Editorial

Surveillance as a governance imperative: Renewing Zambia's commitment to non-communicable disease risk factor monitoring

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Introduction

The capacity to generate timely, representative, and actionable health data is among the most consequential determinants of a nation's ability to respond to its disease burden. In the domain of non-communicable diseases (NCDs), this capacity has historically been constrained across low- and middle-income countries by insufficient surveillance infrastructure, fragmented reporting systems, and the competing prioritisation of acute communicable disease programmes (1). Zambia has not been exempted from these structural challenges. However, the official launch of the country's second World Health Organization (WHO) STEPwise Approach to NCD Risk Factor Surveillance (STEPS) survey in April 2026 represents a meaningful step toward addressing this deficit. The 2026 STEPS survey is a nationally representative study designed to collect data from approximately 5,800 adults aged 18 to 69 years across all ten provinces of Zambia (2). Conducted under the leadership of the Ministry of Health in coordination with the Zambia National Public Health Institute (ZNPHI), and supported technically by the WHO, the survey employs standardised instruments to assess behavioural risk factors, physical measurements, and biochemical indicators. Its value lies not only in the data it will generate, but in the institutional commitment it represents that evidence, rather than assumption, must underpin Zambia's NCD response.

What the First Survey Told Us

The 2017 STEPS survey, the first nationally representative assessment of NCD risk factors in Zambia, documented a substantial and multifaceted burden. Insufficient fruit and vegetable consumption was reported in 90.4 percent of respondents. The prevalence of overweight and obesity stood at 24.4 percent, while hypertension and diabetes were recorded at 18.9 percent and 6.2 percent, respectively. Notably, 48.2 percent of respondents carried two to three concurrent risk factors, and 10.4 percent carried four or more, underscoring the compounding nature of NCD vulnerability within the population (3,4).

The survey further elucidated significant sociodemographic patterning in risk factor distribution. Urban residents were 71 percent more likely than their rural counterparts to carry multiple risk factors, reflecting the epidemiological transition accompanying rapid urbanisation. Women demonstrated a 24 percent higher likelihood than men of accumulating a greater number of risk factors, and adults aged 50 to 69 years were 3.58 times more likely than those aged 18 to 34 to present with a high risk factor burden(4). These gradients are not incidental; they define the populations and settings toward which targeted interventions must be directed.

Nine Years On: Why the 2026 Survey Matters

With NCDs currently accounting for approximately 30 percent of all deaths in Zambia, the public health imperative for updated surveillance data is unambiguous (2). A single cross-sectional survey can establish baseline prevalence, but only a repeat survey can reveal trends in risk exposure and disease outcomes over time. Between 2017 and 2026, Zambia has undergone marked demographic and socioeconomic shifts, including rapid urbanisation, changes in dietary composition, and the proliferation of novel tobacco and nicotine delivery products such as e-cigarettes and shisha.

For example, the 2017 STEPS survey found that 19 percent of adults aged 18 to 69 years had raised blood pressure, 24 percent were overweight or obese, 10 to 11 percent were current daily tobacco users, and more than 90 percent consumed fewer than five servings of fruits and vegetables per day (3). Whether these transitions have intensified clustering of risk factors or have shifted the NCD risk profile in other directions cannot be determined without the comparative lens that a follow-up survey in 2026 will provide.

The timing of this issue relative to World No Tobacco Day, observed annually on 31 May, affords an opportunity to draw specific attention to tobacco and nicotine use as a priority NCD risk factor. This year's WHO campaign theme, Unmasking the Appeal: Countering Nicotine and Tobacco Addiction, addresses the deliberate design of emerging nicotine products to attract new users and circumvent established regulatory frameworks (5). In the context of Zambia, where the 2017 survey documented a daily tobacco use prevalence of 10.7 percent among adults, the trajectory of this indicator over the intervening nine years carries direct implications for national cancer, cardiovascular, and respiratory disease programmes (2,3).

The Governance Imperative

The 2026 STEPS survey is positioned at a critical juncture in Zambia's health planning cycle. The National Health Strategic Plan 2022 to 2026 identified NCD prevention and control as one of five strategic health priorities (4). As the terminal year of that plan approaches, the availability of updated risk factor data is essential to any credible evaluation of progress against stated targets. In the absence of such data, the design of the subsequent strategic cycle risks being informed by epidemiological assumptions that no longer accurately reflect population health status.

ZNPHI's coordination of the 2026 survey reflects the institution's evolving mandate as the analytical and scientific authority within Zambia's public health system. The translation of surveillance outputs into policy-relevant intelligence, encompassing the identification of priority risk factors, the characterisation of at-risk populations, and the monitoring of programme effectiveness, lies at the core of this mandate. The STEPS survey is an opportunity to demonstrate the operational and analytical capacity of this architecture at national scale.

A Call for Timely Dissemination

The value of any surveillance exercise is ultimately determined not by the quality of its data collection but by the speed and breadth of its dissemination. Zambia's public health community, its clinicians, programme managers, district health officers, and community health workers, cannot act on findings they have not seen. It is therefore essential that the results of the 2026 STEPS survey are shared widely, accessibly, and without unnecessary delay.

This publication, The Health Press, is one vehicle for that dissemination. When survey findings become available, we commit to communicating them clearly and contextually to our readership across Zambia's health system. Numbers without narrative serve only statisticians. Our task, as a public health bulletin, is to ensure that every figure from the STEPS survey carries with it the human context and programmatic implication that gives it meaning.

NCDs do not announce themselves at the border. They accumulate quietly, in the pantry and the cigarette, in the sedentary commute and the unmeasured blood pressure. Zambia has chosen, with the 2026 STEPS survey, to go looking for them systematically. That is the right instinct. What we do with what we find will define the NCD response of the next decade.

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