



MINISTRY OF HEALTH

PUBLIC HEALTH INSTITUTE OF MALAWI

STRATEGIC PLAN III 2023-2030

Disclaimer

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Vision

A center of excellence in public health that contributes towards high quality and productive life of all people in Malawi

Mission

To provide strategic leadership and coordination through multi – disciplinary and multi-sectoral preparedness and response to public health emergencies and threats, disease detection and control, and generate information that informs policy and practice to achieve public health security.

Core Values

- **Integrity:** We believe that the foundation of PHIM is trust, and that we must always act with the highest standards of honesty, trustworthiness, and transparency.
- **Evidence based:** We believe that our decisions, policies, and programs must be driven by science, the most reliable public health expertise, and timely data.
- **Preparedness & responsiveness:** We believe we must be prepared to address emerging and re-emerging issues and public health emergencies and maintain flexibility to respond quickly and effectively.
- **One-Health Approach:** We believe that we are most effective in achieving public health goals when we value the contributions of our multi-disciplinary and multi-sectoral employees, partners; stakeholders, communities, and other national and international agencies; and foster a culture of inclusivity. PHIM is therefore a coordinating center of all IHR-One Health functions
- **Communication:** We believe that communication is a multi-dimensional process and to enhance public health we must provide accurate, actionable, and timely information.
- **Equity:** We believe that achieving optimal health for everyone is rooted in reducing and removing social, environmental, economic, political, gender and structural barriers to public health security and provide equal opportunity to all public health workers in the country

ACRONYMS

AAR	After-Action Review
ADO	Agricultural Development Officer
ACDC	Africa Center for Disease Control
AFENET	Association for Field Epidemiology Network
AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial Resistance
AVO	Agricultural Veterinary Officer
BBSS	Biological and Behavioral Surveillance Survey
CDC	Centers for Disease Control and Prevention
DAHLD	Department of Animal Health and Livestock Development
DALY	Disability Adjusted Life Years
DHRMD	Department of Human Resource Management and Development
DOFA	Director of Finance and Administration
DPME	Director of Planning, Monitoring and Evaluation
EBS	Event Based Surveillance
EHO	Environmental Health Officer
EPI	Expanded Program on Immunization
FETP	Field Epidemiology Training Program
GHSA	Global Health Security Agenda
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
HR	Human Resource
IANPHI	International Association of National Public Health Institutes
IAR	Intra-Action Review
IDSR	Integrated Disease Surveillance and Response
IHP+	International Health Partnership
IHR	International Health Regulations
I-TECH	International Training and Education Center for Health
JEE	Joint External Evaluation
ISO	International Standards
LIMS	Laboratory Information Management System
MGDS	Malawi Growth and Development Strategy
MICS	Malawi Indicator Cluster Survey
MoH	Ministry of Health
NAPHS	National Action Plan for Health Security
NCDs	Non-Communicable Diseases
NCST	National Commission for Science and Technology
NEMC	National Emergency Management Committee
NHRA	National Health Research Agenda
NPHEMC	National Public Health Emergency Management Committee

NPHRL	National Public Health Reference Laboratory
OECD	Organization for Economic Cooperation and Development
OHSP	One Health Surveillance Platform
OSH	Occupation Health Safety
PH	Public Health
PHEMC	Public Health Emergency Management Committee
PHC	Primary Health Care
PHEC	Public Health Education and Communication
PHENICs	Public Health Emergencies of National and International Concern
PHEPR	Public Health Emergency Preparedness and Response
PHEOC	Public Health Emergency Operation Centre
PHHRDM	Public Health Human Resource Development and Management
PHIM	Public Health Institute of Malawi
PHRD	Public Health Research and Development
PHRL	Public Health Reference Laboratory
PHS	Preventive Health Services
PHSDI	Public Health Surveillance and Disease Intelligence
PHZDEC	Public Health Zoonotic Disease Emergencies Control
PoEs	Points of Entry
PESTELE	Political, Economic, Social, Technology, Environmental, Legal, Ethical
SDG	Sustainable Development Goals
SimEX	Simulation Exercise
SMEs	Subject Matter Experts
SLIPTA	Stepwise Laboratory Quality Improvement Process Towards Accreditation
SLMTA	Strengthening Laboratory Management Toward Accreditation
SOP	Standard Operation Procedure
SWOT	Strengths, Weaknesses, Opportunities, Threats
SONA	State of National Address
ToR	Terms of Reference
UHC	Universal Health Coverage
TWG	Technical Working Group
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
WHO	World Health Organization
WHO-AFRO	World Health Organization – Africa Region

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FOREWORD

The Public Health Institute of Malawi (PHIM) is pleased to unveil its 2023-2030 Strategic Plan, which was drafted through a comprehensive collaborative process using input solicited from development partners, public service collaborators, academicians and other stakeholders combined with extensive individual interviews with core personnel in core strategic areas of PHIM and the Ministry of Health (MoH). The strategic planning process has led to a clear, compelling and shared vision for the Institute that will serve as a guide for the organization and its partners as we move forward together.

The Plan provides a roadmap and strategic direction on key priorities and articulates the agreed vision, mission, mandate and core values of the Institute. It also sets strategic objectives, strategies, major activities, time frame, resource requirements and assigned responsibilities for achieving expected outputs in the next seven years.

The Institute's goal and objectives are to maximize effectiveness and efficiencies in technical execution, collaboration, financial sustainability, corporate identity and culture, Institutional capacity and implement the MoH strategic goals in partnership with other health agencies. Ongoing strategic planning ensures continual improvement of public health, anticipation of future public needs, and evaluation of performance

There is a genuine desire to make a difference in enabling the delivery of improved standards of public health. We wish to provide a supportive environment that allows professional and career development so that public health practitioners can use their skills to enhance the client/patient experience whilst working with their partners in health and social services.

In conclusion, we appeal to our development partners and all stakeholders to support the Implementation of the Strategic Plan through collaboration and partnership to enable us to achieve the strategic goal of this Plan.



Hon. Khumbize Kandodo Chiponda, MP

MINISTER OF HEALTH

PREFACE

Public Health Institute of Malawi (PHIM) strategic plan for 2018-2022 wound up in December 2022. The Ministry of Health (MoH) with support from stakeholders initiated the process of reviewing the strategic plan to get the lessons and then later engaged the process of developing the successor Strategic Plan for the period of seven years (2023-2030). The purpose of the review was to assess the functionality and effectiveness of the 2018-2022 plan through time, and to the degree that data is available, engage national expertise and the collaboration of partners, through a participatory approach to help understand the level to which the plan met its goals. The results provided stakeholders with a foundation for informed decision making regarding the future of public health in Malawi.

At the beginning of the process, a collection of relevant Public Health (PH) materials from MoH and other institutions were reviewed and appraised. Materials were processed and adapted in content and context to the nature and dynamics of health practice in Malawi. There were two stakeholders' workshops in which facilitators used a combination of different methods. The methods were PESTELE and SWOT analysis, presentations, group discussions and sharing of best practice while encouraging high-level participation from stakeholders.

Although the old strategic plan presented the MoH vision of improving public health responsiveness, the over-arching finding is that MoH and partners were unable to implement key elements of the 2018-2022 strategic plan resulting in provision of sub-optimal services to the public. The outcome of the review is this strategic plan 2023-2030, which incorporate lessons learnt and contextual changes over the last five years.

In the 2018-2022, the Strategic Plan functional components were streamlined into five major components namely: Public Health Reference Laboratory (PHRL), Research and Development, Epidemiology and Surveillance, Governance and Management and Support Services. In this plan those functions are equally recognized and additional areas such as International Health regulations and Emergency preparedness and Response have been given equal prominence.

While the plan development stakeholders recognized remarkable interest and commitment to PHIM on the part of Government and MoH, there is need to step up allocation of human and financial resources, increase attention to legal and permanent site matters, and approach implementation of the new plan with adequate support and sense of urgency.



Dr. Samson Mndolo
SECRETARY FOR HEALTH

ACKNOWLEDGEMENTS

The Public Health Institute of Malawi (PHIM) expresses its gratitude to various players whose effort and contributions culminated into the development of this Strategic Plan. While many actors played crucial roles, the following organizations are specially mentioned: representatives of development partners ITECH WHO, UNICEF, Red Cross, Law commission, MEIRU, Presidential task force, Luke international, NCST, Parliamentary Committee, ONSE, KUHES and other academic representatives

PHIM further extends sincere thanks to all participants for their contributions during the Strategic Planning workshops; members of the Taskforce who dedicated their time to review the draft; departmental members including relevant stakeholders who worked on relevant objectives that have guided the review and development process.

Special thanks go to CDC for the financial support provided to Management Science of Health through which technical support was in turn provided to PHIM for the review and development of this 2023-2030 Strategic Plan. Special thanks also go to PHIM Secretariat, former PHIM Director, Dr. Ben Chilima and the coordinator of the strategic plan development process Dr. Evelyn Chitsa Banda. Thanks also go to Prime Health Consulting and Services, and its Consulting Team led by Professor Maureen L. Chirwa with Joseph Makuwira, as a team member. The above support would not have been possible without the continued commitment and guidance of the MSH coordinated by Dr. Simon Ntopi. Refer appendix 2 for the full list of people who contributed to the development of this strategic plan.



Dr Matthew Mizeck Kagoli
DIRECTOR; PUBLIC HEALTH INSTITUTE OF MALAWI

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND

Health policy and institutional set up have undergone evolution over time. Health has evolved from a purely medical issue requiring the involvement of medical practitioners only to a social science issue requiring the involvement of multi-dimensional expertise including anthropologists, economists, environmentalists and political scientists. The involvement of non-medical professionals has come with the realization that some of the causes of illness and death are outside the domain of healthcare. Poverty related diseases, interrelationship between animal, human and environmental health among others have influenced extension of perspective to consider social determinants of health as key issues besides medical conditions.

The change in policy landscape and perspective facilitated the birth of Community Health Sciences Unit (CHSU) under Directorate of Preventive Health Services (PHS) to oversee the national disease control programs. The disease control programs, PHRL and Surveillance have been running from 2004 coinciding with the coming of Ebola and the H1N1. CHSU was not able to respond fast enough to emerging of such public health threats and so in 2007 the idea to establish a separate unit to oversee public health emergency response was hatched. The 2012, State of National Address (SONA) indicated the urgent need to operationalize PHIM, a new institution to handle public health issues. PHIM is therefore an outcome of the changing policy space and the gap that CHSU could not fill. CHSU existed, primarily for community health and could not handle public health issues beyond community level.

There remains a very close relationship and collaboration between PHIM and (PHS) but not always very clear to staff and stakeholders. PHS has sections that provide the following services: Environmental Health, Community health, Health education, Port Health and Expanded Program of Immunization. PHS has Disease control programs such as Malaria, Tuberculosis (TB) plus a set of Neglected Tropical Diseases (NTD), For example, Trypanosomiasis, lymphatic filariasis and leprosy. PHS Directorate is responsible for the implementation of all these activities. In addition, PHS is responsible for policy recommendation to the ministry on disease prevention and health promotion; mobilization of resources; coordination of partners to ensure there is no duplication of efforts and leaving gaps. The working relationship between PHIM and PHS is described as confusing, duplication and competitive. Further, others view that programs under Preventive Health Services should all be under PHIM.

Others are concerned that even though PHIM has the capacity to manage Points of Entry (PoE) International Health Regulation (IHR) activities; both PHS and PHIM seem to be interested. It seems no one is willing to forgo the Points of Entry IHR coordination, which results in duplication of efforts. There is lack of involvement of PHIM on PoE IHR activities including neglecting of IHR focal points from other sectors responsible for PoEs culminating in wasting resources meant for strengthening of PoEs. Others feel that whilst PHS can continue with Port Health services, coordination of POEs IHR activities should be PHIMs responsibility.

Environmental Health Department also handles dead body as an issue of prevention and controlling outbreaks. In this regard, one can conclude that both PHS and PHIM are therefore

implementing IHR. The Africa CDC (which is purposefully established) however is calling for member countries to integrate similar functions into one organization. The divide between the two need to be clarified. Equally so, PHS and PHIM collaboration need to be clarified with the implementation of community health and disease control programs such as Malaria, TB and Expanded Program of Immunization (EPI) among others. There is need for clarity for PHIM's responsibility for coordinating the IHR or just part of it.

Even though PHIM is mandated to lead in response to all public health emergencies, some emergency services are located in the clinical directorate where response to emergencies including allocation of emergency ambulances for public health emergency response is housed without any coordination with PHIM. There are also uncertainties affecting staff at PHIM and their motivation to work. Staff lack clarity of their roles and to whom they are answerable between PHIM and MoH senior management.

The emergence of public health challenges such as pandemics, antimicrobial resistance (AMR), climate change, natural disasters and the inadequate state of epidemic preparedness as well as advances in technology, and globalization have exposed gaps in institutions to handle public health emergencies and consequently given birth to the establishment of public health institutes globally. This is the case for Malawi too. Such gaps must be looked into and PHIM is in the position for that.

PHIM is mandated to serve as a central home for all public health activities. PHIM provides leadership in disease surveillance, prevention, and outbreak response, and research to inform public health policy and practice. The institute was formalized in 2012. It produced its first 2011 – 2017 strategic plan. Performance assessment of the first strategic plan showed that the plan was not fully finalized, it was not costed, and most aspects of the plan were not implemented. A number of changes also took place calling for a different response. These among other reasons necessitated the development of another Strategic Plan. PHIM with technical and financial support from I-TECH and CDC Malawi respectively developed a 2018-2022 Strategic Plan through a comprehensive collaborative process involving Senior Management of the MoH, development partners, Ministry of Agriculture, Department of Veterinary Services, other public service collaborators, academicians and other stakeholders, combined with extensive individual interviews with personnel in core functional components of PHIM

The 2018-2022 Strategic Plan expired, PHIM therefore, through yet another technical and financial support from MSH and CDC Malawi respectively reviewed the expired Strategic Plan and developed a successor 2023-2030 Strategic Plan. Desk review was undertaken as part of the review process to understand the existing context in which PHIM is operating. The review has provided an overview of PHIM, state of health outcomes to be considered together with the political, economic, social, technological, environmental, legal and ethical factors; and conventional and local frameworks, which are tools that the institute can tap from. Key informant interviews were also undertaken with specific actors actively working with PHIM that included policy makers from various government agencies; potential partners and stakeholders; development partners and PHIM staff to provide a wide scope of information about Public Health Institute of Malawi. Two consultative workshops were held to share the findings from desk review and consultations. Further, two other review workshops were conducted for policy makers, health subcommittee of Parliament and Law Commission. The

findings were used to review the 2018-2022 Strategic Plan and develop the 2023-2030 Strategic Plan.

1.1. PHIM Organizational Overview

PHIM is fundamental for all public health activities. It provides leadership in disease surveillance, prevention, and outbreak response, and research to inform public health policy and practice. From its formal establishment in June 2020, PHIM has had three core technical functional components namely: Research and Development, Public Health Reference Laboratory (PHRL); and Epidemiology and Surveillance. There are two cross cutting functional components, which are Governance and Management and Support Services. Each of the functional components' assessment is described below:

1.1.1 Research and Development

The Research and Development Unit is supposed to be responsible for generating quality information and making it accessible to all intended users for evidence-based decision making through standardized and harmonized tools. The goal is to improve capacity to conduct research and promote utilization of research findings for evidence-informed decision-making in practice and policy formulation.

In the past four years, the Research and Development unit has built the capacity of the District Research Coordination Committees, and providing them with guidelines. Stakeholders observed that the Unit is mostly reviewing and approving research protocols which is against the expectation that the unit should be leading biomedical/public health research that responds to the community problems and bring evidence for policy decisions. The unclear position of Research and Development unit was cited as one area that should be resolved. Through the unit, PHIM should champion biomedical research to respond to the health problems of the country; characterize the epidemic and know which pathogen is responsible at a particular time and doing the general sequencing. In liaison with National Commission for Sciences and Technology (NCST), set a research agenda on epidemiological, social, behavioral and environmental issues responding to public health issues in Malawi. PHIM should therefore lead in implementing the set agenda instead of just reviewing and approving protocols.

1.1.2 Public Health Reference Laboratory (PHRL)

The PHRL offer advanced essential public health laboratory leadership through science and services. The PHRL has done well in organizing and conducting trainings for laboratory personnel in the central and district hospitals including the PHRL itself to improve quality in the country's laboratories; facilitated laboratory related research; and giving the COVID-19 PCR certificates. For people suspected of having contracted COVID-19 PHRL conducted test to confirm and later work with central hospitals and all other places where confirmation of COVID-19 is done. PHRL personnel and others worked with dedication at the time everyone was scared of COVID-19 patients. A lot more work that is commendable has been done on AMR and accreditation of laboratories in the country. Monitoring has been a challenge for PHIM as an institute but monitoring is done at program level responding to the donor or partner demands.

From the assessment, there was a strong consensus that PHRL could have done better. It is important to have a national laboratory system led by person with a PhD in microbiology, or PhD in biochemistry because people with such high qualification will be able to conduct high-level analysis; characterization agents require a microbiologist who is able to do sequencing beyond preprogramed sequencing, conceptualize and give a new perspective. PHRL

experiences shortage of personnel with higher grades (position). Lack of having well qualified senior people in the higher grades affects strategic decision making for PHRL and this may not advance its aspirations hence the need for new directions with the 2023-2030 Strategic Plan. There is also contention between PHRL and Diagnostics in the MoH where it lacks clarity on who is responsible for what. PHIM however, is placed to build capacity of laboratories in the country to be able to detect pandemics and respond to it real time and provide policy guidance to MoH

1.1.3 Epidemiology and Surveillance

Through the Epidemiology and Surveillance unit, PHIM implements the following interventions: integrated disease surveillance and response, which includes communicable and non-communicable disease surveillance; emergency preparedness and response; Field Epidemiology Training Program (FETP) and HIV and STI surveillance and Event Based Surveillance among others. As part of the disease surveillance, the unit is responsible for detecting outbreaks, and guiding on the response to the outbreaks and other public health emergencies of national and international concern (PHENICs) for outbreak control. The framework of response is provided through multi-hazard emergency response plan as guided by strategic risk assessment, which the unit coordinates. Additionally, the unit oversees development of preparedness and response plans including contingency plans for the country's high-risk hazards. The Public Health Emergency Operation Centre (PHEOC) which sits within the unit, is expected to be functional at all times and respond to emergencies as they happen. However, the consensus of the stakeholders and partners is that the PHEOC should not be an implementer but coordinate and provide leadership to the district PHEOCs and provide technical support as may be required as well as support mobilization of resources and prepositioning of supplies for response.

Surveillance continuously monitors within and outside the country whilst PHEOC is thought to be on and off. If it is a function of the PHEOC when it is not activated; its detection of events results in activation of PHEOC to either alert or response mode. Therefore, PHEOC requires a fixed focal point within PHIM designated to put in place a PHEOC every time there is a need for it. The response team will have a different composition in terms of the actors according to need. A system must be strengthened at national and district level to respond with the leadership of the focal point at PHIM. The PHEOC office should be separate within the PHIM structure and have its own budget for prompt response. Whilst the importance of the PHEOC is appreciated by all stakeholders and partners consulted, there were differing views on how PHEOC should be placed within PHIM. Lumping surveillance and response together result in delayed response to outbreaks including reporting to WHO-AFRO because the same staff who are busy watching to detect an outbreak are also expected to respond once an outbreak has been detected. The fact that public health emergencies occur every time only that most of them are neglected as a result of lack of capacity. PHEOC may not become an independent unit but needs to fall under Emergency Preparedness and Response.

Both WHO -AFRO and Africa CDC recommends making PHEOC functional all the time and to operate in three modes: Watch, Alert and Response. The Africa CDC guide for establishment of National Public Health Institutes (NPHI) recommends that NPHIs should have a minimum of five technical strategic pillars: Surveillance and Disease Intelligence; Emergency Preparedness and Response; Laboratory Systems and Network; Information Systems and Public Health Research. The guide further recommends PHEOC to operate within the Emergency and Response strategic pillar having its own budget for its operations.

1.1.4 Governance and Leadership

The Institute is operating as a directorate under MoH and therefore relies on its administrative structures such as finance and HR. Partners and stakeholders corroborated that PHIM should not be a directorate but be a service arm of the government (not ministry of health) and be independent from the MoH. It should operate in a multi-sectoral environment guided by the Public Health Act. It should have its own budget; grow into being a statutory corporation; and be nonprofit making. Fears were however, expressed that there could be problems to fill the positions if PHIM becomes a statutory cooperation because the institute might not have adequate resource to pay salaries.

Caution was raised by some stakeholders to place personnel based on merit and not otherwise. The goal for establishing PHIM should guide on filling the positions. Functional Review of PHIM to determine required capacities to deliver on PHIM's mandate was proposed as the only objective way of filling the positions on merit to have innovative, energetic persons with passion to change the public health landscape in Malawi.

Stakeholders and partners also corroborated that PHIM must be multi-disciplinary and multi-sectoral. Multi-disciplinary, will allow PHIM to have relevant cadres in the health sector and other relevant sectors for effective response to varied public health needs. A specific Functional Review for PHIM in line with the reviewed strategic plan was proposed to fill the positions based on need to execute the mandate other than promoting people without a proper match with skill set required. PHIM therefore needs a complimentary skill mix, which should be calculated upon its inception in order to avoid what was termed professional tribalism. Stakeholders and partners noted that PHIM has the interest and support of the development partners. However, there is need for concerted efforts to push for PHIM's independence and to procure own office accommodation. PHIM also lacks human resource capacity in both expertise and numbers which affects its performance. There is also financing challenges because PHIM has a bank account that it cannot access neither control. The arrangement affects accountability by the Institute.

Stakeholders and partners further corroborated that there is high need to strengthen PHIM's capacity in terms of infrastructure, financial resources and human resource expertise. The stakeholders, as critical for PHIM's success repeatedly mentioned well-grounded, innovative and assertive leadership.

Stakeholders are also concerned that PHIM is being micro managed resulting in the line of authority not being clear causing frustration among staff thereby affecting their performance. It was also reported that the reporting structure is not observed with some unit heads and sections within PHIM.

The implication for PHIM on the unresolved governance matters may result into lack of accountability, corruption, negligence and fraud among others. All these implications are of concern among the stakeholders and partners. Inadequate coordination on generation of data for the public health response; sample transportation system, monitoring of variances in the country, and management of public health (PH) teams are some of the concerns. PHIM should strengthen a weak link between science, technical management and administration. It should improve communication with partners; jack-up to enhance its visibility to gain respect and

public confidence; and avoid working in isolation to be able to tap on the existing capacities within the partnerships.

Stakeholders envision a fully-fledged PHIM with own departments of Finance, human resources, legal, administration and business development.

1.2 PHIM's Performance

PHIM had 2018-2022 strategic plan however, it was not strictly adhered to. Some of the activities that were attained in that period include proposed collaboration with KUHeS on running a joint Master's degree program in Public Health. PHIM has also initiated collaboration with the University of Leeds to deliver an antimicrobial resistance program in collaboration with KUHeS where theory will be delivered but students will take their practicum at PHIM.

First strategic plan (2012-2017) was developed without a budget, which made it difficult to implement and make progress. The second strategic plan was developed from 2018 to 2022 with technical support from I-Tech with financial support from CDC Malawi. The support aimed at ensuring that PHIM was established as a parastatal. A Bill was developed but stalled as management decided to include PHIM establishment in the Public Health Act under review. PHIM has ended up being a MoH directorate as of June 2020.

It was observed from within PHIM that the strategic plan under review was not fully disseminated. There was no deliberate arrangement put in place to oversee its implementation. Activities being carried out by PHIM's units were driven on the interest of the donor other than the strategic plan that was once again partially funded. It was also stated that PHIM's activities had been influenced by COVID -19 which saw the reprioritization of activities and not necessarily guided by the strategic plan. Further, the fact that PHIM staff continued to operate without being given the existing positions after the approval of the function review in June 2020 meant that staff were not positioned in an enabling environment. Consequently, 38 percent of the strategic plan activities are estimated to have been implemented.

There is general consensus that PHIM handled COVID-19 well. It is proposed that to build on such successes, PHIM should decentralize some of its activities to allow districts conduct their own responses at the same rate as the National level is implementing its interventions. Secondly, strengthen data management, and reporting systems to ensure consistency from source to national level.

Effects of climate change and the need for addressing its public health impacts through establishing a unit within PHIM for prompt response were acknowledged. Alternatively, climate change effects should be treated under Emergency Response.

PHIM should include science-based policy management as its mandate to drive the science that is helping in analyzing population health. Partners observed that there is a weak link between science and every stage of PHIM's activities.

1.2.1 Collaboration

PHIM collaborates at national, regional and international levels. However, most collaboration are program driven, more or less coordination with partners. In an effort to create a multi-disciplinary response to COVID 19 pandemic, PHIM established multi-disciplinary and multi-sectoral collaboration in accordance with IHR which include the multi-disciplinary partners:

clinical, nursing and midwifery, planning and policy, finance, preventive health, reproductive health and Quality management directorates. Multi-sectoral partners include: Ministries of: Foreign affairs, Homeland, Defense, Agriculture, Water and Sanitation, Natural Resources, Labor, Education, Science and Technology, Justice, Tourism, Gender, Finance and Local government. This is in line with the aspirations of the stakeholders and partners.

Some effective collaboration take place at departmental level such as the one between the National TB laboratory and Uganda a super national reference laboratory under a WHO requirement. For the World Bank partnership, the TB lab is working with Southern Africa TB strengthening program. The collaboration works together on COVID 19, research and disease surveillance through the One Health approach. At national level through One-Health approach, there is some form of collaboration in sample transportation in conditions such as HIV, COVID 19, Polio, cancer program and anti-microbial resistance. However, collaboration within the sections of national health laboratory is lacking greatly

Before COVID-19 however, it was reported that from May 2018 PHIM conducted weekly meetings where representation from all laboratories, surveillance and research were meeting updating each other on activities being implemented in various departments. After introduction of COVID -19 restrictions, holding of such meetings stopped naturally having been overtaken by the daily PHEOC meetings and up to now they have not resumed. Currently, nobody knows what the other section is doing. Sometimes one is informed of a meeting being graced by the minister under PHIM with PHIM staff not aware. It was also reported that reporting structure is not observed with some heads of sections and units provided the leeway to report to the SH directly bypassing the head of a particular section and the PHIM Director.

Apart from human health, PHIM should strengthen its interaction with animal health. PHIM's interaction with veterinary is through IDSR, AMR and IHR. There have been activities that were implemented together. There was consensus among stakeholders on the threat of disease transmission between animal and humans such as rabies and sleeping sickness. It was acknowledged that this collaboration needs to be strengthened. It was agreed upon that the animal, human and environment do interface in influencing public health and are the main players in the One –Health approach. Collaboration with the department of Environmental Affairs however, has not been laudable enough. This could be due to the fact that environmental health issues are retained in the Preventive Directorate yet they are also not collaborating.

Regulatory bodies noted that PHIM is not including them as collaborators yet these regulate various professionals under PHIM and regulate drugs used in veterinary sector.

1.2.2 Monitoring and Evaluation

Monitoring the implementation of the strategic plan being reviewed was not done but donor supported activities were monitored. For example, with PHEOC a reporting structure that can be strengthened for monitoring. For example, first point of contact is reporting from affected communities to the District Focal Point who reports to the National Focal Point in the PHEOC who together with the PHEOC manager mobilizes the rapid response team to verify the incident. When an incident is confirmed, an emergency meeting is convened with relevant multi-disciplinary and multi-sectoral stakeholders (National Focal Point) and the committee transcends into the PHEOC committee to coordinate the response and make recommendations. There is however a challenge with uploading of data to monitor progress. In addition, some sections in the ministry require that data should go through to them personally who then transmit it into the PHEOC delaying the whole response

PHIM should operationalize the monitoring and evaluation framework. Review and draw some lessons from the M&E initiative by the Office of President and Cabinet (OPC). A performance hub has been instituted to help follow up on performance of ministries on their plans. PHIM should develop a similar hub to monitor the performance of each department and other relevant actors for real time response and decision-making. Further, MoH need to reposition PHIM into an enabling environment so that all data required should be channeled direct to PHEOC One-Health Surveillance Platform (OHSP) for real time decision making and action

1.3 Challenges

- a)* Many stakeholders mentioned lack of legal status as a challenge. Some however, find the concerns over lack of legal status as not real, but that some senior officials are not comfortable to transit PHIM into semi-independence or statutory cooperation. However, stakeholders and partners expressed hope with the imminent finalization of the Public Health Act that is reported to include PHIM as a semi-independent institution.
- b)* PHIM lacks coherent capacity building plan that established gaps and mechanisms to mitigate the consequences. The staff aspiration is that there should be a training program at PHIM level for both long term and short-term training including specialist programs.
- c)* Institutional systems at PHIM are wanting such as the financial system, performance system, quality management, monitoring, ICT, communication systems etc.
- d)* Public health is vast and goes beyond the hospital covering rural and urban communities, industries, tourism and hospitality such as restaurants, lodges and markets. As such, there is need to work closely with Local Government, Immigration and Tourism among others. It was reported that due to unclear definition of public health, engagement with other institutions is low. This is also compounded by frequent transfers of personnel that have been nominated by relevant sectors to act as IHR focal persons including lack of understanding by responsible managers in those sectors to allow their IHR focal person be mobilized at short or no notice to go and respond to an emergency.

CHAPTER TWO

2.0 RATIONALE AND JUSTIFICATION FOR THE STRATEGIC PLAN

The 2023-2030 PHIM Strategic Plan aims at guiding the implementation of the Institute activities over the next seven fiscal years as it seeks to fulfil its mandate. The Plan will serve as a:

- i. Roadmap in pursuing strategic direction of public health and its leadership for Malawi.
- ii. Tool in IHR and public health coordination efforts
- iii. Guide in promotion of science and technology for generation and implementation of public health initiatives
- iv. Tool for communication within PHIM and its stakeholders and partners
- v. Tool for mobilizing resources on the identified priority areas requiring a strategic, operational and tactical response by PHIM.

Strategic Planning Process

The Plan was developed in a highly participatory manner, to ensure relevance and ownership of the results. The evaluation process entailed consultations with a cross-section of groups and individual stakeholders of PHIM to obtain their inputs on the extent to which objectives set in the 2018-2022 Strategic Plan were met, as well as their inputs of the issues that need to be tackled in the 2023-2030 Strategic Plan. The list of stakeholders consulted is attached as Appendix 1. A number of key policy and development frameworks that included the Sustainable Development Goals (SDGs), Malawi Vision 2030 Strategic Plan and the Constitution of Malawi among others informed the development of the Plan.

The following major steps were involved in the preparation of the Plan:

- i) An evaluation exercise was undertaken to assess the extent to which the strategic objectives and identified priority areas in the previous plan were addressed and achieved. The evaluation was based on extensive literature review pertaining to the achievements of the previous plan, as well as individual and focus group discussions with various stakeholders within and outside Malawi. It also identified factors that may have contributed to success or hindered successful implementation to provide lessons for the formulation of the 2023- 2030 strategic plan.
- ii) The evaluation exercise included an environmental scan that sought to appreciate the key challenges and opportunities in the public health sector in general and PHIM in particular, including systemic challenges to do with its structures, performance and systems.
- iii) Evaluation findings were presented at stakeholders' workshops comprising members of PHIM and its both private and government including Civil Society Organizations (CSOs) and development partners, whose inputs informed the development of the Draft Strategic Plan.
- iv) The Draft Strategic Plan was externally and internally validated.

CHAPTER THREE

3.0 PUBLIC HEALTH PERSPECTIVES

3.1 Global Public Health Perspective

Although changes in health indicators have been favorable overall, distribution of gains has been unequal. Despite a global decline in population numbers and density, there is a growing concern of public health issues. Trends that include dramatic changes in global food prices cause public health issues that include a consequential rise in child and maternal undernutrition, morbidity and mortality. Increasing population densities have led to increased contact between humans and livestock, facilitating the evolution and transmission of zoonotic infections. Further, the exponential increase in travel over the last four generations has huge implications for infectious diseases. Over billions of individual air journeys are made every year, and each has the potential to carry and transmit disease.

The world has faced severe acute respiratory syndrome (SARS) outbreaks without being fully noticed indicating lapses in the international notification and reporting mechanisms. The zoonotic infections have spread swiftly to places because there has been a series of delays in reporting the outbreak, allowing it to gain a foothold. This has given indication that a new, more relevant, formal network for alerting and communicating infections between countries was needed hence the International Health Regulations (IHR) mechanism have been looked into over the years. The emerging and re-emerging infectious diseases, new cycles of pandemics, and the threats of bioterrorism are the bases for the more robust IHR that demand a more robust public health drive at both national and local levels.

To address these evolving health challenges and emerging threats while improving public health capacity around the world a global health community (International Association of National Public Health Institutes; IANPHI) was launched in 2006, with 39 founding members. The IANPHI collectively builds public health capacity and capabilities by connecting, developing and strengthening national public health institutes worldwide. The IANPHI links and strengthens the government agencies responsible for public health. IANPHI improves the world's health by leveraging the experience and expertise of its member institutes to build robust public health systems.

3.2 Africa Region Perspective

The IANPHI idea was well received by the African Union where in its 26th Ordinary Assembly of Heads of States and Governments established the African CDC in January 2016 and officially launched it on 31 January 2017. One of the core mandates of the African CDC is to assist member countries establish National Public Health Institutes (NPHIs) and where they already exist; strengthen them in order to lead in responding to public health emergencies of both national and international concern (PHENICs). Further, the July 17 2022 Health Ministers' "Lusaka Call to Action" is urging all AU Member States and partners to recognize and prioritize PHEOCs as an important pillar in health emergency preparedness and response while encouraging Member States to commit to establishing or strengthening functional PHEOCs in each AU Member State by 2026.

3.3 National Public Health Perspective

Malawi has an actual enumerated population of 17.6 million people according to 2018 National Census, reflecting an average annual growth rate of 2.9% from previous census. With a predominantly youthful population, it is anticipated that the current population distribution pattern will continue to reflect on the previous distribution patterns: 64% under the age of 15, 18% under the age of 5 and only 3% above 65 years. At a Gross Domestic Product (GDP) per capita of USD3274 in 2017, the economy is predominantly agro-based with agriculture, forestry and fishing contributing to 28% of GDP. Development aid plays a key role in the economy and in the health sector as it accounts for on average 62% of total funding. Life expectancy at birth is estimated at 63.9 for both sexes as of 2017. Malawi's maternal mortality rate (MMR) and neonatal mortality rate (NMR) are among the highest in Sub-Saharan Africa despite a decline in MMR which was estimated at 439/100,000 live births in 2016, down from 675/100,000 in 2010. Acute respiratory Infections (ARIs) are still significant causes of morbidity and mortality especially among children under five years. Despite progress over the period of the HSSP II, Malawi continues to hold a high burden of disease with HIV and AIDS, respiratory infections, malaria, diarrheal diseases and perinatal conditions as the leading causes of death.

Health services in Malawi are provided by public, private for profit (PFP) and private not for profit (PNFP) sectors. The public sector includes all health facilities under the MoH, districts, town and city councils, Ministry of Defense, Ministry of Internal Affairs and Public Security (Police and Prisons). Health services in the public sector are free-of-charge at the point of use.

3.4 Health System in Malawi

Malawi operates a three-tier health system. The first tier is Primary Health Care (PHC). This sector is in effect to meet the needs of general medical care, which includes community health posts, maternity units, dispensaries, health centers and rural hospitals. The second tier consists of district hospitals. These facilities see patients who receive a referral from their primary health care officer to receive secondary health care services. These include laboratory work, curative and rehabilitation services. The final tier is tertiary care provided by central hospitals where specialized care is sought. This tier covers extreme conditions that require highly specialized care such as treatment for specific diseases. The linkage for these services comes through an elaborate referral system that trickles down the health care system.

3.5 Policy Context

SDG 3 concerns ensuring healthy lives and wellbeing. Target 3.8 is universal health coverage (UHC). The principles of UHC are equitable access, efficiency, quality, inclusiveness, availability, adaptability, choice and innovations. Malawi is a signatory to the: 1978 Alma Ata Declaration on Primary Health Care; 2005 Abuja Declaration; 2008 Ouagadougou Declaration on Primary Health Care and the Maputo Plan of Action (MPoA, 2016 – 2030) which seeks to take the continent forward towards the goal of universal access to comprehensive sexual and reproductive health services in Africa beyond 2015. Malawi relates with development partners in the context of the 2011 Busan Partnership on Aid Effectiveness, formerly Accra Agenda for Action (2008) and Paris Declaration on Aid Effectiveness (2005). Aid effectiveness declaration is built on five principles

namely: i) local ownership, ii) alignment of aid to country priorities, iii) harmonization of practices among donors, iv) delivery of results and v) mutual accountability. The International Health Regulations (2005) to which Malawi is a signatory, call for member states to strengthen their capacities to detect, verify, notify and respond to all Public Health Emergencies of National and International Concern (PHENICs) in order to curb the situation at source without unnecessary interference with travel and trade. The principles and rules of engagement between Malawi and development partners are domesticated in the Malawi Development Cooperation Strategy, which also spells out actors and their respective level of engagement in the Aid Management Platform.

The Malawi 2063 affirms that the goal on health is to attain universal health coverage with quality, equitable and affordable healthcare for all Malawians¹. Malawi 2063 covers health within the human capital development enabler. Domestically, the Health Sector Strategic Plan (HSSP) guides health policy. The Malawi 2063 first 10-year Implementation Plan has maintained UHC with the aim of improving health status, financial risk protection and client satisfaction² as the guiding principles in health service delivery.

3.6 State of Health Outcomes

Health outcome indicators have improved over the years but remain poor. Life expectancy is estimated at 64 years. Neonatal mortality rate, infant mortality rate and under five mortality rates per 1,000 live births stand at 26, 40 and 56 respectively³(HSSP 2017-2022).

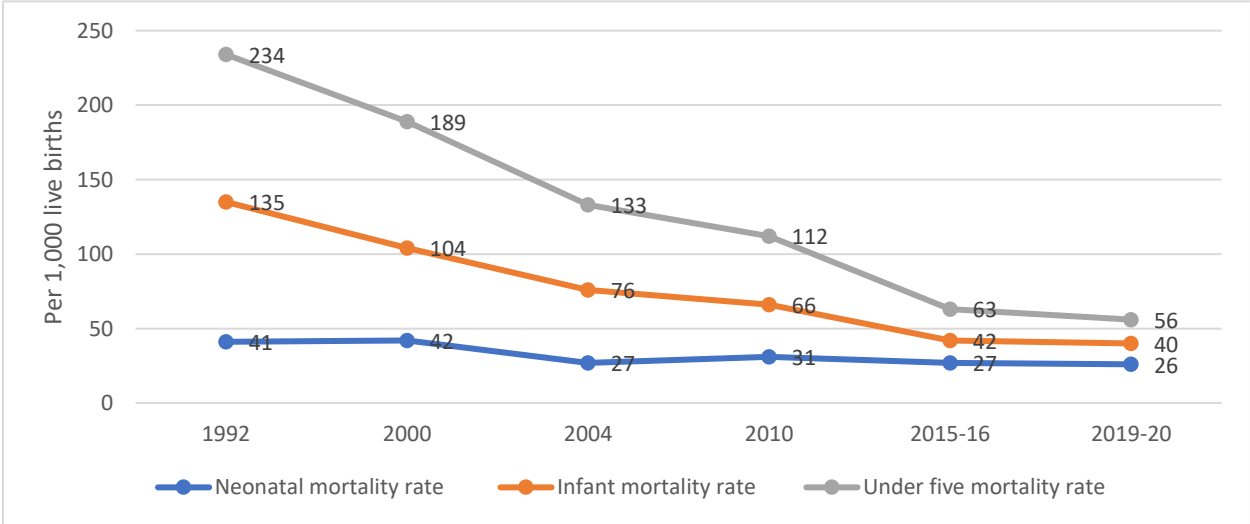


Figure 1: Trends in mortality rates of children (deaths per 1,000 live births)

Sources: National Statistics Office (Malawi) and ICF (2017), Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF. National Statistics Office (2021), 2019-2020 Multiple Indicator Cluster Survey. Zomba

¹ National Planning Commission (2020), Malawi 2063, An Inclusively wealthy and self-reliant nation. Lilongwe
² National Planning Commission (2021), Malawi 2063 first 10 year Implementation Plan. Lilongwe
³ National Statistics Office (2021), Multiple Indicator Cluster Survey. Zomba

Figure 1 shows that there has been consistent and substantial progress in reducing mortality rates of children especially under-five and infant mortality. The rate of progress however slowed down between 2015-16 and 2019-20 as evidenced by the flattening of the graphs. Over the period between 1992 and 2015-2016, pregnancy-related mortality ratio per 100,000 live births, rose from 615 in 1992 to 1,123 in 2000 and since then has steadily declined as shown in figure below.

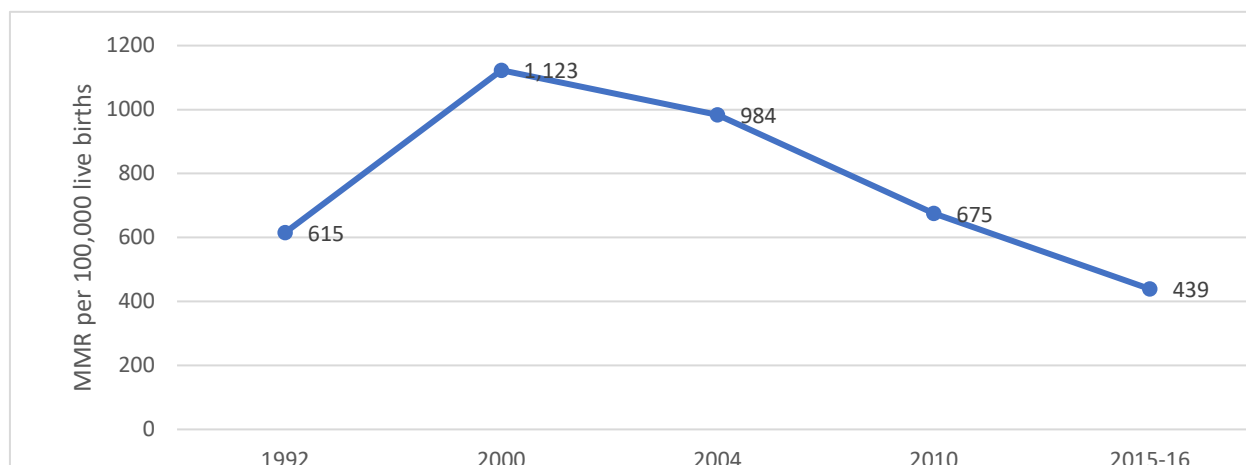


Figure 2: Trends in Maternal mortality ratio (deaths per 100,000 live births)

Source: National Statistics Office (Malawi) and ICF (2017), Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.

The improvement in health outcomes follows improvements in underlying health factors. The 2015-16 Demographic and Health Survey estimated HIV prevalence rate among people in reproductive age group of 15-49 years at 8.8% (10.8% among women and 6.4% among men)⁴. Access to safe drinking water source is estimated at 87.9%. Majority (96.7%) of women deliver at a health facility and 96.4% of child deliveries are assisted by skilled birth attendants. Contraceptive prevalence rate is 64.7% and 72.6% of children 12-23 months old are fully immunized⁵. Stunting among children 0-59 months old has declined from 55% in 1992 to 33.7% in 2020⁶. The prevalence of stunting however still positions Malawi in red zone as international standard to be in safe zone is a 30% threshold. Access to improved source of sanitation remains very low at 35.2 percent⁷. A well-resourced PHIM is a catalyst to sustain the gains and guarantee further improvement.

Over the years, there has been some change in leading causes of death. Despite malaria moving to 6th from 3rd position, it remains one of the top three absorbers of financial resources. On average, 66.1% of total health expenditure for the period 2015/16 to 2017/18 was spent on HIV and AIDS,

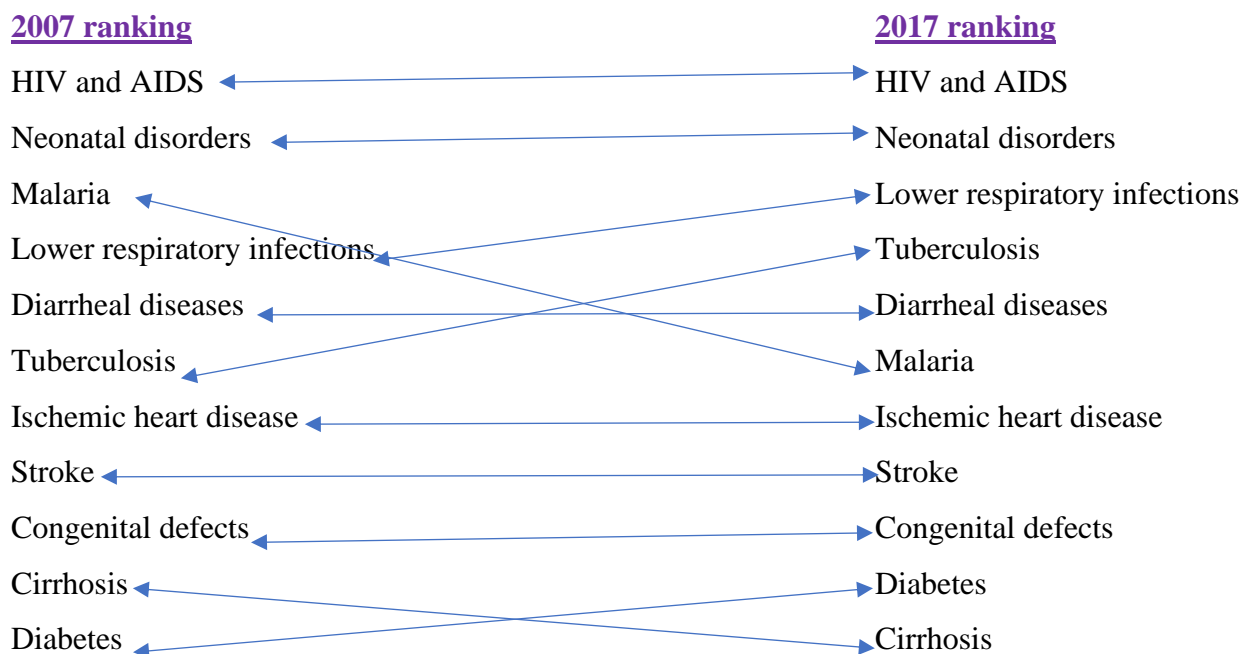
⁴ National Statistics Office (Malawi) and ICF (2017), Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF

⁵ National Statistics Office (2021), Multiple Indicator Cluster Survey 2019-2020. Monitoring the situation of children and women. Zomba

⁶ National Statistics Office (2020), Integrated Household Survey. Zomba

⁷ National Statistics Office (2020), Integrated Household Survey. Zomba

malaria and reproductive health⁸. Comparison of leading causes of deaths over a period of ten years between 2007 and 2017 show disease burden as in table below.



The change in leading causes of death implies a change in focus in health challenges. Over the years, there has been increasing prevalence of non-communicable diseases such as neonatal disorders, heart diseases and congenital defects although HIV/AIDS and neonatal disorders remain major killers. Diabetes, lower respiratory infections (LRIs), and communicable TB have increased. PHIM has to proportionately balance focus between communicable and non-communicable diseases. Further, over the years, there has been increasing prevalence of cases of over nutrition in addition to under nutrition, which has been a persistent challenge for a long time. All these changes require change in design and approach to health. Effective change comes with a better understanding of the environment in which PHIM is/should operate.

3.7 Concerns with Funding

A large cause of a lack of quality health services in Malawi comes down to funding. Approximately \$93 is spent on each person in Malawi annually, which is around 11.4 percent of the overall GDP. The U.S. spends around \$10,000 on healthcare per capita annually. Due to these issues, the focus for healthcare in Malawi has been working on minimizing the burden of disease, increasing cost effectiveness, providing more widespread access to the poor and implementing proven successful health interventions. Implementation has been laid out through new quality assurance policies, improving standards and accreditation, and improving performance management with the HSSP. Concerns like these propel the policy makers and other key stakeholders to focus on public health initiatives that take a more preventive approach, proactive disease surveillance, testing and coordinated emergency response.

⁸ Ministry of Health 2020. *Malawi National Health Accounts Report for fiscal years 2015/16 - 2017/18*. Lilongwe, Malawi: Ministry of Health. Department of Planning and Policy Development.

CHAPTER FOUR

4.0 SITUATION ANALYSIS

4.1 Operating Context

PHIM is operating in a favorable global, regional and national policy, strategic and legislative environment affirmed by the Malawi 2063 and African Union Agenda 2063 that health is a human capital development enabler thereby endorsing the importance of the Public Health Institute of Malawi. The Operations of PHIM contribute to the global/regional and local health agenda but within defined parameters. Such frameworks include global legislation and policy; regional legislations and protocols; and national legislation and various instruments.

The global conversional frameworks, to which PHIM mandate contributes, include the (SDGs especially Goal 3 as presented in Table 1:

**Table 1: SDG's Goal 3: Ensuring healthy lives and promoting well-being for all at all ages
13 Health Targets:**

i.	<i>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</i>
ii.	<i>By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</i>
iii.	<i>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</i>
iv.	<i>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</i>
v.	<i>Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</i>
vi.	<i>By 2020, halve the number of global deaths and injuries from road traffic accidents</i>
vii.	<i>By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs</i>
viii.	<i>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all • By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</i>
ix.	<i>Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</i>
x.	<i>Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha</i>

	<i>Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all</i>
xi.	<i>Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</i>
xii.	<i>Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</i>

Table 2: Relevant Frameworks.

#	Frameworks	Description
Global Legislative and Policy Context		
The Government of Malawi (GoM) is a signatory to several global and regional commitments relating to Public Health initiatives. In addition, various legislation and policies guiding the development and implementation of the Public Health programs are included. Appendix 1: list of documents reviewed		
1	The International Health Regulation (IHR) 2005	This guides the country on key actions needed to build core capacities in order to respond to public health emergencies of national and international concern (PHENICs) under One-Health. The One-Health concept calls for collaborative, multi-sectoral, and multi-disciplinary approach at the local, regional, national, and global levels to achieve optimal health outcomes recognizing the inter-connection between people, animals, plants, and their shared environment.
2	The International Association of National Public Health Institutes	The International Association of National Public Health Institutes (IANPHI) collectively builds public health capacity and capabilities by connecting, developing and strengthening national public health institutes worldwide.
3	UNAIDS Fast Track Strategy	UNAIDS fast track strategy guides Malawi by setting targets for prevention and treatment that previously was known as the 90:90:90 targets by 2020 and now 95-95-95 by 2030 in order to achieve SDG 3.
4	Global Health Security Agenda	Launched in 2014 and led by Centres for Disease Control and Prevention and WHO, the global health security agenda seeks to accelerate progress to what the world say from disease threats. It is the global effort to strengthen the

		world's ability to prevent, detect and respond to infectious disease threats
5	The global TB commitment	The Global Tuberculosis (TB) Commitment on Ending TB focuses on improving access to people centered TB prevention and care, mobilizing adequate resources for implementation of TB programs and conducting research and a commitment to tracking and reviewing progress on ending TB including minimizing the spread of drug resistance.
<p>Regional Legislations and protocols</p> <p>Within the regional or continent, there are also tools helping to guide and provide direction on Public Health related issues that include:</p>		
6	The Ouagadougou declaration on Primary Health Care (PHC) and Health Systems	This is a re-iteration of and re-dedication to the principles of the PHC approach to improve the health of the people, within the context of an overall health system strengthening approach
7	African Health Strategy 2016-2030	The African Health Strategy 2016-2030 was developed by the African Union. With a vision 'An integrated, inclusive and prosperous Africa free from its heavy burden of disease, disability and premature death', the African Health Strategy 2016-2030 aims at ending AIDS, tuberculosis, malaria and neglected tropical diseases among others.
8	Africa CDC Framework for Development of National Public Health Institutes	The Africa CDC which was formed by the African Union to assist member countries establish or strengthen member countries' National Public Health Institutes (NPHIs) in order to track member states' compliance in implementation of the IHR
9	Integrated Disease Surveillance and Response	This is the strategy adopted by countries in the WHO-AFRO region for implementing comprehensive public health surveillance and response systems for priority diseases, conditions and event at all levels of health care systems. Successful implementation will require a well-trained, competent and dedicated workforce
10	Maseru Declaration on HIV and AIDS	Malawi is one of the countries that are signatories to the Maseru Declaration on HIV and AIDS that was adopted by Member States in the Southern Africa Development Community (SADC) in July 2003, in Maseru, Lesotho.

		The main objective of the treaty is eradication of HIV and AIDS in the SADC region, which is one of the regions with the highest prevalence rate of HIV.
<p>National Legislation and Instruments</p> <p>There are also some Malawi specific legislations and instruments in place for purposes of strengthening Public Health initiatives as follows:</p>		
11	The Constitution of the Republic of Malawi	The Constitution of the Republic of Malawi under Principles of National Policy and Human Rights provides for relevant and specific rights, such as, the right to life, right to health, dignity, prohibition of cruel, inhuman and degrading treatment and torture; Prohibition of discrimination, privacy and confidentiality; Protection from violence, harassment and abuse; Freedom to participate in a culture of choice; Right to develop; Freedom of expression; Right to participation; Access to information, effective legal remedies and equality before the law.
12	The Malawi 2063 (MW2063)	Vision and aspirations for Malawi with focus on Health and Nutrition as some of the enablers to public health security
13	Public Health Act 1948 under review	The public health act calls for the establishment of Public Health Institute of Malawi as a parastatal to be responsible for handling all public health issues and emergencies
14	The Occupational Safety, Health and Welfare Act 1997 (OSHWA)	OSHIWA administered by Ministry of Labor provides for the regulation of conditions of employment in workplaces with regard to safety, health and welfare of employees; for the inspection of certain plants and machinery; for the prevention, regulation and response to accidents occurring to persons employed or authorized to go into the workplace.
15	HIV and AIDS (Prevention and Management) Act	An Act made a provision for the prevention and management of HIV and AIDS; provided for the rights and obligations of persons living with HIV or affected by HIV and AIDS; provided for the establishment of the National AIDS Commission.
16	The Health Sector Strategic Plan 2023-2030	This is the generic MoH strategy aimed at achieving universal health coverage of quality, equitable and

		affordable health care in order to improve health status, financial risk protection and client satisfaction
17	National Health Policy 2018 – 2030	The policy provides a unified guiding framework for achieving the health sector goals through addressing the identified key challenges and their root causes, thereby improving the functioning of the Malawi Health System and positioning the country on the path to achieving the health-related Sustainable Development Goals.
18	PHIM Strategic Plan 2017-2022	Defines PHIM’s mandate and authority. Presents PHIM as the lead in public health emergencies and the coordinating office in the implementation of all IHR activities in the country under One-Health approach
19	Malawi Strategy on Antimicrobial Resistance (2017-2022)	The Malawi AMR strategy is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them ⁹ . PHIM is the leading player and coordinator in implementation of the AMR strategy.
20	The National Health Research Agenda 2023-2030 final draft	This provide guidance to researchers on country specific research priority areas to be given prior consideration when conducting research in order to inform policy decisions.
21	Guidelines for Disinfection of Premises and Surfaces	MoH developed guidelines for use by various stakeholders including healthcare workers in health facilities (both private and public), points of entry staff, public business premises such as hotels, shops, markets, offices, prisons and police cells, spraying firm, individual households at community level among others
22	Malawi National Health Communication Strategy 2021-2028	Strategy developed by MoH guides to address the quadruple burden of communicable diseases, non-communicable diseases, trauma-related conditions, and maternal and neonatal problems facing Malawians
23	Draft DAHLD Livestock Strategy 2018-2023	The Department of Animal Health and Livestock Developed a Strategic Plan to operationalize the National Livestock Policy (NLP) during the period 2018 to 2023

⁹ GoM (2017) Malawi Antimicrobial (AMR) Strategy 2017-2022, Ministry of Health

		to contribute to the National Agriculture Policy (NAP) and National Agriculture Investment Plan (NAIP), to improve livestock productivity, supply of quality proteins of animal origin, resulting in food and nutritional security among the human population
24	National Livestock Development Policy (2021-2026)	The policy was launched in January 2022 building on the National Agriculture Policy (NAP) on specific strategic investments/actions that need to be undertaken to realize the NAP outcomes, which include livestock. The policy has nine (9) priority areas to spear head animal health and livestock development within the country. Priority no. 2 focusses on Animal health, veterinary public health and welfare which among others one of the policy statements is prevention and control of animal diseases of socio economic importance including Zoonosis.
25	Multi-hazard emergency response plan	The plan-prioritized risks through risk assessment with a high potential to occur in the country and generic response plan to such hazards is presented. From this specific hazard contingency plans are developed to respond to specific public health events.

Some tools have expired or are about to expire but their contents remain relevant. PHIM can still refer to them and participate in the review of the same at an appropriate time. These include:

- i) Covid-19 vaccine social mobilization and risk communication strategy for Malawi 2021-2023
- ii) National livestock development strategic plan, 2018-2023;
- iii) National Environmental Health Policy developed in 2018;
- iv) Household Water Treatment and Safe storage, National Action Plan 2016 to 2021;
- v) Health Promotion Policy 2013;
- vi) Malawi Malaria Vaccine Communication Strategy 2018-2022;
- vii) Policy on Equity in Access to Antiretroviral Therapy (Art) In Malawi;
- viii) Malawi Growth and Development Strategy 2017-2022.

Some documents are in draft but crucial to PHIM functions and such documents are:

- i) IDSR Technical Guidelines 3rd Edition
- ii) PHEOC Handbook
- iii) Multi-hazard Emergency Response Plan
- iv) Food safety policy
- v) IHR Policy

Literature shows the complexity of public health issues that if addressed will provide sustainable health outcomes and reduce the medical economic burden Malawi is facing.

4.3 PESTELE Analysis

4.3.1 Political Context

PHIM operates in an environment that is partly politically driven. The political landscape presents mixed bag to public health delivery in Malawi. Health is politically appealing to all political parties as evidenced in 2019 Campaign Manifestos for major parties. All political parties in Malawi contesting for the presidency as well as aspirants for Member of Parliament placed emphasis on health. However, except a few, majority look at health from more of medical issue than public health issue as such focus is on plans to construct health facilities, ensure drug availability and motivate healthcare workers. Even though these are equally good; efforts that focus on preventive measures that are less expensive need to be prioritized so that sustainable health is achieved for all.

Major public health causes of morbidity and mortality in Malawi include diarrhoeal diseases, which are a result of unavailability of quality of water, poor sanitation and unhygienic practices. Malaria is one of the major causes of death and contributed to high mortality in 2019. Malaria is related to environmental factors not commonly talked about. Concentration has been on treating malaria and therefore focus is on stocking drug stores and pharmacies with little or without educating the population on what they can do within their means to reduce malaria from breeding. Other common public health problem are malnutrition and stunted growth. These and more others are preventable conditions and if taken as a campaign tool, might change the health outcomes and improve general health of the Malawi population. Although the political economy tilts in favour of health, it is clear that limited political will to address challenges whose effects contribute to poor health often counter the positive strides. Challenges include social determinants of health: poverty, inequality, waste management, water and sanitation among others.

4.3.2 Economic Context

Malawi economy remains weak and has further weakened because of COVID-19 and its preventive measures. Economy grew by 0.9 percent in 2020 and by 3.8 percent in 2021 falling short of targeted minimum 6 percent in the Malawi 2063. Effects of climate change wreck the economy every year resulting in significant loss of people's lives and livestock, damage to property and infrastructure. Recent survey on poverty estimated that 50.7 percent of the population lives below the national poverty line of K165, 879 per person per year (approximately K455 or US\$0.55 per person per day). Twenty point five percent of the population are ultra-poor surviving on not more than K101, 293 per person per year (approximately K288 or US\$0.34 per person per day).

Weak economy has a number of pathways in affecting health. Some of the ways include increased prevalence of poverty-related diseases and deaths; limited capacity to finance the health system and infrastructure such as roads leading to increased road injuries and poor access to amenities such as health care services. Further, there is high unemployment in the formal economy hence few people are on employer-supported health insurance. In addition, overreliance on donors for financing results in challenges of coordination, fragmentation and mis-prioritization.

Evidently, according to the 2020 National Health Accounts report, per capital health spending for the period 2015/16 to 2017/18 averaged US\$39.8 falling critically short of the US\$86

recommended minimum by the World Health Organization for an essential package of cost-effective interventions and health systems strengthening. Total public health spending as a percent of total government expenditure averaged 10.5 percent over the same period, falling short of the minimum 15 percent Abuja Declaration. Government finances healthcare services through general taxation and donations. In terms of sources of financing, the National Health Accounts report covering fiscal years 2015/16 to 2017/18 showed that donors contributed an average of 58.6 percent of total health expenditure over the three years. Public spending accounted for 23.9 percent and private spending account for 17.5 percent of total health expenditure. In terms of resource pooling, 24.8 percent of total resources for health were pooled through public financing schemes mainly central and local government schemes. More than half (57.1%) of total resources for health were pooled by numerous and fragmented schemes including those of donors and non-governmental organizations. Private pooling of resources only to people in formal employment accounted for 4.1 percent of total health expenditure.

The 1944 Medical Care Recommendation (No.69) introduced the principle of universality, setting out that healthcare services should cover all members of the community whether they are gainfully occupied or not. A desired health system is characterized by a) the range of services effectively accessible and b) financial protection against the costs of such services. The latter is often measured by a reduced out-of-pocket payment. Section 13(c) of the Constitution of the Republic of Malawi obliges the State to provide adequate healthcare, commensurate with the health needs of Malawian society and international standards of healthcare. Section 13(b) of the same Constitution of the Republic of Malawi obliges the State to achieve adequate nutrition for all in order to promote good health and self-sufficiency.

Public healthcare is free at the point of access. Free public healthcare entails that in principle, every person is covered. However, healthcare services are inadequate and of poor quality. The 2019-2020 Integrated Household Survey found that 52.3 percent of survey respondents felt they had inadequate health care. Available data show that 66 percent of people worldwide have a health protection and in Malawi, 46 percent of people have access to universal health coverage (SDG 3.8).

Poor quality of and limited access to healthcare justify the need for a healthcare insurance. In mid-2014, government embarked on public sector reforms and one of the proposed reforms by Ministry of Health was to introduce a National Health Insurance Scheme. The objective of the reform however titled on revenue mobilization especially from the informal non-poor who are not netted in tax basket. Findings from 2021 MICS show that 1.0 percent of men and 0.7 percent of women aged 15-49 years have a healthcare insurance cover. The findings also show that 0.5 percent of children below five years and 0.4 percent of children between 5 and 17 years have a healthcare insurance cover. These statistics confirm that healthcare insurance coverage is limited to very few people.

The survey (MICS 2021) estimated that 50.7 percent of the population lives below the national poverty line of K165, 879 per person per year (approximately K455 or US\$0.55 per person per day) and 20.5 percent of the population are ultra-poor surviving on not more than K101, 293 per person per year (approximately K288 or US\$0.34 per person per day). Income inequality as measured by gini coefficient is 0.379 meaning to attain income equality, 38 percent of national

wealth would have to be redistributed. This is an improvement from a gini coefficient of 0.423 in the 2016/17 Integrated Household Survey.

Globalization is another economic aspect with implications on public health. Food trade has an impact on the spread of food-borne diseases. Migration between countries and between rural and urban areas favor the global spread of many infectious diseases¹⁰. The 2018 National Environmental Health policy recognizes the need to strengthen port health services (22). In addition, the IHR 2005 also recognizes the fact that Points of Entry (PoE) which are the main entry route of infectious diseases are the most neglected in this region. The IHR therefore emphasizes the need to focus on strengthening the PoEs core capacities in order to be more vigilant in detection and responding to PHENICs.

Health is a priority in development plans and strategies such as Malawi 2063, and the MW2063 Implementation Plan. There are also specific health sector strategies such as Health Sector Strategic Plan (HSSP) for the period 2023-2030 that thrusts on moving towards universal health coverage (18). National budget allocation puts health sector third largest after agriculture and education. The public service reforms have health sector as one of pioneer areas for doing reforms. Malawi is encapsulated by other countries surrounding it. Some of the few health facilities are also accessed by people from neighboring countries reducing the per capita health care expenditure even further.

4.3.3 Social Context

Malawi population is largely youthful. The United Nations Population Fund (UNFPA) estimates that 70 percent of Malawi's population is under 30 years of age. Other sources estimate youth dependency ratio at 87.9 percent (Council for International Development Cooperation, Malawi Labor Market Profile) implying enormous burden on the working group. The high number in reproductive age suggests high need for reproductive and social services. The youth are considered in health services. Most interventions target children, justifiably because of their vulnerability. The youth were segregated from COVID-19 vaccination at first when priority was to the elderly, frontline health workers and those with underlying factors.

Culture plays a role in health outcomes. Some cultures harness health seeking behavior and health living while other cultures present health risk. Cultures like 'kuchotsa/kusasa fumbi', chokolo, 'kulowa kufa' and 'fisi' including adopted cultures such as sex workers and homosexuality increase health risk such as transmission and contracting sexually transmitted infections (STIs). Religious beliefs that discourage people from seeking healthcare also increase risk. Traditional customs, myths and stereotypes are still deeply entrenched in Malawian society. Youths, sero-different couples and individuals newly initiated on antiretroviral therapy (ART) are more susceptible to internalized stigma because of lack of availed coping mechanisms, unavailability of mitigation structures, and lack of correct information. Internalized stigma remains less identifiable and with limited approaches for mitigation. HIV-related stigma and discrimination directed towards people living with HIV is dynamic, changing overtime while responding to new developments within national HIV program strategies. Manifest forms of HIV-related stigma and discrimination intersect with latent forms of internalized stigma and so people living with HIV often experience these forms of stigma and discrimination concurrently. Internalized stigma

¹⁰ Mirski T., Bartoszcze M., Bielawska-Drozd A., (2011), Globalization and infectious diseases. PubMed. Available at <https://pubmed.ncbi.nlm.nih.gov/22390054/>

impedes access to and utilization of HIV-related services, and affects treatment adherence resulting in a high public health risk to the Malawian society. Research to understand the complex manifestation, drivers and experiences of internalized stigma is key to developing targeted and context specific innovative solutions to broadly addressing the problem of internalized stigma. PHIM has a big role in addressing myths, stigma and discrimination; Harmful practices (HP), HIV and disabilities through promoting integration or mainstreaming such public health risks in human health related strategies.

Gender-based violence (GBV) is a public health issue recognized as a global pandemic with devastating consequences that span multiple dimensions of society. In Malawi, GBV is recognized as a public health issue in the Sexual and Reproductive Health (SRH) policy. Lifetime experience of GBV among women aged 15 - 49 remains high at 38% (MDHS 2015-16), while the survivors' access to formal services is very low. High prevalence of child marriage; the practice of marrying off young girls to much older men, forced early sexual initiation, limited access to sexual and reproductive health (SRH) information and services, leading to early pregnancies of young women and adolescent girls. There is a high rate of teenage pregnancy at 136 per 1,000 girls of adolescents aged 15–19 (MICS, 2021). Teenage girls in rural Malawi are more vulnerable to pregnancy at 31 percent than their urban peers at 21 percent. Through Research and Development, PHIM should play a leading role in investigating health-related effects that arise from exposure to GBV, drivers of teenage pregnancies and associated health complications that are triggered by teenage pregnancies and inform policy in development of responsive health interventions to tackle the challenges

Malawi's other critical challenges include but not limited to insufficient data systems and research, deeply entrenched social and cultural norms, rigid and inequitable gender norms, a shortage of quality EGBV services, weak referral linkages between and among multi-sectoral GBV responders, and the need to scale up male involvement for GBV prevention.

Aging increases demands on the public health system. Anecdotal observations show that the growing aging population in Malawi is increasingly subjected to abuse, suffer rejection and accused of practicing witchcraft. Malawi has no established services for the aging population. It is imperative that PHIM should improve the health and quality of life for older adult populations; enhance the research, establish health care practices, and policy related to aging or geriatrics

4.3.4 Technological Context

Worldwide, technology has advanced and Malawi is a beneficiary of some technological progress. Advancement in technology has given birth to e-health and telemedicine. It is possible to disseminate public health messages through mobile phones and other means. The use of genomic sequencing, Polymerase Chain Reaction (PCR) for COVID-19 tests and electronic tracking of medicines and products have public health benefits either through cost-savings or speedy delivery of health services or both.

4.3.5 Environmental Context

The role of the environment on public health and health outcomes is enormous. Globally 25% of all deaths and 52% of total disease burden can be attributable to environmental health factors

which include exposure to hazardous substances in the air, water, soil, food; natural and technological disasters; physical hazards; the built environment; and nutritional deficiencies¹¹. Climate change effects have increased in intensity and severity in recent years causing food insecurity, malnutrition and other health related problems. In the past six years, at least a million people have been declared food insecure, with a peak on 2016/2017 when 6.86 million people were in need of food aid due to either floods, drought or combination of both. In 2020/2021, 2.6 million people were in need of food aid. The figure dropped to 1.5 million in 2021/2022 lean season¹². Floods and dry spells are frequent causes of food insecurity and outbreak of worms in some years. Food insecurity is responsible for child stunting estimated at 33.7 percent according to the 2019-2020 Integrated Household Survey report¹³.

Other public health challenges arising from floods include possible outbreak of cholera, malaria and other disease conditions. The 2018-2030 National Resilience Strategy describes current weather patterns, as ‘new climate normal’ suggesting that effects of climate change are here to stay. The 2018 National Environmental Health Policy recognizes the relationship between emergencies, climate change and human health. The policy notes that climate change poses a threat of affecting natural ecosystems with serious repercussions on weather-sensitive sectors such as health, agriculture, forestry, water resources, energy, fisheries and wildlife (National Environmental Health Policy, 2018). The need for PHIM to have a responsive and functional Public Health Emergency Operational Center can therefore not be over emphasized. PHIM needs capacity and space free of bureaucracy to respond to multiple public health emergencies at one single time as currently evidenced with the need to respond to COVID-19, Polio and cholera outbreaks concurrently.

Environment concerns where people live and work, what they eat and what they drink as well as interaction between people and animals on one hand and the rest of the environment on the other hand. Both WHO and Africa Centers for Disease Control (ACDC) promotes One Health approach which encourages collaborative efforts of many experts like disease detectives, laboratorians, physicians and veterinarians, working across human, animal and environmental health. One Health recognizes that the health of people is connected to the health of animals and our shared environment¹⁴. The One Health Commission defines One Health as a collaborative, multi-sectoral and multi-disciplinary approach- working at the local, regional, national and global levels with the goal of achieving optimal health outcomes recognizing the inter-connection between people, animals, plants and their shared environment¹⁵. In a similar approach, the World Health Organization defines One-Health as an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. In the context of the WHO technical framework in support to IHR monitoring and evaluation, taking a One Health approach means including, from all relevant sectors, national information, expertise, perspectives and experience necessary to conduct assessments, evaluations and reporting for the implementation of the IHR. Consequently, the World Health Organization, the World Organization for Animal Health and the Food and

¹¹ Ministry of Health and Population (2018), National Environmental Health Policy. Lilongwe

¹² Department of Disaster Management Affairs, Malawi Vulnerability Assessment Committee reports. Various issues

¹³ National Statistics Office (2020), Integrated Household Survey. Zomba

¹⁴ National Center for emerging and zoonotic infectious diseases, factsheet

¹⁵ Mackenzie J.S., Jeggo Martyn (2019), The One Health Approach. Why is it so important? Tropical Medicine and Infectious Disease

Agriculture Organization of the United Nations, have put joint effort to tackle the challenge of antimicrobial resistance which is emerging as a global challenge

Between rural and urban, 97.1 percent of household members in urban have access to improved drinking water source compared to 86.5 percent in rural areas. Water safety is another public health area of concern. A 2016-2021 Household Water Treatment and Safe Storage National Action Plan was developed to contribute to the reduction of diarrhea diseases especially in populations that lack access to safe drinking water sources. It singled out three water treatment options; boiling, filtration and chlorination. With regard to improved sanitation facility that is not shared, the trend is in favour of urban at 65.5% compared to rural at 29.3 percent (Household Water Treatment and Safe Storage. National Action Plan 2016-2021). The 2018-2024 National Sanitation and Hygiene Strategy lists a number of goals on rural sanitation and hygiene; urban sanitation and hygiene; institutional sanitation and hygiene; behavior change and communication; waste management; menstrual hygiene management and cross cutting issues involving financing, leadership, coordination and knowledge exchange. Electricity coverage is reported to be at 11 percent and this affects economic activities whose benefits include health. Firewood is main source of energy for cooking, subjecting women and children to smoke and its related diseases.

4.3.6 Legal Context

There are a number of pieces of legislation related to public health. The Public Health Act 1948 is under review to address current challenges. Section 4 (1b) of the Meat and Meat Products Act 1975 gives powers to the responsible Minister to prescribe minimum standards to which carcasses, meat and meat products shall conform, whether as a condition of importation or exportation, or of sale within Malawi and for the Meat and Meat Products seizure, detention, condemnation and destruction, either with or without compensation, of any carcasses, meat or meat products considered by the grader, inspector or other prescribed person to be unfit for human consumption¹⁶. Section 3(1a) of the Milk and Milk Products Act 1971 gives powers to the Minister to prescribe grades for milk or any form of milk product, and minimum standards to which such milk or milk products shall conform, whether as a condition of importation or of exportation or of sale within Malawi¹⁷. The Control and Diseases of Animals Act 1967 gives powers to the Minister to prohibit either indefinitely or for such time as he may think fit the importation into Malawi of all animals, or any specified numbers or kinds of animals, or of carcasses, hides, skins, horns, hoofs, hair, wool, semen, litter, dung or fodder from all places outside Malawi or from any specified country, territory or port or the exportation thereof from Malawi

Regulatory institutions are in place to enforce standards. These include Medical Council of Malawi, Nurses and Midwives Council of Malawi, Pharmacy, Poisons and Medicine Board, and Malawi Bureau of Standards. The World Health Organisation (WHO) has developed Stepwise Laboratory Quality Improvement Process towards Accreditation (SLIPTA) checklist. This checklist specifies requirements for quality and competency aimed to develop and improve

¹⁶ Ministry of Justice (1975), Meat and Meat Products Act. Lilongwe

¹⁷ Ministry of Justice (1971), Milk and Milk Products Act. Lilongwe

laboratory services to raise quality to established national standards¹⁸. Establishing public health legislation to govern its practice is critical.

4.3.7 Ethical Context

Public-health in Malawi regularly encounters serious ethical dilemmas such as rationing scarce resources, health care costings, influencing individuals to change their behaviour, limiting freedoms to diminish disease transmission and spread, protecting the public over business and political interests, limiting population growth, dealing with disclosure against confidentiality in managing key populations, allowing abortion, disciplining incompetent personnel in the environment where objective staff appraisal do not exist, providing contraception to underage girls, and use of ‘strong language’ in life skills among others. COVID-19 containment measures have brought new ethical challenges. Some organizations have barred unvaccinated workers from reporting for work yet the national policy is that of voluntary vaccination.

Dilemma is also observed between saving economy and saving lives or Profit making and saving lives. COVID-19 is both a health and economic crisis and both need to be saved. The requirement of COVID-19 negative test certificate to cross borders increased cost of doing business for cross border traders. Unlike medical, nursing and midwifery ethics; there is no agreed-upon framework for public health ethics and its establishment is critical to address a number of public health issues and their challenges and ethical dilemmas. Assessment of such matters as quarantine, isolation, lockdowns, compulsory vaccination, wearing of masks at all times when accessing services in public offices versus non-compliant of others in the same space need to be looked at. Further, the role of private sector in cases of outbreaks needs to be ascertained.

4.4 SWOT Analysis

This SWOT is an acronym that stands for Strengths, Weaknesses, Opportunities and Threats related to PHIM. The strengths and weaknesses are factors within the PHIM’s control. Opportunities and threats, on the other hand, are external factors within the country and beyond that could influence PHIM's success of which PHIM does not have control over but it can exploit the opportunities to advance its agenda, while putting in place strategies to mitigate the impact of the threats. The factors as shown in Table 3:

Table 3: SWOT factors

STRENGTHS	WEAKNESSES
i. Some of its departments are established	i. Low visibility resulting inadequate awareness of PHIM and its products
ii. It has produced Strategic Plan to guide its strategic direction and operations	ii. Lack of legal framework for the existence of PHIM and its PHEOC
iii. Availability of Public Health Reference Laboratory	iii. Delay in implementing the currently approved functional review resulting in persistent inadequate staffing and demoralized workers
iv. Availability of Human Resource	

¹⁸ WHO (2015), Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) Checklist Version 2:2015. For Clinical and Public Health Reference Laboratories

<ul style="list-style-type: none"> v. Availability of National multi hazard preparedness and response Plan vi. Availability of disease specific contingency plans vii. Capacity building in field epidemiology through FETP viii. Existence of IDSR system ix. Strong linkages with other MDAs and partners responsible for responding to PH emergencies. x. Availability of functional public health operational center xi. Availability of Ant-Microbial resistance strategy xii. Availability of National action plan for health security (in draft form) xiii. Existence of national laboratory systems which is inked with international laboratories xiv. Existence of collaboration with Local and international partners xv. Ability to perform COVID Genomic sequencing compared to other countries; xvi. Accredited laboratories by African Laboratory Association 	<ul style="list-style-type: none"> iv. Poorly defined operational framework for collaboration, networking and sharing of data among players in the public health sector. v. Lack of sustainable funding vi. Weak data management systems. vii. Inadequate capacity of the public health reference laboratory to carry out surveillance, research and quality assurance. viii. Inadequate infrastructure and equipment ix. Decision making is with the MoH x. Shortage of staff in all departments xi. Inadequate expertise including that of engineers to maintain specialized equipment xii. Inadequate specialized personnel xiii. Other IHR activities are retained in the Ministry of Health such as: <ul style="list-style-type: none"> -Environmental health including waste management -Community health for effective community response -Points of Entry activities -Some components of emergency response -Coordination of the Health cluster Management of climate change xiv. Non availability of the following sections in PHIM: <ul style="list-style-type: none"> -Communication -Occupation safety and health -Zoonotic and Emergency Health Events -IHR -Administration and Human Resource -Planning, Monitoring and Evaluation xv. Combining surveillance, and emergency preparedness and response resulting in delayed response to emerging events or not responding at all xvi. Unclear demarcation of the roles of NPHRL and MoH's Diagnostic section xvii. Lack of biostatics capacity is a
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	<p>major setback for PHIM</p> <p>xviii. No set up for a wider community diagnosis</p> <p>xix. Do not track social determinants for health</p> <p>xx. Inadequate asset management systems (MoH)</p> <p>xxi. Inadequate coordination within PHIM, its external partners and stakeholders</p> <p>xxii. Not all laboratories are accredited</p>
OPPORTUNITIES	THREATS
<p>i. MOH interest to develop policies that are well informed and able to take action based on evidence that is grounded in scientifically sound findings.</p> <p>ii. Active coordination across government ministries as well as engagement and collaboration with communities, civil society and all public and private stakeholders.</p> <p>iii. Demand for good capacity to prepare and respond to public health events and threats</p> <p>iv. Availability of well-structured health promotion systems e.g., Water, sanitation and hygiene, HIV/AIDS, TB and implementation of community health strategy.</p> <p>v. Availability of plans for mitigating the impact of climate change on health</p> <p>vi. Availability of various assessment results in relation to public health security</p> <p>vii. Existence of accredited training institutions in public health field to collaborate with</p> <p>viii. Increased global priorities for strengthening public health institutes and public health preparedness evidenced by establishment of the International Association of National Public Health Institutes (IANPHI) which strengthens member countries' Public Health Institutes to lead in responding to all PHENICs and</p>	<p>i. Lack of legislation on the establishment of PHIM; inadequate human resources and infrastructure</p> <p>ii. Absence of Public Health specialists and very few epidemiologists in MoH staff establishment</p> <p>iii. The Public Health Act is still under review rendering a weak legal framework</p> <p>iv. Some individuals do not take vaccines due to other personal and religious beliefs</p> <p>v. Lack of crosscutting technical capacity e.g., public health experts/professionals and infrastructure</p> <p>vi. Unstable financial resources from government financing</p> <p>vii. Political interferences in institutional operations</p> <p>viii. Competing priorities (e.g., agendas driven by government and partners)</p> <p>ix. Natural disasters/climate change</p> <p>x. Incomplete inter-ministerial coordination of One-Health implementation</p> <p>xi. Significantly increased external competition as some universities have launched or significantly enhanced public health. Some NGOs are also independently embarking on public health</p> <p>xii. Changes in the public health landscape as uncertainties in the field of public health, characterized by lack of</p>

<p>ix. Malawi is a member Establishment of Africa CDC by the African Union to facilitate establishment/ strengthen NPHIs and their PHEOCs in member states,</p> <p>x. Advances in genomics which help guide public health practice</p> <p>xi. Political support, commitment and leadership/oversight</p> <p>xii. Decentralization system of government</p> <p>xiii. Availability of well-established disease control programs such as HIV/AIDS, Malaria and TB</p> <p>xiv. Availability of electronic medical records systems that support surveillance</p> <p>xv. Community participation and mobilization in surveillance and control of diseases.</p> <p>xvi. Availability of supervision systems at central and district levels.</p> <p>xvii. Access to external expertise and funding</p> <p>xviii. Availability of supporting systems and structures to deliver health services.</p> <p>xix. Availability of the HSSP III that incorporates the establishment of PHIM.</p> <p>xx. Increased interest of the donors to work with PHIM</p> <p>xxi. Laboratory services can generate revenue such as testing to the travelers</p> <p>xxii. Research can generate revenue through grants and consultancies</p> <p>xxiii. Creating a section in PAM with PHIM engineers to maintain laboratory equipment for government and private;</p> <p>xxiv. COVID 19 lessons strengthening cohesion within PHIM</p> <p>xxv. Ability to perform Proficiency Testing Samples (PT)</p> <p>xxvi. Availability of Central Veterinary Laboratory which is collaborating with PHIM Laboratory</p>	<p>preparedness for pandemics and climate change and shifting funding patterns</p> <p>xiii. Institutions are controlled by Politics of the day</p> <p>xiv. Lack of budget line to support running of FETP</p> <p>xv. Inadequate coordination systems for PHIM activities from national to district levels</p> <p>xvi. Inadequate investment in isolation and quarantine, structures/centers</p> <p>xvii. Inadequate control of financial resources for effective response to emergencies among other activities</p> <p>xviii. Resistance to let PHIM grow into independent institute</p> <p>xix. Selective support of leadership</p> <p>xx. Micro management of PHIM</p>
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4.5 Stakeholder Mapping and Analysis

PHIM as an institution entrusted with steering public health in the country, coordinate and collaborate with various stakeholders for the population's good health. Some of the key stakeholders for PHIM are shown in Table 4:

Table 4: Stakeholders

Stakeholder Category	Description and Role	Stakeholders
Internal members of staff	Delivery of PHIM mandate; increasing the visibility of the Institute activities; create effective collaboration within and without the Institution; and promote research, dissemination, and response to conventional communicable and non-communicable diseases and even the emerging ones in areas of prevention, response and recovery	Management and staff of PHIM in the three Functional Components: Public Health Reference Laboratory, Research and Development and Epidemiology and Surveillance
Government of Malawi (GoM)	Policy direction on public health with regards to the legislation, regulations, actions, and decisions implemented in order to promote wellness and ensure that specific public health security goals are achieved	Ministries of Health, Justice, Law Commission, Finance and Economic Planning, Office of the President and Cabinet, Department of Disaster Management Affairs, Trade and Industry, Agriculture, Education, Labor, Mining. Gender and Social Welfare, Water and Natural Resources, Tourism, Homeland, Defense, Transport, Local government and DHRMD
Non-state Actors	Partners in public Health to enhance networking, leadership, communication and teamwork in addressing public health security matters	NGOs (Faith based, Charities) Human Rights Activists, CSOs, Consumers Representations, CHAM
Development Partners	Providers of funding for Public Health Initiatives to achieve public health security	ACDC, CDC, Norwegian Embassy, NIPH, UKAid, AFIDEP, World Bank, USAID, UN family (UNICEF, UNFPA, UNAIDS, WHO, WFP), CIDA, MSH, I-TECH, Red cross, IOM, Bill and Melinda Gates, CHAI, Global Fund

Stakeholder Category	Description and Role	Stakeholders
Health Research Institutions	Contributors of research aligned to MW2063, building capacity and collaboration, leveraging the role of science and technology with respect to the emerging issues; support with evidence the role of machine learning, artificial intelligence with respect to promotion of health system research and health service deliveries. Design innovative projects that provide solutions and advancing public health practice and making systematic improvements in order to achieve public health security	MEIRU, JOHN HOPKINS, MLWTrust, UNC, CSR, KUHeS, UNIMA, LUANAR, University of Livingstonia, NCST, MUST,
Health Education and Training	Capacity development for Human Resources for Health (HRH)	KUHeS, TRUE, CEBHA+, ACEPHEM, Research Support Centre/ School of Public Health), MZUNI, UNILIA, MUST, Share World, Malamulo College, MUBAS
Human Resources for Public Health	Determine the practices that drive employee compensation and other rewards beyond salaries that recognize employee performance; ensure employees safety and security	Ministry of labor, DHRMD
Other Public Health entities	Generation and dissemination of health research information	DHOs, Central Hospitals, District Assemblies
Private corporations	Potential collaborators to improve health through sharing resources and enhancing opportunities; and promote online knowledge management systems	Malawi Chamber of Commerce and Industry, Malawi Business Coalition against AIDS, CAMA, Malawi Bureau of Standards, CFTC, private health institutions (hospitals, pharmacies and laboratories), manufacturers.
Public Engagements	General Knowledge on Public Health; offering informal support to the general public, families and communities	Media, Chiefs, learners in schools, religious structures and communities
Regulatory Bodies	Support the development of public health regulations to manage threats and risks; and promote collaboration on professional regulation	MCM, NMCM and PMRA, MERA, AERA

Stakeholder Category	Description and Role	Stakeholders
International Collaborators	In support of PHIM, promote social progress and better standards of life	IANPHI, Uganda National Reference Laboratory, ZNPFI, Africa CDC, GHSA, AFENET (Association of Field Epidemiology Training)
Public Local collaborators	Evaluating the impacts of immigration guidelines, standards and policies on health of citizens, residents, non-immigrants, and undocumented immigrants	Immigration, MRA. Foreign Affairs, Police, MDF, NIS, Tourism

CHAPTER FIVE

5.0 EMERGING STRATEGIC ISSUES

The key emerging issues are drawn from the internal and external environmental analysis. The emerging strategic issues are also based on the organizational capacity by way of looking at PHIM's strengths and weaknesses. Further, the strategic issues are equally informed by the opportunities available for PHIM to advance its mandate and the threats that may require mitigating interventions so that operations at PHIM are huddle free.

5.1 Technical Services at PHIM

PHIM is commended for some good and impactful works. However, considering that such core activities are ongoing and need enhancement:

- **Research-** there is need for transforming research to propel discoveries that depend on multi-disciplinary collaborations and innovative approaches to tackling public health problems. There is need to invest in integrated and responsive research initiatives that build on approved procedures to produce measurable impact on emerging or re-emerging public health challenges.
- **Reference Laboratory-** in PHRL there is need to enhance its links and engagement with various laboratories in the country. There is also a need for good connectivity and material sharing mechanisms. The laboratory capacity enhancement initiatives already in place yet in need of more intensity and coverage. The functions of PHRL need to be clear in order to avoid duplications with the diagnostics section in the MoH. Capacity building of laboratory staff which is PHIMs section needs to be clear
- **Epidemiology and Surveillance-** there is need to enhance its expertise across the epidemiology that include data science, and the social aspects to tackle the multiple facets of the epidemics, pandemics and their aftermath. There is need to unpack the functions of this unit in order to fast track emergencies and response and the implementation of IHR 2005. There is also need to consider unpacking AMR and FETP to make them stand alone.

The country has witnessed health emergency issues that require intense and well-coordinated emergency responses. PHIM as an institute that provides leadership in public health has therefore an inherent coordination role in this regard.

5.2 Collaboration and Coordination

There is need for a stronger connection between the work of PHIM of policymakers, researchers, and health practitioners. Without institutionalized exchange and collaboration, there will be perpetual challenges to perform research, laboratory testing, and epidemiological surveillance and even for health emergency responses. The policymakers will miss Key opportunities to utilize research evidence and incorporate best practices into health policies and the works of PHIM will remain within the institution. If collaboration and coordination is strengthened it will benefit PHIM to execute its mandate.

PHIM's core activities require partnerships for knowledge generation and translation of activities, which are underpinned by effective exchanges between researchers and users to

appropriately integrate the latest and most relevant research and in decision-making, which includes policy formulation. For PHIM to deliver on its mission, it must build on the strengths of others in this field, create synergies, and learn from existing experience and best practices from within and outside PHIM. To do so, it has to collaborate with national, regional, and international organizations that are actively engaged in fostering the generation and translation of knowledge and research in public health. There is need to develop mechanisms to facilitate multi-disciplinary research, including mutually beneficial arrangements in other national and international research institutions that emphasizes on multi-sectoral implementation and scale-up. PHIM will also benefit from cost sharing mechanisms that can emerge in collaboration hence become prudent and efficient in its operations.

PHIM's collaboration with various stakeholders should consider factors such as inter-organizational, multi-sectoral, and inter-jurisdictional governance structures; leadership support; system absorption capacities; and information-exchange mechanisms.

Malawi has adopted the One Health concept that aims at building strong partnerships with human, animal, and environmental health organizations among others. The One Health concept is at center of Zoonotic Disease Prioritization so that Malawi can focus its limited resources on the top zoonotic diseases of greatest national concern. In this area, PHIM's role is critical hence embracing multi-sectoral collaboration

5.3 Financial Growth

The PHIM has faced financial challenges that included:

5.3.1 Financial volumes

PHIM has challenges to finance its operations, as the revenues have been low, and targeting specific projects hence limiting.

5.3.2 Financial Base

The revenue streams are narrow and restrictive. PHIM gets funding from Treasury and project specific grants. It has also been a recipient of some grants. However, PHIM has potential to generate revenue from other sources that include but not limited to:

- conducting trainings,
- conducting laboratory tests
- consultancy and research services
- Students accompanist

5.3.3 Financial Management

MoH manages PHIM's financial accounts. This arrangement makes the accounting process a challenge, and prevents PHIM to develop its own financial system and capacity.

5.3.4 Business Planning

PHIM is yet to develop a business planning culture that amongst other things prospects business and detail out the projected costs and revenues.

5.4 Identity and Culture of PHIM

There is a general acceptance and trust in PHIM to execute its mandate. However, there are some issues requiring attention to improve the confidence of the stakeholders in PHIM:

5.4.1 Corporate Identity

Stakeholders had mixed perception of PHIM's corporate identity some indicating lack of knowledge of what the institution's mandate is. Others have now known PHIM more following the COVID-19 pandemic response. The weak corporate identity has potential to create low collaboration and engagement with various stakeholders in both private and public sectors. The low identity recognition has also potential to create challenges in marketing its services to the stakeholders that may need PHIM services.

PHIM has a role to demonstrate and communicate new and compelling ways to show how the science and practice of public health impacts lives every day. There is need therefore to boost efforts to communicate the impact of research and advocate for evidence-informed solutions that make a difference to all its stakeholders. Although the PHIM Strategic plan existed, some stakeholders were unaware of the Strategic plan. There was no Communication or Advocacy plan that could have clearly defined target audiences and channels of engagement, priority issues and potential partners.

5.4.2 Lack of Accountability

PHIM has inadequate reporting accountability to hold it accountable for its actions and omissions. It was observed that PHIM has no clear platforms to account for its performance and undertakings. This compromises on trust in PHIM and have potential to erode confidence in PHIM by the stakeholders.

On the financial front, PHIM being under MoH has no control on its finances. MoH controls the operational and technical funding. Further, PHIM is not a cost center and therefore do not control management of its budget. This is considered to constrain the potential fundraising capabilities of the organization and risk misdirection of funds from its intended undertakings. In addition, such arrangement has potential to deter funders who require specific financial reporting and accountability of the funds remitted to PHIM. The institution has neither an internal auditor for timely identification and reporting of some transactions in the organization nor an M and E system to track implementation of planned activities

The issue of lack of accountability is also partly related to the absence of a performance management system noted above, that has potential to derail focus and inappropriately motivate human resource.

5.4.3 Inadequate Engagement

PHIM has opportunities to engage with various stakeholders as the public health initiatives cut across the sectors. PHIM recognizes that in order for interventions to have an impact on the health of populations, they must be scaled-up: that is, efforts must be made to increase their impact to benefit more publics and to foster policy and program development. Whilst scaling the impacts, issues of equity and sustainability of interventions are critical elements. PHIM needs to scale up its functions to embrace the following among others:

- Government ministries, departments and agencies
- The private corporate sector

- The academia
- The CSOs, general public and communities
- The international agencies and the development partners

PHIM has generally not been proactive in engaging the private and general public except in the COVID-19 pandemic response. Its communication and public relations with key stakeholders need some enhancement. The views and participation of the private sector and academia amongst other stakeholders should be systematically sought.

5.4.4 Institutional arrangements and Capacity

PHIM has some institutional capacity issues that require strategic attention as follows:

i. **Performance management:** PHIM lacks robust performance management arrangements and systems that could have facilitated the creation of a results-oriented culture.

ii. **Capacity building:** For effective and efficient PHIM programmatic and administrative advancement there is need to install capacity-building program. As PHIM targets to expand in staffing levels, the capacity building should aim at the individual, team, organization, network, or system level. The capacity building programs can include personnel awards programs targeted at individual researchers and, in some cases, practitioners and policy-makers at different stages of their careers; infrastructure funding for strategic training programs. The capacity building programs should be multi-disciplinary and multi-sectoral targeting identified needs

iii. **Geographical spread of PHIM offices:** PHIM is a national institution requiring timely reach and access to various stakeholders. PHIM offices are only in Lilongwe that has created impression in some stakeholders that the services are too centralized and bureaucracy is high

iv. **Structural challenges and vacancy rates:** PHIM structure is limiting to aggressively develop business and do reasonable resource mobilization, contribute to policy and market the organization. Further, the organization is too lean to effectively operate and execute its functions¹⁹. There has been high staff turnover for staff posted at PHIM that poses reputational risk by not having adequate skills across the core areas.

v. **Low Technology utilization:** Whilst some modern technologies are in use at PHIM, more integration of systems is required linking with intended stakeholders and using efficient technologies. PHIM lacks a roadmap of how it intends to utilize ICT in all its operations. The low level of technology utilization has a potential to compromise service delivery

vi. **Poor Infrastructure:** PHIM is housed in a tight space. In the event of increasing staffing²⁰ levels and services, the current premises will be too small. The proposal of having PHIM infrastructure scattered in various places also poses a risk on proper integration, coordination and management.

vii. **Monitoring and Evaluation:** PHIM has not done well in carrying out monitoring and evaluation and assessing impact of the same. In fact, it has no internal tracking system but relies on MoH planning team. Whilst the arrangement is cost effective, it has potential to derail impact tracking and learning of the organization and may affect timely informing policy direction.

¹⁹ There is a proposal to restructure PHIM in the MoH Functional Review Report

²⁰ MoH Functional Review proposes expanded staffing

CHAPTER SIX

6.0 STRATEGIC DIRECTION

In pursuit of addressing the emerging strategic issues, PHIM will in the next seven years anchor its public health leadership in the country on the following strategic pillars:

- i. Strengthened Technical Execution
- ii. Enhanced Collaboration and coordination
- iii. Improved Organizational Identity and Culture
- iv. Strengthened Institutional Capacity

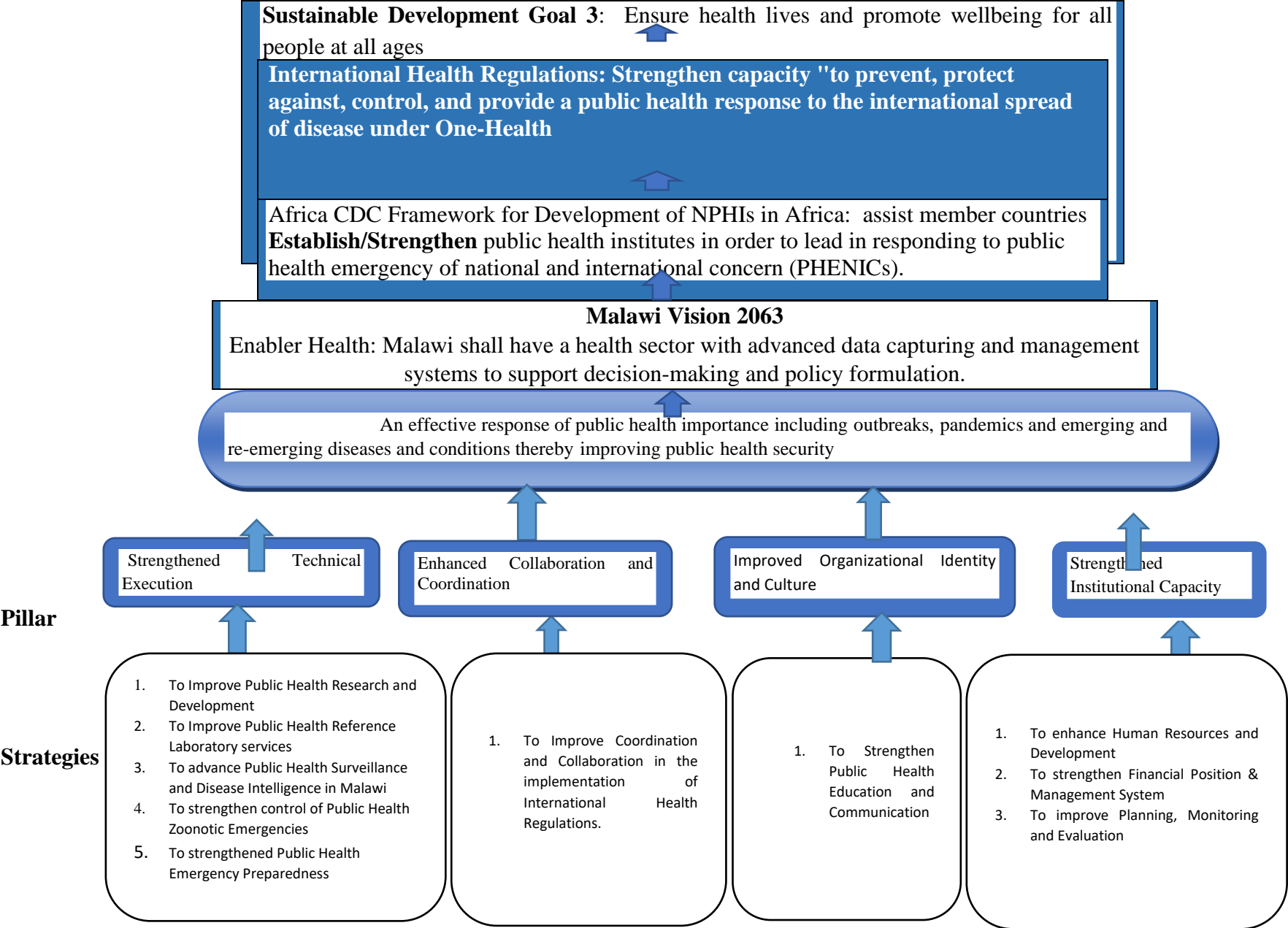
Figure 3 shows a conceptualized linkage between and among global, regional and national instruments and their relationship with PHIM's overarching goal as in the strategic map.

6.1 Strategic Pillars and Strategies

This Strategic Plan has one overarching purpose, which is '*An effective response of public health importance including outbreaks, pandemics and emerging and re-emerging diseases and conditions/events thereby improving public health security*'. Five strategic pillars (Strategic Map in 7.0) support this overarching purpose. Subsequently, the pillars will be achieved through implementation of respective strategic objectives.

6.2 Strategic Map

Figure 3: Strategic Map



The pillars and strategies were established following the situation review and analysis. Table 5 provides a description of each pillar, its rationale and strategies. Worth noting is the fact that once PHIM is operationalized and has become a parastatal the current units shall become departments.

Table 5: Pillars and Strategies

Strategic pillar	Rationale for the Pillar	Strategies
Strengthened Technical Execution	As PHIM consolidate its presence and strengthens its leadership role in Public Health, there is need to strengthen all technical areas that include Public Health Research and Development, National Public Health Reference Laboratory, Surveillance & Epidemiology, Zoonotic and Emergency Health Events, Emergency Preparedness and Response, Planning, Monitoring and Evaluation, Human Resources, Administration and Finance, and Communication and Information System. There is need for compliance to International Health Regulations and standards whilst contextualizing the same in Malawi.	<ol style="list-style-type: none"> 1. To improve Public Health Research and Development 2. To improve the Public Health Reference Laboratory services 3. To advance Public Health Surveillance and Disease Intelligence in Malawi 4. To strengthen control of Public Health Zoonotic Emergencies 5. To improve Public Health Emergency Preparedness and Response
Improved Collaboration and Coordination	PHIM's core activities require building strong partnerships and networks for knowledge generation and translation of activities, which are underpinned by effective exchanges between researchers, policy makers and users to appropriately integrate the latest and most relevant research and in decision-making that includes policy formulation	<ol style="list-style-type: none"> 6. To improve Coordination and Collaboration in the implementation of International Health Regulations.
	PHIM services and mandate are not known to most stakeholders. PHIM has also not done much in	<ol style="list-style-type: none"> 7. To strengthen PHIM's Public Health Education and Communication

Strategic pillar	Rationale for the Pillar	Strategies
Improved Identity and Culture	<p>developing and promoting its corporate identity, image and generate identifiable space with clarity of mandate execution.</p> <p>There is apparent need for coherent scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable public health education communicated to and from intended audiences to advance the health of the public and foster organizational cohesiveness.</p>	
Strengthened Institutional Capacity	<p>PHIM faces institutional capacity challenges that include low staffing levels with limited expertise and authority in respective areas of command. There is inadequate performance management system. Departmental systems are not integrated. It has restricted income sources and run a financial risk if the funding collapses or shrinks. Although there is potential, PHIM is unable to generate own revenue, has no control over financial resources that are channeled through MoH.</p>	<p>8. To enhance Public Health Human Resources Development and Management</p> <p>9. To Strengthen Financial Position & Management Systems</p> <p>10. To improve Planning, Monitoring and Evaluation systems in the organization</p>

The pillars are elaborated as follows:

6.2.1 Pillar 1: Strengthened Technical Execution

This pillar aims at ensuring that the technical service provided are not only efficient but also adequately respond to the demands on and by the public. The pillar will be attained through strategies that have subsequent objectives and activities. The strategies responding to this pillar are organized according to the functional components to fully address the emerging issues. The Functional Components are: Public Health Research and Development; Public Health Reference Laboratory; Public Health Surveillance and Disease Intelligence, Public Health Zoonotic and Emergency Health Events and Public Health Emergency Response.

6.2.1.1 Functional Component 1: Public Health Research and Development

The Public Health Research and Development is responsible for generating quality information and making it accessible to all intended users for evidence-based decision making through standardized and harmonized tools. The goal is to improve capacity to conduct research and promote utilization of research findings for evidence-informed decision-making in practice and policy formulation. The department shall strengthen research science by commissioning research projects in line with priority health interventions outlined in the HSSP and the PHIM strategic plan. In liaison with the National Commission for Science and Technology (NCST) develop public health research agenda; conduct continuous capacity building initiatives at all levels (National, Institutional, and Individual); promote collaboration between international and local researchers; enforce rigorous scientific and ethical conduct of research in line with local and international standards. It shall strengthen knowledge management through promoting knowledge sharing, dissemination of research findings and maintenance of functional library services. Further, it shall strengthen translation of research findings for policy and practice formulation through the Malawi Knowledge Translation Platform. The unit shall ensure human subject protection by establishing ethical review boards and coordinating research safety committee activities. The public health research and development strategies and activities are detailed in Table 7.

Table 6: Strategy 1: To improve Public Health Research and Development

Objectives	Activities
Strengthen Public Health Research Capacity Building Services	Develop and implement capacity building programs and workshops to enhance research skills
	Provide guidance and support to researchers in designing research projects trainings.
	Identify training needs and organize training sessions on various aspects of public health research
	Provide mentorship and guidance to emerging researchers, encouraging knowledge transfer and skill development.
	Assist in the establishment and improvement of research infrastructure
	Work closely with upcoming researchers to identify funding opportunities and assist in grant applications.
	Collaborate with training institutions to upgrade the research methodology training manual to a level of a university certificate
	Develop/ review, print, launch and disseminate research methodology manual
	Monitor and evaluate the impact of capacity building initiatives,
	Liaise with training institutions to train PHIM staff and others in research grants synthesis and knowledge translation
	Develop training programs in research grant writing skills
	Respond to research grants and project specific grants

	Develop and implement mentorship program on research implementation
	Develop and implement research skills training program
	Promote submission of proposals from FELTP graduands
	Support FELTP graduands and facility research committees with small grants to conduct operational research in their area of work
	Participate in advocacy efforts to promote health research capacity building at local, national, and international levels.
	Procure motor vehicles to assist in the running of the unit
	Maintain fleet of vehicles for Research department
	Increase staff capacity to conduct policy analysis in order to identify and prioritize issues/areas where policy change can impact population health
	Conduct benchmarking visits to research sections of other NPHIs
	Conduct research methodology training courses for PHIM staff, other departments, ministries and districts operating under One-Health
	Conduct Good Clinical Practice training for PHIM staff, ministry, and districts
	Build capacity of PHIM staff and other departments in manuscript writing
	Recruit experts such as statisticians, epidemiologists, FELTPs to assist with research implementation
	Support advocacy and dissemination activities for PHA
Strengthen Research Science Services	Identify priority research areas/questions of public health importance for Malawi
	Mobilise resources for public health research by responding to research grants and project specific grants
	Provide small grants to novice researchers
	Facilitate manuscript writing and publication of research findings
	Maintain a functional and updated website on proposal submission procedures, forms and dates for submission and reviews
	Support public health research institutions to develop and implement research programs
	Develop, implement and monitor research science operational implementation plan
	Liaise with training institutions regarding research related training curricular

		Coordinate the formulation, implementation and monitoring of health research related MoUs between research institutions and public facilities and others
		Facilitate the implementation of public health research
		Include impacts of climate change on public health in research programs
		Promote conduct of research studies under One-Health approach (multi-disciplinary & multi-sectoral approach)
		Support development and implementation of Multiple Indicator Cluster Surveys (MICS)
		Support development and implementation of Demographic and Health Surveys (DHS)
		Support development and implementation of Malaria Indicator Surveys (MISs)
		Review National Health Research agenda
		Monitor implementation of NHRA
		Review, Print, launch and disseminate NHRA
		Monitor implementation of NHRA
		Promote submission of proposals from FELTP graduands
		Support FELTP graduands to conduct operational research in their area of work
		Participate in local, regional and international collaborations on public health research activities.
		Review, print and disseminate National Public Health Research Policy
Improve Subject Services	Human Protection	Support the NCST in the regulating, coordinating, monitoring the conduct and functioning of research ethics committees
		Coordinate the functioning of health facility research coordinating committees (HFRCC)
		Coordinate NHSRC Inspection and Safety Sub-committee meetings
		Coordinate NHSRC Full (Main) Committee meetings
		Coordinate NHSRC Expedited Sub-committee meetings
		Coordinate NHSRC Adhoc Sub-committee meetings
		Monitoring all REC-approved studies both in implementation and completion stages
		Set up community research advisory groups

	Identify and select health-related experts for inclusion into the NHSRC activities (Identify SMEs)
	Develop, implement, monitor, collaborate and review human subject protection operational and implementation guidelines
	Conduct inspection visits to monitor ongoing research activities
	Coordinate weekly meetings for research department
	Coordinate quarterly general staff meeting
	Develop human subject protection operation and implementation plan
Strengthen Knowledge Translation Services	Develop public health research related briefs for policy makers to ensure evidence-based policies
	Develop/ review and strengthen national guidelines on use of evidence for decision making
	Coordinate knowledge translation platforms
	Establish and operationalize National One-Health Observatory
	Produce Research bulletin
	Establish a scientific peer review research journal for PHIM
	Reinforce dissemination of research findings of all approved proposals
	Convene annual research dissemination conferences in collaboration with stakeholders: (dissemination conferences (Annually), scientific meetings (quarterly), policy dialogues (quarterly or when needed))
	Advocating for the establishment of functional research infrastructure including libraries at National and District Levels.
	Provide access to public health research findings through the MoH, PHIM websites and NCST database.
	Link up with the Planning Department in the MoH for policy development decisions through PHIM's planning department
	Establish regional and international networks on research management
	Develop knowledge management implementation plan
	Promote publication of research findings
Set up electronic system for capturing and retrieval of documents	
Contribute to the development of research policies, guidelines, and ethical standards within the organization.	
Monitor submission of research findings /report to the department	

6.2.1.2 Functional Component 2: Public Health Reference Laboratory

The Public Health Reference Laboratory (PHRL) is a specialized laboratory that offer advanced essential public health laboratory leadership through science and services. Its main goal is to develop a robust and sustainable public health reference laboratory capacity to address national public health concerns. The laboratory performs specific activities that ensure that the PHRL goals and functions are successfully implemented. The laboratory shall comprise of the following sections subject to changes as need arise: HIV, TB, Parasitology, Microbiology, Biochemistry, Immunology, Food Safety, Nutrition, Genomics and Haematology, Strategies and activities are detailed in Table 6.

Table 7: Strategy 2: To strengthen the Public Health Reference Laboratory services

Objectives	Activities
Strengthen the Performance of the NPHRL	1. Determine and organize sections within public health reference laboratory,
	2. Participate in the designing of the state-of-the-art laboratory according to determined sections
	3. Develop Public health laboratory implementation plan
	4. Procurement of equipment and installation
	5. Equipment user training
	6. Procure GeneXpert platform cartilages and consumables for influenza diagnosis at sentinel sites
	7. Procure molecular reagents and consumables for influenza diagnosis at central and national level
	8. Institute preventive and corrective equipment maintenance
	9. Procure reagents and multiplex equipment
	10. Strengthen routine laboratory pathogen genomic surveillance system at PHRL
	11. Train laboratory staff in new techniques including Bioinformatics.
	12. Conduct genomic surveillance needs assessment.
	13. Introduce routine awareness campaigns on genomics sequencing.
	14. Conduct review meeting with stakeholders.
	15. Conduct training on sample collection, packaging, testing and referral for health providers at all levels
Strengthening Laboratory Biosecurity, Biosafety and Bio-risk management system	1. Conduct risk assessment in biosafety
	2. Conduct Pathogen mapping
	3. Procure, and install efficient laboratory information management system
	4. Training of laboratory information management user training
	5. Establish Biobank for human and animal biological materials
	6. Servicing of the bio bank
	7. Conduct training of biosafety and biosecurity, biobank
	8. Map all laboratories in Malawi in line with One-Health

Objectives	Activities
	9. Finalize Bio safety and Bio security guidelines 10. Develop biosafety, biosafety operational and implementation plan 11. Identify research areas in biosafety and security 12. Institute biosecurity program 13. Introduce a laboratory safety officer 14. Maintains a surveillance system in biosafety and security 15. Establish good work practices in the field settings and laboratory 16. Develop data management systems for national EQA program 17. Review the Mentorship guidelines. 18. Train laboratory personnel in TOT mentorship
Strengthen public health laboratory quality management system	1. Assessment of laboratory performance/laboratory audits, 2. Quality management Trainings 3. Review of SOPs and protocols, 4. Establish proficiency testing center 5. Produce and distribute proficiency testing panels 6. Conducting Review of quality documents 7. Management (Set up) of point of entry laboratories 8. Monitor and evaluate PoEs laboratory performance 9. Supply of equipment and reagents to PoEs laboratories 10. Training and orientation of PoE laboratory staff 11. Monitoring and evaluation of quality of laboratory services at PoEs, 12. Provide Mentorship to interns and new staff 13. Conduct Review of quality documents. 14. Review standard operating procedures and protocols, 15. Map test menu for all laboratory sections 16. Review and upgrade test menu to encompass emerging and reemerging diseases
Promote capacity building of laboratory staff	1. Determine human resource requirement according to sections 2. Train laboratory staff on research methodologies and execution of scientific research. 3. Recruitment and appointment of different positions according to sections including bio-informaticians 4. Conduct Long term staff training 5. Conduct Short term staff training, local 6. Conduct Short term staff training international 7. Conduct Staff and sample exchange program. 8. Review of training documents for all disciplines
Develop network and collaboration with	1. Conduct joint meetings between human laboratory and veterinary laboratory

Objectives	Activities
national, regional and international laboratory system networks	2. Apply for assessment of ISO -accreditation for all established laboratories
	3. Conduct internal quality audits
	4. Apply for international assessment for accreditation
	5. Procure safe transportation of biological specimen and agents
	6. Subscribe membership with the regional and international public health research laboratories and accreditation bodies
	7. Designate an laboratory IDSR officer to enhance submission of laboratory data into the OHSP
	8. Carry out educational visits to national, regional and international laboratories
	9. Provide mentorship to the laboratory network at all levels

6.2.1.3 Functional Component 3: Public Health Surveillance and Disease Intelligence

Surveillance is the ongoing and systematic collection, analysis, and interpretation of data on specific health events for planning, implementation and evaluation of public health interventions. Disease intelligence deals with the notion that relevant information is collected, robustly analyzed and expertly communicated to the relevant authorities for prevention and or mitigation of potential disease threats. The department aims at strengthening IDSR through establishing effective integrated disease surveillance system to detect any changes in the occurrence of priority diseases; promoting evidence based epidemic control strategies for targeted diseases for prompt and appropriate public health action. It also aims at strengthening non-communicable disease surveillance through capacity building and monitoring of all the trends in NCDs. The unit aims at incorporating AMR into existing surveillance system and establishing mechanisms for regular sharing of AMR data. The unit will strengthen frontline, intermediate and advanced FETP, rolling out of the EBS at all levels and improving genomic and pandemic influenza surveillance systems. Strategies and activities for the epidemiology and surveillance component are detailed in Table 8.

Table 8: Strategy 3: To advance Public Health Surveillance and Disease Intelligence in Malawi

Objectives	Activities
Strengthen the surveillance and disease intelligence of public health importance	1. Improve access and use of surveillance data of diseases and events of public health importance
	2. Collaborate with disease control programs to address communicable diseases
	3. Build capacity of personnel in Integrated Disease Surveillance
	4. Strengthen surveillance data quality
	5. Track hotspots for highly infectious diseases and its variants
	6. Track emerging biological threats
	7. Initiate data analysis trainings for surveillance officers
	8. Print and distribute 3 rd edition IDSR guidelines
	9. Identify areas for operational research
	10. Develop IDSR operational and implementation plan
	11. Provide for e-learning in IDSR
	12. Conduct trainings for electronic surveillance system in districts yet to be trained
	13. Conduct refresher trainings for those already trained
	14. Conduct quarterly review meetings for data management
	15. Conduct supportive visits on IDSR
	16. Publish quarterly disease and events surveillance data in bulletins
	1. Develop operational and implementation plan for NCDs surveillance

Strengthen the surveillance of non-communicable diseases	2. Train staff in NCD surveillance
	3. Strengthen surveillance of NCDs
	4. Improve NCD surveillance data quality to inform policy
	5. Establish chronic disease support groups in the communities
	6. Conduct supportive supervision to monitor management of NCDs in the districts
Strengthen AMR surveillance	1. Incorporate AMR into the existing surveillance system (take into account issues of One-Health concept when developing activities)
	2. Review the AMR strategy
	3. Develop a multi-sectoral National AMR operational and implementation plan to combat AMR, consistent with the Global Action Plan (GAP) on AMR
	4. Train One-Health care workers in AMR
	5. Conduct AMR supportive supervision to districts and central hospitals
	6. Establish a national coordinating center for surveillance of AMR
	7. Conduct multi-sectoral AMR TWG review meetings
	8. Develop/review AMR TWG ToRs
	9. Improve national epidemiological surveillance system on AMR in Human and Animal Health and Agriculture and Environment
	10. Conduct assessment of multi-drug resistant organisms (MDRO) in order to identify pathogens (phenotypes and genotypes)
	11. Develop a National strategy or guidelines for MDRO containment that includes colonization screening priority MDRO pathogens (phenotypes and genotypes) Some health
	12. Build/ Strengthen laboratory capacity to detect priority MDRO
	13. Improve AMR data quality
	14. Integrate AMR monitoring in OHSP
	15. Establish mechanism for regular sharing of AMR data across human, animal, crop and environmental health sectors
	16. Develop strategies to ensure rational use of antimicrobials in all One-Health sectors at all levels
	17. Develop a process for identifying, prioritizing, and assessing the harm of medical products and services that are being marketed in a dangerously misleading manner, including drugs, devices and nutraceuticals
	18. Submit AMR report in Global Antimicrobial Resistance and Use Surveillance System (GLASS) biannually

Build the capacity in Field Epidemiology Training program	1. Conduct staff trainings in Frontline, Intermediate and Advance FETP
	2. Establish FETP positions at district level
	3. Develop FETP operational and implementation plan
	4. Evaluate the impact of FETP program
	5. Strengthen FETP supervision systems available at all levels
	6. Maintain a network of FETP graduands
	7. Conduct workshops to showcase/disseminate FETP graduands field work
	8. Include FETP Frontline and Intermediate graduands in PHIM establishment
	9. Include Epidemiologist positions in PHIM establishment
	10. Conduct a benchmarking visit to learn how FELTP program is managed in a country that is doing well
	11. Conduct open days/ dissemination of research work conducted by FETP graduands
	12. Actively work on including laboratory component in FETP (FELTP) training in Malawi
	13. Collaborate with KUHeS to initiate FELTP advance training
Strengthen EBS	1. Identify community structures to be trained in community and EBS
	2. Conduct trainings in community and EBS
	3. Maintain a functional rumor book at all levels
	4. Roll out Event Based Surveillance at all levels
	5. Develop EBS operational and implementation plan
	6. Detect unusual public health events, illnesses or deaths that might signal an outbreak as early as possible
	7. Provide hotlines for communication of rumors, alerts
	8. Constitute an event assessment team to assess, verify alerts for response
	9. Conduct rapid assessment/ triage/ confirm of rumors, alerts and respond timely
	10. Link up with the PHEOC watch staff for information sharing on EBS (designate and EBS officer to be part of the watch staff)
	11. Develop EBS supportive supervision plan
	12. Implement supportive supervision plan
	13. Conduct review meetings on EBS
	14. Produce monthly report on EBS
Improve genomic surveillance	1. Establish a TWG committee for genomic surveillance
	2. Develop ToRs for Genomic Sequencing TWG
	3. Conduct quarterly Genomic Sequencing TWG review meetings

	4. Develop genomic surveillance operational and implementation plan
	5. Train staff in genomic surveillance
	6. Identify and review regularly priority list of pathogens
	7. Develop protocol for surveillance of selected pathogens
	8. Collaboration with partners on priority pathogen surveillance
	9. Link up with Genomic lab for information sharing
Improve surveillance of pandemic influenzas	1. Develop/review National Pandemic influenza Preparedness Plan
	2. Develop pandemic influenza operational and implementation plan
	3. Conduct National ToT in Pandemic Influenza surveillance
	4. Set up sentinel influenza surveillance sites
	5. Train Sentinel sites staff: Lab, Data, Clinician, Nurses and support staff in influenza surveillance
	6. Orient sentinel sites DHMTs on Influenza surveillance
	7. Conduct stakeholders' review workshops with sentinel sites staff
	8. Conduct supportive supervision to sentinel sites
Strengthen the capacity in HIV Surveillance systems	1. Develop HIV and STI surveillance operational implementation plan
	2. Conduct facility and population-based HIV and STI incidence and prevalence surveys through the ANC, DHS, and MPHIA surveys
	3. Implement biological and behavioral surveillance surveys (BBSS) to monitor prevalence of high risk behaviors
	4. Conduct HIV and STI drug resistance monitoring surveys
	5. Conduct periodic STI surveillance among high risk population groups through BBSS
	6. Conduct birth defects surveillance to monitor the safety of drugs used during pregnancy
	7. Improve functionality of HIV sentinel sites

6.2.1.4 Functional Component 4: Public Health Zoonotic Disease Emergencies

The bond between people and domestic animals (the human-animal bond) and the value placed on animals in Malawian society is well established. Investigation and control of zoonoses necessitates a multi-disciplinary approach however, within the department of animal health and development there are no specific programs focusing on zoonotic diseases mainly because the department does not have a specific department to deal with public health events which include zoonoses. Coupled with the need for ONE-ONE -Health approach it is critical that a

special department at PHIM be established to deal with zoonotic diseases which is in line with the One Health concept. Table 9 details the strategies and activities for the zoonotic component.

Table 9: Strategy 4: To strengthen control of Public Health Zoonotic Disease Emergencies

Objectives	Activities
Strengthening Public Health Zoonotic Disease control	1. Improve access and use of zoonotic disease surveillance data quality to inform policy
	2. Conduct biannual review meetings
	3. Train personnel in zoonotic disease surveillance
	4. Develop and print priority list of zoonotic diseases as agreed between public health, animal health and environmental sectors
	5. Identify and send staff for international training on diagnosis of zoonotic diseases
	6. Develop training material and train staff in diagnosis of zoonotic diseases at all levels locally
	7. Develop zoonotic disease control operational and implementation plan
	8. Establish an integrated systematic zoonotic disease surveillance system with Public health, animal health and environmental sectors
	9. Designate zoonotic disease officer to link up with the PHRL for information sharing
	10. Finalize integration of zoonotic disease surveillance data in the existing IDSR
	11. Train DAHLDO, AVO, AHSA on the One Health Surveillance Platform (OHSP)
	12. Integrate zoonotic disease surveillance from animal health and environmental sectors into OHSP at all levels
	13. Form zoonotic disease One-Health teams at EPA/Health facility level
	14. Orient One-health surveillance teams at EPA/Health facility level on zoonotic diseases
	15. Develop and disseminate zoonotic disease control strategy/ guidelines

	16. Initiate development of a contingency plans for the prioritized zoonotic diseases with coordination from PHEOC
	17. Conduct trainings in zoonotic disease surveillance data management
	18. Facilitate monitoring of dairy plants and abattoirs on zoonotic diseases prevention and control measures
	19. Facilitate simulation exercise on zoonosis
	20. Conduct multi-sectoral stakeholders (Zoonotic TWG) meeting on zoonosis
	21. Conduct supportive supervision on zoonotic diseases in all affected sectors
	22. Facilitate SimEX on coordination of Zoonotic disease surveillance under One-Health in collaboration with PHEOC and IHR
Strengthening Public Health Emerging Zoonotic Disease Emergencies Management	1. Improve zoonotic disease surveillance data quality and inform policy
	2. Conduct biannual review meetings
	3. Conduct awareness of the AMR in animals to the public
	4. Select and orient users of zoonotic disease surveillance data
	5. Conduct regular meetings to advocate for prudent antimicrobial use to both human and animal prescribers

6.2.1.5 Functional Component 5: Public Health Emergency Preparedness and Response

This is a specialized Public Health Emergency Preparedness and Response, which is responsible for the following: direct and support an incident or event with public health implications through the establishment of a scalable and adaptable incident management system for oversight, organization and coordination using the public health emergency operation center. Further, the department will be responsible for cross boarder collaboration including the multi-disciplinary, multi-sectoral points of entry activities in preventing and responding to PHENICs. The department will ensure the safety of workers in various work institutions by strengthening occupation safety and health. Strategies and activities for the component are detailed in Table 10.

Table 10: Strategy 5: Establish Public Health Emergency Preparedness and Response Department

Objectives	Activities
	1. Develop/ review national multi-hazard emergency preparedness and response plans at all levels

Strengthen Public Health Emergency Operation Centre	2. Assist districts develop/review their multi-hazard preparedness and response plans
	3. Conduct strategic rapid risk assessments for PHENICs
	4. Develop/review contingency plans for high-risk hazards
	5. Assist districts develop/review high risk hazards contingency plans
	6. Develop PHEOC operational and implementation plan
	7. Mobilize funding for emergency response
	8. Train multi-disciplinary and multi-sectoral teams in rapid response to public health emergencies
	9. Integrate Incident management system at all levels of response
	10. Procure ambulances for public health emergency response for districts and CHs
	11. Procure ambulances for public health emergency rapid transportation of cases to nearest facility
	12. Include PHEOC staff positions in PHIM establishment
	13. Establish and fully operationalize Public Health Emergency Operation Centre at both national and district levels
	14. Finalize PHEOC handbook
	15. Adapt PHEOC hand book for the district' PHEOCs
	16. Participate in the design of the state of the art National PHEOC complete with situation room, conference room, board rooms and office
	17. Participate in the design/repurpose of Districts PHEOCs
	18. Establish watch, alert and response systems in the PHEOCs
	19. Establish the Incident Triage Systems at both district and national levels
	20. Conduct PHEOC Coordination meetings at both national and district levels
	21. Develop a pre-qualified list of potential incident managers for various potential outbreaks
	22. Identify and enlist Subject Matter Experts (SMEs) for collaboration
	23. Facilitate Simulation exercises (SimEX) to test plans, policies, procedures
	24. Facilitate IAR and AAR
	25. Operationalize National Public Health Emergency Management Committee (NPHEMC)
	26. Realign the Health Cluster committee with the NPHEMC
	27. Conduct supportive visits to districts' PHEOCs
	28. Mobilize resource for procurement of medical countermeasures for emergency response
	29. Establish proper storage for medical counter measures at both national and district levels

	30. Preposition medical counter measures and monitor expiry
	31. Develop MoUs with relevant local and international institutions on surge capacity
Intensify Cross Border Collaboration Activities	1. Finalize establishment of cross border Zones on cross border collaboration
	2. Conduct Zonal cross border joint meetings
	3. Support districts conduct district cross border meetings
	4. Strengthen PoE surveillance activities
	5. Designate formal PoEs for focused strengthening
	6. Train PoE staff in One-Health approach (IHR) prioritizing the designated PoEs
	7. Establish ONE-STOP clinics at all PoEs
	8. Establish/strengthen collaboration of neighboring PoEs by conducting joint response to public health emergencies
	9. Support development of contingency plans for PoEs
	10. Conduct supportive visits to all PoEs
	11. Monitor conduct of border district joint supervisions
	12. Monitor conduct of border districts joint investigations and response to PHENICs
	13. Initiate PoE and district cross border SimEX
	14. Include staff positions on cross border activities in PHIM establishment
	15. Develop cross border operation and Implementation plan
	16. Include staff positions on cross border activities in PHIM establishment
Strengthen Occupation Safety and Health	1. Designate focal persons in-charge of Occupation Safety and Health (OSH) within PHIM and other MDAs and the corporate
	2. Institute occupation safety and health (compliance teams) in work places to reinforce IPC, biosafety and biosecurity and utilization of OSH services
	3. Lobby for allocation of adequate resources for implementation of OSH in DIP/CHIP and other relevant institutions
	4. Advocate for functional staff clinics in all relevant institutions
	5. Develop OSH/Care of Care (CoC) training package, IEC materials, SOP to train teams at both national and district levels
	6. Develop OSH operational and implementation plan
	7. Conduct supervision to monitor and mentor providers of OSH
	8. Provide and display OSH standard operating procedures
	9. Monitor availability and use of PPEs by workers in relevant institutions

	10. Strengthen rest and relaxation mechanisms – enforce staff leave, social activities, support each other through a functional and efficient social welfare
	11. Assess capacity of institutions to acquire means of emergency transport
	12. Link institutions to emergency transport or advocate for emergency transport in big institutions
	13. Monitor development and testing of evacuation contingency plan in all relevant institutions
	14. Monitor availability and functionality of fire extinguishers in work places
	15. Include OSH staff in PHIM establishment

6.2.2 Strategic Pillar 2: Enhanced Coordination and Collaboration

PHIM’s core activities require building strong partnerships and networks at all levels for knowledge generation and translation of public health endeavors. Collaboration ensures effective exchange between and among researchers, policy makers and users to appropriately integrate the latest and most relevant public health international, regional and national instruments in decision-making that includes policy formulation. The International Health Regulations (IHR) need to be coordinated effectively and PHIM is mandated for that. Table 11 details strategies and activities for enhancing collaboration and coordination.

6.2.3.1 Functional component: IHR Coordination and Collaboration

The IHR is a legally binding instrument for all member countries to develop capacities to Prevent, Detect and Respond to all Public Health Emergencies and Malawi is a signatory. The IHR monitoring and evaluation framework assists member countries to ascertain the level of implementation of the IHR in their country. The call is for the IHR to be placed high in the responsible office for efficient coordination and collaboration in its implementation.

Table 11: Strategy 6: Improve Coordination and Collaboration in the implementation of IHR

Objectives	Activities
Strengthen the International Health Regulations’ National Focal Point	1. train Public Health Emergency Responders in IHR (this includes Surveillance, Lab, Research staff, Communication and Information staff, Zoonosis staff and other multi-disciplinary and multi-sectoral responders)
	2. Finalize IHR policy to guide IHR implementation
	3. Develop IHR strategy (operational plan) to fast-track implementation of IHR

Objectives	Activities
	4. Develop IHR advocacy strategy and disseminate it to whole of society and whole of government stakeholders
	5. Orient Justice and Law Commission on the need to include IHR in legislative documents under reviews or development
	6. Coordinate the implementation of International Health Regulations and Global Health Security Agenda (GHSA)
	7. Finalize IHR-NFP Terms of References/ guidelines (include IHR FP contacts)
	8. Convene a multi-disciplinary and multi-sectoral team to assess a possible public health emergency of international concern using a decision instrument and report accordingly
	9. Report confirmed public health emergency to WHO, ACDC and other relevant institutions.
	10. Disseminate IHR documents: IHR policy, strategy and guidelines
	11. Formalize national IHR One Health TWG to guide multi-sectoral preparedness
	12. Develop IHR-One- Health TWG ToRs and disseminate
	13. Strengthen national IHR focal point Focal Point for information sharing 24/7 and reporting
	14. Finalize formal identification of IHR focal persons from PHENICs responding MDAs
	15. Establish IHR as a department under PHIM establishment
	16. Develop action plan to address identified high priority gender gaps in all IHR core capacities and incorporate it in various annual work plans
	17. Designate office space for IHR-NFP and equip it

Objectives	Activities
	<p>18. Strengthen IHR-NFP to function 24/7 including a duty officer system</p> <p>19. Include IHR in pre-service training curriculums</p> <p>20. Include IHR staff on PHIM establishment</p>
<p>Strengthen Monitoring and Evaluation Framework of the International Health Regulations'</p>	<p>1. Finalize and launch the stalled National Action Plan for Health Security (NAPHS) post Joint External Evaluation (JEE)</p> <p>2. Monitor inclusion of IHR in relevant legal instruments (Acts, Legislation, Policies, Guidelines) in PH emergency responding Ministries, Departments and Agencies</p> <p>3. Conduct mid-term review of NAPHS implementation status</p> <p>4. Conduct legal instrument Mapping and assessment on the availability and compliance to IHR implementation at national and district levels</p> <p>5. Conduct Joint internal evaluation of IHR implementation status</p> <p>6. Conduct JEE of IHR core capacities involving all PHENIC responders</p> <p>7. Review and launch National Action Plan for Health Security (NAPHS) post JEE</p> <p>8. Coordinate SimEX on selected IHR or GHSA core capacities including on compliance of legislative documents from various MDAs on IHR implementation</p> <p>9. Conduct IHR implementation review meetings at both levels</p> <p>10. Compile and Submit State Party annual report and other IHR reports to relevant institutions</p> <p>11. Coordinate After-Action and Intra-Action Reviews</p> <p>12. Conduct supportive visits to districts' PHEMC committees on IHR</p>

Objectives	Activities
	13. Conduct systematic assessment of gender gaps in all IHR core capacities

6.2.3 Strategic Pillar 3: Organizational Identity and Culture

This pillar aims at ensuring clarity and visibility of PHIM and its services to its stakeholders. There is apparent need for developing and promoting its corporate identity, image and generate identifiable space with its mandate execution. Further, there is need for coherent scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable public health information communicated to and from intended audiences to advance the health of the public and foster organization cohesiveness. This pillar is as follows:

6.2.3.1 Functional Component: Public Health Education and Communication

The Public Health Education and Communication is critical in information sharing in order to promote behavior change among the public. Compliance to public health preventive measures rests on the populace's understanding of the health risks and how these can be prevented or mitigated. The department therefore will be responsible for designing and communicating appropriate health messages for creating public awareness, community engagement and social mobilization and continuously keeping the public informed about the incident and the containment measures adopted to mitigate the risk.

Table 12: Strategy 7: To Establish Public Health Education and Communication Systems

Objectives	Activities
Strengthen Communication, Publication and PHIM's visibility	1. Establish publication and communication unit
	2. Develop communication strategy /plan
	3. Develop/ revise service charter
	4. Design and implement PHIM visibility plan
	5. Translate data and scientific language into actionable information for constituents, community advocates and elected officials
	6. Facilitate publication of PHIM bulletins
	7. Include PH Education and communication staff in PHIM establishment
	8. Increase public awareness of PHIM priorities and accomplishments through regular and targeted messaging utilizing multiple methods of

	<p>communication, including community radios, employee newsletter, websites media and the internet</p>
	<p>9. Collaborate with health care organizations and associations to provide a range of communications and educational opportunities for private and non-profit health care providers on evidence-based practice</p>
	<p>10. Maintain a consistent brand/logo to unify and position PHIM as a valued, effective, and trusted leader in Public Health.</p>
	<p>11. Conduct Open Days to show case PHIM’s mandate</p>
<p>Strengthening public health risk communication</p>	<p>1. Implement empowerment advocacy programs for various stakeholders</p>
	<p>2. Develop risk communication plan</p>
	<p>3. Conduct workplace sensitization programs</p>
	<p>4. Develop a process for identifying, prioritizing, and assessing the harm of medical products and services that are being marketed in a dangerously misleading manner, including drugs, devices and nutraceuticals</p>
	<p>5. Develop inter-agency partnerships to share information and initiate action against misleading promotion of health-related products and services, which may include medical provider and consumer education and communication with regulatory authorities.</p>
	<p>6. Facilitate development of compliance teams in various institutions for control and prevention of highly infectious conditions</p>
	<p>8. Facilitate development and dissemination of public health emergency documentaries</p>
	<p>9. Develop health education materials and messages based on prioritized topics</p>
	<p>10. Broaden efforts to educate media, business, organizational leaders, government, elected officials, community groups, other influencers, and constituents about the value of pursuing public health improvement opportunities in planning and legislation</p>

Strengthen Public Health Education	1. Explore how to maximize public health education platforms made available through key moments of change in public health
	2. Ensure that all PH education materials are accessible, actionable, and conform to plain language principles
	3. Develop and disseminate guidelines on evidence-based PH literacy practices, and encourage external partners to adopt these practices
	4. Develop a Public Health Education and Communication advocacy strategy
	5. Enter into collaboration in public health education between PHIM and the Public to increase effectiveness and breadth of health education efforts.
	6. Build a solid relationship with the public through education messages that reach and resonate with specific audiences.
	7. Organize annual national and regional workshops
	8. Conduct national sensitization programs in priority disease conditions.
	9. Provide timely information about emerging health related issues to public
Strengthen PHIMs liaison services	1. Acts as a point of contact for PHIM with stakeholders
	2. Monitors, coordinate and communicate strategic objectives
	3. Maintains a good working relationship with stakeholders
	4. Maintains a list of stakeholders, IHR focal persons and other contacts from MDA working with PHIM
	5. Facilitates conduct of closed meetings between PHIM management and stakeholders
	6. Identifies bottlenecks in communication channels with stakeholders
	7. Conducts a postmortem after a conflict is resolved/ wrapped up
	8. compiles a report of the postmortem in order to learn from them and improve future processes and relationships
	9. Prepare and deliver verbal communications, such as press conferences, interviews, phone calls and face to face meetings

	10. Prepare and deliver written communication such as press releases, reports and social media updates to colleagues, collaborators, public and other stakeholders
	11. Negotiates with funders and partners for more funding

6.2.6 Pillar 4: Institutional Capacity

PHIM requires institutional strengthening in terms of Governance and support services, systems development and progress tracking. There is need for mechanisms required to balance the powers of the Ministry of Health, its functional components, committees and PHIM itself as an independent institution with the associated accountability and transparency. The management on the other hand focuses on organizing and employing human and material resources to accomplish PHIM’s vision, mission and objectives. In addition, Information Management Systems is critical in the development and enhancement of the Public Health Management Information System (PHMIS) and image. It will include Public Health Information Management System, which shall be a repository of, and conduit for information concerning disease surveillance, public health security and management of public health emergencies. It will be responsible for collection of information on all aspects of public health security and management of public health emergencies; processing and analyzing the information; developing and maintaining an electronic database; and taking steps to disseminate information, especially to communities. Administration within management focuses on execution of the plan and managerial functions, which in this strategic plan include Human Resources, Finance and Administration and Planning, Monitoring and Evaluation.

Support services are cross cutting proactive functions to promote a strong Public Health Institute in Malawi that inspires public health excellence and transforms lives of all.

Functional Component: Public Health Human Resource Development and Management

The Department is responsible for attracting the right people, enabling them to acquire the right skills and competences, manage and motivate them to retain in the institute for PHIM to function efficiently, effectively and economically. This facilitates the attraction, development and retention of appropriate and adequate numbers of staff for PHIM’s excellent performance

Table 13: Strategy 8: To Strengthen Public Health Human Resource Development and Management

Objectives	Activities
Strengthen Public Health Human Resource Development	1. Conduct job analyses and develop PHIM staff establishment taking into consideration skill mix and equity

	2. Fill PHIM staff positions focusing on skill mix and equity
	3. Advocate for MoH/PHIM management to identify and replace staff who leave PHIM bearing in mind the need for skill mix and equity
	4. Develop a PHIM organogram and seek approval
	5. Develop a capacity development plan
	6. Develop career progression plan
	7. Develop recruitment strategy
	8. Develop PHIM Public Health Human Resource strategy
	9. Customize Human Resource Management practices; Human Resource planning; staffing, compensation and benefit, health safety and security and industrial relations
	10. Procure and install learning resource materials and recreation facilities
Strengthen Public Health Human Resource Management	1. Conduct team building exercises at least annually
	2. Create performance management/quality improvement plan
	3. Develop performance score cards for each department and individuals
	4. Conduct staff appraisal
	5. Acknowledge exceptional performance by linking performance to rewards
	6. Keep record of staff sick, parental, maternal, sabbatical, bereavement, annual, sick, and social leave
	7. Conduct annual staff satisfaction survey
	8. Provide for staff feedback during staff appraisal
	9. Support creation of a safe and conducive working and learning environment
	10. Institute HR performance management system
	11. Support appropriate specialized training for PHIM staff
	12. Establish non-monetary retention program including continuing education programs

	13. Conduct staff exit survey
	14. Institute remedial actions to nonperforming staff
	15. Institute Staff Disciplinary Committee (SDC)
	16. Develop ToRs for SDC

6.2.4.1 Functional Component: Finance and Administration

PHIM needs to judiciously manage and account for PHIM’s assets and financial resources. This is achieved by ensuring that financial controls, plans, policies and operations of PHIM are up-to-date and in compliance with government financial guidelines as stipulated in the Public Finance Management Act and other associated statutes. There is need for increasing the revenues whilst also expanding the revenue base.

PHIM needs to enhance coordination of a broad range administrative support services that include office services, procurement, and information and communication technologies. These services are aimed at facilitating and enhancing the performance of other departments in PHIM to achieve strategic goals as stipulated in PHIM Strategic Plan. The Department manages and accounts for the institute’s assets and financial resources. It is responsible for providing administrative leadership, policy direction and ensure coordination of programs and prudent resource management. Tables 12 and 13 show the strategies and activities for finance and administration respectively.

Table 14: Strategy 9: To Improve Finance and Administration

Strategies	Activities
Strengthen accounts system	1. Produce annual business plans
	2. Produce monthly financial reports
	3. Procure agile financial system
	4. Conduct appropriate user training
	5. Open and use own PHIM accounts
	6. Establish PHIM into a Cost Center
	7. Update and follow financial policies and guidelines
Strengthen logistics and procurement systems	1. Set up of Logistics & Procurement unit
	2. Hold regular interactions with government for Government subvention
	3. Develop self-initiated project proposals for grants
	4. Prospect for endowment funds
	5. Charge some services provided at PHIM
	6. Develop joint projects budgets
	7. Conduct paid for capacity building initiatives

Strategies	Activities
	8. Obtain fund order from Treasury
	9. Establish PHIM as a cost center
	10. Advocate for allocation of emergency funds from treasury
Strengthening auditing systems	1. Establish an internal auditing unit
	2. Orient PHIM staff on auditing procedures
	3. Constitute Internal Procurement Committee
	4. Adhere to government auditing procedures
	5. Improve filing system of documents in readiness for auditing
	6. Avail the institution to periodical internal and external auditing procedures
	7. Respond to auditing queries
Strengthen Administration systems	1. Procure fuel for local running
	2. Procure office stationery and sundries
	3. Determine PHIM's fleet needs and procure vehicles according to need
	4. Procure insurance and licenses of PHIM fleet and other assets
	5. Conduct preventive and reactive maintenance of the fleet and other equipment
	6. Process internal and external staff travel
	7. Sustain subscription to selected daily papers
	8. Deploy and supervise performance of support staff (drivers, cleaners, messengers, ground staff and guards)
	9. Member of Staff Disciplinary Committee
	10. Monitor cleanliness of PHIM internal and external premises
	11. Ascertain functionality of office equipment and fleet
	12. Maintain updated inventory of all office resources: vehicles, equipment, furniture etc

Strategies	Activities
	13. Provide for effective security of PHIM premises and resources
	14. Procure/ Pay for utilities timely
	15. Prompt report of accidents, injuries and losses/theft
	16. Attends to staff welfare issues accordingly

Functional Component: Planning, Monitoring and Evaluation

The department is responsible for vision and goal setting along with the work of creating a plan to reach those goals. They identify business challenges, work on future-facing initiatives (such as growth plans, company goals, and business forecasting) and make decisions that move the business towards achieving the visions and goals. The planning department shall be responsible for planning, information technology including OHSP and monitoring and evaluation of all PHIM and functions. The planning department strategies and activities are detailed in table 16

Table 15: Strategy 10: To Strengthening Planning, Monitoring and Evaluation

Objectives	Activities
Strengthening Planning	1. Establish a Planning department
	2. Develop PHIM strategic plan
	3. Print PHIM SP
	4. Launch and disseminate PHIM SP
	5. Develop PHIM annual implementation plan
	6. Develop MoU with relevant stakeholders
	7. Lobby for organizational independence from MoH
	8. Facilitate finalization of the Public Health Act review
	9. Print PHA documents for submission to Ministry of Justice, Parliament and Cabinet
	10. Conduct advocacy meetings to obtain support for approval of PHA
	11. Obtain approval of PHA which will translate in PHIM and PHEOC obtaining legal support to operate

	12. Launch and disseminate approved PHA to all stakeholders
	13. Set up Board of trustees
	14. Conduct a functional review to incorporate all PHIM functions that are not currently part of the approved functions and staff to fill the gaps
	15. Establish district physical presence
	16. Establish strategic plan implementation tracking committee
	17. Develop ToRs for the committee
	18. Develop PHIM transitional plan which will translate into PHIM taking responsibility of all IHR functions among others
	19. Produce and implement annual action plans and produce quarterly and annual reports
	20. Acquire land for construction of PHIM infrastructure
	21. Construct state of art PHIM offices, modern reference laboratory, PHEOC building, and other relevant infrastructure
	22. Equip PHIM offices and national PHEOC
	23. Construct/repurpose district PHEOCs
	24. Equip district PHEOCs
	25. Fast track the operationalization of PHEOC to fully functional
	26. Mitigate the lagging skills among workers due to changes in technology
	27. Join/ renew' international professional networks' membership e.g., IANPHI, CDC, AFENET, GHSA. AFREHealth
	28. Conduct PHIM monthly management meetings
	29. Conduct weekly reporting and feedback meetings
	30. Procure PHIM website packages
	31. Strengthen use of PHIM website
	32. Mobilize resources for implementation of PHIM strategic Plan
Strengthen Public Health Management Information System	1. Establish a public health information management unit
	2. Set up data Public Health Management Information Systems (PHMIS)
	3. Retrieve data for analysis in order to guide decision making

	4. Conduct periodical data processing
	5. Conduct data capturing
	6. Retrieve information for easy access when required
	7. Include information management staff in PHIM establishment
	9. Facilitate linkages of various PHENIC responders' information systems with PHMIS
	10. Track PHIM's performance using data
	11. Conduct PHIM performance projections in order to guide decisions and track implementation of those decisions
Strengthening ICT and OHSP	1. Procure, install ICT systems, laboratory equipment, PHEOC equipment, office equipment and furniture
	2. Establish ICT unit
	3. Develop ICT Policy
	4. Finalize setting up of One-Health surveillance data platform (OHSP)
	5. Link OHSP with DHIS2, LMIS, and other relevant data platforms
	6. Procure and install equipment for electronic surveillance system (server, OHSP gadgets, etc.)
	7. Participate in existing collaborations on IT groups at MOH
Strengthening Monitoring and Evaluation of PHIM performance	1. Conduct mid-term and end of period strategic plan review/ evaluations
	2. Reach consensus on output and outcome indicators drawn from the existing monitoring frameworks
	3. Invest in electronic monitoring tools and equipment
	4. Create monitoring and evaluation teams
	5. Compile PHIM quarterly and annual performance reports
	6. Conduct PHIM monthly management meetings
	7. Conduct PHIM weekly reporting and feedback meetings
	8. Conduct annual organization review of PHIM performance and produce a report
	9. Conduct PHIM review meetings involving all stakeholders to share findings of the performance review

10. Monitor the performance of SP implementation tracking committee

11. Monitor the performance of PHIM SP implementation tracking committee
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12. Develop a new SP

CHAPTER SEVEN

7.0 COST ESTIMATES

This chapter presents cost estimates for the various strategies and major activities according to the functional components. Outputs and corresponding indicators for all the strategies under each functional component have been detailed in the Annexed work plans, these have formed the basis for the strategic plan costing.

Table 16: Costing

Public Health Institute of Malawi Strategic Plan	Annual Costs (MK)								
	PILLAR 1	2023/24	2024/2025	2025/2026	2026/2027	2027/2028	2028/29	2029/30	Total Cost (MK)
STRENGTHEN TECHNICAL EXECUTION									
<i>FUNCTIONAL COMPONENT 1: PUBLIC HEALTH RESEARCH AND DEVELOPMENT</i>									
<i>Strategy 1: To improve Public Health Research Development</i>									
<i>Interventions</i>	<i>2023-24</i>	<i>2024-25</i>	<i>2025-26</i>	<i>2026-27</i>	<i>2027-28</i>	<i>2028-29</i>	<i>2029-30</i>		

Strengthen PH Research Capacity Building	100,000,000	150,000,000	155,000,000	156,000,000	157,000,000	160,000,000	166,000,000	1,044,000,000
Strengthen Research Science	150,402,333	152,434,756	154,077,354	154,642,727	156,064,614	158,840,026	160,987,669	1,087,449,479
Improve Human subject Protection	130,563,334	131,210,266	132,937,139	132,216,510	132,498,675	134,783,662	135,071,498	929,281,084
Strengthen Knowledge Management	100,613,334	102,469,466	98,636,411	98,412,775	102,196,902	104,988,871	106,788,760	714,106,519
Sub total	381,579,001	386,114,488	385,650,904	385,272,012	390,760,191	398,612,559	402,847,927	3,774,837,082

FUNCTIONAL COMPONENT 2: PUBLIC HEALTH REFERENCE LABORATORY

Strategy 2: To strengthen PHRL

Interventions								
Strengthen performance of the Public Health Reference Laboratory	275,423,000	276,015,000	200,188,150	180,990,452	120,959,406	121,528,965	122,049,485	1,297,154,458
Strengthen Laboratory biosafety, biosecurity and bio-risk	200,950,000	202,009,000	204,229,180	208,607,764	214,142,519	219,831,709	215,674,049	1,465,444,221

management systems								
Develop network and collaboration with other national and regional public health reference labs	157,990,000	158,057,000	157,074,340	157,237,027	136,340,567	136,580,919	135,754,443	1,039,034,296
Strengthen public health laboratory quality management system	157,185,000	157,268,200	157,059,040	156,897,552	156,779,267	156,700,168	156,656,643	1,098,545,870
Sub total	791,548,000	793,349,200	718,550,710	703,732,795	628,221,759	634,641,761	630,134,620	4,900,178,845
FUNCTIONAL COMPONENT 3: PUBLIC HEALTH SURVEILLANCE AND DISEASE INTELLIGENCE								
Strategy 3: To advance PH Surveillance and Disease Intelligence								
Interventions								
Strengthen surveillance of diseases of public health importance	170,640,000	171,828,800	171,958,188	172,948,170	172,998,752	173,949,939	174,121,738	1,208,445,587
Strengthen the surveillance of non-	50,510,000	50,926,300	52,823,563	54,921,799	56,021,017	56,121,227	57,222,439	378,546,345

communicable diseases								
Strengthen AMR Surveillance	70,789,567	72,800,500	72,000,500	74,500.68	75,500,600	75,987,500	76,000,500	443,153,668
Build the capacity in Field Epidemiology	170,000,000	172,000,500	176,887,400	176,998,300	176,701,899	176,968,918	177,238,607	1,226,795,624
Strengthen EBS	240,500,600	243,600,300	243,666,333	243,200,500	244,600,500	245,123,200	245,765,130	1,706,456,563
Improve Genomic Surveillance	80,789,567	80,800,500	81,000,500	82,500.68	83,500,600	84,987,500	85,000,500	496,161,668
Improve Surveillance of Pandemic Influenza	96,678,800	96,999,200	97,300,567	97,867,354	97,989,876	98,345,654	98,856,988	684,038,439
Build capacity in national HIV and STI Surveillance systems	412,275,000	471,492,850	472,207,779	472,929,856	473,659,155	566,011,295,746	565,139,704	568,879,000,090
Sub total	1,292,183,534	1,360,448,950	1,367,844,830	1,219,022,980	1,380,972,399	566,922,779,684	1,479,345,606	575,022,597,983
FUNCTIONAL COMPONENT 4: PUBLIC HEALTH ZONOTIC EMERGENCIES								
Strategy 4: To strengthen control of Public Health Zoonotic Disease Emergencies								
Interventions								
Strengthen Public Health Zoonotic Disease control	105,960,000	110,469,600	115,984,296	115,504,139	118,029,180	115,559,472	118,095,067	799,601,754

Strengthen Public Health Emerging Zoonotic Disease control	46,870,560	46,989,700	47,177,600	47,879,655	47,989,999	48,678,500	49,400,123	334,986,137
Sub total	152,830,560	157,459,300	163,161,896	163,383,794	166,019,179	164,237,972	167,495,190	1,134,587,891
FUNCTIONAL COMPONENT 5: PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE								
Strategy 5: To improve public health emergency preparedness and response								
Interventions								
Strengthen Public Health Emergency Operation Center	450,930,000	427,179,100	427,450,891	427,725,400	428,002,654	428,282,680	428,565,507	3,018,136,232
Intensify Cross Border Collaboration	180,800,678	186,678,500	187,900,700	187,989,800	190,300,700	192,678,889	195,678,578	1,322,027,845
Strengthen Occupational Safety & Health	89,700,269	92,689,700	92,989,678	93,689,600	94,127,600	94,790,645	95,643,300	653,630,792
Sub total	721,430,947	706,547,300	708,341,269	709,404,800	712,430,954	715,752,214	719,887,385	4,993,794,869
PILLAR 2: ENHANCE COLLABORATION AND COORDINATION								
FUNCTIONAL COMPONENT 6: INTERNATIONAL HEALTH REGULATIONS								

Strategy 1: To Improve coordination and collaboration in the implementation of International Health Regulations.								
Interventions								
Strengthen IHR national focal point	150,670,000	151,606,000	152,612,060	154,618,181	154,624,362	155,630,606	156,636,912	1,076,398,121
Strengthen IHR MEF	145,989,768	146,546,789	147,878,987	148,888,989	149,657,898	150,789,678	150,798,700	1,040,550,809
SUBTOTAL	296,659,768	298,152,789	300,491,047	303,507,170	304,282,260	306,420,284	307,435,612	2,116,948,930
Pillar 3: IMPROVED ORGANIZATIONAL IDENTITY AND CULTURE								
FUNCTIONAL COMPONENT 7: PUBLIC HEALTH EDUCATION AND COMMUNICATION								
Strategy 1: Strengthen Public Health Education and Communication								
Interventions								
Strengthen Communication, Publication and PHIM's visibility	150,567,789	153,678,989	156,345,766	159,456,345	162,456,344	164,666,898	166,678,789	1,113,850,920
Strengthen Public Health Risk Communication	109,890,678	109,890,670	119,467,567	120,899,967	122,589,823	122,925,921	123,289,217	828,953,843

Strengthen Public Health Education	167,789,900	168,451,412	168,867,812	169,345,316	169,857,836	170,312,455	171,456,890	1,186,081,621
Strengthen PHIM's Liason services	20,345,125	21,800,989	22,345,432	23,550,550	24,643,456	25,456,234	26,567,678	164,709,464
Subtotal	448,593,492	453,822,060	467,026,577	473,252,178	479,547,459	483,361,508	487,992,574	3,293,595,848

PILLAR 4: STRENGTHENED INSTITUTIONAL CAPACITY

FUNCTIONAL COMPONENT 8: HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

Strategy 1: Strengthen Public Health Human Resource Development and Management

<i>Interventions</i>								
Strengthen Public Health human resource development	99,109,459	100,456,678	101, 456,333	102, 234,444	103,455, 555	104, 777,678	105, 888,789	199,566,137
Strengthen Public Health human resource management	89,899,000	90,768,741	91,788,111	92,433,788	93,100,677	93,899,700	93,343,218	645,233,235
<i>Subtotal</i>	189,008,459	191,225,419	91,788,111	92,433,788	93,100,677	93,899,700	93,343,218	844,799,372

FUNCTIONAL COMPONENT 9: FINANCE AND ADMINISTRATION

Strategy 2: strengthen Finance and Administration								
Interventions								
Strengthen Accounts systems	150,500,567	167,890,222	80,567,782	80,345,222	81,456,569	81,869,219	82,418,433	725,048,014
Strengthen Logistics and procurement systems	60,555,675	62,418,525	62,827,418	63,971,635	64,538,317	65,221,328	65,787,291	445,320,189
Strengthen Auditing systems	56,780,157	40,230,222	20,123,345	21,345,567	21,895,121	22,457,678	22,976,712	205,808,802
Strengthen Administrative systems	212,560,000	215,567,444	217,336,719	220,412,829	222,349,771	224,349,116	226,789,567	1,539,365,446
Sub total	480,396,399	486,106,413	380,855,264	386,075,253	390,239,778	393,897,341	397,972,003	2,915,542,451
FUNCTIONAL COMPONENT 10: PLANNING, MONITORING AND EVALUATION								
Strategy 3: Strengthen Planning, Monitoring and Evaluation								
Interventions								

Strengthen Planning	250,879,421	1,500,456,199	1,500,599,320	2,500,678,987	2,500,234,341	2,500,567,290	1,500,181,368	12,253,596,926
Strengthen Public Health Information Management System	120,315,125	100,456,780	80,673,222	80,999,022	80,567,456	82,312,118	83,144,678	628,468,401
Strengthen Information Technology and OHSP	120,555,777	100,345,009	100,456,621	100,322,345	102,312,220	104,999,670	106,398,087	735,389,729
Strengthen monitoring and evaluation systems	99,936,220	100,456,654	100,971,396	101,750,550	102,190,990	104,950,850	106,769,567	717,026,227
Subtotal	591,686,543	1,801,714,642	1,782,700,559	2,783,750,904	2,785,305,007	2,792,829,928	1,796,493,700	14,334,481,283
GRAND TOTAL								608,337,569,685

CHAPTER EIGHT

8.0 MONITORING AND EVALUATION

The Strategic Plan will be anchored on a robust Monitoring and Evaluation (M&E) framework that has a high-level indicator at institutional level and specific indicators for each strategic objective. A detailed M&E framework has been developed. It has target indicators for each functional component in a strategic objective. Indicators are positioned at output, outcome/result and impact/goal levels. The PHIM Board will be responsible for impact level indicators.

Examples of high-level impact indicators are:

- i) Existence of sustainable, effective and efficient public health reference laboratory system
- ii) Evidence based policies developed and implemented
- iii) Existence of efficient systems in detecting and controlling emerging and re-emerging infectious and zoonotic disease outbreaks, non-communicable diseases including public health events of national and international concern
- iv) External quality assurance system in place
- v) Existence and functionality of governance and management structures
- vi) AMR surveillance system established
- vii) Coordination of IHR well stated and established

The approach to monitoring and evaluation for the period 2023-2030 for PHIM Strategic Plan is based on the proposed framework that ensures systematic approach. The explicit definition of strategic objectives and strategies in the strategic plan increases the necessity for a correspondingly clear and robust monitoring and evaluation system. Indicators have been proposed at the start of the period to form the basis for the development and achievement of the strategic objectives and its major activities.

The achievement of the performance indicators will be monitored by the expected outputs. The aggregation of expected outputs at functional component levels will help to assess progress and achievement at Secretariat level. The monitoring of activities on an ongoing basis will ensure better preparation for formal quarterly and annual reporting. The monitoring and evaluation framework will be detailed for the 2023-2030 period at the development of its implementation plan. This arrangement will provide a single framework for monitoring and evaluation of all PHIM interventions related to this strategic plan.

The Board will review progress on its strategic plan biannually using several key performance indicators. The monitoring and evaluation framework will establish several indicators corresponding to the strategic objectives, strategies and major activities. The indicators will be used as tools to assess how far the expected objectives would have been achieved.

Monitoring and evaluation shall be the responsibility of the PHIM Executive Director and the Secretariat. At the beginning of each financial year, Secretariat management will set their performance indicators as part of their annual work plans in line with the cascaded functional component strategic plans.

8.1 Reporting frequency

Reporting frequency will vary by level of control. Functional Components will produce monthly work plans and reports. This will be a consolidation of weekly planning and reporting meetings conducted at a functional component level. The PHIM Executive Director will produce consolidated quarterly reports with inputs from all functional components including from administrative department and will be presented to the governing Board. Annual reports will be submitted to Ministry of Health, development partners and other relevant stakeholders and disseminated at an Annual Review Workshop (ARW). The ARW will help in collective ownership of progress or lack of it and designing of appropriate remedial measures to ensure the Strategic Plan 2023-2030 takes PHIM to the intended vision.

8.2 PHIM Strategic Plan 2023-2030 Evaluation

A PHIM Strategic Plan implementation monitoring committee shall be constituted to fast track progress in the implementation of the plan. The secretariat will consolidate the progress report and present it to the committee on a quarterly basis. A mid-term evaluation will be conducted to inform necessary changes for the last half of implementation of 2023-2030 strategic plan. At the end of the period, an end line evaluation will be conducted to shape the successor Strategic Plan. The evaluations will be conducted through a consultative process.

CHAPTER NINE

9.0 IMPLEMENTATION

The effectiveness in implementing this Strategic Plan is a function of collaboration and coordination as well as ownership among various stakeholders. Public health has wide coverage and include actors outside the mainstream healthcare delivery. Understanding of public health from social determinants of health perspective is key in mapping relevant actors and raising their conscious that their actions contribute to public health.

The Strategic Plan also recognizes the interaction between animal and human health and its development has involved animal health experts. This is a strength in the new Strategic Plan. The involvement of animal health experts should continue in all activities of PHIM, thus establishing a Zoonosis department within PHIM is an added advantage. To ensure optimal delivery of the Strategic Plan, a proper sequencing of activities is necessary to make resource mobilization relatively easier. Costing therefore has been broken down in years. The positive difference between this Strategic Plan and previous one is not in the components but in how it will be implemented. For that reason, PHIM should prioritize filling of vacant positions and motivate staff so that there is human resource to get the rest of strategic objectives done. The legislation and protocols, finance systems, M and E system all work when there are competent and motivated people to manage the office.

9.1 Human Resource

PHIM proposes a staff establishment based on its vision, mission and activities to be headed by the Executive Director who is responsible for the implementation of policy and activities of the PHIM. PHIM departments will include:

9.1.1 PHIM Departments

Public Health Consultations suggest PHIM should have the following Departments:

9.2.1 Department of Public Health Research and Development

The directorate shall be headed by a Director with the liaison officers to facilitate the following key functions:

- i. Research Capacity Building
- ii. Research Science
- iii. Knowledge Management
- iv. Human Subject Protection

9.2.2 Department of Public Health Reference Laboratory Services

This department will be headed by Director and appropriately qualified personnel in the following divisions:

- i. HIV Laboratory
- ii. TB laboratory
- iii. Parasitology and Vector Biology
- iv. Microbiology
- v. Biochemistry
- vi. Hematology and Immunology
- vii. Nutrition laboratory
- viii. Pathology
- ix. Food safety and environment
- x. Zoonotic laboratory
- xi. Genomic

All divisions will contribute to quality management and bio-banking activities, every division will appoint a representative member to sit on the relevant committees that are working together on common issues (e.g., SLMTA or bio-banking procedures).

9.2.3 Department of Public Health Surveillance and Disease Intelligence

This department will be headed by Director and appropriately qualified personnel in the following divisions:

- i. IDSR
- ii. Non-Communicable Diseases
- iii. AMR
- iv. FELTP
- v. Genomics Surveillance
- vi. Influenza Surveillance
- vii. EBS
- viii. HIV Surveillance
- ix. Other public health events

9.2.4 Department of Public Health Zoonotic Disease Emergencies Control

This department will be headed by Director and appropriately qualified personnel in animal health with Zoonotic Diseases divisions.

- i. Zoonotic disease control
- ii. Emerging Zoonotic disease control

9.2.5 Department of Public Health Emergency Preparedness and Response

This department will be headed by Director and appropriately qualified personnel in public health and emergency response. It shall be home to Public Health Emergency Operation Centre and the multidisciplinary and multi sectoral rapid response team

- i. PHEOC
- ii. Cross boarder
- iii. Occupation Safety and Health

9.2.6 Department of Coordination of IHR

This department will be headed by Director and appropriately qualified personnel in public health and IHR in the following divisions:

- i. National Focal Point
- ii. IHR Monitoring and Evaluation Framework (IHRMEF)

9.2.7 Department of Public Health Education and Communication

This department will be headed by Director and appropriately qualified personnel in public health and emergency response.

- i. Communication, Publication and PHIM's Visibility
- ii. Risk Communication
- iii. Public Health Education
- iv. Liaison Services

9.2.8 Department of Public Health Human Resource Development and Management

This department will be headed by Director and appropriately qualified personnel in human resource and management with the following divisions:

- i. HR Development (Recruitment and capacity building)
- ii. HR Management (Staff Retention, performance appraisal and promotion)

9.2.9 Department of Finance and Administration

Director of Finance and Administration shall head the departments of well qualified personnel including:

- i. Accounts services
- ii. Logistics and Procurement
- iii. Auditing Systems
- iv. Administration

9.2.10 Department of Planning, Monitoring and Evaluation

The department shall be responsible for planning, monitoring and evaluation of PHIM performance under the following sections:

- i. Planning
- ii. PHMIS
- iii. IT & OHSP
- iv. M&E

9.3 Governance, Management and Partnership Structures in PHIM

PHIM shall have an Executive Board appointed through open advertisement and interviews guided by a predetermined criterion. The Secretary for Health will be Ex-officio. The PHIM Executive Director shall be the Board's secretary. The Board shall be responsible for policy direction of the PHIM. The Board shall have technical subcommittees to be determined based on the core functions of the institute.

9.3.1 Management Structures for Stewardship

The Executive Director (ED) shall provide overall leadership to PHIM operations, facilitating the implementation of Board's decisions, directing the implementation of policies and ensuring adherence to the legislation. PHIM shall initially operate with nine directorates: Public Health Research and Development; Public Health Reference Laboratory; Public Health Surveillance and Disease Intelligence; Public Health Zoonotic Emergencies; Public Health Emergency Preparedness and Response; International Health Regulations Coordination; Public Health Education and Communication; Public Health Human Resource Development and Management, Finance and Administration and Planning, Monitoring and Evaluation. The setup of PHIM from its governance to management structures is meant to enhance performance by facilitating quick response to matters of public health emergencies; resource mobilization; and accountability. Revision to add, upgrade or degrade departments and sections shall be done to accord the befitting role of the organization.

Table 17: Stakeholders and their roles and responsibilities

Stakeholder	Roles of Stakeholders
Ministry of Civic Education and Culture	In liaison with communication officer at PHIM, the Ministry will conduct mass awareness of PHIM strategic plan and its components Develop partnerships with the communities for implementation of IHR
Ministry of Natural Resources Ministry of Energy and Mining/ (Environmental Affairs Department)	Ensure mining and quarrying activities are informed by environmental impact assessment and that precautionary measures are put in place to mitigate against potential negative health hazards that come through mining, quarrying and oil exploration. Collaborates with MoH on the safe management of waste disposal to avoid contaminating the environment
Ministry of Local Government	Through local councils (city, municipal, town and district), to ensure improved sanitation and waste management Establish strong partnerships with District councils
Ministry of Finance, Economic Planning and Development	Financing the Strategic Plan through budget appropriation Provide fund order Make PHIM a cost center Allocate emergency funds to PHIM for emergency
National Statistical Office	Coordinate the administration of demographic and health survey with PHIM, Multiple Indicators Cluster Survey and other health related surveys
Ministry of Education	Assist in emergency response activities in schools Act as a medium for health promotion messages to the larger community
Ministry of Foreign Affairs	Coordinate implementation of Public Health preventive measures at an international level
Ministry of Tourism	Assist in implementation of Public Health preventive measures during an outbreak/ pandemic by facilitating identification of institutions that can be used for prevention measures

Ministry of Homeland Affairs	Support implementation of PHPM by ensuring that non-compliance is duly punished Assist in providing safe working environments to health workers during an outbreak/pandemic
Ministry of Defense	Assist in ensuring safe implementation of PHPMs
	Providing emergency surge capacity of health workers during an outbreak/ pandemic
	Support response to outbreaks by providing transport for various functions during response to PHEIC
	Assist in implementation of various SIMEX exercises
Ministry of Transport	Assist in strengthening implementation of PHPMs during an outbreak/ pandemic by regularizing transport where necessary
Ministry of Trade and industry	Support smooth trading of essential commodities during an outbreak/ pandemic to ensure continuous flow of commodities and supplies essential for sustenance of life
Ministry of Gender	Guiding PHIM on balancing of gender, vulnerable and underserved populations. Ensuring that these group of people are specially considered when responding to PHENICs
Ministry of Justice	Fast track Legalization of PHIM as an entity and a parastatal
	Provide for establishment of PHEOC and its functions
	Ensure inclusion of IHR in relevant legislation
	Provide legal guidance on implementation of PHPMs during an outbreak/ pandemic
Law Commission	Fast track review and approval of the Public Health Act
	Provide a home for Public Health Act in PHIM
	Include IHR in relevant legislations under review/ development
OPC	Provide guidance in policy development
	Monitor inclusion of IHR in relevant policies during development/ review
	Monitor development of evidence-based policies in all MDAs
DODMA	Coordinate with PHIM during response to disasters and pandemics
	Support realignment of health cluster committee with the One-Health Public Health Emergency Management committee
	Collaborate with PHIM on coordination of outbreaks versus disasters

MRA	Support timely clearance of commodities and supplies for outbreak/pandemic response
Partner Institutions (including Health Development Partners)	Financing the PHIM Strategic Plan
	Implementing some components or activities of the plan
	Provide technical support to PHIM secretariat
	Participate in joint sector monitoring
Pharmacy, Medicines and Poisons Board	Certify vaccines, oversee dispose of expired drugs and medical supplies
Nurses and Midwives Council of Malawi	Through its regulatory function of nurses and midwives, it will enforce professional conduct among nurses and midwives
	Incorporate IHR and other programs into pre-service and CPD curricula
Medical Council of Malawi	Through its regulatory function of medical and allied health personnel, it will enforce professional conduct among them
	Incorporate IHR and other programs into pre-service and CPD curricula
Malawi Bureau of Standards	Ensure local and imported food stuffs available on the market meet safety and nutrition requirements.
National Commission on Science and Technology	Advising PHIM on issues of research in the use of science and technology for improved public health security. Fosters PHIM with scientifically and technologically led decision making for development of evidence based policies
Civil Society Organizations	Evidence generation and advocacy
	Localizing PHIM strategic plan at local level through community awareness

9.3.2 Operationalization of the PHIM Strategic Plan 2023-2030

A Strategic Plan Implementation Monitoring Committee shall be established to ensure that each department has an Operation Plan for the duration of the Strategic Plan. Each department will extract its relevant strategic objectives, strategies and activities, costing, key performance indicators and time frame. The department will detail accordingly for the seven years of the Strategic Plan. From Operational Plans, the departments will develop annual, quarterly, monthly and weekly plans. In accordance to position and job descriptions, individuals shall be trained on development of their own key performance indicators against which performance appraisals shall

be based. The cascading of the plan shall guide the implementation of this strategic plan with each person having clarity on what needs to be done.

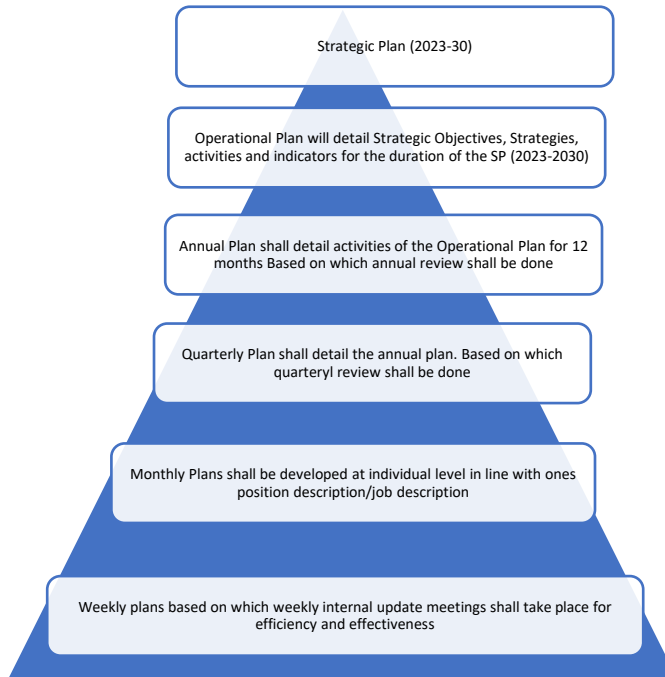


Figure 2: Operationalization Process

These will be implemented following the government of Malawi financial year. Quarterly performance of the implementation status of the Strategic Plan shall take place with stakeholders and partners to review performance. Best performing Department shall be awarded non-financial incentive accordingly. Annually, outstanding performance of the departments and individuals shall also be awarded accordingly. The staff appraisal system shall be aligned to the implementation process. Annual staff satisfaction survey shall be conducted to assess staff’s opinion on their management. The performance management system shall establish the reward system. Quarterly reports shall be compiled and shared with relevant stakeholders and partners.

9.4 PHIM Organogram

PHIM has the leadership command (Figure 4) that provides direction and manages the strategic and operations of the organization²¹

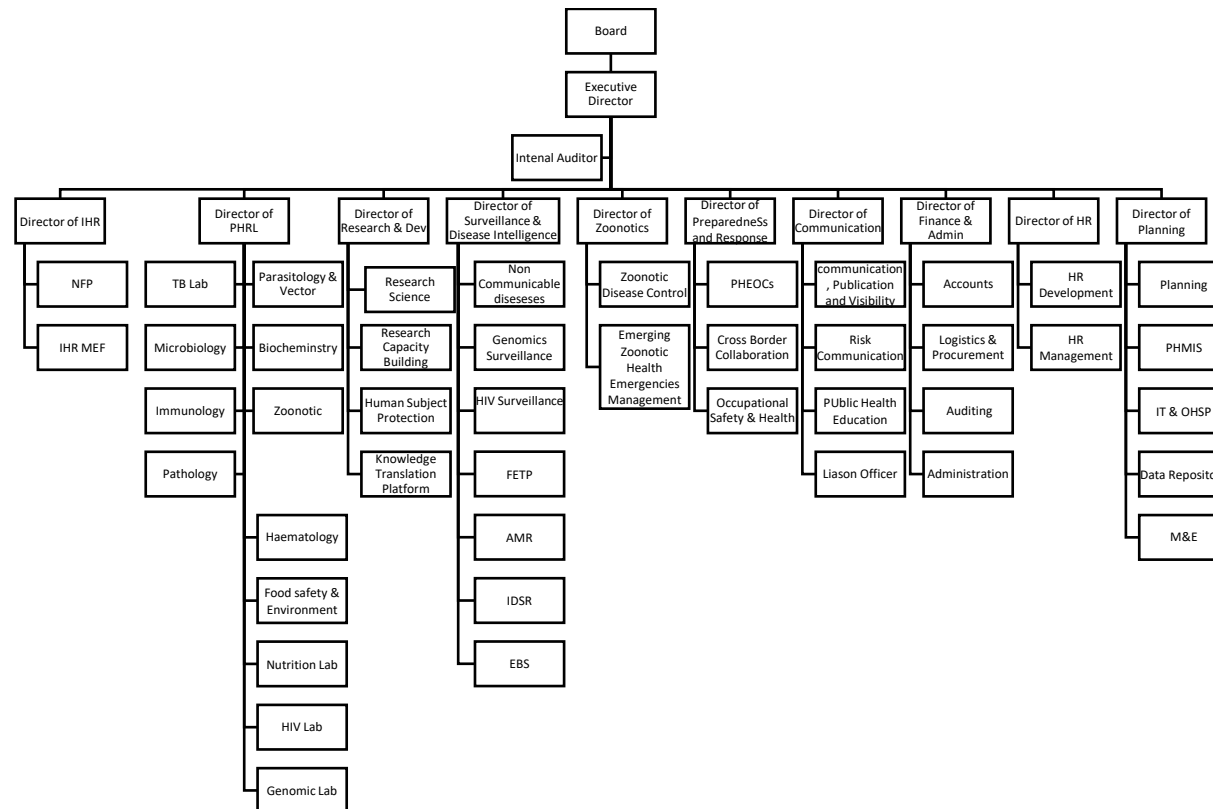


Figure 4: Proposed Organogram

Not all positions need to be filled at the same time. Only critical positions shall be filled initially. Some positions shall be project based that will require PHIM leadership to mobilize resources through grants and consultancies.

²¹ The organizational structure needs validation and alignment to the Strategic direction and aspirations as this plan entails

Appendix 1: IMPLEMENTATION PLAN STRATEGIC INITIATIVES, KEY PERFORMANCE INDICATORS AND IMPLEMENTATION PLAN

The initiatives will be undertaken by identified “drivers” within set timeframes and their achievement monitored through key performance indicators.

Table 18: Monitoring and Evaluation Framework

Pillar 1: Strengthening Technical Execution

Functional Component: Public Health Research and Development

Strategy 1: To improve Public Health Research and Development

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen Public Health Research Capacity Building Services	Develop and implement capacity building programs and workshops to enhance research skills	Number of people trained	-	660	DPHRD	120	120	120	120	60	60	
	Provide guidance and support to researchers in designing research projects trainings.	# of researchers supported in designing research grants		87	DPHR		3	10	15	20	20	20
	Identify training needs	# training needs		6			1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	and organize training sessions on various aspects of health research	sessions conducted										
		# training sessions as a result of training needs assessment sessions		6			1	1	1	1	1	1
	Provide mentorship and guidance to emerging researchers, encouraging knowledge transfer and skill development.	# emerging researchers mentored		60			10	10	10	10	10	10
	Establish functional research infrastructure	Availability of functional research infrastructure at national	-	1	DPHRD			1	1	1	1	1
	Work closely with upcoming researchers to identify funding	# novice researchers supported to identify funding		21			2	3	3	3	5	5

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	opportunities and assist in grant applications.	and obtain grants										
	Develop, print, launch and disseminate research methodology manual	Research methodology manual developed and printed										
		Research methodology manual launched										
		Research methodology manual disseminated										
	Monitor and evaluate the impact of capacity building initiatives	% of capacity building initiatives monitored		100%			100%	100%	100%	100%	100%	100%
		% capacity building initiatives evaluated		100%			100%	100%	100%	100%	100%	100%
	Liaise with training	Number of PHIM staff		320	DPHRD	110	110	20	20	20	20	

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	institutions to train PHIM staff in research grants synthesis and knowledge translation	trained in research grants synthesis and knowledge translation										
	Develop training programs in research grant writing skills	Training program in research grant writing developed		1			1					
	Respond to research grants and project specific grants	% of research grants responded to					100%	100%	100%	100%	100%	100%
		% project specific grants responded to					100%	100%	100%	100%	100%	100%
	Develop mentorship program on research implementation	Mentorship program on research implementation developed		1			1					

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Develop and implement research skills training program	Research skills training program developed		1			1					
		% planned training sessions implemented		100%			100%	100%	100%	100%	100%	100%
	Promote submission of proposals from FELTP graduands	% of proposals submitted by FETP graduands		60%			30%	60%	60%	60%	60%	60%
	Support FELTP graduands and facility research committees with small grants to conduct operational research in their area of work	# FETP graduands supported with research grants		60%			100%	100%	100%	100%	100%	100%
		# of research committees supported with research grants		40%			40%	40%	40%	40%	40%	40%
	Participate in advocacy	Number of times		34			34	34	34	34	34	34

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	efforts to promote health research capacity building at local, national, and international levels.	health research is advocated for locally										
		Number of times health research is advocated for at national level		6			1	1	1	1	1	1
		Number of times health research is advocated for internationally		36			6	6	6	6	6	6
	Procure motor vehicles to assist in the running of the unit	# motor vehicles procured		8		2	1	1	1	1	1	1
	Maintain fleet of vehicles for Research department	# motor vehicles maintained		11		3	5	6	7	8	9	11

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Increase staff capacity to conduct policy analysis in order to identify and prioritize issues/ areas where policy change can affect population health.	Number of staff with capacity to conduct policy analysis	-	350	DPHRD	50	50	50	50	50		
	Conduct benchmarking visits to Research sections of other NPHIs	Number of benchmarking visits to Research sections of other NPHIs conducted		3	DPHRD		1		1		1	
	Conduct research methodology training courses for PHIM staff, other departments, ministries and districts	Number of research methodology trainings conducted for PHIM staff		200	DPHRD		40	40	40	40	40	

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	operating under One-Health											
	Conduct Good Clinical Practice and good laboratory practice training for PHIM staff, ministry, and districts	# of GCP sessions conducted		38		2	6	6	6	6	6	6
		# of GLP sessions conducted		26		2	4	4	4	4	4	4
	Build capacity of PHIM staff and other departments in manuscript writing	# sessions on manuscript writing conducted		46		4	7	7	7	7	7	7
	Employ experts such as statisticians, FETPs and epidemiologists to assist with research activities	Number of Statisticians and Epidemiologists recruited		6	DPHRD		6					

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen the research science	Identify priority research areas/questions of public health importance for Malawi	Number of Priority research questions identified	-	42	DPHRD	6	6	6	6	6	6	6
	Facilitate the implementation of research	Number of Research studies implemented	-	21	DPHRD	3	3	3	3	3	3	3
	Review and update the health research agenda	Reviewed Research agenda	-	1	DPHRD	1			1			
	Promote publication of Research findings	Number of research studies published	-	21	DPHRD	3	3	3	3	3	3	3
	Maintain a functional & updated website on proposal submission	Availability of functional & updated website for submission	1	1	DPHRD	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	procedures, forms and dates for submission and reviews	of proposal, forms and dates for reviews										
	Develop research science operational and implementation plan	Number of operational plans developed	-	7	DPHRD	1	1	1	1	1	1	1
	Monitor implementation of research agenda	Number of monitoring reviews conducted		7	DPHRD	1	1	1	1	1	1	1
	Conduct weekly meetings for research department	Proportion of meetings conducted		100%	DPHRD	100%	100%	100%	100%	100%	100%	100%
	Promote conduct of research studies under One-Health approach (multi-disciplinary &	Proportion of studies conducted in a multi-disciplinary manner		100%	DPHRD	100%	100%	100%	100%	100%	100%	100%
		Proportion of relevant One-		100%	DPHRD	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	multi-sectoral approach)	Health studies conducted in a multi-sectoral approach										
	Coordinate implementation of MICS	MICS survey conducted		1	DPHRD			1				
	Coordinate implementation of DHS	DHS conducted		1	DPHRD	1						
	Conduct supportive supervision to monitor ongoing research activities	Number of research studies supervised		240	DPHRD	20	20	20	20	20	20	20
Strengthen Knowledge management	Develop evidence briefs for policy makers to ensure evidence-based policies	Number of evidence briefs developed from research findings	-	35	DPHRD	5	5	5	5	5	5	5
	Strengthen national guidelines on use of	Number of national guidelines on use of	-	1	DPHRD	1				1		

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	evidence for decision making	evidence for decision making										
	Coordinate knowledge translation platforms	Number of knowledge translation platforms coordinated	-	14	DPHRD	2	2	2	2	2	2	2
	Set up electronic system for capturing and retrieval of documents	Number of electronic system set up for capturing of documents	-	1	DPHRD	1						
	Reinforce dissemination of research findings of all approved proposal	Amount of research proposals disseminated at the unit	-	240	DPHRD	20	20	20	20	20	20	20
	Convene annual research dissemination conferences in collaboration	Number of research dissemination conferences conducted annually	-	7	DPHRD	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	with stakeholders	with stakeholders										
	Monitor submission of research report to the department	Number of research reports submitted	-	240	DPHRD	20	20	20	20	20	20	20
	Establish functional research libraries at national (PHIM & MoH) and district (CH&DH) level	Availability of functional research infrastructure at national and district level	-	37	DPHRD	6	6	6	6	6		
	Provide access to research findings conducted in the health sector through the MoH, PHIM websites and NCST database.	Number of research findings accessible in MoH, PHIM & NCST	-	30	DPHRD		5	5	5	5	5	5
	Link up with planning	Number of times	-	14	DPHRD		2	2	2	2	2	2

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	department for policy development decisions through PHIM planning department	DPPD is linked up for policy development										
	Establish regional and international networks	Proportion of networks established at regional level		100%	DPHRD			100%				
		Proportion of networks established at international level		100%	DPHRD		100%					
	Develop knowledge management operational implementation plan	Developed knowledge management operational and implementation plan	-	7	DPHRD	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Ensure human subject protection	Strengthen functional ethical review board	Availability of functional ethical review board	-	1	DPHRD	1						
	Review board's implementation and compliance to bioethical principles	Number of Ethical board reviews conducted	-	7	DPHRD	1	1	1	1	1	1	1
	Coordinate Research Safety Committee meetings	Number of research safety committee meetings conducted	-	84	DPHRD	12	12	12	12	12	12	12
	Coordinate NHSRC meetings		-	84	DPHRD	12	12	12	12	12	12	12
	Review research proposals regularly	Number of proposal review sessions conducted	-	84	DPHRD	12	12	12	12	12	12	12
	Coordinate expedited committee meetings	Number of expedited committee		84	DPHRD	12	12	12	12	12	12	12

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		meetings conducted										
	Coordinate adhoc meetings	Proportion of adhoc meetings conducted		100%	DPHRD	100%	100%	100%	100%	100%	100%	100%
	Set up community research advisory boards	Proportion of community research boards set up	-	100%	DPHRD		50%	100%				
	Strengthen the monitoring of the approved proposal implementation and completion	Proportion of approved proposals monitored during implementation	-	On-going	DPHRD	20	20	20	20	20	20	20
	Initiate research methodology trainings for PHIM staffs	Proportion of PHIM technical staff trained	-	100%	DPHRD		50%	50%				
	Develop human subject protection operation and	Presence of Human Subject Protection operation	-	7	DPHRD	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Report.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	implementatio n plan	and implement ation plan										

Functional Component: Public Health Reference Laboratory

Strategy 2: To improve the Public Health Reference Laboratory Services

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthening performance of the NPHRL	Determine and organize sections within public health reference laboratory,	Proportion of organized PHRL sections	-	10	DPHRLD		10					
	Participate in the design of a state-of-the-art laboratory according to determined sections	PHRL infrastructure design developed	-	1	DPHRLD		1					
	Develop Public health laboratory implementation plan	Presence of PHRL implementation plan	-	7	DPHRLD	1	1	1	1	1	1	1
	Procure and install laboratory equipment	Proportion of laboratory equipment procured & installed		100%	DPHRLD			50%	50%			
	Conduct equipment user training	Proportion of laboratory staff trained in equipment use		100%	DPHRLD			33%	33%	34%		
	Procure GeneXpert platform cartilages and consumables for influenza diagnosis at sentinel sites	Proportion of GeneXpert platform cartilages procured		100%	DPHRLD			50%	50%			
		Proportion of consumables procured		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Procure molecular reagents and consumables for influenza diagnosis at central and national level	Proportion of molecular reagents for influenza diagnosis procured	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Procure reagents and multiplex equipment	Proportion of reagents and multiplex equipment procured		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Institute preventive and corrective equipment maintenance	Proportion of equipment maintained	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Strengthen routine laboratory pathogen genomic surveillance system at PHRL	NPHRL genomic surveillance strengthened	1	1	DPHRLD		1	1	1	1	1	1
	Train laboratory staff in new techniques including Bioinformatics.	Proportion of laboratory staff trained in new technologies		100%	DPHRLD	50%	70%	100%				
		Proportion of staff trained in bioinformatics		100%	DPHRLD	50%	70%	100%				
	Conduct genomic surveillance needs assessment.	Genomic surveillance needs assessment conducted		1	DPHRLD		1					
	Introduce routine awareness campaigns	Genomic sequencing awareness		7	DPHRLD	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	on genomics sequencing.	campaigns conducted routinely										
	Conduct review meeting with stakeholders.	Number of stakeholders' review meetings conducted		14	DPHRLD	2	2	2	2	2	2	2
	Conduct training on sample collection, packaging, transport, testing and referral for health providers at all levels	Proportion of training sessions conducted on sample collection, packaging, transport, testing and referral conducted		100%	DPHRLD	20%	60%	100%				
strengthening Laboratory biosecurity, biosafety and bio-risk management system	Conduct risk assessment in biosafety	Risk assessment conducted		1	DPHRLD		1					
	Conduct Pathogen mapping	National pathogens mapped	-	1	DPHRLD			1				
	Procure, and install efficient laboratory information management system	Functional laboratory information management system installed	-	1	DPHRLD		1	1	1	1	1	1
	Conduct laboratory information management user training	Proportion of laboratory staff trained in laboratory information	-	100%	DPHRLD		33%	33%	34%			

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		management system										
	Establish Biobank for human and animal biological materials	Availability of human and animal biobanks established	-	2	DPHRLD		1	1				
	Conduct servicing of the bio bank	Number of times biobank serviced	-	14	DPHRLD	2	2	2	2	2	2	2
	Conduct training of biosafety and biosecurity and biobank	Number of staff trained in biosafety and biosecurity and biobank	-	800	DPHRLD	100	120	120	100	120	120	120
	Map all laboratories in Malawi in line with one health	Number of laboratories mapped	-	100%	DPHRLD		100%					
	Finalize Bio safety and Bio security guidelines	biosafety and biosecurity guidelines developed	-	1	DPHRLD	1						
	Develop biosafety and biosecurity operational and implementation plan	Number of biosafety and biosecurity operational plan developed	-	7	DPHRLD	1	1	1	1	1	1	1
	Identify research areas in biosafety and biosecurity	Number of biosafety and biosecurity research areas identified	-	7	DPHRLD	1	1	1	1	1	1	1
	Institute biosecurity program	Biosecurity program instituted	-	1	DPHRLD			1				

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Designate a laboratory safety officer	biosafety laboratory officer designated	-	10	DPHRLD		10					
	Maintain a surveillance system in biosafety and biosecurity	Surveillance system in biosafety and security maintained		10	DPHRLD		10					
	Establish good work practices in the field settings and laboratory	Good working practices in the field setting of laboratory established		4	DPHRLD		4					
Strengthen public health laboratory quality management system	Conduct assessment of laboratory performance/laboratory audits	Number of laboratory performance assessments conducted		10	DPHRLD		1	2	2	2	2	1
	Conduct quality management Trainings	Proportion of quality management trainings conducted	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Review of SOPs and protocols	Number of SOPs and Protocols reviewed	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Establish accredited proficiency testing center	Accredited proficiency center established	-	1	DPHRLD		1					
	Produce and Distribute of	Proportion of proficiency	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	proficiency testing panels	testing panels produced										
		Proportion of proficiency testing panels distributed		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Conduct Review meetings	Number of review meetings conducted	-	14	DPHRLD	2	2	2	2	2	2	2
	Strengthen point of entry laboratories	Number of PoE laboratories strengthened		14	DPHRLD	2	2	2	2	2	2	2
	Monitor and evaluate PoEs laboratory performance	Number of laboratories monitored and evaluated		14	DPHRLD	2	2	2	2	2	2	2
	Supply equipment and reagents to PoEs laboratories	Number of PoEs with laboratory equipment		14	DPHRLD				7	7		
		Number of PoEs with adequate reagents		14	DPHRLD	2	6	10	14	14	14	14
	Train and orient PoE laboratory staff	Proportion of training sessions conducted for PoE laboratory staff		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
		Proportion of orientation sessions conducted for		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		PoE laboratory staff										
	Monitor and evaluate of quality of laboratory services at PoEs	Proportion of PoEs laboratories monitored and evaluated		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Provide Mentorship/induction to interns and new staff	Proportion of interns and staff mentored		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
		Proportion of staff and interns inducted		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Conduct review of quality documents.	Reviewed documents			DPHRLD							
	Review standard operating procedures and protocols	Proportion of SOPs and protocols reviewed		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Map test menu for all laboratory sections	Number of laboratories test menu mapped		10	DPHRLD		10					
	Review and upgrade test menu to encompass emerging and reemerging diseases	Number of laboratories test menu reviewed and upgraded to encompass emerging and reemerging diseases		10	DPHRLD			10				

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Promote Capacity building of laboratory staff	Determine human resource requirement according to sections	Number of laboratories whose HR requirements are determined		10	DPHRLD		10					
	Recruit and appoint different positions according to sections	Proportion of laboratory staff recruited	-	100%	DPHRLD			100%				
	Conduct Long term staff training	Proportion of staff undergone long term training	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Conduct Short term staff training	Proportion of staff undergone short term training		100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Conduct Staff and sample exchange program	Proportion of staff undergone exchange program	-	100%	DPHRLD	100%	100%	100%	100%	100%	100%	100%
	Review training documents for all laboratory disciplines	Number of laboratories whose training materials are reviewed	-	10	Director of PHRL		10				10	
	Develop data management systems for national EQA program	Proportion of data management systems for national EQA developed		100%	Director of PHRL		60%	100%				

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Review the Mentorship guidelines.	Mentorship guidelines reviewed	1		Director of PHRL		1					
	Train laboratory personnel in TOT mentorship	Proportion of ToT mentorship training conducted for lab staff		100%	Director of PHRL	50%	70%	100%				
Develop network and collaboration with national, regional and international laboratory system networks	Conduct joint meetings between human, veterinary and environmental laboratories	Number of meetings conducted with human, animal and environmental laboratories		22	DPHRLD	1	2	3	4	4	4	4
	Apply for assessment of ISO -accreditation for all established laboratories	Proportion of laboratories conducted an assessment for ISO-accreditation			DPHRLD	50%	70%	100%	100%	100%	100%	100%
	Conduct internal quality audits	Proportion of laboratories conducted internal quality audits			DPHRLD	50%	70%	100%	100%	100%	100%	100%
	5.Procure safe transportation of biological specimens and agents	Safe transportation for biological specimens procured		1	DPHRLD	1	1	1	1	1	1	1
	6.Subscribe membership with the regional and international public	Number of laboratories with membership		10	DPHRL	2	3	4	6	10	10	10

Objectives	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	health research laboratories and accreditation bodies	at regional PH research and accreditation bodies										
		Number of laboratories with membership at international PH research and accreditation bodies		10	DPHRL	2	3	4	6	10	10	10
	7. Designate an laboratory IDSR officer to enhance submission of laboratory data into the OHSP	Number of laboratories designated an IDSR officer		10	DPHRL		10	10	10	10	10	10

Functional Component: Public Health Surveillance and Disease Intelligence

Strategy 3: Enhance Public Health Surveillance and Disease Intelligence

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen the surveillance of diseases of public health importance		Improved access of surveillance data of diseases and events of public health importance	-	100%	DPHSDI		100%					
	Improve access and use of surveillance data of diseases and events of public health importance	Improved utilization of surveillance data of diseases and events of public health importance in decision making		100%	DPHSDI	60%	70%	80%	90%	100%	100%	100%
	Collaborate with disease control programs to address communicable diseases	Proportion of disease control programs collaborating with PHSDI	-	100%	DPHSDI	60%	70%	80%	90%	100%	100%	100%
	Build capacity of personnel in Integrated Disease Surveillance	Proportion of training sessions conducted in IDSR	-	100%	DPHSDI	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Strengthen surveillance data quality	Surveillance data quality strengthened		100%	DPHSDI	60%	70%	80%	90%	100%	100%	100%
	Track hotspots for highly infectious diseases and its variants	Proportion of hotspots for highly infectious diseases and its variants		80%	DPHSDI	20%	30%	40%	50%	60%	70%	80%
	Track emerging biological threats	Proportion of biological threats tracked		100%	DPHSDI	30%	50%	70%	80%	90%	100%	100%
	Initiate data analysis trainings for surveillance officers	Proportion of training sessions on data analysis conducted for surveillance officers		100%	DPHSDI	100%	100%	100%	100%	100%	100%	100%
	Print and distribute 3 rd edition IDSR guidelines	Proportion of IDSR guidelines printed		100%	DPHSDI		100%					
	Identify areas for operational research	Number of operational research areas identified		70	DPHSDI	10	10	10	10	10	10	10
	Develop IDSR operational and	Number of operational &		7	DPHSDI	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	implementation plan	implementation plan developed										
	Provide for e-learning in IDSR	Proportion of e-learning in IDSR conducted		100%	DPHSDI	50%	60%	70%	80%	90%	100%	100%
	Conduct trainings for electronic surveillance system in districts yet to be trained	Number of trainings conducted for electronic surveillance system in districts		29	DPHSDI	6	23					
	Conduct refresher trainings for those already trained	Proportion of refresher training sessions conducted		100%	DPHSDI	100%	100%	100%	100%	100%	100%	100%
	Conduct quarterly review meetings for data management	Number of quarterly review meetings conducted		28	DPHSDI		4	4	4	4	4	4
	Conduct supportive visits on IDSR	Number of supportive visits on IDSR conducted		24	DPHSDI	1	3	4	4	4	4	4
	Publish quarterly disease and events	Number of surveillance		21	DPHSDI		2	3	4	4	4	4

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	surveillance data in bulletins	data bulletins published										
Strengthen the surveillance of non-communicable diseases	Develop operational and implementation plan for NCDs surveillance	Number of operational and implementation plan developed	-	7	DPHSDI	1	1	1	1	1	1	1
	Conduct training of staff in NCD surveillance	Proportion of staff trained in surveillance of NCDs	-	100%	DPHSDI		50%	50%				
	Improve NCD surveillance data quality to inform policy	Proportion of NCD surveillance data quality improved		100%	DPHSDI	60%	70%	80%	90%	100%	100%	100%
	Establish chronic disease support groups in the communities	Proportion of chronic diseases support groups established	-	80%	DPHSDI	30%	40%	50%	60%	70%	75%	80%
	Conduct supportive supervision to monitor management of NCDs in the districts	Proportion of supportive visits on management of NCDs in the districts conducted		100%	DPHSDI	60%	80%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen AMR Surveillance	Incorporate AMR into the existing surveillance system (taking into account of issues of one-health concept when developing activities)	AMR surveillance incorporated in human health		1	DPHSDI		1					
		AMR surveillance incorporated in animal health		1				1				
	Review the AMR strategy	AMR strategy reviewed		1	DPHSDI		1					
	Develop a multi-sectoral National AMR operational and implementation plan to combat AMR, consistent with the Global Action Plan (GAP) on AMR	Multi-sectoral AMR operational and implementation plan developed		7	DPHSDI	1	1	1	1	1	1	1
	Train One-Health workers in AMR	Proportion of training sessions conducted in AMR for One-Health workers		100%	DPHSDI	100%	100%	100%				
	Conduct AMR supportive	Number of supportive visits		18	DPHSDI	1	2	3	3	3	3	3

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	supervision to districts and central hospitals	to districts and CHs conducted										
	Establish a national coordinating center for surveillance of AMR	AMR surveillance center of excellence established		1	DPHSDI			1				
	Conduct multi-sectoral AMR TWG review meetings	Number of AMR TWG review meetings conducted		28	DPHSDI	4	4	4	4	4	4	4
	Develop/review AMR TWG ToRs	AMR ToRs reviewed		3	DPHSDI		1		1		1	
	Improve the national epidemiological surveillance system on AMR in Human and Animal Health and Agriculture and Environment	AMR epidemiological surveillance system improved in human health		1	DPHSDI		1					
		AMR epidemiological surveillance system improved in animal health		1	DPHSDI			1				
		AMR epidemiological		1	DPHSDI				1			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		surveillance system improved in crop production										
		AMR epidemiological surveillance system improved in environmental health		1	DPHSDI					1		
	Conduct assessment of multi-drug resistant organisms (MDRO) in order to identify pathogens (phenotypes and genotypes)	Assessment of MDRO in order to identify pathogens conducted		4	DPHSDI		1	1	1	1		
	Develop a National strategy or guidelines for MDRO containment that includes colonization screening priority MDRO pathogens	National guidelines for MDRO containment that include colonization screening priority pathogens developed		1	DPHSDI			1				

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	(phenotypes and genotypes) Some health											
	Build/ Strengthen laboratory capacity to detect priority MDRO	Number of laboratories with a capacity to detect MDRO		5	DPHSDI	1	2	2				
	Improve AMR data quality	Proportion of AMR data with improved quality		100%	DPHSDI	60%	70%	80%	90%	100%	100%	100%
	Integrate AMR monitoring in OHSP	AMR monitoring integrated with OHSP in all One-Health Sectors		4	DPHSDI	1	1	2				
	Establish mechanism for regular sharing of AMR data across human, animal, crop, and environmental health sectors	Number of sectors sharing their AMR data		4	DPHSDI		2	2				
	Develop strategies to	Strategies ensuring		4	DPHSDI				4			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	ensure rational use of antimicrobials in all One-Health sectors at all levels	rational use of antimicrobials in all One-Health sectors developed										
	Develop a process for identifying, prioritizing, and assessing the harm of medical products and services that are being marketed in a dangerously misleading manner, including drugs, devices and nutraceuticals	Proportion of processes for identifying, prioritizing, and assessing the harm of medical products and services that are being marketed in a dangerously misleading manner, including drugs, devices and nutraceuticals developed		100%	DPHSDI	30%	40%	50%	70%	100%		
	Submit AMR report in Global Antimicrobial Resistance and Use Surveillance System (GLASS) biannually	Number of AMR reports submitted into GLASS		14	DPHSDI	2	2	2	2	2	2	2

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Build the capacity in Field Epidemiology	Conduct training sessions in Frontline FETP	Number of Frontline FETP training sessions conducted	-	26	DPHSDI	3	3	4	4	4	4	4
	Conduct trainings in intermediate FETP	Number of intermediate FETP training sessions conducted		14	DPHSDI	2	2	2	2	2	2	2
	Train staff in advanced FETP	Number of staff trained in advanced FETP		32	DPHSDI	2	5	5	5	5	5	5
	Establish FETP positions at district level	Number of districts with FETP positions on their staff establishment		29	DPHSDI		4	8	8	8		
	Develop FETP operational and implementation plan	Number of times FELTP operational and implementation plan developed		7	DPHSDI	1	1	1	1	1	1	1
	Evaluate the impact of FETP program	FETP impact evaluated		2	DPHSDI			1			1	
	Strengthen FETP	Number of supportive visits		16	DPHSDI		2	2	3	3	3	3

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	supervision systems available at all levels	conducted on FETP										
	Maintain a network of FETP graduands	FETP graduands network maintained		1	DPHSDI	1	1	1	1	1	1	1
	Conduct workshops to showcase/disseminate FETP graduands field work	Number of workshops conducted to showcase/disseminate FETP graduands field work		6	DPHSDI		1	1	1	1	1	1
	Include FETP Frontline and Intermediate graduands in PHIM establishment	Proportion of FETP positions included in PHIM establishment		100%	DPHSDI			100%				
	Include epidemiologists in PHIM establishment	Proportion of epidemiologists included in PHIM establishment according to need		100%	DPHSDI			100%				
	Actively work on including	Laboratory component		1	DPHSDI		1					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	laboratory component in FELTP (FELTP) training in Malawi	included in FELTP program										
	Collaborate with KUHeS to initiate FELTP advance training	FELTP curricular incorporated in KUHeS curriculum		1	DPHSDI		1					
		Advanced FELTP offered at KUHeS		1	DPHSDI			1				
	Conduct a bench marking visit to learn how FELTP program is managed in a country that is doing well	Number of visits made on FELTP bench marking		1	DPHSDI			1				
Strengthen EBS	Identify and train community structures to be trained in community EBS	Proportion of communities identified		100%	DPHSDI	100%						
		Proportion of community structures trained in community EBS		100%	DPHSDI		20%	50%	100%			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Maintain a functional rumor book at all levels	Number of facilities with functional rumor books at all levels	-	30	DPHSDI	5	15	10				
	Roll out Event Based Surveillance at all levels	Number of districts rolled out EBS	-	29	DPHSDI	5	9	15				
	Develop EBS operational and implementation plan	Number of times EBS operational and implementation plan developed		7	DPHSDI	1	1	1	1	1	1	1
	Detect unusual public health events, illnesses or deaths that might signal an outbreak as early as possible	Proportion of times unusual PHE or deaths detected real time		100%	DPHSDI	40%	80%	90%	100%	100%	100%	100%
	Provide hotlines for communication of rumors, alerts	Proportion of times with functional hot lines for reporting of rumors and alerts		100%	DPHSDI	80%	90%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Constitute an event assessment team to assess, verify alerts for response	Number of teams constituted to assess events and alerts		30	DPHSDI	8	22					
	Conduct rapid assessment/ triage/ confirm of rumors, alerts and respond timely	Proportion of times rumors and alerts assessed real time		100%	DPHSDI	50%	70%	90%	100%	100%	100%	100%
	Link up with the PHEOC watch staff for information sharing on EBS (designate a EBS officer to be part of the watch staff)	EBS officer designated to be part of watch staff in PHEOC for information sharing		1	DPHSDI		1					
	Develop EBS supportive supervision plan	Number of EBS supportive supervision plan developed	-	7	DPHSDI	1	1	1	1	1	1	1
	Implement EBS supervision plan	Proportion of supervision plan implemented		100%	DPHSDI	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Conduct review meetings on EBS	Number of review meetings conducted on EBS		13	DPHSDI	1	2	2	2	2	2	2
	Produce monthly report on EBS	Number of times monthly EBS reports are produced		78	DPHSDI	6	12	12	12	12	12	12
Improve genomic surveillance	Establish a committee (with ToRs) for genomic surveillance	Genomic surveillance committee (with ToRs) established	-	1	DPHSDI	1						
	Conduct genomic review meetings	Number of times review genomic meetings conducted		13		1	2	2	2	2	2	2
	Develop genomic surveillance operational and implementation plan	Number of times genomic surveillance operational and implementation plan developed	-	7	DPHSDI	1	1	1	1	1	1	1
	Train staff in genomic surveillance	Proportion of staff trained in genomic surveillance	-	100%	DPHSDI	50%	50%					
	Identify and review regularly	Number of times priority		3	DPHSDI		1		1		1	

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	priority list of pathogens	list of pathogens reviewed										
	Develop protocol for surveillance of selected pathogens	Protocols for surveillance of pathogens developed		1	DPHSDI		1					
	Collaborate with partners on priority pathogen surveillance	Proportion of eligible partners collaborated with on priority pathogen surveillance		100%	DPHSDI	40	50	100%				
	Link up with Genomic lab for information sharing	Genomic surveillance lab officer designated		1	DPHSDI	1						
Improve surveillance of pandemic influenzas	Develop and review National Pandemic influenza Preparedness plan	National Pandemic Influenza preparedness plan developed		1	DPHSDI		1					
		Number of times pandemic influenza preparedness plan reviewed		5	DPHSDI			1	1	1	1	1
	Develop pandemic	Number of times pandemic		7	DPHSDI	1	1	1	1	1	1	1

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	influenza operational and implementation plan	influenza operational and implementation plan developed										
	Conduct National TOT in Pandemic Influenza surveillance	Number of national TOT sessions in pandemic influenza surveillance conducted		2	DPHSDI	1	1					
	Set up sentinel influenza surveillance sites	Number of sentinel influenza sites established		5	DPHSDI		5					
	Train Sentinel sites staff Lab, Data, Clinician, Nurses and support staff	Number of sentinel sites staff trained in pandemic influenza		5	DPHSDI	5						
	Orient sentinel sites DHMTs on management on influenza surveillance	Number of sentinel sites DHMTs oriented in management of influenza surveillance		5	DPHSDI	5						
	Conduct stakeholders' review	Number of times stakeholders		13	DPHSDI	1	2	2	2	2	2	2

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	workshops with sentinel sites staff	review meetings conducted involving the sentinel sites										
	Conduct supportive supervision to sentinel sites	Number of supportive supervision in sentinel sites conducted		13	DPHSDI	1	2	2	2	2	2	2
Strengthen the capacity in HIV and STI Surveillance systems	Develop HIV and STI surveillance operational and implementation plan	Number of times HIV and STI operational and implementation plan developed		7	DPHSDI	1	1	1	1	1	1	1
	Conduct facility and population-based HIV and STI incidence and prevalence surveys through the ANC, DHS, and MPHIA surveys	Number of surveys on HIV and STI incidence and prevalence conducted through ANC		7	DPHSDI	1	1	1	1	1	1	1
		Number of surveys on HIV and STI incidence and prevalence		1	DPHSDI		1					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		conducted through DHS										
		Number of surveys on HIV and STI incidence and prevalence conducted through MPHIA		7	DPHSDI	1	1	1	1	1	1	1
	Implement biological and behavioral surveillance surveys (BBSS) to monitor prevalence of high risk behaviors	Number of times BBSS conducted to monitor prevalence of high risk behaviors		3	DPHSDI		1		1		1	
	Conduct periodic STI surveillance among high risk population groups through BBSS	Number of times periodic STI surveillance among high risk population groups through BBSS conducted		3	DPHSDI			1		1		1
	Conduct HIV and STI drug resistance	Number of surveys on drug resistance		2	DPHSDI			1			1	

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	monitoring surveys	monitoring conducted										
	Conduct birth defects surveillance to monitor the safety of drugs used during pregnancy	Birth defects surveillance to monitor safety of drugs used during pregnancy conducted		7	DPHSDI	1	1	1	1	1	1	1
	improve functionality of HIV sentinel sites	Number of sentinel sites fully functional		5	DPHSDI	5						

Functional Component: Public Health Zoonotic and Emergency Events

Strategy 4: To Strengthen Control of Public Health Zoonotic Emergencies

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthening zoonotic diseases control	Improve access and use of zoonotic disease surveillance data	Access of zoonotic disease surveillance data improved	-	100%	DPHZEE	40%	60%	80%	100%	100%	100%	100%
		Utilization of zoonotic disease surveillance data improved		100%	DPHZEE	60%	70%	80%	90%	100%	100%	100%
	Build capacity of personnel in zoonotic surveillance	Proportion of Zoonotic staff with capacity in surveillance	-	100%	DPHZEE	50%	70%	90%	100%	100%	100%	100%
	Develop and print priority List of zoonotic diseases	Developed Zoonotic diseases priority list developed and printed	-	1	DPHZEE		1					
	Identify and send staff for international training on	Number of staff identified and sent for international training on		5	DPHZEE			2	3			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	diagnosis of zoonotic diseases	zoonotic diseases										
	Develop training material and train staff in diagnosis of zoonotic diseases at all levels locally	Zoonotic training material developed		1	DPHZEE		1					
		Proportion of staff trained in zoonotic diseases			DPHZEE		30%	60%	80%	100%		
	Develop zoonotic disease control operational and implementation plan	Number of times operational and implementation plan developed	-	7	DPHZEE	1	1	1	1	1	1	1
	Establish an integrated systematic zoonotic disease surveillance system with Public health, animal health and environmental sectors	Zoonotic disease surveillance integrated with human, animal and environmental sectors (in OHSP)		4	DPHZEE	1	1	2				
	Designate a Zoonotic officer to	Zoonotic officer		1	DPHZEE	1						

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	link up with the PHRL for information sharing	designated to link up with PHRL										
	Finalize integration of zoonotic disease surveillance data in the existing IDSR	Integration of zoonotic disease surveillance in existing IDSR system finalized		1	DPHZEE		1					
	Train DAHLDO, AVO, AHSA on the One Health Surveillance Platform (OHSP)	Proportion of DAHLDOs trained in OHSP, AVO, AHSA on OHSP		100%	DPHZEE	30%	50%	100%				
		Proportion of AVOs trained in OHSP,		100%	DPHZEE	30%	50%	100%				
		Proportion of AHSAs trained in OHSP		100%	DPHZEE	30%	50%	100%				
	Orient One-health surveillance teams at EPA/Health facility level on zoonotic diseases	Proportion of One-Health teams at EPA/Health facility level oriented in		100%	DPHZEE		40%	40%	20%			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		zoonotic diseases										
	Form zoonotic disease One-Health teams at EPA/Health facility level	Proportion of zoonotic disease One-Health teams formed at EPA/Health facility level			DPHZEE		40%	40%	20%			
	Develop and disseminate zoonotic disease control strategy/guidelines	Zoonotic disease control strategy/guidelines developed			DPHZEE		1					
		Number of sessions conducted to disseminate Zoonotic disease control strategy/guidelines at all levels		6	DPHZEE			6				
	Initiate development of a contingency plans for the prioritized zoonotic diseases in collaboration	Proportion of zoonotic diseases contingency plans developed in collaboration		100%	DPHZEE				100%			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	with PHEOC and IHR	with PHEOC and IHR										
	Conduct trainings in zoonotic disease surveillance data management	Proportion of training sessions conducted on zoonotic disease surveillance data management		100%	DPHZEE		50%	50%				
	Facilitate monitoring of dairy plants and abattoirs on zoonotic diseases prevention and control measures	Proportion of dairy plants monitored on zoonotic disease control		100%	DPHZEE	30%	50%	70%	100%	100%	100%	100%
		Proportion of abattoirs monitored on zoonotic disease control		100%	DPHZEE	30%	50%	70%	100%	100%	100%	100%
	Conduct multi-sectoral stakeholders (zoonotic TWG) meeting on zoonosis	Number of zoonotic multi-sectoral TWG meetings conducted		13	DPHZEE	1	2	2	2	2	2	2
	Conduct supportive	Number of supportive		11	DPHZEE		1	2	2	2	2	2

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	supervision on zoonotic diseases in all sectors	supervisions conducted on zoonotic diseases										
	Facilitate SimEX on coordination of Zoonotic disease surveillance under One-Health in collaboration with PHEOC and IHR	Proportion of SimEX on zoonotic diseases conducted under One-Health in collaboration with PHEOC and IHR		24	DPHZEE		4	4	4	4	4	4
Strengthening emerging zoonotic health events	Improve zoonotic disease surveillance data quality and inform policy	Data quality of zoonotic disease surveillance improved		100%	DPHZEE	60%	70%	80%	90%	100%	100%	100%
		Proportion of Zoonotic related policies developed using zoonotic data		80%	DPHZEE	30%	50%	60%	70%	80%	80%	80%
	Conduct biannual review meetings	Number of zoonotic review		12	DPHZEE		2	2	2	2	2	2

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		meetings conducted										
	Conduct awareness of the AMR to zoonotic disease to the public	Number of awareness campaigns on AMR to zoonotic diseases conducted for the public		7	DPHZEE	1	1	1	1	1	1	1
	Conduct regular meetings to advocate for prudent antimicrobial use to human, animal and crop prescribers	Proportion of meetings advocating for prudent use of antimicrobials to human, animal and crop prescribers conducted		100%	DPHZEE	20%	50%	70%	90%	100%	100%	100%

Functional Component: Public Health Emergency Preparedness and Response

Strategy 5: Improve Emergency Preparedness and Response

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen functions of Public Health Emergencies operation Centre	Develop national multi-hazard emergency preparedness and response plans at all levels	National multi-hazard emergency preparedness and response plan developed		1	DPHEPR	1						
	Review national multi-hazard preparedness and response plan	Number of times national multi-hazard preparedness & response plan reviewed		7	DPHEPR	1	1	1	1	1	1	1
	Assist districts develop their district multi-hazard preparedness & response plans	Number of districts developed their multi-hazard preparedness & response plan with support from national PHEOC		29	DPHEPR	4	25					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Assist districts review their multi-hazard preparedness and response plans	Number of districts reviewed their multi-hazard preparedness & response plans		29	DPHEPR		4	29	29	29	29	29
	Conduct strategic rapid risk assessments for all PHENICs	Proportion of emergencies rapid risk assessment conducted		100%	DPHEPR	60%	80%	80%	100%	100%	100%	100%
	Develop contingency plans for high-risk hazards	Proportion of high risk hazards contingency plans developed		100%	DPHEPR	100%						
	Review high risk hazards contingency plans	Proportion of high risk contingency plans reviewed		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Assist districts develop high risk hazards contingency plans	Number of districts assisted to develop high risk hazards contingency plans		29	DPHEPR		4	25	29	29	29	29
	Assist districts review high risk hazards contingency plans	Number of districts assisted to review high risk hazards contingency plans		29	DPHEPR			4	29	29	29	29
	Develop PHEOC operational and implementation plan	Number of PHEOC operational and implementation plan developed		7	DPHEPR	1	1	1	1	1	1	1
	Mobilize funding for emergency response	Proportion of funding for emergency response mobilized		100%	DPHEPR	80%	90%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Train multi-disciplinary and multi-sectoral teams in rapid response to public health emergencies	Proportion of RRT training sessions conducted for multi-sectoral RRTs		100%	DPHEPR	80%	100%	100%	100%	100%	100%	100%
	Integrate Incident management system (IMS) at all levels of response	Number of PHEOCs integrated IMS		30	DPHEPR	8	30	30	30	30	30	30
	Procure ambulances for public health emergency responses for districts and CHs	Number of ambulances procured for districts and Central Hospitals		200	DPHEPR		25	25	30	40	40	40

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Procure ambulances for public health emergency rapid transportation of cases to nearest facility	Number of ambulances for PHE rapid transportation of cases to nearest facility procured		15	DPHEPR			7	8			
	Include PHEOC staff positions in PHIM establishment	Proportion of PHEOC staff positions included in PHIM establishment		100%	DPHEPR		100%					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Establish and fully operationalize Public Health Emergency Operation Centre at both national and district levels	National PHEOC established and fully functional		100%	DPHEPR	50%	75%	100%				
		Districts PHEOC established and fully functional		100%		50%	70%	90%	100%			
	Obtain a legal backing for the establishment of PHEOCs at both national and district levels	National and district PHEOCs acquire legal status		1	DPHEPR	1						

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Finalize PHEOC handbook	PHEOC handbook finalized		1	DPHEPR	1						
	Adapt PHEOC hand book for the district' PHEOCs	PHEOC handbook for districts adapted		1	DPHEPR	1						

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Participate in the design of the state of the art National PHEOC complete with situation room, conference room, board rooms and office	Proportion of times PHEOC staff involved in designing of the PHEOC infrastructure		100%	DPHEPR		100%	100%				
	Equip the PHEOC	Proportion of required equipment procured and installed in the PHEOC		100%	DPHEPR				100%			
	Construct or repurpose district PHEOCs	Number of district PHEOCs repurposed/constructed		29	DPHEPR		5	5	5	5	5	4
	Equip district PHEOCs	Number of district PHEOCs fully equipped		25	DPHEPR			5	5	5	5	5
	Establish watch, alert and response	Watch system established		30	DPHEPR		1	15	14			
		Alert system established			DPHEPR		1	15	14			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	systems in the PHEOCs	Response system established			DPHEPR		1	15	14			
	Establish the Incident Triage Systems at both district and national levels	Number of PHEOCs with incident triage systems established		30	DPHEPR		1	15	14			
	Conduct PHEOC Coordination meetings at both national and district levels	Number of PHEOCs conducting coordination meetings		30	DPHEPR	30	30	30	30	30	30	30
	Develop a pre-qualified list of potential incident managers for various potential outbreaks	Number of PHEOCs with a prequalified list of potential IM for various potential outbreaks		30	DPHEPR	30	30	30	30	30	30	30
	Identify and enlist subject matter experts (SMEs) for collaboration	Proportion of SMEs identified for collaboration			DPHEPR							
	Facilitate Simulation exercises (SimEX) to test	Number of SimEx conducted		28	DPHEPR	4	4	4	4	4	4	4

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	legislation, policies procedures plans											
	Facilitate IAR and AAR	Proportion of IARs conducted		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
		Proportion of AARs conducted		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
	Operationalize National Public Health Emergency Management Committee (NPHEMC)	NPHEMC operationalized		1	DPHEPR		1					
	Realign the Health Cluster committee with the NPHEMC	Health cluster realigned with NPHEMC		1	DPHEPR		1					
	Conduct supportive visits to districts' PHEOCs	Number of supportive supervisions conducted		13	DPHEPR	1	2	2	2	2	2	2
	Strengthen institutional capacity to include staff for all functions in	Proportion of PHEOC staff included in PHIM staff establishment		100%	DPHEPR		100%					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	PHIM establishment											
	Mobilize resource for procurement of medical countermeasures for emergency response	Proportion of resources for procurement of medical countermeasures mobilized		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
	Establish proper storage for medical countermeasures at both national and zonal levels	Number of proper storage for medical countermeasures established at national and zonal levels		6	DPHEPR			1	5			
	Preposition medical countermeasures and monitor expiry	Proportion of medical countermeasures prepositioned		100%	DPHEPR			100%	100%	100%	100%	100%
		Proportion of medical countermeasures whose expiry was monitored		100%	DPHEPR			100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Develop MoUs with relevant local and international institutions on surge capacity	Proportion of MoUs developed locally with relevant institutions		100%	DPHEPR		100%					
	Develop MoUs with international institutions on surge capacity	Proportion of MoUs developed with international institutions		100%	DPHEPR		100%					
Intensify Cross Border Collaboration Activities	Finalize establishment of cross border Zones on cross border collaboration	Number of cross border Zones established for collaboration		7	DPHEPR	6	1					
	Conduct Zonal cross border joint meetings	Proportion of Zonal cross border joint meetings conducted		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Support districts conduct inter district cross border meetings	Proportion of districts supported to conduct inter district cross border meetings		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
	Strengthen PoE surveillance activities	Proportion of PoE surveillance activities strengthened		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
	Designate formal PoEs for focused strengthening	Proportion of PoEs designated		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
	Train PoE staff in One Health approach (IHR) prioritizing the designated PoEs	Proportion of staff in designated PoEs trained in One-Health (IHR)		100%	DPHEPR	40%	60%	100%				
	Establish ONE-STOP clinics at designated PoEs	Number of One stop clinics established at designated PoEs		8	DPHEPR		2	2	2	2	2	
	Establish/strengthen collaboration of neighboring	Proportion of PoEs conducting joint response to		100%	DPHEPR	20%	50%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	PoEs by conducting joint response to public health emergencies at PoEs	PHEs with their neighbouring PoE										
	Support development of multi-hazard preparedness plans for designated PoEs	Proportion of designated PoEs with multi hazard preparedness plans developed		100%	DPHEPR			100%				
	Support development of contingency plan for designated PoEs	Proportion of designated PoEs with contingency plans developed		100%	DPHEPR			100%				
	Conduct supportive visits to all PoEs	Number of supportive visits conducted to all PoEs		13	DPHEPR	1	2	2	2	2	2	2
	Monitor conduct of border district joint supervisions	Proportion of border districts joint supervisions monitored		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%
	Monitor conduct of border districts joint investigations	Proportion of border districts joint investigations to		100%	DPHEPR	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	and response to PHENICs	PHENICs monitored										
	Initiate PoE and cross border SimEX	Number of joint PoEs SimEX conducted Conducted cross boarder SimEX		14	DPHEPR	2	2	2	2	2	2	2
		Number of cross border SimEx conducted		2	DPHEPR			1			1	
	Include staff positions on cross border activities in PHIM establishment	Proportion of cross border staff included in PHIM establishment			DPHEPR		100%					
	Develop Cross border operation and Implementation plan	Number of PoEs and cross border operational and implementation plan developed		7	DPHEPR	1	1	1	1	1	1	1
Strengthen Occupation Safety and Health	Establish OSH unit in PHIM	OSH unit established		1	DPHEPR	1						

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Designate focal persons in-charge of Occupation Safety and Health (OSH) MDAs & the corporate	Proportion of MDAs designated an occupation safety and health focal persons		100%	DPHEPR		100%					
		Proportion of corporate institutions designated an OSH FP		100%	DPHEPR		80%	100%				
	Institute occupation safety and health (compliance teams) in work places to reinforce IPC, biosafety and biosecurity and utilization of OSH services	Proportion of work places instituted compliance teams		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Lobby for allocation of adequate resources for implementation of OSH in DIP/CHIP and other relevant institutions	Proportion of institutions allocated adequate resources for OSH		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
	Advocate for functional staff clinics in all relevant institutions	Proportion of institutions with staff clinics established		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Develop OSH/COC training package, IEC materials, SOP to train teams at both national and district level	OSH/CoC training materials developed		1	DPHEPR		1					
		OSH/ CoC IEC materials developed		1	DPHEPR		1					
		Proportion of institutions developed SOPs on OSH/CoC		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
	Develop OSH operational and implementation	Number of operational and implementation plans developed		7	DPHEPR	1	1	1	1	1	1	1
	Conduct supervision to monitor and mentor providers of OSH	Number of OSH supervision visits conducted		13	DPHEPR	1	2	2	2	2	2	2

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Provide and display OSH standard operating procedures	Proportion of institutions displayed OSH SOPs		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
	Monitor availability and use of PPEs by workers in relevant institutions	Proportion of institutions with adequate PPEs		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
		Proportion of institutions whose workers use PPEs adequately		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
	Strengthen rest and relaxation mechanisms – enforce staff leave, social activities, support each other through a functional and efficient social welfare	Proportion of institutions with a functional social welfare system		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
	Assess capacity of institutions to acquire means of emergency transport	Proportion of institutions assessed		100%	DPHEPR		100%					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Link institutions to emergency transport or advocate for emergency transport in big institutions	Proportion of institutions with means of emergency transport on site		80%	DPHEPR	20%	30%	40%	50%	60%	70%	80%
		Proportion of institutions linked with means of emergency transport		100%	DPHEPR			60%	40%			
	Include OSH staff in PHIM establishment	Proportion of OSH staff included in PHIM establishment		100%	DPHEPR		100%					
	Monitor development and testing of evacuation contingency plan in all relevant institutions	Proportion of institutions developed contingency plans			DPHEPR	20%	30%	40%	50%	60%	70%	80%
		Proportion of institutions tested their contingency plans			DPHEPR	20%	30%	40%	50%	60%	70%	80%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Monitor availability and functionality of fire extinguishers in work places	Proportion of institutions with functional fire extenguishers			DPHEPR	20%	30%	40%	50%	60%	70%	80%

PILLAR 2: ENHANCED COLLABORATION AND COORDINATION

Functional Component: Coordination and Collaboration in Implementation of IHR

Strategy 6: To Improve Coordination and collaboration in the implementation of International Health Regulations

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen the International Health Regulations' National Focal Point	Train Public Health Emergency Responders in IHR (this includes Surveillance, Lab, Research staff, Communication and Information staff, Zoonosis staff and other multi-disciplinary and multi-sectoral responders)	Proportion of training sessions on IHR conducted for PHE responders		100%	DIHR	50%	50%					

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Conduct refresher courses for PHE responders in IHR	Proportion of refresher course sessions conducted for PHE responders		100%	DIHR		60%	100%				
	Finalize IHR policy to guide IHR implementation	IHR policy guidelines finalized		1	DIHR	1						
	Develop IHR strategy/operational plan to fast-track implementation of IHR	Number of IHR implementation plan developed		7	DIHR	1	1	1	1	1	1	1

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Develop IHR advocacy strategy and disseminate it to whole of society and whole of government stakeholders	IHR advocacy strategy developed		1	DIHR	1						
		Proportion of dissemination sessions on IHR advocacy strategy to whole of society		100%	DIHR		100%					

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of dissemination sessions on IHR advocacy strategy to whole of government		100%	DIHR		100%					
	Orient Justice and Law Commission on the need to include IHR in PHE responders' legislative documents under reviews or development	Proportion of PHE responders' legislative documents linked to IHR implementation		100%	DIHR	30%	40%	60%	80%	100%	100%	100%

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Coordinate the implementation of International Health Regulations and Global Health Security Agenda (GHSA)	IHR implementation coordinated		100%	DIHR	100%	100%	100%	100%	100%	100%	100%
		GHSA implementation coordinated		100%		100%	100%	100%	100%	100%	100%	100%
	Finalize IHR Terms of References/ guidelines	IHR terms of references/guidelines finalized		1	DIHR	1%						
	Convene a multi-disciplinary and multi-sectoral team (NFP) to assess a possible public health emergency of international concern using a decision instrument	Proportion of times NFP assessed a possible PHE		100%	DIHR	100%	100%	100%	100%	100%	100%	100%

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	and report accordingly	Proportion of times NFP assessed a possible PHE using the decision instrument		100%	DIHR	100%	100%	100%	100%	100%	100%	100%
	Report confirmed public health emergency to WHO, ACDC and other relevant institutions	Proportion of times PHENIC Reported to WHO, ACDC		100%	DIHR	100%	100%	100%	100%	100%	100%	100%
	Print IHR documents	Proportion of IHR documents printed		100%	DIHR		100%					
	Disseminate IHR documents: IHR policy, strategy and guidelines	Number of sessions for dissemination of IHR documents conducted		6	DIHR		6%					

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Formalize national IHR One Health TWG to guide multi-sectoral preparedness	IHR One-Health TWG formalized		1	DIHR		1%					
	Develop IHR-One-Health TWG ToRs and disseminate	IHR One-Health TWG ToRs developed		1	DIHR		1%					
		IHR One-Health TWG ToRs disseminated		6	DIHR		6%					
	Strengthen national IHR focal point for information sharing 24/7 and reporting	National IHR focal point fully functional		100%	DIHR	40%	60%	100%				

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Finalize formal identification of IHR focal persons from PHENICs responding MDAs	IHR focal persons identified in all PHE responders	100%		DIHR		100%					
	Establish IHR as a department under PHIM establishment	IHR department established within PHIM		1	DIHR		1					
		Proportion of IHR staff included in PHIM establishment		100%	DIHR		100%					

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Develop action plan to address identified high priority gender gaps in all IHR core capacities and incorporate it in various annual work plans	Action plan to address identified high priority gender gaps in all IHR core capacities		100%	DIHR		100%					
		High priority gender gaps action plan incorporated in various PHE responding annual work plans			DIHR							

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Designate office space for IHR-NFP and equip it	IHR NFP designated an office		1	DIHR	1						
		IHR NFP office fully equipped		100%	DIHR		50%	100%				
	Strengthen IHR-NFP to function 24/7 including a duty officer system	IHR NFP fully functioning including 24/7 duty officer system		100%	DIHR	50%	100%					
	Include IHR in preservice training curriculums	Proportion of relevant institutions whose curriculum includes IHR		100%	DIHR		100%					

Objective	Activities	Indicators	Baseline	Target	Resp.	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	Include IHR staff on PHIM establishment	Proportion of IHR staff included on PHIM establishment		100%	DIHR		100%						
Strengthen Monitoring and Evaluation Framework of the International Health Regulations'	Finalize and launch the stalled National Action Plan for Health Security (NAPHS) post Joint External Evaluation (JEE)	Stalled NAPHS finalized		1	DIHR	1							
		NAPHS published		500	DIHR								
		NAPHS launched and disseminated		6	DIHR	6							

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Monitor inclusion of IHR in relevant legal instruments (Acts, Legislation, Policies, Guidelines) in PH emergency responding Ministries, Departments and Agencies	Proportion of PHE responding institutions whose legislation, Acts, Strategies, Policies and Guidelines linked with IHR implementation		100%	DIHR	20%	40%	80%	100%			
	Conduct mid-term review of NAPHS implementation status	Number of times NAPHS is reviewed		1	DIHR				1			

Objective	Activities	Indicators	Baseline	Target	Resp.	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	Conduct legal instrument Mapping and assessment on the availability and compliance to IHR implementation at national and district levels	Number of legal mapping and assessment reviews conducted		6	DIHR		6						
	Conduct Joint internal evaluation of IHR implementation status	Number of joint internal evaluation sessions conducted to assess IHR implementation status		7	DIHR	3	4						

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Conduct JEE of IHR core capacities involving all PHENIC responders	JEE of IHR core capacities conducted		1			1					
	Review and launch National Action Plan for Health Security (NAPHS) post JEE	NAPHS reviewed post JEE		5	DIHR			5				
		NAPHS launched and disseminated		6	DIHR				6			
	Coordinate SimEX on selected IHR or GHSA core capacities	Proportion of SimEX on selected IHR and GHSA coordinated by IHR office		100%	DIHR	100%	100%	100%	100%	100%	100%	100%

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Conduct IHR implementation review meetings at both levels	Number of IHR implementation Review Meetings conducted		37	DIHR	1	6	6	6	6	6	6
Compile and Submit State Party annual report and other IHR reports to WHO-AFOR and other relevant institutions		Number of times SPAR compiled and submitted to WHO -AFRO		7	DIHR	1	1	1	1	1	1	1
		Number of times SPAR is submitted to WHO-AFRO real time		7		1	1	1	1	1	1	1
		Proportion of times other reports are submitted to relevant authorities real time		100%	DIHR	100%	100%	100%	100%	100%	100%	100%

Objective	Activities	Indicators	Baseline	Target	Resp.	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Coordinate After-Action and Intra-Action Reviews	Proportion of times IAR was coordinated		100%	DIHR	100%	100%	100%	100%	100%	100%	100%	
	Proportion of times AAR was coordinated		100%	DIHR	100%	100%	100%	100%	100%	100%	100%	
	Conduct supportive visits to districts' PHEMC on IHR	Number of visits conducted for supportive supervision to districts' PHEMCs		13	DIHR	1	2	2	2	2	2	2
	Conduct systematic assessment of gender gaps in all IHR core capacities	Proportion of PHE responding institutions whose legal documents are assessed on gender gaps		100%	DIHR		100%					

PILLAR 3: IMPROVED ORGANISATIONAL IDENTITY AND CULTURE

Functional Component: Public Health Education and Communication

Strategy 7: To Establish Public Health Education and Communication Systems

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Establish Communication, Publication and PHIM's visibility	Establish publication unit	Publication unit established		1	DPHEC		1					
	Develop communication strategy plan	Communication strategy developed		1	DPHEC		1					
	Develop service charter	Service charter developed			DPHEC		1					
	Design and implement PHIM visibility plan	PHIM visibility plan developed		1	DPHEC		1					
	Translate data and scientific language into actionable information of constituents, community				Proportion of times data is translated into actiona	DPHEC	60	70	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	advocates and elective officials			ble information								
	Facilitate publication of bulletins	Number of bulletins published		13	DPHEC	1	2	2	2	2	2	2
	Include Public Health Education and communication staff in PHIM establishment	Proportion of PH Education and communication staff included in PHIM establishment		100%	DPHEC		100%					
	Increase public awareness of PHIM priorities and accomplishment through regular and targeted messaging utilizing multiple methods of communication, including community radios, employee newsletter,	Proportion of the public aware of PHIM's priorities and accomplishments		70%	DPHEC			50%			70%	

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	websites, media and internet											
	Collaborate with health care organizations and associations to provide a range of communication and educational opportunities for private and non-profit health care providers on evidence-based practice	Proportion of health care organizations & associations using evidence based practice		80%	DPHEC			50%	60%	70%	75%	80%
	Maintain a consistent brand/logo to unify and position PHIM as a valued, effective, and trusted leader in Public Health.	PHIM logo approved and maintained		1	DPHEC		1					
	Conduct Open Days to show case PHIM's mandate	Number of open days conducted to show case PHIM's mandate		3	DPHEC			1		1		1
Strengthening public health	Implement empowerment advocacy	Number of empowerment advocacy		6	DPHEC			6				

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
risk communication	programs for various stakeholders	programs for various stakeholders implemented										
	Develop risk communication plan	Risk communication plan developed		1	DPHEC		1					
	Conduct workplace sensitization programs	Proportion of workplace sensitization sessions conducted		100%	DPHEC	20%	40%	60%	80%	100%	100%	100%
	Develop a process for identifying, prioritizing, and assessing the harm of medical products and services that are being marketed in a dangerously misleading manner, including drugs, devices and nutraceuticals	Proportion of harmful medical products proprietors identified		80%	DPHEC		30%	50%	60%	70%	80%	80%
		Proportion of harmful medical products proprietors prioritizes		80%	DPHEC		100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		for assessment										
		Proportion of prioritized harmful medical products proprietors assessed		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	Develop inter-agency partnership to share information and initiate action against misleading promotion of health related products and services, which may include medical provider and consumer education and communication with regulatory authorities	Interagency partnership on information sharing & action against promotion of misleading health related products & services developed		1	DPHEC			1				
	Facilitate development of compliance teams	Proportion of compliance		90%	DPHEC			50%	60%	70%	80%	90%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	in various institutions for control and prevention of highly infectious conditions	teams developed										
	Facilitate development and dissemination of public health emergency documentaries	Number of PHE documentaries developed		28	DPHEC		2	4	4	6	6	6
		Proportion of developed documentaries disseminated		100%	DPHEC		100%	100%	100%	100%	100%	100%
	Develop health education materials and messages based on prioritized topics	proportion of health education materials & messages developed		100%	DPHEC			100%	100%	100%	100%	100%
	Broaden efforts to educate media, business organizational	Proportion of stakeholders educated		100%	DPHEC			50%	100%			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	leaders, government, elected officials, community groups, other influencers, and constituents about the value of pursuing public health improvement opportunities in planning and legislation	on planning and legislation										
Strengthening public health Education	Identify key audience, target channels and effective approaches to reach them	Key audience identified		1	DPHEC		1					
		Targeted channels & approaches identified		1	DPHEC		1					
	Explore how to maximize public health communication platforms made available through key moments of	PH communication platforms explored		1	DPHEC		1					

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	change in public health											
	Ensure that all PH education materials are accessible, actionable, and conform to plain language principles	Proportion of PH education materials conform to plain language principles		100%	DPHEC		100%	100%	100%	100%	100%	100%
		Proportion of PH education materials accessible		100%	DPHEC		100%	100%	100%	100%	100%	100%
	Develop and disseminate guidelines on the evidence-based public health literacy practices, and encourage external partners to adopt these practices	Evidence-based public health literacy guidelines developed		1	DPHEC		1					
		Proportion of external partners adopted		100%				50%	100%			

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		these guidelines										
	Develop a Public Health Education and Communication advocacy strategy	PH Education and Communication advocacy strategy developed		1	DPHEC			1				
	Implement PH Education & Communication advocacy strategy	Number of times PH Education & Communication strategy implemented		18	DPHEC			6		6		6
	Enter into collaboration in communication between PHIM and the public to increase effectiveness and breadth of communication efforts	Proportion of the public with confidence in the PHEC system		80%	DPHEC		50%	60%	65%	70%	75%	80%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Build solid relationship with publics through messages that reach and resonate with specific audiences	Messages that reach & resonate with specific audience developed		7	DPHEC	1	1	1	1	1	1	1
	Organize annual national and regional workshops	National & regional workshops conducted		36	DPHEC		6	6	6	6	6	6
	Conduct national sensitization programs in priority disease conditions	Proportion of national sensitization sessions on priority disease conditions conducted		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	Provide timely information about emerging public health related issues to the public	Proportion of emerging PH related issues shared real time		100%	DPHEC		80%	90%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen PHIMs liaison services	Acts as a point of contact for PHIM with stakeholders	Liaison officer designated as a point of contact in PHIM		1	DPHEC		1					
	Monitors, coordinate and communicate strategic objectives	Communication of strategic objectives coordinated		6	DPHEC		1	1	1	1	1	1
		Communication of strategic objective monitored		6	DPHEC		1	1	1	1	1	1
	Maintains a good working relationship with stakeholders	Good working relationship maintained with all stakeholders		100%	DPHEC		100%	100%	100%	100%	100%	100%
	Maintains a list of stakeholders, IHR focal persons and other contacts	Proportion of stakeholders maintained on the list		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	from MDA working with PHIM	Proportion of IHR FPs maintained on the list		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	Facilitates conduct of closed meetings between PHIM management and stakeholders	Proportion of required closed meetings conducted with stakeholders		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	Identifies bottlenecks in communication channels with stakeholders	Proportion of bottlenecks in communication with stakeholders identified		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	Conducts a postmortem after a conflict is resolved/wrapped up	Proportion of post mortems (AARs) conducted after conflict is resolved		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	Compiles a report of the	Proportion of AARs		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	postmortem in order to learn from them and improve future processes and relationships	conducted whose report is written										
	9. Prepare and deliver verbal communications, such as press conferences, interviews, phone calls and face to face meetings	Proportion of press conferences conducted		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
		Proportion of interviews conducted		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
		Proportion of face to face meetings conducted		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	10. Prepare and deliver written communication such as press releases, reports and social media	Proportion of press releases disseminated		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
		Proportion of communication		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicators	Baseline	Target	Res	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	updates to colleagues, collaborators, public and other stakeholders	ion reports produced										
		Proportion of social media updates conducted		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
	11. Negotiates with funders and partners for more funding	Proportion of times negotiated for more funding with treasury		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%
		Proportion of partners conducted negotiations with for funding		100%	DPHEC	100%	100%	100%	100%	100%	100%	100%

PILLAR 4: STRENGTHENED INSTITUTIONAL CAPACITY

Functional Component: Public Health Human Resource Development and Management

Strategy 8: Strengthening Public Health Human Resource Development and Management

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen public health human resource development	Conduct job analyses and develop PHIM staff establishment	PHIM staff job analysis done		1	PHHRDM		1					
		PHIM staff establishment developed		1	PHHRDM		1					
	Fill PHIM staff positions focusing on skill mix and equity	Proportion of positions filled based on skill mix		100%	PHHRDM		100%	100%				
		Proportion of positions filled based on equity			PHHRDM		100%	100%				
	Advocate for MoH/PHIM to identify staff and Replace staff who leave PHIM bearing the need for skill mix and equity	Proportion of PHIM vacancies filled focusing on skill mix		100%	PHHRDM		100%			100%		
		Proportion of PHIM vacancies filled based on equity		100%	PHHRDM		100%			100%		

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Develop PHIM organogram	PHIM organogram developed		1	PHHRDM	1						
	Seek approval of PHIM organogram	PHIM organogram approved		1	PHHRDM		1					
	Develop a capacity development plan	Capacity development plan developed		1	PHHRDM		1					
	Develop career progression plan	Career progression plan developed		1	PHHRDM		1					
	Develop recruitment strategy	Recruitment strategy developed		1	PHHRDM		1					
	Develop PHIM Public Health HR Strategy	PH HR strategy developed			PHHRDM		1					
	Customize Human Resource management, Human Resource planning; staffing, compensation and benefits, health safety and security and industrial relations	HR management customized			PHHRDM		1					
		HR planning customized			PHHRDM		1					
		HR staffing customized			PHHRDM		1					
		Compensation and benefits customized			PHHRDM		1					
		Health safety and security customized			PHHRDM		1					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Industrial relations customized			PHHRDM		1					
	Procure & install learning resource materials and recreation facilities	Proportion of learning materials procured		100%	PHHRDM			100%				
		Proportion of recreation materials procured		100%	PHHRDM			100%				
		Proportion of recreation materials installed		100%	PHHRDM			100%				
	Conduct team building exercises at least annually	Number of team building exercises conducted		7	PHHRDM	1	1	1	1	1	1	1
Strengthen public health Human Resource Management	Create performance management/quality improvement plan	Quality improvement management plan developed		1	PHHRDM		1					
	Develop performance score cards for each department and individuals	Proportion of Performance score cards developed for each department		100%	PHHRDM		100%					
		Proportion of Performance score cards developed for		100%	PHHRDM		100%					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		each individual										
	Conduct staff appraisal	Proportion of staff appraised		100%	PHHRDM	100%	100%	100%	100%	100%	100%	100%
	Acknowledge exception performance by linking performance to rewards	Proportion of deserving performers rewarded		100%	PHHRDM	100%	100%	100%	100%	100%	100%	100%
	Keep record of staff sick, parental, maternity, sabbatical, bereavement, annual and social leave	Staff leave record maintained		7	PHHRDM	1	1	1	1	1	1	1
	Conduct annual staff satisfaction survey	Number of staff satisfaction survey conducted		7	PHHRDM	1	1	1	1	1	1	1
	Provide for staff feedback during staff appraisal	Number of times staff are given during feedback		7	PHHRDM	1	1	1	1	1	1	1
	Support creation of a safe and conducive working and learning environment	Proportion of staff expressed working in safe environment during staff		7	PHHRDM	1	1	1	1	1	1	1

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		satisfaction survey										
	Institute HR performance management system	HR performance management system instituted	1		PHHRDM			1				
	Support appropriate specialized training for PHIM staff	Proportion of staff on training undergoing an appropriate specialized training		100%	PHHRDM	100%	100%	100%	100%	100%	100%	100%
	Establish non-monetary retention programs including continuing education programs	Proportion of retention programs that are non monetary		40%	PHHRDM	20%	30%	40%	40%	40%	40%	40%
	Conduct staff exit survey	Proportion of staff exited the institution had exit survey conducted on them		100%	PHHRDM	100%	100%	100%	100%	100%	100%	100%
	Institute remedial actions to nonperforming staff	Proportion of non performing staff had remedial actions instituted on/for them		100%	PHHRDM	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Institute Staff Disciplinary Committee (SDC)	Proportion of staff who were indisciplin met with disciplinary committee	100%		PHHRDM	100%	100%	100%	100%	100%	100%	100%
	Develop ToRs for SDC	Disciplinary committee ToRs developed		1	PHHRDM		1					

Functional Component: Finance and Administration

Strategy 9: Improve Finance and Administration

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Strengthen accounts system	Produce annual business plans	Number of business plans produced		7	DoFA	1	1	1	1	1	1	1
	Produce regular monthly financial reports	Number of financial reports produced		84	DoFA	12	12	12	12	12	12	12
	Procure agile financial system	Agile financial system procured		1	DoFA	1						
	Conduct appropriate user training	Number of sessions user training conducted		2	DoFA	2						
	Open and use own PHIM accounts	PHIM accounts opened		2	DoFA	2						
	Establish PHIM into a Cost Center	PHIM established as a cost center		1	DoFA		1					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Obtain fund order from Treasury	Fund order obtained		1	PHHR DM		1					
	Advocate for emergency funds for emergency response	advocacy for emergency funds conducted		1	PHHR DM		1					
	Update and follow financial policies and guidelines	Financial policies and guidelines updated		1	PHHR DM		1					
		Proportion of times financial policies & guidelines are followed		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
Strengthen logistics and procurement systems	Set up of Logistics & Procurement unit	Logistics & procurement unit established		1	PHHR DM		1					
	Hold regular interactions with government for Government subvention	Number of times treasury is contacted on subvention		2	PHHR DM	1	1					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Respond to research grants and project specific grants	Proportion of times research grants proposals were submitted		100%	PHHR DM	50%	60%	70%	75%	80%	100%	100%
	Develop self-initiated project proposals for grants	Number of times self initiated proposals were submitted		13	PHHR DM	1	2	2	2	2	2	2
	Prospect for endowment funds	Number of times prospects for endowments conducted		7	PHHR DM	1	1	1	1	1	1	1
	Charge some services provided at PHIM	Proportion of chargeable services being charged		100%	PHHR DM	40%	80%	100%	100%	100%	100%	100%
	Develop joint projects budgets	Number of times joint projects budgets		13	PHHR DM	1	2	2	2	2	2	2

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		were developed										
	Conduct paid for capacity building initiatives	Proportion of chargeable capacity building initiatives being charged		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Establish PHIM as a cost center	PHIM established as a cost center		1	PHHR DM	1						
Strengthening auditing systems	Establish an internal auditing unit	Internal auditing unit established		1	PHHR DM		1					
	Orient PHIM staff on auditing procedures	Proportion of PHIM staff oriented on auditing procedures		100%	PHHR DM		100%					
	Constitute Internal Procurement Committee	IPC constituted			PHHR DM		1					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Adhere to government auditing procedures	Proportion of times auditing government procedures were adhered to		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Improve filling system of documents in readiness for auditing	Proportion of documents properly filed		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Avail the institution to periodical internal and external auditing procedures	Number of times institution avails itself to internal auditing procedures		14	PHHR DM	2	2	2	2	2	2	2
		Number of times institution avails itself to internal auditing procedures real time		14	PHHR DM	2	2	2	2	2	2	2
		Number of times		14	PHHR DM	2	2	2	2	2	2	2

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		institution avails itself to external auditing procedures										
		Number of times institution avails itself to external auditing procedures real time		14	PHHR DM	2	2	2	2	2	2	2
	Respond to auditing queries	Number of times internal auditing queries are responded to		14	PHHR DM	2	2	2	2	2	2	2
		Number of times external auditing queries are responded to		14	PHHR DM	2	2	2	2	2	2	2
Strengthen Administration systems	Procure fuel for local running	Proportion of required		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		fuel procured										
	Procure office stationery and sundries	Proportion of required stationery procured		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
		Proportion of required sundries procured		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Determine PHIM's fleet needs and procure vehicles according to need	PHIM's fleet needs determined		2	PHHR DM		1				1	
		Proportion of vehicles procured according to need		100%			100%				100%	
	Procure insurance and licenses of PHIM fleet and other assets	Proportion of PHIM fleet with updated insurance		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
		Proportion of PHIM fleet with updated CoFs			PHHR DM	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Conduct preventive and reactive maintenance of the fleet and other equipment	Proportion of PHIM fleet done preventive maintenance		100%	PHHR DM	20%	40%	50%	60%	70%	80%	100%
		Proportion of PHIM fleet done corrective maintenance		20%	PHHR DM	80%	60%	50%	40%	30%	20%	20%
		Proportion of PHIM equipment done preventive maintenance		100%	PHHR DM	80%	90%	100%	100%	100%	100%	100%
		Proportion of PHIM fleet done corrective maintenance		20%	PHHR DM	60%	50%	40%	30%	20%	20%	20%
	Process internal and external staff travel	Proportion of staff external travel funded by PHIM		40%	PHHR DM	40%	40%	40%	40%	40%	40%	40%
		Proportion of staff		40%	PHHR DM	40%	40%	40%	40%	40%	40%	40%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		internal travel funded by PHIM										
	Sustain subscription to selected daily papers	Proportion of weekdays subscribed to selected daily papers		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Deploy and supervise performance of support staff	Proportion of required support staff deployed		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	(drivers, cleaners, messengers, ground staff and guards)	Proportion of deployed support staff supervised		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Member of Staff of Disciplinary Committee	Administrat or included in SDC		1	PHHR DM	1						
	Monitor cleanliness of PHIM internal and external premises	Proportion of days PHIM premises' cleanliness was maintained		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Ascertain functionality of office equipment and fleet	Proportion of days office equipment remained functional		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
		Proportion of days office fleet remained functional		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Maintain updated inventory of all office resources: vehicles, equipment, furniture etc	Proportion of months with an updated inventory on vehicles, equipment & furniture		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Provide for effective security of PHIM premises and resources	Proportion of days with functional security system		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Procure/ Pay for utilities timely	Proportion of months utilities were paid for timely		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Prompt report of accidents, injuries and losses/theft	Proportion of times incidence of accidents, injuries. Theft, loss were reported real time		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
	Attends to staff welfare issues accordingly	Proportion of staff whose welfare issues were attended to		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%
		Proportion of staff whose welfare issues were attended to real time		100%	PHHR DM	100%	100%	100%	100%	100%	100%	100%

Functional Component: Planning, Monitoring and Evaluation

Strategy 10: Strengthening Planning, Monitoring and Evaluation

Objectives	Activities	Indicator	Baseline	Target	Resp	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Strengthening planning	Establish a planning department	Planning department established		1	DPME	1							
	Finalize PHIM SP	PHIM SP finalized		1	DPME	1							
		PHIM SP approved by SMT		1	DPME	1							
	Print PHIM SP	Number of copies printed		300	DPME	300							
	Launch and disseminate PHIM SP	PHIM SP launched at national level		1	DPME	1							

Objectives	Activities	Indicator	Baseline	Target	Resp	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
		PHIM SP disseminate at zonal levels		6	DPME	6							
	Develop PHIM strategic plan	PHIM strategic plan developed		1	DPME								1
	Develop PHIM annual implementation plan	Annual implementation plan developed		7	DPME	1	1	1	1	1	1	1	1
	Develop MoU with relevant stake holders	Proportion of MoUs developed with relevant stakeholders		100%	DPME	50%	100%						
	Lobby for organization al	PHIM independen cy attained		100%	DPME	70%	90%	100%					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	independence from MoH											
	Facilitate finalization of Public Health Act review	PHA review finalized		1	DPME	1						
	Print PHA for submission to relevant offices	Number of PHA copies printed		250	DPME	250						
	Conduct advocacy meetings with parliamentarians on Public Health Act	Number of sessions of advocacy meetings conducted		6	DPME	6						

Objectives	Activities	Indicator	Baseline	Target	Resp	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	Obtain approval of PHA	PHA approved		1	DPME	1							
	Launch and Disseminate approved PHA to all stakeholders	PHA launched at national level		1	DPME	1							
		PHA dissemination sessions conducted		12	DPME	6	6						
	Set up board of trustees	Board of trustees in place			DPME								

Objectives	Activities	Indicator	Baseline	Target	Resp	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	Conduct functional review to incorporate all PHIM functions that are not currently part of the approval functions and staff to fill the gaps	Proportion of PHIM functions incorporated in establishment		100%	DPME	100%							
	Establish district physical presence	Number of districts with PHIM staff in its establishment		29	DPME		15	29					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	Establish strategic plan implementation tracking committee	SP implementation tracking committee established		1	DPME	1							
		SP implementation tracking committee fully functional		7	DPME	1	1	1	1	1	1	1	
	Develop ToRs for the committee	Developed ToRs for the committee	ToRs developed	1	DPME	1							

Objectives	Activities	Indicator	Baseline	Target	Resp	Years							
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
	Develop PHIM transitional plan which will emanate in PHIM taking responsibilities of all IHR among others	Transitional plan developed		1	DPME	1							
		PHIM's mandate covers all IHR PHE		100%	DPME	70%	90%	100%					
	Implement annual action plan.	Proportion of annual plan activities implemented		100%	DPME	100%	100%	100%	100%	100%	100%	100%	
	Acquire land for PHIM infrastructure	Amount of land acquired		10 hectares	DPME	10 hectares							

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Construct state of art PHIM offices, modern reference laboratory, PHEOC building, and other relevant infrastructure	PHIM infrastructure constructed		100%	DPME		20%	40%	60%	80%	100%	
	Equip PHIM infrastructure: PHIM offices etc, Laboratory, PHEOC	Proportion of PHIM office etc equipment procured			DPME		40%	60%	80%	100%		

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of PHIM office etc procured equipment installed			DPME		20%	40%	60%	80%		
		Proportion of laboratory equipment procured			DPME		40%	60%	80%	100%		
		Proportion of laboratory procured equipment installed			DPME		20%	40%	60%	80%		

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of PHEOC equipment procured			DPME		40%	60%	80%	100%		
		Proportion of PHEOC procured equipment installed			DPME		20%	40%	60%	80%		
	Fast track the operationalization of PHEOC to fully functional	Proportion of PHEOC functions implemented in PHEOC		100%	DPME	50%	70%	100%				
	Facilitate the construction/repurposing	Number of district assessed on possibility of		29	DPME	29						

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	of district PHEOCs	constructing or repurposing their PHEOCs										
		Number of district PHEOCs constructed/repurposed		29	DPME		10			10		9
	Equip district PHEOCs	Number of district PHEOCs equipped2		9	DPME		10			10		9

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Mitigate the lagging skills among workers due to changes in technology	Proportion of lagging skills mitigated		100%	DPME	50%	100%	100%	100%	100%	100%	100%
	Join/renew international professional networks membership ie, IANPHI, AFENET, GHSA, AFREHealth , CDC	Number of networks renewed		2	DPME	2	2	2	2	2	2	2
	Procure PHIM website packages	Proportion of packages procured		100%	DPME	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Strengthen use of PHIM website	Proportion of time website has updated information		100%	DPME	100%	100%	100%	100%	100%	100%	100%
Strengthen Public Health Management Information System	Establish a public health information management unit	Public health information management unit established		1	DPME	1						
	Set up data Public Health Management Information Systems (PHMIS)	PHMIS set up		1	DPME	.5	.7	1				
	Retrieve data for analysis in order to guide decision making	Proportion of times data is retrieved for analysis		100%	DPME	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Conduct periodical data processing	Proportion of times periodical data processing conducted		100%	DPME	100%	100%	100%	100%	100%	100%	100%
	Conduct data capturing	Proportion of times data capturing done		100%	DPME	100%	100%	100%	100%	100%	100%	100%
	Retrieve information for easy access when required	Proportion of set times information is retrieved		100%	DPME	100%	100%	100%	100%	100%	100%	100%
	Include information management staff in PHIM establishment	Proportion of PHMIS staff included in PHIM establishment		100%	DPME		100%					

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Facilitate linkages of various PHENIC responders' information systems with PHMIS	Proportion of PHENIC responders whose information system is linked with PHMIS		100%	DPME	100%	100%	100%	100%	100%	100%	100%
	Track PHIM's performance using data	Proportion of data used to track PHIM's performance		100%	DPME	60%	80%	100%	100%	100%	100%	100%
	Conduct PHIM performance projections in order to guide decisions and track implementation of those decisions	Proportion of OHIM performance projections conducted		100%	DPME	100%	100%	100%	100%	100%	100%	100%

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of decisions made guided by performance projections		100%	DPME	100%	100%	100%	100%	100%	100%	100%
		Proportion of decision implemented		100%	DPME	100%	100%	100%	100%	100%	100%	100%
Strengthening IT and OHSP	Procure, install ICT systems, laboratory equipment, PHEOC equipment, office equipment and furniture	Proportion of ICT systems procured		100%	DPME			60%	80%	100%		

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of procured ICT systems installed		100%	DPME			100%	100%	100%		
		Proportion of lab equipt procured		100%	DPME			60%	80%	100%		
		Proportion of procured lab equipt installed		100%	DPME			100%	100%	100%		
		Proportion of PHEOC equipment procured		100%	DPME			100%	100%	100%		

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of procured PHEOC equipment installed		100%	DPME			100%	100%	100%		
		Proportion of procured office furniture procured		100%	DPME			60%	80%	100%		
		Proportion of office furniture installed		100%	DPME			100%	100%	100%		

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
		Proportion of procured office equipt procured		100%	DPME			60%	80%	10		
		Proportion of procured office equipt installed		100%	DPME			100%	100%	100%		
	Establish ICT unit	ICT unit established		1	DPME	1						
	Develop ICT policy	ICT policy developed		1	DPME		1					
	Finalize setting up of OHSP	OHSP finalized		1	DPME	1						

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Link OHSP with DHIS2, LMIS and other relevant data platforms	OHSP linked with DHIS2		1	DPME		1					
		OHSP linked with LIMS		1	DPME		1					
		OHSP linked with animal health platform			DPME		1					
		OHSP linked with environmental platform1			DPME		1					
	Procure & install equipment for electronic surveillance system (server,	Proportion of equipt for e-surveillance procured		100%	DPME	60%	80%	100%				

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	OHSP gadgets, etc)											
	Participate in existing collaborations on IT groups at MoH	Proportion of existing collaborations on IT participated in		100%	DPME	100%	100%	100%	100%	100%	100%	100%
Strengthen Monitoring and Evaluation of PHIM performance	Conduct mid-term and end of term strategic plan review /evaluations	Midterm SP review conducted		1	DPME				1			
		End of term SP review conducted			DPME							1
	Reach consensus on output and outcome indicators drawn from existing monitoring frameworks	Output indicators developed		1	DPME	1						
		Outcome indicators developed		1		1						

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Invest in electronic monitoring tools and equipment	Proportion of electronic monitoring tools & equipment procured		100%	DPME		100%					
		Proportion of procured monitoring tools and equipment installed		100%	DPME		100%					
	Create monitoring and evaluation teams	Proportion of monitoring & evaluative teams created		100%	DPME	100%						
	Compile PHIM quarterly and annual	Number of quarterly reports developed		72	DPME	12	12	12	12	12	12	12

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	performance reports	Number of annual reports produced		7	DPME	1	1	1	1	1	1	1
					DPME							
	Conduct PHIM monthly management meetings	Monthly management meetings conducted		DPME		12	12	12	12	12	12	12
	Conduct PHIM weekly reporting and feedback meetings	Proportion of weekly meetings conducted		DPME		100%	100%	100%	100%	100%	100%	100%
	Conduct annual organization review of PHIM performances and produce report			DPME		1	1	1	1	1	1	1
	Conduct PHIM	Number of PHIM		DPME		1	1	1	1	1	1	1

Objectives	Activities	Indicator	Baseline	Target	Resp	Years						
						2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	review meetings involving all stakeholders to share findings of the performance review	review meetings conducted										
	Monitor the performance of SP implementation tracking committee	SP tracking committee's performance monitored			DPME	1	1	1	1	1	1	1
	Mobilize resources for implementation of PHIM strategic Plan	Proportion of resources for implementation of SP mobilized		100%	DPME	100%	100%	100%	100%	100%	100%	100%
	Develop a new SP	New PHIM SP developed		1	DPME							1

9.0 CRITICAL SUCCESS FACTORS

The following are the key success factors for the implementation of this strategic plan

- i. Enhancement and continuity of governance and leadership
- ii. Visibility of public health work and PHIM itself
- iii. Clear functional components of PHIM
- iv. Meaningful Multi-sectoral involvement and collaboration
- v. Functional Strategic Plan implementation monitoring committee
- vi. PHIM transition plan in place and implemented fully
- vii. Establishment of Public Health Institute as a parastatal including emergency funding (that can be accessed within 24 hours) and fully functioning
- viii. Fully functional Public Health Emergency Operational Center

Annex I: PHIM TRANSITION PLAN

	Activity	Resp Off	TIME FRAME																						
			2023	2024												2025									
			Dec	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
1	Include progress on PHIM establishment in PSS committee	SH																							
2	SP implementation monitoring committee in place	SH																							
3	Mandating PHIM to be the lead coordinator in all PHEs	SH																							
4	Lobbying with the MPs for passing out of PHA	ADP																							
5	Submitting the PHA to Ministry of Justice, Cabinet, Parliament	ADP																							
6	Expedite filling of vacancies in Research division	SH/H RM																							
7	Administratively deploy Skeleton Staff according to the SP propositions:	SH																							
	➤ HR																								
	➤ EPR																								
	➤ PHEOC	SH																							
	➤ Administration staff	SH																							
	➤ Planning officers	SH																							
	➤ Finance/ Accounts	SH																							
	➤ PH Education & Communication	SH																							
	➤ IHR	SH																							
	➤ Procurement	SH																							
	➤ OS	SH																							
	➤ Zoonoses	DALH D																							

Annex II: TYPE OF DOCUMENTS REVIEWED

1. Africa CDC NPHI Development Framework
2. Council for International Development Cooperation, Malawi Labor Market Profile
3. Department of Disaster Management Affairs, Malawi Vulnerability Assessment Committee reports. Various issues
4. Draft DAHLD Livestock Strategy 2018-2023
5. Estimated exchange rate K820/US\$1
6. GoM (2017) Malawi Antimicrobial (AMR) Strategy 2017-2022, Ministry of Health
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9. HIV and AIDS (Prevention and Management) Act
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14. Malawi JEE Final Report (2019)
15. Malawi National Health Communication Strategy 2021-2028
16. Malawi Health promotion
17. Malawi Government (2016). The Constitution of the Republic of Malawi. Lilongwe
18. Ministry of Health (2017), Health Sector Strategic Plan 2017-2022. Lilongwe
19. Ministry of Finance (2021) Annual Economic Report. Lilongwe
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24. Ministry of Health (2016), Household Water Treatment and Safe Storage. National Action Plan 2016-2021. Lilongwe
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30. National Health Policy 2018 – 2030
31. National Livestock Development Policy(2021-2026)

32. National Statistics Office (2021), Multiple Indicator Cluster Survey. Zomba
33. National Statistics Office (Malawi) and ICF (2017), Malawi Demographic and Health Survey 2015-16. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF
34. National Statistics Office (2021), Multiple Indicator Cluster Survey 2019-2020. Monitoring the situation of children and women. Zomba
35. National Statistics Office (2020), Integrated Household Survey. Zomba
36. National Statistics Office (2020), Integrated Household Survey. Zomba
37. National Planning Commission (2020), Malawi 2063, An Inclusively wealthy and self-reliant nation. Lilongwe
38. National Statistics Office (2021), Malawi Poverty Report 2020. Zomba
39. National Statistics Office (2020), Integrated Household Survey, Zomba
40. National Statistics Office (2021), Multiple Indicator Cluster Survey 2019-2020. Monitoring the situation of children and women. Zomba
41. National Statistical Office - NSO/Malawi and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi: NSO and ICF.
42. National Statistics Office (2020), Integrated Household Survey. Zomba
43. National Center for emerging and zoonotic infectious diseases, factsheet
44. National Statistics Office (2021), Multiple Indicator Cluster Survey 2019-2020. Survey findings report. Zomba, Malawi: National Statistics Office
45. National Statistics Office (2020) Integrated Household Survey 2019-2020. Zomba
46. One Health
47. Policy on Equity in Access to Antiretroviral Therapy (Art) In Malawi
48. Social Determinants for Health (2013). WHO
49. Sustainable Development Goals
50. The Constitution of the Republic of Malawi
51. The Occupational Safety, Health and Welfare Act 1997 (OSHWA)
52. World Organization for Animal Health available at <https://www.oie.int/en/home/>
53. WHO (2015), Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) Checklist Version 2:2015. For Clinical and Public Health Reference Laboratories

Annex III: PEOPLE CONSULTED

NO	NAME	SEX	POSITION	ORGANISATION
1	Ms. Bessie Phiri	F	PHS	PHIM
2	Mr. Wiseman Chimwaza	M	PEHO	PHIM
3	Mr. Paul Chunga	M	DEHO/CPHO	LL DHO
4	Mr. Shadreck Magombo	M	PIH	M.L
5	Mr. Yotam Moyo	M	OSH Specialist	NTLEP
6	Mr. Mavuto Thomas	M	Ag. DDPHS	OH-HES
7	Ms. Elizabeth Chingaibe	F	IHM	WHO
8	Mr. Edward Chado	M	SO	PHIM
9	Ms. Eddah Ngwira Chavula	F	DDL R	LAW COMMISSION
10	Mr. Penjani Chunda	M	DEHO	BT DHO
11	Ms. Charity Kasawala	F	DNMS	MOH
12	Ms. Grace Bamusi	F	CQMO	MOH
13	Mr. Kondwani Chapalapata	M	FSO	MOF
14	Ms. Thresa Sumani	F	CLO	MOH
15	Dr Malangizo Mbewe	M	DDQM	MOH
16	Mr. Alexander B. Moyo ACP	M	IHR	MPS
17	Major A.J Kalimbuka	M	EHO	MDF
18	Dr Magomero	M	DOCTOR	MDF
19	Dr Joseph Nkhoma	M	PPHO	DAHLD-CW
20	Dr Patrick Chikungwa	M	Director	MoA
21	Mr. Raffick Ngwaya	M	PHRMO	MoH
22	Dr Dzikambani Kambalame	M	Research	MoH
23	Mr. Mabvuto Chiwaula	M	Laboratory off	PHIM
24	Dr Jones Masiye	M	DDCMRS	MoH
25	Dr. Yankho M. Luwe	d	ag. DDCMRS	MoH
26	Ms. Amanda Manjolo	F	TACB	ONSE

27	Ms. Rejoice Phiri	F	CM	ONSE
28	Dr. Simon Mtopi	M	Advisor	MSH
29	Dr Ann Phoya	F	COP	ONSE
30	Dr Benson Chilima	M	Director	PHIM
31	Ms. Charles Yatina	M	PC WSSO	Water
32	Dr. Ulemu Zulu	M	DMO	KU-DHO
33	Mr. Lyford Chipukunya	M	PSA/P	DODMA
34	Mr. Allone Ganizani	M	DDPHS-EH	MoH
35	Ms. Mabel Chinkhata	F	DHDN	MOH-KCH
36	Ms. Emily Gama	F	DD	DNMS
37	Ms. Jellita Gondwe	F	LAB	PHIM
38	Mr. Pherson Nthenda ACP	M	ACP	Police
39	Ms. Flora Dimba	F	PEHO	MoH-EHS
40	Mr. Hendricks Mgodie	M	EHO	MoH-EHS
41	Mr. Daniel Ntengula	M	ECONOMIST	MoH-Planning
42	Ms. Doreen N.Ali	F	DD PHS	MoH
43	Ms. Lizzie Kadango Mikeka	F	ITM	PHIM
44	Ms. Linda Kalolokesya	F	EAD	EAD
45	Dr Annie Mwale	F	CMO	PHIM
46	Dr Mike Chisema	M	DDPHS	MOH
47	Mr. Dan K. Banda	M	Head of Health	Red Cross
48	Dr Evelyn Chitsa Banda	F	DTL	PHIM
49	Ms. Regina Mankhamba	F	M&E	PHIM
50	Dr Mirriam Nyenje	F	Lab	PHIM
51	Ms. Florence Nampota	F	IHRFP	Immigration
52	Dr Mulinda Nyirenda	F	Physician	QECH
53	Ms. Joana Simbota	F	Economist	MOF
54	Dr Getrude Chapotera	F	CPI	WHO
55	Mr. Maganizo Monawe	M	SDHTA	DHD-DPPD

56	Dr Collins Mitambo	M	Health Research	PHIM
57	Dr Mia Crampin	M	Director	MEIRU
58	Dr. Charles Mwansambo	M	SH	MoH
59	Dr James Mpunga	M	TB Program	MoH
60	Dr S. Kabuluzi	M	DPHS	MoH
61	Mrs. Charity Kasawala	F	DNMS	MoH
62	Dr Samson Mndolo	M	HD	QECH
63	Dr. W Chalamira Nkhoma	M	OPC	PTF
64	Mrs Judith Chilembo	F	CEO/Registrar	NMCM
65	Mr Richard Ndovi	M	Registrar	MCM
66	Prof Adamson Muula	M	PH	KUHeS
67	Dr Edardo Samo Gudo	M	Deputy Director General	Mozambique PHI
68	Mr. Chisuwo Laphoid	M	CTL	PHIM
69	Mr. Limbikani Chaponda	M	Influenza Surveillance FP	PHIM
70	Mavuto Thomas	M	Ag. DDPHS	MOH-HES
71	Mr. Peter Salilika	M	IDSR Coordinator	PHIM/LIN
72	Mr. Daniel Mapemba	M	IDSR Officer	PHIM
73	Dr. Bernard Mvula	M	Manager	NHRL-PHIM
74	Mr. Oscar Divala	M	SO	PHIM
75	Mr. Alick Banda	M	Lab Officer	PHIM
76	Dr. MacDonald Chisale	M	Vet. Investment Officer	DAHLD
77	Ms. Victoria Maliro	F	Accountant	PHIM
78	Dr. Upendo Lisa Mseka	M	EOC Officer	PHIM
79	Dr Ireen Namakhoma	F	Deputy Country Director	I-TECH

90	Mr. Setiyala Kanyanda	M	FETP Coordinator	I-TECH
91	Dr George Bello	M	Technical Advisor	I-TECH
92	Mr. Amos Maenje	M	PLO	PHIM
93	Ms. Mtisunge Yelewa	M	So	PHIM
94	Ms. Florence Nampota		IHR FP	LL
95	Mr. Billy Nyambalo	M	PRO	LL
96	Mr. Lusungu Zgambo	M	Research Officer	PHIM
97	Mr. Eva Nseula	F	Research Officer	LL
98	Prof Eric Umar	F	COMREC CHAIR	Blantyre
99	Ms. Monalisa Chizinga	F	Research Officer	LL
100	Mr. Mike Kachedwa	M	Research Officer	NCST
101	Dr Mike Kayange	M	Malaria Manager	Malaria Control Program
102	Dr Gerald Manthalu	M	Deputy Director	DPPD
103	Prof Elijah Wanda	M	Director General	NCST
104	Dr Damson Kathyola	M	Former Head of Research	Retired
105	Mr. Khazgani Nasasara	F	PM	PHCS
106	Dr. Gift Kawalizira	M	DHSS	BT DHO
107	Ms. Liness Juma	F	NMO	DW DHO
108	Mr. Dan K. Banda	M	Head of Health	Redcross
109	Hon. Matthew Ngwale	M	MP	Parliament – CZ
110	Dr. Nedson Fosiko	M	Medical Doctor	QECH
111	Mr. Vester gunsalu	F	NMHPO	IOM
12	Dr. Ted Bandawe	M	DHSS	MZ – DHO
113	Mr. Chifuniro Lali	M	ITS	NTP

114	Mr. Hastings Dowe	M	DOA	BT DC
115	Ms. Jean Chiona	F	Deputy Director	MoEST
116	Ms. Chikondano Mussa	F	Principal Secretary	MoEST
117	Mr. Fredrick Chisepeya	M	DCA/APC	LL
118	Mr. Maziko matemba	M	CSO	HREP MW
119	Dr. Trude Arsenet	F	TA	PHIM
120	Mr. Pasqually Zulu	M	Immigration Officer	Regional Immigration
121	Ms. Gloria Bamusi	F	DD(HRO	MOH
122	Dr Nellie Wadonda Kabondo	F	Chief Epidemiologist	CDC, Malawi
123	Dr. Alinune Kabaghe	M	Epidemiologist	CDC, Malawi
124	Dr. Joshua Smith	M	Epidemiologist	CDC, Malawi
125	Dr. Andrew Malango	M	MO	Police – Zomba
126	Mr. Richard Hara	M	Director	Local Government
127	Ms.Ethel Luhanga	F	Chief Nutritionist	EH
128	Amon Dembo	M	NMO	KCH
129	Praise Yusuf	M	PHO Intern	PHIM
130	Triza Chirwa	F	Data Intern	PHIM
131	Charity Muwalo	F	Lab officer	KCH
132	Dr Mirriam Nyenje	F	CLO	PHIM
133	Dr. Samson Mndolo	M	SH	MoH

