

NOTIFICATION

Dated Aizawl, the 14th October, 2026

Subject: Strengthening One Health Governance in Mizoram

Mizoram, often referred to as the "Land of the Hill People," stands out for its rich biodiversity and unique geographical features, sharing borders with Bangladesh, Myanmar, and neighbouring Indian states. With nearly 89% of its area under forest cover, Mizoram is home to diverse flora and fauna, including 2,358 plant species, 1,440 animal species, and 252 varieties of orchids. However, its natural beauty is juxtaposed with significant challenges arising from the interconnection of human, animal, and environmental health.

The state's extensive biodiversity and dense forests create conditions conducive to zoonotic diseases such as scrub typhus and leptospirosis, which have seen alarming increases in recent years. Re-emergence of zoonotic diseases like Nipah, Monkeypox, Zika, etc. could become a public health threat to the state in future if necessary action is not taken. Emerging vector-borne diseases like dengue and endemic conditions like malaria highlight the need for robust, climate-sensitive health interventions. Furthermore, the impact of environmental changes, such as air pollution, heat and cold waves, unpredictable rainfall patterns, and deforestation, exacerbates vector-borne disease transmission and disrupts ecosystems.

As identified during the One Health Prioritization Workshop held at ICMR NIE, Chennai from 8-11th September 2026, the top-priority zoonotic diseases include Rabies, Dengue, Japanese encephalitis, Salmonellosis, Zoonotic avian influenza, Leptospirosis, Scrub typhus, and Zoonotic tuberculosis, which are currently, or may become, significant zoonotic concerns in the near future.

The COVID-19 pandemic underscored the interconnectedness of human, animal and environmental health systems, with Mizoram experiencing severe economic and public health impacts.

Mizoram's livestock and wildlife sectors face persistent threats from diseases like African Swine Fever (ASF), Peste des Petits Ruminants (PPR), Foot-and-Mouth Disease (FMD), and Avian Influenza. These outbreaks not only endanger food security and livelihoods but also pose risks of zoonotic spillovers. Cross-border animal movement and limited veterinary infrastructure further amplify these vulnerabilities.

Environmental degradation from jhum cultivation, deforestation, and forest fires has contributed to biodiversity loss, air and water pollution, and increased vulnerability to climate-related disasters such as floods and landslides. The rise of antimicrobial resistance (AMR) in both humans and animals adds another layer of complexity, threatening food safety and public health through resistant pathogens in healthcare settings, livestock, and the environment.

The One Health framework offers a pathway to address these issues holistically by leveraging the interdependence of human, animal, and environmental health. Adopting this approach is essential for Mizoram to strengthen zoonotic disease control, combat AMR, ensure food safety, and mitigate climate-sensitive health risks. The Government of Mizoram recognizes the critical need for coordinated action and multi-sectoral collaboration to safeguard the health of its people, animals, and ecosystems and decided to form various levels of One Health Committee as per "Strengthening One Health Governance in States and Union Territories".

Therefore, in the interest of public service, the competent authority is pleased to constitute One Health Committees as shown below along with the following Composition and Term of Reference with immediate effect and until further order:

One Health Executive Committee:

1. Chief Secretary to the Govt. of Mizoram - **Chairman**
2. Commissioner or Secretary, Department of H&FW - **Member Secretary**
3. Commissioner or Secretary, Department of Animal Husbandry & Veterinary
4. Commissioner or Secretary, Department of Environment, Forest & Climate Change
5. Commissioner or Secretary, Department of Agriculture & Farmers Welfare
6. Commissioner or Secretary, Planning and Programme Implementation Department
7. Commissioner or Secretary, Finance Department
8. Commissioner or Secretary, Rural Development and Administration Department
9. Commissioner or Secretary, Department of Urban Development & Poverty Alleviation
10. Commissioner or Secretary, Department of Disaster Management & Rehabilitation
11. Commissioner or Secretary, Public Health Engineering Department
12. Commissioner or Secretary, Information & Public Relations Department
13. Commissioner or Secretary, School Education Department
14. Commissioner or Secretary, Home Department
15. Commissioner or Secretary, Fisheries Department
16. Chairman, State Pollution Control Board
17. Principal Director, Department of H&FW
18. Dean, College of Veterinary Sciences & Animal Husbandry, Selesih
19. Director, Zoram Medical College
20. Regional Director, Health and Family Welfare, Imphal, Manipur
21. Mission Director, National Health Mission
22. State Nodal Officer, One Health Mizoram
23. Special Invitees (Field experts, Academicians, Consultants, NGO/Church-Based Organisation/Private partners etc.)

Terms of Reference:

1. **Policy Guidance & Strategic Vision:** To provide overarching policy direction and define the strategic vision for One Health initiatives within the State/UT, ensuring coherence with national objectives and priorities.
2. **Policy Decisions & Resource Allocation:** To facilitate informed policy decisions on the planning, resourcing, and administration of One Health programmes, including interdepartmental coordination and operational frameworks.
3. **Integrated Monitoring and Surveillance for prevention of disease outbreak:** To strengthen multisectoral surveillance by guiding and endorsing the use of integrated platforms such as an Integrated Disease Surveillance Program (IDSP) for One Health (IDSP-OH), National Digital Livestock Mission (NDLM), NADRES, and National Referral Centre-Wildlife (NRC-W) as the basis for a coordinated, collaborative system.
4. **Collaborative Governance & Accountability:** To promote effective mechanisms for collaborative governance, supporting intersectoral ownership, clarity of roles, and accountability across all participating departments and institutions.
5. **Report and Progress Monitoring:** To review and monitor the progress of the Intersectoral Steering Committee and to review and endorse the Annual or Biennial State/UT One Health Report.
6. **Regional Collaboration:** To facilitate the establishment of inter-state linkages with neighbouring States/UTs to support coordinated management of One Health challenges across the region.
7. The Chair retains the authority to co-opt additional domain or field experts and consultants in areas such as biosecurity, epidemiology, infectious disease, and general One Health principles as Special Invitees to the Committee.
8. The Committee is suggested to convene annually; however, the frequency of meetings may be increased as needed, particularly during public health emergencies, cross-border threats, or situations requiring strengthened intersectoral coordination.

One Health Intersectoral Steering Committee:

1. Commissioner or Secretary, Department of H&FW, **Chairman**
2. Commissioner or Secretary, Department of Animal Husbandry & Veterinary
3. Commissioner or Secretary, Department of Environment, Forest & Climate Change
4. Commissioner or Secretary, Department of Agriculture & Farmers Welfare
5. Commissioner or Secretary, Department of Urban Development & Poverty Alleviation
6. Commissioner or Secretary, Planning and Programme Implementation Department
7. Commissioner or Secretary, Finance Department
8. Commissioner or Secretary, Rural Development and Administration Department
9. Commissioner or Secretary, Department of Disaster Management & Rehabilitation
10. Commissioner or Secretary, Public Health Engineering Department
11. Commissioner or Secretary, Information & Public Relations Department
12. Commissioner or Secretary, School Education Department
13. Commissioner or Secretary, Home Department
14. Commissioner or Secretary, Fisheries Department
15. Chairman, State Pollution Control Board
16. Principal Director, Department of H&FW
17. Engineer-in-Chief, Public Health Engineering Department
18. Director, DHME, Department of H&FW
19. Director, DHS, Department of H&FW
20. Dean, College of Veterinary Sciences & Animal Husbandry, Selesih
21. Director, Zoram Medical College & Hospital
22. Regional Director, Health and Family Welfare, Imphal, Manipur
23. Director, Department of Animal Husbandry & Veterinary
24. Chief Wildlife Warden, Department of Environment, Forest & Climate Change
25. Director, Department of Agriculture & Farmers Welfare
26. Director, Department of Urban Development & Poverty Alleviation
27. Director, Planning and Programme Implementation Department
28. Director, Finance Department
29. Director, Rural Development and Administration Department
30. Director, Department of Disaster Management & Rehabilitation
31. Director, Information & Public Relations Department
32. Director, School Education Department
33. Director, Fisheries Department
34. Mission Director, National Health Mission, **Member Secretary**
35. Director, AYUSH, H&FW Department.
36. State Nodal Officer, One Health Mizoram
37. Special Invitees (Field experts, Academicians, Consultants, NGO/Church-Based Organisation/Private partners etc.)

Terms of Reference:

1. **Strategic Oversight:** To monitor the overall progress of One Health-related activities across the State/UT and to define the roles and responsibilities of essential and supportive government departments involved in the implementation process.
2. **Facilitating Collaboration:** To lead and promote effective coordination and convergence among all relevant departments for the implementation of One Health initiatives, ensuring alignment with national and State/UT-level priorities.
3. **Integrated Surveillance:** Provide operational direction for establishing and strengthening integrated surveillance systems across sectors. This includes facilitating the adoption of platforms for coordinated data collection, validation, and joint analysis, thereby enabling timely detection of hotspots and evidence-based response.
4. **Data Integration:** To identify key scientific focus areas and use a state dashboard-supported data-driven approach that brings together information from different sectors to enable a coordinated response to health threats, ensuring cybersecurity norms.

5. **Integrated Reporting & Review:** To finalise the annual Integrated One Health Surveillance Reports submitted by the State One Health Unit, including State-specific priority lists of identified health conditions of concern. To review and monitor by providing directions to the State One Health Unit for the implementation of one health-related activities in the state.
6. **Action & Outcome Monitoring:** To assess departmental inputs, recommend evidence-based actions including research collaborations and to monitor implementation outcomes and impacts across sectors.
7. **Initiate and organize inter-state workshops:** To support the exchange of knowledge and strategies, thereby promoting harmonized and effective implementation of the One Health approach across the region.
8. The Chair may, as deemed appropriate, co-opt domain experts or consultant field specialists as Special Invitees to the Committee. The Committee is suggested to convene annually, or more often if required, to ensure timely review and decision-making.
9. The Member Secretary of the Intersectoral Committee will be responsible for supporting the evaluation of One Health strategies and guiding their implementation at the State/UT level in accordance with the Committee's directions.

State One Health Unit/Technical Working Group:

1. Mission Director, NHM Mizoram, **Chairman**
2. SNO, One Health, Department of Health & Family Welfare – **Member Secretary**
3. Medical Superintendent, Zoram Medical College & Hospital
4. Joint Director/Deputy Director, Department of Animal Husbandry & Veterinary
5. Joint Director/Deputy Director, Department of Agriculture & Farmers Welfare
6. Joint Director/Deputy Director, Urban Development & Poverty Alleviation
7. Joint Director/Deputy Director, Rural Development and Administration Department
8. Joint Director/Deputy Director, Department of Disaster Management & Rehabilitation
9. Sr. Executive Engineer/Executive Engineer, Public Health Engineering Department
10. Joint Director/Deputy Director, Information & Public Relations Department
11. Joint Director/Deputy Director, School Education Department
12. Joint Director, Food and Drug Administration
13. Joint Director/Deputy Director, Fisheries Department
14. Joint Director, AYUSH, H&FW Department.
15. Special Invitees (Field experts, Academicians, Consultants, NGO/Church-Based Organisation/Private partners etc.)

Terms of Reference:

1. **Expert Guidance and Committee Adherence:** To provide technical inputs and guidance in alignment with the agreed roles and responsibilities of the respective departments, and to support the implementation of activities in accordance with directions issued by the Executive and Intersectoral Committees. The Unit shall also be responsible for tracking One Health-related compliance across administrative tiers.
2. **Implementation and Review:** To facilitate effective communication and coordination across departments, support the operationalization of defined departmental responsibilities, and oversee the implementation of One Health activities at the district level in collaboration with relevant authorities.
3. **Annual One Health Reporting:** To compile and submit an Annual Integrated One Health Surveillance Report detailing the status of State prioritized health conditions (e.g., zoonotic diseases, antimicrobial resistance), and to prepare a broader State One Health Report summarizing major achievements, challenges, and emerging priorities for review and endorsement by the State Executive and Intersectoral Committees.
4. **Secretariat Support:** To serve as the Secretariat to the State Executive and Intersectoral Committees, including preparing and submitting meeting agendas, technical assessments, reports, and follow-up documentation required for effective functioning.

District Level One Health Unit:

1. Deputy Commissioner/District Magistrate, **Chairman**
2. Sr. Chief Medical Officer/Chief Medical Officer, **Member Secretary**
3. Sr. Medical Superintendent / Medical Superintendent, District Hospital
4. Project Director, District Rural Development Office
5. Superintending/Executive Engineer, PHED
6. District Animal Husbandry & Veterinary Officer
7. Divisional Forest Officer
8. District Agriculture Officer
9. District Education Officer
10. District Fisheries Development Officer
11. Representatives from Municipal Corporation (in Aizawl/Lunglei and other districts)
12. Special Invitees (Field experts, Academicians, Consultants, NGO/Private partners, etc.)

Terms of Reference:

1. **Local Implementation and Coordination:** To ensure effective implementation of One Health activities at the district level and facilitate coordination across the human, animal, and environmental sectors.
2. **Action Plan Implementation:** To oversee and monitor the timely and effective implementation of the State/UT One Health Action Plan within the district.
3. **Resource Convergence:** To facilitate convergence and optimal utilization of departmental resources and budgets allocated for One Health activities within the district.
4. **District One Health Reporting:** To consolidate departmental inputs and performance data into a unified District One Health Report for submission to the State/UT One Health Unit.
5. **Strengthening Bottom-Up Mechanisms:** To establish and maintain robust reporting, review, and monitoring mechanisms originating from Block-level and Local Self Government (LSG) Committees.
6. **Data Sharing and Surveillance:** To ensure the immediate and seamless sharing of critical surveillance data among district health, animal husbandry, and forest authorities, particularly during outbreak investigations.
7. **Local Risk Assessment:** To review and prioritize local health risks using available surveillance data and ecological vulnerability information (e.g., flood-prone areas, regions with intensive livestock production).
8. **Rapid Response Coordination:** To coordinate the deployment of District-level Rapid Response Teams—comprising human, animal, and environmental health experts—for integrated field investigation of suspected outbreaks.
9. **Risk Communication:** To oversee public risk communication efforts within the district, ensuring accurate, consistent messaging across all sectors to prevent panic and promote appropriate community action.

Block-level One Health Committee:

1. Block Development Officer, **Chairman**
2. Sr.MO/Medical Officers within the block – **Member Secretary**
3. Veterinary Officer
4. Block Agriculture Officer
5. Forest Ranger
6. Village Council Chairman of different localities
7. YMA Presidents of different localities
8. Special Invitees (Local technical experts, church leaders, and practitioners)

Terms of Reference:

1. **Local Implementation and Coordination:** To ensure effective implementation of One Health activities at the block level and facilitate coordination across human, animal, and environmental sectors.
2. **Reporting Structure:** To report to the District One Health Committee and ensure alignment with district-level priorities and directions.
3. **Action Plan Implementation:** To oversee and monitor the timely and effective implementation of the State/UT One Health Action Plan within the block.
4. **Resource Convergence:** To facilitate convergence and optimal utilization of departmental resources and budgets allocated for One Health activities within the block.
5. **Block One Health Reporting:** To consolidate departmental inputs and performance data into a unified Block One Health Report for submission to the District One Health Committee.
6. **Strengthening Bottom-Up Mechanisms:** To establish and maintain robust reporting, review, and monitoring mechanisms originating from Local Self Government (LSG) Committees.
7. **Risk Communication:** To oversee block-level public risk communication efforts, ensuring accurate and consistent messaging across sectors to support appropriate community action and prevent misinformation.

I. Local Self Government One Health Committee:

1. Chairman, Local Council/President, Village Council - **Convener**
2. Representative from Human Health Sector (HWO/ANM/ASHA)
3. Representative from Animal Health Sector (VFA/A-HELP)
4. Representative from Woman and Child Development (Anganwadi)
5. Representative from NGOs
6. Special Invitees (Local subject matter expert, Private partners)

Terms of Reference:

1. **Local Prioritization and Action:** To identify, prioritize, and address One Health challenges specific to the local context (e.g., solid waste management issues, vector proliferation, stray animal concerns, high-risk human-animal interactions).
2. **Community Awareness and Capacity Building:** To anchor community-level awareness activities and coordinate training efforts for grassroots stakeholders—such as ASHA, A-HELP, and other community workers to build capacity in basic disease recognition, hygiene promotion, and early reporting.
3. **Early Detection and Reporting:** To facilitate the timely identification and bottom-up reporting of unusual health events in humans or animals to the Block or District One Health Committees.
4. **Local Intersectoral Solutions:** To develop and implement micro-level, intersectoral solutions for locally identified challenges, such as coordinating municipal clean-up efforts with animal vaccination campaigns or environmental health interventions.
5. **Stakeholder Coordination:** To ensure the roles and responsibilities of all participating stakeholders are clearly defined, documented, and communicated to foster transparency, coordination, and accountability at the grassroots level.
6. **Annual Review:** To conduct an annual review of identified issues and actions taken, and revise focus areas as needed based on emerging risks and evolving community needs.

Sd/- LALZARMAWIL, IAS

Commissioner & Secretary to the Govt. of Mizoram
Health & Family Welfare Department

Memo No. M-36012/6/2026-HFW

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Dated Aizawl, the 14th October, 2026

Copy to :-

1. P.S to Minister, H&FW Department
2. All Administrative Head of Departments, Govt. of Mizoram.
3. All Heads of Department, Govt. of Mizoram for dissemination to sub-ordinate offices.
4. Principal Director, H&FW Department.
5. Director of Health Services, Mizoram.
6. Director of Hospital & Medical Education, Mizoram.
7. Director of Zoram Medical College & Hospital.
8. Mission Director, National Health Mission, Mizoram.
9. Joint Director of Nursing, Mizoram.
10. Joint Director in-charge AYUSH, Mizoram.
11. Persons concerned
12. Website manager, DHS (H&FW Deptt.) for uploading on the website.
13. Guard file.

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(Dr. LALRINFELA H)

Under Secretary to the Govt. of Mizoram
Health & Family Welfare Department