



**World Health
Organization**

Zambia



**All for Health
Health for All**

2025

Annual Report

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MESSAGE FROM THE WHO REPRESENTATIVE

It is my pleasure to present the World Health Organization (WHO) Zambia Annual Report 2025, which showcases the strong progress achieved through collective action in advancing Zambia's national health agenda.

Throughout 2025, WHO worked closely with the Ministry of Health and the Zambia National Public Health Institute to support priorities outlined in the WHO Country Cooperation Strategy 2024–2027.

Our efforts remained fully aligned with Zambia's National Health Strategic Plan, the Eighth National Development Plan, and the United Nations Sustainable Development Cooperation Framework. This strategic alignment ensured that health interventions contributed meaningfully to national development goals, with continued emphasis on universal health coverage, resilient health systems, and effective disease prevention and control. The year marked an important milestone for Zambia's health sector, underpinned by strong government leadership, a dedicated health workforce, and sustained partner support. WHO supported the Mid-Term Review of the National Health Strategic Plan, revisions of key health policies and technical guidelines, and critical analyses of health financing and the health workforce. These efforts strengthened evidence-based planning, accountability, and prioritization of investments.

In partnership with national stakeholders, WHO supported significant advances in service delivery and public health programmes. Key achievements included the nationwide introduction of the R21 malaria vaccine, upgrading of the national polio laboratory, expanded access to cancer medicines, and the introduction of new treatment for Human



African Trypanosomiasis. Strengthened disease surveillance, laboratory capacity, and improved availability of essential medicines enhanced the quality and reach of health services nationwide. Preparedness for health emergencies remained a priority. WHO supported preparedness planning, risk assessments, simulation exercises, and implementation of the International Health Regulations. During outbreaks of cholera, mpox, and other health threats, WHO provided timely operational support, training, and essential supplies.

Despite persistent challenges including workforce gaps, financing constraints, the dual burden of disease, and climate-related risks WHO remains committed to supporting Zambia in building a resilient, equitable, and sustainable health system that leaves no one behind. As we look ahead to 2026, WHO reaffirms its partnership with Zambia in advancing a healthier, safer, and more prosperous future for all.

Dr. Clement Lugala Peter Lasuba
WHO REPRESENTATIVE

EXECUTIVE SUMMARY

In 2025, WHO Zambia worked closely with the Zambian Government, through the Ministry of Health, the Zambia National Public Health Institute as well as UN agencies, and development partners to advance national health priorities through a combination of systems strengthening, strategic technical support, and targeted operational contributions.

Key progress included major contributions to the Mid-Term Review of the National Health Strategic Plan, updated health workforce and financing evidence, and development of the Health Impact Investment Plan, all of which reinforced planning, resource allocation, and partner alignment. Service delivery improvements were achieved through upgraded digital health systems, strengthened quality-of-care initiatives, expanded reproductive and adolescent health services, and updated clinical and pharmaceutical guidance.

Service delivery improvements were reflected across multiple programme areas. The introduction of the R21 malaria vaccine demonstrated Zambia's readiness to scale up innovations, with strong initial uptake supported by WHO's coordination, readiness assessments, and field supervision. Laboratory and surveillance capacities were strengthened through the modernization of the National Polio Laboratory, expanded biosafety functions, strengthened influenza and VHF detection systems, and support to external quality assurance. Updated guidance and training supported improvements in maternal, newborn, child, and adolescent health; sexual and reproductive health; quality of care; digital health maturity; and the continuity of essential services during emergencies. Additional progress was achieved in NCD and mental health programming, nutrition strategy development, food safety regulation, and health promotion across multiple settings.

Emergency readiness advanced through strengthened IHR reporting, national and subnational risk assessments, establishment of a Simulation Exercise Framework, and extensive training of health workers and community volunteers. Outbreak response capacity improved with enhanced laboratory readiness and coordinated support for cholera, Mpox, and other public health threats.

Progress was also made in nutrition, food safety, NCDs and mental health through new strategies, capacity-building, and multisectoral collaboration. Partnerships remained central, enabling coherent support to national priorities, while internal operational improvements strengthened procurement, financial management, logistics, ICT systems, and organizational performance.

Building on the progress of 2025, WHO will continue to support Zambia to strengthen resilience, equity, and integration across the health system, guided by national priorities and the WHO Global Health Strategy 2025–2028.

ACKNOWLEDGMENT

WHO Zambia extends its sincere appreciation and gratitude to all those who have contributed to the health sector achievements in 2025. First and foremost, we thank the citizens of Zambia for their resilience, dedication, and unwavering support to enhance health outcomes.

We also express our deep appreciation to the Government of the Republic of Zambia, particularly the Ministry of Health, for their exceptional leadership and steadfast cooperation throughout this process. Their vision and commitment have been integral to advancing the health sector, and the support from other Ministries, Departments, and Agencies has further strengthened the implementation of our goals.

We are grateful to the United Nations Country Team, led by the UN Resident Coordinator, for their unwavering support and collaborative approach. Their guidance and collective efforts have been essential in fostering a coordinated response to public health needs.

Our heartfelt thanks go to the development partners whose contributions have supported and complemented WHO's efforts to protect Zambia from public health threats. We would also like to recognize the engagement of NGOs and civil society organizations in improving health outcomes and ensuring that the voices of the most vulnerable communities are heard. Together, we are working towards achieving universal health coverage and promoting healthier lives for all Zambians.

ABBREVIATIONS

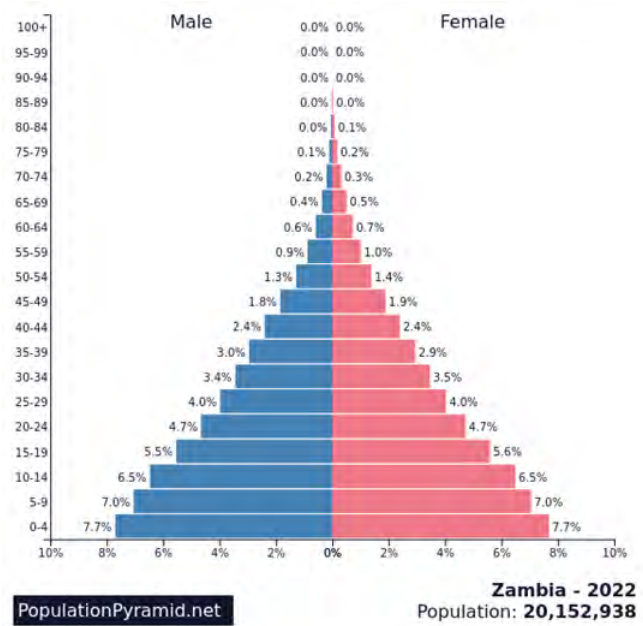
AMR	Antimicrobial Resistance
CBVs	Community-Based Volunteers
CCS	Country Cooperation Strategy
CDH	Cancer Diseases Hospital
CHAZ	Churches Health Association of Zambia
CIDRZ	Centre for Infectious Disease Research in Zambia
CSU	Country Support Unit
DRC	Democratic Republic of Congo
EPR	Emergency Preparedness and Response
ERF	Emergency Response Framework
GIDH	Global Initiative on Digital Health
HAI	Healthcare-Associated Infection
HCP	Health Cooperating Partners
HIA	Health Information Aggregation tools
HIIP	Health Impact Investment Plan
HLMA	Health Labour Market Analysis
HMIS	Health Management Information System
IAR	Intra-action Review
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IPC	Infection Prevention and Control
JICA	Japan International Cooperation Agency
LARC	Long-Acting Reversible Contraceptives
LEEP	Loop Electrosurgical Excision Procedure
MoH	Ministry of Health (Zambia)
NAC	National HIV/AIDS/STI/TB Council
NFL	National Food Laboratory
NHA	National Health Accounts
NHIMA	National Health Insurance Management Authority
NHSP	National Health Strategic Plan
NHWA2	National Health Workforce Accounts (version 2)
OH	One Health
QI	Quality Improvement
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SBCC	Social and Behaviour Change Communication
SimEx	Simulation Exercise

SPAR	States Parties Annual Reporting
STI	Sexually Transmitted Infections
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNZA-Vet	University of Zambia Veterinary Lab
US CDC	United States Centers for Disease Control and Prevention
UTH	University Teaching Hospital
WFP	World Food Programme
WHO	World Health Organization
WR	WHO Representative
ZAMMSA	Zambia Medicines and Medical Supplies Agency
ZAMRA	Zambia Medicines Regulatory Authority
ZNPHI	Zambia National Public Health Institute
ZNPHRL	Zambia National Public Health Reference Laboratory



1. BACKGROUND

Zambia is a lower middle-income country with a fast-growing population of over 20.6 million people in 2025, and an average life expectancy of 67 years. Zambia’s population structure remains strongly youthful, with more than half of the population under 20 years of age. This youth dominated profile presents opportunities for a demographic dividend while shaping current and future demand for health services. At the same time, adolescent reproductive health remains a concern, with 28% of girls aged 15–19 experiencing pregnancy.



Population & Demographics

Population: 20.6 million (2025) Life expectancy: 67 years > 50% under 20 years old.



Health Financing

Health financing: Health sector share of national budget: 10.7% (ZMW 23.2m) External donor funding: ~40% of total health financing.



Maternal & Child Health

Maternal mortality: 187 deaths per 100,000 live births (ZDHS 2024)
Neonatal mortality: 17 deaths per 1,000 live births
Adolescent pregnancy (girls aged 15–19): 28%.



Disease Burden

- HIV prevalence: 8.7% adults, 1.2% children
- Malaria: 21.7% of child deaths nationwide
- Noncommunicable diseases (NCDs): Nearly 1/3 of adult deaths.



Health Emergencies

Cholera: 1106 cases, 18 deaths, 1.6% case fatality rate
Mpox: 396 cases, 3 deaths
Meningitis (Luapula): 75 cases, 2 deaths



WHO - Zambia Staff



PROMOTE

Empower people and communities to improve their health



PROVIDE

Ensure access to quality essential health services



PROTECT

Reduce risk, prevent harm, and ensure safety



POWER

Enable systems through data, tools, and capacity



PERFORM

Deliver results efficiently and accountably

WHO WE ARE

The World Health Organization (WHO) is the United Nations' specialized agency for health. It leads global efforts to promote health, keep the world safe and serve the vulnerable. OUR GOAL is to ensure ONE BILLION more people enjoy universal health coverage; ONE BILLION more people are protected from health emergencies; ONE BILLION more people enjoy better health and well-being.

Dedicated to the well-being of all people and guided by science, the World Health Organization leads and champions global efforts to give everyone, everywhere an equal chance to live a healthy life.

WHO has been present in Zambia since January 1965 with offices located in the capital city, Lusaka.

CORE FUNCTIONS

WHO core functions include providing global health leadership, setting norms and standards, monitoring health trends, coordinating emergency responses, offering technical support to countries, stimulating research, and promoting universal health coverage and equity, all to ensure better health and well-being for all people.

WHAT WE DO

Our support to the Government of Zambia is guided by the WHO Country Cooperation Strategy (CCS) 2024–2027 which is aligned with the:

- Global WHO 13th General Programme of Work (GPW13), 2019–2025
- Zambia UN Sustainable Development Cooperation Framework (UNSDCF) 2023–2027
- Zambia Eighth National Development Plan (8NDP) 2022–2026
- Zambia National Health Strategic Plan (NHSP) 2022–2026



PRIORITY AREAS

1. Build health system capacities to achieve and sustain Universal Health Coverage

Outcomes

- Promoting the continuum of care and life course approach to improve women, children, and adolescents' health and well-being
- Improved access to infrastructure, medicines, vaccines and health technologies
- Ensure availability of high quality, timely, reliable data to support informed policy decisions
- Increased efficiencies in the use of available financial resources for health

2. Accelerate progress towards ending HIV/AIDS, TB Hepatitis, Malaria and NTDs

Outcome

- Attainment of targets on HIV/AIDS, TB, malaria and hepatitis
- Eliminate and control neglected tropical diseases (NTDs)

3. Strengthen health emergency prevention, preparedness and response

Outcome

- Improved capacity to prevent and prepare for all hazards health Emergencies
- Enhanced surveillance for rapid detection and response to Emergencies
- Address food safety, WASH and environmental determinants of health

4. Address the burden of NCDs and promote mental health and well-being

Outcome

- Reduced morbidity and mortality caused by NCDs and increased access to mental health services

5. Optimize partnerships to achieve healthier populations

Outcome

- Foster multisectoral collaborations and partnerships with all key stakeholders

2. KEY ACHIEVEMENTS



SPOTLIGHT: Zambia hosts the 75th Session of the WHO Regional Committee for Africa (RC 75)

The Government of the Republic of Zambia successfully hosted the RC75 that saw more than 600 delegates and leaders in health from the continent and beyond in Lusaka from 25 to 27 August 2025.

The RC75 achieved several milestones in advancing health priorities across the continent:

- **Leadership & Governance:** Elected new officers and reconstituted key committees, including the Programme Subcommittee and the Monitoring Committee of the African Public Health Emergency Fund (APHEF).
- **Partnerships & Participation:** Accredited and renewed regional non - state actors, strengthening collaboration with organizations such as AFENET, ASLM, and the Dangote Foundation.
- **Strategic Resolutions:**
 - Adopted the Regional Strategy to strengthen rehabilitation in health systems (2025–2035).
 - Endorsed collective action to meet the 2030 malaria targets, leveraging vaccines, new vector control tools, and regional partnerships.
 - Health Systems & UHC: Advanced frameworks for oral health, blood safety, and rehabilitation, reinforcing the path toward Universal Health Coverage.
 - Emergency Preparedness: Strengthened Africa's health security through workforce development, event detection, and resilient systems.
 - Special & Side Events: Highlighted the Polio Endgame, domestic investment in health, cancer integration, and emergency preparedness in resource constrained contexts.







In his closing remarks, the Regional Director for WHO AFRO, Dr Janabi emphasized the urgency of accelerating the implementation of decisions, transforming commitments into actions, strengthening partnerships and innovation, and ensuring equity and sustainability in health programmes.

The final report as well as all technical documents, resolutions and decisions of the RC75 can be accessed [here](#).



PRIORITY 1: HEALTH SYSTEM STRENGTHENING

AT A GLANCE (2025)

 <p>Health Workforce evidence generated</p>	 <p>2,230 cancer medicine vials → 200 children treated</p>
 <p>66 staff trained (AMR: Human & Animal Health)</p>	 <p>139,000 infants vaccinated (malaria vaccine)</p>
 <p>800,000 vaccinated (cholera OCV)</p>	 <p>8 facilities solar-powered</p>



Governance & Financing



Challenge

Need for stronger coordination, planning, and resources alignment



WHO Support



Conducted Mid-Term Review of the NHSP (2022-2026)



Completed National Health Compact



Completed National Health Accounts (2022-2024)



Mobilized resources for Health Impact Investment Plan (HIIP)



Enablers

- Evidence-based planning strengthened
- Improved partner coordination
- Increased alignment of investments

2.1 Priority 1: Build health system capacities to achieve and sustain Universal Health Coverage

2.1.2 Health Systems Strengthening

Governance

- To guide mid-course improvements, an updated assessment of the 2022–2026 National Health Strategic Plan (NHSP) was needed. Through WHO technical and financial support to the Ministry of Health (MoH), the Mid-Term Review report of the 2022–2026 National Health Strategic Plan (NHSP) was developed and launched guiding evidence-based decisions to strengthen health sector performance towards the 2026 targets.
- In order to align investments and address major health workforce gaps, Zambia needed a unified National Health Compact. WHO, in collaboration with the World Bank, JICA and Seed Global Health and other stakeholders, contributed to the development of the Compact. The required investment needs are estimated at US\$4 billion with an emphasis on the recruitment of 20,000 health workers in the short term and a total of 74,000 health workers in the next five years.
- To enhance partner coordination, alignment with national health priorities and joint decision-making in the health sector, WHO provided technical guidance and strategic updates in the monthly Health Cooperating Partners (HCPs) meetings and the quarterly MoH–HCP troika meetings. In addition, WHO acted as Secretariat for the HCP Health Security subgroup, coordinating and convening relevant partners. WHO also hosted the Annual Consultative Meeting of the Health Sector, a high-level event chaired by the Minister. As a result, coordination between partners and the GRZ and

alignment of partner support with national health priorities was enhanced, ensuring a coherent approach to priority setting for 2026, broadening partnerships and increasing mutual accountability for results.

Health Financing

- To better understand health financing flows and to enable resource allocation that is evidence-based, Zambia requires regularly updated National Health Accounts (NHA). To support this, WHO with the MoH successfully completed data collection and analysis for the 2022–2024 NHA study, with report writing currently underway. Once finalized, the NHA study findings will strengthen evidence-based decision-making, enhance transparency in health financing and support more efficient and equitable allocation of resources across Zambia's health system.
- WHO mobilized financial resources and facilitated technical assistance in support of the development of the Health Impact Investment Plan (HIIP) aligned with primary health care (PHC) strengthening and the Lusaka Agenda. The HIIP was formally presented to key national stakeholders, strengthening awareness and national buy-in for the initiative. As a result, the foundation for the implementation of the HIIP was established and the MoH enabled to lead implementation, marking a critical step toward advancing coordinated health system strengthening and resilience in Zambia.



Health Policy Review Meeting, 19th September 2025



Mid-Term Review Launch, 21st October 2025



Digital Health and Information



Challenge

Fragmented data systems and limited integration



WHO Support



Digital health maturity assessment



Developed Digital Health Blueprint



Produced annual health sector progress & statistical reports



Updated HMIS tools



Enablers

- Improved data quality & decision-making
- Stronger digital health integration



Health Workforce



Challenge

Workforce shortages and data gaps



WHO Support



Updated National Health Workforce Accounts (NHWA2)



Finalized Health Labour Market Analysis



Enablers

- Stronger workforce planning
- Evidence to guide recruitment & policy



Medicines and Technologies



Challenge

Gaps in access, regulation, and supply systems



WHO Support



Conducted global benchmarking (GBT) assessment for ZAMRA



Supported Zambia-Rwanda Knowledge and peer learning

in strengthening medical regulatory supply chain & Health insurance



Finalized EML, STGs & Drug Formulary



Procured & delivered assorted 2,230 cancer medicine vials for children



Trained 66 staff on AMR for both human and animal health



Enablers

- Improved access to essential medicines
- Stronger regulatory systems
- Enhanced patient safety

Health Workforce

- WHO provided technical and financial support to the MoH to update the National Health Workforce Accounts (NHWA2) database. This was done in collaboration with other stakeholders. The NHWA2 has resulted in improved availability, quality and reliability of health workforce data.
- Additionally, the MoH with support from WHO finalized and approved the 2024 Health Labour Market Analysis (HLMA) report, generating critical evidence on the country's health workforce supply, demand, distribution and performance. Collectively, these have strengthened evidence-based planning, policy formulation and decision-making to address health workforce challenges in Zambia and informed the National Health Compact development.

Health Information Systems

- WHO provided financial support to the MoH for the development of the 2024 Annual Health Statistics Report and the 2024 Annual Progress Report, resulting in the availability of timely, evidence-based information to support health policy, planning and decision-making.
- WHO also supported the MoH in revising the Health Management Information System (HMIS) tools (HIA tools) aimed at incorporating more granular age disaggregation (<10, 10–14, 25–49, 50+) to clearly define key age-groups such as adolescents, young people, and women of reproductive age. Once implemented, the revisions will enhance international comparability and compliance with specific reporting requirements across key service areas.

Essential Drugs, Medicines and Technologies

- In line with the Presidential priority of strengthening local pharmaceutical manufacturing and regulatory capacity, WHO supported the MoH to conduct an assisted Global Benchmarking Tool (GBT) maturity assessment of the national regulatory system. The assessment resulted in the development of an institutional development plan to guide systematic improvements in regulatory systems and performance.
- Further, WHO supported 15 government officials from the MoH, the Zambia Medicines and Medical Supplies Agency (ZAMMSA), the Zambia Medicines Regulatory Authority (ZAMRA), and the National Health Insurance Management

Authority (NHIMA) to undertake a South-to-South learning and cooperation visit to Rwanda. This followed the President's discussion with the WHO Director General and Regional Director for the African Region. This visit strengthened national capacity by providing practical insights into modernizing pharmaceutical logistics and supply chain systems, enhancing local pharmaceutical manufacturing and regulatory functions, improving NHIMA's operational efficiency and informing the establishment of community health insurance mechanisms in Zambia.

- WHO supported the finalization of the Zambia Essential Medicines List (EML), Standard Treatment Guidelines (STGs) and the National Drug Formulary (ZDF), strengthening the availability of standardized evidence-based guidance for the rational use of medicines and improving the quality and consistency of clinical care across the health system. Additionally, WHO facilitated the delivery of 2230 vials of six essential childhood cancer medicines to the Cancer Diseases Hospital (CDH), enabling treatment for approximately 200 children and contributing to improved access to life-saving oncology care.

- WHO supported the training of 66 health facility staff across six provinces on antimicrobial resistance (AMR) stewardship, strengthening facility-level capacity for rational antimicrobial use and contributing to improved infection prevention, patient safety and containment of AMR.

Digital Health

- WHO provided technical support to the MoH through the Global Initiative on Digital Health (GIDH) initiative to conduct a digital health maturity assessment, develop a digital health atlas and an interoperability architectural framework, undertake the mid-term review (MTR) of the 2022–2026 National Digital Health Strategy, and develop a draft National Digital Health Blueprint. Collectively, these efforts resulted in a comprehensive overview of the country's digital health landscape, supporting strategic planning and investment decisions while strengthening system integration and improving digital health service delivery.



WHO Assisted GBT Assessment of the National medicines regulatory systems, 27th - 31st October 2025



Minister of Health Hon. Dr. Elijah Muchima with Childhood Cancer Survivors at University Teaching Hospital during handover of Childhood Cancer medicines, 9th May 2025



The Global Initiative on Digital Health (GIDH) Zambia Workshop - Towards Increased Country Autonomy, 31st March - 4th April 2025

Service delivery & SRMNCAH



Challenge

Gaps in quality care and essential services



WHO Support



Trained health workers(QI, LARC, CAC, LEEP)



Updated service delivery guidelines



Developed youth-friendly



Enablers

- Improved quality of care
- Expanded access to reproductive health services
- Stronger emergency service continuity

Service Delivery

- WHO provided technical and financial support to the MoH to review and update the quality improvement (QI) training modules to align with current standards. This enabled the delivery of two trainings of trainers (ToT) sessions for 40 health facility staff and the training of an additional 30 facility administrators and adolescent health focal point persons in Katete and Monze districts of Eastern and Southern Provinces respectively. As a result, healthcare providers enhanced their capacity to identify service delivery gaps and implement continuous performance improvement initiatives,

contributing to improved quality of care in participating health facilities.

- WHO provided technical and financial support to the MoH to review and update the National Guidelines for Continuity of Essential Health Services during Public Health Emergencies, resulting in a standardized framework that strengthens preparedness, ensures uninterrupted service delivery and enhances health system resilience during emergencies.

Improved quality of care through training of 70 health facility staff / facility administrators and adolescent health focal point persons

Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH)

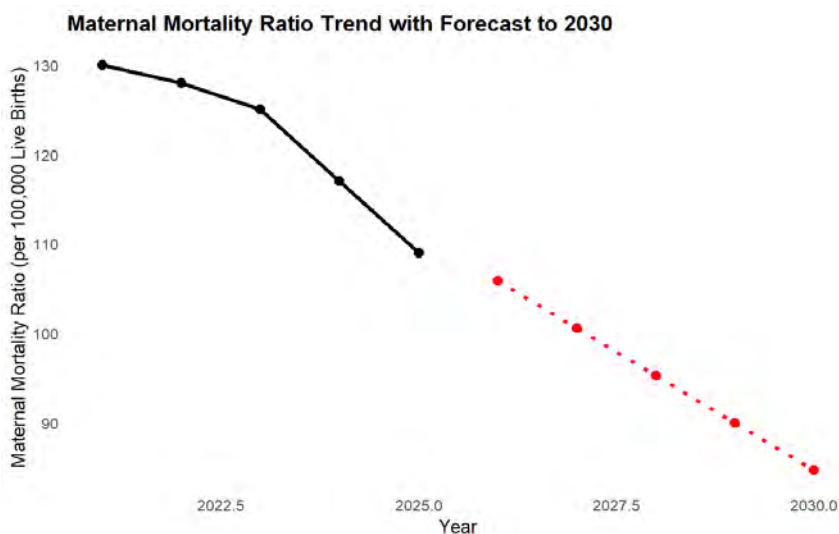
- We supported the training of 23 healthcare workers in Long-Acting Reversible Contraceptive (LARC) service delivery across four underperforming provinces (Western, North-Western, Central and Northern), resulting in improved delivery of contraception services.
- In collaboration with the MoH, WHO provided technical and financial support to train 40 healthcare providers from Western and North-Western Provinces as trainers in comprehensive abortion care, thereby expanding national capacity to deliver and scale up high-quality abortion care services.
- In collaboration with the MoH, WHO trained 12 health workers from North-Western Province in Loop Electrosurgical Excision Procedure (LEEP), increasing access to early treatment for pre-

cancerous cervical lesions and improving cervical cancer prevention efforts in the province.

- In collaboration with the MoH and other partners, WHO provided technical support in the development of guidelines for integrated substance use disorder and sexual and reproductive health services for adolescents and young people, providing a standardized framework to strengthen coordinated service delivery and improve access to comprehensive youth-friendly care nationwide

Improved delivery of SRMNCAH related care through training of 75 health care workers trained

Maternal Mortality Ratio Trend

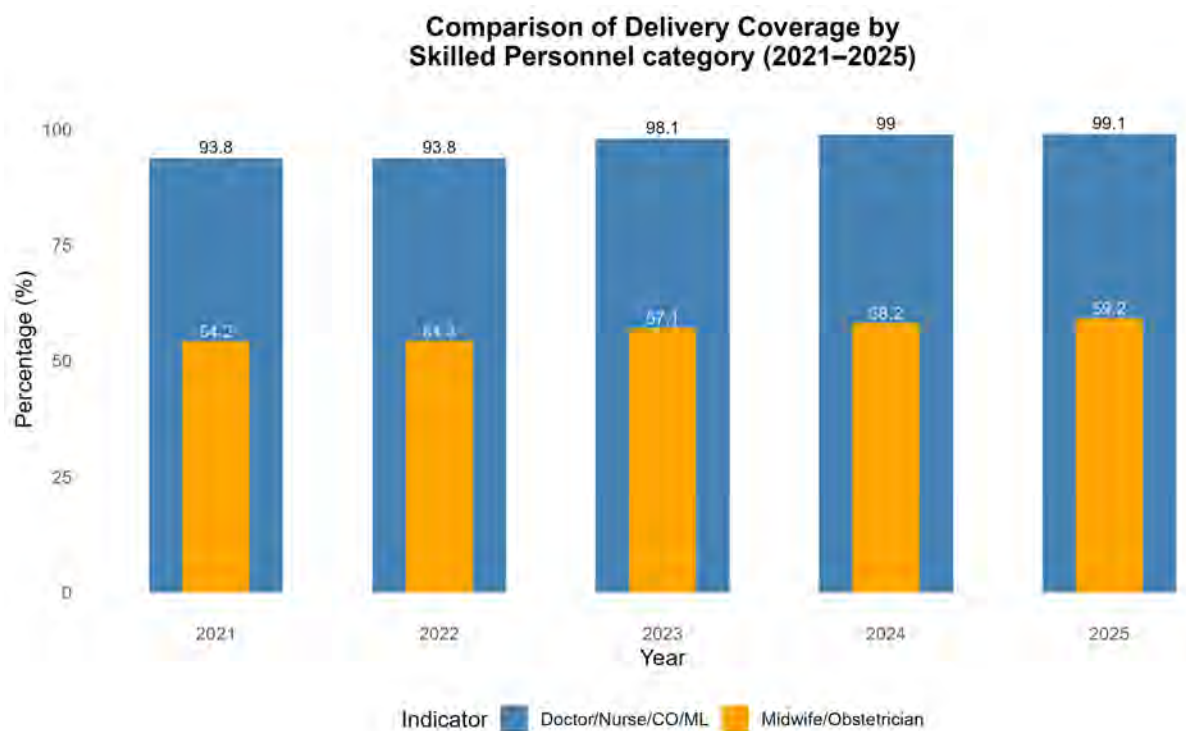


Implication

The Maternal mortality ratio declined steadily from 130 per 100,000 live births in 2021 to 109 in 2025.

Linear projection suggests a continued sharp reduction through 2030, assuming sustained improvements in quality maternal health interventions.

Institutional deliveries increased steadily from 93.8% in 2021 to 99.1% in 2025, while deliveries conducted by skilled birth attendants rose more gradually from 54.2% to 59.2%, indicating improvements in service access but highlighting a remaining quality-of-care gap.











Data Source: HMIS 2025

The World Health Organization (WHO) Country Office (WCO) continues to contribute to Zambia's progress by supporting the Ministry of Health in updating national guidelines to align with the latest WHO standards and facilitating orientation and training for health workers. In 2025 alone, WCO trained 205 health workers in sexual and reproductive health service areas.

IMMUNIZATION (EPI)



WHO Support

-  Upgraded national Polio laboratory
-  Solar-powered 8 health facilities
-  Supported mpox vaccine rollout
-  Delivered cholera vaccination (OCV)
-  Introduced malaria vaccine (R21)
-  139,000 infants vaccinated (malaria vaccine)
-  800,000 vaccinated (cholera response)
-  100% coverage in target districts



Enablers

- Expanded immunization coverage
- Strengthened outbreak response

2.1.2 Expanded Programme for Immunization (EPI)

Upgrading of the National Polio Laboratory

- Zambia required strengthened national laboratory capacity to meet expanding diagnostic demands as the existing limited infrastructure constrained the capacity for polio surveillance and outbreak detection. WHO provided technical and infrastructural support to upgrade the National Polio Virology Laboratory at UTH, including expansion and modernization of laboratory space, enhanced P3 biosafety functions, establishment of sequencing and extraction facilities, a biorepository, training facilities, and increased specimen and supply storage capacity. This has resulted in improved national laboratory capacity for polio and other priority disease surveillance strengthened, improving preparedness and response for populations served, estimated at 20,000–100,000 people annually. The upgraded laboratory is scheduled for commissioning in Q1 2026.

Solar Electrification of Health Facilities

- In collaboration with Prudential Zambia, eight health facilities were equipped with reliable solar power systems to enhance service delivery and healthcare quality. This sustainable energy solution enables critical health services while providing essential amenities including lighting, ventilation, clean water access, and IT functionality. The initiative demonstrates innovative partnership approaches to addressing infrastructure gaps and improving health service accessibility across Zambia

Malaria Vaccine Introduction

- WHO partnered with UNICEF, CIDRZ, and the Churches Health Association of Zambia (CHAZ) to support Zambia's successful introduction of the R21 malaria vaccine.
- Using the Malaria Vaccine Introduction Readiness Assessment Tool, WHO provided strategic planning, coordination, and real-time technical supportive supervision across 83 medium-to-high burden districts. The rollout achieved remarkable results, with approximately 139,000 eligible infants receiving their first dose during the initial week of introduction, demonstrating strong nationwide service readiness and effective vaccine deployment

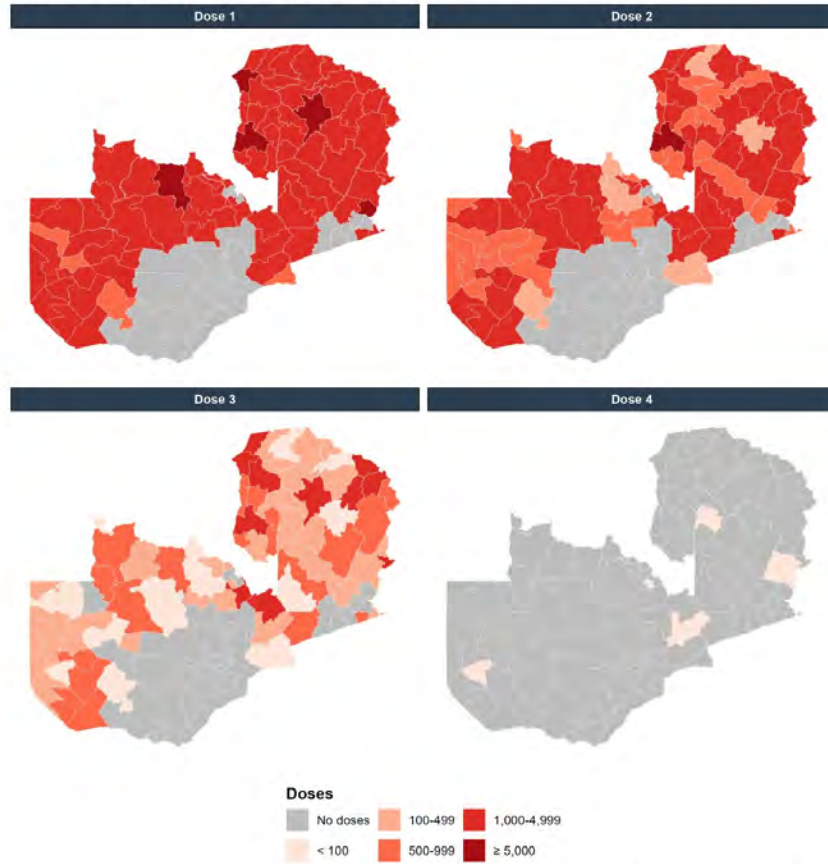


WHO and Prudential supported Health Facility Solarization at Chalimbana Health Centre, Chongwe District, August 2025

Spatial Distribution of Malaria Vaccine

Malaria vaccine doses by district and dose number — 2025 Q4

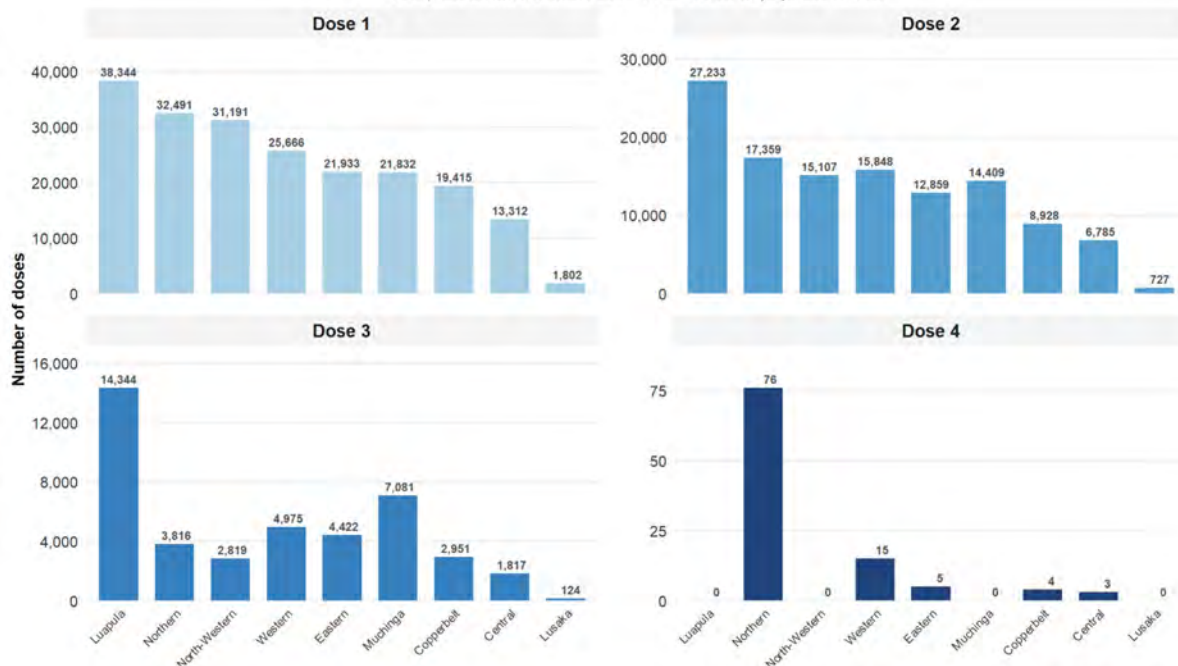
Grey = no doses | Dropoff visible from Dose 1 to Dose 4



Only 5 districts have reached Dose 4

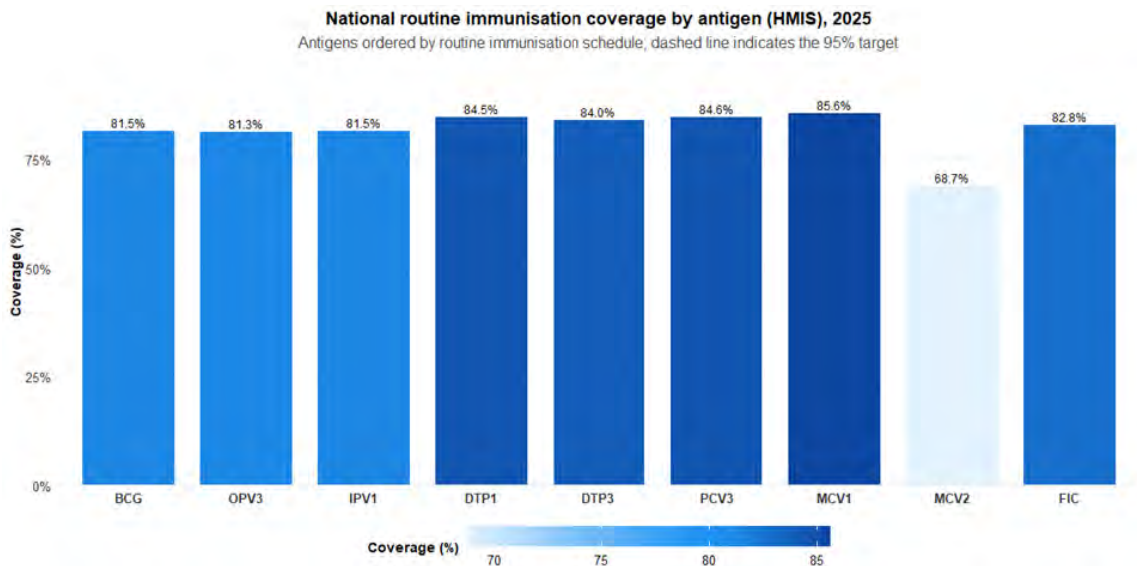
Malaria Vaccine Doses by Province and Dose Number (2025)

Each panel shows a different dose. Y-axis scales vary by dose volume.

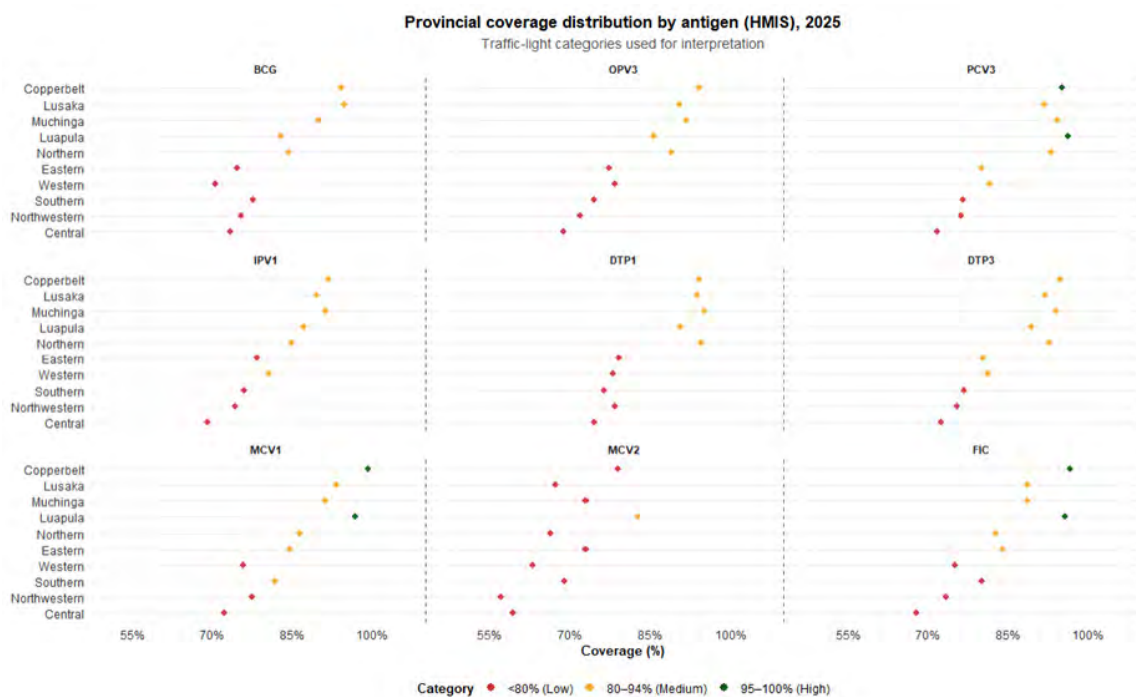


Note: Dose 4 currently in early introduction phase (only 6 districts reporting).

Routine Immunization



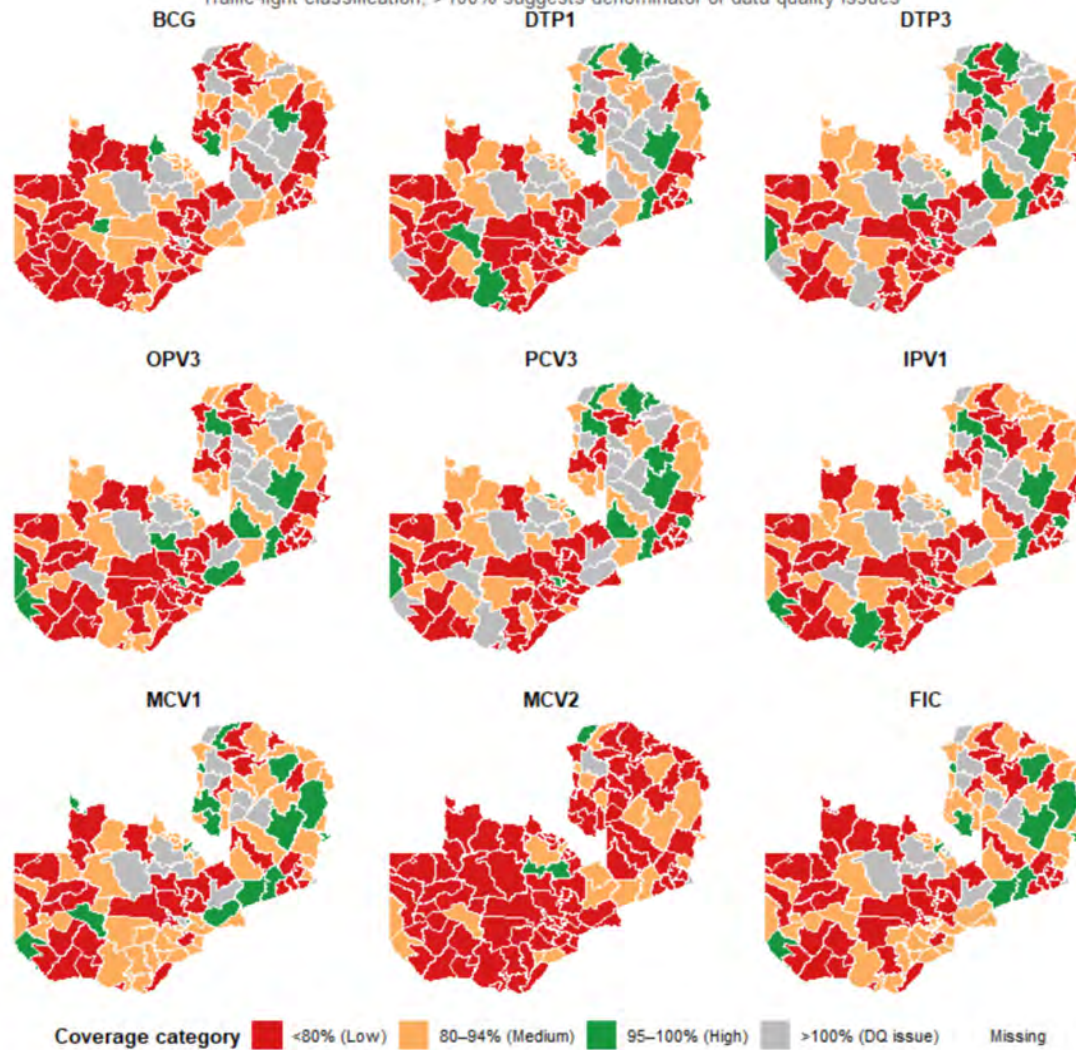
The figure above shows the highest reported national coverage which was MCV1 (85.6%), followed by DTP1 (84.6%) and PCV3 (84.6%), with DTP3 (84.0%) and FIC (82.8%) also close to these levels. Coverage for BCG (81.5%), IPV1 (81.5%), and OPV3 (81.3%) was similar. The lowest national coverage was MCV2 (68.7%), indicating a sizeable gap between the first and second measles doses and signalling challenges with follow-up vaccination and completion of the schedule.



The figure above highlights the distribution and enables rapid identification of provinces consistently performing below target. The dispersion observed in these figures indicates that national averages mask important subnational gaps. This variability implies differences in service delivery performance, demand, access constraints, and/or data quality across provinces

Zambia: District immunisation coverage by antigen (HMIS), 2025

Traffic-light classification; >100% suggests denominator or data quality issues



Source: HMIS. Map: ADM2 district boundaries.

Provincial Malaria Vaccine Performance (2025)

Implementing districts only (n = 9 provinces with active vaccination)

Province	Implementation	Doses Administered				Dropout Rate (%)			Retention
		Dose 1	Dose 2	Dose 3	Dose 4	D1–D2	D2–D3	D1–D3	
Luapula	100% (12/12)	38,344	27,233	14,344	0	29.0%	47.3%	62.6%	37.4%
Muchinga	100% (9/9)	21,832	14,409	7,081	0	34.0%	50.9%	67.6%	32.4%
Western	94% (15/16)	25,666	15,848	4,975	15	38.3%	68.6%	80.6%	19.4%
Eastern	64% (9/14)	21,933	12,859	4,422	5	41.4%	65.6%	79.8%	20.2%
Northern	100% (12/12)	32,491	17,359	3,816	76	46.6%	78.0%	88.3%	11.7%
Copperbelt	80% (8/10)	19,415	8,928	2,951	4	54.0%	66.9%	84.8%	15.2%
North-Western	100% (11/11)	31,191	15,107	2,819	0	51.6%	81.3%	91.0%	9.0%
Central	45% (5/11)	13,312	6,785	1,817	3	49.0%	73.2%	86.4%	13.6%
Lusaka	25% (2/8)	1,802	727	124	0	59.7%	82.9%	93.1%	6.9%
NATIONAL TOTAL	83/103 districts	205,986	119,255	42,349	103	42.1%	64.5%	79.4%	20.6%

Source: HMIS Malaria Vaccine Dashboard, 2025. Only provinces with implementing districts shown.

Implementation: % of districts in province that are actively vaccinating (implementing/total)

NATIONAL TOTAL: Sum of all implementing districts. Dropout rates calculated from national totals.

Color coding (D1–D3): ■ Critical (>80%) ■ Severe (60–79%) ■ High (40–59%) ■ Elevated (25–39%) ■ Acceptable (<25%)

Mpox Outbreak Immunization

- WHO provided critical technical support for ZAMRA's licensure of mpox vaccine use in Zambia. Additionally, WHO offered technical and financial assistance to the Zambia Immunization Technical Advisory Group in developing evidence-to-recommendation policy guidance for JYNNEOS (mpox) vaccine deployment. This support included adaptation of mpox training modules, strengthening Zambia's capacity to respond effectively to emerging infectious disease threats.

Cholera Outbreak Immunization

- WHO also provided financial, technical, and real-time monitoring support for Oral Cholera Vaccination (OCV) to eight outbreak districts vaccinating over 800,000 individuals in high-risk areas attaining 100% coverage across all the intervention areas and resulting in reduced cholera transmission.



PRIORITY 2: ENDING MAJOR INFECTIOUS DISEASES

Accelerating progress on HIV, TB, malaria,
hepatitis & NTDs in Zambia



AT A GLANCE (2025)

Key Achievements National STI Plan (2025-2030)



Nationwide behaviour-change campaign launched



Malaria strategy mid-term review completed



New rHAT treatment (Fexinidazole) introduced



13 districts strengthened for NTD response





HIV, TB & STIs



Challenge

High burden of STIs driven by stigma, low awareness, and limited access to services - especially among young people and key populations.



WHO Support



Developed National STI Prevention & Control Plan (2025-2030)



Supported national mass-media campaign (HIV, STI, TB, hepatitis)



Updated viral hepatitis guidelines (including prevention of mother-to-child transmission)



Expanded point-of-care testing approaches



WHO Support

- Stronger national policy framework
- Increased demand for testing and treatment services
- Improved access to prevention and care

2.2 Priority 2: Accelerate progress towards ending HIV/AIDS, TB, malaria, hepatitis, NTDs

2.2.1 HIV/AIDS/TB/STI

- Zambia continues to face a high burden of STIs, including syphilis, gonorrhoea, and chlamydia, driven by limited service access, stigma, and low awareness, particularly among young people and key populations.
- WHO provided technical guidance to the Ministry of Health and the National HIV/STI/TB Council to develop the 2025–2030 National STI Prevention and Control Operational Plan, strengthening the national framework for STI prevention, diagnosis, and treatment. WHO also provided financial and technical support to a national mass-media social and behaviour change campaign led by NAC to increase uptake of HIV, STI, hepatitis B, syphilis, and TB services, addressing key structural and behavioural risk factors.
- In addition, WHO supported the adaptation and dissemination of updated viral hepatitis guidelines, strengthening evidence-based prevention, diagnostics, and treatment, including measures to prevent vertical HBV transmission and expand access to simplified, point-of-care testing.



WHO supported the Launch of Long-Acting HIV Prevention: lenacapavir, 1st December 2025

LENACAPAVIR – a critical step in expanding access to effective HIV prevention tools

- Announced during World AIDS Day events in Lusaka by the MoH, Zambia has officially launched lenacapavir, a long-acting HIV prevention injection that provides six months of protection. This rollout expands the range of pre-exposure prophylaxis (PrEP) products as part of combination prevention approach to reduce new HIV infections rates, particularly among adolescents and young people. Zambia is among the first African countries to introduce this twice-yearly PrEP product. WHO provided technical assistance to the MoH and the National HIV/AIDS/STI/TB Council (NAC) in developing guidelines and an implementation plan.



MALARIA



Challenge

- Need to update implementation and financing strategies.



WHO Support



Conducted Mid-Term Review of Malaria Strategic Plan (2022-2026)



Updated national malaria control guidelines (vector control, surveillance, larval management)



Enablers

- Enhanced readiness for Global Fund GC8 (2026-2027)
- Modern, evidence-based malaria interventions nationwide
- Updated guidelines (first revision)

NEGLECTED TROPICAL DISEASES (NTDs)

Focus: Human African Trypanosomiasis (rHAT)






Challenge

- Persistent transmission in high-risk districts requiring sustained surveillance and rapid treatment.



WHO Support

-  Introduced Fexinidazole (new oral treatment)
-  Strengthened 13 district hospitals through training & mentorship
-  Supported surveillance early diagnosis & community awareness



Enablers

- Expanded treatment options for rHAT
- Improved early detection and response

KEY NUMBERS

Total rHAT cases (2025) **23**

Treated with Fexinidazole **10**

Tablets donated **1,340**

2.2.2 Malaria/ Neglected Tropical Diseases

Malaria

- Updated strategic and technical malaria guidance are necessary to inform effective programme implementation and mobilize domestic and external financing, including for the Global Fund GC8 cycle. WHO provided strategic guidance and funding to the Ministry of Health to conduct the Mid-Term Review of the Malaria Elimination Strategic Plan 2022–2026 and finalize the MTR report.

Evidence-based implementation of vector control priorities

- WHO also coordinated a comprehensive review and update of national malaria control guidelines, including vector control, entomological surveillance, and larval source management, aligning them with current WHO global standards. The finalized MTR report and updated Malaria Strategic Plan strengthened Zambia's readiness to access Global Fund GC8 financing for 2026–2027. Updated vector control and surveillance guidelines—last revised in 2017—now enable evidence-based, best-practice implementation of malaria control priorities nationwide.

Preventive-Chemotherapy for NTDs programme

- WHO supported the MoH to introduce a new medicine, Fexinidazole for the treatment of rhodesiense Human African Trypanosomiasis (rHAT) and facilitated a donation of 1340 tablets of Fexinidazole to the Ministry of Health, under the Donated NTDS Medicine Programme. In 2025, of the 23 persons infected with the rHAT, ten people (including 4 in the late stage) were successfully treated with Fexinidazole, while the rest were treated with Suramin and Melarsoprol. The new medicine Fexinidazole adds to the current existent anti-rHAT medicines that includes Suramin and Melarsoprol.

SPOTLIGHT

Fexinidazole, a game changer medication for treating sleeping sickness

- In 2025, the Ministry of Health in Zambia introduced a new drug, a new medicine, Fexinidazole, for the treatment of Human African Trypanosomiasis (HAT), commonly known as sleeping sickness
- This breakthrough drug is a game changer and adds to available options for the treatment of HAT. It is effective against both stages of the disease (stages 1 and 2). By working against both stages of the disease with the same regimen, Fexinidazole eliminates the need for lumbar puncture thereby simplifying treatment decisions.
- Another advantage of this drug is that it is given orally, unlike the traditional drugs, suramin and melarsoprol, which are administered intravenously. Clinical studies show high cure rates above 95%, and Zambia's initial results confirm this—10 patients treated were all cured with Fexinidazole without reports of adverse reactions. It is now included in Zambia's National Formulary.

- In addition, the WHO provided technical assistance and funding to the MoH in Zambia to conduct real-time on-site mentorship, refresher capacity building on early diagnosis, treatment (including providing information on the newly introduced Fexinidazole) and human resource skills inventory documentation-surveillance and community-awareness on prevention of rhodesiense Human African trypanosomiasis (rHAT) in 13 district hospitals in northern and eastern rHAT epidemiological blocks. This strategic support revealed vital key lessons, including the need for sustaining vigilance, training personnel and strong surveillance systems for sustaining rHAT elimination efforts in Zambia.



PRIORITY 3: HEALTH EMERGENCY PREPAREDNESS RESPONSE

Building resilient systems to detect,
prevent and respond to health threats

AT A GLANCE (2025)



11 priority hazards identified



800+ health workers trained



US\$600,000 emergency medical supplies



13 hospitals strengthened (IPC/HAI)





PREPAREDNESS & IHR









Challenge

- Fragmented coordination and outdated national risk profile



WHO Support

-  Completed IHR SPAR assessment
-  Conducted national risk assessment (STAR)
-  Strengthened multisectoral coordination (TWG)
-  Launched National Simulation Exercise Framework (SimEx)
-  Developed national guidelines & training tools
-  Trained 50 trainers -> 1.000+ health workers



Enablers

- Improved national preparedness planning(2025-2027)
- Standardized emergency simulation nationwide
- Stronger community-level early warning systems
- Scalable model to train 2.000 community volunteers

2.3 Priority 3: Strengthen health emergency prevention, preparedness and response

2.3.1 Preparedness and IHR implementation

- In partnership with the Government of the Republic of Zambia, WHO supported completion of the 2025 IHR State Party Annual Reporting (SPAR) process. Findings from the 2024 Joint External Evaluation (JEE) highlighted fragmented implementation of IHR core capacities, limited multisectoral coordination, and the absence of an updated national risk profile. In response, WHO facilitated regular multisectoral IHR Technical Working Group sessions, supported monitoring of IHR implementation, and led a national all-hazards risk assessment using the STAR methodology. The updated 2025–2027 risk profile enabled the prioritization of 11 national hazards, which now guide the revision of Zambia’s multi-hazard preparedness plan and the development of hazard-specific contingency plans planned for 2026

Standardizing Emergency Preparedness Through Simulation Exercises

- To address long-standing gaps in simulation exercise coordination noted by the JEE, WHO provided technical leadership for the development and launch of the National Simulation Exercise (SimEx) Framework. This framework introduces Zambia’s first standardized national approach for designing, implementing, and evaluating exercises across the One Health spectrum. It empowers subnational authorities to independently test readiness, strengthening routine preparedness and supporting continuous improvement of emergency systems nationwide.

Humanitarian Risk Assessment for DRC-Related Influxes

- The escalation of conflict in eastern DRC in 2025 resulted in sustained asylum-seeker inflows into Zambia's northern border districts. WHO worked with the Ministry of Health and partners to conduct a multisectoral humanitarian risk assessment in four high-risk provinces. The assessment provided essential evidence on population movements, public health risks, and health-system vulnerabilities. Its recommendations informed contingency planning, resource prioritization, and strengthened operational readiness for a potential large-scale refugee influx into Northern and Luapula provinces.



HIGH-THREAT HAZARD PREVENTION








Challenge

- Gaps in infection control, diagnostics, and surveillance systems



WHO Support

-  Conducted IPC/HAI assessments in 9 hospitals
-  Trained 44 healthcare workers
-  Cholera diagnostics training(21 trainers - 100 workers)
-  Strengthened VHF & influenza surveillance systems
-  Enrolled national labs in WHO EQA programme



Enablers

- Improved IPC compliance
- Reduced cholera test rejection
- Stronger laboratory readiness for Ebola, Marburg & emerging threats

2.3.2 Prevention of High Threat Hazards

- In collaboration with ZNPHI and MoH, WHO supported an IPC and HAI baseline assessment in nine tertiary hospitals across eight districts. The assessment recorded an average IPC compliance score of 74%, highlighting strengths in governance but revealing gaps in built environment, surveillance, and routine monitoring. WHO trained 44 multidisciplinary health-care workers from 13 tertiary hospitals and supported the development of 13 institutional HAI prevention and control plans, contributing to safer, more resilient service delivery.
- Amid heightened regional viral hemorrhagic fever (VHF) risks, including Ebola activity in DRC and Marburg virus cases in Tanzania, WHO supported Zambia to significantly reinforce its early detection and laboratory readiness. WHO conducted comprehensive assessments of all six national influenza sentinel surveillance sites, improving the quality, timeliness, and sensitivity of respiratory pathogen monitoring while strengthening Zambia's ability to detect emerging threats, including Syndrome X.



Multi-sectoral coordination meeting on High-Threat

SPOTLIGHT

Building Community-Centred Pandemic Preparedness




- In November, Zambia advanced its national pandemic preparedness agenda through a Training of Trainers (ToT) for Community Health Worker Emergency Preparedness and Response, supported by the Pandemic Fund and delivered with technical collaboration from WHO AFRO, WHO Headquarters, UNICEF, Africa CDC and the UK Health Security Agency (UKHSA).
- The training convened over 102 participants from all ten provinces, establishing a national pool of master trainers. The ToT marked the culmination of months of preparatory work, including the development and contextualization of training materials, facilitator guides, and operational guidelines for community healthworkers.
- The curriculum was informed by the Strategic Tool for Assessing Risks (STAR) undertaken at both national and subnational levels, ensuring that training focused on priority health threats most relevant to local contexts and capacities. Implemented outside an outbreak setting, the initiative reflected a shift from reactive response to anticipatory preparedness, aligning with the objectives of the pandemic treaty and the International Health Regulations (2005). Trained facilitators will cascade the training across provinces and districts, embedding preparedness into routine systems.
- By placing communities at the centre, the initiative reinforces a core principle of health security: community resilience is the bedrock of effective preparedness and response.



EMERGENCY RESPONSE





WHO Support

-  Delivered US\$600,000 emergency supplies
-  Pre-positioned supplies in high-risk areas
-  Trained 800+ health workers






Enablers

-  Faster outbreak response capacity
-  Strengthened lab & surveillance systems

MULTI-HAZRAD RESPONSE





WHO Support

-  Responded to cholera, mpox, VHF threats, chemical spill
-  Conducted 5 simulation exercises
-  Led cholera intra-action review



Enablers

-  Faster detection & containment
-  Improved emergency coordination

EMERGENCIES



WHO handing over cholera supplies and laboratory equipment for 17 laboratories, April 2025

Emergency response for Mpox, cholera, the chemical spill, and potential VHF outbreaks in neighbouring country incl. through disbursement of USD 2.6m, donation of cholera and mpox supplies and laboratory equipment and IPC commodities and training of 44 healthcare professionals.

Over 800 health care workers (HCW) trained across surveillance, lab, case management, IPC

2.3.3 RESPONSE

Bolstering Outbreak Readiness Through Supplies and Capacity Building

- To strengthen operational readiness for cholera, mpox, and other high-threat pathogens, WHO procured and delivered over US\$600,000 worth of essential emergency supplies, benefiting the National Food Laboratory and 16 clinical laboratories. Strategic pre-positioning in Priority Areas for Multisectoral Interventions ensured rapid access to supplies during acute outbreaks. Complementing this, WHO supported the training of more than 800 health-care workers across surveillance, laboratory diagnostics, case management, and IPC, and developed national guidelines and tools to sustain capacity across provinces and districts.

- To bolster diagnostic assurance for high-risk pathogens, WHO facilitated the enrolment of two national laboratories, the UNZA Veterinary Laboratory and the Zambia National Public Health Reference Laboratory into the WHO External Quality Assessment (EQA) programme for VHF. Participation in the EQA ensures laboratories meet international standards for the detection of Ebola, Marburg, and other high-consequence pathogens, thereby improving national diagnostic reliability, biosafety practices, and rapid confirmation capacity.



Enhanced Multi-hazard Emergency Response

- WHO supported Zambia's response to multiple public health emergencies, including mpox, cholera, a chemical spill in Copperbelt, and potential VHF spillover, with rapid response in line with the WHO Emergency Response Framework and 7-1-7 performance standards. This support enabled timely detection, investigation, and control of outbreaks. WHO also facilitated a national cholera intra-action review and conducted five simulation exercises to strengthen readiness in high-risk districts.

Community-Level Preparedness and Resilience

- To reinforce preparedness at community level, WHO developed national case management guidelines and mpox-specific training materials used by multiple implementing partners. A national training-of-trainers equipped 50 clinicians across all provinces, enabling district-level cascade trainings that reached more than 1,000 healthcare workers. WHO also trained 119 community representatives through an all-hazards community preparedness programme, producing a standardized curriculum for Community-Based Volunteers, with district roll-out expected to train up to 2,000 CBVs to support early warning and local response.

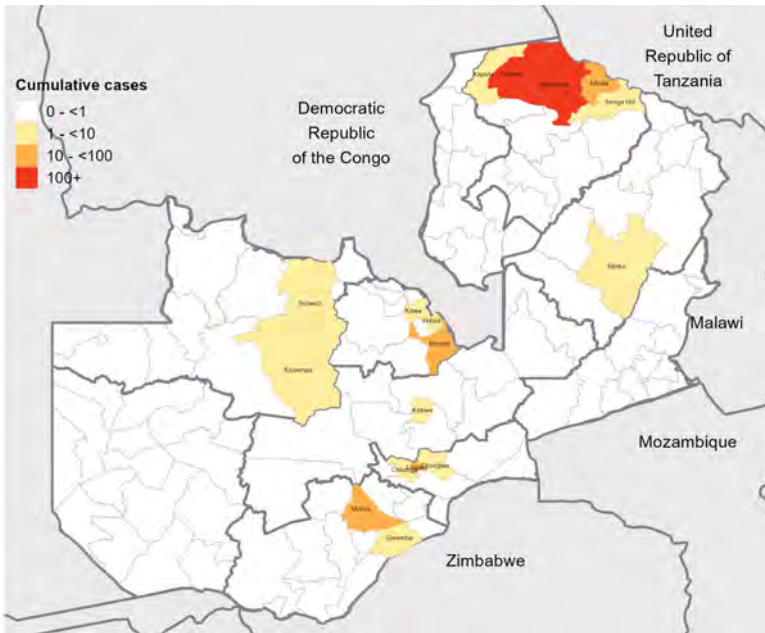


Launch of the National Training of Trainers for Community Resilience in Pandemic Preparedness

SPOTLIGHT ON:

2025 OUTBREAKS

Cholera Update



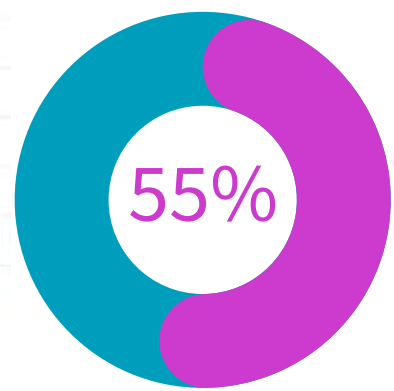
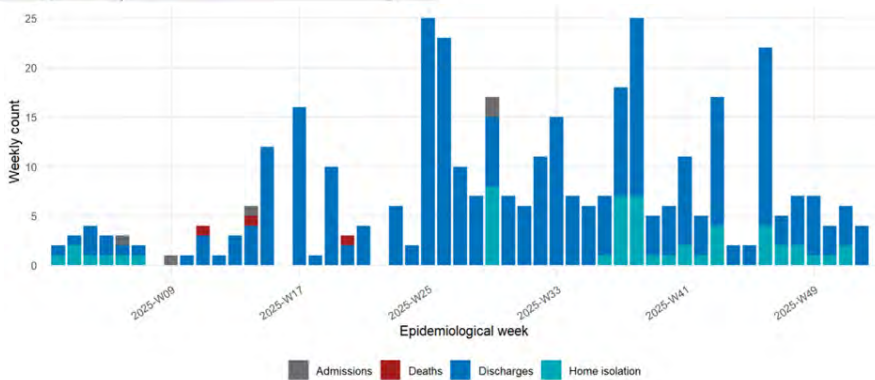
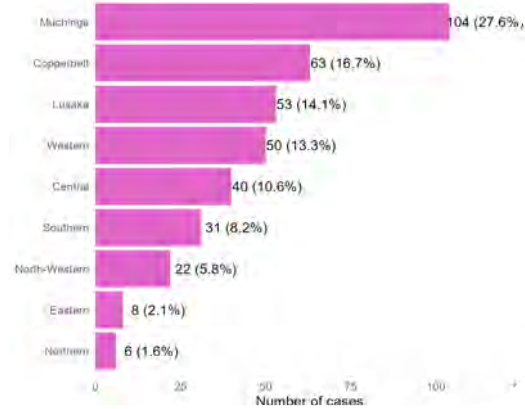
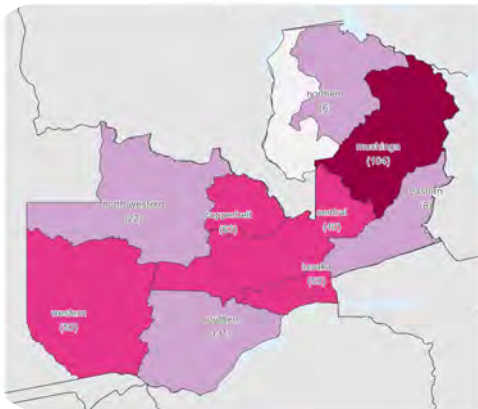
Epidemiological Summary (2nd Wave Cholera, Zambia, 2025)

Zambia experienced the second wave of Cholera outbreak which was detected on 5 Aug and confirmed on 9 Aug, the outbreak rapidly triggered a provincial response. By Dec 2025, 17 districts reported 617 cases and 9 deaths (CFR 1.46%).

Transmission was widespread but effectively contained through early coordinated interventions.

Mpox Update

Mpox has persisted since October 2024 with sporadic transmission across 50 districts in 9 provinces. By 2025, Zambia recorded 374 cases (15 probable; >200 culture-confirmed). Muchinga Province reported the highest burden, followed by Copperbelt.





PRIORITY 4: NCDs, MENTAL HEALTH & WELL-BEING

Reducing risk factors and promoting healthier lives across Zambia



AT A GLANCE (2025)



5 PEN Plus sites operational



25 health workers trained (NCD care)



National Health for Life project launched



120 managers trained (nutrition)



30 CODEX members trained



National nutrition & food safety policies approved





NCDs, MENTAL HEALTH & WELL-BEING



Challenge

- Rising burden of NCDs and mental health conditions



WHO Support



Expanded PEN Plus programme (3 -> 5 sites)



Trained 25 health workers



Developed treatment guidelines & curriculum



Enablers

- Increased access to specialized NCD care
- Strengthened national response to NCDs & mental health
- Improved workforce capacity

2.4 Priority 4: Address the burden of NCDs and promote mental health and well-being

2.4.1 Noncommunicable Diseases and Mental Health

- Through collaborative effort between MoH, CIDRZ and WHO, the national operational plan for the scale up of the Package of Essential NCD interventions (PEN Plus) Programme at district hospitals in the country was launched together with NCD treatment guidelines and the PEN Plus curriculum. Two additional PEN Plus sites (Ndola/Copperbelt and Chipata/Eastern) were selected and are now ready for implementation of PEN PLUS, bringing the total from three to five. A total of 25 health workers including doctors, nurses, clinicians, nutritionists and pharmacy technicians were trained in the management of NCDs using the PEN Plus methodology through a MoH/CIDRZ/WHO collaboration.
- The MoH in collaboration with UNDP, UNICEF and WHO, key line ministries, and civil society launched the Health for Life (H4L) project, a joint project that aims to address the rising burden of NCDs and mental health conditions in Zambia and is funded by the UN Inter-Agency Task force on NCDs (UNIATF). Zambia has received this catalytic funding to scale up country action on NCDs and mental health under the theme “Enhancing Youth Health through Governance and Policy for NCD and Mental Health Promotion”.

- The World Mental Health Day was commemorated under the theme Improving mental health at the workplace. The World Suicide Day was also commemorated to increase awareness about the risk factors, prevention and services available for prevention. The World Diabetes Day was marked nationwide to increase public awareness about the various risk factors and promote behaviour change including increasing the utilization of health services.








NUTRITION AND FOOD SAFETY

Nutrition

Challenge

- Declining exclusive breastfeeding (73%+64%)

WHO Support

-  Developed Nutrition Policy & Stunting Strategy
-  Integrated nutrition into all government policies
-  Trained 120 managers on infant feeding

Enablers

- Strong national nutrition policy framework
- Improved capacity to promote child health
- Scaled-up nutrition interventions

Food Safety

Challenge

- High burden of food borne diseases

WHO Support

-  Strengthened national coordination & advocacy
-  Mobilized US\$10,000 for food safety systems
-  Trained 30 CODEX committee members

Enablers

- Updated national food safety standards
- Improved food control systems
- Strengthened laboratory capacity



National Breastfeeding Workshop: 8-12 December 2025

2.4.2 Nutrition and Food Safety Achievements

Nutrition Advocacy and Healthy Diets

- Stunting reduction and exclusive breastfeeding practices are two Government priority indicators. WHO provided technical assistance to the development of the Food Security and Nutrition Policy and the Stunting Reduction Strategy, both strategies have been approved by the Cabinet Office.
- The GRZ, through the Cabinet Office has also approved the inclusion of nutrition in all policies and programs for sustainable implementation. WHO provided technical assistance to the government in defining the minimum package for implementation by each ministry and programs. Technical assistance was also provided to the development of the Food Fortification Strategy that is now finalized.

- The Zambia Demographic and Health Survey (ZDHS) revealed a worrying trend: exclusive breastfeeding among infants aged 0–6 months has declined for the second consecutive time, from 73% in 2014 to 70% in 2018, and now to 64%, marking a 12.3% drop over the decade. The MoH with support from WHO, UNICEF and regional offices conducted a national training to equip 120 managers with knowledge and skills required to execute infant feeding practices contributing to saving lives and improve growth and development among neonates and infants.

*Neonates and infants' lives saved,
and growth and development improved
through equipping 120
managers with knowledge and skills
required to
execute infant feeding practices*

- The Zambia Demographic and Health Survey (ZDHS) revealed a worrying trend: exclusive breastfeeding among infants aged 0–6 months has declined for the second consecutive time, from 73% in 2014 to 70% in 2018, and now to 64%, marking a 12.3% drop over the decade. The MoH with support from WHO, UNICEF and regional offices conducted a national training to equip 120 managers with knowledge and skills required to execute infant feeding practices contributing to saving lives and improve growth and development among neonates and infants.

- WHO procured laboratory reagents and accessories amounting to US\$10,000 for the University of Zambia School of Veterinary for use in Extended-Spectrum Beta-Lactamases (ESBL) and contributed to capacity of laboratory technical offices in the tricycle food safety monitoring of AMR residues on food. The knowledge and skills acquired are part of the efforts for improvement of capacities to manage foodborne disease risk and reduction in disease burden.

Food Safety Advocacy and Food Standards

- High disease burden resulting from populations consumption of unsafe food has been experienced with various disease outbreaks across the country. The MoH and the Ministry of Livestock and Fisheries conducted national level coordination and advocacy session with support from WHO to strengthen food safety and improve coordinated support. Advocacy sessions were conducted during the World Food Safety Day and the World Food Day jointly with the Food and Agriculture Organization (FAO).
- To improve Zambia's food safety policy framework and food control systems, WHO mobilized US\$10,000 from AFRO and the African Union's Inter African

Bureau for Animal Resources (AU-IBUR) and WHO technical officers trained 30 National CODEX Committee members on e-working tools. The improved capacity led to Zambia updating a compendium of food safety national standards, codex standards, codex technical working group recommendations including CODEX Committee recommendations on contaminants in food; pesticides and residues; food additives and methods of sampling and analysis; and fruits and vegetables. The recommendations have been adopted into the **Zambian Compulsory Standards for enforcement.**



HEALTH PROMOTION & SOCIAL DETERMINANTS



Challenge

- Limited implementation of healthy environments and behaviour change



WHO Support



Launched Health Promotion Strategic Framework(2022-2026)



Developed healthy settings guidelines (markets, prisons, schools)



Conducted national campaigns (vaccination, maternal health, etc.)



Completed school health surveys (GSHS, SHPPS)



Strengthened risk communication (cholera & mpox response)



Enablers

- Increased public awareness and service uptake
- Improved community engagement in outbreak response
- Stronger evidence for school health policies

2.4.3 Health Promotion and Social Determinants

- The National Health Promotion Strategic Framework 2022-2026 was launched improving implementation of strategies focused on settings such as schools, cities, refugee camps, hospitals, correctional facilities, villages and markets. Through collaborative efforts of the MoH, WHO and other stakeholders, national guidelines were developed for implementation of healthy settings approach in Zambian markets and correctional facilities (prisons) to provide actionable guidance for promoting health and preventing health problems related to access to safe water and sanitation, food safety, nutrition, mental health, skin health, prevention of substance abuse and environmental health.
- The World Health Day was commemorated under the theme Healthy beginnings, hopeful futures to advocate, raise awareness and increase commitment by government and other stakeholders to accelerate efforts to attain SDG 3 targets aimed at reducing preventable maternal and newborn deaths.
- The Africa Vaccination Week campaign which also marked the 50th Anniversary of the Expanded Programme on Immunization in Zambia was commemorated under the theme Immunization for all is humanly possible. The campaign increased public awareness about the importance of vaccines including the uptake of vaccines during the campaign and beyond. It also raised government's commitment to improve access to vaccines across the life course for all citizens.

SPOTLIGHT

Promoting health and preventing health problems by addressing social determinants of health

- Tobacco use remains a key risk factor contributing significantly to the growing burden of noncommunicable diseases (NCDs) in the country. Currently 20% of males and 2.8% of female above 15 years and 12.9% of adolescents aged 13–15 years use some form of tobacco. To curb tobacco consumption, the World Health Organization, in collaboration with other partners, has continued to work with the Ministry of Health to sustain advocacy for the adoption of comprehensive tobacco control legislation. These efforts have resulted in key legislative approvals and introduction of the Tobacco Control Bill in Parliament.
- WHO supported the Tobacco Control Bill, which received internal legislative approval in February 2025. The Bill subsequently obtained full Cabinet approval on 8 December 2025 and is now cleared for introduction in Parliament.
- With the growing burden of NCDs accounting for 29% of deaths in Zambia, WHO, in collaboration with other partners, supported the government to strengthen fiscal measures aimed at reducing tobacco consumption. These efforts resulted in a 66% increase in the excise duty on generic cigarettes, from 452 per mille to 750 per mille, positioning Zambia to curb tobacco use while enhancing sustainable domestic revenue for health financing.
- The Ministries of Agriculture and Health in collaboration with the World Food Programme and the World Health Organization have continued to provide financial and technical support to tobacco farmers willing to transition to alternative livelihoods in Chipangali District of Eastern Province. The initiative has expanded from

three to seven agricultural camps, with 1500 farmers transitioning from tobacco growing to alternative livelihoods - up from the initial 500 farmers at the start of the initiative resulting in climate safe agricultural practices, improved food security and nutrition, environmental protection and increased household income.

- Risk Communication and Community Engagement activities were implemented using systematic approaches during the cholera and mpox response in Lusaka,

Copperbelt, Central and Muchinga provinces. This systematic approach . Contributed to ending the outbreaks. The Global Student Health Survey (GSHS) and the School Health Policies and Practices Study (SHPPS) were completed successfully . This school-based survey collects data from students aged 13–17 years for monitoring the prevalence of health risk behaviours and protective factors establish trends over time and develop evidence-based school health programs and policies



Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

WHO has zero tolerance for any form of sexual misconduct, for inaction and for retaliation against those who raise complaints or bear witness. At WHO Zambia, we take PRSEAH seriously!

In 2025, our efforts included a PRSEAH briefing for 54 staff and contractors (27 males, 27 females), covering SEAH

definitions, IASC principles, and WHO Code of Conduct. We also developed a PRSEAH Code of Conduct which was signed by 54 individuals (WR, staff, and contractors).

WHO provided an orientation on PRSEAH to 94 health workers and community members (25 in Mufulira, 29 in Kitwe, 40 in Kabwe) for Cholera and Mpox outbreak response.



2.5 Priority 5: Optimize partnerships to achieve healthier populations

2.5.1 External Relations and Communications

In 2025, partnerships continued to play a pivotal role in WHO's work in Zambia. By working hand in hand with the national government, development partners, the United Nations system, civil society, academic institutions, and the private sector, WHO expanded the impact and reach of its initiatives. This collaborative approach reinforced its standing as both a trusted technical authority and a key strategic ally in advancing the country's health priorities.

WHO advocacy efforts ensured that health was at the center of the agenda of key partners at the country level. As a permanent member of the Leadership team of the Health Cooperating Partners in Zambia, WHO plays a vital role in partner coordination and brokering between the Government and partners.



Following an initiative by WHO, the UN in Zambia has established a platform for strategic engagement with the Group of African Ambassadors. Local, regional and global media were kept up to date on key milestones in WHO's work through press releases, web stories, media interviews, press briefings, and social media posts on the Country Office's Facebook and X accounts.



2.6 Enabling Functions

The Country Support Unit (CSU) enabled smooth delivery of WHO's work in Zambia by ensuring that essential operations — procurement, finance, logistics, administration, security, and ICT — ran efficiently and without interruption. This included timely procurement of goods and services, improved transport and logistics for field activities, on schedule financial processing, strengthened risk and security measures, and responsive ICT support.

To assure value for money, WHO applies competitive procurement processes, uses UN long term agreements to reduce costs, implemented strict financial controls, and ensured that all purchases above USD 5,000 are reviewed for transparency.

Operational efficiencies — such as strengthened fleet management, consistent bank reconciliations, updated risk management systems, and improved digital tools — helped reduce delays, prevent losses, and maximize the impact of available resources. Through these measures, it was ensured that WHO resources were used responsibly and effectively to support public health outcomes in Zambia.



3. PARTNERSHIPS

We express our deepest gratitude to the partners who generously contributed financially or through technical cooperation to make our programmes possible in 2025.



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4. KEY PRIORITIES FOR 2026

“To promote, provide & protect health & wellbeing for all people, everywhere”

WHO global goal for the 14th General Programme of Work (2025 – 2028)



In 2026, WHO will commence implementation of its 2026–2027 biennial plan that is aligned with the Ministry of Health and the Government of Zambia’s priorities, the Sustainable Development Goals, and the United Nations Sustainable Development Cooperation Framework and the WHO Country Cooperation Strategy. Through this alignment, WHO aims to ensure that technical cooperation continues to directly contribute to Zambia’s national health agenda and to the broader global commitment to universal health coverage and health for all.

The biennial plan also includes some internal enablers that support the delivery of joint priorities. These are under the ‘Power’ and ‘Perform’ domains, where WHO will focus on strengthening leadership, accountability, and operational efficiency—ensuring that our support to Zambia is well-coordinated, evidence-based, and results-driven. Furthermore, these areas will play a critical role in enabling the successful implementation of the outputs jointly prioritized and agreed upon by the ministry



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