Workshop on Resource Mapping (REMAP) for National Action Plan for Health Security (NAPHS) of Zanzibar

Summary

Zanzibar, with technical support from the World Health Organization, conducted a resource mapping (REMAP) workshop in July 2025 to identify domestic and external resources and needs and gaps (financial and technical), for the implementation of the National Action Plan for Health Security (NAPHS).

The 21-24 July workshop was directed at mapping resources for the NAPHS (2024-2028), developed by Zanzibar to strengthen health security capacities and capabilities based on IHR Monitoring and Evaluation Framework assessments such as State Party Self-Assessment Annual Reporting (SPAR) and Joint External Evaluation (JEE). Participants included national technical experts, multisectoral ministries and partners.

The REMAP tool and process was used to map the health security investments that government and partners are supporting in the country, allowing policymakers, donors, and partners to see where gaps exist and where more investment of financial and technical resources is needed.

The resource mapping identified an initial \$2.6 million committed directly for activities in the Zanzibar NAPHS that was costed at \$19 million, resulting in a baseline funding gap of \$17.21 million in the NAPHS.

In addition, the resource mapping identified nearly \$5 million in overall health security investments in Zanzibar, representing funding with potential to be leveraged for NAPHS implementation through reallocation of resources.

Workshop participants further used the REMAP tool and process to map expert needs for implementation of the NAPHS activities. The participants identified whether outside technical assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. This portion of the exercise was designed to support Zanzibar in the identification and matching of technical partners that can assist.

WHO supported Zanzibar through building a REMAP dashboard (Excel and online versions) based on the workshop results to be used by Zanzibar moving forward. The dashboard enables real-time tracking and visualizations of domestic and external financing for the NAPHS and overall health security and displays financial and technical needs and gaps in NAPHS implementation, facilitating mobilization of support.

The investment figures can be updated as additional funding is identified for the NAPHS and overall health security, therefore shrinking the funding gap as Zanzibar moves forward in capacity strengthening.

Workshop Objectives

The REMAP workshop aimed to:

 Provide better visibility of available and potential resources for health security in order to accelerate the implementation of the National Action Plan for Health Security (NAPHS)

- Facilitate the sharing of information between the stakeholder, partners and donors, including
 data on partner and stakeholder health security investments and activities, on country needs and
 gaps, and on opportunities for collaboration to enhance health security
- Encourage collaboration and synergies through the alignment and harmonization of the efforts
 of the country, donors and partners in order to prepare the strengthening of national capacities
 for prevention, detection and response as well as public health
- Provide a platform for monitoring and tracking the resources for NAPHS implementation and identifying specific technical needs for assistance in completing activities needed to strengthen health security

Results from Working Session and Key Findings

The resource mapping resulted in the mapping of \$2.6 million committed investment in activities within the National Action Plan for Health Security (NAPHS) of Zanzibar (2024-2028), which has been costed at \$19 million.

This represents an initial funding gap of \$17.21 million, which provides a baseline for determining future funding allocations as implementation advances,

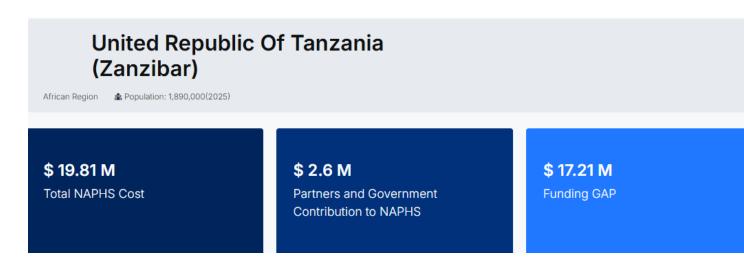
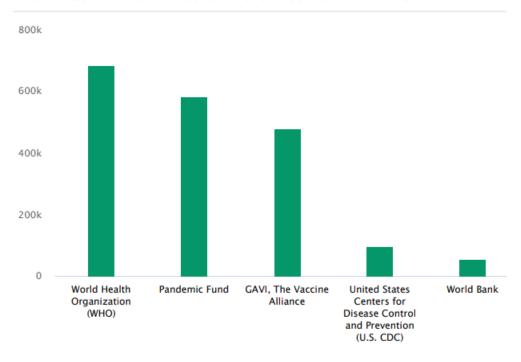


Figure 1: Illustration of the July 2025 mapped funding gap in the Zanzibar NAPHS

The largest direct committed investments in NAPHS activities were mapped in the technical areas of Immunization, where nearly \$1 million was identified as committed to supporting NAPHS activities and Surveillance, with more than \$500,000.

The technical area of Human Resources was identified as having \$307,642 in committed funding for NAPHS activities, while \$251,000 in funding was identified for Antimicrobial Resistance activities in the NAPHS. The major identified supporters of financing for implementation of NAPHS activities in Zanzibar included the World Health Organization, the Pandemic Fund, and GAVI.

Committed Partner and Government Investment in NAPHS



Partners	Investment
World Health Organization (WHO)	\$ 681,339
Pandemic Fund	\$ 581,281
GAVI, The Vaccine Alliance	\$ 478,443
United States Centers for Disease Control and Prevention (U.S. CDC)	\$ 94,539
World Bank	\$ 52,944
Global Fund	\$ 42,122
U.N. Food & Agriculture Organization (FAO)	\$ 35,158
Resolve to Save Lives	\$ 21,900
U.S. Agency for International Development (USAID)	\$ 20,350

Table 1: Illustration of committed funding mapped for the NAPHS by funding source

The table below illustrates the activity cost of each of the 19 technical areas in the NAPHS and the amount of baseline partner and government funding for the activities as identified during the July 2025 resource mapping.

R.2 Linking Public Health and Security Authorities	\$97,221	\$0	\$389
R.3 Health Services Provision	\$104,872	\$0	\$0
R.4 Infection Prevention and Control	\$1,034,504	\$63,707	\$0
R.5 Risk Communication and Community Engagement	\$362,736	\$58,018	\$0
CE. Chemical Events	\$1,621,321	\$0	\$9,167
RE. Radiation Emergencies	\$105,591	\$0	\$45,440
RE. Points of Entry and Border Health	\$1,312,314	\$188,346	\$0

Table 2: Illustration of committed funding mapped for the NAPHS by technical area

Overall Health Security Investments (not limited to the NAPHS)

In addition to the committed funding for the NAPHS as described above, the resource mapping identified nearly \$5 million in overall health security investments in Zanzibar (not limited to the NAPHS).

These investments are ongoing or planned and those not already going to NAPHS have the potential to be re-allocated to support NAPHS with the concurrence of the funding sources.

The largest source of that funding is the Pandemic Fund, with nearly \$1 million in investments mapped. Overall health security investments (not limited to the NAPHS) were mapped from a total of 18 funding sources, including the Government of Zanzibar, GAVI, UN Organizations, CHAI, FHI 360, Resolve to Save Lives, World Bank, the Global Fund, Africa CDC, and others.

Pandemic Fund	\$ 939,746
World Health Organization (WHO)	\$ 843,772
Government of Zanzibar	\$ 788,110
GAVI, The Vaccine Alliance	\$ 480,547
CHAI	\$ 389,105
FHI360	\$ 389,105
ICARS/FAO	\$ 273,248
United Nations Children's Fund (UNICEF)	\$ 188,624
U.N. Food & Agriculture Organization (FAO)	\$ 172,327
United States Centers for Disease Control and Prevention (U.S. CDC)	\$ 135,494
HIPZ/ICARS/WHO	\$ 133,911
World Bank	\$ 73,689
Resolve to Save Lives	\$ 35,000
HISP TZ	\$ 31,128
U.S. Agency for International Development (USAID)	\$ 21,151
Global Fund	\$ 21,012
AMREF	\$ 17,899
Africa Centres for Disease Control and Prevention (Africa CDC)	\$ 17,899

Table 3: Investments in overall health security (not limited to NAPHS) mapped by the identified source of funding.

The largest amount of overall health security investments (not limited to NAPHS) mapped was in the technical area of Antimicrobial Resistance, with m \$1.2 million mapped, followed by Immunization with \$1 million and Health Services Provision with \$864,000.

Technical Areas	Amoun
P4. Antimicrobial Resistance	
P8. Immunization	
R3. Health Services Provision	
D2. Surveillance	
D3. Human Resources	
PoE. Points of Entry and Border Health	
R5. Risk Communication and Community Engagement	
R4. Infection Prevention and Control	
P5. Zoonotic Disease	
R1. Health Emergency Management	
P6. Food Safety	
P7. Biosafety and Biosecurity	
P2. Financing	
P1. Legal Instruments	
P3. IHR Coordination, National IHR Focal Point Functions And Advocacy	
CE. Chemical Events	
D1. National Laboratory System	
R2. Linking Public Health and Security Authorities	

Table 4: Investments in overall health security (not limited to NAPHS) mapped by technical area

More detailed information on the partners and government health security support mapped in the country is included in the Excel and online REMAP dashboards created for Zanzibar, including the details of activities, years of the project, amount of investment, implementing agency (if any), and others. The dashboards also specify which activities require outside expert technical support for implementation.

Key Workshop Recommendations

• Government of Zanzibar to use the REMAP data to inform domestic and international resource mobilization strategies to accelerate health security strengthening in the country;

- Government of Zanzibar to convene a donor coordination forum to discuss the identified financial needs and gaps and the benefits of collaboration and alignment
- NAPHS Coordination team to use the resource mapping tool as a platform to update and monitor the data on financial and technical resources for NAPHS and discuss the results during regular meetings;
- WHO to support Zanzibar to periodically update the resource mapping data, providing any technical assistance necessary to assist country focal points in continuing use of the tool

Next Steps

- REMAP summary results to be shared on the WHO Strategic Partnership for Health Security and Emergency Preparedness Portal (SPH Portal) as a platform for strengthened collaboration and advocacy to advance the implementation of the NAPHS
- WHO will train national focal points in the use and updating of the REMAP tool, providing password-protected access to the online resource mapping tool for Zanzibar
- Zanzibar should periodically update the tool with the assistance of WHO to reflect changes in NAPHS and the resource landscape for health security in the country