so that some of the Constituency Development Fund can be used to fund OH activities in communities. Additionally, the Government will recognize the global nature of the health challenges and support coordination with international partners like the Quadripartite (FAO, WHO, UNEP, WOAH) and other cooperating partners.

The key strategies for resource mobilisation will include:

1. **Advocacy and awareness**
    - Raise awareness among policy makers, cooperating partners and the public about the benefits of one health;
    - Highlight the interconnectedness of human, animal, and environmental health, and the economic and social benefits of One Health; and
    - Promoting One Health as a cost-effective approach to addressing complex health issues.
2. **Partnerships and collaboration**
    - Establishing strong partnerships between government institutions, research institutions, Non-Governmental Organizations (NGOs), the private sector, and communities;
    - Encouraging collaboration across different sectors (human health, animal health, environment, agriculture); and
    - Leveraging the expertise and resources of various stakeholders.
3. **Resource Mobilisation Strategies**
    - Developing comprehensive funding proposals for specific One Health projects and programs;
    - Seeking grants from international organizations, development agencies, and philanthropic foundations;
    - Encouraging private sector investment in One Health initiatives;
    - Exploring innovative financing mechanisms such as public-private partnerships and social impact bonds; and

- Strengthening national and sub-national budgets to include One Health priorities.

4. **Capacity Building**
    - Investing in training and education to develop a skilled workforce for One Health;
    - Developing and implementing tools and methodologies for assessing One Health capacity and performance;
    - Supporting the development of national and sub-national One Health action plans; and
    - Building community awareness and engagement in One Health initiatives.

5.4 Response capabilities

Zambia has made considerable strides in strengthening its multisectoral response architecture to prevent, detect and respond to public health events at the human-animal-environment interface. The country's evolving One Health system is rooted in robust governance frameworks, integrated surveillance mechanisms, enhanced laboratory networks, and responsive public health operations. These capabilities are embedded within the Zambia Multi-hazard Emergency Preparedness and Response Plan, OHSP and supported by the Joint External Evaluation (JEE) 2023 findings and refined through national hazard-specific contingency plans. Some of the One Health response capabilities are as follows:

5.4.1 Governance and coordination

Zambia's One Health response governance is anchored on functional multisectoral technical working groups (TWGs) at the national, provincial and district levels. These structures operate with clearly defined terms of reference and meet routinely to harmonize risk detection, information sharing, and emergency planning. The Public Health Emergency Operations Centre (PHEOC) serves as the coordination hub, with an Incident Management System (IMS) that is activated during public health events, integrating partners from the Ministry of Health, Ministry of Fisheries and Livestock, Ministry of Green Economy and Environment, Zambia Environmental Management Agency (ZEMA), and others.

Action plans, such as the Eighth National Development Plan and the National Action Plan for Health Security (NAPHS), guide sector-wide collaboration. The Epidemic Preparedness and Response Committees (EPRCs) at the national, provincial, and district levels ensure decentralized decision-making and resource allocation during crises.

5.4.2 Surveillance and Early Warning

Zambia has established an integrated disease surveillance ecosystem, leveraging platforms such as the electronic Integrated Disease Surveillance and Response (eIDSR) for human health, the Zambia Animal Health Information System (ZAHIS) for animal health, and event-based reporting systems at community level. These platforms are complemented by sentinel surveillance systems that track zoonotic pathogens including anthrax, rabies, brucellosis, Rift Valley fever, and highly pathogenic avian influenza. Additionally, environmental surveillance is being done with an emphasis on wastewater and meteorological data analysis.

Through collaborative training on Joint Risk Assessments (JRA), the country has improved early detection capabilities across human, animal, and environmental sectors. A National JRA Team facilitates multisectoral analysis of emerging risks and informs timely decision-making.

5.4.3 Laboratory and Diagnostics

The national laboratory system operates on a tiered structure, integrating both human and veterinary laboratories. Zambia's central reference laboratories, supported by provincial and district laboratories, possess capacity for pathogen isolation, polymerase chain reaction (PCR) diagnostics, antimicrobial resistance (AMR) profiling, food safety analyses and genomic sequencing. Other laboratories are domained in various ministries and Statutory bodies such as the Ministry of Mines and Mineral Development, ZEMA, OHSI, WARMA, NISIR. UNZAVET, NFL, CBU, ZABS and ZARI. These perform specialized analyses in line with their mandate. Biosafety and biosecurity measures have been implemented, with strengthened sample transport systems and real-time data relay mechanisms across the sectoral divide.

Joint external quality assessments (EQA) and staff mentorship programs have improved diagnostic accuracy and interoperability. Continued investment in mobile diagnostic units and regional laboratory hubs supports rapid deployment during outbreaks.

An integrated One Health sample referral system is a critical enabler of surveillance, laboratory diagnosis, preparedness, response and research. The Government shall strengthen and institutionalize a coordinated national sample referral system that supports the safe, timely and secure movement of human, animal, environment, food and other relevant specimens between collection sites and designated testing laboratories. The one health sample referral system shall facilitate routine surveillance, event verification, outbreak investigations, antimicrobial resistance

monitoring, food safety investigations, environmental monitoring and other One Health activities requiring laboratory confirmation through the spoke and hub model movement of samples.

The One Health sample referral system shall build upon existing sectoral specimen transport networks and promote coordinated planning, shared use of logistics resources and harmonized referral arrangements across ministries, statutory bodies and participating institutions. Existing laboratory and surveillance systems shall be leveraged to improve efficiency, avoid duplication and enhance equitable access to diagnostic services, particularly in remote and underserved areas.

Implementation of the sample referral system shall be guided by the One Health Sample Referral Guidelines, which provide the operational standards for specimen collection, packaging, documentation, transportation, biosafety, biosecurity, quality assurance and referral processes. These Guidelines shall be reviewed periodically to ensure alignment with national legislation, international standards and emerging public health priorities.

The sample referral system shall be support by interoperable information systems that enable specimen traceability, timely communication between referring facilities and testing laboratories, and integration with national surveillance and information management platforms, including the Public Health Security Information Management System (PHSIMS). Performance of the referral system shall be monitored through agreed indicators such as specimen integrity, turnaround time, referral completeness and system responsiveness to support continuous quality improvement and evidence-informed decision-making.

Strengthening the One Health sample referral system will enhance multisectoral collaboration, improve access to laboratory services, support timely detection and confirmation of public health threats, and strengthen Zambia's capacity to prevent, detect and respond to health events occurring at the human-animal-environment interface.

5.4.4 Workforce mobilisation and surge capacity

Zambia maintains trained Rapid Response Teams (RRTs) in all ten provinces and districts. These teams are composed of professionals across public health, veterinary science, laboratory science, and environmental sectors. The RRTs are guided by the 7-1-7 response metric and trained in Public Health Emergency Management (PHEM), contact tracing, case investigation, and sample handling. The One Health surge roster captures a pool of multidisciplinary experts who can be mobilized quickly during emergencies.

Workforce development initiatives also include specialized training in AMR surveillance, climate-sensitive disease management, risk communication, and agro-veterinary outbreak response. Integration of telemedicine and remote support further enhances surge capability, particularly in underserved and high-risk regions.

5.5 Institutional responsibilities

Implementation of the Policy Framework requires all participating institutions to contribute according to their legal mandates, technical expertise and operational roles. The responsibilities below are indicative and should be refined through the One Health governance structures, MoUs/LoAs, data-sharing schedules, workplans and implementation arrangements.

Table 5: One Health Institutions/actors and their responsibilities

Institution/actor	Indicative responsibility
Ministry of Health	Provides leadership on human health policy, health services, public health programmes, disease prevention, clinical response and health-sector coordination.
Zambia National Public Health Institute	Coordinates public health security, surveillance, preparedness and response; serves as One Health Secretariat; supports PHSIMS and evidence-informed decision-making.
Ministry of Fisheries and Livestock	Leads animal health, veterinary services, livestock disease surveillance, zoonotic disease control and animal-sector reporting.
Ministry of Green Economy and Environment/ZEMA	Supports environmental governance, pollution control, environmental monitoring, climate and ecosystem-health inputs relevant to One Health.
Ministry of Water Development and Sanitation/WARMA	Supports water supply, sanitation, water resources development and management, water quality information and water-related risk coordination.
Office of the Vice President – Disaster Risk Management Division	Coordinates disaster risk reduction, preparedness, response and recovery arrangements relevant to multisectoral public health threats.
Ministry of Mines and Minerals Development	Supports coordination on mining-related hazards, geological risks and sectoral information relevant to public health and environmental safety.
Ministry of Local Government and Rural Development/Local authorities	Supports local governance, environmental health, sanitation, markets, waste management, community engagement and subnational implementation.

Ministry of Defence	Provides support to national emergency preparedness and response, including logistics and coordination during major public health events where required.
Other relevant ministries, statutory bodies and agencies	Contribute according to mandate, including agriculture, tourism and wildlife, justice, home affairs, community development, laboratories, regulators, academia and technical institutions.
Cooperating and technical partners	Provide technical assistance, capacity building, financing, implementation support, evaluation and knowledge exchange aligned to national priorities.

The eight priority signatory institutions identified by the One Health Coordinating Committee are recognised based on their cross-sectoral roles and potential impact on other sectors during public health events. This does not exclude the participation of other ministries, statutory bodies and agencies whose mandates are essential to One Health implementation. These institutions will continue to be engaged through the One Health governance structures, Technical Working Groups, stakeholder engagement processes and operational instruments developed under this Framework.

Chapter 6. Monitoring, Evaluation, Accountability and Learning (MEAL)

Monitoring, Evaluation, Accountability and Learning (MEAL) is essential for tracking implementation of the Policy Framework for One Health Coordination and Advocacy, assessing whether it is achieving its intended results, and supporting evidence-informed decision-making across sectors. The MEAL system will provide a structured approach for measuring progress, identifying implementation gaps, documenting lessons, strengthening accountability and informing periodic review of One Health coordination and advocacy mechanisms.

The MEAL system will cover implementation of the Policy Framework from 2026 to 2030 and will be coordinated by the ZNPHI through the One Health Secretariat, in collaboration with relevant ministries, statutory bodies, Provincial and District One Health TWGs, cooperating partners, academia, civil society and other stakeholders. It will track progress at national and subnational levels, with particular attention to multisectoral coordination, surveillance and information sharing, preparedness and response, advocacy, community engagement, resource mobilisation, data governance, research and institutional accountability.

The MEAL system will also support alignment between the Policy Framework and operational mechanisms such as the PHSIMS. Where applicable, PHSIMS and other approved sectoral information systems will serve as data sources for monitoring implementation of the Policy Framework, particularly indicators related to timeliness of reporting, information sharing, joint risk assessment, response coordination, data use and evidence-informed decision-making.

6.1 Purpose and Objectives of the MEAL System

The purpose of the MEAL system is to ensure that implementation of this Policy Framework is tracked in a systematic, transparent and accountable manner, and that evidence generated through implementation is used to improve coordination, advocacy, decision-making and resource allocation.

The specific objectives are to:

1. Track progress towards achieving the outputs, outcomes and long-term impact of this Policy Framework.
2. Measure the functionality and effectiveness of One Health coordination and advocacy mechanisms at national and subnational levels.

3. Assess the extent of institutional information sharing, participation in joint planning and implementation of agreed One Health actions.
4. Generate timely and reliable evidence to support adaptive management, decision-making and resource mobilisation.
5. To institutionalise accountability for the implementation of agreed One Health commitments across participating institutions, Technical Working Groups, line ministries, statutory bodies and partners
6. Support learning, documentation of good practices and continuous improvement of One Health implementation.
7. Inform annual reviews, mid-term review, final evaluation and future policy or strategic planning cycles.

6.2 Results Framework

The MEAL system will be guided by the Theory of Change and the strategic approaches outlined in this Policy Framework. It will track progress across the following result levels:

Impact: Zambia achieves sustainable health security and resilience by reducing the risk and burden of zoonotic, foodborne, environmental, water-related and climate-sensitive health threats.

Outcomes by 2030: This Policy Framework will contribute to the following outcomes:

1. Functional and sustainable One Health governance and coordination mechanisms at national and subnational levels.
2. Improved multisectoral prevention, detection, investigation and response to public health threats at the human-animal-environment interface.
3. Timely, responsible and routine sharing and use of information across relevant sectors.
4. Strengthened advocacy, political commitment, financing and stakeholder engagement for One Health implementation.
5. Increased institutional accountability for agreed One Health actions.
6. Improved community engagement, risk communication and feedback mechanisms.
7. Strengthened use of evidence, research and data for One Health decision-making.

Outputs: Key outputs to be monitored will include:

1. Functional One Health governance structures with documented meetings, decisions and action points.
2. Clear institutional roles, reporting lines and coordination mechanisms.
3. Agreed coordination tools, MoUs/LoAs, SOPs or data-sharing schedules adopted by relevant institutions.
4. Regular joint risk assessments, outbreak investigations and multisectoral reviews.
5. Integrated surveillance and information-sharing mechanisms strengthened across sectors.
6. One Health workforce capacity strengthened at national and subnational levels.
7. Advocacy products, policy briefs, stakeholder dialogues and communication activities implemented.
8. Framework implementation reports, review reports and learning products produced.

6.3. Indicator Framework

The Policy Framework will track a mix of output, outcome and impact indicators. Indicators will be designed to measure not only activities conducted, but also institutional functionality, participation, timeliness, information sharing, accountability and use of evidence.

Baselines will be established in 2026, with targets refined and validated through the One Health Secretariat, Technical Working Groups and relevant institutions. Indicators should be reviewed periodically to ensure that they remain relevant, measurable and aligned with implementation priorities.

Core indicators may include:

1. Proportion of planned One Health coordination meetings held with quorum and documented minutes.
2. Proportion of agreed action points implemented within agreed timelines.
3. Proportion of core institutions adopting agreed coordination mechanisms, MoUs, LoAs, SOPs or data-sharing schedules.
4. Proportion of core institutions that have formally adopted and implemented the Implementation Addendum and agreed implementation instruments, including SOPs, protocols and data-sharing arrangements
5. Proportion of priority One Health events jointly investigated by relevant sectors.
6. Median time from detection of a priority event to multisectoral reporting or notification.
7. Functionality of agreed information-sharing mechanisms, including PHSIMS where applicable.
8. Number of staff trained or certified in One Health-related competencies.
9. Amount of domestic and partner financing mobilised for One Health implementation.
10. Number of advocacy engagements conducted and documented.
11. Number of districts or provinces implementing structured two-way community feedback mechanisms.
12. Number of policy briefs, risk assessments, technical reports or evidence products used to inform One Health decisions.

13. Completion of scheduled annual reviews, mid-term review and final evaluation.

Detailed definitions, calculations, data sources, reporting frequency, responsible institutions, baselines and targets should be developed using the Indicator Reference Sheet provided in Annex C. Indicator Reference Sheet

6.4. Data Collection, Reporting and Use

Data for monitoring implementation of the Policy Framework will be drawn from multiple sources, including routine surveillance systems, event-based reporting, PHSIMS, meeting minutes, attendance registers, training reports, financial reports, advocacy logs, outbreak investigation reports, joint risk assessment reports, community feedback mechanisms, annual workplans, partner reports and qualitative assessments.

Where applicable, PHSIMS and other approved sectoral information systems shall serve as data sources for monitoring implementation of this Policy Framework. These systems may support reporting on indicators related to timeliness of multisectoral reporting, information sharing, joint risk assessment, response coordination, data use and evidence-informed decision-making. Data used for MEAL purposes shall be managed in accordance with agreed data-governance arrangements, institutional responsibilities, data-sharing schedules and applicable legal and data protection requirements.

Reporting will follow existing One Health governance and coordination structures. Data will be generated at institutional, facility, field, district, provincial and national levels, depending on the indicator. Provincial and District Technical Working Groups will support local verification and reporting, while the One Health Secretariat will coordinate national consolidation, analysis and reporting. Table 6 below provides the indicative reporting frequency for different reporting areas.

Table 6: Indicative Reporting Frequency

Reporting area	Frequency	Main users
Outbreak alerts and priority public health events	Real-time or event-based	Response teams, PHEOC, ZNPHI, relevant sectors
Coordination meetings and action point tracking	Quarterly	OHCC, TWGs, Secretariat, participating institutions
Spot evaluation	Random	OHCC, TWGs, Secretariat, participating institutions, relevant stakeholders
Indicator dashboard updates	Monthly	OHCC, OHSC, TWGs, partners

Framework implementation reports	Quarterly, annually	OHSC, Permanent Secretaries, partners, stakeholders
Mid-term review	After 3 yrs	OHSC, OHCC, Secretariat, line ministries
Final evaluation	After 5yrs	Government, OH structures, partners and stakeholders

Monitoring data should not only be collected for reporting purposes. It should be actively used to identify bottlenecks, inform resource mobilisation, strengthen institutional participation, improve accountability, guide advocacy priorities and support adaptive management.

6.5 Roles & Responsibilities

Implementation of the MEAL system will require shared responsibility across institutions. Roles should be aligned with the broader One Health governance structure and should not create parallel reporting systems.

Table 7:Roles and Responsibilities across One Health Governance Structures

Institution/Structure	Role
One Health Steering Committee	Provides high-level oversight, reviews major implementation findings, endorses annual and evaluation reports, and supports action on strategic recommendations.
One Health Coordinating Committee	Reviews progress, resolves implementation bottlenecks, supports inter-institutional accountability and provides direction to TWGs and the Secretariat.
One Health Secretariat	Coordinates the MEAL system, maintains the indicator registry, consolidates reports, supports dashboards, prepares annual reports and facilitates reviews and evaluations.
National Technical Working Groups	Provide technical input into indicators, validate sectoral data, review progress, document lessons and recommend corrective actions.
Provincial and District Technical Working Groups	Support subnational data collection, verification, reporting, community feedback and follow-up of agreed actions.
Line ministries and statutory bodies	Collect, validate and submit sector-specific data; participate in reviews; implement agreed actions; and provide updates on institutional commitments.

Institution/Structure	Role
PHSIMS/Data Governance structures	Support relevant data extraction, reporting, data quality, access control and responsible use of information for monitoring and decision-making.
Academia and research institutions	Support operational research, evaluations, evidence synthesis, learning products and independent review where appropriate.
Civil society, private sector and community structures	Contribute community feedback, advocacy monitoring, implementation insights and accountability perspectives.
Cooperating and technical partners	Provide technical assistance, financial support, capacity building and support for evaluations, learning and documentation.

The PHSIMS guideline emphasises the role of data stewards, data quality reporting, compliance monitoring and annual reviews of data governance arrangements. These should be linked to the Policy Framework's broader MEAL processes rather than treated separately.

6.6. Data Quality and Accountability

Data quality is critical for credible monitoring and decision-making. The MEAL system will promote completeness, accuracy, timeliness, consistency and reliability of data submitted by participating institutions. Data quality checks should be conducted through relevant institutional structures at district, provincial and national levels, using agreed tools and verification processes. Key data quality measures will include:

1. Use of standard reporting templates and indicator definitions;
2. Verification of meeting minutes, attendance registers and action matrices;
3. Validation of reported events, investigations and response activities;
4. Periodic review of dashboard data and sectoral reports;
5. Documentation of data sources and limitations;
6. Follow-up of missing, delayed or inconsistent reports;
7. Alignment with PHSIMS data quality and data governance requirements where applicable.

Accountability will be strengthened through regular presentation of MEAL findings to the OHCC, OHSC and relevant Technical Working Groups. Institutions responsible for agreed actions should provide updates on progress, challenges and corrective measures. Findings should also be used to inform advocacy, resource mobilisation and institutional follow-up.

6.7 Learning, Reviews and Evaluation

The Policy Framework will promote a learning-oriented approach to implementation. Monitoring findings should be discussed regularly to identify what is working, what is not working and what needs to change.

The following review processes will be used:

- **Quarterly progress reviews:** Review coordination meetings, action point implementation, information sharing, priority events, advocacy activities and emerging bottlenecks.
- **Annual implementation reviews:** Assess progress against annual workplans, indicators, resource use, institutional participation and documented achievements.
- **After-action reviews and simulation exercise reviews:** Capture lessons from outbreaks, public health events, environmental emergencies, simulations and joint response activities.
- **Mid-term review in 2028:** Assess progress towards 2030 outcomes, identify gaps, refine indicators and recommend adjustments to implementation priorities.
- **Final evaluation in 2030:** Assess overall results, effectiveness, sustainability, lessons learned and recommendations for the next policy or strategic cycle.

Learning products may include annual reports, policy briefs, technical briefs, case studies, after-action review reports, evaluation reports and stakeholder feedback summaries. These products should be used to support decision-making, advocacy, resource mobilisation and continuous improvement.

6.8. Budgeting & Risk Management

Effective MEAL requires dedicated resources. The Policy Framework implementation plan should include specific budget lines for monitoring, reporting, data quality assessment, dashboard development, review meetings, evaluations, documentation and dissemination of learning products.

Core MEAL costs may include:

- Baseline assessment
- Development and updating of indicator reference sheets
- Training and orientation on reporting tools
- Data collection and verification
- Dashboard development and maintenance
- Data quality assessments
- Quarterly and annual review meetings
- Mid-term and final evaluations
- Documentation of lessons learned
- Dissemination of reports and policy briefs.

Potential risks to MEAL implementation include delayed reporting, weak data quality, limited capacity at subnational level, inconsistent participation by institutions, inadequate financing, parallel reporting systems and reluctance to share data. These risks will be mitigated through standardised reporting procedures, capacity building, clear institutional responsibilities, use of existing coordination platforms, alignment with PHSIMS data governance arrangements, partner engagement and regular follow-up by the One Health Secretariat.

6.9 Use of MEAL Findings

MEAL findings shall be used to inform decision-making at multiple levels. At national level, findings will support strategic oversight, policy advocacy, resource mobilisation and institutional accountability. At provincial and district levels, findings will support improved coordination, preparedness, response, community engagement and follow-up of public health events.

The One Health Secretariat shall ensure that MEAL findings are shared with relevant governance structures, participating institutions and stakeholders in accessible formats. Where appropriate, findings may be translated into policy briefs, dashboards, technical reports or advocacy products to support timely action.

Chapter 7. One Health Data Governance

7.1 Overview

This chapter builds on the governance architecture described in Section 5.1 by setting out the policy-level principles for One Health data governance. It seeks to explain how data-sharing, access, quality, protection and use of information will be governed within the One Health structures established under this Policy Framework and operationalised through the PHSIMS Data Governance Operational Guideline.

Effective One Health coordination depends on timely, reliable and responsible sharing and use of data across human health, animal health, environment, water, food safety, climate, disaster risk management, mining, local government and other relevant sectors. Data governance is therefore central to the implementation of this Policy Framework, as it defines how data are collected, validated, accessed, shared, protected and used for decision-making.

This Policy Framework provides the overarching governance and coordination basis for multisectoral information sharing. Operational data governance arrangements, including detailed procedures for data access, sharing, quality, metadata, security, audit trails, retention, escalation and decision-making, are set out in the **PHSIMS Data Governance Operational Guideline**.

PHSIMS is an operational mechanism for integrated One Health information management and public health security decision-making. It supports aggregation, management, analysis and use of data from human health, animal health, environmental health and related sectors. Its governance must therefore remain aligned with the One Health structures established under this Policy Framework, including the One Health Steering Committee, One Health Coordinating Committee, National One Health Technical Working Groups, and provincial and district One Health structures.

7.2 Data Governance Principles

One Health data governance shall be guided by the following principles:

Table 8: One Health data governance principles

Principle	Description
Accountability	Institutions and authorised users shall be accountable for how data are collected, managed, shared, accessed and used.
Transparency	Data-sharing purposes, access decisions, responsibilities and limitations shall be documented and communicated to relevant stakeholders.
Data quality	Data used for One Health decision-making shall be accurate, complete, timely, consistent and fit for purpose.
Data stewardship	Source institutions shall retain responsibility for the quality, interpretation and appropriate use of data originating from their sector or system.
Security and confidentiality	Data shall be protected against unauthorised access, misuse, loss, alteration or disclosure, in line with applicable legal and data protection requirements.
Minimum necessary access	Users shall access only the data required for their authorised role, purpose or decision-making function.
Interoperability	Data systems and reporting processes shall promote secure exchange, harmonisation and use of information across relevant sectors.
Responsible sharing and use	Data sharing shall support public health security, preparedness, response, research, planning and accountability, while respecting legal, ethical and institutional obligations.
Feedback and learning	Data and analysis should be translated into usable information and shared back with relevant institutions, communities and decision-makers where appropriate.
One Health collaboration	Data governance shall promote collaboration across sectors and levels, while respecting the mandates and ownership responsibilities of participating institutions.

7.3 Alignment of PHSIMS Data Governance with the Policy Framework

PHSIMS data governance shall be aligned to the One Health governance architecture established under this Policy Framework. The Policy Framework provides the overarching multisectoral coordination and accountability structure, while the PHSIMS Data Governance Operational Guideline provides the detailed arrangements for data management, access, sharing, protection, quality, interoperability, escalation and decision-making.

To avoid duplication, PHSIMS shall not establish a parallel coordination mechanism. Instead, its data governance structure shall operate through three levels aligned to the broader One Health governance architecture:

Table 9: Alignment of PHSIMS data governance with the Policy Framework

PHSIMS governance level	Alignment with One Health Policy Framework	Main function
Executive level	One Health Steering Committee and One Health Coordinating Committee	Provides high-level oversight, institutional sponsorship, policy direction, resource mobilisation, accountability and final escalation for major PHSIMS data governance matters.
Strategic level	National One Health Technical Working Group/ PHSIMS Data Governance Subcommittee	Develops standards, reviews data-sharing arrangements, oversees compliance, resolves complex policy and technical issues, and escalates matters requiring executive decision-making.
Operational level	Source institutions, provincial and district One Health structures, data stewards and authorised users	Implements approved data-governance processes, manages day-to-day data quality, access, sharing, validation and compliance issues.

7.4 Institutional Roles and Responsibilities for One Health Data Governance

All participating institutions shall contribute to responsible One Health data governance in line with their mandates, legal obligations and agreed data-sharing arrangements.

Key responsibilities include:

Table 10: Institutional roles and responsibilities

Actor/structure	Data governance role
One Health Steering Committee	Provides high-level oversight and policy direction; supports institutional accountability and resource mobilisation for data governance and information sharing.
One Health Coordinating Committee	Reviews and resolves coordination issues affecting data sharing, institutional participation and implementation of agreed data-governance arrangements.
National One Health Technical Working Group / PHSIMS Data Governance Subcommittee	Provides technical oversight of data governance standards, data-sharing arrangements, access protocols, compliance issues and escalation processes.
One Health Secretariat/ZNPHI	Coordinates implementation of One Health data governance arrangements, supports PHSIMS alignment, maintains coordination records and facilitates reporting to governance structures.
Source institutions	Retain stewardship over data generated by their sector; validate data before sharing; nominate data focal persons; comply with agreed access, sharing and confidentiality requirements.
Provincial and district One Health structures	Support subnational data flow, event reporting, verification, feedback, follow-up and use of information for preparedness and response.
Data stewards and focal persons	Support routine data quality, validation, interpretation, access review, feedback and liaison between source institutions and PHSIMS governance structures.
Authorised users	Access and use data only for approved purposes and in line with assigned roles, confidentiality obligations and system access permissions.

The PHSIMS guidelines expand these roles further by identifying executive responsibilities for OHSC/OHCC, strategic responsibilities for the Data Governance Committee/One Health TWG - PHSIMS Subcommittee, and operational responsibilities for data stewards, system administrators, data processors, data engineers, programme data managers, surveillance officers, laboratory information officers and authorised users.

7.5 Data Sharing, Access and Use

Data sharing under this Policy Framework shall support integrated surveillance, early warning, preparedness, response, research, advocacy, planning, accountability and evidence-informed decision-making. Data sharing should be guided by the Implementation Addendum and agreed implementation instruments, including SOPs, protocols and data-sharing arrangements.

Access to One Health data shall be based on defined roles, approved purposes, data sensitivity, institutional mandate, public health need and applicable legal requirements. Non-routine, sensitive, restricted, research, cross-border or international data requests shall be reviewed through the appropriate PHSIMS data governance and institutional approval processes.

Where data are shared, the purpose, scope, permitted use, access level, duration, confidentiality obligations, security requirements, reporting expectations and restrictions on onward sharing should be clearly documented. The PHSIMS guidelines provide more detailed procedures for data-sharing requests, approval authorities, service standards and Data Use Agreements.

7.6 Data Protection, Security and Compliance

One Health data governance shall comply with applicable national laws, policies and standards, including those relating to data protection, cyber security, access to information, public health, animal health, environmental management, disaster risk management, health research and electronic government systems.

Participating institutions shall ensure that data are managed securely and responsibly across the data lifecycle, including collection, storage, processing, analysis, sharing, publication, retention and disposal. Special care shall be taken when handling personal data, sensitive data, restricted data, research data or data that may create institutional, legal, reputational or public trust risks.

Data breaches, misuse, unauthorised access, unresolved data-quality concerns or disputes over data access and sharing shall be escalated through the agreed PHSIMS governance and One Health coordination mechanisms. The PHSIMS guidelines describe the relevant legal obligations under the Data Protection Act, cyber security legislation, electronic communications and access-to-information requirements, which should guide implementation.

7.7 Monitoring and Review of Data Governance

Data governance arrangements should be reviewed periodically to ensure they remain fit for purpose, legally compliant and responsive to emerging One Health risks, system changes and institutional needs. Reviews should consider data quality, timeliness of reporting, access control, compliance with data-sharing agreements, use of data for decision-making, feedback to data providers, and any breaches or unresolved governance issues.

The One Health Secretariat, working with the PHSIMS Data Governance Subcommittee and relevant Technical Working Groups, shall ensure that lessons from implementation are documented and used to update data-sharing arrangements, standard operating procedures, indicator definitions, system requirements and institutional responsibilities.

The PHSIMS guideline provides for annual review by the Data Governance Committee, compliance audits, quarterly data-quality reports from data stewards, breach reporting, post-emergency compliance assessments and training for PHSIMS users.

Chapter 8. Research

Consistent with the aforementioned strategic approaches, a specific research component has been developed to address key knowledge gaps and inform policy through evidence-based insights. This research component emphasises four main themes: environmental hazards, climate change, food safety and emerging or re-emerging zoonotic diseases, all of which have a significant impact on health in Zambia. By examining these areas through a One Health perspective, Zambia can implement targeted interventions and improve its status in both regional and global One Health initiatives. The subsequent sub-sections elaborate on these themes, presenting real-world examples and offering recommendations for translating research into effective policy and action.

8.1 Environmental Hazards

Research on environmental hazards under the One Health will cover harmful substances, conditions and events in the environment that pose risks to animal, human and environment health. This will involve identifying and mapping chemical, biological and physical agents responsible for environmental contamination and pollution, assessing their impacts and innovations for remediation, risk management and the development of multisectoral emergency response protocols.

Environmental incidents such as tailing dam failures, lead mining in Kabwe town, illegal mining activities along streams and rivers and the use of mercury in gold mining have greatly contributed to contamination and pollution that pose risks to public health. New mining developments in different parts of the country have increased land degradation and habitat loss to mining activities. Land use changes and encroachment of protected areas have led to degradation of wildlife habitats resulting in human-wildlife conflict and an increase in zoonotic disease spill overs. These challenges in most cases are being addressed in silos and inadequately coordinated. It is in this regard that research on environmental hazards need to be addressed in a One Health approach in order to come up with science-based decisions to support policy direction.

The research focus will include but not limited to:

1. Identification and classification of agents causing environmental hazards, including toxic chemicals, microbial contaminants, and physical hazards from natural and anthropogenic sources;

2. Risk assessment methodologies for evaluating exposure, potential damage, and health impacts, management and mitigation strategies;
3. Environmental monitoring and impact assessment to understand and forecast the effects of hazards on ecological and human systems;
4. Development and application of remediation technologies such as bioremediation, phytoremediation, and combined hazard management approaches for site-specific pollution control; and
5. Policy-oriented research supporting the formulation of environmental laws, regulations, and sustainable practices to reduce pollution and human exposure.

8.2 Climate-Health Nexus

Climate change is increasingly recognised as a threat multiplier for One Health, altering disease patterns, exacerbating food and water insecurity and environmental problems. Zambia being party to the Paris Agreement (PA), recognises the need for an effective and progressive response to the urgent threat of climate change on the basis of the best available scientific knowledge. The 27th Conference of Parties (COP), first introduced the concept of One Health which emphasised the interconnectivity of the various pillars to sustainably balance, protect and enhance human, animal, and environmental health. Zambia is a signatory to the UN Climate Change Conference on Climate and Health' as well as the 'Global Methane Pledge' in COP 28 and 29 respectively.

One Health research on climate change should focus on understanding these dynamics using an interdisciplinary approach. Examples of research to be conducted under this thematic area should include but not be limited to:

1. Establishment of early warning systems for climate sensitive diseases.
2. Modelling of how shifting climatic patterns may influence the range or seasonality of zoonotic disease outbreaks
3. Climate change and how it affects agricultural pests and toxins

By proactively researching climate–health interactions, Zambia can develop adaptive strategies, such as drought-resistant crop varieties or vaccination campaigns timed to seasonal outbreaks, thereby strengthening its resilience. Showcasing effective climate adaptation measures in One Health will also position Zambia as a contributor to global and regional initiatives on climate and health, sharing lessons with other climate-vulnerable countries.

8.3 Food Safety

Food safety remains a critical challenge in Zambia as evidenced by some foodborne outbreaks the country has experienced in the past. Unsafe food is linked to microbial contamination, chemical hazards, and zoonotic pathogens that affect both public health and agricultural productivity. Weak surveillance systems, limited laboratory capacity, and insufficient evidence-based data make it difficult to identify priority risks and implement targeted interventions. Therefore, the generation of local data through research in food safety, will enable the One Health players to better understand the drivers of foodborne hazards, evaluate the impact of interventions, and align national standards with international food safety requirements. Furthermore, coordinated research outputs enhance advocacy by demonstrating the socio-economic benefits of investing in food safety, such as reducing healthcare costs, improving livelihoods, and unlocking regional and global trade opportunities. The key research areas in food include but are not limited to the following;

1. **Foodborne pathogens and antimicrobial resistance (AMR):** Surveillance of pathogens in humans, animals, and food products, including resistance patterns, to inform treatment guidelines and control strategies.

2. **Chemical hazards:** Monitoring pesticide residues, veterinary drug residues, mycotoxins, heavy metals, and other contaminants along the food value chain.

3. **Zoonotic disease transmission:** Assessing risks in meat, milk, fish, and poultry value chains, with a focus on informal and smallholder production systems.

4. **Food handling and hygiene practices:** Evaluating safety practices in processing, distribution, and informal markets to identify behavioural and infrastructural gaps.

5. **Environmental and climate change impacts:** Research on how changing weather patterns, water quality, and waste management affect pathogen survival and contamination risks.

6. **Socio-economic and cultural drivers:** Understanding consumer behaviour, traditional practices, and market dynamics that influence food safety compliance and risk exposure.

7. **Risk assessment and economic analysis:** Quantifying the public health and economic burden of unsafe food to support advocacy and justify investment in food safety systems. e.g. crop storage.

8.4 Emerging and Re-emerging Public Health Threats

Zambia has prioritised 10 zoonotic diseases that pose a significant burden on public health. The majority of these diseases are classified as neglected tropical diseases as well as diseases of poverty. There is limited awareness among health professionals in Zambia regarding these diseases. Several zoonotic pathogens have been reported across various ecological landscapes throughout Zambia, yet their burden on human health remains unclear. Research on emerging and re-emerging zoonotic diseases is a top priority to strengthen One Health. Key research areas include:

1. Geo-spatial distribution of prioritised zoonotic diseases,
2. Risk assessment and risk mapping of prioritised zoonotic diseases, disease ecology, transmission patterns and spillover trends; and
3. Social science research to understand community behaviours.
4. Health Workforce Protection
5. Legislative and Policy Analysis and Research Dissemination
6. One Health Communication

8.5 Recommendations

To leverage research for policy and international leadership, it is recommended that Zambia:

1. Establish a National One Health Research Agenda that sets clear national priorities, research gaps, and measurable targets across human, animal, and environment sectors; defines responsible institutions and funding mechanisms; and is reviewed regularly to guide coordinated research, surveillance, and capacity-building investments.
2. Increase investment in research infrastructure and training, such as upgrading laboratories to safely handle public health threats and funding scholarships for One Health research degrees. This builds the home-grown capacity needed to prevent, detect and respond to public health events.
3. Foster sustained multisectoral research collaborations and secure data-sharing frameworks by creating formal partnership mechanisms (memoranda of understanding, joint research platforms, and working groups), standardizing data formats and agreements, and encouraging joint proposals that link academic, government, private sector, and community stakeholders.
4. Integrate research findings into policy systematically, by creating formal channels (policy briefs and inter-ministerial conferences to translate evidence into action).

5. Engage with regional and global One Health initiatives by sharing data and success stories. A vibrant One Health research program will enable Zambia to craft evidence-based policies at home and champion the One Health approach, reinforcing its commitment to safeguarding the health of humans, animals, and environment together.

8.6 Translation of Research outputs into Policy action

To maximise the impact of One Health research, Zambia must establish mechanisms that ensure research findings are translated into policy and practice. A national One Health research task force or technical working group should synthesize evidence and provide recommendations to guide government decision-making. Research findings should inform updates to regulations, national action plans, and development strategies, particularly in areas such as environmental health, antimicrobial resistance (AMR), climate change, and zoonotic diseases. Establishing a unified One Health research agenda will improve coordination, prioritize national research needs, optimize resource allocation, and ensure evidence is available to inform policy cycles. Strengthening collaboration between researchers and policymakers will help bridge the evidence-to-policy gap and improve the implementation of research findings.

At the regional and global levels, Zambia should strengthen its participation in collaborative One Health research initiatives to address transboundary health threats, contribute to regional health security, and enhance its international profile. Aligning national research priorities with the global One Health Joint Plan of Action will support compliance with international reporting obligations, including the International Health Regulations (IHR) and World Organisation for Animal Health (WOAH) requirements. Increased participation in international research collaborations, publications, and scientific forums will position Zambia as a leader in One Health, enabling it to contribute to global knowledge while attracting partnerships, funding, and technical support.

Chapter 9. Integrated Advocacy, Risk Communication and Community Engagement

Integrated advocacy, risk communication and community engagement are essential to the successful implementation of the Policy Framework for One Health Coordination and Advocacy. One Health risks such as zoonotic diseases, antimicrobial resistance, food safety threats, environmental hazards, climate-sensitive events, water-related risks and disaster-related public health emergencies require not only technical action, but also sustained political commitment, institutional ownership, community trust and behaviour change.

This chapter sets out the policy-level approach for strengthening advocacy, risk communication and community engagement in support of One Health coordination. It provides guidance on how stakeholders should be engaged, how evidence should be translated into policy and public action, how communities should participate in prevention and response, and how communication should support accountability across human health, animal health, environment, water, food safety, disaster risk management, mining, local government and other relevant sectors.

Advocacy and RCCE under this Policy Framework shall be implemented as mutually reinforcing functions. Advocacy will focus on influencing decision-makers, institutions, partners and resource holders to support One Health priorities. RCCE will focus on building trust, supporting informed decision-making, promoting protective behaviours, addressing rumours and misinformation, and ensuring that communities are active partners in prevention, preparedness, detection, response and recovery. The Policy Framework should be read together with the One Health Advocacy and Communication Toolkit, which provides practical communication resources, including an indicative advocacy and commemoration calendar for planning One Health awareness, advocacy and stakeholder engagement activities.

9.1 Purpose

The purpose of integrated advocacy and RCCE is to strengthen the enabling environment for One Health implementation by promoting political commitment, institutional participation, resource mobilisation, public awareness, community ownership and evidence-informed action.

1. Promote awareness and understanding of One Health among policymakers, technical officers, communities, partners, private sector actors and the general public.
2. Strengthen advocacy for domestic financing, institutional commitment and sustained multisectoral participation in One Health coordination.
3. Support timely, accurate, accessible and trusted communication before, during and after public health events.
4. Ensure that communities are engaged as active partners in identifying, reporting, preventing and responding to One Health risks.
5. Promote the use of evidence, surveillance data, research findings, community feedback and operational lessons to inform policy dialogue and decision-making.
6. Strengthen two-way feedback mechanisms between communities, frontline workers, subnational structures, national coordination platforms and decision-makers.

9.2 Guiding Principles

Advocacy, risk communication and community engagement under this Policy Framework shall be guided by the following principles:

Table 11: Guiding principles for advocacy, risk communication and community engagement

Principle	Application
One Health collaboration	Messages, advocacy priorities and engagement activities should reflect the interconnectedness of human, animal, plant and environmental health.
Two-way communication	Communities should not only receive information but also provide feedback, raise concerns, report events and contribute local knowledge.
Trust and transparency	Communication should be timely, honest, accurate and clear about what is known, unknown and being done.
Equity and inclusion	Engagement should consider gender, age, disability, literacy, language, geography, livelihood and vulnerability.

Cultural appropriateness	Messages and interventions should be adapted to local contexts, values, beliefs, languages and communication channels.
Evidence-informed action	Advocacy and RCCE should be informed by surveillance data, research, risk assessments, community feedback and implementation experience.
Accountability	Institutions should follow up on community concerns, stakeholder commitments and agreed advocacy actions.
Consistency and coordination	Communication across sectors should be harmonised to avoid conflicting messages, duplication and confusion.

9.3 Strategic Approaches

9.3.1 Policy Advocacy and High-Level Engagement

Policy advocacy will be used to secure political commitment, institutional ownership, financing and accountability for One Health implementation. Advocacy efforts should target Permanent Secretaries, senior Government officials, Parliamentarians, local authorities, cooperating partners, private sector leaders, traditional leaders, civil society and other decision-makers.

Priority advocacy areas may include:

1. domestic financing for One Health coordination and preparedness;
2. operationalisation of national, provincial and district One Health structures;
3. adoption of MoUs, Letters of Agreement, data-sharing schedules and SOPs;
4. integration of One Health priorities into sectoral plans, budgets and emergency preparedness processes;
5. strengthening of PHSIMS and responsible multisectoral information sharing;
6. prioritisation of zoonotic diseases, AMR, food safety, environmental hazards, climate-health risks and community-based surveillance;
7. improved institutional accountability for agreed One Health actions.

Advocacy products may include policy briefs, investment cases, technical briefs, presentations, dashboards, stakeholder briefs, ministerial talking points, media statements and annual One Health progress reports.

9.3.2 Stakeholder Engagement

Stakeholder engagement shall be structured, continuous and inclusive. It should bring together institutions and actors whose mandates, resources, knowledge or influence are relevant to One Health implementation. Engagement should occur at national, provincial, district and community levels.

At national level, engagement shall be coordinated through the One Health Steering Committee, One Health Coordinating Committee, National Technical Working Group and the One Health Secretariat. These structures shall support policy dialogue, technical coordination, planning, review of progress, resource mobilisation and follow-up of agreed actions.

At provincial and district levels, engagement shall be coordinated through the respective technical working groups. These structures shall support technical coordination, planning, review of progress, resource mobilisation, and follow-up of agreed actions. The district OH TWG will be responsible for engaging the community level stakeholders.

At community level, engagement shall focus on building trust, understanding local risk perceptions, supporting early reporting, strengthening preventive behaviours and ensuring that feedback from communities informs planning and response.

A stakeholder matrix should be maintained and periodically updated by the One Health Secretariat and relevant Technical Working Groups to guide engagement, clarify institutional roles, document commitments and track follow-up. A suggested Stakeholder Matrix Template is provided in Annex D. Stakeholder Matrix Template

9.3.3 Risk Communication

Risk communication shall support timely and trusted communication before, during and after public health events. It should help people understand risks, make informed decisions, adopt protective behaviours and access relevant services.

Risk communication should be used for priority One Health risks including zoonotic diseases, AMR, foodborne risks, waterborne diseases, chemical contamination, environmental pollution, mining-related incidents, climate-sensitive diseases, animal health events and disaster-related public health emergencies.

Communication messages should be simple, accurate, actionable, consistent across sectors, adapted to local languages and literacy levels, sensitive to local culture and livelihoods, delivered through trusted messengers and channels, and updated as evidence and response actions evolve.

Channels will include community meetings, radio, television, social media, mobile telecommunication messaging, schools, churches, markets, agricultural extension officers, veterinary extension officers, health facilities, local authorities, traditional leadership structures and community-based volunteers.

9.3.4 Community Engagement and Feedback

Community engagement is central to One Health implementation because many risks are first observed at household, farm, market, wildlife habitats, water-source, workplace or community level. Communities should therefore be recognised as partners in prevention, detection, early warning, reporting, preparedness and response.

Community engagement activities will include:

1. Community dialogues on zoonoses, AMR, food safety, sanitation, climate risks and environmental hazards;
2. Engagement of traditional leaders, farmers, livestock owners, game ranch owners, market committees, women's groups, youth groups, persons with disabilities and schools;
3. Participatory identification of local risks and reporting barriers;
4. Community-based surveillance and event reporting;
5. Feedback sessions following investigations, response activities or risk assessments;
6. Promotion of safe behaviours such as animal vaccination, responsible antimicrobial use, safe food handling, safe water use, waste management and reporting of unusual animal or human illness;
7. use of trusted community champions and One Health ambassadors.

Feedback mechanisms should allow communities to ask questions, raise concerns, report rumours, provide local information and receive updates on action taken. Feedback from communities should be documented, analysed and used to adjust communication, surveillance, response and advocacy strategies.

Figure 3: Feedback Loop (community engagement feeding into surveillance, advocacy, and response).

Effective One Health coordination depends on structured two-way feedback between communities, surveillance systems, decision-makers and response structures. Community concerns, alerts and local knowledge should inform surveillance and data analysis, which in turn should guide policy, advocacy, preparedness and response actions. Feedback should then be communicated back to communities to support trust, participation and behaviour change.

9.3.5 Policy Briefs and Evidence-to-Action Products

Policy briefs are an important tool for translating complex technical evidence into concise, decision-focused recommendations. They should be used to support policy dialogue, resource mobilisation, legal or institutional reform, emergency preparedness, response planning and advocacy.

Policy briefs may draw on:

1. Surveillance and PHSIMS data;
2. Joint risk assessments;
3. Outbreak investigation reports;
4. After-action reviews;
5. Research studies;
6. Environmental or food safety monitoring;
7. Community feedback;
8. Economic analyses and investment cases;
9. Partner and programme reports.

Each policy brief should clearly state the issue, why it matters, what evidence is available, what action is required, who should act, and what resources or decisions are needed. Policy briefs should be written in clear, non-technical language and targeted to the intended audience. A standard policy brief development guide, template and illustrative worked example are provided in Annex E.

9.3.6 Commemoration Days, Campaigns and Public Awareness

One Health advocacy should make strategic use of national, regional and global commemoration days to raise awareness, mobilise stakeholders and promote behaviour change. These may include One Health Day, World Rabies Day, World Antimicrobial Awareness Week, World Environment Day, World Food Safety Day, World Water Day, International Day for Disaster Risk Reduction, Local Government week and other relevant events.

Commemoration activities should not be treated as stand-alone events. They should be linked to annual One Health priorities, advocacy objectives, community engagement plans and measurable follow-up actions.

Effective use of commemoration days follows a continuous planning, implementation and learning cycle, rather than a one-off event approach. Table 12 below outlines the key phases of this process.

Table 12: Key phases of planning, implementing and evaluating One Health commemoration and advocacy activities

Phase	Focus
Planning and strategy development	Define the issue, audience, objectives, messages, channels, partners, resources, risks and monitoring approach.
Implementation and engagement	Conduct public awareness, stakeholder dialogue, community outreach, media engagement, training and advocacy activities.
Monitoring, evaluation and learning	Assess reach, participation, changes in knowledge and behaviour, stakeholder response, lessons learned and identify follow-up actions for future campaigns.

For detailed guidance on campaign planning, key messages, audience segmentation and annual commemoration planning, users should refer to the One Health Advocacy and Communication Toolkit.

9.4 Roles and Responsibilities

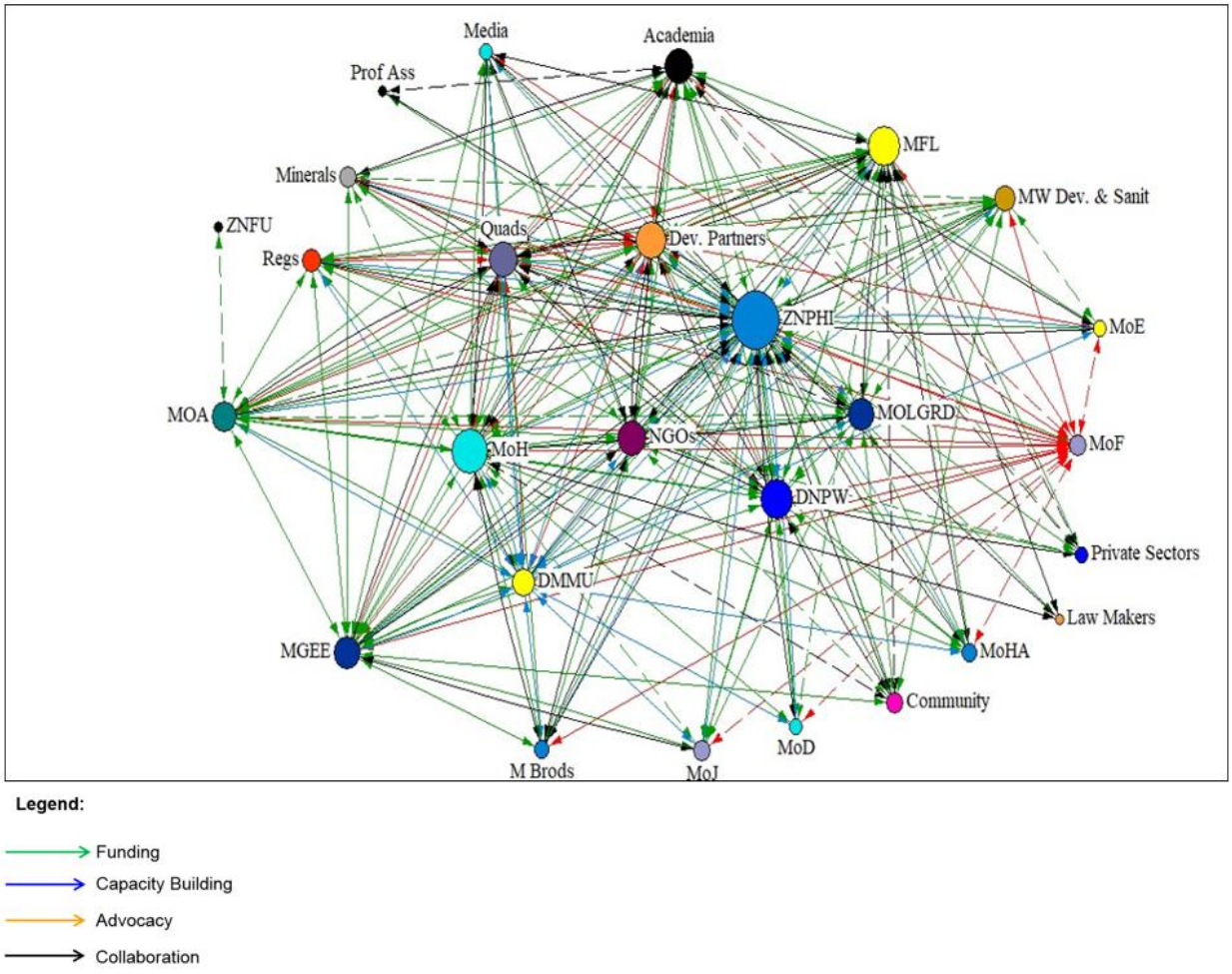
Implementation of integrated advocacy and RCCE shall be coordinated through existing One Health governance structures and relevant sectoral communication systems. Table 13 below summarises the key roles and responsibilities of the national and sub-national structures involved in coordinating, implementing and supporting One Health advocacy and RCCE activities.

Table 13: Roles of One Health governance structures in implementing advocacy and RCCE

Actor/structure	Role
One Health Steering Committee	Provides high-level policy direction, champions One Health advocacy and supports resource mobilisation.
One Health Coordinating Committee	Reviews advocacy and RCCE priorities, supports coordination across sectors and follows up on institutional commitments.
One Health Secretariat/ZNPHI	Coordinates national-level advocacy and RCCE planning, documentation, stakeholder engagement, reporting and knowledge products.
National Technical Working Groups	Provide technical content, validate messages, develop policy briefs and support implementation of sector-specific advocacy and RCCE activities.
Provincial and District One Health structures	Coordinate local implementation, community engagement, feedback, reporting and adaptation of messages to local contexts.
Line ministries and statutory bodies	Provide sector-specific technical input, spokespersons, data, communication channels and institutional follow-up.
Local authorities	Support community mobilisation, enforcement of local public health and environmental measures, market engagement, sanitation and waste management communication.
Traditional and community leaders	Support trusted communication, community mobilisation, local problem-solving and feedback.
Media and communication partners	Support dissemination of accurate information, public education and countering misinformation.
Civil society, private sector and academia	Support advocacy, community engagement, research translation, innovation and independent feedback.

Cooperating partners	Provide technical, financial and logistical support for advocacy, RCCE, capacity building and documentation.

To complement the stakeholder analysis, Figure 4 below presents the network of relationships among key One Health actors in Zambia as of 2024. The network demonstrates the interconnected nature of the One Health system and highlights institutions that play central coordinating and collaborative roles within the national governance landscape.



Note: The size of the nodes represents the number of influence and towers assigned based on the number of linkages with other stakeholders (the bigger the node, the more influential the actor is).

Figure 4: Overall Net-map of Zambia OH linkages among key actors as of 2024.

9.5 Monitoring, Evaluation and Learning for Advocacy and RCCE

Advocacy and RCCE activities shall be monitored as part of the Policy Framework's broader MEAL system. Monitoring should assess both outputs and outcomes, including whether activities

are reaching the intended audiences, influencing decision-making, improving community engagement and supporting behaviour change.

Indicative indicators may include:

1. Number of advocacy engagements conducted with policymakers and partners;
2. Number of policy briefs, technical briefs or advocacy products developed and disseminated;
3. Number of institutions participating in one health advocacy or rcce activities;
4. Number of provinces or districts implementing one health community engagement activities;
5. Number of community feedback sessions conducted and documented;
6. Proportion of priority one health events with coordinated rcce support;
7. Number of media products, radio programmes, social media products or public awareness materials produced;
8. Evidence of stakeholder commitments, policy decisions, budget allocations or institutional actions resulting from advocacy; and
9. Documentation of community concerns, rumours, feedback and response actions.

Findings from monitoring should be reviewed by the One Health Secretariat, relevant Technical Working Groups and governance structures. Lessons should be used to refine messages, improve stakeholder engagement, strengthen community feedback systems and inform future advocacy priorities.

9.6 Expected Results

Implementation of integrated advocacy, risk communication and community engagement under this Policy Framework is expected to contribute to:

1. Increased awareness and understanding of One Health among policymakers, institutions, communities and the public;
2. Stronger political and institutional commitment to One Health coordination;
3. Improved resource mobilisation for One Health priorities;
4. More consistent and trusted communication across sectors before, during and after public health events;
5. Strengthened community participation in prevention, reporting, preparedness and response;
6. Improved use of evidence, policy briefs and community feedback for decision-making;
8. Increased accountability for agreed One Health actions at national and subnational levels.

Ultimately, these combined advancements will transition the One Health from a conceptual framework into an operational reality. By aligning sectoral efforts, resource allocation, and community trust, the implementation of this Policy Framework will establish a resilient, accountable system capable of detecting, preventing, responding and recover to public health threats across all sectors.

Annexes - Implementation Tools

Annex A. Detailed SWOC Analysis

STRENGTHS
• Existence of a legislative framework that supports One Health coordination in Zambia, including the ZNPHI Act No. 19 of 2020. • Existing One Health coordination mechanisms at national and provincial levels through ZNPHI, which support stakeholder mobilisation. • Established One Health Technical Working Groups at national and provincial levels. • Availability of partner support. • Good political will. • Availability of experts across different fields within the One Health domain. • Existence of One Health diagnostic facilities at national level. • Established disease surveillance and response structures for early detection and response. • Established advocacy platforms for risk communication and community engagement at national, provincial and district levels. • Efficient use of resources by reducing duplication of efforts and encouraging cost-sharing between sectors. • Established integrated disease surveillance and rapid-response systems across human, animal and environmental health sectors. • Laboratories under construction, with opportunities for accreditation. • Existence of sub-national coordination structures such as epidemic preparedness and response committees.
WEAKNESSES
• No platform for data sharing. • Lack of a One Health communication strategy. • Inadequate government funding to support One Health activities. • Limited incorporation of other sectors in budgets for One Health activities within line ministries. • Little or no buy-in from some policymakers to utilise One Health expertise and fund One Health activities. • Underutilisation of available One Health expertise across sectors. • One Health Technical Working Groups are not yet operationalised at district level. • Public health responses are sometimes carried out in silos, and some line ministries lack dedicated One Health desks. • Lack of One Health diagnostic facilities at sub-national level. • Low staffing levels in some sectors. • Lack of regulations to fully operationalise the ZNPHI Act No. 19 of 2020. • Limited community-level awareness of One Health concepts. • Funding remains heavily skewed towards partner financing. • High levels of staff attrition weaken institutional memory. • Lengthy and bureaucratic procurement and approval processes.

OPPORTUNITIES
• Constant interaction with communities provides an opportunity to strengthen community engagement. • Intra-sector data management systems are at different levels of development. • Alignment of One Health programmes with the Sustainable Development Goals 2030 and Africa's Agenda 2063 can unlock regional support, funding and political commitment. • Global partnerships can advance the One Health agenda by unlocking technical, financial and political support. • Creation of positions can support more effective use of available One Health expertise across sectors. • Emerging and re-emerging diseases create opportunities for increased collaboration in research and resource mobilisation. • Donor support for resilience-strengthening projects can be leveraged to support implementation of the Framework. • Global One Health pandemic preparedness and climate-change mitigation strategies can support action on health-related impacts. • Challenges in accessing external accreditation services create an opportunity to establish an accreditation body in the country. • Availability of One Health courses in higher learning institutions provides an opportunity to expand the One Health workforce. • Emerging digital tools and cross-sector data-sharing can enhance integrated disease surveillance and rapid response. • Public-private partnerships can leverage private-sector funding, expertise and innovation to strengthen and scale One Health coordination and interventions.
CHALLENGES
• Inadequate funding to support One Health coordination activities. • Limited integration of climate sensitive data in surveillance and response systems • The existing capacities are inadequate for surveillance and response to emerging and re-emerging pathogens. • Inadequate regional coordination mechanisms to manage cross-border disease transmission threats due to movement of humans and animals. • Inadequate multi-sectoral response capacity to environmental hazards and climate related events

Annex B. Theory of Change Canvas

This Theory of Change Canvas provides a practical tool for translating the Policy Framework for One Health Coordination and Advocacy into a clear implementation logic. It summarises the key problem, underlying causes, required inputs, priority activities, expected outputs, short- to medium-term outcomes, long-term impact, assumptions and risks.

The canvas should be used by the One Health Secretariat, Technical Working Groups and implementing institutions to support planning, monitoring, review and communication of One Health coordination and advocacy priorities. It may be updated periodically as implementation progresses, new risks emerge, or national One Health priorities evolve.

Component	What to include
Situation/ Problem	Zambia faces recurrent and emerging health threats at the human-animal-environment interface, including zoonotic diseases, AMR, food safety risks, environmental hazards, pollution, climate-sensitive diseases and disaster-related public health risks. These threats are worsened by siloed sectoral responses, limited data sharing, weak sub-national capacity and inadequate sustainable financing.
Underlying causes/barriers	Fragmented coordination across sectors; limited operationalisation of One Health structures; inconsistent information sharing; limited domestic financing; weak sub-national capacity; inadequate joint planning; limited integration of human, animal, environmental, water, mining, climate and disaster-risk data.
Inputs/resources	Political leadership; OHSC, OHCC and TWGs; One Health Secretariat; line ministries and statutory bodies; technical expertise; PHSIMS and other information systems; legal and policy frameworks; domestic and partner resources; trained workforce; community structures; laboratories and surveillance systems.
Priority activities/ interventions	Strengthen and resource multisectoral coordination structures; implement agreed data-governance and data-sharing arrangements; support integrated surveillance and early warning; conduct joint risk assessments and outbreak investigations; strengthen multisectoral rapid response; conduct advocacy and RCCE activities; build One Health workforce capacity; mobilise sustainable financing; promote One Health research and knowledge management.
Immediate outputs	Functional OHSC, OHCC and TWGs; agreed roles and reporting lines; standard coordination tools; adopted MoU/LoA or data-sharing schedules; regular joint meetings; joint risk assessments; multisectoral outbreak investigation reports; trained One Health workforce; advocacy tools and policy briefs; operational data-sharing mechanisms.
Short-term outcomes	Improved routine coordination across sectors; clearer institutional roles; more timely sharing and use of information; improved joint planning;

	stronger preparedness and response coordination; better stakeholder engagement; increased awareness of One Health priorities.
Intermediate outcomes by 2030	Functional and sustainable One Health governance at national and sub-national levels; improved prevention, detection and response to public health events through integrated surveillance; reduced misuse of antimicrobials and strengthened AMR containment; improved food safety systems; empowered communities; stronger climate-health adaptation mechanisms integrating human, animal and environmental data.
Long-term impact	Zambia achieves sustainable health security and resilience by reducing the risk and burden of zoonotic, foodborne, environmental and climate-sensitive health threats.
Assumptions	Political commitment to multisectoral coordination is sustained; institutions remain engaged; domestic and partner resources are available; data-sharing agreements are respected; communities participate in prevention and surveillance; One Health structures are adequately supported.
Risks	Donor dependence; institutional silos; weak sub-national implementation; limited financing; data-sharing reluctance; staff turnover; climate variability; cross-border disease threats; environmental disasters and pollution events.
Mitigation measures	Advocate for domestic budget lines; formalise coordination through ToRs, MoUs/LoAs and data-sharing schedules; strengthen provincial and district TWGs; build workforce capacity; integrate One Health into national planning and financing mechanisms; use PHSIMS to support timely information sharing; conduct periodic reviews and joint planning.
Key indicators / evidence of change	Number of functional OH structures; proportion of planned coordination meetings held; number of institutions adopting MoUs/LoAs or data-sharing schedules; number of joint risk assessments conducted; timeliness of multisectoral reporting; number of joint outbreak investigations; number of staff trained; number of advocacy engagements; evidence of domestic resource mobilisation.

Annex C. Indicator Reference Sheet

This Indicator Reference Sheet Template is intended to support consistent monitoring and reporting of the Policy Framework for One Health Coordination and Advocacy. It provides a standard format for defining indicators, data sources, reporting frequency, responsible institutions, baselines and targets. The template should be used by the One Health Secretariat, Technical Working Groups and relevant institutions when developing or updating the Policy Framework's monitoring and evaluation plan, annual workplans and implementation reports.

Indicator	Definition	Calculation/ Measurement	Disaggregation	Data Source/ Tool	Frequency	Responsible Institution / Unit	Baseline[1]	2030 Target
Functionality of One Health coordination structures	Proportion of planned One Health coordination meetings held with quorum and documented minutes.	Number of planned meetings held with quorum and minutes ÷ total number of planned meetings × 100.	National, provincial, district; OHSC, OHCC, TWG.	Meeting calendars, attendance registers, minutes, action logs.	Quarterly	One Health Secretariat / ZNPHI, with TWG chairpersons.		At least 80% of planned meetings held with quorum and minutes annually.
Implementation of agreed One Health action points	Proportion of agreed action points from OH meetings implemented within the agreed timeframe.	Number of action points completed within deadline ÷ total number of action points due × 100.	National, provincial, district; sector; meeting type.	Meeting minutes, action matrices, progress reports.	Quarterly	One Health Secretariat / TWG chairpersons.		At least 75% of agreed action points completed within agreed timelines.
Adoption of One Health coordination tools and instruments	Proportion of core institutions that have formally adopted agreed coordination tools, SOPs, MoUs/LoAs or data-sharing schedules.	Number of core institutions adopting agreed tools/instruments ÷ total number of core institutions × 100.	Institution; sector; type of instrument.	Signed MoUs/LoAs, endorsement letters, approved SOPs, data-sharing schedules.	Annual	One Health Secretariat / ZNPHI, with legal and institutional focal points.		All core institutions adopt relevant coordination and data-sharing instruments.
Joint investigation of priority One Health events	Proportion of priority zoonotic, foodborne, environmental or other One Health-	Number of priority events jointly investigated ÷ total number of priority events requiring	Province; district; event type; sector involved.	Outbreak investigation forms, incident reports, RRT	Per event; summarised quarterly.	Provincial TWGs, RRTs, ZNPHI, MoH, MFL,		At least 80% of priority One Health events jointly investigated.

[1] Baselines shall be established during the initial implementation period using available administrative, surveillance and programme data.

	related public health events jointly investigated by relevant sectors.	multisectoral investigation × 100.		reports, TWG reports.		ZEMA/MGEE, WARMA/MWDS, DRMD and other relevant institutions.		
Timeliness of multisectoral reporting	Median time in hours from detection of a priority One Health event to reporting or notification to relevant multisectoral coordination structures.	Median number of hours between event detection and multisectoral notification/reporting.	Event type; province; district; human, animal, environmental or water-related event.	Surveillance dashboards, event logs, PHSIMS, eIDSR, ZAHIS and other sector reporting systems.	Monthly; per event during emergencies.	ZNPHI, MoH, MFL, MGEE/ZEMA, MWDS/WARMA, DRMD and Provincial TWGs.		Progressive reduction in median reporting time, with agreed alert thresholds defined by event type.
Functionality of integrated information sharing mechanisms	Extent to which agreed One Health information-sharing mechanisms are operational and used by participating institutions.	Measured through functionality checklist: data-sharing schedule in place, focal persons assigned, reporting template used, data submitted, feedback provided.	Institution; sector; data type; national/provincial level.	PHSIMS reports, data-sharing logs, dashboard records, TWG reports.	Quarterly	ZNPHI / PHSIMS team / One Health Secretariat, with institutional data focal points.		Functional information-sharing mechanism used by all core institutions.
One Health workforce capacity strengthened	Number of staff trained or certified in One Health-related competencies, including coordination, surveillance,	Count of staff completing approved One Health training or certification.	Institution; sector; province; district; gender; training topic.	Training registers, certificates, participant lists, HR/training reports.	Annual	ZNPHI / One Health Secretariat, line ministries, training institutions and partners.		Annual increase in trained One Health workforce across national and sub-national levels.

	response, data sharing, RCCE, AMR, climate-health or related areas.							
Resource mobilisation for One Health implementation	Amount of domestic and partner financing mobilised for implementation of One Health coordination, surveillance, response, advocacy and related activities.	Total value of funds mobilised or allocated for One Health activities during the reporting period.	Domestic funding; partner funding; activity area; national/provincial level.	Budgets, financial reports, partner commitments, workplans, funding agreements.	Annual	One Health Secretariat / ZNPHI finance and planning units, with line ministries and partners.		Progressive increase in dedicated and trackable financing for One Health implementation.
Advocacy and stakeholder engagement reach	Number of One Health advocacy engagements conducted and estimated reach among policymakers, institutions, communities, media, civil society and partners.	Count of engagements conducted, with audience reach where available.	Type of engagement; target audience; province; media/community /policy platform.	Advocacy logs, event reports, media analytics, attendance lists, communication reports.	Quarterly; annual summary.	One Health Secretariat / communications teams / TWGs / partners.		Regular advocacy engagements conducted annually with documented reach and follow-up actions.
Community engagement and feedback mechanisms strengthened	Number of districts or provinces using structured two-way feedback mechanisms for One Health-related risks and	Count of districts/provinces with documented two-way feedback activities and reporting.	Province; district; topic; community structure; sector.	Community engagement reports, TWG reports, RCCE logs, feedback tools.	Quarterly	Provincial and District TWGs, local authorities, ZNPHI, MoH, MFL, MGEE/ZEMA and partners.		Functional two-way feedback mechanisms established in priority districts/provinces.

	community concerns.							
Use of evidence for decision-making	Number of policy briefs, technical reports, risk assessments or evidence products developed and used to inform One Health decisions.	Count of evidence products produced and presented to relevant decision-making structures.	Product type; topic; institution; decision-making forum.	Policy briefs, JRA reports, technical reports, meeting minutes, decision records.	Annual	One Health Secretariat, TWGs, academia, technical institutions and partners.		Evidence products routinely developed and used to inform One Health planning and decision-making.
Periodic review of Policy Framework implementation	Completion of scheduled reviews of Policy Framework implementation, including annual reviews, mid-term review and final evaluation.	Yes/No for each scheduled review; or number of reviews completed ÷ number planned × 100.	Review type; national/provincial level.	Annual reports, review meeting reports, evaluation reports, action plans.	Annual; mid-term in 2028; final in 2030.	One Health Secretariat / ZNPHI, Steering Committee, TWGs and partners.		Annual reviews completed; mid-term and final evaluations conducted as scheduled.

Annex D. Stakeholder Matrix Template

This stakeholder matrix is intended to support systematic identification, mapping and engagement of institutions and actors relevant to One Health coordination and advocacy in Zambia. It provides a practical tool for clarifying stakeholder mandates, expected contributions, engagement mechanisms and follow-up responsibilities across human health, animal health, environment, water, disaster risk management, mining, local government, academia, the private sector, civil society and cooperating partners.

The matrix should be used by the One Health Secretariat, Technical Working Groups and relevant implementing institutions to guide stakeholder engagement, advocacy, coordination, information sharing and implementation follow-up at national and sub-national levels. It should also support planning for meetings, consultations, joint activities, data-sharing arrangements, resource mobilisation and communication with stakeholders.

This matrix is a living tool and should be updated periodically as new stakeholders are identified or engaged, institutional roles evolve, coordination needs change, or new One Health priorities emerge. Updates should be documented by the One Health Secretariat in consultation with relevant Technical Working Groups and participating institutions to ensure that the Policy Framework remains inclusive, practical and responsive to Zambia's One Health implementation needs.

Stakeholder / Institution	Sector	Mandate / Role in One Health	Expected contribution	Engagement mechanism
Core Government Ministries and Public Institutions				
Disaster Risk Management Division	Disaster risk management	Disaster preparedness, response coordination and risk reduction	Emergency coordination, disaster risk information and response linkages	OHSC, OHCC, TWGs
Lusaka City Council	Local authority / Urban health / Environmental health	Responsible for local governance, public health enforcement, waste management, markets, food premises, sanitation and	Support urban One Health implementation, local surveillance, community engagement, market and food safety coordination, waste	Sub-national TWGs, district coordination structures, technical consultations

		urban environmental health within Lusaka District	management and response to public health events	
Ministry of Agriculture	Agriculture / Food security / Plant health	Policy and technical leadership on crop production, plant health, food security, agricultural extension and management of agricultural risks that may affect human, animal and environmental health	Input on plant health, pesticide use, food security, aflatoxin prevention, agricultural surveillance and community-level agricultural risk communication	OHSC, OHCC, TWGs, technical consultations
Ministry of Defence	Security and emergency support	Support to national emergency preparedness and response	Logistics, emergency support and coordination during major events	OHSC, emergency coordination mechanisms
Ministry of Fisheries and Livestock	Animal health	Technical leadership on animal health, livestock disease and AMR surveillance and veterinary services	Animal health data, zoonotic disease and AMR surveillance, veterinary response	OHSC, OHCC, TWGs
Ministry of Green Economy and Environment	Environment and climate	Environmental policy, climate change and ecosystem protection	Environmental and climate-health inputs, policy coordination	OHSC, OHCC, TWGs
Ministry of Health	Human health	Public health policy, disease prevention, health services and response	Technical leadership on human health risks, surveillance, preparedness and response	OHSC, OHCC, TWGs
Ministry of Local Government	Local government	Sub-national governance and	Linkage to provincial, district and	OHSC, sub-national TWGs

and Rural Development		local authority coordination	community structures	
Ministry of Mines and Minerals Development	Mining	Mining sector regulation and mineral development	Information on mining-related hazards and sector coordination	OHCC, TWGs
Ministry of Water Development and Sanitation	Water and sanitation	Water supply, sanitation and water-related public health risks	Water and sanitation risk information, WASH coordination	OHCC, TWGs
National Food Laboratory	Laboratory / Food safety	Provides laboratory testing and technical support for food safety, foodborne hazards, contamination and related public health risks	Food safety testing, laboratory evidence, outbreak investigation support, food contamination monitoring and technical input on food safety standards	TWGs, laboratory networks, technical consultations
Water Resources Management Authority	Water resources	Water resources regulation and monitoring	Water resource data, water quality/risk information where applicable	TWGs, data-sharing mechanisms
Zambia Environmental Management Agency	Environmental regulation	Environmental monitoring, pollution control and regulatory enforcement	Environmental risk information, pollution/chemical incident reporting	TWGs, technical consultations
Zambia Medicines Regulatory Authority	Medicines regulation	Regulation of medicines and related health products	AMR, antimicrobial use and regulatory input where applicable	TWGs, technical consultations
Zambia National Public Health Institute	Public health security	Coordination of public health security, surveillance, preparedness, response and information management	Secretariat coordination, PHSIMS support, outbreak intelligence, technical guidance	One Health Secretariat, OHCC, TWGs

Cooperating and Technical Partners				
Africa Centres for Disease Control and Prevention	Regional partner / Public health security	Provides regional technical leadership and support for public health security, surveillance, emergency preparedness and One Health coordination	Regional guidance, capacity building, technical support, surveillance and preparedness strengthening	Partner coordination meetings, OHCC, TWGs
Food and Agriculture Organization	Cooperating partner/Animal health/Agriculture/ Food systems	Provides technical support on animal health, zoonoses, food systems, agriculture, AMR, food safety and One Health implementation	Technical guidance, capacity building, support to zoonotic disease control, AMR, food safety, animal health surveillance and resource mobilisation	Partner coordination meetings, OHCC, TWGs
UK Health Security Agency	Cooperating partner / Public health security	Provides technical cooperation and capacity strengthening support for public health security, surveillance, preparedness and response	Technical assistance, capacity building, surveillance strengthening, emergency preparedness support and knowledge exchange	Technical consultations, partner coordination meetings, TWGs where applicable
United Nations Environment Programme	Cooperating partner / Environment	Provides technical support on environmental governance, ecosystem health, pollution, climate and environmental dimensions of One Health	Technical guidance on environmental health risks, ecosystem protection, pollution and climate-health linkages	Partner coordination meetings, environment/climate TWGs
World Health Organization	Cooperating partner/Human	Provides technical guidance and	Technical assistance, normative	Partner coordination meetings, OHCC, TWGs

	health/Health security	support for public health, IHR implementation, disease surveillance, preparedness, response and health systems strengthening	guidance, IHR support, outbreak response support, surveillance strengthening and capacity building	
World Organisation for Animal Health	Cooperating partner/Animal health	Provides international standards and technical guidance for animal health, veterinary services, zoonoses and transboundary animal diseases	Technical support to veterinary services, animal disease surveillance, zoonoses control and alignment with international animal health standards	Partner coordination meetings, animal health TWGs, technical consultations
Other cooperating and implementing partners	Development cooperation / Technical support	Provide financial, technical and implementation support aligned to national One Health priorities	Resource mobilisation, technical assistance, implementation support, capacity building, monitoring and learning	Partner coordination meetings, bilateral engagements, TWGs

Annex E. Policy Brief Development Guide and Illustrative Example

This completed template provides an illustrative example to demonstrate the recommended format and level of detail for developing a One Health policy brief under the Policy Framework for One Health Coordination and Advocacy.

Title: Strengthening Multisectoral Coordination for the Prevention and Control of Anthrax in Zambia

Administrative Information

Item	Details
Date	July 2026
Prepared by	Zambia National Public Health Institute (ZNPHI)
Lead Institution	One Health Secretariat
Contributing Institutions	MoH, Ministry of Fisheries and Livestock, MGEE, MWDS, DRMD, Local Authorities, Cooperating Partners
Target Audience	Permanent Secretaries, Directors, Cooperating Partners, Provincial Administrations
Classification	Public

Executive Summary

Anthrax remains one of Zambia's priority zoonotic diseases and continues to pose significant risks to human health, livestock production, wildlife conservation and rural livelihoods. Delayed reporting, unsafe carcass handling and fragmented coordination continue to contribute to human exposure and environmental contamination. This policy brief recommends strengthening integrated surveillance, operationalising information sharing through PHSIMS, improving carcass management, increasing community awareness and ensuring sustainable financing for preparedness.

1. Policy Issue

Problem Statement

Anthrax outbreaks continue to occur periodically, particularly in livestock and wildlife interface areas. Human infections frequently occur following the slaughter, handling or consumption of infected animals. Delayed notification between sectors, inadequate community awareness and inconsistent implementation of safe carcass disposal procedures increase the risk of further transmission.

Why this matters

Anthrax affects human health, livestock production, environmental safety, food security, household incomes and national public health security.

2. Evidence Summary

Evidence Source	Key Findings	Strength
PHSIMS Surveillance	Delayed multisectoral notification	High
Joint Risk Assessment	Unsafe carcass handling is a major transmission pathway	High
Outbreak Investigation	Human cases linked to slaughter of animals found dead	High
Community Feedback	Limited awareness of safe carcass disposal	Medium
Veterinary Surveillance	Vaccination coverage inconsistent in hotspot districts	High

3. Root Cause Analysis

Driver	Assessment
Weak multisectoral coordination	High
Delayed information sharing	High
Limited community awareness	High
Poor carcass disposal practices	High
Resource constraints	Medium

4. Policy Options

Option	Benefits	Limitations
Maintain current approach	No additional resources	Outbreaks likely to continue
Strengthen One Health coordination	Improves surveillance and response	Requires institutional commitment
Expand integrated surveillance and vaccination	Long-term reduction in outbreaks	Requires additional investment

5. Recommended Policy Option

Strengthen integrated One Health coordination supported by PHSIMS, community engagement and targeted livestock vaccination.

6. Recommended Actions

Recommendation	Responsible Institution	Timeline
Operationalise routine information sharing through PHSIMS	ZNPHI	Immediate
Strengthen Provincial & District One Health TWGs	ZNPHI/Provinces	6 months
Increase livestock vaccination in hotspot districts	Ministry of Fisheries and Livestock	Annual
Standardise safe carcass disposal	MFL & Local Authorities	Immediate
Strengthen community awareness	MoH & Partners	Continuous

7. Resource Implications

Area	Requirement
Coordination	Medium
Community awareness	Medium
Vaccination	High
Laboratory support	Medium
PHSIMS implementation	Medium

8. Risks and Mitigation

Risk	Mitigation
Limited financing	Integrate into sector budgets and mobilise partners
Low community participation	Strengthen RCCE and engage traditional leaders
Delayed information sharing	Operationalise PHSIMS governance arrangements

9. Monitoring Framework

Expected Result	Indicator	Target
Improved surveillance	% suspected outbreaks reported within 24 hours	>90%
Improved coordination	Number of multisectoral investigations	Annual increase
Reduced human cases	Human anthrax incidence	Declining trend
Increased vaccination	Coverage in hotspot districts	>80%

10. Stakeholder Analysis

Stakeholder	Role
ZNPHI	National coordination and PHSIMS
Ministry of Health	Human surveillance and case management
Ministry of Fisheries and Livestock	Animal surveillance and vaccination
Local Authorities	Community engagement and enforcement
Traditional Leaders	Community mobilisation

11. Communication Strategy

Primary audience: Permanent Secretaries and senior decision-makers.

Key messages:

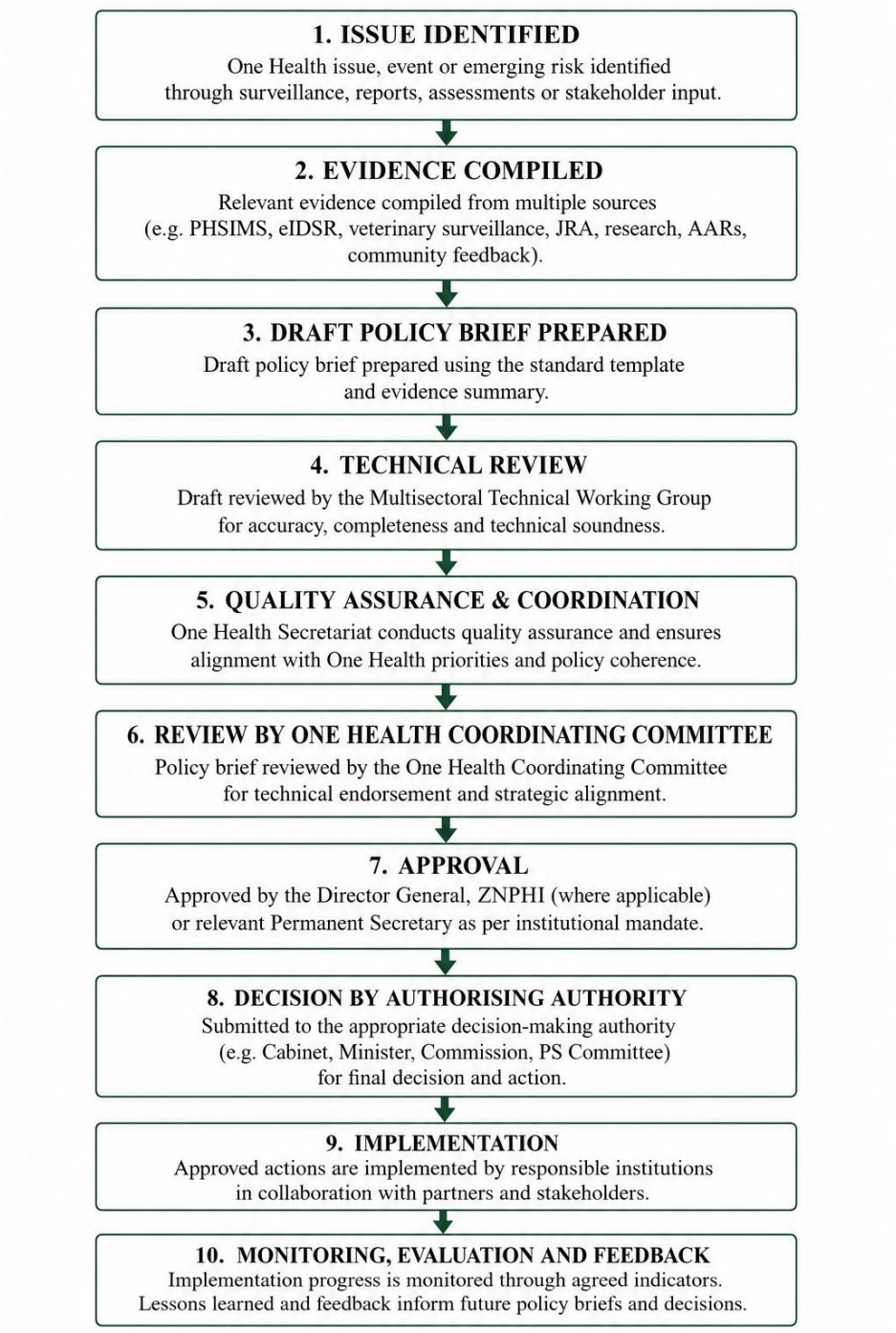
- Anthrax remains a preventable One Health threat.
- Early reporting saves lives.
- Safe carcass disposal protects communities.
- Integrated surveillance improves response.
- Investment in prevention is more cost-effective than outbreak response.

12. Decision Requested

Decision-makers are requested to:

- Endorse strengthened multisectoral anthrax preparedness and response.
- Support routine information sharing through PHSIMS.
- Strengthen Provincial and District One Health Technical Working Groups.
- Integrate anthrax prevention into annual sector work plans and budgets.
- Support coordinated community awareness and livestock vaccination in hotspot districts.

13. Approval Workflow



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IMPLEMENTATION ADDENDUM

TO THE

POLICY FRAMEWORK

FOR

ONE HEALTH COORDINATION AND ADVOCACY

Institutional Commitment and Implementation Agreement

Prepared by

The One Health Secretariat

Zambia National Public Health Institute (ZNPHI)

In collaboration with

Signatory Line Ministries, Statutory Bodies and One Health Stakeholders

Lusaka, Zambia

August 2026

This Implementation Addendum shall be read together with the Policy Framework for One Health Coordination and Advocacy

PREAMBLE

This Implementation Addendum to the Policy Framework for One Health Coordination and Advocacy (hereinafter referred to as "the Addendum") is entered into by and between the Zambia National Public Health Institute (ZNPHI), acting in its statutory mandate as the national coordinating institution for One Health under the Zambia National Public Health Institute Act No. 19 of 2020, and the undersigned Line Ministry, Statutory Body or Participating Institution (hereinafter referred to individually as a "Signatory Institution" and collectively as the "Parties").

This Addendum constitutes the formal institutional implementation agreement supporting the Policy Framework for One Health Coordination and Advocacy (hereinafter referred to as "the Policy Framework"). It establishes the governance, coordination, implementation, accountability and reporting commitments required of participating institutions to operationalise the Policy Framework through a coordinated, multisectoral One Health approach.

Recognising that health threats arising at the human-animal-environment interface, including zoonotic diseases, antimicrobial resistance, food safety events, environmental contamination, climate-related health risks, chemical hazards, and other public health emergencies, cannot be effectively prevented, detected or responded to by any single institution acting independently, the Parties acknowledge that effective management of these threats requires sustained collaboration across sectors, disciplines and all levels of Government.

Further recognising that the Government of the Republic of Zambia has adopted the National One Health Strategic Plan, established national and subnational One Health governance structures, and enacted legislation assigning the Zambia National Public Health Institute responsibility for coordinating national One Health activities, the Parties affirm their commitment to strengthening institutional collaboration through a structured and accountable implementation mechanism.

This Addendum therefore provides the institutional framework through which Signatory Institutions shall integrate One Health principles into their respective mandates, policies, plans, programmes and operations. It formalises commitments for joint governance, coordinated planning, integrated surveillance, information sharing, preparedness and response, resource mobilisation, research, innovation, advocacy, risk communication, community engagement, monitoring, evaluation, accountability and continuous learning, while respecting the statutory mandates and institutional independence of each participating institution.

Nothing in this Addendum shall be construed as diminishing, transferring or replacing the statutory functions or legal responsibilities of any Signatory Institution. Rather, this Addendum provides the mechanism through which those mandates shall be exercised collaboratively in pursuit of common national One Health objectives and strengthened public health security.

The Parties further acknowledge that implementation of the Policy Framework requires predictable institutional leadership, sustainable financing, routine information exchange, coordinated decision-making and measurable accountability. Accordingly, each Signatory Institution voluntarily commits to the obligations set out in this Addendum and agrees to cooperate in good faith to achieve the shared vision of safeguarding the health of people, animals, plants and ecosystems through an integrated and sustainable One Health approach.

This Addendum shall be read together with the Policy Framework for One Health Coordination and Advocacy and, where applicable, with relevant national legislation, Government policies, sector-specific regulations, approved implementation guidelines, standard operating procedures and decisions of the established One Health governance structures.

ARTICLE 1

Definitions

For the purposes of this Implementation Addendum, and unless the context otherwise requires, the following terms shall have the meanings assigned to them below. Terms not expressly defined herein shall have the meanings assigned to them in the Policy Framework for One Health Coordination and Advocacy and other applicable laws and policies of the Republic of Zambia.

1.1 Addendum

"**Addendum**" means this Implementation Addendum to the Policy Framework for One Health Coordination and Advocacy, including all schedules, annexes, amendments and instruments executed pursuant to it.

1.2 Policy Framework

"**Policy Framework**" means the Policy Framework for One Health Coordination and Advocacy approved by the Government of the Republic of Zambia, together with any subsequent amendments or revisions adopted in accordance with Government procedures.

1.3 One Health

"**One Health**" shall have the meaning assigned to it in the Policy Framework.

1.4 Signatory Institution

"**Signatory Institution**" means any Ministry, Province, Statutory Body, Department, Agency, Local Authority, Public Institution or other Government entity that executes this Addendum and undertakes the obligations contained herein.

1.5 Parties

"**Parties**" means the Zambia National Public Health Institute and all institutions that become signatories to this Addendum.

1.6 One Health Secretariat

"**One Health Secretariat**" means the National One Health Secretariat established within the Zambia National Public Health Institute to coordinate implementation of the Policy Framework and provide technical and administrative support to the national One Health governance structures.

1.7 One Health Governance Structures

"**One Health Governance Structures**" means the institutional coordination mechanisms established under the Policy Framework, including the One Health Steering Committee, One Health Coordinating Committee, National One Health Technical Working Group, Provincial One Health Technical Working Groups, District One Health Technical Working Groups, and any duly established subcommittees or successor structures.

1.8 One Health Focal Point

"**One Health Focal Point**" means the officer formally designated by a Signatory Institution to coordinate implementation of this Addendum and serve as the institution's official representative on One Health coordination matters.

1.9 Implementation Plan

"**Implementation Plan**" means an institution-specific plan developed by a Signatory Institution to operationalise its commitments under this Addendum and the Policy Framework.

1.10 Institutional Commitments

"**Institutional Commitments**" means the obligations, responsibilities, actions and deliverables accepted by each Signatory Institution under this Addendum.

1.11 Joint Activities

"**Joint Activities**" means any coordinated programme, project, intervention, investigation, assessment, surveillance activity, emergency response, simulation exercise, research initiative, advocacy activity or other undertaking implemented collaboratively by two or more Signatory Institutions under this Addendum.

1.12 Data and Information Sharing

"**Data and Information Sharing**" means the routine, event-based or emergency exchange of agreed data, information, analyses, reports or other relevant intelligence among Signatory Institutions through approved coordination mechanisms in accordance with applicable laws, policies and agreed protocols.

1.13 Public Health Security Information Management System (PHSIMS)

"**PHSIMS**" means the Public Health Security Information Management System established to facilitate secure, interoperable and coordinated management, analysis, sharing and use of multisectoral data and information to support One Health surveillance, preparedness, decision-making and response.

1.14 Annual Institutional Performance Review

"**Annual Institutional Performance Review**" means the annual assessment coordinated by the Zambia National Public Health Institute to evaluate implementation of this Addendum by Signatory Institutions against agreed indicators, commitments and performance measures.

1.15 Applicable Law

"**Applicable Law**" means the Constitution of Zambia, Acts of Parliament, subsidiary legislation, Government policies, regulations, directives and other legal instruments governing implementation of this Addendum.

1.16 Working Day

"**Working Day**" means any day other than a Saturday, Sunday or public holiday recognised in the Republic of Zambia.

ARTICLE 2

Legal Basis and Authority

2.1 This Addendum is made pursuant to the Policy Framework for One Health Coordination and Advocacy and derives its authority from the Constitution and the applicable laws, policies and institutional frameworks of the Republic of Zambia governing public health security, animal health, environmental management, food safety, disaster risk management, climate resilience, water resources management, information sharing and other matters relevant to the One Health approach.

2.2 The Parties acknowledge that the Zambia National Public Health Institute, established under the Zambia National Public Health Institute Act No. 19 of 2020, is mandated to coordinate national public health security and shall serve as the National One Health Secretariat and coordinating institution for the implementation of this Addendum.

2.3 This Addendum shall be implemented in accordance with applicable national legislation, including but not limited to the Zambia National Public Health Institute Act No. 19 of 2020, the Public Health Act, the Animal Health Act, the Food Safety Act, the Environmental Management Act, the Data Protection Act, the Access to Information Act, and any other applicable law, statutory instrument or Government policy relevant to the implementation of the One Health approach.

2.4 This Addendum shall be read together with the Policy Framework and shall complement its governance, coordination, implementation, monitoring and accountability arrangements. In the event of any inconsistency between this Addendum and the Policy Framework, the provisions of the Policy Framework shall prevail.

2.5 Nothing in this Addendum shall be construed as transferring, limiting or superseding the statutory powers, functions or responsibilities of any Signatory Institution. Each Signatory Institution shall continue to exercise its legal mandate while collaborating through the coordination mechanisms established under the Policy Framework and this Addendum.

2.6 This Addendum constitutes a formal institutional commitment by the Signatory Institutions to cooperate in implementing the Policy Framework through coordinated planning, information sharing, joint action and mutual accountability.

ARTICLE 3

Purpose

3.1 The purpose of this Addendum is to establish a formal institutional framework through which Signatory Institutions shall implement the Policy Framework for One Health Coordination and Advocacy in a coordinated, accountable and sustainable manner.

3.2 This Addendum provides the basis for institutional collaboration in strengthening One Health governance, multisectoral coordination, joint planning, data and information sharing, preparedness and response, resource mobilisation, research, advocacy, monitoring and accountability.

3.3 The Parties shall implement this Addendum in accordance with their respective statutory mandates and institutional responsibilities while promoting collaboration and mutual support in addressing public health threats at the human-animal-environment interface.

3.4 This Addendum shall serve as the common implementation instrument for Signatory Institutions and shall guide coordinated action in support of the objectives and strategic priorities of the Policy Framework.

ARTICLE 4

Scope of Application

4.1 This Addendum establishes the institutional implementation arrangements for the Policy Framework for One Health Coordination and Advocacy and shall be binding upon all Signatory Institutions.

4.2 The implementation of the Policy Framework shall be multisectoral and may involve any ministry, statutory body, department, agency, local authority, academic institution, research institution, cooperating partner, private sector entity, civil society organisation or other stakeholder whose mandate or expertise is relevant to the prevention, detection, preparedness for, response to, or recovery from One Health events.

4.3 Institutions that are not signatories to this Addendum may participate in the implementation of the Policy Framework through the established One Health governance structures, technical working groups, joint activities or other coordination mechanisms, in accordance with their respective mandates and applicable laws.

4.4 Signatory Institutions may, where necessary, establish supplementary agreements, technical arrangements or operational protocols with participating institutions to facilitate implementation of specific activities, provided that such arrangements are consistent with the Policy Framework and this Addendum.

ARTICLE 5

Guiding Principles

5.1 The Parties shall implement this Addendum in accordance with the principles of collaboration, mutual accountability and respect for the statutory mandates of Signatory Institutions.

5.2 The Parties shall promote integrated planning, coordinated decision-making and multisectoral participation in addressing public health threats at the human-animal-environment interface.

5.3 The Parties shall facilitate timely, secure and responsible sharing of information in accordance with applicable laws, agreed protocols and data governance arrangements.

5.4 The Parties shall promote transparency, evidence-informed decision-making and efficient use of available resources in implementing the Policy Framework.

5.5 The Parties shall strengthen coordination across national and subnational structures while supporting decisions and actions at the lowest appropriate administrative level.

5.6 The Parties shall promote continuous learning, innovation and adaptive management to strengthen national One Health systems and improve resilience to existing and emerging public health threats.

ARTICLE 6

Institutional Commitments

6.1 Each Signatory Institution hereby commits to implementing the Policy Framework in accordance with its statutory mandate and the provisions of this Addendum.

6.2 Without prejudice to their respective statutory mandates, the Signatory Institutions shall cooperate in promoting coordinated governance, integrated planning, multisectoral collaboration and joint action in support of the One Health approach.

6.3 The Signatory Institutions shall participate in the established One Health governance structures and contribute to joint planning, implementation, monitoring and review of activities undertaken pursuant to the Policy Framework.

6.4 The Signatory Institutions shall, where applicable, designate appropriate institutional focal points and allocate the necessary technical and administrative capacity to support implementation of this Addendum.

6.5 The Signatory Institutions shall facilitate the timely sharing of information, expertise and other resources necessary to support coordinated decision-making, preparedness, response and recovery in accordance with applicable laws and agreed protocols.

6.6 The Signatory Institutions shall promote the integration of One Health principles within their respective policies, strategies, plans and programmes to strengthen national capacity to prevent, detect and respond to public health threats at the human-animal-environment interface.

ARTICLE 7

Governance and Coordination Arrangements

7.1 The Parties recognise the governance structures established under the Policy Framework for One Health Coordination and Advocacy as the institutional mechanisms for coordinating the implementation of this Addendum.

7.2 The Zambia National Public Health Institute shall serve as the National One Health Secretariat and shall coordinate the implementation of this Addendum in accordance with its statutory mandate and the provisions of the Policy Framework.

7.3 The Signatory Institutions shall participate in the appropriate One Health governance structures and support their effective functioning in accordance with the Policy Framework, approved Terms of Reference and other applicable implementation instruments.

7.4 The Parties shall promote effective coordination across national and subnational governance structures to strengthen planning, implementation, monitoring and response to public health threats at the human-animal-environment interface.

7.5 The governance structures established under the Policy Framework shall serve as the primary forum for consultation, coordination, decision-making and review of matters relating to the implementation of this Addendum.

ARTICLE 8

Joint Planning and Resource Mobilisation

8.1 The Signatory Institutions shall undertake coordinated planning to support the implementation of the Policy Framework and shall, where appropriate, align their institutional plans, programmes and activities with its strategic priorities.

8.2 The Signatory Institutions shall promote the integration of One Health priorities into their respective planning and budgeting processes, subject to their statutory mandates and applicable Government procedures.

8.3 The Parties shall collaborate in mobilising financial, technical and other resources to support the implementation of the Policy Framework, including through Government financing, cooperating partners, public-private partnerships and other lawful financing mechanisms.

8.4 The Parties shall promote efficient utilisation of available resources through joint planning, coordinated implementation and avoidance of unnecessary duplication of effort.

8.5 The modalities for joint planning, budgeting and resource mobilisation may be further prescribed through implementation instruments developed pursuant to this Addendum.

ARTICLE 9

Information Sharing and Data Governance

9.1 The Signatory Institutions acknowledge that timely, secure and responsible information sharing is fundamental to the effective implementation of the Policy Framework and shall cooperate in the exchange and use of information relevant to the prevention, detection, preparedness for, response to and recovery from One Health events.

9.2 The Signatory Institutions shall facilitate the sharing of information, data and intelligence through the Public Health Security Information Management System (PHSIMS) and other approved information-sharing mechanisms, in accordance with applicable laws, the Policy Framework and approved implementation instruments governing data management, access, confidentiality, interoperability and information security.

9.3 The Signatory Institutions shall support the implementation, interoperability and sustainable use of PHSIMS as the national platform for multisectoral information sharing and decision-making, consistent with the Zambia National Public Health Institute Act No. 19 of 2020 and the Policy Framework.

9.4 The Parties shall ensure that information shared pursuant to this Addendum is accurate, timely, complete and used solely for lawful and authorised purposes consistent with their respective mandates.

9.5 The collection, management, sharing, storage, disclosure and use of information under this Addendum shall be undertaken in accordance with applicable legislation governing data protection, access to information and official information management.

9.6 The operational arrangements for information sharing and data governance, including data standards, reporting requirements, access controls, interoperability arrangements, system

administration and information management procedures relating to PHSIMS and other approved information-sharing mechanisms, shall be prescribed through implementation instruments developed pursuant to this Addendum.

ARTICLE 10

Preparedness, Surveillance and Response

10.1 The Signatory Institutions shall strengthen multisectoral preparedness for One Health events through coordinated planning, risk assessment, capacity building, simulation exercises and other preparedness activities undertaken in accordance with the Policy Framework and approved implementation instruments.

10.2 The Signatory Institutions shall collaborate in surveillance activities within their respective mandates and support the timely detection, verification, assessment and reporting of events occurring at the human-animal-environment interface.

10.3 The Signatory Institutions shall participate in coordinated investigations and response to One Health events through the established national and subnational coordination mechanisms, including the deployment of multidisciplinary teams where appropriate.

10.4 The Parties shall promote the sharing of technical expertise, laboratory capacity, logistics and other resources necessary to support coordinated preparedness, surveillance and response activities.

10.5 The operational arrangements for preparedness, surveillance and response, including joint risk assessments, multisectoral investigations, rapid response, simulation exercises and other emergency management procedures, shall be prescribed through approved implementation instruments.

ARTICLE 11

Preparedness, Surveillance and Response

11.1 The Signatory Institutions shall strengthen multisectoral preparedness for One Health events through coordinated planning, risk assessment, capacity building, simulation exercises and other preparedness activities undertaken in accordance with the Policy Framework and approved implementation instruments.

11.2 The Signatory Institutions shall collaborate in surveillance activities within their respective mandates and support the timely detection, verification, assessment and reporting of events occurring at the human-animal-environment interface through PHSIMS and other approved surveillance and information management mechanisms.

11.3 The Signatory Institutions shall participate in coordinated investigations and response to One Health events through the established national and subnational coordination mechanisms, including the deployment of multidisciplinary investigation and response teams, where appropriate, in accordance with established coordination mechanisms.

11.4 The Parties acknowledge the Public Health Emergency Operations Centre (PHEOC) as the national mechanism for coordinating public health emergency preparedness and response in accordance with the Zambia National Public Health Institute Act No. 19 of 2020 and shall support its effective functioning through timely information sharing, coordinated decision-making and multisectoral collaboration.

11.5 The Parties shall promote the sharing of technical expertise, laboratory capacity, logistics and other resources necessary to support coordinated preparedness, surveillance and response activities.

11.6 The operational arrangements for preparedness, surveillance and response, including joint risk assessments, multisectoral investigations, deployment of investigation and response teams, activation of the PHEOC, simulation exercises and other emergency management procedures, shall be prescribed through approved implementation instruments.

ARTICLE 12

Research, Innovation and Knowledge Management

12.1 The Signatory Institutions shall promote multidisciplinary research, innovation and knowledge management to strengthen evidence-based implementation of the Policy Framework.

12.2 The Signatory Institutions shall collaborate in the identification of national One Health research priorities and, where appropriate, undertake joint research, operational studies and other knowledge generation initiatives relevant to their respective mandates.

12.3 The Parties shall facilitate the responsible exchange and dissemination of scientific knowledge, research findings, best practices and lessons learnt to support informed policy development, planning and decision-making.

12.4 Research undertaken pursuant to this Addendum shall be conducted in accordance with applicable laws, national ethical requirements and approved institutional procedures.

12.5 The operational arrangements for collaborative research, innovation and knowledge management shall be prescribed through approved implementation instruments.

ARTICLE 13

Advocacy, Risk Communication and Community Engagement

13.1 The Signatory Institutions shall collaborate in promoting advocacy, risk communication and community engagement to support the implementation of the Policy Framework and strengthen public awareness of the One Health approach.

13.2 The Parties shall promote timely, accurate and coordinated communication on One Health matters, consistent with approved Government communication protocols and applicable implementation instruments.

13.3 The Signatory Institutions shall support meaningful stakeholder and community participation in the planning, implementation and evaluation of One Health interventions, recognising the importance of local knowledge, inclusive engagement and shared responsibility.

13.4 The Parties shall, where appropriate, collaborate in the development and dissemination of harmonised advocacy, risk communication and community engagement materials to promote consistent messaging across sectors.

13.5 The operational arrangements for advocacy, risk communication and community engagement shall be prescribed through approved implementation instruments.

ARTICLE 14

Monitoring, Evaluation, Accountability and Learning

14.1 The Signatory Institutions shall monitor and evaluate the implementation of their respective commitments under this Addendum and the Policy Framework in accordance with the approved Monitoring, Evaluation, Accountability and Learning (MEAL) framework.

14.2 The Parties shall cooperate in the collection, analysis and use of information necessary to assess progress, measure performance and inform evidence-based decision-making for the continuous improvement of One Health implementation.

14.3 The Signatory Institutions shall participate in periodic implementation reviews, evaluations and other accountability processes coordinated through the established One Health governance structures.

14.4 The Signatory Institutions shall submit such reports and other information as may be required to support monitoring, evaluation and reporting under the Policy Framework and this Addendum, in accordance with approved implementation instruments.

14.5 The Parties shall promote institutional learning by sharing lessons learnt, best practices and innovations arising from the implementation of this Addendum, and shall take appropriate corrective action to address identified gaps and strengthen future implementation.

14.6 The operational arrangements for monitoring, evaluation, reporting, performance assessment and institutional learning shall be prescribed through approved implementation instruments.

ARTICLE 15

Duration

15.1 This Addendum shall take effect on the date of its execution by the Parties and shall remain in force for the duration of the Policy Framework unless amended or terminated in accordance with this Addendum.

15.2 Where the Policy Framework is revised or replaced, this Addendum shall continue in force to the extent that its provisions remain consistent with the revised Policy Framework, unless otherwise agreed by the Parties.

ARTICLE 16

Amendment

16.1 This Addendum may be amended at any time by the mutual written agreement of the Parties.

16.2 Any amendment to this Addendum shall be consistent with the Policy Framework and applicable laws and shall take effect on such date as may be agreed by the Parties.

16.3 Amendments to approved implementation instruments issued pursuant to this Addendum shall not constitute an amendment to this Addendum unless they alter the substantive obligations of the Parties.

ARTICLE 17

Withdrawal and Termination

17.1 A Signatory Institution may withdraw from this Addendum by giving not less than ninety (90) days' written notice to the Zambia National Public Health Institute, stating the reasons for such withdrawal.

17.2 The withdrawal of a Signatory Institution shall not invalidate this Addendum or affect the continued implementation of the Policy Framework by the remaining Signatory Institutions.

17.3 This Addendum may be terminated at any time by the mutual written agreement of all Signatory Institutions.

17.4 Withdrawal from or termination of this Addendum shall not affect any obligation or commitment accrued prior to the effective date of such withdrawal or termination.

ARTICLE 18

Settlement of Disputes

18.1 The Parties shall endeavour to resolve any dispute arising from the interpretation or implementation of this Addendum amicably through consultation and mutual agreement.

18.2 Where a dispute cannot be resolved through consultation, the matter shall be referred to the appropriate Government coordination mechanism for resolution.

18.3 The Parties shall continue to implement this Addendum in good faith pending the resolution of any dispute.

ARTICLE 19

General Provisions

19.1 Nothing in this Addendum shall be construed as creating a legal entity, partnership or joint venture between the Parties.

19.2 This Addendum shall not derogate from or otherwise affect the statutory powers, functions or responsibilities of any Signatory Institution.

19.3 The failure of a Party to exercise any right under this Addendum shall not constitute a waiver of that right.

19.4 If any provision of this Addendum is determined to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

19.5 This Addendum constitutes the entire institutional understanding of the Parties with respect to the implementation of the Policy Framework and supersedes any previous institutional implementation arrangements relating specifically to the matters addressed herein, unless otherwise expressly preserved by the Parties.

ARTICLE 20

Execution

20.1 This Addendum may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

20.2 This Addendum shall become effective upon execution by the Zambia National Public Health Institute and the respective Signatory Institution and shall remain subject to the provisions of Article 15.

20.3 By executing this Addendum, each Signatory Institution affirms that it has the requisite authority to enter into this Addendum and undertakes to implement its provisions in good faith and in accordance with its statutory mandate.

EXECUTION

IN WITNESS WHEREOF, the Parties, acting through their duly authorised representatives, have executed this Implementation Addendum to the Policy Framework for One Health Coordination and Advocacy on the dates indicated below.

SIGNED FOR AND ON BEHALF OF

The Zambia National Public Health Institute

Name: _____

Designation: **Director General**

Signature: _____

Date: _____

Official Stamp

Signatory Institution

Institution: _____

Name: _____

Designation: **Permanent Secretary**

Signature: _____

Date: _____

Official Stamp

Witness

Name: _____

Designation: _____

Signature: _____

Date: _____

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