EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 3

to the Commission Implementing Decision on the financing of the multiannual action plan for the thematic programme on Global Challenges (People) for 2022-2024

Action Document for Health System Strengthening for Universal Health Coverage (UHC) Programme – Phase V (2023-2026)

ANNUAL PLAN

This document constitutes the annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1.1 SYNOPSIS

1.2 ACTION SUMMARY TABLE

1. Title **CRIS/OPSYS business reference** **Basic Act**	Health System Strengthening for Universal Health Coverage (UHC) Programme – Phase V (2023-2026) [OPSYS/CRIS] number: ACT-61047 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	No
3. Zone benefiting from the action	Global action.
4. Programming document	NDICI Global Challenges Multiannual Indicative Programme (MIP) 2021-2027
5. Link with relevant MIP(s) objectives / expected results	This action will contribute particularly to the specific objectives 1 (Health), 3 (Gender Equality) and 4 (Youth & children) of the People's chapter of the MAAP on Global Challenges, and in particular to the following three results: • Result 1: reinforced global initiatives, including support for global funds that are **key enablers of universal health coverage**, to improve financial risk protection and access to quality essential healthcare services, safe, effective, quality and affordable essential medicines and vaccines for all. • Result 2: improved global health security through communicable disease surveillance, research, and control, translating knowledge into **policies that tackle the changing disease burden**. • Result 3: accelerated progress towards **universal access to basic health services**, including immunisation and sexual and reproductive healthcare.

<table>
<tr><th colspan="5">PRIORITY AREAS AND SECTOR INFORMATION</th></tr>
<tr><td>6. Priority Area(s), sectors</td><td colspan="4">120 - Human Development – Health</td></tr>
<tr><td>7. Sustainable Development Goals (SDGs)</td><td colspan="4">Main SDG:
SDG 3: Good Health and Well-being
Other significant SDGs:
SDG 1: No poverty,
SDG 2: Zero hunger,
SDG 4: Quality Education,
SDG 5: Gender equality
SDG 8: Decent work and economic growth,
SDG 10: Reduced inequalities
SDG 16: Peace, justice and strong institutions
SDG 17: Partnerships for the Goals</td></tr>
<tr><td>8 a) DAC code(s)</td><td colspan="4">12110 Sector: Health policy and administration management</td></tr>
<tr><td>8 b) Main Delivery Channel</td><td colspan="4">The World Health Organization</td></tr>
<tr><td>9. Targets</td><td colspan="4">☐ Migration
☐ Climate
x Social inclusion and Human Development
x Gender
☐ Biodiversity
☐ Education
☐ Human Rights, Democracy and Governance</td></tr>
<tr><td rowspan="12">10. Markers (from DAC form)</td><td>General policy objective @</td><td>Not targeted</td><td>Significant objective</td><td>Principal objective</td></tr>
<tr><td>Participation development/good governance</td><td>☐</td><td>☐</td><td>x</td></tr>
<tr><td>Aid to environment @</td><td>☐</td><td>x</td><td>☐</td></tr>
<tr><td>Gender equality and women’s and girl’s empowerment</td><td>☐</td><td>x</td><td>☐</td></tr>
<tr><td>Trade development</td><td>x</td><td>☐</td><td>☐</td></tr>
<tr><td>Reproductive, maternal, new-born and child health</td><td>☐</td><td>x</td><td>☐</td></tr>
<tr><td>Disaster Risk Reduction @</td><td>☐</td><td>x</td><td>☐</td></tr>
<tr><td>Inclusion of persons with Disabilities @</td><td>☐</td><td>x</td><td>☐</td></tr>
<tr><td>Nutrition @</td><td>☐</td><td>x</td><td>☐</td></tr>
<tr><td>RIO Convention markers</td><td>Not targeted</td><td>Significant objective</td><td>Principal objective</td></tr>
<tr><td>Biological diversity @</td><td>x</td><td>☐</td><td>☐</td></tr>
<tr><td>Combat desertification @</td><td>x</td><td>☐</td><td>☐</td></tr>
</table>

	Climate change mitigation @	x	☐	☐
	Climate change adaptation @	☐	x	☐
11. Internal markers and Tags:	**Policy objectives**	**Not targeted**	**Significant objective**	**Principal objective**
	Digitalisation @	x	☐	☐
	digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	x ☐ x x ☐	☐ x ☐ ☐ x	
	Connectivity @	x	☐	☐
	digital connectivity energy transport health education and research	x x x x x	☐ ☐ ☐ ☐ ☐	
	Migration @ (methodology for tagging under development)	x	☐	☐
	Reduction of Inequalities @ (methodology for marker and tagging under development)	☐	x	☐
	Covid-19	☐	☐	x
BUDGET INFORMATION				
12. Amounts concerned	Budget line(s) (article, item): 14.020240 – Global Challenges People **Total estimated cost for 2023-2026**: EUR 141 625 000 **EU budget contribution:** EUR 64 000 000 The contribution is for an amount of EUR 64 000 000 from the general budget of the European Union for 2023, subject to the availability of appropriations for the respective financial years following the adoption of the relevant annual budget, or as provided for in the system of provisional twelfths. The action is co-financed in parallel by other public and private donors. It is expected that all funders of the UHC-P program maintain their current level of commitment for the new phase (2023-2026) currently at EUR 77 625 000 from the following donors: - Belgium with an amount of EUR 4 000 000[1] - Canada with an amount of EUR 22 500 000 - Germany with an amount of EUR 2 000 000			

[1] On top of the one-off funding to UHC-P in 2020 in support of Palestine, Belgium continues to fund UHC and Health System Strengthening via thematic core funding to WHO at 1.7 mn EUR annually from 2021 to 2024

	- Ireland with an amount of EUR 4 125 000 - Japan with an amount of EUR 12 500 000 - Luxembourg with an amount of EUR 28 800 000 - Various private donors with an amount of EUR 3 700 000
MANAGEMENT AND IMPLEMENTATION	
13. Type of financing	**Indirect Management through the World Health Organization**

1.3 Summary of the Action

Context and background

The EU has a longstanding track record of supporting partner countries to strengthen their national health systems to achieve universal health coverage (UHC) by 2030 in collaboration with several partners, pivotal amongst them the WHO. From 2022 onwards, the EU will strengthen these efforts in more than 115 countries, through one common programme funded by one source: the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe).

This action defines the continuation of the contribution to the WHO to ensure that the results achieved in the earlier phases of the UHC-Partnership Programme since 2011 and in particular, the lessons learned during the SARS-CoV-2 pandemic are utilised and integrated into **'building back better' health systems**. National governments will be supported to sustainably strengthen their health systems with the aim to reach UHC and be better prepared for the next pandemic. The fifth phase of the UHC Partnership will prioritise expansions only to countries where health or health related topics are supported by the EU or where it is a focal sector during the funding period 2021-2027, and countries with health programmes funded through the EU Emergency Trust Fund and/or the MADAD Fund for Syrian Refugees.

The priority areas for support of this action are:

(1) strengthening national health systems through improving **governance** and development partner coordination.

(2) strengthening national health systems to strategically analyse the **disease burden** of the population with particular emphasis on vulnerable groups and respond appropriately at all levels through well integrated curative and preventive health services of good quality to control infectious disease, prevent and manage non-communicable diseases (NCDs) including nutritional disorders and, to ensure sexual and reproductive health and rights within the limits of available national and international financing.

(3) facilitating a comprehensive **policy dialogue** at country level which will include all stakeholders to develop national health strategies and plans and aiming at strengthening the principles of aid effectiveness e.g. by supporting the International Health Partnership for UHC 2030.

The expected outcome of the action is to strengthen health systems in partner countries contributing to reach universal health coverage. This is achieved through targeted activities related to each of the six WHO health systems building blocks:

1. health financing,
2. health workforce,
3. access to medicines,
4. governance and strategic planning,
5. service delivery and,
6. monitoring and evaluation systems.

The outputs of the action are designed following the structure of these six building blocks.

Particular attention will be paid to ensuring that cross-cutting issues such as gender, human rights and climate change adaptation are systematically taken into account in this action and mainstreamed throughout the activities of the action. The action will pay particular attention to fragile and conflict-affected states (FCAS), and will support the most vulnerable populations by tailoring its support to the needs and possibilities existing in a given situation/country, applying the FIT approach (Foundation, Institution, Transformation) strategy elaborated by WHO in the 13th General Programme of Work. The ongoing Covid-19 pandemic and the post-Covid-19 recovery period ('building back better' phase), are posing both a thread and an opportunity for Health System Strengthening for UHC. Appropriate measures will be put in place to mitigate risks and utilise chances.

2 RATIONALE

2.1 Context

Global support for UHC gathered momentum with the unanimous adoption by the UN General Assembly, of Resolution A/67/L36 (2012) on global health and foreign policy, emphasizing **health as an essential element of international development** and urging governments to move towards providing all people with access to affordable, quality health-care services. Since January 2016, the SDGs have provided guidance to international development efforts and declared the internally agreed goal to ensure healthy lives and promote wellbeing for all at all ages. SDG 3.8 enshrines UHC, 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.

UHC also has important inter-connections with social protection systems, which often facilitate access to basic social services including access to health care services for poor and marginalised population groups, and act as an important enabler for UHC and other SDGs. UHC aims at combating poverty, reducing inequalities and preventing social exclusion.

As the burden of disease shifts in many partner countries, existing NCDs and the emerging NCDs must be firmly integrated into the path to UHC. Investments in prevention and control of NCD offer a high return for countries at all income levels contributing substantially to long-term economic growth. E.g. for diabetes, the WHO has established that the number of people with diabetes has nearly quadrupled since 1980. Prevalence is increasing worldwide, particularly in low- and middle-income countries[2]. SDG 3 commits UN Member States to develop ambitious national responses to reduce, by 2030, premature mortality from NCDs by one third e.g. through prevention and treatment programs for hypertension and diabetes and the implementation of the WHO Framework Convention on Tobacco Control. The EUs own program to reduce the burden of NCDs and improve the citizens' health and well-being - 'Healthier Together – EU non-communicable diseases Initiative' - might in this regard provide relevant linkages and experiences.

The WHO's overall mission is identified in the Global Programme of Work (13th GPW) 2019-2023 and is three-fold: (i) promote health, (ii) keep the world safe and (iii) serve the vulnerable. The GPW identifies 'strategic shifts' in how WHO will work and the actions the Organization will take to pursue the goals of UHC, health security and better health. These actions comprise health systems strengthening (HSS) interventions to sustainably drive public health impact in every region and country.

The EU is a lead contributor and player in global health. In line with the 2010 Communication and Council Conclusions on 'the EU role in Global Health', and the 2017 European Consensus on Development[3] the EU pursues a rights-based approach to health. The EU's support to health programmes

[2] Diabetes (who.int)
[3] European Consensus on Development | International Partnerships (europa.eu)

is provided through a range of EU instruments, including geographic programmes, contributions to Global Initiatives and UN organisations, and grants to Civil Society Organisations.

This action is substantiating the new Global Gateway strategy of the EU, a strategy to boost smart, clean and secure links in digital, energy and transport sectors and to strengthen health, education and research systems across the world. The multilateral approach and strong focus on deliverables improving the quality of people's lives the action is a good example of the EUs value-driven, high-standard and transparent partnership approach.

This action is also in line with the Digital for Development Staff Working Document and the strategy expressed in the D4D Hub which was launched in December 2020 by the President of the European Commission, Ursula von der Leyen, European Heads of States and D4D Hub partners. The D4D Hub serves as a strategic multi-stakeholder platform that fosters digital cooperation between the Team Europe and its global partners in the wake of the COVID-19 pandemic.[4]

Since 2011 the European Union supports the WHO through the UHC-Partnership[5] currently in 115 countries in Africa, Asia, LAC and Europe[6], strengthening the organisations mandate and convening role with the aim to strengthen countries' health systems through its building blocks, advancing countries capacities for the development and implementation of National Health Policies, Strategies and Plans. The implementation will be based on specific country level needs as identified in the national health policies, strategies and plans and in the health sector policy dialogue and monitoring related to its implementation, including the Covid-19 pandemic imposed adaptations. In particular in fragile and conflict affected states, the WHO applies its FIT Strategy, tailoring its policy support to institutions at sub-national level according to feasibility and suitability. This has yielded good results, as the feedback from countries (e.g. Yemen, Sudan, Mali) has demonstrated.

The action will be carried out in close cooperation with other EU Member States (Belgium, France, Germany, Ireland and Luxembourg) in a Team Europe approach contributing substantially to the UHC-Partnership supplemented by non-EU countries (Canada, Japan and the United Kingdom). This action strives at ensuring that the recommendations of the International Health Partnership for UHC 2030 are reaching country level action plans and discussions and that experiences are fed back. UHC2030 is the UHC umbrella organisation to coordinate and align external resources and players - while respecting that the principles of effective development cooperation in aid dependant countries are maintained and strengthened.

The UHC-Partnership has helped during its previous phases (phase I-IV) to strengthen health systems, to emphasize the relevance of strong and resilient health systems and will continue integrating lessons learned from the Covid-19 pandemic to build back better as supported by this new phase described in the document. The programme will primarily contribute to achieving SDG 3 but has also significant impact on other SDGs (1, 2, 4, 5, 8, 10, 16, 17). Among the countries, which have benefitted in previous phases from this programme, several countries belong to the group of fragile and conflict affected states (FCAS).

This action – constituting the 5th Phase of the UHC-Partnership – prioritises expansion only to those countries where health is an EU focal sector or where health related programmes are implemented as well as those countries, which receive funding from the EU Emergency Trust Fund for Africa or from the EU Regional Trust Fund in Response to the Syrian Crisis, the MADAD Fund. Additionally on countries,

[4] Home - d4dhubdev
[5] Universal Health Coverage Partnership (uhcpartnership.net)
[6] This includes also Neighbourhood countries like Ukraine and Moldova.

where TEIs will support specific health related actions e.g. access to vaccines, diagnostics and therapeutics or the One Health agenda. With this action, the EU will continue its successful cooperation with WHO based on the 13th GPW and monitored with the new WHO Results Framework.

This action will build on the lessons learned of the ongoing 4th Phase of the HSS for UHC Programme and incorporate the recommendations of the Results Oriented Monitoring (ROM) mission conducted in late 2021: the action will link the work of the WHO on the ground in its country offices with the coordinating role of the WHO regional structures and its technical capacities at headquarters; and connect better the political structures of the UHC-Partnership funders with stakeholders at national level (e.g. EUD and embassies). The proposed action aims to address in particular the growing burden of NCDs including nutritional disorders in light of a continuous threat of existing and emerging infectious diseases in partner's countries. This action will also support the transformation of health systems through digital health components based on the priorities identified by partner countries.

The action will continue to back the WHO with a more structured and formal coordination mechanism, which has commenced in 2018 with the first Steering Committee meeting, and is since then conducted bi-annually. The WHO has established the Steering Committee to ensure complementarity of donor programmes supporting Health Systems Strengthening (HSS) for UHC (Belgium, Germany Luxembourg, Ireland, France, the EU, Canada, the United Kingdom and Japan which jointly fund the UHC-Partnership programme).

At global level the programme (phases I-IV) has co-funded the Secretariat of the International Health Partnership+. The EU actively engaged as board member to advance donor coordination and the aid effectiveness agenda and has played an active role in the transition of the IHP+ to the UHC2030 Alliance taking into account the broader partnership required to advance the 2030 Agenda and achieve the SDG goals.

A special focus of the programme has been and will be the inclusion of gender equality into the programme. The UHC-Partnership puts emphasis at national level on inclusion, participation and equality. The EU has funded - and will continue to do - the health security agenda which was included in the UHC-Partnership programme from 2020 onwards, playing an active role in incorporating pandemic prepared-ness at country level as part of health system strengthening in response to the Covid-19 pandemic.

2.2 Problem Analysis

Poverty and poor health worldwide are inextricably linked. Some population sub-groups, like women, adolescent girls and children as well as people living in vulnerable situations, marginalised groups or people affected by conflicts, are known to be more likely to be excluded when it comes to appropriate access to good health care.

Health systems and services in fragile and conflict-affected countries are often partly or completely managed by non-state actors. The combination of exposure to single and/or multiple acute and protracted - man-made and/or natural - emergencies coupled with insufficient managing, financial and technical capacity of the state and its institutions are particularly challenging. Strong and resilient health systems require government leadership and will in return enable the government to sustainably provide good quality public health services through government and non-governmental facilities protecting life and property of its inhabitants.

Since early 2020 the Covid-19 pandemic has highlighted the urgent need to build resilient health systems able to respond effectively and efficiently to the current pandemic and similar emergencies in the future.

This action will continue to address the emergency preparedness component of the programme.

The WHO has developed a tailored approach to ensure 'fit-for-purpose and fit for context' health systems strengthening by defining four modalities based on country capacity and vulnerability. The four modalities are implemented in different settings ranging from a mature health system to a fragile context:

Policy dialogue to foster transformation and develop systems of the future in all countries appropriate to face the current and future disease burden, including in high income countries;
Strategic Support to strengthen institutional capacities in countries for a better performing health system including in emerging and middle-income countries;
Technical assistance to build foundations of health systems in countries with severe gaps in resources, mostly low-income countries;
Service Delivery *(substitution)* to fill critical gaps in emergencies.

Non-Communicable Diseases (NCDs)

Another growing concern in many countries is the overwhelming impact of not only known and new communicable diseases but also NCDs including nutritional disorders on health outcomes. Health systems in many countries are not yet able to adequately respond to this increasing double-burden of diseases, i.e. preventing and managing communicable diseases and managing the growing demand on health care resources by non-communicable diseases, caused by common, modifiable risk factors including tobacco, harmful use of alcohol, and overweight/obesity due to unhealthy diet and insufficient physical activity.

Priority areas for support

The action will address health system challenges in the partner countries to contribute to UHC through building resilient and strong health systems. Priority areas for support include:

(1) **strengthening health systems** through improving governance and development partner coordination; improving access to vaccines, medicines, diagnostics and therapeutics; improving distribution and skills of health workforce and improving health financing with focus on sustainable health financing and; improving coverage of insurance and/or social protection schemes to prevent catastrophic health care expenditure

(2) **strengthening health systems** to ensure integration at all levels of **NCD, prevention, management and care** into existing services hitherto focussed on communicable diseases and sexual and reproductive health services;

3) support WHO's efforts to **strengthen the capacity of countries** to address the impacts of the current Covid-19 pandemic, maintain essential health services and protect communities from future health threats through extensive technical expertise on the ground, delivering sustainable impact to national health systems.

(4) **facilitating a comprehensive policy dialogue** at country level which will include all stakeholders to develop national strategies and plans and which aims at strengthening the principles of aid effectiveness by supporting the International Health Partnership for UHC 2030.

The programme will continue to base its activities – as in the preceding phases of the UHC-Partnership on negotiated and agreed country-based roadmaps, according to the priorities of partner countries. These roadmaps will form the basis for the complementing regional and sub-regional approach. The WHO provides backup health systems technical support, support capacity-building and programme monitoring,

and facilitate sharing of lessons learnt across countries and regions through various approaches.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:

The final beneficiaries of the action are around 900 million people, with proportionately larger gains for women and girls and people in vulnerable situations as defined in a given country context. By focusing on universal access people suffering from NCDs especially in low income groups, will experience greater improvements in their quality of life when accessing good quality services, while being protected from financial risk.

The stakeholder groups to be affected by this action are:

At country level, direct beneficiaries of the action include but are not limited to governmental and inter- and non-governmental institutions as well as the private sector (including e.g. the pharmaceutical and biomedical industries), academia and civil society organisations (non-exhaustive list).

At regional level, regional economic communities and forums, regional civil society groups and regional development banks.

At global level, the action will draw on existing networks and resources of UHC 2030 members and related initiatives and networks and civil society organisations.

Complementarity with the work of International organisations such as UNICEF, UNFPA and the UN inter-agency taskforce on NCDs as well as relevant Global Health initiatives (Global Fund and GAVI) will be a central priority in the spirit of aid effectiveness and based on their expertise and comparative advantages in relevant fields.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The **Overall Objective (Impact)** is to contribute to countries reaching UHC through health systems strengthening without causing financial hardship.

This action aims to be achieved through supporting six major and complementary outputs related to the WHO health systems building blocks. The logical framework will reflect specific milestones and target following the planned country diagnostics and the development of country, sub-regional and regional roadmaps. This will subsequently inform the number of countries to be supported for each of the identified priority actions which will become the denominator for the selected indicators. Most indicators are derived from existing international frameworks such as the SDGs, the EU results framework, the 100 WHO core indicators, the WHO Global Action plan on NCDs and the International Health Regulations (IHR) Core Capacity Monitoring Framework.

In this action, as in the previous phases, particular focus will be on the establishment of policy dialogue, strengthening of health financing, and supporting the national coordination mechanism between all stakeholders.

The **Specific Objectives (Outcomes)** of this action in targeted countries are

- Strengthened and resilient national health systems, as defined by nine indicators:

1. Higher availability of essential medicines.
2. More efficient, equitable and sustainable health financing systems.
3. Improved health workforce density and distribution.
4. Progress on SDG target 3.8.1 (Coverage of essential health services) and 3.8.2 (Financial protection when using health services).
5. Higher share of public funding for health care services.
6. Global recognition of the International Partnership for UHC2030.
7. Improved preparedness for health emergencies.
8. Strengthened health regulatory authorities.
9. Increased service coverage for severe mental health conditions.

The **Outputs** of this action are

Output 1 (*Governance/strategic planning*): Improved coordination and strengthened government leadership to develop robust National Health Policies, Strategies and Plans (NHPSP), and monitor their implementation, including the implementation of environmental impact assessments for infrastructure projects.

Output 2 (*Access to medicines, vaccines and health* products): Policies and systems for access to safe, affordable and effective medicines and good quality health products and their safe use strengthened.

Output 3 (*Health workforce*): Capacity, systems and policies for education, employment and retention of the health and social workforce strengthened.

Output 4 (*Health financing*): Robust national health financing policies developed (which include financial protection schemes for the most vulnerable/poor segments of the population), and implementation supported.

Output 5 (*Health information*): Health information and management systems strengthened and functional with high quality data available (including data disaggregated by age/sex/disability/income/urban/rural) to monitor and assess UHC progress.

Output 6 (*Service delivery*): Health service delivery and infection control for patients and health care workers including health facility waste management strengthened.

3.2 Indicative Activities

The activities below are indicative and will be adapted and fine-tuned in each country roadmap.

1. **Indicative activities related to Output 1 (Governance/strategic planning):**

- Support the development, costing, implementation, management and monitoring & evaluation of robust National Health Policies Strategies and Plans through an inclusive sectoral and multi-sectoral policy dialogue process, ensuring the plan is comprehensive and adequately covers NCDs, in concert with national fiscal, social protection, education, employment, nutrition and economic policies.
- Ensure that global health initiatives are well integrated into national health strategies and are underpinning and strengthening health systems.
- Strengthen and update laws and regulations enabling the development of robust NHPSP orientated

towards the achievement of UHC with due attention to NCDs.

- Strengthen the role of civil society at global and country level in governing/decision making bodies.
- Support the participation of women's machineries, women´s organisations and organisations representing people with disabilities and living in the most marginalised situations as accountability agents in budgetary, legislative, and policy making processes at all levels.
- At global, regional and country level, coordinate and oversee the implementation of the UHC2030 work programme and improve articulation with other key UN global strategies, such as Universal Social Protection (USP2030) and Education for all (EFA).
- Support studies to understand the health implications of climate change and new zoonotic diseases to inform health sector strategies so that they provide adequate responses to climate change and environmental challenges (e.g. in terms of building capacities of health systems to address new or higher incidence of climate related diseases, etc.).
- Support to ensure health-related components of Nationally Determined Contributions (NDCs, under the Paris Agreement on climate change) of the countries concerned receive attention.
- Strengthen health facility planning including environmental impact assessments especially to address adequate management of water and energy consumption as well as the appropriate disposal of hospital wastes.

2. Indicative activities related to Output 2 (Access to medicines, vaccines and health products):

- Strengthen core regulatory functions for medicines and health products through country based approaches, including monitoring of quality and safety, and ensure relevant regulations are adapted to country context and implemented.
- Strengthen capacity for regular monitoring of availability and access to medicines and health products (including for essential disability products devices) including impact of national essential medicines lists, pricing and expenditure at country level, explore possibilities to consolidate demand at regional level and consider incentives for local production.
- Support countries to regular review and update their essential drug/supply/products lists, ensuring essential NCD and RH/FP commodities are included.
- Strengthen capacity for regular monitoring of availability and access to medicines and health products including impact of national essential medicines lists, pricing and reimbursement policies on the share of essential generics drugs using the international non-proprietary names (INN) of the overall consumption of drugs and drug-related expenditure of health authorities and health protection schemes.
- Identify needs for medicines, vaccines and health products to address new challenges related to climate change (e.g. in areas where vector-borne diseases are likely to expand, such as for malaria, dengue or chikungunya) and new zoonotic diseases.

3. Indicative activities related to Output 3 (Health workforce):

- Strengthen national capacity for dynamic monitoring, analysis and utilization of health labour market data, including implementation of National Health Workforce Accounts and data disaggregation (e.g. age, sex, location).
- Build the capacity of national institutions for effective health workforce related public policy stewardship, leadership and governance, including mechanisms for intersectoral policy dialogue and action.
- Stimulate regional cooperation and investments in the education, employment and retention of health and social workers via regional economic communities and relevant stakeholders.

- Develop capacities of the health workforce to address new climate change related challenges (e.g. malaria in areas where it is currently not prevalent) and new zoonotic diseases.

4. Indicative activities related to Output 4 (Health financing):

- Provide technical assistance and policy dialogue on development of health financing strategies and operational plans (which include health and social protection schemes) to countries to enable sustainable progress towards UHC, including taxes on the consumption/use of health-damaging substances and other innovative financing instruments as relevant.
- Update and tailor global guidance on health financing policy for implementation in countries, including for micro-states and islands.
- Support countries with preparing their National Health Accounts.
- Ensure adequate budgeting and financing for emergency situations (attacks on health facilities, natural disasters, etc.).
- Promote risk sharing mechanisms (insurance, contingency credit, etc.).
- Support countries with analysis of equity and improved coverage of social protection schemes that enable financial access to adequately performing health services.

5**. Indicative activities related to Output 5 (Health information):**

- Support the development and strengthening of health information and management systems.
- Support data quality through technical support, surveys, periodic data quality assessment and review processes.
- Support introduction/strengthening of routine monitoring of gender and disability disaggregated health and health care utilisation data.
- Health information systems that also provide data/statistics on environment and climate change related health conditions and diseases able to serve during times of a pandemic.
- Health surveillance systems that explicitly take into account potential new climate change related risks and new zoonotic diseases.

6. Indicative activities related to Output 6 (Service delivery):

- Support the design and evaluation of integrated service delivery models across the continuum of care including for NCDs.
- Establish/strengthen patient safety, quality improvement and monitoring systems to ensure equitable access to safe and efficient services.
- Promote/ensure health care facilities are safe and environmentally friendly working places and pose no health risk for employees and the surrounding communities.
- Support the implementation of digital health strategies (mobile-health, patients' records, telemedicine, etc.) through national and regional approaches within defined regulatory frameworks.

The detailed deliverables for this phase will be developed in the implementation plan and its regional and country roadmaps during the inception phase of the action and regularly monitored.

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA (Strategic Environmental Assessment) screening: Not applicable

Outcomes of the EIA (Environmental Impact Assessment) screening: Not applicable

Outcome of the CRA (Climate Risk Assessment) screening: Not applicable

Gender equality and empowerment of women and girls

As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. The WHO is committed to promote gender equality as central to achieve UHC in particular in relation to Sexual and Reproductive Health and Rights of all women in all their diversity, including those living with HIV. This means recognizing and taking into account how unequal power in women's intimate relationships, harmful gender norms and women's lack of access to and control over resources affect their access to and experiences with health services.

Human Rights

The WHO Constitution (1946) envisages "…the highest attainable standard of health as a fundamental right of every human being". This implies a clear set of legal obligations on states and the international community to ensure appropriate conditions for the enjoyment of health for all people without discrimination. In taking a woman-centred approach, the new WHO guidelines are founded upon the guiding principles of human rights and gender equality and recognise the well-being of women living with HIV.

A States' obligation to support the right to health – including through the allocation of "maximum available resources" to progressively realise this goal - is reviewed through various international human rights mechanisms, such as the Universal Periodic Review, or the Committee on Economic, Social and Cultural Rights. In many cases, the right to health has been adopted into domestic law or Constitutional law.

A rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind towards greater equity, a principle that has been echoed in the 2030 Agenda for Sustainable Development and UHC.[7]

Disability

The WHO pursues a persons with disabilities inclusive policy[8,9] addressing persons with disabilities in all their diversity and systematically integrating disability in all programme areas. They contribute to the practical implementation of the globally agreed commitments of the UN treaties, conferences and summits and their follow-up, notably the UN Convention of the Rights of Persons with Disabilities, the 2030 Agenda for Sustainable Development; the Sendai Framework; the Addis Ababa Action Agenda of the Third International Conference on Financing for Development; the UN Conference on Housing and Sustainable Urban Development (Habitat III); the multiple resolutions adopted by the General Assembly, the World Health Assembly (WHA); the Human Rights Council; and the World Humanitarian Summit.

Disability is integral part of the UHC programme and persons with disabilities will indirectly and directly benefit from the action through out of its different components. They will especially benefit from the project's contribution to mental health, which is often cause of disability, better accessibility to health services (including rehabilitation) and facilities, availability of essential assistive health products, statistics and data on disability in health. Organisations of persons with disabilities will be actively encouraged to take part in the CSO components and consultations.

[7] Human rights and health (who.int)
[8] Disability (who.int)
[9] UN Disability Inclusion Strategy

Democracy

Conflict sensitivity, peace and resilience Disaster Risk Reduction

UHC and health security are complementary goals. The WHO provides in its position paper[10] a rationale and recommendations for building resilience and seeking integration between promoting UHC and ensuring health security by the following means, also recently referred to, from an economic perspective, as "common goods for health"[11]:

- Recovery and transformation of national health systems through investment in the essential public health functions (EPHF) and the foundations of the health system, with a focus on the primary health care (PHC) and the incorporation of health security.
- All-hazards emergency risk management, to ensure and accelerate sustainable implementation of the International Health Regulations (2005) (IHR 2005).
- Whole-of-government approach to ensure community engagement and whole-of-society involvement.

Other considerations if relevant

N.A.

3.4 Risks and Lessons Learnt

Category	Risks	Likeli-hood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
	Risk 1 Conflict/natural disaster in countries (possible impact of conflicts in selected countries, health for IDPs and refugees vis-à-vis host communities; long term impact of sexual and gender based violence during conflicts, difficulties to access certain areas, etc.), macro-economic shocks and stresses, destruction of health facilities loss of medicines or health technologies	**High**	**Medium**	– Ensure that all country plans include appropriate emergency preparedness plans – Continue to provide support, over-sight and insights on emergencies that are likely to happen – Give particular attention to fragile and conflict-affected countries in the design of the activities ensuring flexibility and allow for reprogramming in the event of unforeseen incidences at country level. – Partners will discuss and justify with the European Commission (including EUD) any suggested re-programming

[10] Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper

[11] Common goods for health (who.int)

	Risk 2 Lack of alignment between the various components of the action and EU and other donor supported activities in relevant areas (health system support and health security)	**Medium**	**Medium**	– Strong governance involving all actors and partners – Role of WHO to ensure alignment and coordination through global governance mechanisms, WHO reform processes, one UN approach and facilitation of in-country coordination and collaboration mechanisms – Active engagement with the Strategic Partnership for Health Security (SPH).
	Risk 3 Changing political landscape at partner countries' level	**Medium**	**Medium**	– UN bodies including the WHO need to be seen as politically neutral – any contrary political pressure can slow programme implementation – Allow flexibility in the reprogramming of funds particularly in cases of political crisis – Supportive open and transparent policy dialogue promoting human rights and gender equity in country with a strong focus on engagement of CSO in the design and implementation of activities
	Risk 4 Unavailability of relevant professional human resources required at partner countries' level for the effective implementation of the action	**Medium**	**Medium**	– WHO will work with government counterparts to identify required expertise and/or agree on a capacity building plan – WHO will expand its selection process if required for long-term and short-term technical assistance required based on country and regional roadmaps. WHO will also draw on existing networks of expertise (e.g. network of national health policy and medicines advisors, etc.)
	Risk 5 WHO reform process not advancing affecting performance and programme results	**Medium**	**Medium**	– EU will monitor proceedings of World Health Assemblies and coordinate with EU MS

Lessons Learned

The EU and the WHO have a long-standing collaboration in support of health policy dialogue through the EU-WHO UHC-Partnership.

The EU-WHO UHC-Partnership has been instrumental in strengthening the WHO's key role in the policy dialogue with Ministries of Health (MoH) around the World, including all stakeholders and development partners in respective country coordination mechanisms. A strong WHO country presence with senior

technical advisors and operational funds for the programme and a focused backstopping and support from WHO's three organizational levels have been the driving force for this.

Lessons learned through assessments and evaluations from the UHC-Partnerships previous phases are:

- To support service delivery at decentralised level ensuring access to basic health services even in war torn countries.
- To strengthen the role of the WHO country offices in partnership with EUDs and other development partners to take a significant steering role in the collaboration at the nexus between humanitarian and development actions in fragile and conflict affected countries.
- The WHO country offices in partnership with EUDs and other development partners need to engage long-term in steering committees for National Social Dialogues, to support the development of meaningful strategic roadmaps for a national health and social protection strategy in countries torn by severe inner-political crises.
- The WHO country offices in partnership with EUDs and other development partners need persistently to advocate with the relevant authorities such as the ministries of health and higher education/vocational training to significantly improve the national health workforce.

Specific lessons learned and resulting in recommendations from the Results Oriented Mission conducted on Phase IV of the UHC-P in late 2021 include:

- Consider strengthening the support provided in the AFRO region to decisively push for HSS horizontal approaches amidst an increase of "vertical" COVID-19 specific actions.
- Develop/finalise specific guidelines to institutionalise a model for greater cooperation between EUDs and WHO at country level to be endorsed by both institutions (e.g. participation of EUDs in country health coordination mechanisms, EU visibility).
- Consider the potential value and feasibility of piloting the development of country level log-frames in selected countries with the support from WHO HQ and the EU. This should include, where possible, gender sensitive indicators and disaggregation by sex, and by disability when relevant. This exercise would inform the design of Phase V, and more specifically, the potential roll out of "national log-frame exercises" to countries with permanent P4-P5 policy advisors (developing log-frame could be included in their Terms of Reference).
- Consider including an annex in the WHO annual "umbrella" report for a quick quantitative assessment of the intervention activities across the 6 intervention outputs. This can be done by adding to the "Country Workplan Template"/online dashboard of activities, two columns to include activity level indicators (both baseline and target). A table with aggregated activity level data could then be incorporated as an Annex to facilitate the tracking of progress in the implementation of the activities of the Intervention as well as the progress of some output indicators (e.g., X strategies developed, X people trained…).
- At country level, a specific system to track quantitatively the activities conducted (from baselines to targets) could be useful to generate quantitative evidence to "pull the case" for a continued investment in HSS approaches. This could be useful to leverage HSS funds given the difficulties in attributing impact.
- Continue to conduct rigorous realist evaluation studies in collaboration with prestigious academic institutions to evaluate hypothesized output-outcome linkages, furthering knowledge about the intervention's impact.

- Strengthen the work with people with disabilities in collaboration with CSOs such as the Missing Billion initiative[12]. Reinforce and/or increase the visibility of the gender dimension of the work conducted across all the regions (for example, by including one slide addressing gender during the live monitoring sessions and including a section on gender in the annual reports). Consider the development of a gender strategy.
- Enhance the implementation of humanitarian-development-peace nexus and advancement of refugees and migrants' health following steps already taken in the EMR region.
- Incorporate a "Planetary Health" approach – "the health of human civilisation and the state of the natural systems on which it depends" – with specific attention to animal and environmental health. This is pertinent in the context of the current pandemic and should be incorporated in future phases of the intervention.

The UHC-Partnership works hand in hand with the International Health Partnership for UHC 2030, the global movement to promote stronger health systems for UHC. UHC2030 provides a multi-stakeholder platform to improve collaboration on health systems strengthening. This has also led to the active participation of the UHC-Partnership at the high-level forum on universal health coverage from 12 to 15 December 2017 in Tokyo, Japan, where the Partnership was highlighted as an exemplary initiative supporting HSS for UHC.

[12] Missing Billion (themissingbillion.org)

3.5 The Intervention Logic

Through this action the EU will substantially strengthen the WHO to support health policy dialogue in partner countries in continuation of the four previous phases (2011 to 2023) with a sustained focus on non-communicable diseases and health security integrated into Basic Health Care services.

The action will ensure that the WHO will apply consistent and concise monitoring tools to ensure the implementation of the action in all partner countries. This will be accomplished by the development of national "road maps", identifying priority areas as agreed between the WHO and MoHs (with the involvement of EU Delegations) on the basis of the six building blocks, with a particular attention to the prevention and treatment of NCDs to achieve UHC. The underlying assumptions for supporting the six health systems building blocks are explained in the 13th GPW In summary, strengthening each of the six building blocks is an indispensable component necessary for the sustainable strengthening of health systems to reach UHC. This action aims to identify and to support the weakest of the building blocks in countries to support the national governments in their efforts to sustainably strengthen health systems. All building blocks need to be appropriately strengthened to reach the overall aim of resilient national health systems to reach the UHC SDG.

Following the principles of harmonisation and alignment, and the recommendations of the multi-donors/WHO UHC-P Coordination Committee (EU, Belgium, Canada, France, Germany, Ireland, Japan, Luxembourg, UK), it is also essential to ensure the funding of this action is complementary coherent with other donors actions, and consistent with the approach developed by WHO in its 13th General Program of Work (GPW) to foster countries' ability to move towards UHC.

The roadmaps developed under this action at country, regional and sub-regional level will provide support through a combination of direct regional/ sub-regional/ country assistance, technical expertise, capacity-building and development of normative guidance. The roadmaps will reflect both the technical and the more strategic actions and interventions to be conducted. All roadmaps will take into account the full picture of UHC support provided by the different actors in regions/ sub-regions/ countries and will be in line with the 13th GPW and the respective Regional UHC frameworks, country ownership, bottom-up development (aligned with the new WHO Operating Model), tailored to needs and flexible, results-oriented (measured trough the WHO Impact Framework). This is particularly true for fragile and conflict affected countries, where WHO will tailor this action to the situation on the ground, identify feasible interventions and adapt them as needed.

WHO will present a work plan during the inception period, specifying suitable indicators as per the WHO results framework to measure the expected results and to ensure the achievement of synergies between the bottom up country based approach and the top down regional approach in this action.

Finally, the management will be ensured from an internal and external perspective:

- In addition to specific management at country, sub-regional, regional and headquarters level, the WHO internal Joint Working Team (JWT) gathering country offices, regional offices and headquarters concerned clusters representatives will ensure the coordination for the development, implementation, monitoring and evaluation and reporting of the UHC country, sub-regional and regional roadmaps. The JWT will provide the operational information to the multi-donor/WHO UHC Coordination Committee.
- The multi-donor/WHO UHC Coordination Committee (CC) has been put in place in May 2018. It is a two-tier coordination mechanism: (1) The operational sub-committee, fed by the WHO JWT information, monitors implementation, how resources are allocated to the beneficiary countries and how efficiently actions and interventions are implemented. Its role is to formulate recommendations for the strategic steering sub-committee. (2) The strategic steering sub-committee, fed by the operational sub-committee, assesses that actions and programmes are efficient, coherent, complementary and implemented along the lines of the WHO 13th GPW. And, more importantly, it analyses the operational sub-committee recommendations and takes decisions in terms of resources allocation.

3.6 Logical Framework Matrix –

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.
On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.
The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

PROJECT MODALITY (3 levels of results / indicators / Source of Data / Assumptions - no activities)

Results	Results chain Main expected results (maximum 10)	Indicators (at least one indicator per expected result)	Baseline (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to countries reaching universal health coverage	**001.** Coverage of essential health services (SDG 3.8.1/GPW indicator, and indicator proposed in the revised EURF) disaggregated by sex and residence	3.5 billion (2018, as per WHO GPW13 impact framework)	4.5 billion, as per WHO GPW13 impact framework	WHO reports (World Health Statistics, tracking UHC)	Not applicable
		002. Proportion of population with large household expenditure on health as share of total household ability to pay (SDG 3.8.2/GPW indicator,and related, regionally- andcountry-tailored measures)	1.9% increase between 2000 and 2010 (data for the next decade not yet available)	No further increase in the % of population incurring large out-of-pocket health payments payment (beyond the catastrophic expenditure threshold) over the	WHO/WB report: Tracking Universal Health Coverage	Countries have relevant data available timely – i.e. 2 years before the end of the grant

				period of the grant Alternatively, for smaller countries or countries withno data: No further increase of OOPs as a proxy for financial protection overthe period of the grant		
		003. 1 billion more people better protected from health emergencies	3 billion (2018, as per WHO GPW13 impact framework)	4 billion, as per WHO GPW13 impact framework		WHO

	Results chain Main expected results (maximum 10)	Indicators (at least one indicator per expected result)	Baseline (values and years)	Targets (values and years)	Sources of data	Assumptions
Special Objective	Strengthened and resilient health systems in targeted countries	**S01.** Number / % of targeted countries in which at least 80% of facilities have a coreset of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.1, GPW indicator)	TBD			
		SO2. Number / % of countries showing evidenceof progress in health financing, with respect to efficiency, equity, and sustainability	TBD	50% of countries receiving support in health financing show progress as per the WHO progress matrix over the period of the grant	Progress matrix applied in countries receiving health financing support	Countries have the capacity to implement reforms across the health system, for example in the delivery of quality services Countries address demand sidebarriers
		SO3. Number / % of targeted countries with evidence of an increase in health workforce density with improved distribution, relative to the 2016 baseline(SDG3.c.1 GPW indicator)	2018 Global Health Observatory release reporting 2016 data	To be determined	National Health Workforce Accounts platform (NHWA)/ Global Health Observatory	Data regularly updated in countries Countries report their national datato NHWA platform
		SO4. Number / % of targeted countries reporting on SDG target 3.8.1 and 3.8.2 with a maximum of 2 years' time lag from the time the relevant primary data has been released	Global baseline tobe released in WHS 2019	For target SDG 3.8.2: 30%of countries which have released the relevant primary data report within 2 years after release	WHO/WB report: Tracking Universal Health Coverage	Close collaboration between Ministry of Health and theNational Statistical Office or equivalent institution in charge of the relevant household survey

		SO5. Number / % of targeted countries showingincrease percentage of publicly financed health expenditure by 10%	TBD	10% increase in government health expenditure per capita in atleast 30% of the countries receiving support in healthfinancing	The WHO Global Health Expenditure Database	Data is made available timely, considering a two years data genera-tion process and a two-year time lapse between closure of financial period and data publication, this means e.g. the 2016 national health accounts are available in 2018
		SO6. Number / % of targeted countries that have signed the UHC2030/IHP+country and global compact	85 countries (end 2021)	115 countries by end 2026	Source of verification: UHC2030 secretariat records, with updates displayedon website	
		SO7a. Number / % of supported countries that have increased their IHR annual reporting score	TBD		IHR Annual reporting questionnaire	Countries submit their IHR annual reports to WHO
		SO7b: Number/% of countries that are prepared for health emergencies			Preparedness Index – WHO General Programme of Work	

		SO8. Number / % of targeted countries with regulatory authorities with documented performance and institutional development plan (IDP) in place.	TBD	TBD	WHO Global benchmarking tool and database	
		SO9. Number / % of supported countries with Increase service coverage of treatment interventions for severe mental health condition	TBD		ATLAS & Country HIS data	Assuming countries report mental health information data through ATLAS and HIS

Outputs	**Output 1** – Governance: Improved coordinationand strengthenedgovernment leadership to develop robust National Health Policies, Strategies and Plans (NHPSP), and monitor their implementation.	**O1.1** Number / % of supported countries with a comprehensive costed national health sector policy/strategy/plan orientated towards UHC, with goals and targets updated within the last five years	69 countries or 64%	80 countries or 75%	WCO information reviewed by ROs and HQ following agreed criteria[13]	
		O1.2 Number / % of supported countries whichroutinely monitor, review and when required update their national health plan; (criteria include measuring progress related to NCD, preparedness and UHC		32 or 30%	WCO information reviewed by ROs and HQ following agreed criteria[14] [At least 4 out of 6]	This is a proxymeasure for the NCD criterion
		O1.3 Number / % of supported countries with national action plans for sustainable health security preparedness that are costed and for which funding has been identified.	33 countries out of 115 (and 44 have conducted aJEE)		IHR Monitoring, Evaluation and Planning Weekly Update	
		O1.4 Number / % of supported countries with a comprehensive costed multi-sectoral NCD strategy/actionplan and coordination mechanisms as part of UHC, with goals and targets updated within the last five	TBD	TBD	WCO and UNCT information reviewed by ROs and HQ and UNDP following agreed criteria	

[13] Agreed criteria include: Criteria 1: Demonstrates that the strategy is aimed at moving towards UHC, Criteria 2: Demonstrate that the strategy is comprehensive, coherent and well balanced (e.g., NCD, CD, MCH, HSS), Criteria 3: Clearly mentions indicators allowing for regular monitoring and evaluation, Criteria 4: Shows broad participation of key stakeholders for the development or update of the strategy.

[14] Agreed criteria include: Criteria 1: Clearly defines the objectives of the review, Criteria 2: Clearly mentions the monitoring indicators and evaluation studies used for the review, Criteria 3: Shows that a comprehensive progress assessment took place, Criteria 4: Shows broad participation of key stakeholders during the preparation and the review itself, Criteria 5: Review is action oriented, with clear recommendations or action points, Criteria 6: Review describes the mechanisms to implement the recommendations or action points.

		years. (New: 2020 amendment)				

	Output 2 - Medicines: Policies and systems for access to safe, affordable and effectivemedicines and good quality health products and heir safe use strengthened	**O2.1** Number / % of supported countries with essential NCD medicinesand in vitro diagnostics included in their nationalessential medicine and diagnostics lists	TBD	TBD	WHO database onnational EMLs	
		O2.2 Number / % of supported countries, which monitor, pricing and expenditure on an annual basis.	TBD	TBD	Facility surveys from MEDMON,and health accounts data	
		O2.3 Number / % of supported countries reporting information to global or regional pharmacovigilance systemsfor medicines and IVDs	TBD	TBD	WHO SAV PIDM (Programme for International Drug Monitoring)	
		O2.4 Number / % of supported countries that usethe Global Surveillance and Monitoring system (prevention, detection and response to substandard and falsified medical products)	TBD	TBD	WHO global surveillance and monitoring system for SF products	

	Output 3 - Workforce: Education, employment and retentionof the health and social workforce strengthened	**O3.1** Number/% of supported countries implementing National Health Workforce Accounts with disaggregated data (e.g.age, sex, occupation, facilitytype, and subnational administrative area) updatedwithin the last year.	To be determined	To be determined	National Health Workforce Accounts platform	Data regularlyupdated in countries Countries report their national datato NHWA
		O3.2 Vacancy rate [disaggregated by occupation and by subnational level] *vacancy rate - ratio of unfilled posts to total number of posts	Baseline to be established in 2023 as part of the activities ofthis programme	To be determined	National Health Workforce Accounts platform	Data regularlyupdated in countries Countries report their national datato NHWA
		O3.3 Number / % of supported countries with human resources availablefor the implementation of IHR at national level	AFRO+EMRO: 30 (data available for 41 countries out of 47) WPRO+SEARO: 3 (data available for 4 countries outof 16) PAHO: TBD		IHR Annual reporting questionnaire	Countries submit their IHR annual reports to WHO

	Output 4 – Financing: Robust national health financing policies developed and implementation supported	**O4.1** Number / % of supported countries updating/ developing comprehensive health financing strategies, policiesand implementation plans towards UHC	TBD	At least 50% of the countries receiving support in health financing are developing health financing strategies, policies and implementation plans towards UHC	UHC partnership annual activity reports (country, regional and global) National documents and Strategies	Countries have the capacity to implement reforms acrossthe health system, for example in thedelivery of quality services Countries address demand sidebarriers
		O4.2 Number / % of countries supported to complete their National Health Accounts within thelast 2 years	TBD	At least a 10 % increase in the number of countries assisted to produce National Health Accounts (NHA) among those receiving health financing support	The WHO GlobalHealth Expenditure Database	Data is madeavailable timely Two years data generation process – 2- year time lapse betweenclosure of financial period and data publication (e.g. the 2022 national healthaccounts available in 2024)
		O4.3 Number / % of supported countries whichcompleted or updated an analysis of financial protection within 2 years from the time the last relevant survey has been released	TBD	At least 40% of countries where survey data is available are supported to complete or update an analysis of financial protection within 2 years after release.	WHO Financial protection database	Related to SO4
		O4.4 Number / % of countries supported to introduce or strengthen legislative, fiscal and regulatory policies e.g. taxation of harmful products(tobacco, alcohol, SSBs) in line with WHO recommendations.	TBD	At least 10% of countries supported in health financing are assisted for policy dialogue on legislative, fiscal and regulatory policies (e.g. taxation of harmful products in line with WHO recommendation.		Political environment favorable to such dialogue in the targetedcountries.

	Output 5- Information: Health Information Systems strengthened; high quality dataavailable to monitor UHC progress	**O5.1** Number / % of supported countries that have developed fully costed and prioritised M&E framework, with core indicators for monitoring PHC, UHC and health SDGs	Global baseline tobe published Q1 2019	10% increase in the number of countries receiving support for M&Eplans At last x countries accessing the catalytic NCD and Mental Health multi-partner Trust Fund.	Source for baseline – global SCORE report (March 2021)	
		O5.2 Number / % of countries supported in dataquality, analysis and use offacility data, including disaggregated data	TBD.	20% increase in the number of countries using WHO standards for facilitydata	WHO and UHC Partnership annual reports	
		O5.3 Number / % of countries with surveillance data/information collected via both indicator-and event-based surveillance with regular reporting and immediate notification taking place in a systematic manner	AFRO+EMRO: 38 (data available for 41 countries out of 47) WPRO+SEARO: 3 (data available for 4 countries outof 16) PAHO: TBD		IHR Annual reporting questionnaire	Countries submit their IHR annualreports to WHO
		O5.4 Number / % of supported countries with anNCD surveillance and monitoring system in placeto enable reporting against the nine voluntary global NCD targets and mental health	Global baseline (19% of countriesconducted a recent risk factor survey and regularly done 2-5years interval: 2021). Subset to be determined		NCD Country Capacity Survey	Conducting national risk factor survey used as proxy/measure for this indicator

	Output 6 –Services: Service delivery and infection control strengthened	**O6.1** Number / % of supported countries that implement models of care delivery andinfection control strengthened that promote primary care and essential public health functions as the core of integrated health services	TBD 1st quarter2023		National document and strategies	This indicatoris included in the "Astana Operational Frame-work for PHC"
		O6.2 Number / (%) of supported countries that have evidence-based national guidelines/ protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities.	Global baseline exists (82% reported having guidelines for NCD and 66% ofthose reported it being utilised in 50% or more of health facility: 2021) and for subset to be determined		NCD Country Capacity Survey	Utilisation of guideline be used as the measure more than the existence of guidelines
		06.3 Number / % of supported countries for implementation of NCD Best Buys and good buys intervention	TBD		NCD Country Capacity Survey	There are 16 Best Buys interventionsto be used as proxy for thisand support for any of the16 would be included.
		O6.4 Number / (%) of supported countries or territories having developed a national quality policy and framework with stated national priorities and a set of defined indicators for monitoring quality	TBD PAHO currently monitoring (data will be provided)		National documents and strategies	This indicator is part of the WHO GPW13 indicator framework

		O6.5 Number / % of supported countries, which have developed or updated adigital health strategy	Global data: 73 countries out of 125 who responded to thesurvey. Data to be updated in 2024 with new survey		Data reported by countries to the Global Observatory for e-health. Latest survey available: 2019-2020	Survey has been running every three years but there plans to have data collected on a more continuous basis

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner countries.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is up to 60 months from the date of adoption by the Commission of this Financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures[15].

4.3.1 Indirect Management with a pillar assessed entity

This action will be implemented under indirect management with the World Health Organization (WHO) as implementing partner.

This implementation entails targeted health policy analysis and advice through the WHO country offices in partner countries to inform and underpin national planning processes and ensure the appropriate engagement of all relevant stakeholders to put the country on track to achieve SDG 3.8 - Universal Health Coverage as described in detail under section 3.

The envisaged entity has been selected using the following criteria (1) the World Health Organisation as the secretariat of the World Health Assembly is the custodian for the global standards defining strong and resilient health systems as the foundation for Universal Health Coverage and, (2) supports through their country offices in all UN member states national Ministries of Health in translating these standards into the national context. (3) The WHO is recognised internationally as a neutral entity enjoying good relationships with all stakeholders and supporting partner countries in an open and transparent way in their efforts to mobilise resources to achieve the nationally set SDG targets. It is therefore well placed to take a central role in rallying all development partners behind a common agenda to achieve Health System Strengthening for Universal Health Coverage.

[15] www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

4.4 Indicative Budget

Indicative Budget components	EU contribution (Amount in EUR)	Third-party contribution, in currency identified
Indirect management with WHO – cf. section 4.3.1	EUR 64 000 000	
Evaluation – cf. section 5.2 **Audit** – cf. section 5.3		
Totals	EUR 64 000 000	EUR 77 625 000

4.5 Organisational Set-up and Responsibilities

The action will be implemented by the WHO. The program will fall under the overall joint responsibility of the WHO Deputy Director General for Programs, in close cooperation and coordination with the three levels of the organization, including the relevant WHO Regional Offices for Africa (AFRO), for Eastern Mediterranean (EMRO), for Europe (EURO), for the Americas (PAHO), for South-East Asia (SEARO), and for the Western Pacific (WPRO), and WHO Country Offices.

The actual implementation will be based on country roadmaps that will be elaborated in a participatory process at national level with major stakeholders. The WHO will also ensure information sharing and synergies with global health partners, such as the Global Fund (FPM – Fund Portfolio Manager) and GAVI (SCM senior country manager).

A UHC Coordination Committee has been established in May 2018 involving UHC donors representatives and directors/focal points for health systems. The Committee focus on strengthening the strategic coordination and monitoring of the WHO UHC related activities.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

Performance measurement will be based on the intervention logic and the Log frame matrix, including its indicators.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this end, the WHO will draw on its technical and managerial staff at global, technical and country level; and also benefit from the network of regional and national health observatories. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports on an annual basis and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the log-frame matrix and result indicators. The final report, narrative and financial, will cover the entire period of the action implementation.

Based on previous phase of the UHC-Partnership, the WHO will produce an annual 'One' UHC report at different levels (Country, Region, Global) that encompasses all UHC related activities, regardless source of funding. The 'One' UHC country reports will be compiled at

regional or sub-regional level to constitute the regional/sub-regional UHC reports.

The WHO will also ensure good cooperation at different levels of the organisation (country, regional, headquarters) and across thematic sections on the basis of Road Maps agreed between National Authorities, the WHO and EU Delegations during the country inception phase and during the annual re-planning exercises.

For the efficient coordination of this action with the large number of partner countries and partner donors, the "Multi-donors/WHO UHC Coordination Committee" will continue its work. In addition, the action will support more regularly management meetings at technical level by the above donors to ensure that upcoming technical issues can be addressed in a timely and efficient manner.

The WHO ensures the management of a web-based communication on the Partnership via a web site: www.uhcpartnership.net Video-conferences (webinars etc.) will be organized on a quarterly basis to discuss progress made in countries. These discussions will involve the EU Delegations, WCOs, ROs, the WHO HQ and the INTPA HQ.

From an administrative point of view means and resources will be sufficiently put in place to be able to follow up on the level of financial implementation, with the existing the WHO system (GSM) and according to budget lines as defined by the EU. The WHO will ensure coordination, finance and administrative capabilities directly contributing to the Action and reflected as direct costs in the overall Action budget.

UHC2030: implementation of the UHC2030 work plan is overseen through regular meetings of the UHC2030 Steering Committee, of which the European Commission is a member. UHC2030 produces an annual Core Team Report which is presented to all the funders and reports on progress of the work programme as a whole.

The inception phase of the action will see the development of detailed concrete country roadmaps and their log-frame matrix, informed by the final version of the PPCM.

The European Commission may undertake additional programme monitoring visits both through its own staff and through independent consultants recruited directly by the European Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.2 Evaluation

With regards to the multilateral nature of the action, a final evaluation will only be carried out for the entire action or any of its components if all funding partners agree.

The Commission may, during implementation, decide to undertake such an evaluation for duly justified reasons either on its own decision or on the initiative of the partner.

The evaluation reports may be shared with the partner country and all other key stakeholders, following the best practice of evaluation dissemination[16]. The implementing partner and the

[16] See best practice of evaluation dissemination

Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, based on a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle has adopted a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

Action documents for specific sector programmes are no longer required to include a provision for communication and visibility actions promoting the programmes concerned.

However, in line with Article 46 and subject to Article 47 of the NDICI Regulation, all entities implementing EU-funded external actions shall take all reasonable measures to publicise the European Union support. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

The European Commission will be kept informed on the developments and activities and receive copies of communication and visibility material. The involvement of the European Commission, including EU Delegations at country-level, will be ensured, especially in critical policy events; upon availability and interest of the European Commission and EU Delegations.

Appendix - REPORTING IN OPSYS

An Intervention (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: 'a given contract can only contribute to one primary intervention and not more than one'. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a 'support entities. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

The present Action identifies as

Action level		
x	Single action	Present action: all contracts in the present action
Group of actions level		
☐	Group of actions	Actions reference (CRIS#/OPSYS#):
Contract level		
x	Single Contract 1	Direct Grant to the World Health Organization