Turning monitoring into momentum: How South Africa strengthened NAPHS implementation through quarterly reviews

SUMMARY

South Africa's second National Action Plan for Health Security (NAPHS) 2025–2029 and costed two-year operational plan was launched, but early implementation faced familiar risks: limited accountability from weak follow-up, uneven engagement across technical areas, and limited visibility into bottlenecks and financing gaps.

To address this, South Africa with the support of Resolve to Save Lives (RTSL), strengthened implementation through monitoring by investing in people, relationships, and shared accountability processes. The National Focal Point, South Africa's designated government office responsible for coordinating health security communications and compliance under the International Health Regulations, established quarterly implementation reviews with a multi-stakeholder group from across ministries, departments and agencies at national and provincial level and partners. These reviews created a space for dialogue and collective ownership of progress. To reinforce ownership and ensure consistent leadership across priority areas, the National Focal Point worked with stakeholders to appoint technical leads and co-leads. Building on this foundation of active engagement and leadership, the National Focal Point worked closely with stakeholders to align on standard operating procedures and reporting approaches that reflected their shared needs and realities making sure implementation tracking becomes more routine and action-oriented. This progress relied on sustained relationship-building, with the National Focal Point facilitating trainings, and regular follow-up to bring stakeholders into the same room and commit to shared ways of working together.

After 12 months, implementation increased to 35% across the two-year operational plan, a figure that, more than measuring progress, signals that resources were being directed more consistently toward priority gaps in health security. In addition to that, reporting compliance improved substantially with stakeholders gaining more ownership and accountability over the monitoring process: in Quarter 1, only nine out of the 19 technical areas had updated eNAPHS ahead of the review, while by Quarter 4, all 19 technical areas had done so. Quarterly reviews also helped identify cross-cutting bottlenecks in financing, legal reform, human resources, creating a platform for corrective action and more distributed ownership of South Africa's health security and priorities in the NAPHS.

Underpinning all of this was a deliberate decision by South Africa to change how institutions worked with one another, building the trust, coordination and ownership infrastructure that made sustained implementation possible.

THE CHALLENGE

South Africa finalized its second five-year NAPHS after the October 2024 Joint External Evaluation. The plan requires coordinated implementation across national and provincial government departments, academia, international partners, and stakeholders from human, animal, and environmental health sectors.

But having a plan did not automatically translate into action. South Africa's first NAPHS, developed in 2024, experienced delays in implementation. While priorities had been identified, there was limited structured follow-up, weak cross-sector accountability, and no consistent mechanism to monitor progress or address emerging obstacles. When the second NAPHS was launched without a functioning monitoring system, it risked repeating the same challenges: fragmented implementation, weak visibility and limited accountability for progress.

Early implementation data confirmed these concerns. Progress after six months stood at 16% of activities implemented, engagement was inconsistent across technical areas, and participation in reporting remained concentrated in the human health sector.

KEY INNOVATION: TURNING QUARTERLY REVIEWS INTO AN ACCOUNTABILITY MECHANISM

South Africa's innovation lay in strengthening the monitoring system across people, processes, and tools. By investing in the team driving implementation, deliberately cultivating relationships across sectors and levels of government, and grounding those relationships in clear SOPs and a shared platform, they created the conditions for monitoring to drive decision-making and implementation. This approach included several reinforcing elements.

A dedicated monitoring lead, making accountability personal: A monitoring lead from the National Department of Health~~,~~ was appointed to track updates on the eNAPHS platform, send weekly reminders, liaise with the National Department of Health M&E unit, and coordinate with WHO on data and access issues. This helped make monitoring continuous rather than episodic and improved the quality and timeliness of reporting.

NAPHS M&E Lead briefing stakeholders on quarterly progress trends

"At first I didn't have access to eNAPHS. I didn't know what it was. But then Paul [NAPHS M&E lead] showed me how I can use it to track progress in my technical area. I now use it to show my principals the progress we are making." – Member of IHR/ NAPHS technical working group South Africa

Formalized leadership through leads and co-leads. Technical area leads and co-leads were appointed, with formal appointment letters issued through the Director-General of the National Department of Health. This reduced reliance on a single focal person, created shared responsibility, and elevated NAPHS implementation as a recognized national priority.

Instilling psychological safety for honest reporting: From the outset, the NFP facilitated quarterly reviews in a way that prioritised openness, creating a no-blame environment where technical areas felt safe to report delays and name what was not working without fear of judgment. This was a deliberate facilitation choice that transformed the tone of the reviews. The reviews became spaces where teams could problem-solve together, making monitoring more honest and actionable.

Standard operating procedures and templates. With PMEP technical assistance, South Africa introduced a standard operating procedure for eNAPHS monitoring and a standardized presentation template for quarterly reviews. These tools clarified who reports, how reporting occurs, when updates are due, and how data should be used in review discussions. Reporting became more uniform and reviews shifted from descriptive presentations toward action-oriented discussions.

Use of implementation data to guide decisions. The quarterly reviews were used as an opportunity to identify trends, gaps, and areas needing validation due to data quality concerns. This helped make quarterly reviews a forum where technical areas could surface bottlenecks, receive peer visibility, and agree on follow-up actions.

"These [NAPHS quarterly review] meetings have provided us with a platform to collaborate. Now NAPHS is moving in our country." – NAPHS co-ordinator South Africa

Quarter 4 NAPHS Review Meeting bringing together multisectoral stakeholders to assess progress, address bottlenecks, share lessons and plan for the next operational year

THE RESULTS

Bottlenecks made visible and actionable. Increased cross sectoral reporting, ownership and engagement enabled trend and bottleneck analysis beforehand and contributed to more efficient and solution-focused review meetings.

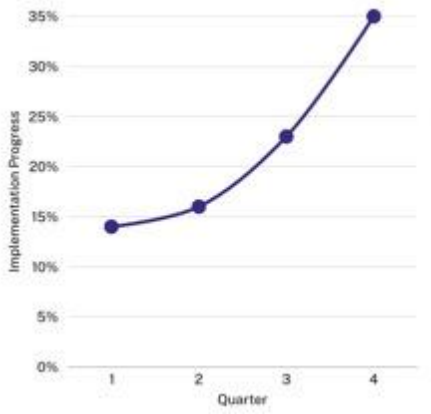
One of the clearest benefits of the quarterly reviews was that they made implementation bottlenecks visible early enough for corrective action. For example, in Quarter 1, a bottleneck was detected in the Financing and Legal technical areas, with neither reported implementation data, reflecting weak coordination and low engagement. The quarterly review process created the evidence base and the forum needed to respond.

For Financing, the National Focal Point worked with senior leadership to appoint a new lead and bring in a co-lead from outside the National Department of Health to strengthen cross-institutional accountability. RTSL support also helped catalyze a rapid financing analysis intended to move beyond REMAP estimates and provide a clearer picture of domestic budget allocations, funding flows, efficiency opportunities, and potential areas for advocacy. This was especially important given REMAP findings that only about 10% of mapped health security investments were aligned to the NAPHS.

For Legal, a government-led and RTSL consultant-supported legal mapping and validation helped move discussion from diagnosis to policy action. This process contributed to progress toward IHR domestication, including the development of a roadmap and a draft bill expected to go to Parliament in 2026. The work also strengthened the advocacy foundation for clarifying the future National IHR Authority.

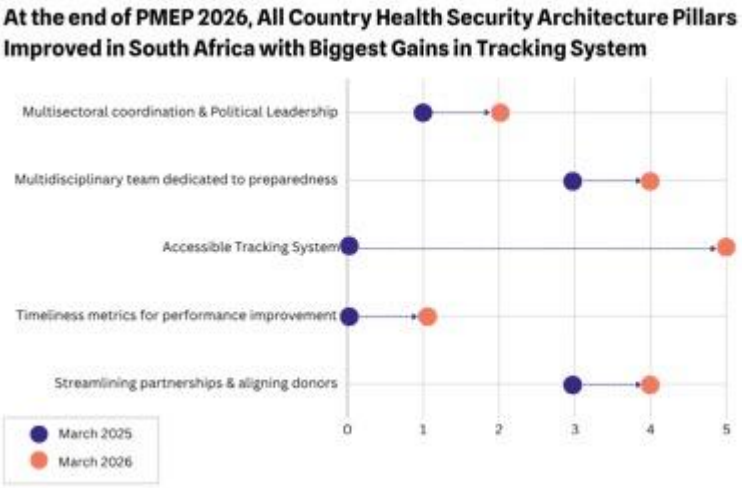
Other technical areas also benefited. The quarterly review process helped resolve a leadership gap that had stalled Infection Prevention and Control (IPC) implementation, and it helped the immunization technical area recover from an internal communication breakdown that initially prevented it from presenting its quarterly report. In both cases, the review meeting functioned as a supportive accountability space where teams could raise problems, clarify responsibilities, and move forward.

Accelerated NAPHS implementation. These critical changes led, after 12 months, to 35% implementation across the two-year operational plan. While still below the target of 50%, this represented an acceleration of implementation from Q2 onwards. The innovations also provided a stronger basis for operational planning and reprioritization.



South Africa's 2 year operational NAPHS implementation progress from March 2025- February 2026

South Africa also reported a 36 percentage-point improvement in its health security architecture score between March 2025 and 2026, rising from 7/25 to 16/25, with the largest gains in accessible tracking systems, which went from 0 to full points. Quarterly NAPHS reviews are now being funded through the National Department of Health CDC directorate budget, indicating domestic commitment to sustaining the mechanism.



South Africa's Country Health Security Architecture score between March 2025 and 2026, with the largest gains in accessible tracking systems. This 5 point rise is due to a well-maintained accessible system, clear procedures that stakeholders are well trained in, regular periodic update and data being leveraged for decision-making and planning.

Beyond improving implementation rates and Country Health Security Architecture Scores, the quarterly reviews enabled broader changes in how teams engaged with monitoring and with each other.

Cross-sectoral reporting consistency. The reviews also improved reporting consistency. In Quarter 1, only 9 technical areas had updated eNAPHS ahead of the review; by Quarter 4, all 19 technical areas had done so.

Stakeholder ownership also became more distributed. Technical leads and co-leads were given access to eNAPHS and increasingly took responsibility for updating data and preparing for reviews. Some technical area teams created WhatsApp groups and held virtual meetings between quarterly reviews to coordinate their work.

Multisectoral engagement improved as well. The Department of Agriculture is participating more consistently in the NAPHS since the initiation of the quarterly reviews with representation in zoonotic disease, AMR, laboratories, and biosafety technical areas. The quarterly reviews have also been used to advance related national priorities, including work on the One Health Framework and the Pandemic Preparedness Plan, suggesting that the NAPHS technical working group is evolving into a broader coordination mechanism.

Together, these changes marked a shift from fragmented and inconsistent monitoring to a more coordinated, data-driven and action-oriented system.

Quarterly Review Meetings bring together stakeholders from across South Africa's ministries, departments and agencies. Featured here from left to right, are representatives from the Border Management Authority, South African National Defence Force, National Department of Agriculture Veterinary Services and National Department of Health

"Now technical areas come prepared. They don't wait to be asked." – NAPHS M&E Lead South Africa

WHY THIS MATTERS

South Africa made a deliberate decision to change how institutions worked with one another, investing in the trust, coordination, and shared ownership that made sustained implementation and strategic use of resources possible. The most important shift was not simply collecting more data or using a new tool. It was creating a routine, structured forum where data could be discussed, bottlenecks could be named, and technical areas could be supported to act. This reorientation, from reporting to problem-solving together, was made possible through the NFP's deliberate investment in stakeholder engagement and trust-building across sectors and levels of government. In turn, this enabled more strategic use of resources, greater visibility into foundational bottlenecks such as legal and financing constraints, and more focused action on priority health security gaps. PMEP-linked technical assistance helped the National Focal Point team navigate this change management process and connect monitoring findings to broader decisions about budgeting, partner alignment, and multisectoral coordination.

LESSONS FOR OTHER COUNTRIES

South Africa's experience suggests several practical lessons for countries seeking to strengthen NAPHS implementation.

- **Structure drives ownership:** Appointing technical leads and co-leads formally can improve continuity, clarify expectations, and reduce dependency on individuals.
- **Monitoring must be operationalized**: A digital tool alone is not enough. Countries need people, simple processes and routines to make reporting timely and useful.
- **Quarterly reviews can do more than track progress**: When structured well, they create peer accountability, support troubleshooting, and help technical areas learn from one another.
- **Multisectoral coordination grows through repeated practice.** The reviews helped expand participation and became useful for advancing other national preparedness priorities alongside the NAPHS.
- **Relationships are the real infrastructure:** Stronger implementation was not the result of better data alone — it came from deliberate investment in how people engaged with one another. Building trust, strengthening cross-sector coordination, and creating shared ownership surfaced foundational bottlenecks that data alone could not resolve.

Definitions:

eNAPHS: The e-NAPHS is a web-based platform, developed by the World Health Organization (WHO) and designed to be a practical, comprehensive online tool that helps Member States to plan and implement actions and monitor the progress of activities against their strategic results in their NAPHS.