African Union

ZOONOTIC DISEASE

PREVENTION AND CONTROL STRATEGY

2025–2029

One Health Approach

AfricaCDC
Centres for Disease Control and Prevention

AFRICAN UNION
INTERAFRICAN BUREAU FOR ANIMAL RESOURCES

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Pan African Veterinary Vaccine Centre
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ACRONYMS AND ABBREVIATIONS

ADSS	Animal Disease Surveillance Systems
AES	African Epidemic Service
AFCAD	Africa Collaborative Initiative to Advance Diagnostics
Africa CDC	African Centres for Disease Control and Prevention
ALE	Animal Loss Equivalent
AMA	African Medicines Agency
AMHEWAS	Africa Multi-Hazard Early Warning and Early Action System
AMR	Antimicrobial resistance
AU	African Union
AU-IBAR	African Union-InterAfrican Bureau for Animal Resources
AU-NEPAD	African Union-New Partnership for Africa's Development
AU-PANVAC	African Union Pan-African Veterinary Vaccine Centre
AVoHC	African Health Volunteers Corps
CEPI	Coalition for Epidemic Preparedness Innovations
CIDO	Citizens and Diaspora Directorate
COVID-19	Coronavirus disease
CVOs	Chief Veterinary Officers
DALY	Disability-adjusted life years
DHIS	District Health Information Software
EAC	East African Community
EAREN	Eastern Africa Epidemiology Regional Network
EARLN	Eastern Africa Regional Laboratory Network
ESTI	Education, Science, Technology, and Innovation Department
EWARS	Early Warning, Alert, and Response System
FAO	Food and Agriculture Organization of the United Nations
FELT	Field Epidemiology and Laboratory Training
GAVI	Global Alliance for Vaccination and Immunization
GLEWS	Global Early Warning and Response System
HRISA	Health Research and Innovation Strategy for Africa
IAPSC	Inter-African Phytosanitary Council
IBS	Indicator Based surveillance
IDSR	Integrated Disease Surveillance and Response
ILRI	International Livestock Research Institute
ISO	International Organization for Standardization
IVDs	In-vitro Diagnostics
LMIC	Low- and Middle -Income Countries
MCMs	Multisectoral Coordination Mechanisms
MEL	Monitoring, Evaluation and Learning
MS	Member State
NGOs	Non-Governmental Organizations
NIH	National Institutes of Health
NPHI	National Public Health Institutes
OHHLEP	One Health High-Level Expert Panel
OH-IA	One Health Information Architecture

OH-IP	One Health Information Policy
OH JPA	One Health Joint Plan of Action
PATTEC	Pan African Tsetse and Trypanosomiasis Eradication Campaign
PAVM	Partnerships for African Vaccine Manufacturing
PHEIC	Public Health Emergencies of International Concern
PPE	Personal Protective Equipment
QMS	Quality Management System
RAHC	Regional Animal Health Centre
RAHN	Regional Animal Health Network
RCC	Regional Coordination Centres
RECs	Regional Economic Communities
RRTs	Rapid Responses Teams
RESAOLAB	West African Network of Biomedical Analysis Laboratories
RISLNET	Regional Integrated Surveillance and Laboratory Network
RVF	Rift Valley fever
SARS	Severe Acute Respiratory Syndrome
SEBE	Sustainable Environment and Blue Economy
SMART	Simple Measurable Achievable Realistic and Timebound
SOPs	Standard Operating Procedures
STISA	Science Technology and Innovation Strategy
STRC	Scientific, Technical and Research Commission
SWOT	Strengths Weaknesses Opportunities and Threats
TZG	Tripartite Zoonotic Disease Guide
UN	United Nations
UNEP	United Nations Environment Programme
WHO	World Health Organization
WOAH	World Organisation for Animal Health

GLOSSARY OF TERMS

Academia/academic institutions: Institutions of higher education. May refer to publicly funded, privately funded, and jointly funded institutions, and may refer to those functioning under and accountable to governmental ministries of education or labor, and those that are not.

Capacity: The ability to achieve something, generally referring to something that is measurable (e.g. a laboratory can test 100 samples/day for avian influenza).

Collaboration: Individuals or institutions working together to produce or achieve something.

Competency: A characteristic composed of three parts: skills (ability to do something), knowledge (comprehension of a topic), and abilities (acquired talent to perform) that together enable a person to be effective and to lead to superior performance.

Context: The entire scope of the circumstances, setting or environment in which an event is taking place, or a situation exists, and in terms of which the event or situation can be fully understood and assessed.

Cultural norms and beliefs: The behaviour patterns that are typical of specific groups, often passed down from generation to generation by observational learning within the community.

Diagnostic capacity: Diagnostic capacity refers to the ability of a health system or facility to accurately and efficiently detect, diagnose, and monitor diseases. This includes having the necessary infrastructure, equipment, trained personnel, protocols, and resources to perform diagnostic tests and interpret their results.

Emergency: A substantial zoonotic disease event that interacts with existing conditions of exposure, vulnerability, and capacity, and may disrupt the function of a community or society at any scale and may overwhelm the national capacity to respond to the needs of the affected population. This leads to human, animal, material, economic and/or environmental losses and impacts.

Emergency preparedness: The knowledge, capacities and organizational systems developed by governments, response and recovery organizations, communities, and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies, including zoonotic disease emergencies.

Emerging zoonotic disease: Zoonotic disease due to known pathogens that have not yet occurred in a specific geographic area, in a specific species, or that are increasing in prevalence; here, different from new pathogens (see definition below).

Endemic zoonotic disease: Zoonotic disease that exists continually or continuously in a geographic area so that cases of disease could be expected.

Environment: The complex of physical, chemical, and biotic factors (e.g. climate, soil, living things) that act upon an organism or an ecological community and ultimately determine its form and survival; here, refers to the physical location and context in which people and animals live and interact.

Event: An occurrence of a zoonotic disease, including an outbreak, epidemic, or pandemic in people or animals. May or may not refer to a single or small number of clinical case(s) or detected zoonotic disease infection(s), depending on the hazard and/or the circumstances.

Exposure: The condition of being subjected to a zoonotic disease pathogen that may cause an infection.

Framework: A basic structure or idea underlying a system, concept, or document, or a specific set of rules, ideas, or beliefs used to approach a problem or decision.

Governance: The set of structures, policies, processes and/or decisions that support the management of a system or group.

Hazard: Anything with the potential to cause adverse health effects (e.g. virus, bacteria, chemical, flood, earthquake, snake); may also be referred to as a threat.

Human-animal-environment interface: A continuum of contacts and interactions among people, animals, their products, and their environment(s); in some cases, facilitating transmission of zoonotic pathogens or shared health threats.

Level (administrative): Refers to the levels within the country (e.g. central/national/federal, sub-national [district, governorate, state] and local communities).

Level (governmental): Refers to the functional level within the administrative level (e.g. prime ministerial, ministerial, technical).

Mapping: Comprehensively collecting and reviewing information on what infrastructure, activities, resources, etc., already exist in the country for addressing zoonotic diseases.

Mechanism: A standing system, part of an infrastructure, or an organized group or network designed to accomplish a specific task; here, in the context of a multisectoral, One Health coordination mechanism, refers to a standing, organized group working under a set of documented procedures. May be named as a platform, committee, task force, working group, etc.

Monitoring and evaluation: A process that helps measure, track, improve performance, and assess the results of an ongoing or completed activity, programme or policy by providing indications of the extent of progress and achievement of objectives, and progress in the use of allocated funds, for the purposes of improving performance, ensuring accountability, or demonstrating value. Includes Monitoring: the continuing and systematic collection of information on specified indicators related to the project or process; and Evaluation: the systematic and objective assessment of the relevance, efficiency, effectiveness or impact of a project or process based on the set of information collected on the indicators during monitoring.

Multidisciplinary: Involving participation of multiple disciplines working together, such as in a single ministry that employs physicians, nurses, veterinarians or other health professionals. Note, this does not mean the same as multisectoral (see definition).

Multisectoral: Involving participation of more than one sector working together on a joint programme or response to an event. Saying multisectoral does not always mean that the human, animal, and environmental health sectors are engaged, as is the case when saying a One Health approach (see definition).

One Health approach: An approach to address a health threat at the human-animal-environment interface based on collaboration, communication and coordination across all relevant sectors and disciplines, with the ultimate goal of achieving optimal health outcomes for people, animals, and plants living in a shared environment; a One Health approach is applicable at the sub-national, national, regional and global level.

Plan: An operational or action-oriented description of activities to be undertaken, often based on an overarching strategy.

Preparedness: A process used in advance of a potential zoonotic disease event to ensure that capacity and resources will be available to respond.

Region: A group of countries that have some similarities, normally geographically linked.

Response: Those activities undertaken to react to a zoonotic disease event anywhere on the spectrum from increased monitoring to full emergency response.

Risk: A function of the likelihood that a zoonotic disease event may occur and the magnitude of the impact if it were to occur.

Risk assessment: In this context, risk assessment is defined as the systematic process of gathering, assessing and documenting information to estimate the level of risk and associated uncertainty related to a zoonotic disease event, during a specified period of time and in a specified location.

Risk communication: The real-time exchange of information, advice and opinions among experts, community leaders or officials and the people who are at risk or who have a direct influence on risk mitigation due to their practices or behavior. Risk communication ensures that people and communities are aware of current threats, can make informed decisions and can be used to promote behaviors to reduce ongoing risks.

Risk reduction/risk mitigation: The identification and implementation of policies and activities designed either to prevent zoonotic disease agents from creating health risks or to lessen their frequency, distribution, intensity or severity. In practice, typically refers to avoidance or decreasing current ongoing or future risk and/or impact.

Social determinants of health: The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Stakeholder: Any individual or group that is or should be involved in preventing or managing a health threat at the human-animal-environment interface, or impacts, is impacted by, or perceives themselves to be affected by such a health threat, including those that may be impacted by any associated risk management measures.

Surveillance: The continuous, systematic collection, analysis, and interpretation of data needed for planning, implementation and evaluation related to zoonotic diseases.

Surveillance (event-based surveillance): The organized collection, monitoring, assessment, and interpretation of mainly unstructured ad hoc information regarding events or risks that may represent acute risks to health, and which in the context of this guide will refer to surveillance for zoonotic diseases.

Surveillance (indicator-based surveillance): The systematic and routine collection, monitoring, analysis and interpretation of structured zoonotic disease data, generally collected from a number of well-identified formal sources, which in the context of this guide will be mostly human and animal health-based sources.

Threat: A zoonotic disease hazard, agent, event, concern, or issue that poses risks to human or animal health.

Vulnerability: The degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the negative impacts of events such as a zoonotic disease event.

Zoonotic diseases (zoonoses): Infectious diseases that can be spread between animals and humans; can be spread by food, water, fomites or vectors.

FOREWORD

Public health challenges over the past decade have highlighted the importance of approaching health through a holistic lens of human, animal, and environmental sectors, recognizing the need for a collaborative response against shared threats. Zoonotic diseases, transmitted between humans and animals through their shared environment, are at the forefront of the threats requiring collaborations that span human health, natural ecosystems, and food systems.

Africa, with its rich biodiversity and diverse ecosystems, stands at the forefront of this battle, grappling with the burden of zoonoses while striving for sustainable development. Over the past decade, the continent has seen a significant rise in zoonotic disease outbreaks. Several interconnected factors drive this increasing burden of zoonotic diseases, including but not limited to rapid human population growth, greater demand for animal products, expansion of animal populations, wildlife habitat destruction, globalization, cultural practices, and climate change. The African Union (AU), in an effort to respond to the burden of zoonotic diseases, established the AU One Health Coordination Group on Zoonotic Diseases to mobilize resources, expertise, and political will to formulate an African Union One Health Zoonotic Disease Prevention and Control Strategy tailored to the continent's unique challenges and opportunities. The goal is clear: reduce mortality, minimize morbidity, and avert the economic losses brought about by zoonotic diseases.

Aligned with the visionary AU Agenda 2063 and bolstered by the principles of the One Health approach, this strategy embodies our shared vision for sustainable health systems capable of effectively reducing the impact of zoonotic diseases on the continent. The strategy sets forth ambitious goals and practical measures to enhance surveillance, strengthen healthcare systems, promote research and innovation, and foster cross-border collaboration. Moreover, this strategy underscores the imperative of partnerships. Recognizing that the fight against zoonotic diseases transcends national boundaries, we embrace a collaborative ethos, engaging stakeholders at all levels – from communities to international organizations – to forge a united front against this common threat.

As we embark on this journey, we acknowledge the formidable challenges ahead. Yet, we are imbued with a sense of optimism, reinforced by the continent's resilience, ingenuity, and unwavering commitment to collective action. Together, we stand ready to transform the landscape of zoonotic disease prevention and control in Africa, safeguarding the health and well-being of current and future generations.

Therefore, we call for collective action from Member States, regional economic communities, and global partners to implement the strategy and create or strengthen multi-sectoral coordination mechanisms aimed at reducing the burden of zoonotic diseases within our shared strategic vision and goals for building a healthier, more prosperous Africa.

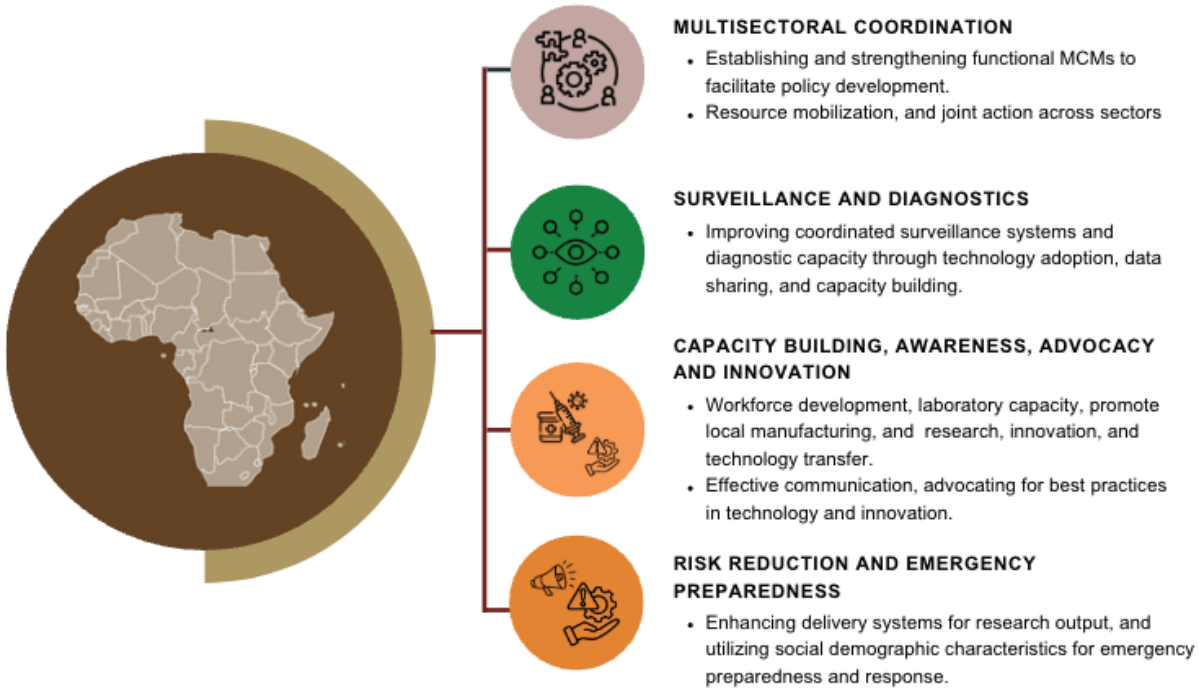
H.E. Dr. Jean Kaseya
Director General, Africa CDC

Dr. Huyam Salih
Director, AU-IBAR

EXECUTIVE SUMMARY

Africa bears a significant burden of zoonotic diseases due to the presence of competent vectors and environmental conditions conducive to the emergence and spread of diseases with pandemic potential. Zoonotic influenza viruses and viral hemorrhagic fevers like Ebola, Marburg, Lassa fever, and Rift Valley fever (RVF) are some of such diseases that cause severe threats. From 2001 to 2022, zoonotic disease outbreaks accounted for 33% of public health emergencies in Africa, resulting in severe illness, fatalities, and economic losses. The high incidence of these outbreaks, combined with their impact on human and animal health, livelihoods, and national health systems, underscores the urgent need for robust early warning surveillance and preventive measures. Recognising the urgent need for action, the AU, through the established AU One Health Coordination Group on Zoonotic Diseases, embarked on the development of an AU Zoonotic Disease Prevention and Control Strategy. Rooted in a One Health approach and leveraging the AU's convening power and advocacy for political support at national, regional, and continental levels, the strategy aims to improve and strengthen One Health activities and the coordination and harmonization of efforts across AU Member States and with partners for zoonotic diseases prevention and control.

In this five-year zoonotic disease prevention and control strategy (2025–2029) the AU will focus on the following key areas in an effort to reduce the impact of zoonotic diseases:



MULTISECTORAL COORDINATION

- Establishing and strengthening functional MCMs to facilitate policy development.
- Resource mobilization, and joint action across sectors

SURVEILLANCE AND DIAGNOSTICS

- Improving coordinated surveillance systems and diagnostic capacity through technology adoption, data sharing, and capacity building.

CAPACITY BUILDING, AWARENESS, ADVOCACY AND INNOVATION

- Workforce development, laboratory capacity, promote local manufacturing, and research, innovation, and technology transfer.
- Effective communication, advocating for best practices in technology and innovation.

RISK REDUCTION AND EMERGENCY PREPAREDNESS

- Enhancing delivery systems for research output, and utilizing social demographic characteristics for emergency preparedness and response.

ACKNOWLEDGMENTS

The African Union One Health Zoonotic Disease Prevention and Control Strategy was developed through a consultative process involving subject matter experts in One Health and zoonotic diseases drawn from Member States, Regional Economic Communities, international organizations, and various AU organs and divisions involved in One Health actions. Strategic leadership was provided by the African Union One Health Coordination Group for Zoonotic Diseases through Africa CDC and the AU-IBAR joint secretariat.

The African Union One Health Coordination Group for Zoonotic Diseases extends its sincere appreciation to the representatives of national governments, regional economic communities, regional health institutions, research institutions and civil society organizations for their insights, collaboration, and valuable inputs. Their contributions have ensured that this document addresses the one health priorities of the continent.

We also extend heartfelt thanks to various AU organs and departments, including the African Union Pan African Veterinary Vaccine Centre (AU-PANVAC), African Union Education, Science, Technology and Innovation Department (ESTI); the African Union Development Agency AUDA-NEPAD); the African Union Scientific, Technical and Research Commission (AU-STRC); the African Union Inter-African Phytosanitary Council (AU-IAPSC) and the Directorate for Sustainable Environment and Blue Economy (SEBE). Additionally, we commend members of the AU One Health Coordination Group for Zoonotic Diseases for their valuable contributions towards the development of this Strategy and action plan. We express our sincere gratitude to the leadership of Africa CDC, AU-IBAR, and AU-PANVAC for their steadfast commitment and guidance steering this initiative to fruition.

Special appreciation goes to the Africa CDC's One Health Unit for spearheading the process of the development and subsequent revisions. The remarkable support and guidance of the Communications Directorate of Africa CDC is also appreciated.

We recognized the technical contributions received from international partners, including the Regional Quadripartite Organizations; WHO, FAO, UNEP, and WOAH; regional and global partners (United States Centers for Disease Control and Prevention (US CDC), International Livestock Research Institute (ILRI), and AFROHUN). We are particularly grateful to all experts who provided peer review guidance and contributions to the strategy (listed in the appendix). Their invaluable insights, technical expertise, and commitment to addressing zoonotic threats have been instrumental in shaping a robust strategy.

Lastly, we gratefully acknowledge the support provided by the Global Programme for Pandemic Resilience and One Health through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) , Team Europe and the World Bank, whose financial contributions made the realization of this key achievement possible.

1. INTRODUCTION

1.1. Zoonotic Diseases

Humans, animals (domestic or wildlife), and the environment contribute to the emergence, re-emergence, and transmission of infectious diseases (1). Up to 75% of human pathogens originate from animals and approximately 60% of emerging infectious diseases are zoonotic (2). Zoonotic diseases (zoonoses) are defined as diseases or infections whose transmission occurs naturally between vertebrate animals and humans (3). Approximately 85% of the public health emergencies of international concern (PHEICs) are zoonotic, including the 2009 Influenza A virus subtype H1N1 pandemic, the 2014–2016 Ebola outbreaks in West Africa, the 2015–2016 Zika virus outbreaks, the 2018–2020 Kivu Ebola epidemic, the COVID-19 pandemic, and the 2022 and current mult-countrympox outbreak (4).

Zoonoses are classified into three categories:

- endemic zoonoses, which affect humans and animals and are consistently present in specific locations;
- epidemic zoonoses, which occur sporadically in temporal and geographical distribution;
- and emerging or re-emerging zoonoses, which are novel to a population or have previously occurred but undergo a fast rise in incidence and geographical spread resulting in outbreaks (2).

Examples of emerging and re-emerging zoonoses reported recently include Severe Acute Respiratory Syndrome (SARS), pandemic influenza H1N1, Rift Valley fever, yellow fever, avian influenza, West Nile virus, Ebola, anthrax, and mpox (3). Zoonoses are also classified based on aetiology, including bacterial (e.g. tuberculosis, anthrax, brucellosis, salmonellosis), viral (e.g. Ebola, rabies, avian influenza), parasitic (e.g. trematodes, echinococcosis), fungal (e.g. ringworm), chlamydial (e.g. psittacosis), rickettsial (e.g. Q-fever), protozoal, and mycoplasmal zoonoses; as well as diseases caused by acellular non-viral pathogenic agents (e.g. transmissible spongiform encephalopathies and mad cow disease) (5, 6). Zoonotic spillovers occur when pathogens are transmitted from wild animals to humans (7). In certain cases, following the initial transmission of a pathogen from an animal to a human being, genotypic and/or phenotypic changes amplify the virulence of the pathogen and allow for subsequent human-to-human transmission (8).

Zoonotic diseases can spread via different routes. Transmission can occur via direct contact with infected animals or fomites, such as contact with the animal's bodily fluids, for example blood, saliva, urine, faeces, etc.; consumption of improperly cooked or handled animal products; vectors that have previously fed on infected animals; or exposure to a contaminated environment, such as soil or water (9). Globally, it has been estimated that zoonoses account for 2.5 billion cases of human illness and 2.7 million deaths annually (10).

One Health, defined by the One Health High-Level Expert Panel (OHHLEP) as an integrated, unifying approach that aims to sustainably balance and optimize the health of humans, animals, plants, and ecosystems, recognizes the close link between the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) (11,12). Thus, it is pivotal in the prevention and control of zoonotic diseases. The approach has gained traction among animal, human, and environmental health sector actors to collaboratively tackle health challenges at the animal-human-environment interfaces. Therefore, the AU intends to address zoonotic diseases by taking a One Health approach that involves the collaboration between human, animal and environmental health sectors, as well as other relevant stakeholders, in the design and implementation of programmes, policies, legislation and research intended to achieve better health outcomes for all. In addition to

the identification and control of shared health threats, strategies incorporating a One Health approach can also lead to more sustainable and cost-effective programme implementation where resources and responsibility are shared across all relevant stakeholders.

1.2. Global Impact of Zoonoses on Public Health

Zoonotic diseases contribute 10% of the global disability-adjusted life years (DALYs) (13). In low- and middle-income countries (LMICs), zoonotic diseases are responsible for about 20% of human illnesses and deaths (11). In Africa, zoonotic diseases account for approximately 26% of DALYs due to infectious diseases (11). This high burden highlights the critical need for improved surveillance and response systems. However, the lack of comprehensive data due to underreporting or non-reporting of cases has resulted in the underestimation of the true impact of zoonotic diseases. This unreliable disease data hampers effective intervention strategies for both human and animal populations.

1.3. Impact of Zoonoses on Economies

The World Bank estimates zoonotic diseases have resulted in greater than $20 billion in direct costs, with an additional $200 billion in indirect economic losses over one decade (12). Outbreaks lead to a significant loss of productivity as illness prevents people from working, causing a decline in gross domestic product, and straining healthcare and food production systems. Industries that are particularly vulnerable to outbreaks, such as agriculture and tourism, suffer significant financial losses. For instance, a 2009 study in West Cameroon revealed that cysticercosis led to a 30% reduction in the value of pigs, illustrating the economic impact on livestock and the importance of measuring the burden of disease through metrics like animal loss equivalent (ALE) (14).

The cost associated with controlling and containing outbreaks is also substantial. Cross-border diseases in particular pose a significant threat to public health and economies, as they can affect multiple countries and lead to high opportunity costs. During outbreaks, control and prevention measures such as travel restrictions, quarantine measures, and border closures disrupt trade and impede the movement of people and goods, leading to significant economic losses. Furthermore, the fear of contracting diseases can deter travel, adversely affecting tourism and related industries. The interplay of these factors caused the global economy to shrink by 34% during the COVID-19 pandemic in 2020, pushing nearly 34 million people into extreme poverty (15). Thus, investing in robust disease surveillance, prevention, and control measures is imperative to curb the spread of cross-border diseases and minimize potentially catastrophic economic losses.

1.4. Impact of Zoonoses on the Ecosystems

Zoonotic diseases are a reminder of the interconnectedness of human health and the health of ecosystems. Zoonoses significantly impact ecosystems by disrupting animal population dynamics and the intricate balance of natural habitats. Zoonotic disease outbreaks can cause a rapid reduction in specific animal populations, which affects the entire food chain. For instance, if a disease significantly reduces the population of a prey species, it threatens the survival of predators that depend on that prey for survival (13). This imbalance can lead to the overpopulation of other species, further disrupting the ecological equilibrium. Additionally, the transmission of zoonotic diseases between wildlife species can cause population declines, and habitat alterations, which further disrupt ecosystems and food chains, leading to more severe ecological consequences. Such biodiversity losses threaten Africa's rich natural resources. Some researchers have implied that the reduction in natural diversity increases the risk of human exposure to both new and established zoonotic pathogens, while also lowering the likelihood of the emergence of new ones; a contradiction that makes it challenging to develop policy and management recommendations related to the relationship between biodiversity and zoonotic diseases (15–18). However, there is a consensus that drastic changes caused by zoonotic diseases alter the composition and function of ecosystems and can lead to long-term ecological disruptions that may take several years to rectify. It is also well documented that zoonotic diseases can cause serious and even life-threatening clinical conditions in animals (19).

2. ZOONOTIC DISEASES IN AFRICA: SITUATION ANALYSIS

2.1. The Growing Threat from Zoonotic Diseases in Africa

Emerging zoonoses, such as Mpox, COVID-19, and avian influenza, are increasingly threatening public health in Africa. These diseases not only compromise animal health and productivity but also endanger the livelihoods of people who work with animals. The resulting morbidity and mortality among humans and animals underscore the critical need for effective outbreak prevention and control (19). A recent analysis by the World Health Organization (WHO) revealed a 63% rise in zoonotic outbreaks in Africa from 2012 to 2022 compared to the previous decade, highlighting the urgent need for stronger preventative measures in areas with high human-animal interactions (19).

Zoonotic diseases pose a particularly severe risk in LMICs across Africa, where dependence on livestock and bushmeat is substantial (20–23). While high-income countries have managed to reduce or eliminate many zoonoses through expensive interventions, LMICs face significant challenges due to inadequate healthcare infrastructure. This disparity results in a greater burden of zoonotic diseases in LMICs, which are more vulnerable to the impacts of these diseases (24).

2.2. Factors Driving the Emergence and Spread of Zoonotic Diseases

The environmental and social changes of the world's expanding population are affecting the way infectious diseases spread across the globe. The increase in air travel to and from high-burden areas is contributing to the increasing introduction of vector-borne or zoonotic pathogens to new regions. The abundance of human-commensal species, such as rats, is increasing alongside urbanisation and deforestation, raising the opportunity for human transmission of zoonoses. Other factors, including migrations; natural disasters and climate change; cultural practices such as hunting, poaching, bushmeat consumption and trade; as well as mass and unregulated tourism, also enhance the emergence and dissemination of zoonotic diseases (25, 26).

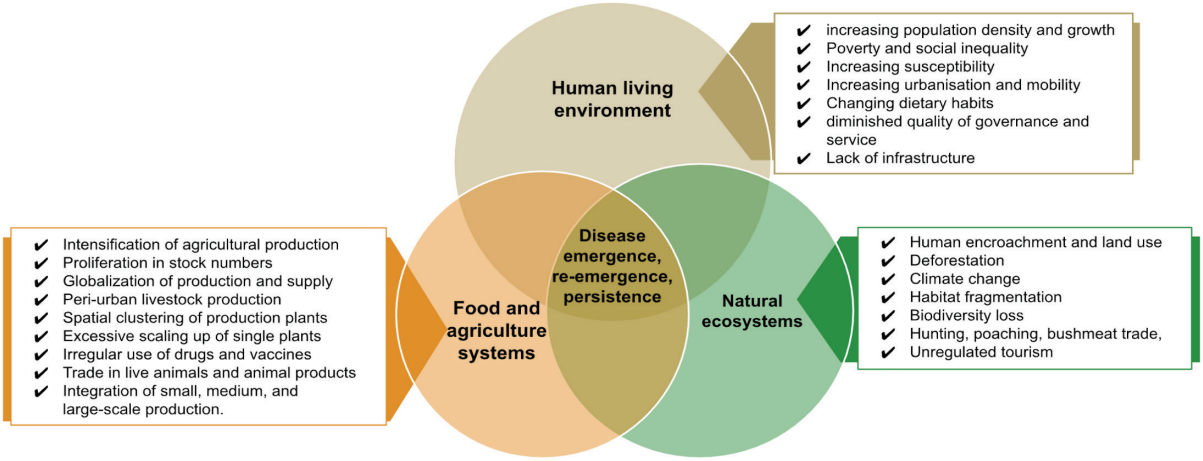


Figure 1: Inter-relationships between human health, natural ecosystems, and food systems

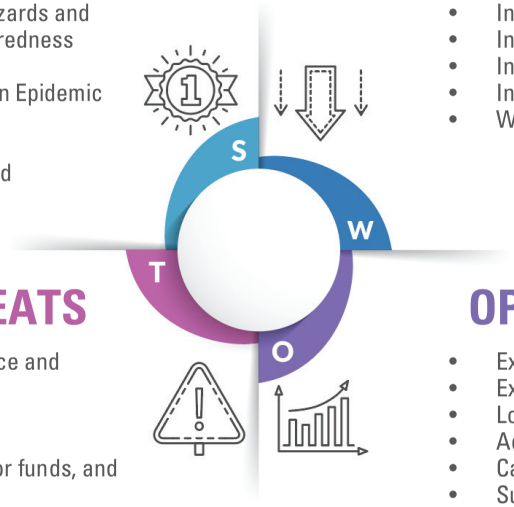
1.1. SWOT Analysis of the African Union's Efforts in Addressing Zoonotic Diseases

STRENGTHS

- Political mandate, resource mobilization, and convening power for coordination.
- Specialized technical institutions such as Africa CDC, IBAR, PANVAC, STRC, IAPSC, and within RECs.
- Existing continental frameworks like AU Agenda 2063, AHS, ANHS, AMA, STISA, AHSA1 and regulations on food safety and AMR for coordinated action.
- National One Health strategic plans, along with national, regional, and continental platforms.
- Skilled human resources at various levels.
- Networks of Chief Veterinary Officers (CVOs), directors of public health institutes, directors of vaccine-producing laboratories, and local accreditation of diagnostics and vaccine manufacturing (e.g. PANVAC, AU-NEPAD).
- Existence of early warning and action systems for hazards and climate change resilience strategies to bolster preparedness efforts.
- Africa CDC Regional Coordination Centres and African Epidemic Service (AES).
- Collaborative partnerships e.g. Quadripartite.
- Strong research institutes and knowledge-sharing and management platforms across the continent.

WEAKNESSES

- Weak multisectoral coordination at national, regional, and continental level.
- Weak collaboration across One Health sectors.
- Inadequate skilled human resources capacities.
- Paucity of data and underreporting or zero reporting.
- Inadequate data sharing among sectors and stakeholders.
- Insufficient use of innovative technologies.
- Inadequate and unsustainable funding.
- Misdiagnosis and limited diagnostic capacity.
- Limited availability and accessibility to quality medicines, vaccines, and therapeutics.
- Limited implementation of national, regional, and continental strategies.
- Limited involvement of the private sector.
- Insufficient policies, strategies, and programmes
- Inadequate research agenda.
- Inadequate resources for the implementation of different frameworks.
- Inadequate consideration of plant and ecosystem health.
- Weak monitoring, evaluation, and learning (MEL) system



THREATS

- Political and social unrest hinder disease surveillance and response efforts.
- Antimicrobial resistance.
- Emerging pathogens and pandemics e.g. COVID-19.
- Socioeconomic factors, e.g. poverty, dwindling donor funds, and global economic crises.
- Human resource challenges, e.g. brain drain, high staff turnover.
- Environmental and ecological changes, e.g. climate change, environmental degradation, population expansion.
- Cultural and behavioral factors, e.g. cultural beliefs and practices.
- Government priorities and insecurity divert attention and resources away from disease control programmes.
- Diversion of funds and limitation of global funding support.

OPPORTUNITIES

- Existence of active private sector.
- Existence of technologies.
- Local vaccine manufacturing.
- Advocacy through the Regional Economic Communities.
- Capacity-building programmes, e.g. National FELT and ISA-VET.
- Surveillance systems such as EWARS, IBS, EBS, CBS, and EMPRES-AH, along with GLEWS and EMS, for early detection and response.
- Global frameworks, tools, and standards support harmonized efforts MS.
- Community engagement, e.g. farmers.
- Commitment of partners.
- Rich biodiversity of Africa.
- Existing international agenda on pandemic financings.

3. AFRICAN UNION RESPONSE TO ZOONOTIC DISEASES

The global response to zoonotic diseases has markedly evolved, exemplified by development of the various strategies and frameworks such as the One Health Joint Plan of Action (OH JPA) (2022–2026), and the Tripartite Guide to Addressing Zoonotic Diseases in Countries (27) to strengthen national and regional health systems through multisectoral and international cooperation to ensure the holistic well-being of humans, animals, plants, and the environment. In response to the growing threat of zoonotic diseases and reflecting the UN consensus on priorities, the AU established a One Health Coordination Group on Zoonotic Diseases in 2022 (28). This interagency group comprises several AU offices that have been mandated to deal with various aspects of human and animal health interventions, including the following:

- AU chairperson's office or deputy chairperson's office;
- Pan African Veterinary Vaccine Centre (AU-PANVAC);
- Inter-African Bureau for Animal Resources (AU-IBAR);
- Africa Centres for Disease Control and Prevention (Africa CDC);
- Education, Science, Technology, and Innovation (ESTI) Department;
- Women, Gender and Youth Directorate (WGYD);
- The Citizens and Diaspora Organizations (CIDO);
- The New Partnership for Africa's Development (NEPAD);
- Scientific, Technical and Research Commission (STRC);
- Inter-African Phytosanitary Council (IAPSC);
- Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC);
- The Directorate for Sustainable Environment and Blue Economy (SEBE); and
- Department of Health, Humanitarian Affairs and Social Development.

The interagency coordination group seeks to strengthen zoonotic disease control activities among AU agencies, support Member States, and regional economic communities (RECs), and coordinate these efforts with partners, including UN agencies, research and academia, development partners, donors, and non-governmental agencies.

Africa's RECs have made significant progress in institutionalising the One Health approach. In 2017, Economic Community of West African States (ECOWAS) Member States adopted the Regional One Health Coordination Mechanism and established a One Health Secretariat, which includes key representatives from sectors such as health, disease surveillance, animal health, and the environment. This secretariat facilitates multisectoral coordination in the region (29). The East African Community (EAC) secretariat has developed essential documents, including a regional contingency plan, a risk and crisis communication strategy, and SOPs for One Health. The EAC is currently finalizing its Regional One Health Strategy, which, once adopted, will mainstream One Health activities across the region (30). In the Southern African Development Community (SADC), the Secretariat and Member States have validated the Southern African Programme for One Health, laying the groundwork for a long-term integrated One Health approach. These efforts demonstrate the RECs' growing commitment to embedding One Health into regional policy and practice (31).

4. PURPOSE SCOPE AND STRATEGIC ALIGNMENT OF THE STRATEGY

The purpose of this AU One Health Zoonotic Disease Prevention and Control Strategy is to clearly articulate key actions to be taken to improve and strengthen One Health activities for zoonotic disease prevention and control across AU Member States. This document aligns with the current AU Agenda 2063: "The Africa We Want"[1], the New Public Health Order, and the AU Animal Health strategy.

5. VISION, MISSION, AND GUIDING PRINCIPLES

The AU One Health Zoonotic Disease Prevention and Control Strategy's vision, mission, and goals draw on the existing continental and global commitments, particularly the AU Agenda 2063: "The Africa We Want" and the UN 2030 Agenda for Sustainable Development, including the Sustainable Development Goals.

5.1. Vision

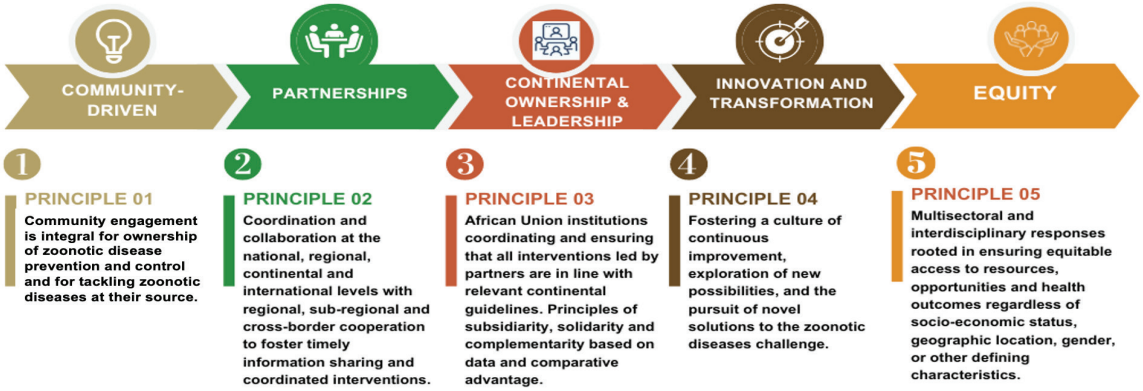
Sustainable health systems capable of effectively reducing the impact of zoonotic diseases on the continent.

5.2. The African Union Mission against Zoonotic Diseases:

The AU coordinates a continent-wide effort to safeguard the health and well-being of Africa's people, animals, and ecosystems through prevention and the control of zoonoses and reduction of burden and impact of zoonotic diseases.

5.3. Guiding Principles

The implementation of this strategy by the AU and key stakeholders will be guided by the following principles:



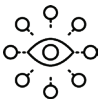
1 https://au.int/Agenda2063/popular_version

Community-driven or community-centric approach: Community engagement is integral for ownership of zoonotic disease prevention and control and for tackling zoonotic diseases at their source.

- **Partnerships:** Coordination and collaboration at the national, regional, continental and global levels with regional, sub-regional, and cross-border cooperation to foster timely information sharing and coordinated interventions.
- **Continental ownership and leadership:** With AU institutions coordinating and ensuring that all interventions led by partners are in line with relevant continental guidelines. Principles of subsidiarity, solidarity, and complementarity based on data and comparative advantage.
- **Innovation and transformation:** Fostering a culture of continuous improvement, exploration of new possibilities, and the pursuit of novel solutions to the challenges around zoonotic diseases.
- **Equity:** Multisectoral and interdisciplinary responses rooted in ensuring equitable access to resources, opportunities, and health outcomes regardless of socio-economic status, geographic location, gender, or other defining characteristics.

Within the next five years (2024–2029), the AU will strive to:

Improve governance of One Health Multisectoral Coordination Mechanisms for zoonotic disease control at regional and national levels.

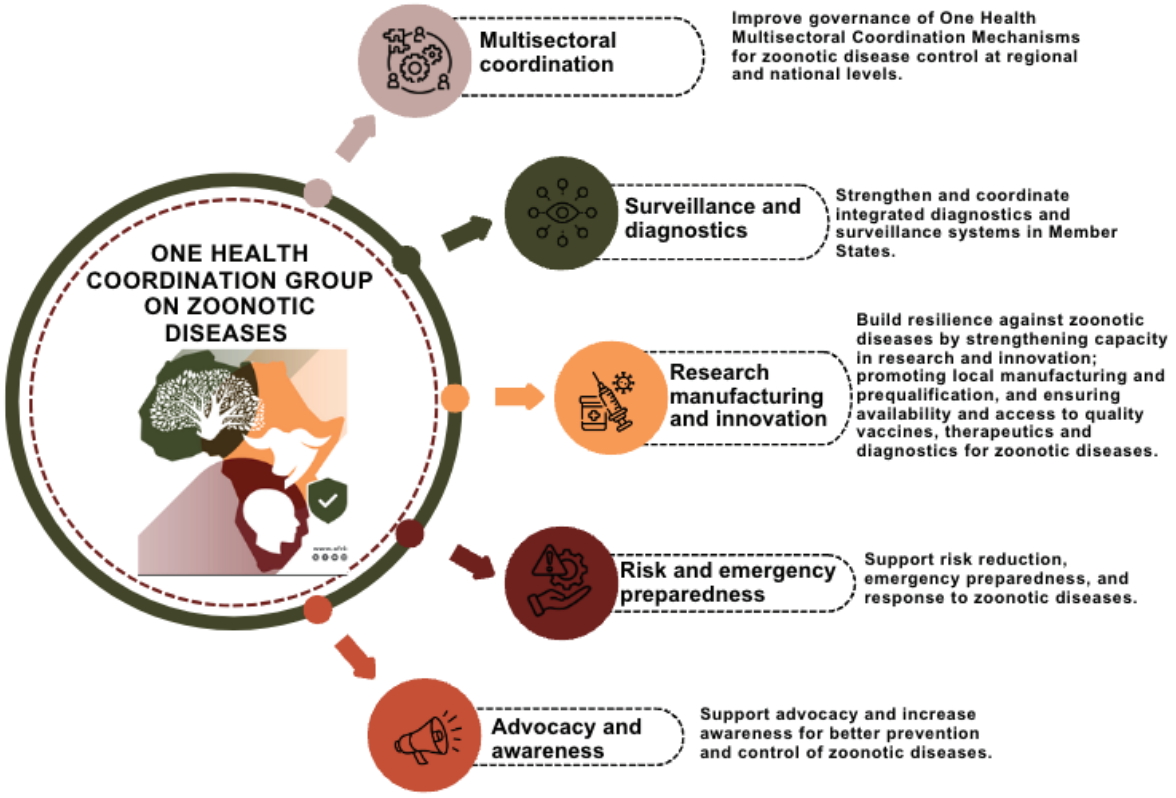


Strengthen and coordinate integrated diagnostics and surveillance systems in Member States.

Build resilience against zoonotic diseases by strengthening capacities including in research and innovation, promoting local manufacturing and regulatory approval, prequalification, and ensuring availability and access to quality vaccines, therapeutics, and diagnostics for zoonotic diseases.

Support risk reduction, emergency preparedness, and the response to zoonotic diseases.

Support advocacy and increase awareness for better prevention and control of zoonotic diseases.


ONE HEALTH COORDINATION GROUP ON ZOONOTIC DISEASES
Multisectoral coordination
Improve governance of One Health Multisectoral Coordination Mechanisms for zoonotic disease control at regional and national levels.
Surveillance and diagnostics
Strengthen and coordinate integrated diagnostics and surveillance systems in Member States.
Research manufacturing and innovation
Build resilience against zoonotic diseases by strengthening capacity in research and innovation; promoting local manufacturing and prequalification, and ensuring availability and access to quality vaccines, therapeutics and diagnostics for zoonotic diseases.
Risk and emergency preparedness
Support risk reduction, emergency preparedness, and response to zoonotic diseases.
Advocacy and awareness
Support advocacy and increase awareness for better prevention and control of zoonotic diseases.

6. GOVERNANCE AND STAKEHOLDERS

Many organizations have mobilized resources to help address zoonotic diseases. The quadripartite organizations of the WHO, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), and the World Organisation for Animal Health (WOAH) provide national governments with guidelines and tools and provide support to develop and implement national action plans on zoonotic diseases. Many research networks, such as the International Livestock Research Institute (ILRI), and academic centres are conducting studies to assess the burden of zoonoses and approaches to reduce their emergence and transmission on the continent. The AU One Health Coordination Group on zoonotic diseases serves as the primary coordinator for zoonotic disease control on the continent, serving as a platform that supports the work of Member States, RECs, UN agencies, and other organizations. The formal engagement of Member States, RECs, and UN agencies by the AU One Health Coordination Group on zoonotic diseases will involve various modalities designed to ensure effective collaboration, information sharing, and a balance between top-down leadership and bottom-up insights. These modalities include regular review meetings and consultations, joint technical working groups with representatives from Member States, RECs, UN agencies, and other stakeholders, as well as capacity-building initiatives, workshops, and technical assistance. Additionally, monitoring and evaluation frameworks will be utilized by all stakeholders to track progress and ensure effective implementation.

The coordination group prioritizes continent-wide efforts to increase political commitment, mobilize resources, and promote policies that improve zoonotic disease prevention and control across human, animal, and environmental health sectors.

7. STRATEGIC GOALS AND OBJECTIVES

Strategic Goal 1: Improve governance of One Health Multisectoral Coordination Mechanisms for zoonotic disease control at regional and national levels.

The nature of zoonotic diseases to spread between humans and animals through a shared environment necessitates collaboration between the human, animal, and environmental health sectors. Therefore, to efficiently prevent and control zoonotic and emerging infectious diseases, there is a need for human and animal health practitioners, as well as environmentalists and ecologists, to work together under the One Health approach, involving the whole of government and non-state actors (27).

"A multisectoral, One Health coordination mechanism (MCM) for zoonotic diseases refers to any formalised, standing group that acts to strengthen or develop collaboration, communication, and coordination across the sectors responsible for addressing zoonotic diseases and other health concerns at the human-animal-environment interface" (27). MCMs (sometimes referred to as a One Health taskforce or platform) bring together experts from different sectors, agencies, and disciplines to successfully manage zoonotic diseases and other challenges in the human-animal-environment interface (30). They provide the potential benefit for efficient coordination and communication from a single group representing all relevant sectors and facilitate the coordination of administrative and technical activities that are required for a successful zoonotic disease response (32).

When dealing with zoonotic disease events, a lack of joint preparation and established mechanisms for collaboration can result in delayed detection and response, and poorer health outcomes. Limited coordinated planning, information sharing, assessment, and control activities across all relevant sectors can obstruct and complicate the implementation of effective disease control programmes. Therefore, it is important to have functional MCMs that coordinate zoonotic disease response.

Objective 1.1. Support the establishment and strengthening of functional MCMs.

MCMs involve structured collaboration and communication among different sectors such as human, animal, and environmental health, and other relevant stakeholders principally to control emerging, endemic and re-emerging zoonoses. The Tripartite Zoonotic Disease Guide (TZG) highlights the pivotal role of MCMs in addressing the complexities of zoonotic diseases. Through integration, MCMs aim to dissolve the siloed mentality traditionally associated with preventing, detecting, controlling, and eliminating zoonotic diseases. Some of the key objectives of MCMs are to increase the sharing of often limited resources and expertise, reduce duplication of efforts, and spur innovative solutions through the One Health approach. The TZG, provides a framework for countries to adopt the One Health MCM approach in their zoonotic disease prevention and control strategies. By encouraging collaboration across sectors – human, animal, and environmental health, agencies, and academic institutions – MCMs facilitate a more comprehensive understanding of zoonotic diseases and promote efficient use and sharing of resources and expertise.

Effective zoonotic disease prevention and control requires a multidisciplinary and multisectoral collaboration that is rooted in a One Health approach. About 21 countries in Africa have institutionalized the One Health approach by establishing One Health platforms or MCMs (33). Without politically supported MCMs, data and resource sharing are challenging, and issues linked to insufficient domestic financing remain prominent. Recognizing that some regional institutions, such as RECs (e.g. ECOWAS),

have already established MCMs to support their Member States, the AU can leverage these RECs' efforts to enhance coordination and exchange among Member States. In doing so, the AU may also need to provide support to strengthen MCMs at the regional level. To improve coordination for zoonotic diseases, the AU will implement the following **priority activities:**

a. Support Member States and RECs to have MCMs formalized through legal and policy frameworks.
b. Support Member States in assessing and documenting lessons learnt and best practices.
c. Support Member States and RECs to establish/strengthen and institutionalize/operationalize MCMs to effectively address zoonotic diseases.
d. Building the capacity of Member States to mobilize domestic and external resources for MCMs functioning and priority zoonotic disease control plans.
e. Monitor, evaluate, and report on the functions of MCMs. Support countries in assessing their MCMs using the quadripartite zoonotic guide operational tools.

Objective 1.2. Support the development and implementation of national, and regional strategies, frameworks, and action plans on zoonotic diseases in line with global frameworks and standards.

The development and implementation of strategies, frameworks, and action plans that guide the response to zoonotic diseases is foundational for strengthening systems and coordination across human, animal, plant, environmental health and relevant sectors and stakeholders. Strategies and frameworks tailored to national and regional contexts while aligning to global agendas are critical for improving public health outcomes. Therefore, efforts should be made to enhance the current initiatives that align with regional strategies such as the EAC strategy for the control of transboundary animal diseases and zoonoses, continental, and global frameworks such as the quadripartite OH JPA to address existing gaps in the management of zoonotic diseases. The AU will implement the following **priority activities** in alignment with the regional and global frameworks for zoonotic diseases:

a. Promote the development and implementation of relevant national and regional strategies, frameworks, and action plans at REC, including OH JPA.
b. Support Member States' MCMs to implement national strategic plans for zoonotic disease including through supporting regular strategy reviews (e.g. midterm reviews) and reprioritization, assessments of the alignment with other existing regional, continental, and global strategic frameworks to inform resource mobilization and advocacy.
c. Strengthen human resources and institutional capacities at national and regional levels to prevent, manage, and mitigate the occurrence, effects, and impact of zoonotic diseases.
d. Build and strengthen the capacity of MCMs to contribute to zoonotic diseases priorities of regional importance and greatest concern; including endemic, emerging and re-emerging epidemic disease threats.
e. Support Member States' MCMs to develop strategies and costed action plans for priority zoonotic diseases.

Strategic Goal 2: Strengthen and coordinate diagnostics and surveillance systems in Member States

Understanding the impact of zoonotic diseases in Africa is hindered by a lack of reliable data, making it difficult for governments and policymakers to implement effective legislation at all levels (26). The Africa Regional Strategy for Integrated Disease Surveillance and Response (IDSR), launched over a decade ago, set goals to enhance public health surveillance and response systems

across the continent, aiming for 90% national coverage of IDSR. However, implementation has been uneven among Member States due to limited resources and overburdened surveillance and reporting systems (26). Additionally, the AU-IBAR supports Member States in implementing Animal Disease Surveillance Systems (ADSS) that support effective disease control programmes. Despite these efforts, collaboration between human and animal health sectors remains insufficient, leading to frequent misdiagnoses and an underestimation of the true burden of zoonotic diseases (34). Moreover, most Member States rely on indicator-based surveillance (IBS) systems, which often experience delays. To strengthen surveillance for timely response, Africa CDC established the Regional Integrated Surveillance and Laboratory Network (RISLNET)[2] and developed the Framework for One Health Practice in National Public Health Institutes, which emphasizes a collaborative approach in zoonotic disease surveillance. It also published the second Events-based Surveillance Framework (2023) aiming to support effective detection and investigation of events and other health risks with an early warning objective.

Africa CDC aims to support implementation efforts by leveraging the capabilities of existing continental surveillance systems and frameworks, as well as those operational within Member States with the goal of supporting the establishment of a coordinated system for collection of high-quality data that is accessible, easy to use, and can be analysed and interpreted to guide informed policy.

To date, One Health-related data on zoonoses, epidemics, pandemics, foodborne diseases, and antimicrobial resistance (AMR) has been hindered by sector silos, leading to slow information creation and digital intelligence (34). This lack of harmonization and integration of data platforms, particularly within human, animal, and environmental sectors, has resulted in information loss, gaps, and, ultimately, poor One Health governance and management. To be more effective, a systems-based approach should embrace innovative joint solutions and technologies. A strong unified drive towards sharing information, knowledge, and experiences on all three One Health domains (animal health, human health, and environmental health) is needed.

Objective 2.1. Increase the number of countries conducting surveillance on zoonotic diseases.

To ensure quality data is being collected, analysed, and reported on zoonotic diseases, including for at-risk populations, and to raise the profile of neglected zoonotic and vector-borne diseases, the AU will implement the following **priority activities:**

a. Support Member States to identify the policy, legal and technological barriers to conduct coordinated surveillance and work to mobilize political commitment, resources, and technical support to address these barriers.

b. Support Member States to assess national surveillance systems for zoonotic diseases.

c. Support Member States to establish/strengthen the capacity for coordinated surveillance systems for zoonotic diseases across relevant sectors.

Objective 2.2. Promote digitalization and information-sharing of zoonotic disease data in Member States.
Modern technologies and solutions have great potential to enhance our capacity to monitor and create response systems for emerging zoonotic diseases. Advanced analytics, artificial intelligence, the Internet of Things, remote sensing, and molecular tools can strengthen surveillance capabilities by enabling real-time monitoring, predicting outbreak risks, and detecting anomalies at an early stage (35). Although these technologies have significant potential, implementation challenges related to aspects such as data integration, interoperability, cybersecurity, ethics, and policies must be addressed. Through digitalization and collaborative data-sharing practice, Member States can improve the speed and effectiveness of zoonotic disease prevention and control.

2 RISLNET is integrated into the operations of the Africa CDC Regional Collaborating Centres (RCCs), hence, there will be five RISLNET networks hosted at central Africa, eastern Africa, northern Africa, southern Africa, and western Africa RCCs.

The African Union One Health Information Policy and the associated Information Architecture that aims to support improvement of digital One Health governance and management, including enhancing Pan-African exchange and utilization of One Health information, has been endorsed by the Executive Council of the AU (36). The One Health information policy (OH-IP) and One Health information architecture (OH-IA) will guide Member States and institutions in Africa to design, develop, operate, use, and maintain local, regional, and continental digital One Health information platforms. This will facilitate the timely exchange of information among institutions from different domains nationally and across borders, enabling the integration and consolidation of information and the development of digital intelligence. The AU will implement the following **priority activities** towards this objective:

a. Develop, promote and implement the AU One Health digital platform.

b. Support the adoption and domestication of the continental digital One Health information policy.

c. Support Member States to develop and/or adopt common One Health indicators and harmonized data standards interoperable with existing national and regional systems.

d. Promote the coordinated sharing of information within sectors in Member States, and cross-border surveillance and information sharing for zoonotic diseases.

e. Support Member States and regions – Regional Coordinating Centres (RCC) and Regional Animal Health Centres (RAHC) – to establish and operationalize integrated One Health data-sharing platforms.

Objective 2.3. Support information sharing between surveillance systems for timely response.

Information sharing between surveillance and early warning systems is critical for the detection and monitoring of disease outbreaks, as well as for a timely response to public health emergencies. Despite the widespread use of Integrated Disease Surveillance and Response, Member States still face challenges in surveillance for zoonotic diseases. Issues like data quality, human resource constraints, and incomplete system integration persist. Additionally, most Member States rely on IBS systems, which often experience delays. Information sharing underpins the effectiveness of surveillance systems to inform preparedness and activate a timely response. Therefore, efforts should focus on fostering robust communication channels, enhancing data integration and sharing among national and regional surveillance systems. On this basis, the AU will implement the following **priority activities:**

a. Coordinate the development and implementation of agreements for sharing of zoonotic disease specimens, isolates, other materials, and data across countries and between regions.

b. Convene partners periodically in each region, and annually at the continental level to review protocols for data sharing, interpretation, and authorship.

c. Mobilize resources for sufficient staffing, infrastructure, administrative, and policy support, and funding for laboratory surveillance, capacity building, and data dissemination.

d. Support a comprehensive, continuously updated, and publicly available database of zoonotic diseases in Africa.

e. Assist Member States to interpret zoonotic disease surveillance data and revise guidelines or other policies.

f. Support the implementation of the 2023 Africa CDC Events-based Surveillance Framework in all One Health sectors.

Strategic Goal 3. Build resilience against zoonotic diseases by strengthening capacities including in research and innovation, promoting local manufacturing, regulatory approval, prequalification, and ensuring availability and access to quality vaccines, therapeutics, and diagnostics for zoonotic diseases.

In 2023, Africa experienced 180 public health emergencies, 75% of those relating to zoonotic diseases. A survey conducted across 15 Member States revealed challenges in diagnosing zoonotic diseases at different laboratory levels, with high variability in priority diseases and testing capacity across countries (37). Lower level laboratories often do not perform as well for diseases like Rift Valley fever as they do, for instance, for COVID-19. Inadequate national laboratory facilities hinder effective detection, monitoring, and response to priority zoonotic diseases. RISLNET coordinates and integrates all public health laboratories, surveillance, and emergency response assets, including public health data, to effectively support prevention, rapid detection, and response to current and emerging public health threats within defined geographic regions of Africa. This work is complemented by the West African Network of Biomedical Analysis Laboratories (RESAOLAB) a regional laboratory network of seven West African countries with the objective of improving laboratory services, building human resource capacity, and strengthening epidemiological surveillance (38).

Veterinary laboratories are also coordinated through regional alliances. The Eastern African Regional Animal Health Network (RAHN) brings together the Chief Veterinary Officers (CVOs) Network, the Eastern Africa Epidemiology Regional Network (EAREN), and the Eastern Africa Regional Laboratory Network (EARLN). It functions as a collaborative platform promoting coordination and collaboration among chief veterinary officers, epidemiologists, and laboratory professionals to ensure the effective and efficient prevention and control of transboundary animal diseases and zoonoses across the region. Similarly, the West and Central Africa Veterinary Laboratory Network for Avian Influenza and other transboundary diseases (RESOLAB) coordinates countries from West and Central Africa to develop diagnostic capabilities for transboundary animal and zoonotic diseases response (39).

Currently, human vaccine production in Africa is limited to less than 11 manufacturers that are located in Egypt, Morocco, Senegal, and South Africa (40). The majority of these manufacturers only undertake packaging, labelling, and fill-and-finish steps, with very limited upstream production. There are, however, more than 17 veterinary vaccine manufacturers with varying levels of production capacities in Africa (41). It is worth noting that there are around 80 sterile injectable facilities on the continent that could offer an opportunity for vaccine production (42).

Objective 3.1. Strengthen human and laboratory diagnostic capacity and networks.

In the face of emerging and re-emerging zoonotic diseases, the need for robust laboratory diagnostic capacity and networks for early detection, timely surveillance, and rapid response is essential to prevent spread and mitigate the impact on both public health and economies. Despite the recognized importance of laboratory networks, Member States face challenges related to limited diagnostic capabilities, inadequate infrastructure, and insufficient collaboration. These gaps hinder effective disease surveillance and response, often leading to delayed outbreak detection and increased transmission. To strengthen human and laboratory diagnostic capacity at national and regional levels, the AU will implement the following **priority activities:**

a. Support national and regional laboratory networks.

b. Promote partnerships and collaboration between public and private laboratories, centres of excellence, and academic research institutions to enhance zoonotic disease testing, diagnosis, and turnaround time.

Objective 3.2. Support the development, regulatory approval and prequalification of diagnostics for the control and surveillance of priority zoonotic diseases in Africa.

To accelerate access to diagnostics on the continent, the AU, through Africa CDC and in partnership with key partners, has launched the Africa Collaborative Initiative to Advance Diagnostics (AFCAD). The AFCAD aims to address four key objectives: promote local manufacturing of diagnostics; map, identify and build capacity of diagnostic centers of excellence (the Africa Biobanking Network); facilitate harmonization of regulatory processes and requirements; and global market negotiation. To bring the needed change in access to diagnostics, the AFCAD has to be supported by the regional and continental harmonization of regulatory processes for medical devices, including in vitro diagnostics (IVDs). Access to quality assured IVDs remains a major challenge in Africa, significantly impacting disease control and prevention efforts. On this basis, the AU will implement the following **priority activities:**

a. Support the evaluation and regulatory approval of essential diagnostics, vaccines, and therapeutics through continental agencies such as the African Medicines Agency (AMA) and the Pan African Veterinary Vaccine Centre (PANVAC).

b. Support mapping, identification, and capacity building of a network of accredited laboratories for the validation of diagnostics, vaccines, and therapeutics in Africa.

c. Advocate for resources to promote a robust AU procurement mechanism for priority zoonotic disease diagnostics in Africa in emergency situations.

Objective 3.3. Support vaccine development, qualification, registration, and medical countermeasures.

There are different programs that aim to improve global access to vaccines. In 2024 the Global Alliance for Vaccination and Immunization (GAVI) has committed to provide support for human rabies vaccines for post exposure prophylaxis as part of routine immunisation. This commitment will enable GAVI eligible countries to access vaccines under GAVI's co-financing policy. The funding, which endorses One Health by requiring countries to have evidence of a One Health coordination platform that has rabies control stakeholders at the national level, supports procurement of vaccines, associated supplies and vaccine introduction into routine immunization programs (43). Other organizations such as Coalition for Epidemic Preparedness Innovations (CEPI) target research and development of vaccines. CEPI has invested to develop two human Rift Valley Fever vaccines, one of which has entered clinical trials, in an effort to make the vaccine accessible (44). Despite the existence of such investments, Africa needs to develop local vaccine manufacturing capacity.

In a bid to strengthen the continent's response to future pandemics and disease outbreaks, Partnerships for African Vaccine Manufacturing (PAVM) is spearheading the drive towards enhancing vaccine manufacturing capacity in Africa. The initiative seeks to enable Africa to produce 60% of its routine immunization demands by 2040, thereby averting scenarios such as the delays in accessing COVID-19 vaccines that African nations encountered. According to research, a few African vaccine manufacturers possess robust enough financial capabilities to access funding to set up vaccine production facilities but need to develop their commercial capabilities to establish a viable business case for producing the vaccines.

The AU, through its PANVAC mandate, provides international independent quality control services for veterinary vaccines produced in and imported to Africa, and monitors the production and distribution of essential diagnostic reagents for animal disease surveillance and diagnosis. PANVAC is an ISO 9001 certified, International Organization for Standardization/International Electrotechnical Commission 17025 accredited organization, and provides quality control for zoonotic disease vaccines such as rabies, anthrax, Rift Valley fever, brucellosis etc. PANVAC supports the transfer of vaccine

production and quality control technologies to AU Member States. On this basis, the AU will implement the following **priority activities:**

a. Foster strategic alliances and public-private partnerships to promote local veterinary and human vaccine development, manufacturing, qualification, registration, market access, and availability.

b. Support in building capacity and core competencies in the vaccine value chain, including technology transfer.

Objective 3.4. Strengthening research, innovation, and knowledge management of zoonotic diseases.

The Science, Technology and Innovation Strategy for Africa (STISA-2024) fosters social transformation and economic competitiveness through human capital development, innovation, value addition, industrialisation, and entrepreneurship. The One Health approach urgently requires collaborative and inclusive action towards the development, adoption, and utilization of novel technologies and innovations that will catalyse efficient health systems. Robust public and private partnerships need to be strengthened to be the springboard that propels the scaling up of innovations and technologies, as well as strengthening technology transfer at national and regional levels. The need to embrace science, technology, and innovation as tools of change within the One Health approach is pertinent. On this basis, the AU will implement the following **priority activities:**

a. Support Member States to establish and operationalize collaborative research, technology, and innovation hubs to promote One Health interventions.

b. Promote the development, adoption, utilization and scaling of apt customized technologies and innovations specific to One Health interventions, including digital technologies, diagnostics tools, surveillance, vaccines, etc.

c. Support the development of a list of new and incoming diagnostics for priority zoonotic diseases in Africa for evaluation and regulatory approval.

d. Provide technical assistance and support to Member States to define emergency research approval protocols to enable fast-paced research to accelerate the production of scientific evidence for decision-making during health emergencies.

e. Expand expert scientific knowledge through research, training, and knowledge management to produce evidence-based estimates of zoonotic disease prevalence and support effective preparedness and responses to public health emergencies.

f. Promote diagnostics research and development, and incorporate diagnostics research on priority diseases in the continental research agenda.

g. Accelerate research and development pipeline for drugs, vaccines, diagnostics, and public health interventions.

h. Establish and operationalize regional and continental networks of MCM.

Objective 3.5. Promote local manufacturing and availability and access to health products.

Africa CDC, in collaboration with its partners and Member States, has taken significant steps to support local manufacturing of vaccines, personal protective equipment (PPE), diagnostics, and therapeutics across the continent[3] (45). Developing local production capabilities as well as supply chain and procurement systems will reduce dependency on external sources and enhance supply chain resilience. This will improve timely access to quality vaccines, therapeutics, and diagnostics, tailored to the continent's specific health needs. This strategic approach will also support economic growth, strengthen public health infrastructure, and bolster the continent's ability to respond to zoonotic and other diseases effectively. The establishment of key continental agencies and coordination

3 Health products encompass a wide range of items, including vaccines, therapeutics, medical devices such as diagnostic tools, and personal protective equipment (PPE).

bodies, such as the Partnerships for African Vaccine Manufacturing, African Medicines Agency, the African pooled procurement mechanism and the Africa Pharmaceutical Technology Foundation, has significantly advanced the agenda for local manufacturing. On this basis, the AU will implement the following **priority activities:**

a. Support initiatives that promote local manufacturing of therapeutics; vaccines; medical devices; personal protective equipment (PPE); diagnostics, and assisted products; as well as cell-based therapies and their components, materials, or parts.

b. Facilitate accessibility and availability of health products.

c. Foster strategic alliances and partnerships to strengthen local manufacturing of health products in the public and private sector.

Strategic Goal 4: Support risk reduction, emergency preparedness, and the response to zoonotic diseases.

Prevention of future zoonotic disease emergencies is rooted in strengthening diseases control and prevention programs integrated across disciplines. In zoonotic disease emergencies, ensuring that relevant sectors are trained to work together effectively can lead to improved coordination and sharing of resources, thus reducing the time and cost associated with controlling outbreaks. National public health institutes (NPHIs) can develop their own sector-specific preparedness frameworks for local priority diseases; however, they should support participatory approaches that include all relevant sectors in preparedness and response activities, when feasible. These activities might include developing and implementing joint risk assessments, simulation exercises, and preparedness planning[4]. Understanding the modes of zoonotic disease emergence, transmission and quantifying the risk of transmission associated with a zoonotic pathogen is necessary to inform risk reduction measures. Reducing the risk of disease emergence, transmission and preventing the emergence and spread of zoonotic diseases involves a combination of individual, community, and governmental efforts. These should be tailored to specific diseases, contexts and their modes of transmission. Member States should determine the risk posed by zoonotic diseases based on documented evidence on anthropogenic factors, prevalence, severity, transmission, and population vulnerability. Response to zoonotic diseases should give special consideration to the vulnerability of at-risk groups based on the identified risks. Thus, preventing transmission in specific at-risk animal species, and prioritization of preventative measures and healthcare access for at-risk human vulnerable groups such as young children, patients who are immunocompromised, and women who are pregnant will result in a more effective and comprehensive zoonotic disease response.

Objective 4.1. Support workforce development at the national and regional levels for priority zoonotic diseases.

Mitigating the impact of zoonotic diseases requires strengthening the interdisciplinary health workforce. The health workforce plays an essential role in detecting, preparing for, responding to, and recovering from epidemics and pandemics and is essential to the maintenance of resilient communities and systems. The continental African Epidemic Service (AES), an initiative hosted and directed by Africa CDC in partnership with the AU, is one of the workforce development programmes in Africa that supports Member States in strengthening their preparedness and response through strengthening their workforce development. The initiative has three tracks of epidemiology, laboratory leadership and public health informatics aligning with Africa CDC's Framework for Workforce Development developed by a task team for workforce development (46). The epidemiology track of the AES has a two-year competency-based training programme, guided by the One Health approach, that

4 Additional considerations for implementing coordinated investigation and response activities are listed in the Tripartite Zoonosis Guide.

contributes and deploys a skilled workforce for disease prevention and response. The two-year public health informatics fellowship programme draft curriculum has also been approved in 2024, advancing the work of AES (47). These initiatives align with the 2014 Global Health Security Agenda, which emphasizes the importance of developing a strong interdisciplinary, multisectoral workforce, including livestock professionals, laboratory scientists, biostatisticians, veterinarians, field epidemiologists, data scientists, modellers and physicians who can cooperate to help countries develop core capacities in line with the International Health Regulations (48). In addition,

On this basis, the AU will implement the following **priority activities:**

a. Support Member States to develop and implement One Health workforce strategies for prevention and control of zoonotic diseases.

b. Strengthen and support joint multisectoral workforce and rapid response teams (such as the African Health Volunteers Corps {AVoHC-SURGE}) to prevent and control priority zoonotic diseases.

c. Support and equip the workforce for the development and implementation of programmes and strategies for the progressive control and elimination/ eradication of zoonotic diseases in line with global, continental, regional, and local priorities.

d. Advocate for capacity building for community-centric approaches and interventions that will address current, emerging, and re-emerging zoonoses.

e. Leveraging the pool of AES fellows.

Objective 4.2. Strengthen the use, transfer, and deployment of research outputs through institutional and human capacity building.

The effective use and transfer of existing technologies and innovations are crucial for the prevention and management of zoonotic diseases in Africa. However, a comprehensive evaluation of over 3000 research projects by the United States National Institutes of Health (NIH) revealed that significant research activities are confined to a limited number of Member States, with certain institutions within the Member States dominating the research landscape. Additionally, the value of health technologies, often encapsulated in intangible assets like intellectual property, is strikingly low in Africa, contributing only 0.5% to the global patent landscape (49). This lack of research and an innovation ecosystem are key impediments to Africa's capacity to develop innovations for its health challenges (41).

To address these challenges, the AU aims to prioritize mechanisms for producing and using research and innovation for the prevention and management of zoonotic diseases in Africa by implementing the following **priority activities:**

a. Promote an enabling institutional and policy environment to support technology and innovation adoption in Member States, including a continental technology action plan safeguarding intellectual property rights.

b. Foster strategic alliances and partnerships to promote scaling up and efficient dissemination of innovations, technologies, and research products into commercial products.

c. Support Member States to strengthen research and research extension linkages to support training adoption and use of novel technologies.

Objective 4.3. Support the consideration of social demographic characteristics or indicators to guide the development of emergency preparedness and response to zoonotic diseases.

Taking a multisectoral, One Health approach to address zoonotic diseases means considering the conditions in which people are born, grow, live, work, and age. These conditions of daily life are influenced by factors such as policies, cultural norms, values, beliefs, the economy, the distribution of power, gender, and whether people live in urban or rural areas. The same factors influence zoonotic disease risks and should be considered. The social context of zoonotic disease transmission and its implications for vulnerability among different groups of people should also be considered. On this basis, the AU will implement the **following activities:**

a. Establish networks with social scientists (anthropologists, behavioural scientists, demographers, economists, political scientists, and sociologists, among other professionals) for the planning, implementation, and evaluation of policies, programmes, research, and training.

b. Advocate for the inclusion of social sciences in the One Health approach.

c. Support gender mainstreaming in developing and implementing emergency preparedness plans for the continent.

Objective 4.4. Strengthen Member States' capacities for emergency preparedness, response and recovery. Preparedness is defined as activities that aim to prevent, mitigate, and prepare for emergencies, and is essential for an effective response to zoonotic outbreaks (50). The COVID-19 pandemic has revealed the strengths and weaknesses of health emergency preparedness capacities in every country, including risk communications, laboratory diagnostics, points of entry, and other core capacities of the International Health Regulations (2005) (51). It has highlighted the importance of health systems that can surge to meet the demands and needs of health emergencies, the significant vulnerability of hospital settings and the critical interdependence of strong health systems and robust health security at all levels. Additionally, it has underscored the preparedness gaps that exist across multiple sectors. Africa has experienced and reported 415 infectious diseases outbreaks to the WHO from 2017 to 2019 (52). In 2023 the continent had 166 public health events reported through the Event-Based Surveillance Report, showcasing the need for strong emergency preparedness (53). As such, the Africa CDC has highlighted improvement of the continent's emergency preparedness and response against public health emergencies as one of the six programmatic priorities of its five-year strategic plan (54). Given the importance of building capacity for emergency preparedness, the AU will implement the **following activities:**

a. Support Member States to conduct emergency simulation exercises.

b. Support the training and readiness for deployment of rapid response teams (RRTs) at every level.

c. Stockpiling of emergency commodities.

d. Support the maintenance of a database for RRTs in collaboration with the African Health Volunteers Corps (AVoHC).

e. Support the development of legal frameworks specific to RRTs in collaboration with AVoHC.

f. Advocate for recovery mechanisms in Member States, such as financial compensation.

g. Leverage community knowledge in preparedness and response for zoonotic diseases.

Strategic Goal 5: Support advocacy and increase awareness for better prevention and control of zoonotic diseases.

Effective methods to increase awareness of zoonotic diseases are key components of successful control programmes to mitigate the impact of zoonotic diseases. Recent outbreaks of Ebola, COVID-19, Mpox and RVF have shown the weakness of healthcare systems and highlighted the pervasive issue of myths and stigma, which often stem from negative attitudes towards science, a lack of awareness, and institutional practices exacerbating the spread and impact of zoonotic diseases.

To address this, there is a need to support AU Member States in creating awareness, advocacy, education and communication strategies to increase public awareness about zoonotic diseases and improve zoonotic disease prevention and control. Ultimately, this will build a well-informed and proactive continent that works to reduce the incidence and impact of zoonotic diseases, thereby safeguarding public health across the continent.

Objective 5.1. Support advocacy and awareness raising regarding best practices in technology and innovation development, transfer, and scale-up.

The emergence and re-emergence of zoonotic diseases such as brucellosis, leptospirosis, COVID-19, Ebola, and Mpox underscore the urgent need for advanced technologies and innovative approaches to enhance zoonotic disease prevention, early diagnosis, and effective treatment. Despite the critical role these transformative tools can play, their adoption in the control of zoonotic diseases has been limited. This limitation is primarily due to inadequate awareness and advocacy by critical stakeholders, which hinders the widespread integration of new technologies and best practices in disease control efforts across Africa.

To address this issue, there is a pressing need for robust advocacy and awareness creation for integrating innovative approaches with traditional disease control strategies through applications such as disease prediction, contact tracing, and epidemiological modelling that enhance the reach of zoonotic disease surveillance, prevention, and control. This will provide a more effective response to outbreaks and reduce their overall impact on public health. On this basis, the AU will implement the following **priority activities:**

a. Support the development and operationalization of an integrated continental platform/network of innovators and incubators (community of practice).

b. Develop and disseminate knowledge and information that promotes inclusivity and addresses behavioural change.

c. Publish and disseminate best practices and lessons learnt on technology uptake and transfer.

Objective 5.2. Support effective communication across government, within and among partner organizations and other relevant stakeholders.

Trustworthy, transparent, and consistent communication is necessary to establish credibility and behavioural change among national and international stakeholders and partners. With modern technology, such as mobile telephone networks and the internet, people can receive information about zoonotic disease outbreaks from many sources, which may result in misinformation and confusion. Therefore, preparedness and response teams should include risk communication specialists to ensure that stakeholders receive accurate, timely, comprehensive, and consistent messages. To support these efforts, collaboration between RECs and RCCs in developing information, education, and communication (IEC) materials is imperative to ensure messaging is harmonized and aligned, avoiding duplication and conflicting mandates. This collaboration should be

facilitated through established channels such as periodic meetings and designated liaisons, ensuring complementary and cohesive communication strategies. On this basis, the AU will implement the following **priority activities:**

a. Support political advocacy for zoonotic diseases.

b. Support Member States in advocacy, raising awareness and sensitization of different stakeholders on zoonotic diseases.

c. Develop guidelines in all AU languages on how to develop information, education, and communication materials on priority zoonotic diseases.

d. Support the RECs and RCCs in developing IEC material on zoonotic diseases.

e. Develop and strengthen regional and Member State risk communication strategies and frameworks that consider gender-diverse, indigenous and minority populations, as well as culturally diverse practices.

f. Support the revision and adaptation of existing regional and Member State risk communication strategies and frameworks to consider One Health approaches where needed.

g. Support Member States in educating managers and policymakers about the most pressing public opinions on zoonotic disease prevention and control within each country.

h. Integrate knowledge and behavioral change strategies into all aspects of zoonotic disease control.

i. Support utilization of technology and innovation for advocacy and awareness creation.

8. IMPLEMENTATION GUIDE

Effective implementation of the AU One Health Zoonotic Disease Control and Prevention Strategy will be undertaken through a multisectoral, transparent and inclusive collaboration between experts and stakeholders from human health, animal health, environmental health, and other relevant sectors. Members of the One Health Coordination Group on Zoonotic Diseases will support the implementation of the strategy, based on their comparative advantages, to transform the strategic goals into tangible and sustainable results. Intersectoral coordination, a transdisciplinary approach, information sharing, shared responsibility, accountability, and community engagement are among the key elements that will characterise the governance of the implementation of the One Health Zoonotic Disease Control and Prevention Strategy. Additionally, the robust monitoring and evaluation framework of the strategy will be used to track the progress of implementation and to facilitate accountability at all levels.

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
1	Strategic Goal 1: Improve governance of One Health MCMs for zoonotic disease control at regional and national levels.						
1.1	Objective 1.1: Support the establishment and strengthening of functional multisectoral coordination mechanisms.						
	Support Member States and RECs to have MCMs formalized through legal and policy frameworks.	Conduct an assessment of existing policy and legal frameworks that support MCMs.		X			
		Develop a detailed guide for formalizing MCMs.		X			
	Support Member States in assessing and documenting lessons learnt and best practices.	Support Member States in the assessment of their MCM using existing assessment tools.	X				
		Identify and document lessons learnt and best practices of One Health approaches to zoonotic diseases.	X				
		Create periodic continental and regional peer learning and community of practice platforms (e.g. workshops, training sessions, and webinars) for sharing lessons learnt.		X	X	X	X
		Establish a digital repository for storing lessons learnt and best practices.		X			
	Support Member States to establish/ strengthen and institutionalize/ operationalize MCMs to effectively address zoonotic diseases.	Train the Member States MCM focal persons on zoonotic diseases prioritization to strengthen their capacity.	X	X	X	X	X
		Develop advocacy and promotional documents such as policy briefs that outline the benefits of MCMs, including case studies demonstrating their impact on controlling zoonotic diseases.	X	X	X	X	X

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Building the capacity of Member States to mobilize domestic and external resources for MCMs functioning and priority zoonotic disease control plans.	Map stakeholders and sources for domestic and external funding.	X				
		Provide technical assistance (e.g. training) to the 55 Member States in conducting cost assessments.		X	X	X	X
		Develop an engagement framework with potential partners and the private sector.		X	X	X	X
		Develop proposals to secure funding.		X	X	X	X
		Establish platforms that foster public-private dialogues in the 55 Member States to leverage additional resources and expertise.		X		X	
	Monitor, evaluate and report on the functions of MCMs. Support countries in assessing their MCMs using the quadripartite zoonotic guide operational tools.	Develop a sample monitoring and evaluation plan with performance indicators to measure the effectiveness of Member States' MCMs.	X				
		Organize annual review meetings to assess performance of Member States' MCMs.	X	X	X	X	X
		Provide technical guidance to Member States' implementation of the quadripartite zoonotic guide operational tools.	X	X	X	X	X
1.2	Objective 1.2: Support the development and implementation of national and regional strategies, frameworks, and action plans on zoonotic diseases in line with global frameworks and standards.						
	Promote the development and implementation of relevant strategies, frameworks, and action plans at REC, including OH JPA.	Identify and review strategies, frameworks, and standards on zoonotic diseases at the global level and evaluate for adoption to the continental level.		X			
		Organize annual continental and/or regional advocacy workshops to share best practices, success stories, and findings on the relevant strategies, frameworks, and action plans on zoonotic disease.	X	X	X	X	X
	Support Member States' MCMs to implement national strategic plans for zoonotic disease. including through supporting periodic reviews (e.g. mid-term reviews) for better alignment with other existing regional, continental, and global strategic frameworks to inform resource mobilization and advocacy.	Review global strategies, frameworks, and action plans on zoonotic diseases for alignment with AU strategies and endorse for use by Member States.	X				
		Develop a tool kit to support the 55 Member States, strengthen and implement regional zoonotic disease strategic plans.		X			
		Create platforms for Member States to share experience in developing national zoonotic disease strategic plans.	X				

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Strengthen human resources and institutional capacities to prevent, manage, and mitigate the occurrence, effects, and impact of zoonotic diseases.	Conduct five continental and/or regional trainings on prevention, management, and mitigation of the occurrence, effects, and impact of zoonotic diseases.	X	X	X	X	X
	Build and strengthen the capacity of MCMs to contribute to zoonotic disease priorities of regional importance and greatest concern; including endemic, emerging, and re-emerging epidemic disease threats.	Provide technical assistance for Member States zoonotic disease prioritization activity.	X	X	X	X	X
		Provide support for regional disease prioritization activities utilizing results from national level disease prioritization.	X	X	X	X	X
		Conduct an assessment of MCM action plans for prioritization of zoonotic disease of greatest concern and provide recommendations on reprioritization based on results.	X	X	X	X	X
	Support Member States' MCMs to develop strategies and costed action plans for priority zoonotic diseases.	Develop templates, tools, and SOPs for estimating the financial requirements of action plans.	X		X		
		Provide technical assistance (e.g. training) to the 55 Member States in conducting cost assessments.	X	X	X	X	X
2	Strategic Goal 2: Strengthen and coordinate integrated diagnostics and surveillance systems in Member States.						
2.1	Objective 2.1: Increase the number of countries conducting surveillance on zoonotic diseases.						
	Support Member States to identify the policy, legal, and technological barriers to conducting coordinated surveillance and work to mobilize political commitment, resources, and technical support to address these barriers.	Conduct a baseline assessment of the technological, legal, and policy landscape of coordinated surveillance.	X				
		Present results and recommendations based on the assessment report to relevant stakeholders.	X	X			
	Support Member States to assess national surveillance systems for zoonotic diseases.	Develop assessment tools to assess national surveillance systems for zoonotic diseases.	X				
		Provide technical assistance for participating Member States' assessment of national surveillance systems for zoonotic diseases.		X	X	X	X
	Support Member States to establish/ strengthen the capacity for coordinated surveillance systems for zoonotic diseases across relevant sectors.	Provide trainings on coordinated surveillance systems for zoonotic diseases across relevant sectors.		X		X	
		Conduct five advocacy workshops on coordinated surveillance systems to encourage dialogue between the different sectors (animal health, human health, environment)	X	X	X	X	X
2.2	Objective 2.2: Promote digitalization and information-sharing of zoonotic disease data in Member States.						

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Develop, promote, and implement the AU One Health digital platform.	Conduct a baseline assessment of existing digital platforms on the continent and globally.	X				
		Identify the needs of stakeholders that will utilize the One Health platform.		X			
		Create and avail technical guidance for the development of the continental One Health platform, i.e. defined platform features and functionalities, architecture.			X		
	Support the adoption and domestication of the continental digital One Health information policy.	Provide technical assistance for the development of a digital One Health information policy for the continent.			X		
	Support Member States to develop and/or adopt One Health indicators and harmonized data standards interoperable with existing national and regional systems.	Develop a comprehensive and adoptable recommendation for establishing data standards on the continent.			X		
	Promote coordinated information-sharing within sectors in Member States, and cross-border surveillance and information-sharing for zoonotic diseases.	Conduct intersectoral, regional cross-border Member State meetings for Member States to share surveillance data and information.			X	X	X
	Support Member States and regions ((RCCs andRAHCs) to establish and operationalize integrated One Health data-sharing platforms.	Provide recommendations on the suitable technology platforms that can integrate One Health data-sharing platforms for Member States and regions (RCCs and RAHCs)			X		
		Provide technical guidance in the development of a continental data-sharing policy that can guide the operations of the data-sharing platforms.			X	X	
2.3	Objective 2.3: Support information sharing between surveillance systems for timely response.						
	Coordinate the development and implementation of agreements for sharing of zoonotic disease specimens, isolates, other materials, and data across countries and between regions.	Develop an agreement and a memorandum of understanding for sharing of zoonotic disease specimens, isolates, and other materials.		X			
		Map specimen and sample transport pathways at national, regional, and continental level to facilitate data and sample sharing.	X				
	Convene partners periodically in each region and annually at the continental level to review protocols for data sharing, interpretation, and authorship.	Conduct two regional and/or continental meetings between partners to review protocols for data sharing, interpretation, and authorship.			X		X

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Mobilize resources for sufficient staffing, infrastructure, administrative and policy support, and funding for laboratory surveillance, capacity building, and data dissemination.	Conduct one economic assessment of stakeholders involved in laboratory surveillance and public health response to identify funding sources.	X				
		Develop five proposals that will harness buy-in and funding from identified funding sources.	X	X	X	X	X
	Support a comprehensive, continuously updated, and publicly available database of zoonotic diseases on the continent.	Develop a technical document outlining the functionality, maintenance, update, and management of the database on zoonotic diseases in Africa.		X			
		Develop and share a repository of technical documents, policy documents, guidelines, and content on zoonotic diseases on the continent for primary inclusion into the database.		X			
		Develop a quality control document for the maintenance of the database.		X			
	Assist Member States with interpreting zoonotic disease surveillance data and revising guidelines or other policies.	Develop a standard data collection mechanism to ensure data quality and safety.		X			
		Develop two dashboards/platforms that interpret and present surveillance findings in real time.			X		
	Support the implementation of the 2023 Africa CDC Events-based Surveillance Framework in all One Health sectors.	Identify and engage key stakeholders, including government health departments, international health organizations, NGOs, and local communities.	X				
		Develop and conduct training programmes for health workers and relevant personnel on the Events-based Surveillance framework.	X				
		Establish a standardized system for data collection, reporting, and sharing across regions.	X				
3	Strategic Goal 3: Build resilience against zoonotic diseases by strengthening capacities including in research and innovation, promoting local manufacturing and prequalification, and ensuring availability and access to quality vaccines, therapeutics and diagnostics for zoonotic diseases.						
3.1	Objective 3.1: Strengthen human and laboratory diagnostic capacity and networks						
	Support national and regional laboratory networks.	Organize and conduct five collaborative cross-Member States workshops with a network of human, animal, and environmental health laboratory experts.	X	X	X	X	X
		Organize workshops to formulate guidelines to accelerate the production of scientific evidence for decision-making during health emergencies.		X		X	

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Promote partnerships and collaboration between public and private laboratories, centers of excellence, and academic research institutions to enhance zoonotic disease testing, diagnosis, and turnaround time.	Identify and include public and private laboratories, centers of excellence, and academic research institutions as stakeholders and participants in investigations and workshops.	X				
		Mapping out key stakeholders, including public and private laboratories, centers of excellence, and academic research institutions involved in zoonotic disease testing and research.	X				
		Develop a community of practice among major human, animal, and environmental public, and private laboratories to foster continuous communication and experience exchange.		X	X		
3.2	Objective 3.2: Support the development and prequalification of diagnostics for the control and surveillance of priority zoonotic diseases in Africa.						
	Support the evaluation and regulatory approval of essential diagnostics, vaccines, and therapeutics through continental agencies such as the AMA and the PANVAC.	Train 30 regulatory personnel and 10 evaluators and facilitate knowledge exchange programmes and workshops with international regulatory agencies.		X		X	
		Engage with pharmaceutical companies, research institutions, national regulatory bodies, regional stakeholders (e.g. RECs), and other stakeholders to streamline the prequalification process.		X		X	
		Develop and harmonize regulatory standards and guidelines for diagnostics, vaccines, and therapeutics across the continent.			X		
		Align local regulatory standards with international guidelines (e.g. the WHO, the Food and Drug Administration, the European Medicines Agency) to ensure consistency and facilitate global market access.		X			
		Implement advanced regulatory information management systems for efficient processing and tracking of applications.			X		
	Support mapping, identification, and capacity building of a network of accredited laboratories for the validation of diagnostics, vaccines, and therapeutics in Africa.	Conduct mapping and capacity assessment of a network of accredited laboratories across the continent.	X				
		Develop a needs-based capacity-building plan for a network of accredited laboratories based on results of mapping exercise and needs assessment.		X			

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Advocate for resources to promote a robust AU procurement mechanism for priority zoonotic disease diagnostics in Africa in emergency situations.	Attend relevant political forums and meetings to present best practices and success stories of integrated procurement mechanisms.	X	X	X	X	X
		Identify and prioritize procurement needs in an emergency.		X			
		Aggregate demands and support/ facilitate distribution across different departments or locations to leverage economies of scale.	X	X	X	X	X
		Identify reliable suppliers who can provide the necessary supplies in an emergency.	X				
		Use digital tools for procurement to streamline the procurement process, leveraging digital solutions.	X	X	X	X	X
		Prepare and utilize Emergency Framework Agreements.	X				
3.3	Objective 3.3: Support vaccine development, qualification, registration, and medical countermeasures.						
	Foster strategic alliances and public-private partnerships to promote local veterinary and human vaccine development, manufacturing, qualification, registration, market access and availability.	Develop templates and guidelines for establishing public-private partnerships.	X				
		Organize biannual stakeholder meetings, workshops, and roundtable discussions to facilitate dialogue and collaboration with public and private entities.		X	X	X	X
	Support in building capacity and core competencies in vaccine value chain, including technology transfer.	Engage with higher education institutions to develop programmes on technology development, research and development, regulation, and production.	X	X	X	X	X
		Identify current skills gaps in the workforce related to manufacturing, quality control, and regulatory processes.	X				
		Engage with higher education institutions to develop robust technology transfer policies.		X			
		Design specialized training programmes tailored to address identified skills gaps.		X		X	
3.4	Objective 3.4: Strengthening research, innovation, and knowledge management of zoonotic diseases.						

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Support Member States to establish and operationalize collaborative research, technology, and innovation hubs to promote One Health interventions.	Advocate for increased funding allocations from Member States for One Health interventions and innovation initiatives.	X	X	X	X	X
		Mobilize financial resources from international donors, development partners, and other stakeholders to support the establishment and operation of research hubs.	X	X	X	X	X
		Develop training initiatives on research methodologies, technology development, intellectual property management, and business entrepreneurship.		X		X	
	Promote the development, adoption, utilization, and scaling up of apt customized technologies and innovations specific to One Health interventions, including digital technologies, diagnostics tools, surveillance, and vaccines.	Fund and facilitate joint research and development projects focused on developing new therapeutics, vaccines, diagnostics, and medical devices.		X		X	
	Support the development of a list of new and incoming diagnostics for priority zoonotic diseases in Africa for evaluation and regulatory approval.	Conduct three workshops and two consultations to gather input on necessary diagnostics.	X	X	X	X	X
		Establish a clear and transparent framework for the evaluation of diagnostics.		X	X		
	Provide technical assistance and support to Member States to define emergency research approval protocols to enable fast-paced research to accelerate the production of scientific evidence for decision-making during health emergencies.	Organize workshops to formulate guidelines on protocols and/or guidelines to accelerate the production of scientific evidence for decision-making during health emergencies.		X		X	
	Expand expert scientific knowledge through research, training, and knowledge management to produce evidence-based estimates of zoonotic disease prevalence and support effective preparedness and responses to public health emergencies.	Draft policy briefs and recommendations that translate research findings into actionable policy measures.			X		X
		Create one centralized knowledge repository and information-sharing platform for research findings and best practices.			X		

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Promote diagnostics research and development, incorporate diagnostics research on priority diseases in the continental research agenda.	Support the development of national zoonotic disease diagnostics research and development centers of excellence across the continent.	X	X	X	X	X
		Support health innovation programmes on the continent and establish grants and incentives for researchers focusing on diagnostics for priority diseases.		X		X	
		Foster collaborations between universities, research institutions, and healthcare organizations, and promote partnerships with international research bodies to leverage global expertise and resources.	X	X	X	X	X
		Work with regulatory agencies to streamline the approval process for new diagnostic tools.		X	X	X	X
	Accelerate research and development pipeline for drugs, vaccines, diagnostics, and public health interventions.	Facilitate collaborations between governments, academia, and the pharmaceutical industry, and create joint ventures focused on specific diseases or health challenges (workshops, seminars, etc.).	X	X	X	X	X
		Collaborate with national and international regulatory agencies to harmonize standards and guidelines.	X	X	X	X	X
		Develop common protocols for clinical trials, approvals, and post-market surveillance.			X		
		Advocate for increased funding from national governments for health research and development, and allocate specific budgets for research and development in national health plans.		X			
	Establish and operationalize regional and continental networks of MCM.	Identify key stakeholders, including government agencies, healthcare institutions, NGOs, and private sector partners.	X				
		Develop a governance framework for the MCM network, including roles, responsibilities, and decision-making processes.	X				
		Develop a robust monitoring and evaluation framework to track progress, measure impact, and identify areas for improvement.		X			
		Facilitate knowledge exchange and capacity-building workshops across regions to enhance local capabilities.		X	X	X	X
3.5	Objective 3.5: Promote local manufacturing and availability and access to health products.						

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Support initiatives that promote local manufacturing of therapeutics; vaccines; medical devices; personal protective equipment (PPE); diagnostics, assisted products; as well as cell-based therapies and their components, materials, or parts.	Establish and support innovation hubs and incubators focused on health technologies and manufacturing.		X	X	X	X
		Facilitate networking events and workshops to raise awareness about zoonotic diseases in the innovation space.		X	X	X	X
		Develop and implement a quality management system (QMS) to ensure consistent product quality and compliance with international standards, and provide training for manufacturing staff on QMS procedures and best practices.		X		X	
	Facilitate accessibility and availability of health products.	Support Member States to conduct a mapping of the health product supply chain, from manufacturers to end users, identifying key stakeholders and processes.		X	X	X	X
		Strengthen quality assurance measures and cold chain management practices throughout the supply chain.	X	X	X	X	X
		Foster partnerships between public health agencies, private sector suppliers, and non-governmental organizations (NGOs).	X	X	X	X	X
	Foster strategic alliances and partnerships to strengthen local manufacturing of health products in the public and private sector.	Facilitate partnerships between public health agencies, private sector manufacturers, research institutions, and academia.	X	X	X	X	X
		Advocate for supportive policies and regulatory frameworks that incentivize local health product manufacturing.		X		X	
		Facilitate technology transfer agreements and knowledge-sharing initiatives between global manufacturers and local entities.		X		X	
4	Strategic Goal 4: Support risk reduction, emergency preparedness, and the response to zoonotic diseases.						
4.1	Objective 4.1: Support workforce development at national and regional levels for priority zoonotic diseases.						
	Support Member States to develop and implement One Health workforce strategies for prevention and control of zoonotic diseases.	Review existing workforce development programmes across the continent to identify areas where One Health approach can be supplemented.	X				
		Develop a One Health workforce development curriculum for integration into existing health workforce development programmes.		X			

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Strengthen and support joint multisectoral workforce and rapid response teams to prevent and control priority zoonotic diseases.	Collaboratively develop and standardize SOPs for rapid response teams across sectors and different levels (e.g. regional levels to continental levels).		X			
		Develop or adapt existing tailored training modules for multisectoral workforce and rapid response teams.		X			
	Support and equip the workforce for the development and implementation of programmes and strategies for the progressive control and elimination/ eradication of zoonotic diseases in line with global, continental, regional, and local priorities.	Develop an assessment and mapping tool to support Member States to assess existing tools and programmes for the progressive control of zoonotic diseases.	X				
		Provide technical assistance in the mapping and assessment activity through overseeing utilization of developed and adopted tools, participating in mapping and assessment exercises, reviewing results, and generating findings and recommendations.		X	X	X	X
		Establish a process to develop evidence-based guidelines and protocols for the control and elimination/eradication of priority zoonotic diseases.		X			
	Advocate for capacity building for community-centric approaches and interventions that will address current, emerging, and re-emerging zoonoses.	Create partnerships with community-based organizations, faith-based organizations, NGOs, and community leaders.	X	X	X	X	X
		Conduct regular advocacy workshops to incorporate community centric approaches in public health strategies and policies.	X	X	X	X	X
4.2	Objective 4.2: Strengthen the use, transfer, and deployment of research outputs through institutional and human capacity building.						
	Promote an enabling institutional and policy environment to support technology and innovation adoption in Member States, including a continental technology action plan safeguarding intellectual property rights.	Review existing policy landscape in Member States to identify gaps and hindrance to technology and innovation adoption.	X				
		Provide technical support for the development of technical documents, i.e. continental technology action plan, intellectual property rights.		X	X	X	X
		Conduct continental and/or regional training workshops on the adoption and utilization of novel technologies and innovations.	X	X	X	X	X

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Foster strategic alliances and partnerships to promote scaling up and efficient dissemination of innovations, technologies, and research products into commercial products.	Create platforms to regularly engage private and public stakeholders in technology and innovation.		X	X	X	X
		Conduct baseline assessment of the innovation and technological needs of the continent.	X				
		Map and publish innovations, technologies, and research products available on the continent.		X			
	Support Member States to strengthen research and research extension linkages to support training adoption and use of novel technologies.	Develop and distribute guidelines for integrating research and extension services.	X	X			
		Facilitate workshops and training programmes on the adoption and use of novel technologies.			X		
		Establish platforms for regular knowledge exchange between researchers and technology developers.			X		
4.3	Objective 4.3: Support the consideration of social demographic characteristics or indicators to guide the development of emergency preparedness and response to zoonotic diseases.						
	Establish networks with social scientists (anthropologists, behavioural scientists, demographers, economists, political scientists, and sociologists, among other professionals) for the planning, implementation, and evaluation of policies, programmes, research, and training.	Create a platform to regularly engage social scientists at regional and continental level in the planning, implementation and evaluation of emergency preparedness and response programmes.		X		X	
		Create a data-sharing system that facilitates social scientists' open access to policies, programmes, research and training on emergency preparedness and response.		X		X	
		Establish joint research initiatives and funding opportunities for social scientists and health professionals to work together on projects related to One Health.		X		X	
		Develop and implement training programmes aimed at building capacity in social sciences within the One Health sectors.		X			
	Advocate for the inclusion of social science in the One Health approach.	Develop three policy briefs, and conduct advocacy campaigns to highlight the importance of social science in the One Health approach.	X		X		X
		Document and disseminate case studies, success stories, and best practices where social science has significantly contributed to One Health outcomes.		X		X	

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Support gender mainstreaming in developing and implementing emergency preparedness plans for the continent.	Provide technical assistance for relevant stakeholders to include gender assessments and considerations in emergency preparedness planning.	X	X	X	X	X
		Promote the recognition of the gender dimension of emergency and preparedness plans through gender mainstreaming workshops.	X	X	X	X	X
		Develop, monitor, and evaluate gender mainstreaming work through the development of gender indicators.	X				
4.4	Objective 4.4: Strengthen Member States' capacities for emergency preparedness, response and recovery.						
	Support Member States in conducting emergency simulation exercises.	Assess and adapt existing emergency simulation exercise toolkits towards more comprehensive step-by-step guides focusing on scenarios requiring a One Health approach.	X				
		Provide direct facilitation and technical support to Member States during the planning and execution of their emergency simulation exercises.	X	X	X	X	X
	Support the training and readiness for deployment of RRTs at every level.	Develop and implement standardized training programmes for RRT members at regional and national levels.		X			
		Conduct regular simulation exercises of high-priority zoonotic diseases to ensure RRTs are prepared for real-world scenarios.	X	X	X	X	X
		Work with Member States to ensure RRTs have access to the necessary resources and equipment for effective deployment.	X	X	X	X	X
	Stockpiling of emergency commodities.	Conduct a comprehensive needs assessment to determine the types and quantities of emergency commodities required.	X				
		Establish and maintain strategically located continental, regional and national storage facilities to ensure quick and efficient access to emergency commodities.	X	X	X	X	X
	Support the maintenance of a database for RRTs in collaboration with AVoHC.	Support the development and implementation of a comprehensive, secure database that includes detailed information on all RRT members in collaboration with AVoHC.	X				
		Support the establishment of protocols for regularly updating and verifying the information in the database.		X			

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Support the development of the legal frameworks specific to RRTs in collaboration with AVoHC.	Support key stakeholder engagement, including with government agencies, legal experts, health professionals, and RRT members, to gather input and build consensus on the necessary legal frameworks for RTTs.		X		X	
		Support Member States to draft the necessary legal documents, such as policies, guidelines, and legislative proposals.	X	X	X	X	X
	Advocate for recovery mechanisms in Member States, such as financial compensation.	Engage with policymakers to develop comprehensive policies that include financial compensation mechanisms for individuals and communities affected by health emergencies.		X		X	
		Organize advocacy campaigns with key stakeholders, including government officials, international organizations, and civil society groups, to build support for the implementation of financial compensation schemes.		X		X	
	Leverage community knowledge in preparedness for and response to zoonotic diseases.	Work with Member States to conduct community engagement sessions to gather local knowledge and experiences related to zoonotic disease outbreaks.			X		X
		Empower communities by delivering training programmes for community members on zoonotic disease prevention, detection, and response.			X		X
		Ensure the representation of community elders, traditional healers, and local experts in policymaking to understand and document traditional knowledge and practices related to zoonotic diseases			X		X
5	Strategic Goal 5: Raise awareness and promote advocacy, education, and communication to better prevent and address zoonotic diseases.						
5.1	Objective 5.1. Support advocacy and awareness raising regarding best practices in technology and innovation development, transfer, and scale-up.						
	Support the development and operationalization of an integrated continental platform/network of innovators and incubators (community of practice).	Create a document for guiding the establishment of a community of practice made up of stakeholders in integrated continental platform.	X				

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Develop and disseminate knowledge and information that promotes inclusivity and behavioral change. • Publish and disseminate best practices and lessons learnt on technology uptake and transfer.	Conduct needs assessment of knowledge and information management products across the continent.	X				
		Review existing knowledge and information products across the continent.	X				
		Develop recommendations to guide Member States to develop knowledge and information products.		X			
		Develop a technical guide for dissemination and scale-up of successful knowledge and information products across the continent.		X			
		Conduct review of technology uptake and transfer across the continent and publish results.		X	X		
		Present findings of review at annual conferences and workshops and avail findings on different digital platforms (e.g. Africa CDC website).	X	X	X	X	X
5.2	Objective 5.2: Support effective communication across government, within and among partner organizations and other relevant stakeholders.						
	Support political advocacy for zoonotic diseases.	Develop and publish success stories, updates, new findings, and recommendations on zoonotic diseases at political forums.	X	X	X	X	X
	Support Member States in advocacy, awareness-raising, and sensitization of different stakeholders on zoonotic diseases.	Establish or strengthen annual continental and/or regional advocacy, awareness creation, and sensitization platforms (e.g. workshops, webinars, panel discussions).	X	X	X	X	X
	Develop guidelines in all AU languages on how to develop IEC materials on priority zoonotic diseases.	Develop a guideline on the development of IEC materials inclusive of objectives, audience, content, design, layout, and dissemination of IEC materials on priority zoonotic diseases	X				
	Support the RECs and RCCs in developing IEC material on zoonotic diseases.	Review and provide guidance on the development of IEC materials for priority zoonotic diseases at the continual, regional, and national levels		X			
	Develop and strengthen regional and Member State risk communication strategies and frameworks that consider gender-diverse, indigenous and minority populations, as well as culturally diverse practices.	Develop a continental community-centric communication strategy.		X			
		Develop a guideline for the development of country-level community-centric communication strategy.		X			

S/N	Strategic goal, objectives, and priority activities	Tasks	Year 1	Year 2	Year 3	Year 4	Year 5
	Support the revision of existing regional and Member State risk communication strategies and frameworks to include One Health approaches where needed.	Support in accessing existing regional and Member State risk communication strategies and frameworks for inclusion of One Health approach.	X				
		Provide technical support for the revision of regional and Member State risk communication strategies and frameworks to include a One Health approach.			X		
	Support Member States in educating managers and policymakers about the most pressing public opinions on zoonotic disease prevention and control within each country.	Develop or leverage existing platforms and tools to monitor public opinion on zoonotic diseases.			X		
		Review and present public opinions on zoonotic diseases to programme managers and policymakers.				X	
	Integrate knowledge and behavioural change into all aspects of zoonotic disease control.	Map zoonotic disease prevention and control mechanisms that can be facilitated through knowledge and behaviour change within the community.	X				
	Support utilization of technology and innovation for advocacy and awareness creation.	Develop guidelines and recommendations on the use of technology and innovation for advocacy and awareness creation.	X				

9. MONITORING AND EVALUATION

The monitoring and evaluation framework of this strategic plan focuses on continuous tracking of zoonotic disease prevention and control activities at continental, regional, and Member State levels. A results matrix with outcomes and outputs, each with a set of indicators and targets, has been developed by the AU One Health Coordination Group on Zoonotic Diseases to guide the monitoring and evaluation process and ensure strategic activities are on track to achieve the planned objectives.

Evaluations will provide a periodic assessment of how well the AU and partners have been supporting One Health activities at regional levels and in Member States attaining the outcomes, outputs, and activities defined in the results matrix. The mid-term evaluation will inform any necessary changes to keep implementation on track, while the end-term evaluation will document lessons learned from the implementation of the strategic plan to guide future steps.

Principles Underpinning Africa CDC's Monitoring, Evaluation and Learning Systems

Through a Collaborative, Learning and Adaptative approach, the Africa CDC Monitoring, Evaluation and Learning (MEL) systems will reflect the following values:

- **Data-driven decision-making** through integration of MEL within the programme implementation process to support systematic use of quantitative and qualitative data for decision-making, adaptation of technical implementation strategies based on the need for accountability for results and learning from successes and failures in strengthening the capacity of Member States for adaptive management for the implementation of the strategies for One Health Zoonotic Disease Control.
- **Improved data quality** by institutionalizing quality improvement processes and a culture of data quality and rigour when collecting, aggregating, and using data from Member States' national public health and veterinary institutions, partners, and other key stakeholders.
- **Participatory MEL** through regular collaboration and coordination work with Member States' government authorities, and other key stakeholders with a vested interest in strengthening the capacity of One Health zoonotic diseases to ensure a harmonized MEL approach for accountability and learning.
- **Unbiased, transparent analysis** shared with Africa CDC, Member States' governments, capacity development stakeholders, implementing partners, and other stakeholders with a vested interest in strengthening One Health zoonotic disease implementation.
- **Rigour in the generation and use of evidence and innovation** to understand and document the contribution of Africa CDC interventions and approaches for strengthening the capacity of Member States on One Health zoonotic disease strategies. This will entail the use of mixed methods, including performance and contextual monitoring, complexity-aware monitoring, triangulation, and innovative methods for observing system changes that will support the achievement of Africa CDC strategic objective and the five strategic goals.

Monitoring and Evaluation Framework

The logical framework presents a matrix outlining Simple Measurable Achievable Realistic and Timebound (SMART) indicators to assess outputs and outcomes of the objectives linked to the strategic goals. To ensure rigour in MEL processes, a review approach and means of verification of results have been recommended. The MEL systems would leverage monitoring and periodic evaluations including baseline assessments, and midline and endline evaluations as part of an adaptative approach to learning and systems strengthening. The MEL system would involve collaboration with the Member States' government authorities and other stakeholders in conducting MEL activities to ensure efficiency and maximisation of resources for evidence generation and reviews.

The table below outlines the logical framework for the monitoring and evaluation of the implementation of the zoonotic disease control and prevention strategy.

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 1.1. Support the establishment and strengthening of functional multi-sectoral coordination mechanisms.	• Number of Member States supported to establish and/or strengthen multi-sectoral coordination for zoonotic diseases. • Strategies and costed action plans developed as part of support to Member States for priority zoonotic diseases	• National One Health reports highlighting MCM for zoonotic diseases; • Africa CDC monitoring checklists; Midline and endline One Health capacity assessment reports Report from quadripartite zoonotic assessments	Baseline on cross-country analysis is conducted to ascertain extent of maturity of the capacity of MCM for Zoonotic diseases in target Member States. Routine monitoring is conducted	Annually; mid-term; and end line evaluation		
Objective 1.2. Support the development and implementation of national, and regional strategies, frameworks, and action plans on zoonotic diseases in line with global frameworks and standards.	• Number of regional and national strategies, frameworks and action plans on zoonotic diseases developed and implemented Number of Member States supported in the developing and reviewing of strategies, frameworks and action plans on zoonotic diseases	• Regional and national strategic plans and framework documents on zoonotic diseases Annual One Health reports incorporating progress on implementation of zoonotic disease strategic plans and framework • Africa CDC zoonotic diseases strategy implementation progress reports	Member State country One Health reports include assessments and progress on zoonotic disease programmes	Annually; End line evaluation		
Objective 2.1. Increase the number of countries conducting coordinated surveillance on zoonotic diseases.	Number of Member States-supported to report coordinated surveillance involving human, animal health and environment on zoonotic diseases	• Report of priority zoonotic diseases cases through IDSR or equivalent surveillance system • Reports on the epidemiology of priority zoonotic diseases	Surveillance capacity assessments are routinely conducted by the programme/national systems/ international zoonotic surveillance assessments, and reports are accessible	Annually; end line evaluation		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 2.2. Promote digitalization and information-sharing of zoonotic disease data in Member States.	• Number of Member States-supported to have functional electronic One Health data exchange • Number of Member States sharing coordinated information and conducting cross-border surveillance on zoonotic diseases. • Number of Member States reporting surveillance data to national and global repositories on priority zoonotic diseases	• Reports on data-sharing platform • Reports and data of priority zoonotic disease cases through IDSR or equivalent surveillance system	Establishment of data-sharing platforms are reported. Updates are shared on surveillance data through accessible platforms, and coordinating forums	Quarterly; annually		
Objective 2.3. Support information sharing between surveillance systems for timely response.	• Agreement and guidelines for sharing of zoonotic disease specimens, isolates, and other materials, and other data sources across countries and regions developed • Number of Member States implementing guidelines for sharing zoonotic disease specimens, isolate and other materials, and data • Number of Member States implementing the 2023 Africa CDC events-based surveillance framework in all One Health sectors	• Guideline and/or agreement for sharing zoonotic disease specimens, isolates, other materials, and data sources across countries and regions • Africa CDC zoonotic diseases strategy implementation progress reports • Annual One Health surveillance coordination reports including sample management	National One Health report on Zoonotic disease assess surveillance coordination including sample transportation	Annually; end line evaluation		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 3.1. Strengthen human and laboratory diagnostic capacity and networks	• Number of national-level laboratory(ies) that is/are international/regionally accredited: public and private • Number of national public health and veterinary laboratories testing samples for priority zoonotic diseases on a regular basis in supported Member States • Number Member States supported to develop and implement action plans to increase capacity to test more priority zoonotic diseases for public health and veterinary laboratories	• Laboratory capacity assessment reports, according to guidance provided by the WHO and the WOAH • Africa CDC zoonotic diseases strategy implementation progress reports	Laboratory capacity assessment is conducted as part of routine assessments on zoonotic disease implementation progress	Annually; end line evaluation		
Objective 3.2. Support the development and prequalification of diagnostics for the control and surveillance of priority zoonotic diseases in Africa.	Number of MS supported to adapt the robust AU procurement mechanism for priority zoonotic disease diagnostics in Africa in emergency situation	• AU procurement guideline for priority zoonotic disease diagnostics in Africa in emergency situations • List of approved prequalified diagnostics for the control and surveillance of priority zoonotic diseases in Africa	AU procurement guidelines and diagnostics prequalified lists are yet to be adapted and developed	End line evaluation		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 3.3. Support vaccine development, regulary approvals, qualification, registration, and medical countermeasures.	• Number of vaccines locally produced for priority zoonotic disease leveraging public-private partnership for the development, manufacturing, qualification, registration, market access, and availability	• Access to approved and certified locally produced vaccine • Reports and publications on successful collaboration for vaccine production	• Capacity can be leveraged for engaging in vaccine development through the public-private partnership mechanism. • Zoonotic disease strategy implementation timeline is sufficient for the development of zoonotic disease vaccine	End line valuation		
Objective 3.4. Strengthening research, innovation, and knowledge management of zoonotic diseases.	• Trainings and capacity building initiatives instituted to strengthen research, innovation, and knowledge management of zoonotic diseases: public and private sectors Number of personnel who received professional training and fellowships on zoonotic diseases Number of zoonotic diseases supported innovations piloted by Member States	• Training and capacity building support reports by Member States • Case study reports on innovative strategies for zoonotic disease in Member States • Research publication on Zoonotic diseases from Member States-supported countries	Tracker is developed to monitor training, capacity building and innovation initiatives	Annually; end line evaluation		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 3.5. Promote local manufacturing and availability and access to health products.	• Number of MS supported with the establishment of local manufacturing systems for improved access to health products for zoonotic diseases • Number of MS supported with the adaptation of supportive policies and regulatory frameworks that incentivize local zoonotic disease health product manufacturing • Number of technology transfer agreements and knowledge-sharing initiatives between global manufacturers and local entities established for zoonotic disease health products	• Policy documents on incentivizing local zoonotic disease health product manufacturing • Documentation on technology transfer agreements between global manufacturers and local entities on zoonotic disease health products	• Capacity can be leveraged for engaging in coordination and collaboration to promote access to zoonotic disease health products	End line evaluation		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 4.1. Support workforce development at national and regional levels for priority zoonotic diseases.	• Number of training curricula or plans developed or revised for capacity building of personnel on priority zoonotic disease emergency preparedness and response • Mechanism in place for including and mobilizing multisectoral response staff for outbreaks, considering gender and equity • A national workforce strategy/ plan developed or revised inclusive of priority zoonotic diseases • Development of educational materials (e.g. case studies) • Number of personnel trained	• Field Epidemiology Training Programme • Training and capacity building support reports by member States	Routine and robust capacity assessment is conducted to ascertain extent of workforce development on risk reduction, emergency preparedness, and response to zoonotic diseases	Annually; mid-term; end line evaluation		
Objective 4.2. Strengthen the use, transfer, and deployment of research outputs through institutional and human capacity building.	• Number of human health, animal health and environmental health research institutes supported with capacity-building initiatives on risk reduction, emergency preparedness and response to zoonotic diseases: trainings, laboratory renovations, equipment, and reagent supplies, in line with AU-NEPAD Health Research and Innovation Strategy for Africa (HRISA) (2018-2030)	• Training and capacity building support reports by Member States • Case study reports on use of research outputs on zoonotic diseases	Routine and robust capacity assessment is conducted to ascertain extent of systems strengthening for the deployment of research and outputs on risk reduction, emergency preparedness, and response to zoonotic diseases	Annually; mid-term; end line evaluation		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 4.3. Support the utilization of social demographic characteristics or indicators to guide the development of emergency preparedness and response to zoonotic diseases.	• Number of Member States-supported countries with data-sharing systems to facilitate social scientists' open access to policies, programmes, research and training on emergency preparedness and response • Data tools adapted including social demographic characteristics and indicators and utilized for entries on emergency preparedness and response to zoonotic diseases by Member States	• Data tools and data reports • Annual OH reports incorporating findings disaggregated by social demographic indicators	Baseline assessments include review of existing data tool where available prior to strategy implementations to inform approach for updating and standardizing tools across Member States	Quarterly; annually		
Objectives 4.4. Strengthen Member States' capacities for emergency preparedness,response and recovery	• Legal framework developed for RRTs and adopted by Member States • Number of supported Member States engaging in community interventions on preparedness and response for zoonotic diseases	• Framework for RRT adapted by Member States • Database of RRT domiciled in Member States • Case study reports on community engagements in rapid response for zoonotic diseases	• RRTs do not currently exist in most Member States; baseline assessment would include reviews on availability and functionality of RRT in Member States	• Mid-term; end line evaluations		

Goal/Objectives	*SMART Indicators	Means of Verification/Data Sources	Assumptions	Reporting Frequency [feasibilities and practicable assessment periods]	Baseline	Target
Objective 5.1. Support advocacy and awareness raising regarding best practices in technology and innovation development, transfer, and scale-up	• Number of advocacy tools adapted, including IEC materials, and utilized, which includes best practices in technology and innovation development, transfer and scale-up for the prevention of zoonotic diseases • Number of Integrated continental platform/network of innovators and incubators on zoonotic diseases established	• Advocacy tools and IEC materials; advocacy reports; case study materials • Member database of the network of innovators and incubators on zoonotic diseases	These interventions would be coordinated mostly at regional level with support from Member States' country teams	Mid- term; end line evaluations		
Objective 5.2. Support effective communication across government, within and among partner organizations, and other relevant stakeholders.	Number of advocacy tools developed and utilized for strategic engagement with different entities including government and media on the prevention of zoonotic diseases	Advocacy tools and reports on outcomes of engagements with government and other relevant stakeholders on zoonotic diseases	Capacity exists and can be leveraged for strategic advocacy engagements on zoonotic diseases	Annually; end line evaluation		

***SMART – Specific Measurable Achievable Realistic and Timebound**

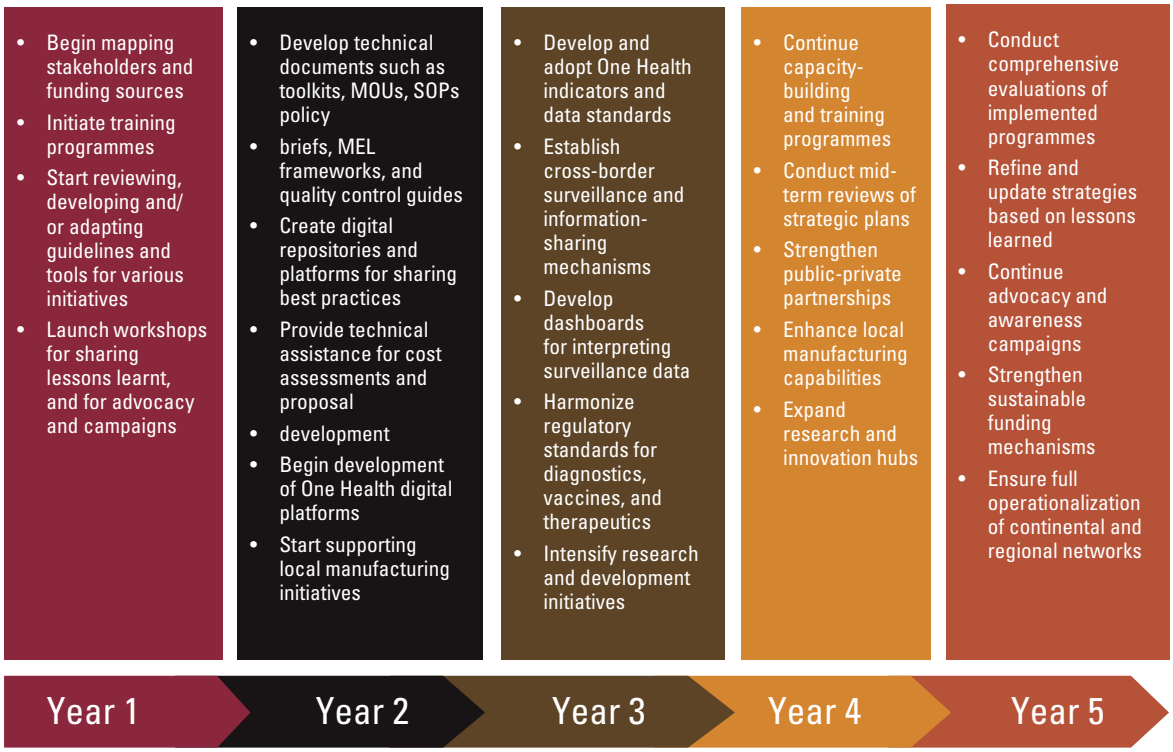
10. ANNEXES

TIMELINE

Throughout all Years:

Ongoing training and capacity building | Regular advocacy and awareness workshops| Continuous monitoring and evaluation of MCMs|

Support for Member States in various aspects of zoonotic disease control | Promotion of research, innovation, and knowledge sharing



11. LIST OF EXISTING STRATEGIES AND FRAMEWORKS

1. African Union Agenda 2063
2. Inter-African Phytosanitary Council of the African Union (AU-IAPSC) Strategic Plan
3. Science Technology Innovation Strategy for Africa (STISA)
4. Accelerated Industrial Development for Africa (AIDA)
5. African Union framework for antimicrobial resistance control 2020–2025
6. Integrated Disease Surveillance and Response framework
7. Framework for One Health Practice in National Public Health Institutes
8. Events-based Surveillance Framework
9. African Union Animal Welfare Strategy for Africa (AWSA)
10. Continental Framework for Strengthening Mortality Surveillance
11. Biosafety and Biosecurity Initiative 2021–2025 Strategic Plan
12. Africa Centres for Disease Control and Prevention Strategic Plan (2023–2027)
13. Quadripartite One Health Joint Plan of Action (2022–2026) (FAO, UNEP, WOAH, WHO)
14. European One Health Action Plan against Antimicrobial Resistance
15. EU Farm to Fork Strategy (2020)
16. ASEAN Leaders' Declaration on One Health Initiative (2023)
17. USAID One Health: A Common Facet in USAID Strategy and Policy Continental Framework for Strengthening Mortality Surveillance
18. Tripartite Zoonosis Guide

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