



Rise of African National Public Health Institutes and Lessons Learned
from Stakeholder Involvement in their Operationalization:
The case of Zambia

Roma Chilengi
Director General

Country Context



- South Central Africa location
- Land-linked, with 8 + 1 Neighbours
- 18 M population ; >52% under 21 years
- Gross GDP 19.2 billion = (per capita just over 1,000)

Background - ZNPHI

- *The ZNPHI was brought into existence by Government in 2015 as a unit under the Department of Public Health and Research. The US-CDC supported with some seed funding the establishment of the institute (office space and furniture, staff emoluments, activity support)*
- *Following and through a policy decision to operationalize African Union Resolution AU/DEC.554(XXIV), which created the Africa Centers for Disease Control and Prevention (Africa CDC) and its three-tier operational model, the institute was earmarked to become a statutory body under Government.*

ZNPFI Vision, Mission and Mandate

Vision

- To be a centre of excellence in public health security for a healthy Zambia.

Mission

- To coordinate Public Health Security in Zambia by ensuring robust surveillance systems, effective preparedness and emergence response mechanisms to support evidence-based decision making.

Mandate

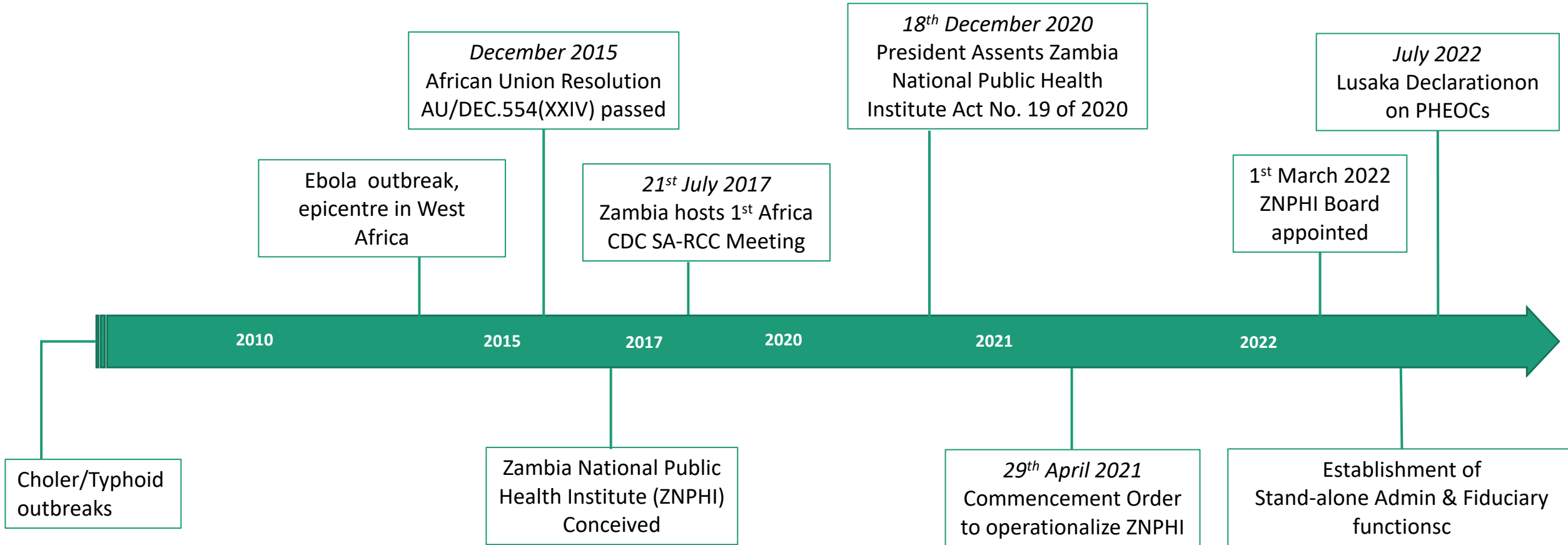
- ZNPFI is the specialized arm of government that is responsible for providing public health security through coordination of surveillance, preparedness and response by utilizing strong laboratory systems, scientific evidence and strategic information underpinned with viable workforce in a multi-sectoral manner.
- Additionally, the ZNPFI anchors Zambia's designated role as host of the Africa CDC Regional Collaborating Center (RCC) for Southern Africa.



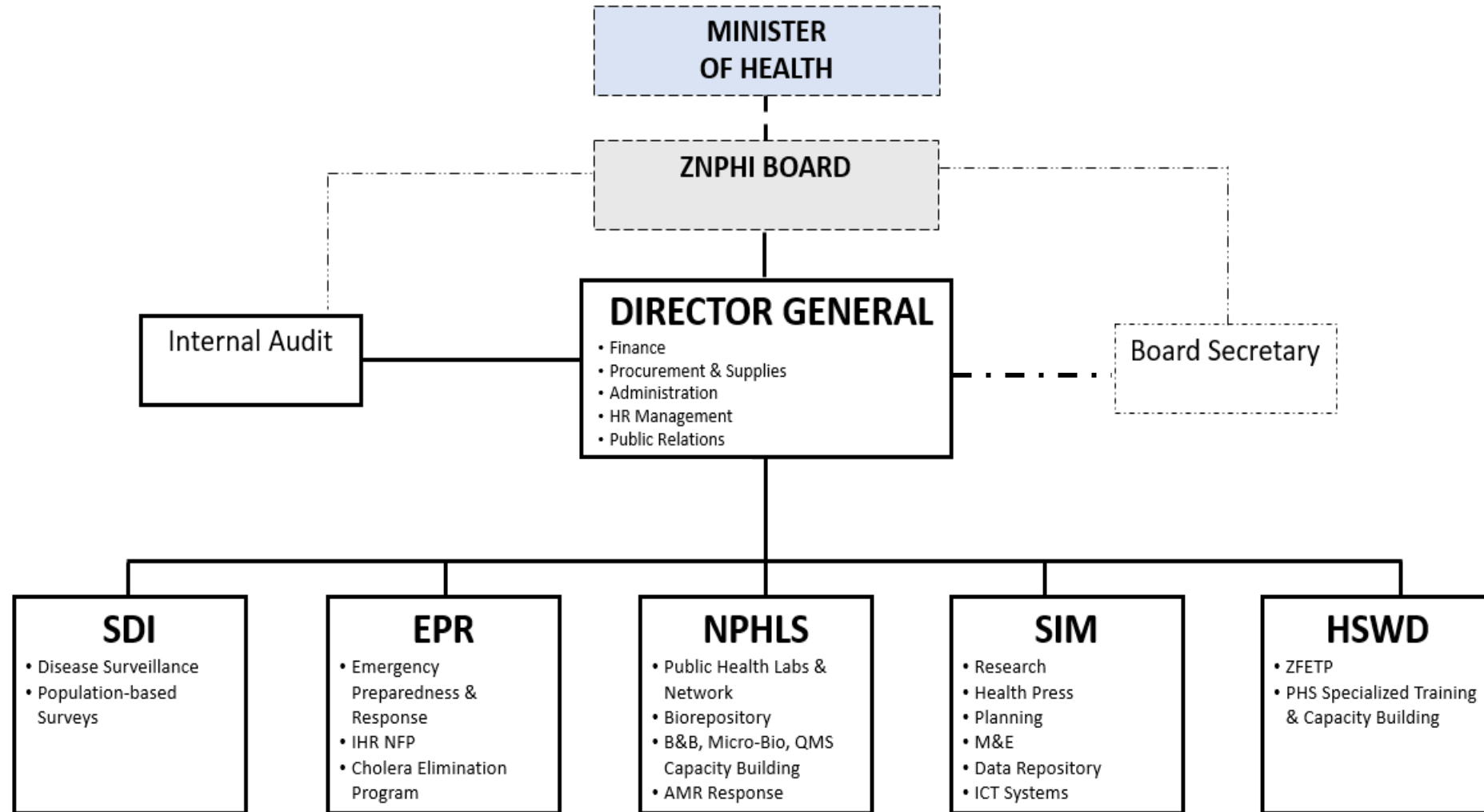
Importance of the ZNP HI

- Assures Zambia's public health security in the wake of continued public health threats and events.
- Anchor for effective fulfilment of vital regional and international obligations.
- Aligns with global best practice and assures international confidence including among Donors and Cooperating Partners.

Legal Status Time line



Organizational chart/Organogram



Finalizing the separation of SIM to Public Health Strategic Information Management; and Policy, Health Diplomacy and communication

Progress

- ✓ Operationalization of the ZNPHI Act with Committed Government funding
 - Board in place
 - New team on board
- ✓ Public Health Security management Capacity at ZNPHI
 - Sub-national level trainings and mentorship on going
 - Leadership on Cholera, Covid and other outbreak
- ✓ Coordination system for outbreak response – PHEOC & IMS
- ✓ Multi-sectoral Emergency Coordination system under office of VP
- ✓ Dedicated National Public Health Laboratory.
- ✓ Partnerships supporting training, operations and outbreak
- ✓ Strategic documents for public health security .

Progress

- ✓ Secured resources (ACDCP) to build office complex and Bio-safety level 3 laboratory.
 - Will include PHEOC, ICT suite, Biomed equipment maintenance center and Bio-Bank.
- ✓ Capacity for Public Health Security management built at the ZNPHI. Sub-national level trainings and mentorship on going.
- ✓ Increased specialized workforce – *FETP program; Accreditation in pipeline; Regional Fellows*
- ✓ Set up One Health effort with multisectoral engagement
- ✓ Set up AMR Secretariat within ZNPHI for coordination
- ✓ Threats and Hazards Identification Risk Assessment (THIRA) ongoing
- ✓ Establishment of the 1st dedicated National Public Health Laboratory.
- ✓ Instrumental in public health Statutory Instruments for cholera and COVID-19 outbreak response .
- ✓ Major partnerships to support training, operational costs and outbreak response established.

Best Practices/Lessons

- Coordinated Multisectoral approach to preparedness and response strategies
 - Council of Ministers for epidemic preparedness & response (Policy leads)
 - Committee of Permanent Secretaries (high level technical leads, advise policy)
 - PHEOC operationalized
 - IMS to coordinate public health emergency responses
 - Multisectoral Rapid Response Teams at national and sub-national level
 - Public Health Bulletin established, although struggled during COVID-19
- Fiduciary functions (finance, procurement, audit) and HRA, established
- 'One Health' approach strengthened
- Strengthened coordinated and strategic communication for policy, program and public
- Strengthened & Networking partnerships –
 - Funding partners and local stakeholders; membership to IANPHI, AFINET activities
- Resource mobilization
- 5-year Strategic plan 2022-2027 Board approved and progressing



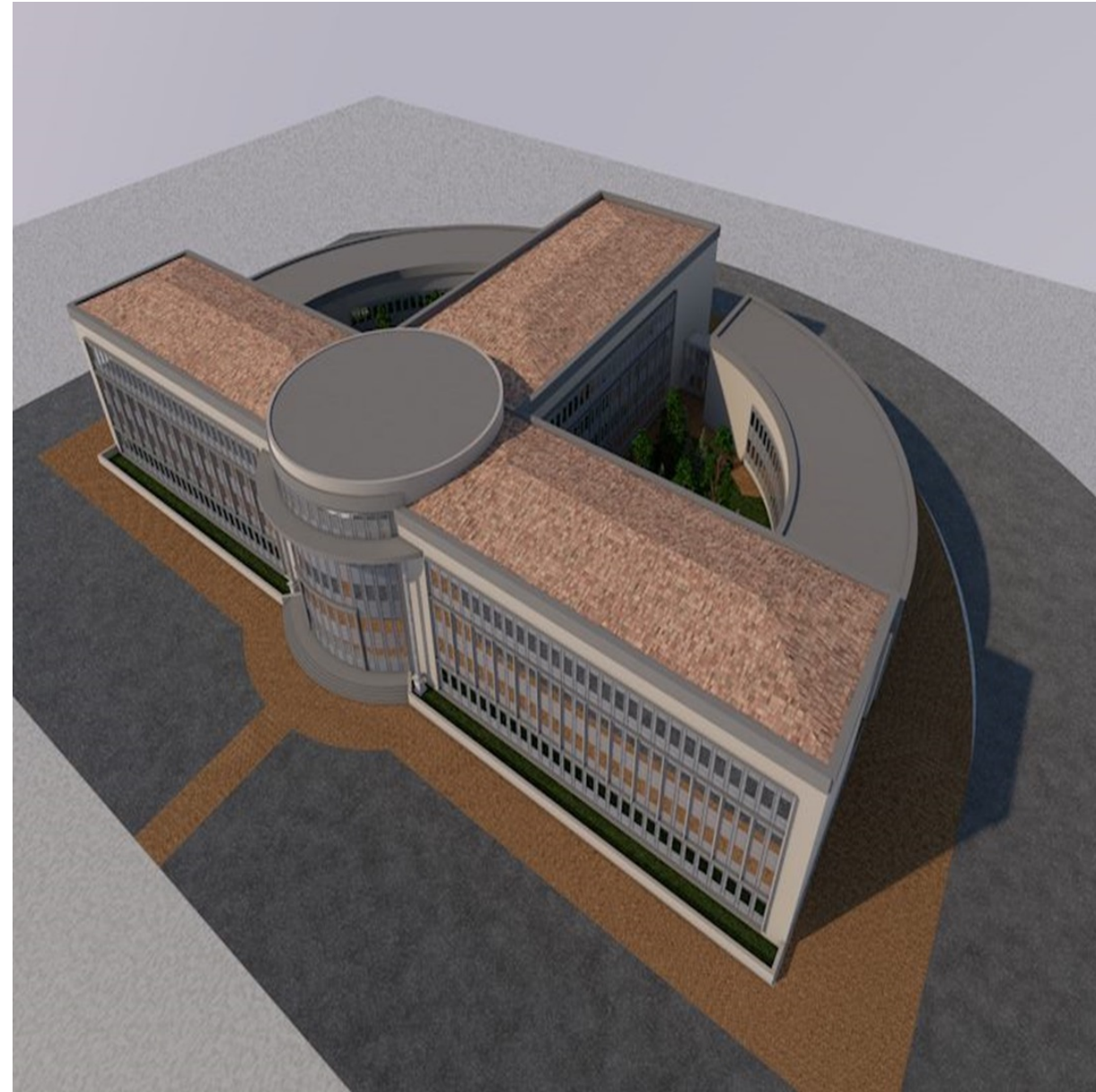
Major Challenges of the NPHI

- ❖ Full operationalization of ACT incomplete
 - Statutory instruments to establish PHEOC, Public Health Emergency Fund, National Public Health Laboratory and Public Health Information and Data Management System yet to be finalized
- ❖ Lack of sub-national structures
- ❖ Future sustainability of programs and staff – including retention
- ❖ Some mandate components sit in other departments/organization
 - Vaccination
 - Water and sanitation
 - Point of entry management
- ❖ Data synchronization, utilization
- ❖ Hard to reach areas requiring response



Future priorities

- SI's for transfer and placement of staff and relevant assets
- Permanent infrastructure construction
- Sub-national structure optimization
- Broad Health security activities
- Better regional engagement and support to RCC



High level limelights for the Institute



In the field – emergency response



Our partners

