Strengthening health security and preventing outbreaks through cross-sector coordination in Zanzibar

Summary

Before 2024, coordination of health security activities in Zanzibar was largely sector-specific, with limited collaboration between ministries, agencies, and partners. This fragmented approach led to duplication of efforts, gaps in preparedness, and delays in response during public health events. While policies and coordination mechanisms to support preparedness and response had been set up, they were not consistently operationalized and lacked structured accountability mechanisms. Renewed commitment from the government from 2024-2026 has led to more consistent and structured multisectoral coordination for NAPHS and IHR at large. Cross-sector engagement has resulted in establishment of routine tracking mechanisms for implementation accountability and quality improvement, which has led to enhanced advocacy for resource mobilization, with some partners committing approximately $2 million in additional funding for priority activities. Resolve to Save Lives (RTSL) supported this transformation through its Program Management for Epidemic Preparedness (PMEP) initiative.

What to know to understand this article

The **International Health Regulations (IHR)** are a legally binding framework adopted by 196 countries under the World Health Organization, designed to prevent, detect, and respond to public health events that could cross borders and threaten global health security. Countries track progress on building the capacities required under the IHR, through two tools: the **Joint External Evaluation (JEE)**, carried out every 4-5 years, and the **State Party Annual Report (SPAR)**, a self-assessment to monitor year-on-year progress. Together, these tools help identify gaps and prioritize investments.

A **National Action Plan for Health Security (NAPHS)** translates the findings from these and other assessments into a costed, time-bound roadmap that guides a country's efforts to strengthen its health security capacities.

Central to all of this is **multisectoral coordination** — the recognition that health security cannot be achieved by the health sector alone. Effective prevention, detection, and response to health threats requires sustained collaboration across human health, animal health, environment, finance, defense, and other sectors, making multi-sectoral collaboration essential.

Zanzibar's challenges with multisectoral coordination before 2024

Before 2024, coordination of health security activities in Zanzibar was largely sector-specific, with limited collaboration between ministries, agencies, and partners across health, livestock, environment, ports/immigration, disaster management, and finance.

This challenge persisted despite the existence of several key documents that provides condusive environment for International Health Regulations (IHR) implementation, such as the Zanzibar Emergency Preparedness and Response Plan (2021), the Zanzibar Disaster Management Policy (2011), and the NAPHS (2024-2029) and among others.

Multisectoral coordination mechanisms to support preparedness and response had also been established, including the NAPHS Steering Committee with purported quarterly steering committee meetings, and a multisectoral IHR Technical Working Group. However, prior to 2024, these mechanisms were not consistently convened and lacked structured documentation and systematic follow-up. Specific challenges included:

- IHR coordination was not well integrated into existing multisectoral coordination mechanisms, and collaboration among sectors for reviewing, evaluating, updating, and testing systems was limited.
- Awareness and sensitization on IHR implementation among regional and district stakeholders were inadequate, resulting in weak engagement in coordinated public health emergency preparedness and response activities.
- Inadequate resources resulted in irregular conduct of the IHR technical working group (TWG) meeting.

This fragmented approach led to duplication of efforts, gaps in preparedness, and delays in response during public health events. There was an urgent need for a high-level platform to bring sectors together under a common framework for the implementation of the NAPHS.

Turning the tide 2024-2025

In 2024-2025, with renewed commitment from government authorities and support from external partners, including RTSL, Zanzibar turned the tide on these coordination challenges.

Quarterly steering committee meetings - high level meetings comprising directors from aligned Ministries - were established. These have proven crucial for coordination between sectors. Not only did the meetings become more regular, they also became more structured.

Clear Terms of Reference for the Steering Committee were developed, which helped clarify roles and responsibilities. This in turn built accountability and leadership. The role of the Chair of the NAPHS Multisectoral Steering Committee was clearly defined to lead the Steering Committee meetings, guide discussions toward decision-making, and represent the committee in high-level policy dialogues and national forums. This clarification ensured that meetings were consistently convened.

The team started to formally document decisions, and action points in minutes, and monitor follow-up actions. For example, minutes from quarterly Steering Committee and IHR Technical Working Group meetings now systematically record agreed action points and directives from the Steering Committee, responsible sectors, and timelines. These records are reviewed during subsequent meetings, enabling the team to track progress on priority NAPHS activities such as strengthening disease surveillance, improving laboratory capacity, and enhancing rapid response coordination.

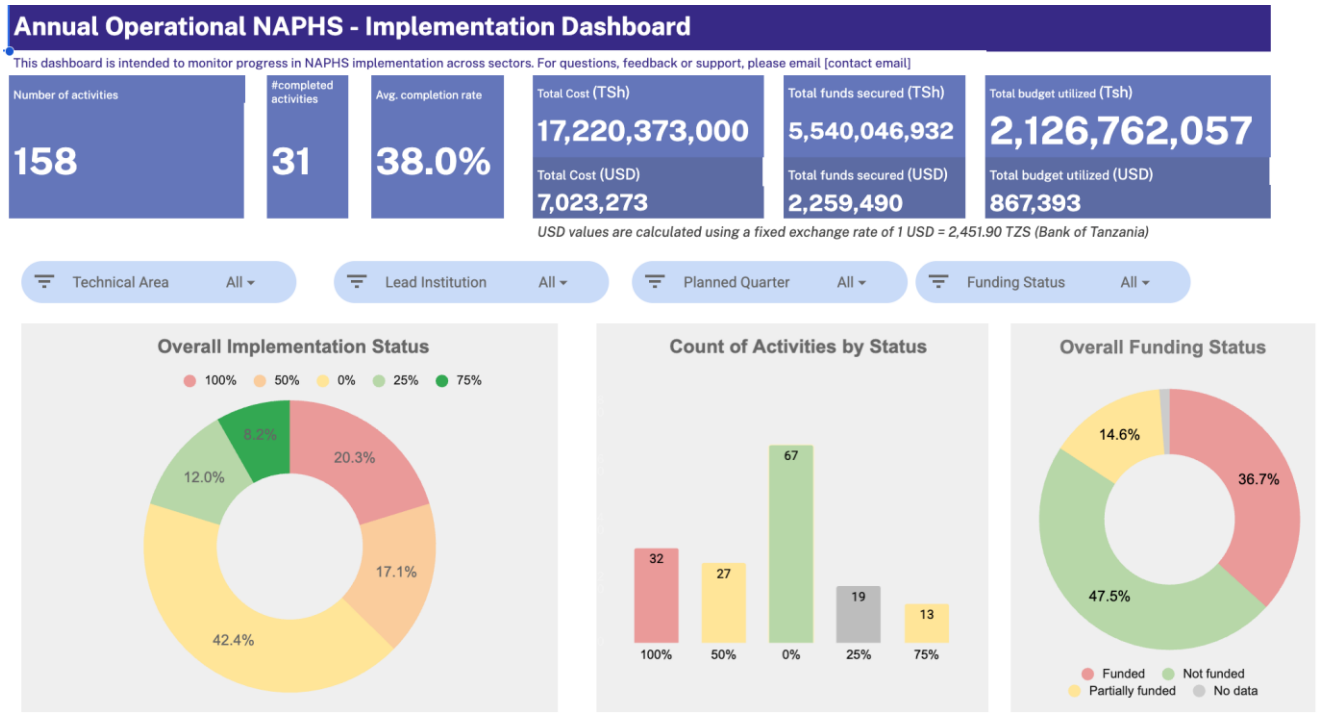
Improved data use and increased funding for the NAPHS

These efforts have strengthened coordination, oversight, and implementation of the NAPHS and coinciding Annual Operational Plans. The regular steering committee meetings have proven crucial for coordination between sectors. These meetings have created a regular space for different sectors to come together, review progress, and jointly solve problems. Through this process, stakeholders identified the need for a more effective way to track implementation progress, leading to the introduction of an online NAPHS tracking tool (see Fig 1.), built with the support of RTSL.

The tool was not introduced in isolation – it was embedded within a strong coordination process. It was shared ahead of TWG meetings and updated collaboratively during quarterly sessions, allowing different groups to input and review data together in real time. This made it easier for everyone to see progress, identify gaps, and agree on next steps. Compared to the country’s previous offline tracker, the online tool improved visibility, reduced confusion, and supported more transparent discussions.

As a result, data became more actively used for decision-making. For example, the improved availability and shared understanding of data informed the completion of Zanzibar's SPAR and the review of the Annual Operational Plan. Stakeholders were better able to assess progress, prioritize actions, and align efforts based on a common, up-to-date picture.

This approach also generated interest beyond the initial setting. Counterparts from Mainland Tanzania who participated in the meetings saw the value of the tool and expressed interest in adopting it to address similar challenges in their own systems, with support from Zanzibar’s team who participated in RTSL’s 2025-2026 Program Management for Epidemic Preparedness program.



Most encouragingly, multisectoral engagement has enhanced resource mobilization. Indeed, financial and technical needs and gaps were identified through the resource mapping exercise for NAPHS, and, through the coordination platform, partners have been able to align their support with national priorities. As a result, some partners have committed about $2 million in additional funding for priority activities, including surveillance strengthening, training of rapid response teams, improving preparedness for public health emergencies, improving immunisation and zoonosis activities.

Role of RTSL

During the 2024-2025 period, Zanzibar participated in one of RTSL's signature initiatives Program Management for Epidemic Preparedness (PMEP) Connect. A team of mid- to senior-level health security leaders in the government joined the program. Analysis from this team suggests that learning from PMEP and support from RTSL helped the team to:

- Facilitate coordination and ensure meetings took place regularly.
- Provide technical, logistical, and financial support for the organization of meetings.
- Improve their leadership and management skills to influence multisectoral coordination processes and better engage stakeholders.
- Embed themselves in the NAPHS coordination structure, which helped maintain momentum and coherence.
- Support advocacy by showcasing Zanzibar's multisectoral coordination as a model for others.

> "The leadership and operational skills I developed through PMEP 2025 have had a very positive impact on Zanzibar's health security objectives, particularly through my role as a member of the IHR and NAPHS coordinating team. The programme strengthened my ability to provide technical support and coordination for IHR TWG meetings, contribute to NAPHS AOP monitoring by tracking implementation progress and resources, support NAPHS Steering Committee meetings, and assist in the planned legal analysis, mapping, and assessment exercise for IHR implementation. These skills have improved the way I coordinate stakeholders, structure follow-up, monitor progress, and support decision-making processes. As a result, I have been able to contribute more effectively to multisectoral coordination, stronger accountability, and more structured implementation of Zanzibar's health security priorities under IHR (2005) and NAPHS.
>
> **- PMEP Participant from Zanzibar**

Left to Right: 1) IHR TWG quarterly meeting for NAPHS monitoring, led by PMEP/NAPHS secretariat team member; 2) High-level NAPHS steering committee meeting held at Vice President's Office to review NAPHS implementation progress and next steps, chaired by PMEP team lead;

The domino effect of stronger multisectoral coordination

The Country Health Architecture for Health Security Framework, developed by RTSL, provides a structure to reflect and act on key structural barriers that prevent countries from making steady, sustained progress on epidemic preparedness. It proposes 5 key recommendations to countries for strengthening health security:

1. Activate political leadership and a multisectoral coordination mechanism
2. Establish multidisciplinary teams dedicated to preparedness
3. Adopt an accessible tracking system for implementation of national preparedness plans
4. Set up timeliness metrics to drive continuous improvement and performance
5. Streamline partnerships and align donors and technical assistance providers.

This case study shows how efforts to address one of the recommendations can have cascading results in the others. Zanzibar focused efforts in strengthening its multisectoral coordination mechanism (Rec 1), which led to stronger tracking of NAPHS implementation (Rec 3), which in turn facilitated alignment of donors (Rec 5) and increased funding.

Lessons learned

- Sustained multisectoral coordination requires regular high-level engagement and political commitment ensuring that coordination remains a priority across sectors and does not lose momentum over time.
- Embedding coordination within existing governance structures increases sustainability of multisectoral plan (in this case the NAPHS) implementation by institutionalizing coordination and reducing reliance on ad hoc or externally driven processes.
- Establishing clear processes for capturing and sharing data, through regular documentation of discussions, decisions, and progress, supported by shared tools, enables stakeholders to use data for decision-making, strengthening transparency, building trust across sectors, and reinforcing accountability for NAPHS implementation.
- Cross-sector collaboration not only improves coordination of health security activities but also strengthens joint advocacy for health security financing, enabling more aligned and effective resource mobilization.

Methodology: This case study was written by Zanzibar's PMEP participating team, with support from their RTSL focal point. A template for the case study was filled out by the team and 2-3 rounds of discussion with the PMEP evaluation team ensued. The PMEP evaluation team edited the case study for publication. Data sources included: 2023 JEE report, reports and minutes from quarterly multisectoral steering committee meetings, IHR TWG reports, stakeholder reflections, PMEP quarterly progress updates and REMAP report. The analysis included a review of meeting outcomes, documentation of action points, and feedback from participating sectors.